

Melton City Council

# Health and Wellbeing Profile 2025



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## Acknowledgement of Country

Melton City Council acknowledges the Kulin Nations as the Traditional Owners and custodians of this land and pays respect to their Elders past and present.

The City celebrates its rich indigenous history, the diversity of its people and their important ongoing connections to Country. We acknowledge the past injustices faced by our First Peoples and are committed to play our part in ensuring that these injustices are not repeated.

We appreciate that we still have a long journey ahead of us. Melton City Council advocates for Aboriginal and Torres Strait Islander peoples' rights to self-determination.

In the context of this Profile, we also recognise that for Aboriginal and Torres Strait Islander particularly, health and wellbeing extend beyond the physical, embracing social, emotional, and cultural wellbeing.



## Executive summary

The Health and Wellbeing Profile of the City of Melton offers a comprehensive overview of the health and wellbeing of its residents. It provides detailed information that will inform future strategic planning for the Melton City Council and stakeholders. This report identifies the key health challenges faced by the community, highlighting social determinants of health and inequalities, and suggests areas where targeted interventions can be most effective. The Profile is structured to cover several key aspects including demographics, with 15 key areas to be discussed.

As of 2023, the population of the City of Melton was 206,070, an annual growth rate of 6.61 per cent. The population is projected to reach 370,000 by 2041. The median age of residents is 33 years, lower than the Victorian average of 38 years. Approximately 9.2 per cent of residents identify as LGBTIQ+. Additionally, 5.3 per cent of the population requires assistance due to disability, and 1.2 per cent identify as Aboriginal or Torres Strait Islander.

## Health conditions

In the City of Melton, 38.3 per cent of residents rate their health as 'excellent' or 'very good,' slightly below the Victorian average of 39.8 per cent. However, 23.4 per cent report their health as 'fair or poor,' higher than the state average of 20.9 per cent. Chronic conditions like asthma affect 8.4 per cent of residents, with higher rates in areas such as Eynesbury (9.7 per cent). Long-term mental health conditions impact 7.2 per cent of the population, and arthritis affects 5.7 per cent, predominantly among older adults. Diabetes prevalence is above average at 4.9 per cent, especially in the suburb of Melton (8.1 per cent). Socioeconomic factors and age are key determinants, with chronic conditions being most prevalent in individuals aged 80 years and older (74.2 per cent). Lower access to healthcare also influences health outcomes, as the City of Melton's GP rate of 60.7 per 100,000 residents is significantly lower than Greater Melbourne's 104.7 per 100,000.

## Health behaviours

Smoking, poor nutrition, and insufficient physical activity are common in the City of Melton. Over 57.9 per cent of residents do not meet daily fruit and vegetable intake recommendations, higher than the Victorian average of 51.7 per cent. Daily consumption of sugar-sweetened beverages is reported by 43.7 per cent of residents, compared to 34.4 per cent across Victoria. Inactivity is also notable, with 28.4 per cent of residents reporting no moderate to vigorous physical activity, compared to 19.5 per cent statewide. Only 32 per cent meet the recommended 30 minutes of daily physical activity, falling short of the state average of 35.1 per cent. Furthermore, 29.8 per cent of residents engage in prolonged sitting (eight hours or more daily), higher than the Victorian average of 27.9 per cent. These behaviours contribute to health disparities, particularly among low-income residents, with only 28 per cent meeting fruit intake guidelines compared to 46 per cent in higher-income groups.

## Childhood development

In 2023-2024, the City of Melton reported 3,454 birth notices, an increase from 2,508 in 2019-2020, while first-time mothers rose from 972 to 1,427. Participation in Maternal and Child Health (MCH) services saw a rise in Key Age & Stage consultations, reaching 19,461 in 2023-2024, but service capacity issues led to lower engagement in later stages. Participation rates were 96 per cent for the 2-week consultation but dropped to 24 per cent by 12 months. Enhanced MCH hours increased to 7,436, but the number of families seen decreased to 483. For First Nations children, 60.1 per cent received MCH services, slightly down from 63.9 per cent in 2022-2023. The low birthweight rate of

7.8 per cent is higher than the Greater Melbourne average of 6.7 per cent, likely linked to a higher preterm birth rate of 9.3 per cent in the municipality.

## Education and learning

In the City of Melton, 10.7 per cent of the population was enrolled in primary school in 2021, higher than the 8.1 per cent in Greater Melbourne. Secondary school enrolments were 7.6 per cent, compared to 6.4 per cent across Greater Melbourne. Educational attainment has improved, with 57.7 per cent of residents completing Year 12, though this remains below the Greater Melbourne average of 64.3 per cent. Tertiary education levels are rising, with 21.6 per cent holding a bachelor's degree, an increase from 16 per cent in 2016. However, 19.7 per cent have no qualifications. Youth disengagement is concerning, with 9.6 per cent of those aged 15-24 not engaged in work or study, higher than the Greater Melbourne average of 7 per cent.

## Employment and income

Labour force participation in the City of Melton was 64.3 per cent in 2021, with male participation at 69.1 per cent and female at 59.7 per cent. Unemployment stood at 6.7 per cent, higher than Greater Melbourne's 5.6 per cent. Construction (11.3 per cent), health care (12.3 per cent), and retail trade (10.4 per cent) were key employment sectors. Males were more represented in full-time work (69 per cent) compared to females (44.3 per cent), who were more likely to work part-time (40.7 per cent). The median weekly income for males was \$1,250-\$1,499, while for females, it was \$800-\$999, reflecting a 33.4 per cent income gap.

## Housing and homelessness

Housing affordability in the City of Melton remains a challenge, with the average median house price at \$671,000 and median rent at \$458 per week, rising by 11.2 per cent. Home ownership with a mortgage is prevalent, at 50.5 per cent, higher than Greater Melbourne's 35.6 per cent. Rental stress affects 34 per cent of renters, above the state average of 30.9 per cent. Homelessness has doubled since 2016, with 569 people identified as homeless in 2021, most living in severely crowded dwellings. Additionally, 818 people lived in marginal housing, such as improvised dwellings or caravan parks.

## Diversity and inclusion

In the City of Melton, 19 per cent of adults reported experiencing discrimination in the last 12 months, higher than the Victorian average of 15.8 per cent. Racism affected 10 per cent of residents, with Indigenous people four times more likely to experience it. Among LGBTIQ+ individuals, 58 per cent faced unfair treatment based on sexual orientation, rising to 77.7 per cent for trans and gender-diverse people. Disability discrimination remains prevalent, accounting for 46.4 per cent of complaints. Younger people experienced higher rates of racism, with 13.5 per cent of those aged 18-24 reporting incidents. Discrimination was also more common among lower-income households (23.5 per cent).

## Family, domestic, and sexual violence

Family, domestic, and sexual violence (FDSV) in the City of Melton remains a critical issue, with 2,812 police-recorded incidents in 2022-2023, equating to 1,381.3 incidents per 100,000 people. Female victims accounted for 76.5 per cent of cases, with intimate partners involved in 69.6 per cent. Indigenous individuals faced a significantly higher rate of violence at 2,760 per 100,000. Verbal

abuse was the most common form, comprising 42.2 per cent of incidents. Legal measures saw 3,662 offences related to family violence, with breaches of family violence orders being the most common. Children were present in 43.6 per cent of incidents.

## Sexual and reproductive health

The City of Melton's rate of Chlamydia in 2021 was 14.17 per 10,000, higher than the Victorian rate of 12.1 but lower than the western metropolitan region's 18.5. Gonorrhoea rates were 6.17 per 10,000, with males (7.21) more affected than females (5.03). The Syphilis rate was 2.23 per 10,000, above the state average of 1.5. Hepatitis B rates dropped to 1.23 per 10,000, aligning with Victoria's declining trend. HIV rates stood at 0.14 per 10,000, matching the state average. Contraceptive implant use decreased to 7.35 per 1,000 females, while IUD uptake rose to 4.58 per 1,000.

## Alcohol and other drugs

In the City of Melton, 29.3 per cent of residents reported abstaining from alcohol in 2023, compared to 21.2 per cent across Victoria. However, 8.3 per cent were in the increased risk category for alcohol-related harm. Ambulance attendances due to alcohol intoxication were recorded at 371 cases, with 66 per cent involving males. The smoking rate in the City of Melton was 10.2 per cent, and 4.5 per cent reported daily vaping, similar to the state average. Drug-related offences totalled 705, with 77.9 per cent related to drug use and possession. Moreover, 326 hospital admissions were linked to illicit drugs in 2021-2022.

## Gambling

Gambling losses on electronic gaming machines (EGMs) in 2023-2024 reached \$90.3 million, a 4.1 per cent increase, equating to \$614 per adult. With 523 EGMs in the City of Melton, 63 per cent of the allowable limit, four venues in disadvantaged areas accounted for 48.5 per cent of losses. Statewide, 36 per cent of adults reported gambling monthly, with 21 per cent engaging with EGMs. Problem gambling affects 6.5 per cent of Victorian adults, with 3 per cent classified as high-risk. Community attitudes are shifting, as 44 per cent view gambling as a serious issue, and 85 per cent recognise its potential harm to families.

## Community safety and crime prevention

The 2024 Annual Community Satisfaction Survey revealed a perception of safety score of 7.1 out of 10, with nighttime safety rated at 6.0. Daytime safety ratings were highest in Burnside (8.4), while Harkness and Melton West had lower scores of 6.8 and 7.0. Crime rates in the City of Melton have decreased significantly, with a criminal incident rate of 4,589.3 per 100,000 population, down from 5,444.8 in 2021 and 6,216.9 in 2016. Despite this long-term decline, total incidents rose from 8,663 in 2023 to 9,858 in 2024, marking a 13.8 per cent increase. Most incidents occurred at homes (3,735), on streets (1,444), or in service stations (438). Theft (1,324 incidents) and vehicle-related offences (1,205) were the most common, with 3,166 male offenders compared to 842 female.

## Injury prevention

Efforts to prevent injuries play a vital role in alleviating the strain on the City of Melton's healthcare system. In 2022, 2,037 residents were hospitalised due to unintentional injuries, with a rate of 1,047.9 per 100,000 people, lower than Victoria's rate of 1,752.2. Falls accounted for 48.2 per cent of cases, followed by transport-related injuries (17.8 per cent). The majority of injuries occurred at home (28.2 per cent). Fractures were the leading injury type, comprising 39.4 per cent of

hospitalisations. Males had a higher hospitalisation rate of 1,241.9 per 100,000, compared to 926.1 for females. The highest injury rate was among adults aged 85+, at 10,177.6 per 100,000. Emergency responses in the City of Melton saw 11,330 ambulance callouts in 2022–23, with 51.1 per cent of cases attended to within 15 minutes.

## Built environment

Urban form, infrastructure, and services shape the health and wellbeing of residents. The Liveability Index for the City of Melton averaged 95.1, below the Greater Melbourne average of 99.3, reflecting gaps in infrastructure and service provision. Population density rose to 339.4 people per square kilometre in 2021, with Caroline Springs and Taylors Hill having the highest densities. Transport options remain limited, with 85 per cent of weekday trips made by car, while only 4.4 per cent were by public transport. Around 63.5 per cent of households owned two or more cars. Walkability is low, with only 0.5 per cent of people walking to work, and just 21.7 per cent of dwellings are within 400 metres of public transport.

## Climate change

Rising temperatures, more frequent heatwaves, and extreme weather events pose significant risks to the City of Melton, where climate change has increased the overall climate risk to 2.72 per cent, compared to 2.6 per cent in Victoria. Vulnerable groups, such as the 26.6 per cent of residents with long-term health conditions or experiencing homelessness face greater challenges adapting to these changes. Heatwaves, projected to increase to 17 days per year by 2030, impact health and increase hospitalisations, especially among the elderly. Meanwhile, Toolern Vale has the highest bushfire risk at 27.41 per cent, further exacerbating local vulnerability. Surface water flooding is also a concern, with Hillside having a 0.62 per cent risk, affecting 21 properties. The municipality's low tree canopy of 4.1 per cent, compared to Greater Melbourne's 15.3 per cent, limits its ability to mitigate urban heat island effects.

## Conclusion

The Health and Wellbeing Profile highlights the importance of addressing the diverse challenges faced by the City of Melton's rapidly growing population. By focusing on key areas such as chronic disease, mental health, housing stress, and access to services, this report provides a roadmap for targeted interventions. The insights will guide strategic planning, enabling Melton City Council to implement programs that promote health equity and improve residents' quality of life. With climate change, rapid urbanisation, and social inequalities presenting ongoing risks, collaboration between local government and stakeholders is essential for building a resilient, healthy community.

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# Introduction

The Health and Wellbeing Profile for the City of Melton is a key document intended to provide a detailed overview of health and wellbeing within our community. It will inform the priorities set out in the next Melton City Council and Wellbeing Plan, as well as guide our collaborative efforts with external stakeholders. It focuses on identifying and analysing the determinants of health to highlight specific issues and their root causes.

An evidence-based approach is crucial for the effective planning and implementation of health and wellbeing strategies. By understanding the current state of health in our community, including key challenges and areas for improvement, Council will be better positioned to allocate resources strategically, develop targeted interventions, and ultimately improve the quality of life for all residents. The profile will support Council's efforts to respond proactively to emerging health trends and ensure that our actions are aligned with the community's needs, helping us to build a healthier, more inclusive City of Melton. Health and wellbeing issues across 15 key areas are considered in the profile. It considers an intersectional perspective wherever data is available, recognising the importance of understanding how various factors intersect to shape health outcomes for different segments of our population.



## Purpose

The purpose of the profile is to inform health and wellbeing priorities, guide strategic planning and resource allocation, and support collaborative efforts to improve community health outcomes in the City of Melton.

## Context

In accordance with the *Public Health and Wellbeing Act 2008*, the City of Melton is dedicated to enhancing public health and wellbeing through strategic, coordinated action across the local government area. The Act requires local governments to use a comprehensive planning method, focusing on proactive and preventative health measures aimed at improving health for all community members. This commitment is aligned with the *Victorian Public Health and Wellbeing Plan 2023–27*, which sets out ten priority areas essential for reducing the burden of disease and key drivers of ill health throughout life. These priorities highlight the necessity of collaborative efforts across all levels of government, the health sector, community organisations, and the broader community to create safe, health-sustaining environments and advance health equity.

Our approach to improving health and wellbeing aligns with the global perspectives of the World Health Organisation (WHO), of which Australia is a member state. The WHO defines health comprehensively as "a state of complete physical, mental and social wellbeing," not merely "the absence of disease or infirmity."<sup>1</sup> Additionally, wellbeing is described by the WHO as "a positive state e experienced by individuals and societies. Similar to health, it is a resource for daily life and is determined by social, economic and environmental conditions".<sup>2</sup>

Supporting this definition, the WHO's framework on the Social Determinants of Health is a foundational element of our Health and Wellbeing Profile development. This framework recognises that health outcomes are shaped by the conditions in which people are born, grow, live, work, and age, as well as by broader forces and systems including economic policies, social norms, and political systems. Key factors such as income, education, employment conditions, food security, housing, and access to quality health services play a significant role. The framework also highlights the importance of wider determinants like racism, social networks, and social protection in explaining health inequities—the unjust and avoidable differences in health status within and between populations.

In developing the City of Melton's Health and Wellbeing Profile for 2024 (Profile), the current health status of our community and identify strategies that tackle the root causes of health disparities were mapped. By focusing on the social determinants of health, this Profile aims to provide information to help build a healthier, more equitable community where every individual has the opportunity to achieve their highest possible standard of health and wellbeing. This approach is essential to our mission to improve population health, reduce inequities, and ensure all City of Melton residents can fully engage in their community, education, and employment, contributing to a vibrant and inclusive society.

## Methodology

The following methodology was used to develop the Profile:



## Limitations

There are some limitations to the development of this Profile. For instance, data featured in the report relies on the 2021 Australian Bureau of Statistics (ABS) Census. However, given the rapid growth of our municipality, this data may quickly become outdated. Additionally, some data is not available at the municipal level, only state or national. In these circumstances, the most recent data at the level closest to local data has been used.

Although this may not significantly affect the results concerning well-established health conditions and behaviours, which generally remain consistent over short periods, it is a factor to consider. Melton City Council conducts a Community Satisfaction Survey annually, providing updated insights into community opinions on various issues, including food security, safety, and social connections. Nevertheless, some data has limited scope and relevance to the City of Melton's specific circumstances. Each dataset comes with its own set of limitations.

Moreover, the national data within this Profile has inherent constraints. For instance, the geographical classifications used by the ABS do not correspond with those used in the Australian Early Development Census (AEDC), leading to unusual geographical categorisations that can complicate data application. Furthermore, the establishment of new suburbs generally follows the Statistical Area Level 2 (SA2) boundaries, some of which extend into adjacent local government areas, necessitating careful consideration when utilising this data in various contexts.

Understanding that the City of Melton community is diverse, efforts were made to consider smaller populations in the community and factors related to intersectionality. However, data pertaining to certain groups, such as gender-diverse individuals or First Nations people, remains limited. In many cases, state or national data was used to provide some insights intersectional aspects of an issue. Where applicable, the Profile identifies these gaps in the research, pinpointing strengths, and opportunities within the municipality to enhance our knowledge around the issues identified.

## About our city

Located in the outer western metropolitan area of Melbourne, the City of Melton is roughly 40km from the Melbourne central business district (CBD). It is strategically positioned along Melbourne's western growth corridor, connected by the Western Ring Road, Deer Park Bypass, the Western Highway and the Calder Freeway. These roads link the City of Melton to Melbourne's major freeways, airport, industrial hubs, along with the Melbourne CBD.

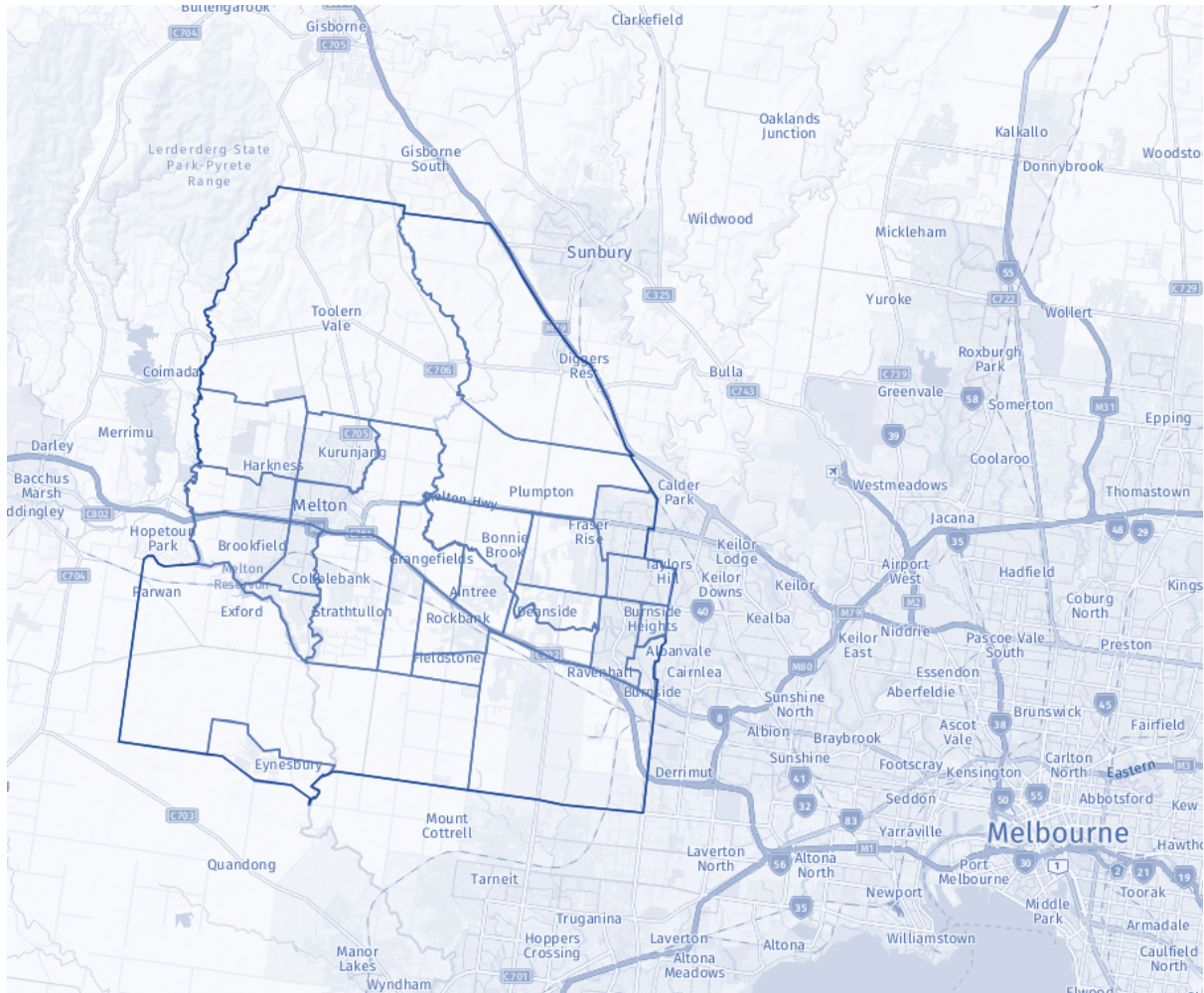


Figure 1: Map of the City of Melton in context to the Melbourne CBD (Id Forecast, 2024)

The City of Melton covers an area of 527 square kilometres, historically known for its distinct population clusters separated by extensive farmland and small townships. Recent developments, however, are gradually merging these separate areas into a more unified urban environment.

As recorded in 2023, the City of Melton's population was 206,070, marking it as one of Australia's fastest-growing regions with an annual growth rate of 6.61 per cent. This growth is largely fuelled by internal migration, attracting residents from other parts of Victoria and beyond.

Key urban areas within the municipality include Caroline Springs and Melton Township, located about 19 and 35 kilometres from Melbourne's CBD, respectively. These areas serve as focal points of community and economic activities. In addition to ongoing population growth in the areas of Truganina and Diggers Rest, there has been a rise of new suburbs such as Cobblebank, Fraser Rise, and Rockbank reflecting the city's ongoing expansion and development efforts.

Despite this growth, the City of Melton retains significant rural areas that contribute to its character, with places like Toolern Vale and Eynesbury offering open spaces and a quieter lifestyle. As the municipality continues to develop, it faces the challenge of balancing urban expansion with the preservation of its rural heritage and the wellbeing of an increasingly diverse population. With an expected population of 440,142 by 2051, the city is on a path to significant transformation while integrating into the Greater Melbourne region.

## History

The City of Melton has a deep and varied history, enriched by its Aboriginal heritage and subsequent European colonisation. The land across what is now known as the City of Melton has been inhabited by Aboriginal peoples for over 40,000 years. Historically, this area was the meeting ground of three significant Traditional Owner groups: the Wurundjeri Woi-Wurrung, Wadawurrung, and Bunurong. These groups are part of the broader confederation known as the Kulin Nations. The legacy of these groups is evident in numerous cultural heritage sites scattered throughout the region, including scarred trees and traditional camp sites, which underline a long-standing connection to this land.

The first European settlers arrived in the late 1830s, and by 1862, the Melton area was officially recognised as a district, quickly establishing itself with a strong pastoral and farming heritage. Remnants of this era, such as pastoral homesteads and dry-stone walls, are still visible and contribute to the area's character. The declaration of the Shire of Melton as Melbourne's first satellite city in 1974 marked a significant shift, heralding a period of rapid suburban development and population growth. This growth has continued unabated, with the Shire of Melton transforming into one of the fastest expanding areas in Australia. In 2012, in recognition of its expansion and development, the municipality was granted city status.

The landscape and development trajectory of the City of Melton are not uniform but vary distinctly across its various suburbs and localities. For instance, Caroline Springs, conceived in the 1990s as a planned community, reflects a modern, structured approach to suburban development, complete with extensive amenities and designed public spaces. In contrast, the growing township of Diggers Rest retains a more historical character, influenced by its origins as a stopping point for gold miners. This area features historical sites including the spot of Australia's first recorded powered flight by Harry Houdini. Toolern Vale and Exford, with their agricultural and pastoral leanings, represent the traditional rural aspect of the City of Melton, with numerous heritage sites and homesteads which date back to the 1840s. These areas highlight the transition from early squatter settlements to established agricultural enterprises.

Newer developments in the city, such as Aintree and Cobblebank, reflect the City of Melton's ongoing evolution. These areas are characterised by modern housing estates and community facilities designed to cater to a rapidly growing population. Each of these suburbs, while part of the cohesive framework of the City of Melton, showcases unique attributes, from historical significance and natural beauty to modern planning and community development.

The City of Melton's rich history, from its Aboriginal roots through its pastoral era and into its status as an expanding urban centre, reflects a dynamic community that values both heritage and progress. This historical context not only informs the city's identity but also guides its future development, ensuring that growth is managed in a way that respects its diverse past and anticipates a vibrant future.

## Demographics

### *Population*

In 2023, the City of Melton's estimated resident population was 206,070<sup>3</sup>. Melton East was recorded the most populous suburb, while Toolern Vale, Bonnie Brook, Grangefields, and Deanside had the smallest populations at the time this Profile was developed<sup>4</sup>. The demographic breakdown shows a close balance with 50.1 per cent female and 49.9 per cent male residents<sup>5</sup>. It is a diverse community, with 9.2 per cent identifying as LGBTIQ+, 5.3 per cent reporting as needing assistance due to disability, and 1.2 per cent identifying as being of Aboriginal or Torres Strait Island descent<sup>6,7,8</sup>.

This population marks a significant increase of 6.61 per cent from 2022, a rate that significantly exceeds the 2.79 per cent growth observed across Victoria during the same period<sup>9</sup>. Reflecting on earlier data from 2016, the population has grown by 36.7 per cent, primarily driven by internal migration, attributed to the City of Melton's relative housing affordability.

In 2024, the City of Melton was the second fastest growing Local Government Area in Victoria and the fourth largest in Australia. Specific areas like Fraser Rise-Plumpton and Rockbank-Mount Cottrell saw some of the highest increases, growing by 26.4 per cent and 18.7 per cent respectively<sup>10</sup>.

Looking ahead, the population of the City of Melton is expected to surge to more than 370,000 by 2041, representing an increase of 104.4 per cent from 2021. This forecast anticipates an average annual growth rate of 5.2 per cent<sup>11</sup>. The suburbs projected to experience the most significant increases include Fraser Rise, Cobblebank-Strathtulloh, and Truganina-Ravenhall<sup>12</sup>. This growth is expected to be evenly distributed between genders, and although the predominant age group is anticipated to remain 35 to 49, a substantial rise in the population aged 65 and over is expected by 2051, projected to exceed 50,000<sup>13</sup>.

These projections highlight the City of Melton's evolution as a dynamic and expanding urban area, driven by both its appeal as a residential choice and strategic development initiatives.

### *Age*

The City of Melton has a younger demographic profile with a median age of 33 years, contrasted with Victoria's median age of 38 years and Greater Melbourne's median of 37 years<sup>14</sup>. The median age is even lower for some populations, for example, males (33 years) have a slightly lower median age than females (34 years)<sup>15</sup>. Notably, Aboriginal and Torres Strait Islander residents have a median age of 25 years, which is significantly lower than non-Indigenous residents<sup>16</sup>.

In terms of age distribution, more than 70 per cent of the City of Melton's population is under the age of 49, with the 30 to 39-year-old cohort representing one of the largest demographic segments<sup>17</sup>. This younger profile suggests a vibrant community with a high potential for growth and an active workforce. In comparison, 67.9 per cent of residents in Greater Melbourne and 65.4 per cent in Victoria fall under the age of 49<sup>18</sup>.

The birth rate in the City of Melton further highlights the youthful demographic, with approximately 64 babies born each week, suggesting robust future population growth<sup>19</sup>. Looking towards the future, the demographic landscape is expected to shift significantly<sup>20</sup>. By 2051, the population of residents aged 65 and over is projected to exceed 50,000, marking a substantial increase and highlighting a transition towards an older demographic over the next few decades<sup>21</sup>.

In the City of Melton, males represent a higher proportion in most younger age groups, particularly in the 0-4 years (8.2 per cent males vs 7.9 per cent females), 5-9 years (8.7 per cent males vs 8.3 per cent females), and 35-39 years (9.1 per cent males vs 9 per cent females). The biggest gender gaps in favour of males are seen in the 5-9 age group, where males outnumber females by 0.4 per cent, and the 20-24 age group, where males (6.6 per cent) exceed females (5.9 per cent) by 0.7 per cent. Conversely, females dominate the older age groups, especially from 50-54 years onwards, with the largest gender gap seen in the 65-69 age group, where females represent 3.5 per cent compared to 3.2 per cent of males. In comparison to Greater Melbourne, the gender gaps in the City of Melton follow similar trends, with males representing a higher proportion in younger age groups and females dominating the older age brackets. However, the gaps are often more pronounced in the City of Melton, compared to Greater Melbourne.

### *Household type*

In the City of Melton, family dynamics and household compositions present a distinct profile. Currently, 44.8 per cent of households include children, a figure substantially higher than Greater Melbourne's 33.1 per cent and Victoria's 30.9 per cent<sup>22</sup>. This prevalence underlines the City of Melton's appeal as a family-oriented community, with facilities and living spaces that cater to the needs of children and their guardians.

Single-parent households constitute a significant proportion of the family landscape in the City of Melton, accounting for 13.1 per cent of households<sup>23</sup>. This is higher compared to both Victoria and Greater Melbourne, where the figure stands at 10.2 per cent<sup>24</sup>. Within the City of Melton, there is notable variation: Melton West has the highest percentage of single-parent households at 16.9 per cent, followed closely by Melton South and Harkness at 16.6 per cent, Kurunjang at 16.5 per cent, and Weir Views at 16.1 per cent<sup>25</sup>.

As for household size, the average number in the City of Melton is currently 3.05 persons, again outstripping the averages in Greater Melbourne and Victoria, which are 2.58 and 2.52 respectively<sup>26</sup>. However, projections over the next 25 years indicate a slight decline in household size for the City of Melton, with an expectation to decrease to an average of 2.91<sup>27</sup>.

### *Disability*

The community of individuals with disability has seen a significant increase, with more than 5.5 per cent, or 9,496 people, needing assistance due to age or disability, marking an increase of 43.5 per cent since the 2016 census<sup>28</sup>. Due to the way this question is framed in the census, this data is widely known to underrepresent the proportion of people with disability. The 2023 Victorian Public Health Survey (VPHS) presents a broader view, indicating that 18.4 per cent of City of Melton residents reported having a disability, which is slightly lower than the Victorian average of 19.9 per cent<sup>29</sup>. Nationally, 21.5 per cent of people are estimated to have a disability, an increase from 17.7 per cent in 2018<sup>30</sup>. This suggests that the true proportion of residents with a disability in the City of Melton is likely to be aligned with the figure from the 2023 VPHS.

Males have a higher proportion of people with disability in most age groups compared to females across Australia, with an overall proportion of 35.9 for males, and 35.4 per cent for females<sup>31</sup>. Within the municipality, the suburbs reporting the highest rates of people who require assistance due to disability, included Melton with 10.3 per cent, Melton South with 9.1 per cent, Melton West with 8.3 per cent, Melton Township with 7.7 per cent, and Kurunjang with 7.6 per cent<sup>32</sup>.

The proportion of people with disability increases with age, with the age group 70-74 years representing the highest proportion of individuals needing assistance, making up 10 per cent of those in the age group, higher than Greater Melbourne (8.7 per cent) and the figure in the City of Melton in 2016 (7.7 per cent)<sup>33</sup>. This is followed by those aged 65-69 years, where people with disability make up 8.9 per cent in the City of Melton, a drop from 9.5 per cent in 2016 but higher than Greater Melbourne (6.9 per cent) for the same age group<sup>34</sup>. In contrast, younger age groups like those aged 0 to 4 make up a smaller percentage of individuals requiring assistance, at just 2.3 per cent, slightly higher than the Greater Melbourne figure of 1.4 per cent<sup>35</sup>. This aligns with national trends.

The most common types of disability nationally include chronic or recurring pain or discomfort (experienced by 36.8 per cent of people with disability) and difficulty gripping or holding things (26.3 per cent)<sup>36</sup>. Among younger individuals aged 0-24, nervous or emotional conditions (21.2 per cent) and social or behavioural difficulties (29.2 per cent) was more prevalent<sup>37</sup>. In older adults aged 65 and over, chronic pain (40.9 per cent) and difficulty gripping (27.1 per cent) were most common<sup>38</sup>. Women were more likely to experience chronic pain (40.9 per cent) compared to men (33.9 per cent), while men had higher rates of difficulty gripping (26.5 per cent compared to 24.6 per cent for women)<sup>39</sup>. Approximately 5.5 per cent of people with disability nationally required the use of a wheelchair to move around<sup>40</sup>. This need is more prevalent among older adults, with 9.2 per cent of those aged 65 and over requiring a wheelchair, compared to 3.4 per cent of individuals aged 25-64 and 2.9 per cent of those aged 0-24<sup>41</sup>.

Among First Nations people in the City of Melton, the need for assistance with core activities is more than double the overall population figure, with 10.8 per cent requiring support<sup>42</sup>. It's also slightly higher amongst communities born overseas, at 6 per cent<sup>43</sup>. Nationally, 4.9 per cent of people with disability described their sexual orientation as gay or lesbian, bisexual or used a different term such as asexual, pansexual or queer<sup>44</sup>. Furthermore, more than a quarter of people with disability (26.2 per cent) lived in an area of most socio-economic disadvantage, and one in four (25.6 per cent) lived in a lone person household<sup>45</sup>.

### *First Nations*

In the 2021 Census, the City of Melton has seen an increase in the representation of its Aboriginal and Torres Strait Islander residents, with 1.2 per cent or 2,128 individuals identifying with this heritage, which is nearly double the proportion of the population in Greater Melbourne at 0.7 per cent<sup>46</sup>.

Over the past decade, the First Nations population in the City of Melton has experienced significant growth, with 797 individuals recorded in 2011, representing 0.7 per cent of the population, followed by 1,290 in 2016, comprising 1 per cent of the total population<sup>47</sup>. Among the First Nations population currently living in the City of Melton, 53.3 per cent were male, and 46.7 per cent were female<sup>48</sup>.

Of the total First Nations population in the City of Melton, a significant majority, 2,027 individuals (95.3 per cent), identified as Aboriginal in the 2021 Census, while 44 individuals (2.1 per cent) identified as Torres Strait Islander, and 57 individuals (2.7 per cent) identified as both Aboriginal and Torres Strait Islander, reflecting the diverse cultural backgrounds within the community<sup>49</sup>.

Council acknowledges the importance of this growing demographic and the unique contributions of the Aboriginal and Torres Strait Islander communities to the cultural tapestry of the City of Melton. Council also recognises the complexities of obtaining accurate data about First Nations people, a

challenge rooted in the impacts of colonisation, which is expected to result in the underrepresentation of Aboriginal and Torres Strait Islander peoples in demographic data.

### *Cultural and religious diversity*

The City of Melton is a vibrant mosaic of cultural and religious diversity, with 36 per cent of its residents born overseas, higher than the Victorian average of 30 per cent and just below the Greater Melbourne average of 36 per cent<sup>50</sup>. A slightly higher proportion of people born overseas are female (50.7 per cent) compared to males (49.3 per cent)<sup>51</sup>.

Notable populations from India (8 per cent), the Philippines (3.35 per cent), and New Zealand (2.2 per cent) contribute to this diversity, with areas like Truganina (52.8 per cent), Aintree (52.2 per cent), Cobblebank (48.5 per cent), Burnside-Burnside Heights (48.3 per cent), and Thornhill Park (48 per cent) having higher concentrations of overseas-born residents<sup>52</sup>.

The pattern of migration to the City of Melton reveals that a significant one-third of its overseas-born residents (33.3 per cent) settled in the city between 2011 and 2021<sup>53</sup>. The highest proportion of these (16.7 per cent) were aged 30-34 years, followed by the 25-29 year age group (14.6 per cent) and 20-24 year age group (10.3 per cent)<sup>54</sup>.

Linguistic diversity is also prominent in the City of Melton, with 39 per cent of residents using a language other than English at home<sup>55</sup>. Of this population, 19.9 per cent were female and 19.1 per cent were male<sup>56</sup>. Punjabi (5.9 per cent), Filipino/Tagalog (2.9 per cent), Vietnamese (2.5 per cent), Arabic (2 per cent), and Hindi (2 per cent) are among the top languages spoken<sup>57</sup>.

English proficiency within the city shows that 4.7 per cent of the population have limited English skills, slightly higher than the statewide figure of 4.4 per cent but less than Greater Melbourne's 5.4 per cent<sup>58</sup>. Populations born overseas with the lowest English proficiency (reporting they speak English "not well" or "not at all") include those speaking Vietnamese (28.6 per cent), Mandarin (24.1 per cent), Assyrian/Aramaic (27.7 per cent), Cantonese (23.2 per cent), and Hakka (20.6 per cent)<sup>59</sup>.

### *Religion*

Religious beliefs are an integral part of the City of Melton community, with 67.9 per cent of residents professing a faith, indicating a stronger religious affiliation than both the state average of 54 per cent and Greater Melbourne's 56.4 per cent<sup>60</sup>. The most prominent religions include Roman Catholicism (27.3 per cent), Islam (6.4 per cent), Sikhism (5.3 per cent), and Hinduism (5.2 per cent), highlighting the city's religious plurality<sup>61</sup>. In addition to those with religious affiliations, a significant portion of the City of Melton's population, 24.2 per cent, identify with having no religion, while 7.4 per cent chose not to disclose their religious views or did not answer the question on religion<sup>62</sup>.

### *Refugees and asylum seekers*

From 2021 to April 2024, the City of Melton has welcomed 503 individuals on refugee and asylum seeker visas<sup>63</sup>. During the same period, a total of 2,706 people arrived under humanitarian, family, and skilled migration streams<sup>64</sup>. Refugees and asylum seekers accounted for 18.5 per cent of the population arriving through these various migration streams, with 33.7 per cent arriving under the family stream and 45.7 per cent under the skilled worker stream<sup>65</sup>. The City of Melton is ranked 8<sup>th</sup> across Victoria in the number of people seeking asylum<sup>66</sup>.

Among those arriving on humanitarian visas, 46 per cent were female and 54 per cent were male<sup>67</sup>. The majority of these individuals were born in Iraq (41.3 per cent) and Afghanistan (18.4 per cent)<sup>68</sup>.

The most common age groups for humanitarian visa holders were 25-34 years old, representing 22.4 per cent of the total, followed by those aged 6-11 years, making up 13.2 per cent<sup>69</sup>.

As of June 2023, there are 122 individuals residing in the City of Melton on bridging visas, comprising 2.9 per cent of all total Irregular Maritime Arrivals on this visa type<sup>70</sup>. This represents a significant increase over the past decade, with only 10 residents having arrived on a bridging visa in 2014<sup>71</sup>.

Across Victoria, people from Sri Lanka make up the largest proportion of asylum seekers (31 per cent), followed by people from Iran (28.6 per cent) and Pakistan (11.8 per cent)<sup>72</sup>. Around one in ten asylum seekers (9.7 per cent) are 'stateless', meaning they have citizenship in no country<sup>73</sup>. Age groups with the highest proportion are 36-45 years (36.5 per cent), followed by those 26-35 years (29.5 per cent) and 46 years or older (16.8 per cent)<sup>74</sup>. A further 17.2 per cent are under the age of 25 years<sup>75</sup>.

### *LGBTIQ+*

Reporting on the health and wellbeing of those who identify as lesbian, gay, bisexual, transgender, intersex, queer, asexual, or as having other diverse sexual orientations and gender identities (LGBTIQ+) people is limited by a lack of data on gender, sexual orientation, and innate variations of sex characteristics. Despite the prevalence of diversity in sexual orientation, gender identity, and sex characteristics, there is very little reliable population data for the City of Melton. This makes understanding the demographic profile of LGBTIQ+ people challenging.

Based on a survey conducted in 2017, it was estimated that around one in seven, or 15.5 per cent of the adult population in the City of Melton identified as LGBTIQ+<sup>76</sup>, higher than the Victorian average of 14 per cent<sup>77</sup>. The 2023 Victorian Public Health Survey (VPHS) provides more recent data, conversely indicating that 9.2 per cent of adults in the City of Melton identify as LGBTIQ+, which is lower than the current Victorian average of 11 per cent<sup>78</sup>. However, a higher proportion of City of Melton residents, 13.1 per cent, did not know or refused to disclose their LGBTIQ+ status, compared to 7.6 per cent across Victoria<sup>79</sup>.

This variation suggests that while there is a significant presence of LGBTIQ+ individuals in the municipality, there may be a higher level of uncertainty or reluctance to disclose this information, potentially impacting the accuracy of demographic data and the ability to fully understand and address the needs of the LGBTIQ+ community in the area. Available data often refers only to people who identify as gay, bisexual, or heterosexual, leaving out trans, asexual, and intersex individuals, and may underrepresent the number of people in these communities due to social stigma and complexities. For instance, 2021 census data on same-sex families in the City of Melton indicates that at least 7.9 per 1,000 couples are same-sex, but this only represents a fraction of the LGBTIQ+ community as it fails to count people not in a relationship or those who are not out to their families, among other factors<sup>80</sup>. However, a Victorian survey from 2017 indicated that the highest proportion identify as Bisexual, Queer or Pansexual, followed by Gay or Lesbian<sup>81</sup>. A smaller proportion of respondents identified as Asexual, Other, Intersex, Transgender or Gender Diverse<sup>82</sup>.

The same Victorian data indicates that the age group of 18-34 is more likely to identify as LGBTIQ+ than any other age group (20.7 per cent)<sup>83</sup>. Those aged 75 and older were least likely to identify as LGBTIQ+ (2.7 per cent), followed by those aged 55-74 years (3.9 per cent) and 35-54 years (9.7 per cent)<sup>84</sup>. Those born in Australia are more likely to identify as LGBTIQ+ (72.4 per cent) compared to those born overseas (27.5 per cent), which is similar for households which speak only English at home (76.5 per cent) compared to households who use a language other than English (23.3 per cent)<sup>85</sup>. Proportionately, Aboriginal and Torres Strait islander people in Victoria are more likely to

identify as LGBTIQ+ (2.1 per cent) given they make up approximately 1 per cent of the state's population<sup>86</sup>.

## Health conditions

Health conditions refers to the state of an individual's physical and mental wellbeing. It encompasses both chronic and acute conditions that affect a person's ability to function and their quality of life.

It's recognised that social determinants of health significantly shape individual health conditions, influencing between 30-55 per cent of health outcomes, according to the studies reviewed by the WHO<sup>87</sup>. These determinants encompass factors like socioeconomic status, education, neighbourhood and physical environments, employment, and social support networks. They not only affect access to resources that enhance quality of life but also impact the ability to manage or prevent diseases, therefore directly influencing both chronic and acute health conditions. Understanding and addressing these determinants is crucial for improving health outcomes and reducing disparities within communities. Further exploration of specific factors in the social determinants of health will be discussed later in this profile.

Self-reported health status in the City of Melton shows a slightly less favourable picture compared to the Victorian average. According to the 2023 Victorian Public Health Survey (VPHS), 38.3 per cent of City of Melton residents rated their health as 'excellent' or 'very good,' which is slightly lower than the Victorian average of 39.8 per cent<sup>88</sup>. Additionally, 37.6 per cent of City of Melton residents reported their health as 'good,' which is comparable to the state average of 38.3 per cent<sup>89</sup>. However, a higher proportion of City of Melton residents, 23.4 per cent, reported their health as 'fair or poor,' which is above the Victorian average of 20.9 per cent<sup>90</sup>.

The 2022 VPHS indicates that the proportion of men who self-reported excellent or very good health (43.3 per cent) was slightly lower compared to women (43.5 per cent) in Victoria<sup>91</sup>. The age group most likely to self-report excellent or very good physical and mental health in Victoria was those aged 85 and over, with 44.7 per cent of individuals in this age group rating their health as excellent or very good<sup>92</sup>. This was followed closely by the 65-74 age group at 44.4 per cent, and the 35-44 age group at 44.2 per cent<sup>93</sup>. In contrast, younger adults aged 25-34 were less likely to report excellent or very good health, with only 42.2 per cent doing so, and the lowest percentage was observed among the 75-84 age group, where only 40.4 per cent reported their health as excellent or very good<sup>94</sup>.

First Nations people in all age groups were less likely than non-Indigenous Australians to report excellent or very good health, particularly for those aged 55 and over (a difference of 22 per cent)<sup>95</sup>. Among Indigenous Australians, only 24 per cent of those aged 55+ reported excellent or very good health, compared to 46 per cent of non-Indigenous Australians<sup>96</sup>. For younger age groups, 45 per cent of Indigenous Australians aged 15-24 reported excellent or very good health, compared to 68 per cent of their non-Indigenous counterparts<sup>97</sup>.

People born overseas who spoke a language other than English at home reported a slightly lower rate of excellent or very good health (41.6 per cent) compared to those born overseas who spoke only English at home (41.9 per cent)<sup>98</sup>. Both of these groups reported lower rates of excellent or very good health compared to the overall Victorian population (43.2 per cent)<sup>99</sup>. Additionally, Australian-born individuals who spoke a language other than English at home reported the highest rate of excellent or very good health at 47.8 per cent<sup>100</sup>.

National data from 2022 indicates that 68 per cent of people with disability reported excellent, very good or good health, compared to 95 per cent of people without disability in the same sample<sup>101</sup>. Overall, married individuals were the most likely to report excellent or very good health, with 49.8 per cent. Those living with a partner also reported relatively high rates, at 45.8 per cent<sup>102</sup>. In

contrast, widowed, divorced, or separated individuals reported the lowest rates, with 27.7 per cent<sup>103</sup>. People who have never married reported a slightly higher rate of excellent or very good health, with 40.1 per cent<sup>104</sup>.

## Health literacy

While there is no specific data on health literacy for the City of Melton or Victoria, the 2018 Health Literacy Survey conducted by the Australian Bureau of Statistics provides valuable national insights. The survey found that 18 per cent of respondents strongly believed in their capacity to actively manage their health, with 73 per cent agreeing<sup>105</sup>. However, confidence varied significantly across different groups.

Individuals who identified as having excellent health were more confident (34 per cent) compared to those in fair or poor health (9 per cent)<sup>106</sup>. Those without long-term health conditions (21 per cent) also felt more capable than those with multiple conditions (12 per cent)<sup>107</sup>. Education and living arrangements influenced perceptions; 21 per cent with a non-school qualification and 20 per cent of couple-only households felt strongly capable, higher than those without qualifications (15 per cent) and people living alone (15 per cent)<sup>108</sup>.

Regarding social support, 25 per cent strongly felt supported in their health needs, with younger individuals (18-24 years, 39 per cent) reporting more support than older adults (65+ years, 20 per cent)<sup>109</sup>. Higher income households reported stronger support (29 per cent) compared to lower income (18 per cent)<sup>110</sup>. Language also played a role, as people who spoke English as their first language (26 per cent) reported more support than non-English speakers (19 per cent)<sup>111</sup>.

Engagement with healthcare providers showed that 33 per cent of respondents found it always easy, with older adults (65+ years, 39 per cent) finding it easier than younger adults (18-24 years, 28 per cent)<sup>112</sup>. Those in better health or without disability also reported easier interactions compared to those with severe limitations or multiple health conditions.

Navigating the healthcare system appeared easier for older individuals; 34 per cent of those aged 65+ found it 'always easy', compared to only 19 per cent of those aged 35-44<sup>113</sup>. Younger adults (18-24 years) faced more difficulties (19 per cent) compared to older adults (65+ years, 8 per cent)<sup>114</sup>.

Based on this data, the infographic below outlines common traits linked to decreased health literacy based on survey data. Note that these characteristics do not determine an individual's health literacy but rather indicate trends observed in broader population groups.

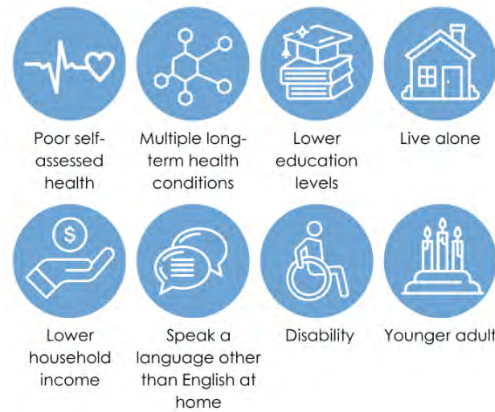


Figure 2: Common traits linked to lower health literacy in Australia (ABS, 2018)

Low health literacy can exacerbate health inequalities, leading to poorer health outcomes, such as reduced engagement with preventive health services, higher hospital readmission rates, and difficulties in managing personal health care effectively.

## Access to health services

Access to primary healthcare services is a fundamental aspect of community health infrastructure. In the City of Melton, the general practitioner rate stands at 60.7 per 100,000 people, which is considerably lower than the Greater Melbourne rate of 104.7 per 100,000<sup>115</sup>. The Greater Melbourne region had 515 per cent more medical practitioners than the City of Melton in 2022<sup>116</sup>.

Based on data from the 2023 Victorian Public Health Survey (VPHS) data there are a range of barriers for residents seeking advice from their GP. In the City of Melton, 23.3 per cent of adults reported that they were unable to see a GP when needed in the past 12 months, which is higher than the Victorian average of 19.5 per cent<sup>117</sup>. When exploring the main reasons for this lack of access, 40.6 per cent of City of Melton residents cited the inability to get an appointment when needed as the primary reason, significantly higher than the Victorian average of 35.5 per cent<sup>118</sup>. Cost was a barrier for 15.4 per cent of City of Melton respondents, closely aligning with the state average of 22.9 per cent<sup>119</sup>. Additionally, 30.9 per cent of City of Melton residents reported other reasons for not accessing a GP, compared to 32.9 per cent in Victoria<sup>120</sup>. Issues related to transport were cited by 3.5 per cent of City of Melton residents, slightly higher than the Victorian average of 2.7 per cent<sup>121</sup>. Furthermore, the perception of wait times was notably concerning in the City of Melton, with 43.9 per cent of adults saying they felt that they waited longer than acceptable to see a GP in the past 12 months, compared to 33 per cent across Victoria<sup>122</sup>.

The provision of pharmaceutical services is another crucial factor in healthcare access. As of 2023, there are 19 operating pharmacies in the City of Melton, with the pharmacist rate reported at 40.6 per 100,000 in 2021<sup>123</sup>. This figure falls short when compared to the 58.7 pharmacists per 100,000 in Greater Melbourne<sup>124</sup>.

Dental health services in the City of Melton also present areas for development. The rate of admissions for potentially preventable acute dental conditions is higher in the City of Melton, at 112.3 per 100,000, than the Victoria average of 92.6 per 100,000<sup>125</sup>. The number of dentists, at 26.1 per 100,000, is significantly lower than in Greater Melbourne, where there are 44.1 dentists per 100,000<sup>126</sup>. Additionally, dental hospitalisations for children aged 0-9 years in the City of Melton are marginally higher than the state average, with a rate of 17.9 per 100,000 compared to Victoria's 17.4<sup>127</sup>.

Residents in the City of Melton are also experiencing higher than average postponements and cancellations for procedures. According to the 2023 VPHS, 5.2 per cent of people in City of Melton reported having a planned surgery cancelled or postponed by a hospital or doctor in the last 12 months, compared to 3.6 per cent in Victoria<sup>128</sup>. Furthermore, 9.1 per cent of City of Melton residents had a medical appointment, test, or procedure cancelled or postponed by a medical facility, higher than the Victorian average of 7.1 per cent<sup>129</sup>.

Access to health services is further influenced by the proportion of residents with private health insurance. According to the 2023 VPHS, only 36.8 per cent of people in the City of Melton have private health insurance, significantly lower than the Victorian average of 52.3 per cent<sup>130</sup>. Notably, 1.5 per cent of City of Melton residents have extras cover only, which is slightly higher than the Victorian average of 1 per cent<sup>131</sup>. This means that a substantial 60.2 per cent of residents in the City of Melton rely solely on the public health system, compared to 45.2 per cent across Victoria<sup>132</sup>. This higher reliance on the public system in the City of Melton may contribute to the increased pressure on local public health services and could partly explain the difficulties in accessing timely healthcare, as reflected in other data on GP access and surgery postponements.

## Health conditions and diseases

Health conditions and disease prevalence within the City of Melton display distinct patterns when compared to broader regional statistics. These statistics highlight the need for tailored health strategies in the City of Melton, focusing on prevention, early detection, and management of chronic diseases to improve the overall health status of residents. Given the increased prevalence of health conditions associated with age, such as strokes, targeted interventions are essential to mitigate the impact and enhance the quality of life for older adults within the community. Data around health screening and monitoring is discussed later in the Profile.

The prevalence of health conditions and disease can be interpreted through both age standardised rates and through the use of crude rates. The age profile of an area impacts the prevalence of diseases related to age. For instance, areas with a young population are likely to have lower rates of disease associated with age, while areas with older populations are likely to have higher rates of disease. To allow for comparison across regions with different populations, age standardised rates can be used. This removes confounding effects of age as a variable. Table XX provides the age standardised rates for health conditions in the City of Melton.

Health conditions	Standardized Rate per 100	
	Melton	Greater Melbourne
One or more conditions	25.5	24.0
Arthritis	7.2	6.2
Asthma	8.4	7.7
Cancer	2.1	2.2
Dementia	0.6	0.5
Diabetes	5.9	4.0
Heart disease	3.4	2.9
Kidney disease	1.0	0.7
Lung condition	1.5	1.1
Stroke	0.9	0.7

The remainder of this section uses crude rates to discuss health conditions and disease in the city of Melton.

In the City of Melton, one in four people (26.6 per cent) have at least one long-term health condition, with a further 8.9 per cent not stated<sup>133</sup>. This is slightly lower than the Greater Melbourne average of 29.5 per cent<sup>134</sup>. Suburbs in the City of Melton with the highest percentage of long-term health conditions are Melton with 39.8 per cent, Melton West with 35.6 per cent, and Melton South with 34.5 per cent<sup>135</sup>.

Females in the City of Melton are more likely to have a long-term health condition, with 28.3 per cent of females reporting at least one long-term health condition, compared to 24.9 per cent of males<sup>136</sup>.

The most common long-term health condition is asthma (8.4 per cent) followed by a mental health condition (7.2 per cent), other long-term condition (6.9 per cent) and arthritis (5.7 per cent)<sup>137</sup>. For males the three most common long-term health conditions are asthma (7.7 per cent), diabetes (5.4 per cent), and mental health conditions (5.5 per cent<sup>138</sup>). Comparatively, the most prevalent for females were asthma (9 per cent), mental health conditions (8.9 per cent), and other long-term health conditions (7.5 per cent)<sup>139</sup>.

There is a strong link between age and incidence of long-term health conditions, as the proportion of those with a long-term health condition increases with age. Nationally those aged 85 and over are most at risk, with 74.2 per cent having a long-term health condition<sup>140</sup>. This is followed by those aged 70-84 years (66.2 per cent) and those 60-69 years (55 per cent)<sup>141</sup>. Age related conditions such as arthritis and dementia are leading influence of this trend. In comparison, conditions such as asthma remain relatively steady across all age groups.

According to the 2018-19 National Aboriginal and Torres Strait Islander Health Survey, 67 per cent of First Nations people reported having at least one long-term health condition, with 36 per cent reporting three or more<sup>142</sup>. Among those with a long-term health condition in Australia, 73.7 per cent were born in Australia, while 26.2 per cent were born overseas, higher than the total population figures of 70.5 per cent and 29.5 per cent respectively<sup>143</sup>. According to the 2021 Census, 83.5 per cent of those with a long-term health condition spoke only English at home, compared to 72 per cent of the total population<sup>144</sup>. In contrast, 15.9 per cent used a language other than English at home, compared to the broader population<sup>145</sup>.

For those needing assistance with core activities, 88.1 per cent nationally had a long-term health condition, compared to 29.8 per cent of those without such needs<sup>146</sup>. The need for assistance increased with the number of long-term health conditions: 40.9 per cent of people with three or more conditions required help, compared to 20.4 per cent with two conditions, 10 per cent with one, and 2.1 per cent with none<sup>147</sup>. Those with specific conditions showed the greatest need for assistance, including 81.9 per cent of people with dementia, 46.2 per cent of those who had a stroke, and 35.1 per cent of those with kidney disease<sup>148</sup>.

Household type significantly influences the prevalence of long-term health conditions. Nationally, 36 per cent of people living in non-private dwellings, such as nursing homes or hospitals, had a long-term health condition, compared to 31.6 per cent of those in private dwellings<sup>149</sup>. The median age of residents in non-private dwellings is 51 years, higher than the 38 years for private dwellings, again reflecting the age-related nature of these conditions<sup>150</sup>. Over three-quarters of nursing home

residents (77.1 per cent) and those in non-self-contained aged accommodation (76.7 per cent) had a long-term health condition, with higher rates of multiple conditions compared to those in private dwellings<sup>151</sup>. More than half (51.5 per cent) of people living in lone person households had a long-term health condition compared to 29.4 per cent of those living in other types of households<sup>152</sup>.

### *Arthritis*

Arthritis has a reported incidence of 5.7 per cent according to the 2021 Census, which is lower than the 6.9 per cent reported in Greater Melbourne<sup>153</sup>. Areas in the City of Melton with the highest prevalence of arthritis were Melton (11.7 per cent), Melton South (8.8 per cent), and Brookfield (7.1 per cent)<sup>154</sup>.

Rates of arthritis tend to be higher among older age groups due to the degenerative nature of the condition. This is reflected in the data with those individuals aged 80+ years being particularly impacted by arthritis within the City of Melton at 36.4 per cent, followed by those aged 65+ years (30.1 per cent), and 55-64 years (15.7 per cent)<sup>155</sup>.

By gender, 3.9 per cent of males and 7.5 per cent of females in the municipality reported having arthritis<sup>156</sup>. Nationally, people born overseas are less likely than those born in Australia to have arthritis, at 5.4 per cent and 8.4 per cent respectively within the same sample<sup>157</sup>. The prevalence of arthritis for First Nations people is 6.6 per cent, slightly higher than the wider population in the City of Melton<sup>158</sup>. Among people in low-income households, 10.1 per cent reported having arthritis<sup>159</sup>.

### *Asthma*

Asthma has a reported incidence of 8.4 per cent according to the 2021 Census, which is slightly higher than the 7.9 per cent reported in Greater Melbourne<sup>160</sup>. Areas in the City of Melton with the highest prevalence of asthma were Eynesbury (9.7 per cent), Kurunjang (11.1 per cent), and Melton (11.6 per cent)<sup>161</sup>.

Those individuals aged 12-17 years are particularly impacted by asthma within the City of Melton at 9.9 per cent, followed by those aged 5-11 years (7.8 per cent), and 65+ years (10.9 per cent). Children in outer suburbs like those in the City of Melton are particularly vulnerable to conditions such as asthma, being twice as likely to have an asthma attack compared to those living in inner cities<sup>162</sup>. Higher asthma rates are particularly linked to lower socioeconomic status and environmental factors such as air pollution and climate conditions<sup>163</sup>.

Breaking it down by gender, 7.7 per cent of males and 9 per cent of females in the municipality reported having asthma<sup>164</sup>. Nationally, people born in Australia were more likely to have asthma (12.4 per cent compared to 7.3 per cent) than people born overseas<sup>165</sup>. The prevalence of asthma for First Nations people is 15.5 per cent, significantly higher than the wider population in the City of Melton<sup>166</sup>. This is also true among people who need assistance for a disability in the City of Melton, with 16.3 per cent reporting to have asthma<sup>167</sup>. Among people in low-income households in the City of Melton, 9.3 per cent reported having asthma, indicating a higher prevalence compared to the general population<sup>168</sup>.

### *Cancer*

Cancer rates in the City of Melton, at 1.7 per cent including those in remission, are lower compared to the 2.8 per cent across Victoria and 2.5 in Greater Melbourne<sup>169</sup>. Suburbs in the City of Melton with a higher prevalence of cancer include Melton West (2.7 per cent), Melton South (2.4 per cent), and Brookfield (2.1 per cent)<sup>170</sup>.

Female residents report a higher incidence at 1.9 per cent, in contrast to 1.5 per cent of male residents. While local data for the City of Melton isn't available, national Australian statistics reveal the most commonly diagnosed cancers for different genders<sup>171</sup>. For males, the primary cancers are prostate, melanoma, colorectal, and lung cancer<sup>172</sup>. Females most commonly face breast cancer, along with similarly high rates of colorectal, melanoma, and lung cancer<sup>173</sup>.

The prevalence of cancer typically increases with age, with those aged 60-69 years experiencing a rate of 6.2 per cent<sup>174</sup>. This rate climbs for those aged 70-79 at 10.7 per cent and remains high in individuals aged 80-89 and 90-99 years, with rates of 10.4 per cent and 10.1 per cent, respectively<sup>175</sup>. It's important to recognise that cancer can impact people of all ages, highlighting the importance of vigilance and regular health checks to detect and manage this disease effectively.

Among First Nations people in the City of Melton, 1.3 per cent reported having cancer<sup>176</sup>. It is significantly higher for people who need assistance due to a disability (8.3 per cent) and slightly higher for those in low-income households (2.9 per cent)<sup>177</sup>. Victorians born in Australia (10.4 per cent) have a higher prevalence of cancer compared to those born overseas (7.1 per cent)<sup>178</sup>.

### *Dementia*

In the City of Melton, dementia affects 0.3 per cent of the population, which is lower than the 0.7 per cent seen in Greater Melbourne<sup>179</sup>. The suburbs with the highest rates of dementia include Diggers Rest and Plumpton (1 per cent), Kurunjang (0.8 per cent), and Melton South (0.8 per cent)<sup>180</sup>.

When looking at gender, females are slightly more affected by dementia, with a prevalence of 0.4 per cent compared to 0.3 per cent in males<sup>181</sup>. Dementia is most common among those aged 80+ years, with 10.6 per cent of this age group affected, followed by 3 per cent of those aged 65+ years and 1.3 per cent of those aged 55-64 years<sup>182</sup>.

Among First Nations people in the City of Melton, the prevalence of dementia is slightly lower at 0.2 per cent<sup>183</sup>. However, those who require assistance due to a disability are significantly more impacted, with 5 per cent reporting dementia. Nationally, people over 65 who were born overseas have a higher prevalence of dementia (28 per cent) compared to people over 65 born in Australia (23 per cent) from the same sample<sup>184</sup>. In low-income households, the prevalence is marginally higher than the general population, at 0.6 per cent<sup>185</sup>.

### *Diabetes*

The prevalence of diabetes in the City of Melton stands at 4.9 per cent, which eclipses the 4.5 per cent in Greater Melbourne and 4.7 per cent in Victoria<sup>186</sup>. The areas of Melton (8.1 per cent), Melton West (6.9 per cent), Melton South (6.5 per cent), Melton Township (6 per cent), and Kurunjang (5.8 per cent) exhibit the highest percentages<sup>187</sup>.

A breakdown is not available to distinguish between type one and two diabetes, but Australian data suggests that type two diabetes accounts for 85 per cent of those diagnosed nationally<sup>188</sup>. Type two diabetes is increasing, and many remain undiagnosed<sup>189</sup>.

Among those who have diabetes 5.4 per cent are males and 4.4 per cent are females<sup>190</sup>. Analysis of age demographics indicates that individuals aged over 35 are disproportionately affected by diabetes within the City of Melton when compared to Greater Melbourne. In the age group of 35 to 54, the prevalence of diabetes stands at 5 per cent, significantly higher than the 3.4 per cent reported in Greater Melbourne<sup>191</sup>. Among those aged 55 to 64, the incidence rises to 13.9 per cent,

surpassing the 9.2 per cent recorded in Greater Melbourne. Moreover, individuals aged 65 and over exhibit a substantial prevalence of diabetes at 21.9 per cent, compared to 15.4 per cent in Greater Melbourne<sup>192</sup>. The most vulnerable age group, individuals aged 80 and over, also show a higher prevalence of diabetes at 22.2 per cent, exceeding the 16 per cent reported in Greater Melbourne<sup>193</sup>.

The prevalence of diabetes is greater for First Nations people is slightly lower than the overall population, at 4.5 per cent<sup>194</sup>. However, it is significantly higher than the wider population for those who need assistance due to a disability (19.2 per cent) and those in low-income households (7.7 per cent). Comparatively, Victorians born overseas have a significantly higher prevalence of diabetes (9.1 per cent) compared to those born in Australia (6.7 per cent)<sup>195</sup>.

### *Heart disease*

Heart disease has a reported incidence of 2.5 per cent according to the 2021 Census, which is lower than the 3.3 per cent reported in Greater Melbourne<sup>196</sup>. Areas in the City of Melton with the highest prevalence of heart disease were Bonnie Brook (5.4 per cent), Exford (5.3 per cent), Grangefields (5.3 per cent), Melton (5.1 per cent), and Plumpton (5 per cent)<sup>197</sup>.

Analysis of age demographics reveals that individuals aged over 55 are particularly at risk of heart disease within the City of Melton. In the age group of 55 to 64, the prevalence of heart disease is notably higher at 6.2 per cent, compared to the same age group in Greater Melbourne (5.3 per cent)<sup>198</sup>. Similarly, among those aged 65 and over, the incidence rises to 16.2 per cent (15.4 per cent in Greater Melbourne)<sup>199</sup>. The most vulnerable age group, individuals aged 80 and over, exhibit the highest prevalence of heart disease at 24 per cent, slightly exceeding the 22.5 per cent recorded in Greater Melbourne<sup>200</sup>.

Breaking it down by gender, 3.1 per cent of males and 1.9 per cent of females in the municipality reported having heart disease<sup>201</sup>. The prevalence of heart disease for First Nations people and those born overseas at 2.7 per cent and 3.4 per cent respectfully<sup>202</sup>. People with an existing disability have a significantly higher likelihood of heart disease at 14 per cent<sup>203</sup>. Among people in low-income households in the City of Melton, 4.7 per cent reported having heart disease.

A risk factor for heart disease and heart attacks is high cholesterol. National data indicates that one in twelve people (8.4 per cent) had self-reported high cholesterol in 2022, an increase from 6.8 per cent in 2011-2012<sup>204</sup>. Males and females had a similar rate of high cholesterol (8.3 per cent and 8.4 per cent respectively)<sup>205</sup>. The prevalence of high cholesterol increases with age, with a sharp increase from 45 years onward<sup>206</sup>. The rate of high cholesterol increased from 1.1 per cent for people aged 18–34 years, to 8.8 per cent for people aged 45–54 years and then more than tripled to 29 per cent for people aged 75 years and over<sup>207</sup>.

### *Hypertension*

Hypertension, or high blood pressure, another critical health metric, shows a hospital admission rate for chronic conditions at 45 per 100,000 in the City of Melton, which is slightly higher than both the Victoria and Greater Melbourne rates of 40.8 and 41.1, respectively<sup>208</sup>. This aligns with data for the North Western Melbourne area, which sees a slightly higher prevalence of 22.9 per cent compared to the broader metropolitan average of 21.7 per cent<sup>209</sup>.

Men in Victoria are more likely to experience hypertension, with 24.2 per cent affected, compared to 20.8 per cent of women<sup>210</sup>. This trend is consistent across the North-Western Melbourne area, where 25.5 per cent of men and 20.7 per cent of women report hypertension<sup>211</sup>. Age is a critical

factor, with prevalence increasing significantly among older adults; for instance, 58.5 per cent of those aged 75-84 years have hypertension, compared to just 4.6 per cent of those aged 18-24 years<sup>212</sup>.

National data indicates that there is a higher prevalence of high blood pressure among Aboriginal and Torres Strait Islander communities at 31 per cent<sup>213</sup>. People born in Australia are more likely to have hypertension, with a prevalence of 23.2 per cent, compared to 20.7 per cent of those born overseas<sup>214</sup>. People with disability nationally have a higher prevalence of uncontrolled or high blood pressure, at 29 per cent compared to 20 per cent among the wider population in the same sample<sup>215</sup>.

### *Kidney disease*

Kidney disease in the City of Melton affects 0.8 per cent of the population, which is similar to the rate in Greater Melbourne<sup>216</sup>. Some areas see higher rates, particularly in Melton South (1.8 per cent), Melton West (1.2 per cent), and Kurunjang (1.1 per cent)<sup>217</sup>.

Males are slightly more affected by kidney disease than females, with 1 per cent of males reporting the condition compared to 0.4 per cent of females<sup>218</sup>. The prevalence of kidney disease increases with age, especially among those aged 80+ years, where it reaches 8 per cent<sup>219</sup>. Those aged 65+ years also see higher rates at 4.4 per cent, followed by 55-64 years at 3 per cent<sup>220</sup>.

Among First Nations people in the City of Melton, 1.1 per cent are affected by kidney disease, a bit higher than the overall population<sup>221</sup>. For those needing assistance due to a disability, kidney disease is much more common, with 5.4 per cent reporting the condition<sup>222</sup>. Data suggests that the rate of kidney disease nationally is slightly higher among those born in Australia (0.86 per cent) compared to those born overseas (approximately 0.7 per cent)<sup>223</sup>. Additionally, low-income households see a higher prevalence of kidney disease at 1.5 per cent<sup>224</sup>.

### *Lung conditions*

Lung conditions affect 0.8 per cent of the population in the City of Melton, similar to the rate in Greater Melbourne<sup>225</sup>. However, some areas experience higher rates, especially in Melton (1.8 per cent), Kurunjang (1.4 per cent), and Melton South (1.3 per cent)<sup>226</sup>.

Males and females are almost equally affected by lung conditions, with a prevalence of 0.8 per cent in both groups<sup>227</sup>. Lung conditions are more common among older residents, with 7.3 per cent of those aged 80+ years affected, followed by 4.4 per cent of those aged 65+ years, and 1.5 per cent of those aged 55-64 years<sup>228</sup>.

Among First Nations people in the City of Melton, 1.1 per cent report having lung conditions, slightly higher than the general population<sup>229</sup>. Data suggests that the rate of lung conditions is slightly higher among those born in Australia (1.8 per cent) compared to the average rate among those born overseas (approximately 0.9 per cent)<sup>230</sup>. For individuals needing assistance due to a disability, lung conditions are more prevalent, affecting 5.4 per cent<sup>231</sup>. In low-income households, the rate of lung conditions is also higher at 1.5 per cent<sup>232</sup>.

### *Strokes*

Stroke has a reported incidence of 0.7 per cent in the City of Melton according to the 2021 Census, which is slightly lower than the 0.8 per cent reported in Greater Melbourne<sup>233</sup>. Areas in the City of

Melton with the highest prevalence of stroke were Melton (1.5 per cent), Melton South (1.2 per cent), and Kurunjang (1.1 per cent)<sup>234</sup>.

Those aged 80+ years are particularly impacted by strokes within the City of Melton, with 10.3 per cent reporting having experienced a stroke, followed by those aged 65+ years (4.4 per cent), and 55-64 years (1.6 per cent)<sup>235</sup>. For those requiring assistance due to a disability, 6.5 per cent have suffered a stroke, significantly higher than the City of Melton generally<sup>236</sup>.

By gender, 0.7 per cent of males and 0.6 per cent of females in the municipality reported having had a stroke<sup>237</sup>. The prevalence of stroke among First Nations people in the City of Melton is 0.9 per cent, which is slightly higher than the general population<sup>238</sup>. Among people in low-income households, 1.4 per cent reported having a stroke<sup>239</sup>. People born overseas (3.3 per cent) have a slightly higher prevalence of stroke than those born in Australia (2.6 per cent)<sup>240</sup>.

### *Other health conditions*

In the City of Melton, 6.9 per cent of the population is affected by various 'other' health conditions which are not otherwise classified in the Census<sup>241</sup>. This is slightly lower than the 7.8 per cent reported in Greater Melbourne. Some suburbs experience higher rates, particularly in Melton (9.5 per cent), Melton South (9 per cent), and Toolern Vale (9.6 per cent)<sup>242</sup>.

These conditions are more prevalent among females, with 7.5 per cent affected compared to 6.2 per cent of males<sup>243</sup>. The prevalence of these conditions increases with age, with 16.7 per cent of those aged 80+ years reporting such conditions, followed by 14.2 per cent of those aged 65+ years and 12.8 per cent of those aged 55-64 years<sup>244</sup>.

Among First Nations people in the City of Melton, the prevalence is higher at 10.1 per cent<sup>245</sup>. Additionally, individuals requiring assistance due to a disability are significantly more impacted, with 38.5 per cent reporting these conditions<sup>246</sup>. People in low-income households also face a higher prevalence at 9.3 per cent<sup>247</sup>.

### *Body size*

There is a growing body of scientific evidence that challenges the association of body weight with overall health and wellbeing, specifically the assumption that higher body weight equates to poorer health<sup>248,249,250</sup>. Many factors including genetics<sup>251</sup>, medical conditions and the use of medications<sup>252,253</sup>, socioeconomic, and environmental context all contribute to body weight<sup>254</sup>. Furthermore, social and cultural perceptions of weight and health vary significantly<sup>255</sup>. Weight does not necessarily correlate with overall health, and health planning that relies on indicators like body weight and measurements like BMI (Body Mass Index) to understand health provide an incomplete picture of health and wellbeing and contribute to weight stigma which itself has been found to have detrimental impacts on physical and mental health<sup>256,257,258,259</sup>.

The BMI is a measurement is calculated from the height and weight of a person. It does not distinguish between the weight of fat, muscle, or bone, and does not take into account other factors influencing weight such as sex, age, or ethnicity<sup>260</sup>. The original BMI formula was based on Western European men, and as such the findings are not appropriate for many other groups including non-European ethnicities, pregnant women, and post-menopausal women<sup>261</sup>. It presents a flawed metric for health, and groups including the American Medical Association have moved away from using BMI as a metric for health<sup>262</sup>.

To ensure a more comprehensive picture of the health and wellbeing of the City of Melton community and the health inequalities faced in the municipality, this report uses a range of

indicators and metrics exclusive of BMI and weight measurements to provide an accurate and nuanced snapshot of the health and wellbeing of the City of Melton community.

## Vision and hearing

Access to current and detailed data on vision and hearing conditions in the City of Melton is limited, reflecting a broader challenge in capturing these health metrics within Australia. While no specific figures are available for the City of Melton, extrapolations from broader Victorian and national statistics provide insight into potential local trends.

As reported by Vision Australia in 2014, approximately 1.5 per cent or 89,500 Victorians were living with blindness or low vision, a figure expected to rise to 138,000 by 2030, reflecting the broader aging trend<sup>263</sup>. Vision disorders affect over half the Australian population, with the prevalence increasing sharply with age: from 10 per cent among children to 93 per cent in those aged 55 and over<sup>264</sup>. Women (59 per cent) are more likely to report vision disorders than men (51 per cent), with common conditions being long-sightedness and short-sightedness<sup>265</sup>.

Hearing disorders, affecting 14 per cent of Australians, also escalate with age, and are more commonly reported by males (18 per cent, compared to 11 per cent for females)<sup>266</sup>. Deafness or partial hearing loss is the most frequent issue, with significant numbers also affected by other ear and mastoid diseases. A small percentage (0.1 per cent) of people in the City of Melton indicated that Auslan (Australian sign language) was the predominant language spoken at home in 2021, which is expected to increase over time<sup>267</sup>.

Hearing and vision disorders significantly impact Indigenous Australians, contributing 2.4 per cent of the total burden of disease in 2018<sup>268</sup>. Indigenous Australians face a hearing and vision disorder burden 3.3 times higher than non-Indigenous Australians, with 3.6 per cent of the gap in disease burden attributable to these conditions<sup>269</sup>. Additionally, 38 per cent of Aboriginal and Torres Strait Islander people reported vision problems in 2018–19, with 83 per cent of those using corrective lenses<sup>270</sup>. There is a lack of data on vision and hearing conditions for people born overseas, low-income households, and the proportion of this group which also have other disability.

## Dental

Self-reported dental health in the City of Melton presents a mixed picture when compared to the Victorian average. According to the 2023 VPHS, 39.7 per cent of residents in the City of Melton rated their dental health as "excellent" or "very good," which is slightly higher than the Victorian average of 38.4 per cent<sup>271</sup>. However, the proportion of residents reporting "good" dental health in the City of Melton is lower at 31.4 per cent compared to 34.5 per cent in Victoria<sup>272</sup>. Meanwhile, 22.6 per cent of City of Melton residents described their dental health as "fair or poor," closely aligned with the Victorian average of 22.5 per cent<sup>273</sup>.

In terms of specific dental issues, 20.7 per cent of people in the City of Melton reported having loose teeth, bleeding, or painful gums in the last 12 months, which is only slightly higher than the Victorian average of 20.3 per cent<sup>274</sup>. Additionally, 36.9 per cent of City of Melton residents, avoided or delayed visiting a dental professional due to cost concerns, which is higher than the Victorian average of 32.3 per cent<sup>275</sup>. This indicates that while the overall self-reported dental health in the City of Melton is somewhat comparable to the state average, financial barriers are more prevalent, potentially leading to unmet dental care needs in the community.

The data highlights notable disparities in dental health outcomes for children in the City of Melton compared to the Victorian average. Potentially preventable dental hospitalisations due to dental conditions for children aged 0-9 years were significantly higher in the City of Melton, rising steadily from 2014-15 to 2018-19, reaching nearly 11 per 1,000 population, whereas Victoria maintained a stable rate of around 6 per 1,000 population over the same period<sup>276</sup>. Additionally, the experience of tooth decay is more prevalent among children in the City of Melton, where 47.2 per cent of children aged 3-5 years had at least one decayed, missing, or filled tooth, compared to 30.1 per cent in Victoria<sup>277</sup>. This trend persists as children grow older, with 57.8 per cent of 6-year-olds and 54.1 per cent of 12-year-olds in the City of Melton experiencing tooth decay, surpassing the Victorian averages of 47.7 per cent and 52.4 per cent, respectively<sup>278</sup>. Moreover, the severity of tooth decay, as measured by the average number of affected teeth, is also higher in the City of Melton across all age groups. Children aged 3-5 years in the City of Melton had an average of 2.68 decayed, missing, or filled teeth, compared to 1.3 in Victoria<sup>279</sup>. This pattern continued for 6-year-olds (2.88 vs 2.19) and 12-year-olds (1.50 vs 1.54), indicating a greater burden of oral health issues for children in the City of Melton<sup>280</sup>.

Oral health in Australia worsens with age, contributing 4.5 per cent to the non-fatal disease burden in 2022 through conditions such as oral cancers, cardiovascular disease, and lung conditions<sup>281</sup>. Adults aged 15-34 years average 4.1 affected teeth, rising to 10.3 for those 35-54 years, 19.4 for ages 55-74, and peaking at 24.4 in those 75 and over, reflecting the cumulative impact of oral health issues over time<sup>282</sup>. This aligns with data on self-reported health, with around 24 per cent indicated it was fair or poor<sup>283</sup>. This was slightly higher among females (25 per cent) in comparison to males (23 per cent)<sup>284</sup>.

Aboriginal and Torres Strait Islander dental health presents significant challenges across Australia. Nationally, around 29 per cent of Indigenous Australians said their oral health was fair or poor, compared to 24 per cent of non-Indigenous Australians<sup>285</sup>. In 2018-19, 58 per cent of Indigenous children under 15 had a dental consultation, but 23 per cent had never attended a dental practice<sup>286</sup>. Among those aged 15 and over, 6 per cent experienced complete tooth loss, and 45 per cent had lost at least one tooth. Indigenous children faced higher hospitalisation rates for dental conditions, with children aged 0-4 hospitalised 1.6 times more than non-Indigenous peers.

The proportion of overseas-born individuals who mainly spoke a language other than English at home rated their oral health as "fair" or "poor," was 28.5 per cent nationally<sup>287</sup>. This is higher than the 26.8 per cent of overseas-born English speakers and significantly higher than the 19 per cent of Australian-born other language speakers<sup>288</sup>. About 55 per cent of those who primarily spoke a language other than English at home visited a dental practitioner in the last 12 months, compared to 57 per cent of those who mainly spoke English<sup>289</sup>. Additionally, around 11 per cent of overseas-born individuals had not seen a dental practitioner in the last five years, similar to the rate for Australian-born individuals<sup>290</sup>.

Limited information is available on the oral health of people with disability, but it is widely recognised there are additional barriers for these communities in accessing dental services, due to the need for specialised services in some cases, accessibility of buildings or indirect discrimination<sup>291</sup>. Approximately 51 per cent of individuals with disability aged under 65 saw a dental professional in the last 12 months nationally<sup>292</sup>. This rate was higher among females (55 per cent) and those aged 0-24 (64 per cent)<sup>293</sup>. People with intellectual disability had a slightly higher rate at 57 per cent<sup>294</sup>. People who are socially disadvantaged or on low incomes are another group identified as being at risk of poor oral health, due to infrequent dental care as a result of barriers like cost and appropriateness of service delivery<sup>295</sup>.

Other factors which contribute to poor dental health are the prevalence of smoking and food insecurity. This is a concern for the City of Melton, given 10.2 per cent of the population reported smoking tobacco daily<sup>296</sup>. Smoking is a significant risk factor for severe gum disease and oral cancer, leading to long-term dental health complications<sup>297</sup>. With regard to food insecurity, <sup>298</sup>.

Poor oral health has significant impacts on overall wellbeing, contributing to pain, reduced quality of life, and increased risks of conditions like cardiovascular disease and diabetes<sup>299</sup>. Local governments can play a vital role in addressing these issues by creating environments that promote good oral health. The water supply for all towns in the City of Melton with a population over 1,000 people are optimally fluoridated which helps to reduce tooth decay<sup>300</sup>. Other key actions include improving access to dental services, promoting healthy eating habits to reduce sugar consumption and integrating oral health promotion into early childhood, youth, and disability programs<sup>301</sup>.

## Mental health and wellbeing

Mental health and wellbeing are critical components of the overall health landscape in the City of Melton, with several indicators suggesting areas for attention. The self-reported mental health status in 2020 indicated a notable proportion of the City of Melton population, 30.5 per cent, considered their mental health to be fair or poor, which was higher than the Victoria state average of 21.4 per cent<sup>302</sup>. This is higher with more recent data from 2022, which indicated 22.6 per cent of people in the western metropolitan area had fair or poor mental health<sup>303</sup>. A further, 22.9 per cent of City of Melton residents in 2020 reported low or medium satisfaction with life, marginally below the state average of 22.3 per cent<sup>304</sup>.

From the 2021 Census, 7.2 per cent of the City of Melton's population disclosed a long-term mental health condition, which is less than the 8.1 per cent in Greater Melbourne and 8.8 per cent in Victoria<sup>305</sup>. Notably, specific suburbs like Melton (13.1 per cent), Melton South (12.6 per cent), and Kurunjang (11.1 per cent) reported higher percentages of mental health conditions<sup>306</sup>.

Individuals aged 55-64 years reported the highest incidence of long-term mental health conditions within the City of Melton at 10.5 per cent, followed by those aged 80+ years (10.3 per cent) and 65+ years (9.5 per cent)<sup>307</sup>. Mental health conditions in the City of Melton disproportionately affect certain demographic groups. For instance, 5.5 per cent of males and 8.9 per cent of females in the municipality reported having a long-term mental health condition<sup>308</sup>. However, it is noted that this discrepancy may be explained by data suggesting that men are less likely to access mental health services compared to women<sup>309</sup>.

Nationally, people born overseas have a reported lower rate of mental health conditions (4.9 per cent) compared to those born in Australia (11.7 per cent) among the same sample<sup>310</sup>. The prevalence of long-term mental health conditions for First Nations people is 16.6 per cent, significantly higher than the general population in the City of Melton<sup>311</sup>. It was also significantly high for people who needed assistance due to a disability, at 30.6 per cent<sup>312</sup>. Among people in low-income households, 9.8 per cent reported having a long-term mental health condition<sup>313</sup>.

Psychological distress is another concern in the City of Melton, with 21.9 per cent of residents experiencing high or very high levels of distress, which is above the Victorian average of 19.1 per cent<sup>314</sup>. Additionally, only 47 per cent of City of Melton residents reported low levels of psychological distress, compared to 49.7 per cent across Victoria, indicating a higher burden of mental health challenges in the area<sup>315</sup>. Despite these elevated levels of distress, a lower proportion of City of Melton residents, 15.6 per cent, sought professional help for a mental health problem in the last 12

months, compared to 20.1 per cent across Victoria<sup>316</sup>. This disparity highlights the need for improved access to mental health services and greater support for those experiencing psychological distress.

While there is no data available for the City of Melton, Victorian data from 2017 shows that the LGBTIQ+ community experiences significantly higher psychological distress than the wider population. High or very high distress levels were reported by 24.4 per cent of LGBTIQ+ individuals, compared to 14.7 per cent of Victorians<sup>317</sup>. Additionally, 29.3 per cent of the LGBTIQ+ community reported moderate psychological distress, higher than the 23.9 per cent among the general population<sup>318</sup>. Furthermore, 44.8 per cent of LGBTIQ+ individuals were diagnosed with anxiety or depression, notably higher than the 26.6 per cent in the Victorian population<sup>319</sup>.

The rate of adults experiencing high or very high psychological distress stands at 21.9 per cent in the City of Melton, compared to 19.1 per cent across Victoria<sup>320</sup>. Further, 15.6 per cent of adults in city of Melton had sought professional help for a mental health problem in the 12-month period prior to being surveyed, this figure was 20.1 per cent across Victoria<sup>321</sup>. Previous VPHS results indicate the proportion of women seeking professional help for mental health problems is significantly higher than men. The most recent available data (2022) shows the estimated proportion of Victorian adults who have been diagnosed with anxiety or depression by a doctor was 34.2 per cent. The proportion of women was significantly higher than men, at 41.1 per cent and 26.5 per cent respectively<sup>322</sup>.

Life satisfaction among residents in the City of Melton shows some disparities compared to the Victorian average, suggesting a need for targeted well-being initiatives. According to the 2023 VPHS, 22.9 per cent of City of Melton residents reported low or medium levels of life satisfaction (scoring 0-6), which is slightly higher than the Victorian average of 21.9 per cent<sup>323</sup>. Additionally, 9.2 per cent of City of Melton residents reported low life satisfaction (scoring 0-4), significantly higher than the Victorian average of 6.5 per cent<sup>324</sup>. On the positive side, 29.6 per cent of City of Melton residents reported very high life satisfaction (scoring 9-10), which is slightly above the state average of 26 per cent<sup>325</sup>.

## Life expectancy

Life expectancy and causes of death are crucial health indicators, providing insight into the overall health of a community. In the City of Melton, life expectancy falls below the average for Greater Melbourne and Victoria, with the median death age recorded at 74 years<sup>326</sup>. This figure contrasts with a higher median death age of 82 years seen across both Greater Melbourne and Victoria<sup>327</sup>. Premature mortality, defined as death occurring before the age of 75, from 2016 to 2020 was notably higher in the City of Melton at 294 deaths per 100,000, compared to the Victoria state average of 220 per 100,000<sup>328</sup>.

Breaking the data down by gender, the median death age for males in the City of Melton from 2016 to 2020 is 72 years, and for females it is 77 years<sup>329</sup>. The average annual premature mortality rate for males is significantly higher at 340.1 per 100,000, while for females, it is 248 per 100,000<sup>330</sup>.

Local data on the life expectancy of First Nations people in the City of Melton is unavailable, but according to Australian data for 2020-2022, the life expectancy at birth for Aboriginal and Torres Strait Islander Australians living in major cities (as opposed to remote areas) was 72.5 years for men and 76.5 years for women, significantly lower than the major cities Australian average of 79 years for men and 85 for women<sup>331,332</sup>. International comparison places Australia fourth in comparison to OECD countries in 2022, following Japan (84.5 years), Korea (83.6 years) and Switzerland (83.5 years), but there is no data available on the life expectancy of people born overseas and living in

Australia<sup>333</sup>. However, this may suggest that those born in Australia typically have a longer lifespan than those born overseas.

For people with a disability in Australia, life expectancy was significantly lower than those without a disability in 2018. During this period, males with a disability was just 17 years, compared to 63.7 years for males without a disability the same sample<sup>334</sup>. Females with a disability in 2018 had a life expectancy of 18.7 years, compared to 66.2 years without a disability<sup>335</sup>. Socioeconomic disadvantage is another factor impacting life expectancy, based on data which indicates that 20 per cent of men and women in the lowest income bracket are living 6.4 and 4.1 years fewer years respectively than 20 per cent of the wealthiest Australians<sup>336</sup>.

The leading causes of premature death (0 to 74 years) in the City of Melton from 2017 to 2021 were primarily from cancer and circulatory system diseases<sup>337</sup>. Cancer had the highest impact with 547 deaths and an age-standardised rate (ASR) of 98.9 per 100,000 people<sup>338</sup>. Circulatory system diseases also contributed significantly with 258 deaths and an ASR of 45.9 per 100,000 people<sup>339</sup>. On the other hand, the smallest causes of premature death were road traffic injuries and suicide, with road traffic injuries accounting for only 24 deaths (ASR 3.2 per 100,000) and suicide resulting in 50 deaths (ASR 7.6 per 100,000)<sup>340</sup>.

### *Hospitalisation and self-harm*

In the Melton-Bacchus Marsh (SA3) region in 2022, the rate of intentional self-harm hospitalisations was 66.2 per 100,000 persons, with a notable difference between sexes<sup>341</sup>. Among males, the rate was lower at 49.8 per 100,000, while females experienced a higher rate of 82.5 per 100,000<sup>342</sup>. This aligns with national data which shows that females were more likely to have suicidal thoughts and behaviours in their lifetime compared to males (18.3 per cent compared with 15 per cent respectively)<sup>343</sup>. When examining age groups, individuals aged 0-24 years had a rate of 67.4 per 100,000, those aged 25-44 years had a higher rate of 90.9 per 100,000, and individuals aged 45 and over had the lowest rate at 28.8 per 100,000<sup>344</sup>.

The premature mortality rate from suicide and self-inflicted injuries for the Melton-Bacchus Marsh region (SA3) was 9.7 per 100,000 between 2018 and 2022, lower than Victoria's average rate of 11.1 per 100,000 and 12.3 per 100,000 across Australia<sup>345,346</sup>. While there is no breakdown by sex for the same region, in the larger statistical area of Melbourne – West (SA4) the age standardised rate of suicide for males was 12.9 per 100,000, more than double the rate (4.8 per 100,000) for females.

Nationally, more men in Australia are represented in the statistics on suicide across Australia, at a rate of 18.8 per 100,000 population in Australia, compared to 5.9 per 100,000 among women<sup>347</sup>. Middle aged adults aged 30–59 accounted for the majority of suicide deaths in Australia (54.6 per cent), followed by those aged 60 and over who accounted for 24.5 per cent<sup>348</sup>. Young people aged 15–29 represented 20.5 per cent of the total<sup>349</sup>. It's important to note that suicide is the leading cause of death among young people aged 18-24 years<sup>350</sup>. Deaths by suicide represented 30.9 per cent of all deaths in young people aged 15–17 years and 32.4 per cent of all deaths in those aged 18–24 years - up from 16.5 per cent and 23.9 per cent respectively of all deaths in these age groups in 2001<sup>351</sup>. In children aged 14 and below, the proportion of all deaths that are deaths by suicide is low compared with the two older age groups<sup>352</sup>. In 2022 deaths by suicide represented 0.9 per cent of all deaths in children aged 14 and below<sup>353</sup>.

Data from the Australian Bureau of Statistics (ABS) Causes of Death (CoD) indicate that nationally the rate of suicide deaths is approximately two and a half times as high among First Nations people compared with non-Indigenous Australians. In 2022–23, the rate of intentional self-harm hospitalisations for First Nations people nationally (295 hospitalisations per 100,000 population) was

over 3 times that of non-Indigenous Australians (87 per 100,000 population)<sup>354</sup>. While data on people born overseas is not available, hospitalisation rates for self-harm are considerably lower than those born in Australia, suggesting a lower rate<sup>355</sup>.

There are currently no reliable national data on rates of suicide and self-harm among LGBTIQ+ communities in Australia. However, there is evidence from Australia and overseas, that indicates that LGBTIQ+ communities experience higher levels of mental ill health, suicidality and self-harm, compared with the general population<sup>356</sup>. According to an AIHW report, individuals who used disability services between 1 July 2013 to 30 June 2018, died by suicide at a rate three times greater than the general population of the same age (34 and 11 per 100,000 population respectively)<sup>357</sup>. These figures highlight the importance of enhancing mental health resources and support systems to address the specific needs of the City of Melton community, especially among populations at greater risk.

## Health behaviours

Health behaviours encompass the choices and actions that individuals make, affecting their physical wellbeing and longevity. These actions, whether deliberate or subconscious, have the potential to either promote health or contribute to disease and are influenced by a complex interplay of social determinants<sup>358</sup>. From diet and exercise to substance use and medical adherence, these behaviours are not only a reflection of personal agency but also the broader socio-economic and cultural environment. Understanding these behaviours is vital, as they are dynamic, evolve over time, and can vary widely across different demographics, ultimately shaping health outcomes and disparities within communities.

### Nutrition

#### *Fruit and vegetables*

The Australian Dietary Guidelines recommend eating at least five serves of vegetables and two serves of fruit each day for a range of health benefits, with some differentiation for children, pregnant women, or breastfeeding mothers<sup>359</sup>. The proportion of the population not adhering to the recommended fruit and vegetable intake in the City of Melton stands at 57.9 per cent, higher than the Victorian average of 51.7 per cent<sup>360</sup>.

In 2022, fewer adults in Australia met the recommended daily intake of fruits and vegetables compared to 2017–18. Only 44.1 per cent of adults met the fruit intake recommendation, down from 51.3 per cent, while only 6.5 per cent met the vegetable recommendation, down from 7.5 per cent<sup>361</sup>. Females were more likely to meet these recommendations than males, with 6.3 per cent of females meeting both fruit and vegetable recommendations, compared to just 2.1 per cent of males<sup>362</sup>. Adherence to the guidelines was significantly higher for fruit, with 46.7 per cent of females meeting the fruit intake guideline compared to 41.6 per cent of males<sup>363</sup>. However, the recommended vegetable intake was met by 9.8 per cent of females and just 3 per cent of males<sup>364</sup>.

Compliance with both fruit and vegetable intake recommendations varied by age. Only 2.1 per cent of adults aged 18–24 years met both guidelines, with slight improvements in older groups<sup>365</sup>. Adults aged 25–34 years and 35–44 years showed similar adherence, with 3.9 per cent and 4.1 per cent, respectively, meeting both recommendations<sup>366</sup>. The percentage gradually increased in older age groups, peaking at 8.1 per cent among those aged 75 years and over<sup>367</sup>. A higher proportion of younger children met the fruit intake recommendation compared to older children, with 97.3 per cent of those aged 2–3 years meeting the guidelines, but only 47.6 per cent of those aged 12–17 years<sup>368</sup>. However, vegetable intake was low across all age groups, with just 20.1 per cent of children aged 2–3 years meeting the recommendation, and the percentage dropping to as low as 2.1 per cent for children aged 4–8 years<sup>369</sup>.

While 39 per cent of First Nations people aged 15 and over met the recommended daily fruit intake, only 4.2 per cent met the vegetable intake guideline, and just 2.6 per cent adhered to both<sup>370</sup>. Indigenous children aged 4–14 years showed slightly better fruit consumption, with 91 per cent consuming at least one serve daily, though only 4 per cent met the recommended amount<sup>371</sup>. Vegetable intake remained low across all age groups, with just 3.2 per cent of First Nations children meeting the daily vegetable guideline<sup>372</sup>. Indigenous females aged 12 and over were more likely to meet the daily fruit and vegetable intake recommendations, with 45 per cent meeting the fruit guideline and 6.2 per cent meeting the vegetable guideline<sup>373</sup>. This can be compared to Indigenous males, where only 37 per cent met the fruit recommendation and just 2 per cent met the vegetable intake guideline<sup>374</sup>. No data could be sourced on the fruit and vegetable intake of people born

overseas in comparison to those born in Australia, but it is expected that there may be additional barriers for these communities to understand and adhere to the guidelines.

Around 55 per cent of adults aged 18 and over with disability reported not meeting the daily requirements, slightly higher than the 51 per cent observed in those without disability<sup>375</sup>. Males with disability (62 per cent) were particularly likely to fall short of these dietary recommendations compared to females (49 per cent)<sup>376</sup>. The 18–64 age group showed the highest inadequacy at 60 per cent, followed by 45 per cent for those aged 65 and over<sup>377</sup>. Specific disability groups, such as those with psychosocial (63 per cent) and intellectual (57 per cent) disability, exhibited the lowest compliance with dietary guidelines<sup>378</sup>.

Among low-income or disadvantaged groups in Australia, fruit and vegetable intake remains notably lower than the national average, exacerbating health inequities. Only 28 per cent of adults in the lowest income quintile meet the recommended daily intake of fruit, compared to 46 per cent in the highest income quintile<sup>379</sup>. Similarly, only 5 per cent of low-income adults meet vegetable intake recommendations, compared to 8 per cent in higher income groups<sup>380</sup>.

### *Sugar-sweetened drinks*

The consumption of sugar-sweetened beverages is notably higher in the City of Melton compared to the Victorian average, according to the 2023 VPHS. In the City of Melton, 43.7 per cent of residents reported consuming sugar-sweetened beverages daily or several times per week, significantly higher than the Victorian average of 34.4 per cent<sup>381</sup>. Additionally, 20.4 per cent of City of Melton residents consume these beverages about once a week, which is slightly higher than the state average of 17.6 per cent<sup>382</sup>. On the other hand, only 16.5 per cent of City of Melton residents reported never consuming sugar-sweetened beverages, compared to 23.2 per cent across Victoria<sup>383</sup>.

Males aged 18 years and over are more likely (8.5 per cent) than females (4.5 per cent) to consume sugar-sweetened drinks daily<sup>384</sup>. Weekly consumption was also higher among males (16.4 per cent) compared to females (11.1 per cent)<sup>385</sup>. The top three age groups for daily sugar-sweetened drink consumption across both genders were 18–24 years (9.7 per cent), 55–64 years (9.2 per cent), and 45–54 years (8.3 per cent)<sup>386</sup>. For weekly consumption, the highest rates were in the 18–24 years (27.1 per cent), 25–34 years (22.8 per cent), and 35–44 years (14.6 per cent) age groups<sup>387</sup>.

While data could not be sourced on the consumption of sugar-sweetened drinks among First Nations people, data from 2012–2013 indicates that 37 per cent of Aboriginal and Torres Strait Islander people consumed soft drinks and flavoured mineral waters<sup>388</sup>. Consumption peaked among 19–30-year-olds, with 54 per cent of females and 47 per cent of males consuming these drinks<sup>389</sup>. The overall consumption rate was higher than in the non-Indigenous population (29 per cent), with significant differences observed among young children<sup>390</sup>. Aboriginal and Torres Strait Islander children aged 2–3 years were three times more likely to consume soft drinks (18 per cent) compared to non-Indigenous children (5.8 per cent)<sup>391</sup>. More recent data about First Nations people in the City of Melton specifically would be needed to provide a more accurate understanding. No data could be sourced on the consumption of sugar sweetened drinks of people born overseas in comparison to those born in Australia, but again, it is expected that there may be additional barriers for these communities to understand and adhere to the guidelines.

Adults with disability are about 1.5 times more likely to consume sugar-sweetened and diet drinks daily compared to those without disability<sup>392</sup>. Among adults aged 18 and over, 8.3 per cent of those with disability consume sugar-sweetened drinks daily, compared to 5.6 per cent of adults without disability<sup>393</sup>. Similarly, 9.2 per cent of adults with disability drink diet beverages daily, versus 6.1 per

cent without disability<sup>394</sup>. The consumption pattern varies by sex and age, with 12 per cent of males with disability consuming sugar-sweetened drinks daily, more than double the rate of females (5.2 per cent)<sup>395</sup>. Additionally, 10 per cent of adults with disability aged 18-64 years consume these drinks daily, compared to 4.3 per cent of those aged 65 and over<sup>396</sup>.

Consumption of sugar-sweetened drinks was more frequent in lower socio-economic areas, with 17.3 per cent of males and 12 per cent of females in the lowest socio-economic quintile consuming these drinks daily, compared to only 6.1 per cent of males and 3.5 per cent of females in the highest quintile<sup>397</sup>. Similarly, weekly consumption was also higher among those in the lowest socio-economic quintile, with 33.1 per cent of males and 25.1 per cent of females consuming sugar-sweetened drinks weekly<sup>398</sup>. This can be compared to 19.4 per cent of males and 15.2 per cent of females in the highest socio-economic group<sup>399</sup>.

## Physical activity

### *Sedentary lifestyles*

Sedentary behaviour is a significant concern for health in the City of Melton, with 29.8 per cent of residents engaging in prolonged periods of sitting (eight hours or more) on an average weekday, compared to 27.9 per cent across Victoria<sup>400</sup>. Furthermore, 28.4 per cent of City of Melton residents reported not engaging in any moderate to vigorous physical activity, which is higher than the Victorian average of 19.5 per cent<sup>401</sup>.

National data from 2014–2015 found that 36 per cent of the Australian population aged 18 years and above had moderate levels of sitting time (4–8 hours per day), while 34 per cent were sitting for more than 8 hours per day<sup>402</sup>. On average, those in the high sedentary behaviour group sat for approximately 10 hours per day<sup>403</sup>. Excessive sitting was more prevalent among males (37 per cent) compared to females (29 per cent), and moderate sitting was also higher in males (39 per cent) than in females (35 per cent)<sup>404</sup>. The highest levels of sitting were observed in the 25-34 age group for males, with 44 per cent sitting for more than 8 hours per day, and in the 35-44 age group for females, where 48.5 per cent reported sitting for less than 4 hours per day<sup>405</sup>. Data could not be sourced on specific population groups, but the levels of physical activity may provide some insights in these areas.

### *Physical activity*

The recommended level of physical activity is 30 minutes a day which may include sport, exercise, and brisk walking or cycling for recreation. However, in the City of Melton, only 32 per cent of residents reported meeting this recommendation, which is lower than the Victorian average of 35.1 per cent<sup>406</sup>. Additionally, 43.8 per cent of City of Melton residents reported engaging in less than 150 minutes of moderate to vigorous physical activity per week, slightly below the Victorian average of 47.1 per cent<sup>407</sup>.

National data from 2022 indicates that the proportion of insufficiently physically active adults trends upward as we age, and for all age groups women represent a higher percentage. Among those aged 18-24, around 37.5 per cent of females and 31.6 per cent of males are not meeting physical activity guidelines<sup>408</sup>. This percentage rises steadily across age groups, with 35-44 year-olds showing insufficient activity among about 41.2 per cent of females and 36.3 per cent of males<sup>409</sup>. The 45-54 and 55-64 age groups have even higher rates, around 42.9 per cent for females and 32.2 per cent of males<sup>410</sup>. The highest proportion is among those aged 65 and over, with 60.2 per cent of females and 52.7 per cent of males in this age group being insufficiently active<sup>411</sup>. The data for young people was

more concerning, with 83 per cent of young people aged 15-17 not undertaking the recommended physical activity a day of 60 minutes a day for younger age groups<sup>412</sup>. Among these, 23 per cent did some physical activity during the week but did not meet the recommendation, and 11 per cent completely inactive, doing 0 days of physical activity over a week<sup>413</sup>. Older data from 2018 indicates that 83 per cent of children aged 2-5 years, 88 per cent of children aged 5-12 years, and 96 per cent of young people aged 13-14 years did not meet both the physical activity and screen-based activity guidelines<sup>414</sup>.

Certain population groups have lower levels of physical activity than others in Australia. For instance, 12 per cent of Indigenous adults in non-remote areas engaged in sufficient physical activity in 2018-2019, with rates slightly higher for males (13 per cent) than females (10 per cent)<sup>415</sup>. Adults with severe or profound disability reported high levels of inactivity, with 89 per cent insufficiently active, while 76 per cent of those with other disability did not meet the physical activity recommendation<sup>416</sup>. Additionally, 45 per cent of adults in the lowest socioeconomic areas did not meet physical activity guidelines, compared to 37 per cent in the highest areas<sup>417</sup>. Data could not be sourced on people born overseas, but evidence suggest these communities face multiple barriers, including language, financial constraints, and cultural factors, which further reduce their participation in physical activity<sup>418</sup>.

### *Participation in sport*

In 2022 the overall sports participation rate for the City of Melton was 8.7 per cent, up from 7.9 per cent in 2021, which may have been attributed to impacts of restrictions during the COVID-19 pandemic<sup>419</sup>. Sport participation rates are higher in regional Victoria compared to metropolitan Melbourne and metropolitan-growth areas have considerably lower sport participation rates compared to all other regions. In 2022, the City of Melton was the lowest ranking Metropolitan growth area for sports participation, and ranking 7<sup>th</sup> lowest across Victoria<sup>420</sup>.

Data from VicHealth indicates that the sport participation rate across the state was 14.1 per cent, with over half of all sport participants (52 per cent) aged between 4-14 years. The sport participation rate is highest among children and adolescents 10-14 years (57 per cent) and drops significantly during late adolescence (15-19 years, 32 per cent)<sup>421</sup>. The sport participation rate across all ages is higher for males (19 per cent) than females (10 per cent)<sup>422</sup>. In addition to participation in organised sport itself, women are also underrepresented as coaches, officials, administrators, and board members<sup>423</sup>.

There are also gender disparities in frequency and levels of participation in sport, with males again representing a higher proportion of participants. Among participants, 79.2 per cent of males aged 15-17 engage in physical activity 3 or more times per week, compared to 61 per cent of females<sup>424</sup>. Levels of participation are highest among younger adults, particularly those aged 15-34 years, and declines with age, though the drop is more pronounced among females<sup>425</sup>. Overall, 80.6 per cent of adults who participate in sport do so at least once a week, with 87.1 per cent of females and 89.9 per cent of males aged 15-17 participating at this frequency<sup>426</sup>.

The same data from the Australian Sports Commission indicates that Aboriginal and Torres Strait Islander adults and children in Victoria have varying levels of participation in sport. Among adult male participants, 77.9 per cent engage in sport at least twice a week, with 57.5 per cent participating four or more times per week<sup>427</sup>. For adult female participants, 42.6 per cent participate at least twice a week, and 35.2 per cent engage in sport three or more times weekly<sup>428</sup>. Among First Nations male children who participate 46.9 per cent do so twice-weekly activities, with 30 per cent engaging three or more times per week<sup>429</sup>. Female children show lower participation, with only 28.8

per cent engaging in physical activity twice a week and 17.1 per cent participating three or more times weekly<sup>430</sup>.

Adult participants who speak English at home have higher participation rate of 82.5 per cent of females and 81.1 per cent of males engaging in physical activity at least once a week, and 75.5 per cent of females and 71.9 per cent of males participating twice a week in Victoria<sup>431</sup>. In contrast, among participants who do not speak English at home, participation rates drop, with 67.3 per cent of females and 61.5 per cent of males participating twice a week<sup>432</sup>. This gap widens with increased frequency, where 56.1 per cent of English-speaking females and 51.4 per cent of males participate four or more times a week, compared to just 37.3 per cent of females and 43.9 per cent of males who do not speak English at home<sup>433</sup>. Among child participants, those from English-speaking households also participate more frequently, with 52.8 per cent of female children participating at least once a week, compared to 47.4 per cent of children from non-English-speaking households<sup>434</sup>.

Among female participants with a disability in Victoria, 63.9 per cent participate in physical activity at least twice a week, compared to 75.1 per cent of females without a disability<sup>435</sup>. The gap is more pronounced with increased frequency, where only 45.9 per cent of females with a disability engage in physical activity four or more times weekly, compared to 54.9 per cent of those without a disability<sup>436</sup>. Similarly, for males, 61.3 per cent with a disability participate in physical activity at least twice weekly, compared to 72.2 per cent of males without a disability. Participation further declines with increased frequency, where 45.4 per cent of males with a disability participate four or more times weekly, compared to 51.4 per cent of males without a disability. Data on children with disability could not be sourced.

In low-income households (annual income below \$40,000) across Victoria, levels and frequency of participation in sport is notably lower compared to higher income brackets. Only 80.1 per cent of adult females and 63.5 per cent of adult males in this income group engage in physical activity at least twice a week.<sup>437</sup> The participation rate drops further with increased frequency, with only 37 per cent of adult males and 55.3 per cent of adult females participating four or more times a week<sup>438</sup>. Among male children, only 7.4 per cent of those who engage in physical activity do so at least twice a week, and this drops to 2.6 per cent for those participating four or more times per week<sup>439</sup>. Female children in low-income households show slightly higher participation rates, with 15.2 per cent of those engaging in physical activity doing so at least once per week and 7.9 per cent participating four or more times weekly<sup>440</sup>.

Among females, fitness and gym activities see the highest participation rates across all age groups in Victoria, peaking at 48.9 per cent for those aged 25-34<sup>441</sup>. Walking for recreation is also highly popular, particularly among females aged 55-64, with a 44.1 per cent participation rate<sup>442</sup>. Swimming is another common activity, with notable participation among females aged 25-34 at 20.5 per cent<sup>443</sup>. Across all age groups the highest proportion of females in Victoria participated in walking (57.5 per cent), fitness and gym activities (40.2 per cent) running and athletics (16.2 per cent) and swimming (13.2 per cent). For males, fitness and gym activities again lead in participation, particularly among those aged 18-24, where 50.1 per cent engage in this activity<sup>444</sup>. Soccer is particularly popular among younger males aged 15-24, with a participation rate of 37.1 per cent for those aged 15-17 and 16.2 per cent for those aged 18-24<sup>445</sup>. Running and athletics also sees high participation among males, especially in the 25-34 age group, with a 30.8 per cent participation rate<sup>446</sup>. The most popular recreational activities across all age groups were walking (36 per cent), fitness and gym activities (32.8 per cent), running and athletics (21 per cent) and cycling (18.6 per cent).

Organised sports with high participation include netball for females, especially those aged 15-17 (20.9 per cent) and 18-24 (15.6 per cent)<sup>447</sup>. Basketball is popular among males aged 15-17 (39.2 per cent) and females aged 15-17 (20.7 per cent)<sup>448</sup>. Soccer sees strong male participation, particularly in the 15-17 age group (37.1 per cent)<sup>449</sup>. Cricket is notable among males aged 15-17 (10.1 per cent)<sup>450</sup>. Swimming also has significant engagement, especially among females aged 15-17 (23.4 per cent) and males aged 15-17 (19.7 per cent)<sup>451</sup>. Across all age groups the most popular organised sport for Victorian females were netball (5.4 per cent), tennis (4.6 per cent) and basketball (3.3 per cent)<sup>452</sup>. For Victorian males, it was basketball (8 per cent), soccer (7.7 per cent) and AFL (7.2 per cent)<sup>453</sup>.

## Preventative healthcare

### *Immunisation*

Until the Australian Immunisation Register (AIR) expanded in 2016, there has been no regular and nationally consistent source of data with which to estimate vaccination coverage in adolescents and adults in Australia. However, the high rate of immunisation in Australia, administered through the National Immunisation Program at a young age means that numerous vaccine-preventable diseases (VPD) are now rare in Australia. Vaccination has been proven to reduce hospitalisations and deaths, especially amongst children and the elderly<sup>454</sup>.

The AIHW undertook the Burden of Vaccine Preventable Diseases in Australia study (BVPD study) to understand the impact these diseases have on the Australian community. The study focused on the 17 diseases with vaccines on Australia's National Immunisation Program schedule and provides an estimate the burden of VPD in 2005 and 2015<sup>455</sup>. The study showed in 2015, nearly 16,000 years of healthy life were lost in Australia due to the effects of 17 VPD. The majority of this burden of disease was due to premature death<sup>456</sup>.

The greatest burden was found among young adults aged 25–29 and people aged 85 and over<sup>457</sup>. The high burden among people aged 25–29 is because of the potential long-term outcome of developing cervical cancer after infection with HPV<sup>458</sup>. The rate of burden was highest among infants and those aged 85 and over. Data at the state or local government level is not available at this time<sup>459</sup>.

Human papillomavirus virus (HPV) is a viral infection that is sexually transmitted and can cause cancers and genital warts. The HPV vaccine is free under the National Immunisation Program (NIP) for young people aged around 12 to 13, primarily provided through school immunisation programs. In 2022, Victoria's HPV immunisation coverage at age 15 showed strong results for both girls and boys. Among all girls, the coverage rate was 86.8 per cent, slightly above the national average of 85.3 per cent<sup>460</sup>. For all boys, Victoria achieved a coverage rate of 82.4 per cent, just below the Australian average of 83.1 per cent<sup>461</sup>. In the City of Melton, older data from 2017 shows that the HPV 3-dose coverage was 68.8 per cent for females and 68.1 per cent for males<sup>462</sup>. When focusing on First Nations children, 82.5 per cent of girls were immunised, close to the national rate of 83 per cent<sup>463</sup>. First Nations boys in Victoria had a coverage rate of 78.8 per cent, slightly higher than the national average of 78.1 per cent<sup>464</sup>. Data on other specific cohorts could not be sourced.

In 2024, approximately 33.6 per cent of Victorians were vaccinated for influenza<sup>465</sup>. This was slightly higher for children, particularly those aged under 5 years (34.2 per cent) and significantly higher among Victorians aged 65 and over (50.4 per cent)<sup>466</sup>. However, it is significantly lower among First Nations people, with approximately 30.9 per cent receiving the influenza vaccine in 2024<sup>467</sup>. Comparing these figures to previous years, vaccination coverage has decreased slightly since 2021,

when 35.7 per cent of the population received the influenza vaccine, with notable decreases among younger populations<sup>468</sup>.

Zoster (shingles) vaccine coverage in Australia has shown improvement among adults aged 70, rising from 38.7 per cent in 2021 to 41.3 per cent in 2022<sup>469</sup>. First Nations adults aged 70 also experienced an increase in coverage, from 32.9 per cent in 2021 to 36.5 per cent in 2022<sup>470</sup>. Similarly, coverage for the 13-valent pneumococcal conjugate vaccine (13vPCV) to prevent pneumococcal disease increased significantly<sup>471</sup>. In 2022, 33.8 per cent of adults received the 13vPCV vaccine, up from 23.9 per cent in 2021<sup>472</sup>. Among First Nations adults, coverage improved from 25.1 per cent to 37.7 per cent over the same period<sup>473</sup>.

During the COVID-19 pandemic, Australia began its vaccination rollout in February 2021, prioritising high-risk groups before extending to the broader population. As of September 2022, over 95 per cent of eligible residents in the City of Melton had received their first and second doses of the COVID-19 vaccine, aligning with the broader rates seen across Greater Melbourne<sup>474</sup>. However, the third-dose coverage (booster) in the City of Melton was 65.1 per cent, which was notably lower than the average for Greater Melbourne, many of which had third-dose rates exceeding 70 per cent<sup>475</sup>. By 2024, approximately 3.8 per cent of the City of Melton's population received a COVID-19 booster in the last six months, compared to 8.3 per cent in the same period in 2023<sup>476</sup>. This decline reflects a national trend of reduced booster uptake following the height of the pandemic and the initial vaccination campaign. First Nations vaccination coverage in the City of Melton shows a strong uptake, with 86 per cent of the 18+ population having been vaccinated at least 12 months ago, while 4 per cent had received their vaccination within the last six months<sup>477</sup>.

### *Health checks*

Regular health checks play a crucial role in identifying early signs of health issues, enabling timely intervention and improving long-term health outcomes. The proportion of people aged 18 and over in the Brimbank Melton area who had a blood pressure check in the previous two years was 81.2 per cent, which was higher than the Victorian average of 80.1 per cent and also above the average for metropolitan areas 79.9 per cent<sup>478</sup>. Similarly, 60.5 per cent of people had blood lipids checks, again higher than the metropolitan areas average of 57.8 per cent and the Victorian average of 57.6 per cent<sup>479</sup>. For blood glucose checks, the Brimbank Melton area reported 57.6 per cent, which is significantly higher than both the metropolitan average of 50.8 per cent and the Victorian average of 50.8 per cent<sup>480</sup>.

When considering gender differences, males in Brimbank Melton had lower rates of preventative checks across all categories compared to females. For blood pressure, males recorded 77.6 per cent compared to females at 84.9 per cent, and for blood glucose, males were at 48.1 per cent, whereas females were higher at 65.4 per cent<sup>481</sup>. This trend continues for blood lipid checks, with 64.1 per cent of females and 55.6 per cent of males in the Brimbank Melton area participating<sup>482</sup>. It's noted that this data is from 2019 and is therefore not reflect current behaviours in preventative health checks, or residents from the City of Melton specifically.

Data on blood pressure checks is limited, but a nationwide initiative from the Heart Foundation found that two-thirds of those who participated had never had their blood pressure checked before<sup>483</sup>. Another Australian study found that of those with high blood pressure, almost half (49 per cent) were unaware of their condition<sup>484</sup>. Additionally, 57.1 per cent of individuals receiving treatment for hypertension still had uncontrolled blood pressure<sup>485</sup>. The Heart Foundation initiative found that of the people who recorded high blood pressure, 60 per cent also recorded a high risk of

diabetes<sup>486</sup>. They recommend having your blood pressure checked at least every two years for adults, especially where there is a family history of heart attacks or high blood pressure<sup>487</sup>.

Data could also not be sourced on specific populations and age groups, however there is substantial evidence on the barriers for marginalised groups to undertaking preventative health checks. These include limited access to healthcare services, lack of awareness or education about the importance of regular health checks, cultural and linguistic barriers, socio-economic challenges, and mistrust in the healthcare system<sup>488,489</sup>.

### *Cancer prevention*

In 2021, 38.1 per cent of eligible adults invited to participate took part in the National Bowel Cancer Screening Program in the City of Melton<sup>490</sup>. This is lower than the Victorian figure of 43.9 per cent, and the Greater Melbourne figure of 42.9 per cent. Among females in the City of Melton aged 50-74, 40.6 per cent participated in breast cancer screening in 2019-2020<sup>491</sup>. This is lower than Victorian figure of 46.6 per cent, and Greater Melbourne 44.5 per cent<sup>492</sup>. For cervical screening participation (sometimes known as 'pap smear' test), females aged 25 to 74 years had a rate of 41.8 per cent (2018-2020). This is lower than Victorian figure of 47.4 per cent, and Greater Melbourne 48.1 per cent<sup>493</sup>.

Data from the 2023 VPHS shows that 2.1 per cent of residents in the City of Melton had a cancer screening appointment cancelled or postponed by a medical facility in the last 12 months<sup>494</sup>. This is slightly higher than the Victorian average of 1.4 per cent, indicating potential barriers to timely cancer screening services in the area<sup>495</sup>.

Sunburn, a known risk factor for skin cancer, appears to be slightly less common in the City of Melton compared to the Victorian average. According to the 2023 VPHS, 79.1 per cent of City of Melton residents reported never experiencing a sunburn that lasted a day or more in the past year, which is higher than the Victorian average of 73.2 per cent<sup>496</sup>. Meanwhile, 16 per cent of City of Melton residents experienced sunburn on 1-2 occasions, compared to 19.2 per cent in Victoria<sup>497</sup>. Additionally, 4.8 per cent of City of Melton residents reported experiencing sunburn on three or more occasions, slightly lower than the Victorian average of 6.9 per cent<sup>498</sup>.

In the western metropolitan area (Western PHU), 40.1 per cent of the population reported performing skin checks themselves, lower than the Victorian average of 44.4 per cent<sup>499</sup>. This suggests that residents in the Western PHU are less likely to engage in regular self-checks for skin cancer compared to the state average<sup>500</sup>. Only 27.2 per cent of people reported having a doctor check all or part of their body for suspicious spots that might be skin cancer, notably lower than the Victorian average of 31 per cent. Additionally, only 26.8 per cent of people in the Western PHU had a doctor check a specific mole or spot for signs of skin cancer, which is also below the state average of 28.4 per cent.

When examining the data by gender, women are more proactive in checking for skin cancer, with 42.7 per cent of women in the Western PHU conducting self-checks compared to 37.1 per cent of men<sup>501</sup>. A further 27.2 per cent of men and 28.4 per cent of women had a doctor conduct a full or partial body check<sup>502</sup>. When it comes to checking specific moles or spots, only 22.2 per cent of men and 31.1 per cent of women in the Western PHU reported having a doctor perform this check, both figures being below the state averages for their respective genders<sup>503</sup>.

The likelihood of conducting self-checks increases with age, peaking at 51.3 per cent among those aged 65-74 years before declining slightly in older age groups<sup>504</sup>. Younger age groups, particularly those aged 18-24 years, have much lower rates, with only 30.9 per cent performing self-checks<sup>505</sup>.

This trend continues for those going to see a doctor for a full body check, with the highest rates seen among those aged 75-84 years (54.5 per cent) and 65-74 years (51.5 per cent) across Victoria<sup>506</sup>. Younger individuals are also less likely to have specific moles or spots checked by a doctor, with only 15.8 per cent of those aged 18-24 years doing so, compared to 50.4 per cent of those aged 85 and over<sup>507</sup>.

For people born overseas, the data reveals a concerning trend, with only 33.1 per cent of this group checking their own bodies for suspicious spots, compared to 52 per cent of those born in Australia<sup>508</sup>. People born overseas are also less likely to go to a doctor for a full body check, with only 23.8 per cent reporting having done so in 2022, compared to 34.8 per cent of those born in Australia. Similarly, only 19.5 per cent of overseas-born individuals had a doctor check a specific mole or spot, significantly lower than the 33.6 per cent of Australian-born individuals.

Individuals in higher income brackets tend to perform skin checks more frequently. For instance, 49.5 per cent of those with a total annual household income between \$100,000 and \$200,000 reported checking their skin for suspicious spots, which is higher than the Victorian average of 44.4 per cent<sup>509</sup>. Conversely, only 43.7 per cent of individuals with an income below \$40,000 conducted these checks<sup>510</sup>. People with low incomes are also less likely to go to a doctor for a full body check, with only 27.6 per cent reporting having done so in 2022, which is below the Victorian average of 31 per cent<sup>511</sup>. Additionally only 27.3 per cent of those earning less than \$40,000 had a doctor check a specific mole or spot, which is slightly below the overall average<sup>512</sup>.

# Childhood development

Childhood development is a critical period where the interplay of biological and environmental factors lays the foundation for lifelong health, behaviour, and learning. During these formative years, evidence has shown that the nurturing environment—comprising family, community, and socioeconomic conditions—significantly shapes developmental outcomes<sup>513</sup>. This section delves into key indicators of child wellbeing in the City of Melton, examining the intersection of health, education, and emotional development with the broader social determinants that contribute to the trajectory of a child's life.

## Health and physical wellbeing

### *Antenatal care*

Antenatal care is associated with positive maternal and child health outcomes – the likelihood of receiving effective health interventions is increased through attending antenatal care<sup>514</sup>. Data from 2021 shows that within the North Western Melbourne Public Health Network, the proportion of women who had at least one antenatal care visit in the first trimester was 72.9 per cent, and the proportion of women who had 5 or more antenatal care visits 94.8 per cent<sup>515</sup>. In the same period across Victoria 93 per cent of pregnant women attended 5 or more visits, 5.5 per cent attended between 2-4 visits, and 1.3 per cent attendee only one antenatal visit<sup>516</sup>.

The proportion of Aboriginal and Torres Strait Islander women who attended five or more antenatal visits was 85.8 per cent in Victoria, and 88.1 per cent across Australia. The proportion of Aboriginal and Torres Strait Islander women who attended at least one antenatal visit in the first trimester was 76.7 per cent in Victoria and 72 per cent across Australia<sup>517</sup>. Research shows there is a lack of continuity in antenatal, peri- and post-natal periods for First Nations families when compared to non-indigenous families. Mainstream healthcare services can cause high level of fear and anxiety for First Nations women which means they are less likely to continue services<sup>518,519</sup>. Where continuity of care is led by ACCHSs (Aboriginal Community Controlled Health Services), First Nations women are more likely to access early antenatal care and have 5 or more antenatal visits, 'with significantly reduced pre-term births, neonatal nursery admissions, planned caesareans, and epidural pain relief, and increased exclusive breastfeeding on discharge from hospital'<sup>520</sup>.

Nationally, 76.7 per cent of mothers born overseas had their first antenatal visit before 14 weeks of pregnancy, lower than mothers born in Australia (81.1 per cent)<sup>521</sup>. For visits between 14-19 weeks, 14.1 per cent of overseas-born mothers and 11.6 per cent of Australian-born mothers had their first visit, showing a slight decline from earlier engagement<sup>522</sup>. At 20 weeks or more, 9 per cent of overseas-born mothers and 7.1 per cent of Australian-born mothers had their first visit, indicating a continuing trend of later engagement in care<sup>523</sup>.

Regarding patient election status, 88.1 per cent of those with private cover had their first visit before 14 weeks compared to 76.4 per cent of public patients<sup>524</sup>. For 14-19 weeks, 8.1 per cent of private patients and 14.1 per cent of public patients had their first antenatal visit<sup>525</sup>. After 20 weeks or more, 3.8 per cent of private patients and 9.4 per cent of public patients attended their first visit, indicating a persistent gap between the two groups<sup>526</sup>.

Smoking status also showed a difference, with 80.3 per cent of non-smokers attending early, compared to 69.9 per cent of smokers<sup>527</sup>. For 14-19 weeks, 12.9 per cent of smokers and 12.4 per cent of non-smokers had their first antenatal visit<sup>528</sup>. By 20 weeks or more, 16.1 per cent of smokers

and 7.2 per cent of non-smokers had their first visit, demonstrating a larger proportion of smokers starting care later in pregnancy<sup>529</sup>.

Socioeconomic status revealed disparities, with 76.7 per cent of the most disadvantaged mothers attending early antenatal care, compared to 81.1 per cent of those in the least disadvantaged group<sup>530</sup>. For 14-19 weeks, 13.5 per cent of mothers from the most disadvantaged group and 7.2 per cent of the least disadvantaged attended their first visit<sup>531</sup>. For those engaging at 20 weeks or more, 9.5 per cent of the most disadvantaged and 6 per cent of the least disadvantaged had their first visit, continuing the trend of delayed access to care<sup>532</sup>. Data on other cohorts, including mothers with a disability, could not be sourced.

### *Maternal child health service participation*

In the City of Melton, participation in Maternal and Child Health (MCH) services has seen notable growth in recent years. In 2023-2024, there were 3,454 birth notices, a significant increase from 2,508 in 2019-2020<sup>533</sup>. Similarly, the number of first-time mothers rose from 972 in 2019-2020 to 1,427 in 2023-2024, reflecting the rapid population growth in the City of Melton<sup>534</sup>. The delivery of Key Age & Stage (KAS) consultations has fluctuated, primarily due to workforce shortages, with the largest impact felt during 2021-2023. A total of 19,461 KAS consultations were completed in 2023-2024, higher than 15,916 in 2022-2023 but still below the capacity prior to the COVID-19 pandemic<sup>535</sup>.

In 2023-2024, the City of Melton's participation rates were lower than the statewide targets across all age groups. Participation in the 2-week (96 per cent) and 4-week (95 per cent) consultations was slightly below the 98 per cent target<sup>536</sup>. The 8-week consultation (93 per cent) also fell short of the 96 per cent target<sup>537</sup>. There were more significant drops in participation for later consultations: 4-month (78 per cent vs. 95 per cent target), 8-month (31 per cent vs. 90 per cent target), and 12-month (24 per cent vs. 85 per cent target), with further declines for the 18-month, 2-year, and 3.5-year consultations, all of which fell far below the state benchmarks<sup>538</sup>. As per the statewide targets for KAS consultations, a natural decline in participation as children age is expected, however, this decline is much more prominent in the City of Melton. A key factor in the low participation rates for older ages in the municipality are due to staff shortages, which have led the Council to reduce its service capacity and offer consultations only to children who are identified as having a need or being at risk. Council is actively working to address these shortages and is implementing approaches to increase the level of services available to the community, though further work is still required to fully restore service capacity.

The Enhanced MCH program also experienced fluctuations in service delivery over recent years. In 2023-2024, 7,436 service hours were delivered, an increase from 6,008 in 2022-2023 and 5,998 in 2021-2022, but below the 6,321 hours delivered in 2019-2020<sup>539</sup>. The number of families seen through the Enhanced MCH program decreased from 609 in 2019-2020 to 483 in 2023-2024, reflecting the ongoing challenges in service capacity<sup>540</sup>.

While service capacity limitations have meant that the number of KAS consultations are reduced in the City of Melton generally, all children with an identified need or risk, including those in the Enhanced MCH program and Aboriginal & Torres Strait Islander children, remain eligible for all of the KAS consultations. In 2023-2024, the MCH service identified 444 Aboriginal and Torres Strait Islander children, of whom 267 (60.1 per cent) were seen by the service<sup>541</sup>. This marks a slight decrease in engagement compared to 2022-2023, when 63.9 per cent of the identified 407 children were seen, and 2019-2020, when 61.1 per cent of 352 identified children received MCH services<sup>542</sup>. Data for other specific populations was not available.

## *Birthweight*

The most recent data available shows that 7.8 per cent of babies in the City of Melton were born with a low birthweight, which is higher than the Greater Melbourne average of 6.7 per cent for the same period<sup>543</sup>. This may be attributed to the fact that babies in the City of Melton had a higher prevalence of being born prematurely (before 37 weeks) at 9.3 per cent, compared to 8.5 per cent across Victoria<sup>544</sup>.

Looking at data for Australia, low birthweight was prevalent in 6.6 per cent of births<sup>545</sup>. The data also shows that certain population groups are more vulnerable to low birthweight, with female infants having a higher incidence of low birthweight (7.3 per cent) compared to male infants (6 per cent)<sup>546</sup>. There is minimal difference among babies from mothers born overseas (6.7 per cent) to those born in Australia (6.6 per cent), but babies in the lowest-socio economic areas are significantly more vulnerable to low birthweight (8 per cent) compared to those in the highest socioeconomic areas (5.6 per cent)<sup>547</sup>. In Victoria, 8.9 per cent of Aboriginal and Torres Strait Islander babies born were of a healthy birthweight, higher than the figure of 5.8 per cent for non-Indigenous babies<sup>548</sup>. Data on mothers or babies with disability could not be sourced.

## *Breastfeeding*

In 2017-2018, the proportion of infants exclusively breastfed to 3 months in the City of Melton was 37.6 per cent, lower than the 49.4 per cent average across Victoria<sup>549</sup>. For infants exclusively breastfed to 6 months, the proportion in the City of Melton was 10.2 per cent, significantly lower than the Victorian average of 22 per cent<sup>550</sup>. From 2014-2015 the proportion of infants breastfed to 3 months in the City of Melton slightly decreased from 39.1 per cent to 37.6 per cent, while the proportion breastfed to 6 months saw a small increase from 9.2 per cent to 10.2 per cent<sup>551</sup>.

Data from 2014-15, although nearly a decade old, provides useful insights into breastfeeding trends across different cohorts. Infants from mothers who were born overseas had a significantly higher breastfeeding rate (66.1 per cent) compared to those whose mothers were born in Australia (43.8 per cent)<sup>552</sup>. Family type also influenced breastfeeding rates, with one-parent families showing a higher proportion (64.9 per cent) compared to couple families (55.5 per cent)<sup>553</sup>. Socioeconomic status played a key role in breastfeeding prevalence, with infants from the highest socioeconomic areas having a higher breastfeeding rate of 73.2 per cent, while those in the lowest socioeconomic areas had a rate of 56.3 per cent<sup>554</sup>. Data on mothers or babies with disability could not be sourced.

## *Infants and children with disability*

In 2021, 2.3 per cent of children aged 0-4 years in the City of Melton required assistance due to a disability, which is higher than Greater Melbourne and Australia (both 1.4 per cent) but reflects no change from 2016<sup>555</sup>. Given the framing of this question in the census, this data is widely seen as an under representation of the true figure. Other estimates indicate that around 5.7 per cent of Australian children aged 0-4 had a disability in 2022, which was an increase from 3.7 per cent in 2018<sup>556</sup>. This is significantly higher among young males (7.2 per cent) compared to females (4.1 per cent)<sup>557</sup>. A similar trend is represented among those with a profound or severe disability, with 4.4 per cent of males, and 3.1 per cent of females<sup>558</sup>.

Among children who are 5-9 years old in the City of Melton, 8.2 per cent required assistance due to a disability, nearly double the proportion for the Greater Melbourne (4.5 per cent) and Australia (4.7 per cent), as well as higher than the proportion in the City of Melton in 2016 (6.7 per cent)<sup>559</sup>. For those aged 10-14 years, the proportion of people who needed assistance in the City of Melton was

7.2 per cent, again higher than the rate in 2016 (6.7 per cent), Greater Melbourne (4.2 per cent) and Australia (4.8 per cent)<sup>560</sup>. With reference to the national estimates mentioned above, there is a large difference between genders in this age group especially, with 16.4 per cent of boys, and 10.7 per cent of girls aged 5-14 years having a disability<sup>561</sup>. Among these, 10.3 per cent of boys and 5.6 per cent of girls had a disability which was classified as profound or severe<sup>562</sup>. Among Indigenous Australians, 2.7 per cent of children aged 0–4 years needed assistance with core activities, increasing to 8.5 per cent and 8.8 per cent for children aged 5–9 years and 10–14 years, respectively<sup>563</sup>. Data on infants and children whose mother was born overseas is very limited, but it's widely acknowledged that they experience additional barriers compared to those whose mother was born in Australia<sup>564</sup>.

### *Immunisation*

The National Immunisation Program (NIP) provides free vaccines against a number of diseases, to increase national immunisation rates and reduce vaccine preventable disease. In 2024, the NIP achieved strong coverage rates for children in their early stages. The overall immunisation coverage for children aged 12-15 months was 93.4 per cent, while those aged 24-27 months had a slightly lower coverage rate of 91.7 per cent<sup>565</sup>. Immunisation rates were highest among children aged 60-63 months, with a coverage of 94.8 per cent<sup>566</sup>.

In 2021, the City of Melton achieved high immunisation rates among children. At age 1, 96.5 per cent of children were fully immunised<sup>567</sup>. By age 3, the rate slightly decreased to 92.9 per cent<sup>568</sup>. However, by age 5, immunisation rates improved, with 96.8 per cent of children fully immunised<sup>569</sup>. When focusing on Aboriginal and Torres Strait Islander children, the coverage rate was 91.7 per cent for the 1-year age group and 89.6 per cent for the 2-year age group<sup>570</sup>. The coverage for Aboriginal and Torres Strait Islander children in the 5-year age group was notably higher at 96 per cent<sup>571</sup>. Data on other specific cohorts could not be sourced.

Based on Victorian immunisation data, the Diphtheria, Tetanus, and Pertussis (whooping cough) vaccination had high coverage rates across all age groups. Among the general population, 94 per cent of one-year-olds, 92.8 per cent of two-year-olds, and 95 per cent of five-year-olds were vaccinated<sup>572</sup>. The rates were slightly lower among Aboriginal and Torres Strait Islander children at younger ages, with 92.1 per cent at age one and 90.9 per cent at age two but increased to 96.4 per cent by age five<sup>573</sup>. Hepatitis B vaccination coverage was similar, with 94.4 per cent for the whole population and 92.8 per cent for Aboriginal and Torres Strait Islander one-year-olds, maintaining high rates at age two<sup>574</sup>. Haemophilus influenzae type b coverage showed a similar pattern, with Aboriginal children slightly behind the general population. Vaccination rates for Measles, Mumps, Rubella, Polio, and Pneumococcal disease were also consistently above 93 per cent for both groups by age five, reflecting strong uptake across both populations<sup>575</sup>.

### *Infant and child mortality*

The most recent available data (2017-2021) shows the average infant mortality rate of 4.2 per 1,000 people in the City of Melton, higher than the rate for Greater Melbourne (3.1) and Australia (2.7)<sup>576</sup>. The leading causes of death varied by age group in Victoria. For post-neonatal infants (28–364 days), congenital anomalies were the leading cause, accounting for 39.4 per cent of deaths, followed by prematurity (16.9 per cent) and sudden infant death syndrome (15.5 per cent)<sup>577</sup>. Among children aged 1–4 years, congenital anomalies, and malignancy each contributed to 19.4 per cent of deaths, with drowning and undetermined causes each accounting for 13.9 per cent. In the 5–9-year age group, congenital anomalies and malignancy were the top causes, each at 21.9 per cent, followed by deaths from fire (12.5 per cent)<sup>578</sup>. For adolescents aged 10–14 years, malignancy was the leading cause of death (30 per cent), followed by congenital anomalies (20 per cent) and unintentional injury

(15 per cent)<sup>579</sup>. In the 15–17-year age group, intentional self-harm (including suicide) accounted for 36.4 per cent of deaths, followed by motor vehicle accidents (16.4 per cent) and malignancy (10.9 per cent)<sup>580</sup>.

Nationally speaking, male infants and toddlers (0.33 per cent) have a slightly higher mortality rate than female infants and toddlers (0.28 per cent)<sup>581</sup>. This trend remains consistent for children aged 5-9 years at 0.04 per cent and 0.03 per cent respectively, as well as 10-14 years at 0.05 per cent and 0.03 per cent respectively<sup>582</sup>. Across all genders there has been a significant downward trend of infant deaths over time, for instance infant deaths have declined from 70.3 per 1,000 infants in 1916, to an average of 3.3 per 1,000 infants in 2021<sup>583</sup>.

The infant and child mortality rates are consistently higher for Aboriginal and Torres Strait Islander communities, with 2.03 per cent of Indigenous male infants aged 0–4 years passing away, and 0.98 per cent of Indigenous females<sup>584</sup>. This trend remains consistent for children aged 5-9 years, with mortality rates of 0.15 per cent for Indigenous males and 0.12 per cent for females, as well as 10-14 years, at 0.32 per cent and 0.2 per cent respectively<sup>585</sup>.

Data on mortality for infants and children with disability is limited, but evidence generally suggests a higher rate of premature deaths within this age group compared to those without disability. Among people with disability under age 20, perinatal and congenital conditions were the most common causes of death, accounting for 21 per cent of deaths<sup>586</sup>. Socio-economic status is another factor for mortality amongst infants, with older data suggesting there were 3.2 deaths per 1,000 live births in lower socio-economic areas in Victoria, compared to 2.1 in higher socio-economic areas<sup>587</sup>. Data for other specific communities could not be sourced at the time of writing this report.

## Development

### *Home learning*

Reading to pre-schoolers has been found to be related to language growth, emergent literacy and reading achievement. In 2023, 63.8 per cent of children in Brimbank Melton were read to by a family member every day<sup>588</sup>. This is an improvement from 50.7 per cent in 2021 but remains below the metropolitan Victoria average of 66 per cent<sup>589</sup>. Gender differences were also noted, with 68.8 per cent of females being read to daily, compared to 65.3 per cent of males<sup>590</sup>. SEIFA data reveals a range across quintiles, with children with the lowest levels of disadvantage receiving the highest rate of daily reading at 80.5 per cent, while 62.7 per cent of those in disadvantaged areas are read to<sup>591</sup>. Family type also played a role, with children from couple families having a higher likelihood of being read to (67.1 per cent) compared to children from one-parent families (67.8 per cent)<sup>592</sup>.

### *Kindergarten and early childhood education*

Based on the 2021 census, 2.7 of the population are enrolled in pre-school, higher than the Greater Melbourne average of 2.2 per cent, and an increase from 2 per cent in 2016<sup>593</sup>. Areas with the highest proportion of the population at pre-school were Weir Views (4.2 per cent), Cobblebank (4.1 per cent), Aintree and Strathtulloh (both 4 per cent) which reflects the representation of young families in these areas and speaks to future demand for primary schools<sup>594</sup>. Areas with the lowest proportion of their population in pre-school were Toolern Vale (1.5 per cent), Bonnie Brook, Grangefields and Deanside (1.7 per cent) and Melton (1.8 per cent). It's noted that Bonnie Brook, Grangefields and Deanside are emerging communities and demand is likely to increase in this area in the future<sup>595</sup>.

In the City of Melton, participation in state-funded kindergarten and early childhood education has increased significantly, particularly following the rollout of funded 3-Year-Old (3YO) kindergarten statewide in 2022. By 2023, there were 2,675 children enrolled in 3YO kindergarten, a substantial rise from 1,103 in 2022<sup>596</sup>. In 4-Year-Old (4YO) kindergarten, enrolments grew to 3,283 children in 2023, up from 1,756 in 2022<sup>597</sup>. Since the statewide rollout of 3YO kindergarten, enrolment in a second year of 4YO kindergarten has dropped from 3.6 per cent in 2022 to 2.6 per cent in 2023, suggesting this has shifted developmental milestones and the overall readiness of children to progress to school<sup>598</sup>. In 2023, 72 per cent of total 3YO and 4YO kindergarten enrolments were part of the free kinder program, indicating that removing financial barriers for families had significantly contributed to the rise in participation<sup>599</sup>.

Among the enrolled children, key demographic groups have also seen notable growth. First Nations children's participation in early childhood education increased by 12.5 per cent, with 144 enrolled in 2023, compared to 128 in 2022<sup>600</sup>. Similarly, the number of children with a disability or developmental delay accessing early childhood services rose to 8.7 per cent of total enrolments in 2023<sup>601</sup>. Children from non-English-speaking backgrounds accounted for 26 per cent of total enrolments, reflecting the diverse cultural composition of the City of Melton<sup>602</sup>. Programs such as Early Start Kindergarten (ESK) and Additional Early Learning (AEL) have also continued to support vulnerable children, with enrolments in these programs seeing a 10 per cent increase from the previous year<sup>603</sup>.

At a suburb (SA2) level, participation in 3YO and 4YO kindergarten programs shows significant variation across the City of Melton in 2023<sup>604</sup>. When looking at the proportion of total enrolments, Rockbank - Mount Cottrell had the highest participation, with 18.5 per cent of total 4YO enrolments and 19.6 per cent of 3YO enrolments coming from this rapidly growing suburb<sup>605</sup>. Melton South - Weir Views also had strong participation, representing 12.5 per cent of 4YO enrolments and 12.3 per cent of 3YO enrolments<sup>606</sup>. Fraser Rise - Plumpton followed closely, contributing 9.5 per cent of 4YO and 8.6 per cent of 3YO enrolments<sup>607</sup>. Conversely, the suburb of Melton had the lowest participation rates in both 3YO and 4YO kindergarten programs, with only 3.2 per cent of total 4YO enrolments and 2.9 per cent of 3YO enrolments<sup>608</sup>. Eynesbury - Exford also recorded relatively low participation, accounting for 1.9 per cent of 4YO and 2.1 per cent of 3YO enrolments<sup>609</sup>. Burnside had similarly low participation, with 2.2 per cent of 4YO and 2.5 per cent of 3YO enrolments<sup>610</sup>. This variation can be attributed to differences in population growth and service availability across suburbs. A notable percentage (15 per cent) of enrolments also come from outside the City of Melton, with children from neighbouring local government areas such as Brimbank and Wyndham attending early education services in the municipality<sup>611</sup>.

In terms of early childhood education services, the City of Melton had 81 funded services in 2023, supported by 50 funded service providers<sup>612</sup>. The workforce in these services consisted of 263 teachers and 358 educators, ensuring that the growing demand for early education could be adequately met<sup>613</sup>. In terms of enrolment by service type, 4YO kindergarten enrolments increased from 1,756 in 2022 to 2,049 in 2023, while 4YO long day care (LDC) enrolments rose from 1,106 to 1,234<sup>614</sup>. Enrolments in 3YO kindergarten grew from 1,103 in 2022 to 1,387 in 2023, and 3YO LDC enrolments also saw an increase from 1,001 to 1,288<sup>615</sup>. These enrolment trends highlight the growing preference for formal early childhood education services in the municipality.

Participation by service type and service time has shifted significantly in 2023. Long Day Care (LDC) services saw a 17 per cent increase in enrolments, with 1,288 children enrolled in 3YO LDC and 1,234 in 4YO LDC, compared to 1,001 and 1,106 respectively in 2022<sup>616</sup>. Sessional kindergarten also

experienced growth, with 1,387 children enrolled in 3YO kindergarten and 2,049 in 4YO kindergarten, reflecting increases of 26 per cent and 17 per cent respectively from the previous year<sup>617</sup>. Early Years Management (EYM) services have played a critical role, with 15 providers opting into the free kinder initiative<sup>618</sup>. In 2023, 72 per cent of total kindergarten enrolments were part of the free kinder program, contributing to the high level of participation across the municipality by removing financial barriers for families<sup>619</sup>.

Data for private and independent early education centres was not available, so the figures provided will be an underrepresentation of the enrolment and participation for these services in the City of Melton.

### *Vulnerable and at-risk children*

The Australian Early Development Census (AEDC) measures the development of Australian children at the time they commence their first full-time year of school. Results of the AEDC highlight what is working well and what needs to be improved to support childhood development. Data is collected across 5 domains; Physical health and wellbeing, Social competence, Emotional maturity, Language and cognitive skills (school-based), and Communication skills and general knowledge<sup>620</sup>.

At the last AEDC, children in the City of Melton were found to be more vulnerable across all domains, but one, when compared to Australia and Victorian results.<sup>621</sup> In the physical health and wellbeing domain, 9.4 per cent of children in the City of Melton were vulnerable, slightly lower than the Australian average of 9.8 per cent but higher than Victoria's 8.1 per cent<sup>622</sup>. Social competence saw 11.5 per cent of children in the municipality as vulnerable, compared to 9.6 per cent nationally and 9 per cent statewide<sup>623</sup>. Emotional maturity vulnerability was 8.3 per cent in the City of Melton, close to the national average of 8.5 per cent but above Victoria's 7.7 per cent<sup>624</sup>. For language and cognitive skills (school-based), 10.2 per cent of the City of Melton's children were vulnerable, exceeding both the national (7.3 per cent) and state (7.2 per cent) averages<sup>625</sup>. In the communication skills and general knowledge domain, 10.1 per cent of the City of Melton's children were vulnerable, compared to 8.4 per cent nationally and 7.4 per cent in Victoria<sup>626</sup>.

In the City of Melton, 23.9 per cent of children were vulnerable on one or more domains of the AEDC, exceeding the Victorian average of 19.9 per cent and the national average of 22 per cent<sup>627</sup>. Additionally, 13.5 per cent of children in the City of Melton were vulnerable on two or more domains, significantly higher than the Victorian rate of 10.2 per cent and the Australian rate of 11.4 per cent, highlighting increased developmental challenges in the area<sup>628</sup>. The suburbs of Melton (36.2 per cent), Diggers Rest (28.8 per cent) and Melton West (28.1 per cent) exhibit high proportions of children who are vulnerable on one or more domains of the AEDC<sup>629</sup>.

Analysis from AIHW or 2019 data shows that boys were more likely to be developmentally vulnerable than girls on one or more domains (28 per cent compared with 15 per cent) and two or more domains (15 per cent compared with 6.7 per cent). Further, looking at individual domains, boys were more likely to be developmentally vulnerable across each. The difference was greatest for 'emotional maturity'. On this domain, boys were more than 3 times as likely as girls to be developmentally vulnerable (13 per cent compared with 3.8 per cent)<sup>630</sup>.

Some cohorts in the community are more likely to be identified as at risk or vulnerable. For instance, in 2021, 42.3 per cent of Aboriginal and Torres Strait Islander children were considered to be developmentally vulnerable on one or more domains of the AEDC, while the corresponding figure for all children was 20.6 per cent<sup>631</sup>. Children from language backgrounds other than English were

vulnerable on two or more domains, while the rate for children from English speaking backgrounds was lower at 9.2 per cent<sup>632</sup>.

Children from disadvantaged socioeconomic backgrounds, including those from unemployed households, also show higher vulnerability rates, with 5.4 per cent of children in unemployed households identified as vulnerable<sup>633</sup>. Furthermore, single parents under the age of 25 show elevated rates of vulnerability, with 0.2 per cent of children from these households being at risk<sup>634</sup>. Data on other specific cohorts could not be sourced.

## Social and emotional development

### *Mental wellbeing*

The positive psychological development indicator measures the number of students in Years 5, 8, and 11 with positive psychological development, based on perceptions of autonomy, relatedness, and competence<sup>635</sup>. In 2018, 70.2 per cent of young people in Brimbank Melton reported positive psychological development, an increase from 63.4 per cent in 2016<sup>636</sup>. This is slightly above the metropolitan Victoria average of 67.2 per cent<sup>637</sup>. When looking at gender, 68.5 per cent of males in Victoria reported positive psychological development, slightly higher than females at 67.6 per cent. Positive psychological development also varied by year level, with 72.6 per cent of Year 5 students in Victoria reporting positive development, compared to 64 per cent in Year 11 and 62.4 per cent in Year 8<sup>638</sup>. Students from English-speaking backgrounds showed higher rates of positive psychological development (68.9 per cent) compared to 61.6 per cent for students from non-English speaking backgrounds<sup>639</sup>. Family structure also played a role, with 72 per cent of students from couple families reporting positive development, compared to 63.6 per cent from one-parent families, and a significantly lower rate of 56.2 per cent for those from other family types<sup>640</sup>.

Other indicators measure the proportion of young people in Years 5, 8, and 11 who showed high levels of psychological distress, indicated by depressive symptoms. In 2018, 17.1 per cent of young people in Brimbank Melton reported high levels of psychological distress, down from 18.4 per cent in 2016, and lower than the overall Victorian rate of 20.4 per cent<sup>641</sup>. Females in Victoria reported higher distress levels (25.4 per cent) compared to males (14.3 per cent)<sup>642</sup>. Year 11 students had the highest levels of distress (27.8 per cent), followed by Year 8 students (23.7 per cent) and Year 5 students (14 per cent)<sup>643</sup>. Students from English-speaking backgrounds reported slightly higher distress levels (20.8 per cent) compared to students from non-English speaking backgrounds (18.8 per cent)<sup>644</sup>. Family structure also impacted distress levels, with 27.6 per cent of students from one-parent families experiencing distress, compared to 18.7 per cent from couple families, and 30.3 per cent from other family types<sup>645</sup>. Data regarding other cohorts like those with disability or from lower socioeconomic areas was not available.

### *Quality of life*

When asked if they were satisfied with their quality of life 75.7 per cent of adolescents in Brimbank Melton reported being satisfied, an increase from 69.3 per cent in 2016<sup>646</sup>. This figure is slightly higher than the 71.6 per cent satisfaction rate for adolescents in metropolitan Victoria<sup>647</sup>. Gender differences show 70.1 per cent of females in Victoria were satisfied, slightly lower than the 75.2 per cent of males<sup>648</sup>. Satisfaction levels varied by year level, with 76.7 per cent of Year 5 students being satisfied, compared to 69 per cent in Year 8 and 66.9 per cent in Year 11<sup>649</sup>. Students from a non-English-speaking background had a satisfaction rate of 67.8 per cent, lower than the 73.1 per cent for students from an English-speaking background<sup>650</sup>. Family structure also played a role, with 77.2 per cent of adolescents from couple families reporting satisfaction, compared to 63.3 per cent from

one-parent families and 57.2 per cent from other family types<sup>651</sup>. Data regarding other cohorts like those with disability or from lower socioeconomic areas was not available.

### *Trusted adults*

In 2018, 68.7 per cent of young people in the Brimbank-Melton region reported having a trusted adult in their life, which was a slight improvement from 63.5 per cent in 2016<sup>652</sup>. This percentage is slightly higher than the 68.2 per cent of young people in metropolitan Victoria overall<sup>653</sup>. Looking at gender differences, 69.9 per cent of females in Victoria reported having a trusted adult, slightly higher than males at 69.5 per cent<sup>654</sup>. Year 5 students had the highest proportion of trusted adults at 74.4 per cent, while Year 8 and Year 11 students reported lower figures of 65.8 per cent and 64.1 per cent, respectively<sup>655</sup>. For students from a language background other than English 62.5 per cent reported a trusted adult, which is lower compared to 70.9 per cent for those with an English-speaking background<sup>656</sup>. Family structure also influenced results, with 73.7 per cent of students from couple families reporting a trusted adult, compared to 67.6 per cent from one-parent families and 60.7 per cent from other family types<sup>657</sup>. Data regarding other cohorts like those with disability or from lower socioeconomic areas was not available.

### *Emotional and behavioural difficulties*

In 2021, 8.5 per cent of children at school entry in the City of Melton were reported to have emotional or behavioural difficulties, a slight decrease from 10.1 per cent in 2020<sup>658</sup>. This percentage is higher than the overall Victorian rate of 7.1 per cent<sup>659</sup>. Among specific groups in Victoria, 5.9 per cent of female children were reported with difficulties, compared to 9.2 per cent of males<sup>660</sup>. Aboriginal and Torres Strait Islander children had a notably higher rate, with 21.5 per cent reported with emotional or behavioural difficulties, compared to 6.9 per cent for non-Indigenous children<sup>661</sup>. Family structure also played a role, with 15.4 per cent of children living with one parent experiencing difficulties, compared to 5.9 per cent of those living with both parents<sup>662</sup>. Data regarding other cohorts like those with disability or from lower socioeconomic areas was not available.

### *Bullying*

In 2023, 18.9 per cent of students in Years 4 to 6 in the City of Melton reported being bullied at school, higher than the 17.1 per cent in Victoria overall<sup>663</sup>. By gender, 17.2 per cent of females and 17 per cent of males in Victoria experienced bullying, while students identifying as "Other Gender" faced significantly higher rates at 25.7 per cent<sup>664</sup>. Aboriginal and Torres Strait Islander students in Victoria reported bullying at a rate of 22.7 per cent, considerably higher than the 17 per cent reported by non-Indigenous students<sup>665</sup>. For students from a non-English-speaking background, 17 per cent in Victoria reported being bullied, which is similar to those from English speaking backgrounds<sup>666</sup>. Among students in Years 7 to 9 in the City of Melton, 16.8 per cent reported bullying, which is in line with the 16.9 per cent rate for Victoria<sup>667</sup>. In this age group, gender differences persisted, with 16.2 per cent of males and 17.7 per cent of females reporting bullying, while students identifying as "Other Gender" faced a much higher rate of 33 per cent<sup>668</sup>. Aboriginal and Torres Strait Islander students also reported higher levels of bullying (24.4 per cent) compared to non-Indigenous students (16.8 per cent)<sup>669</sup>. Students from one-parent families in Victoria reported a higher rate of bullying (24.4 per cent) compared to students from couple families (16.4 per cent)<sup>670</sup>.

In 2018, students were asked if they were bullied 'most days'. Responses showed that 19.3 per cent of students in the Brimbank Melton region in Years 5, 8, and 11 reported being bullied most days, higher than the 15.3 per cent in metropolitan Victoria<sup>671</sup>. Among genders, 14.8 per cent of females

and 16.7 per cent of males in Victoria reported being bullied most days, while 18.7 per cent of Year 8 students experienced this compared to 13.2 per cent of Year 11 students<sup>672</sup>. Students from non-English speaking backgrounds in Victoria reported bullying most days at a rate of 16.1 per cent, slightly lower than 16.2 per cent for students from English speaking backgrounds<sup>673</sup>. Aboriginal and Torres Strait Islander students reported bullying most days at 16.1 per cent, while students from one-parent families reported higher rates (18.5 per cent) compared to couple families (14.8 per cent)<sup>674</sup>.

Another 2018 question found that 32.9 per cent of students in the Brimbank Melton area reported experiencing some form of cyberbullying, which is higher than the 30.3 per cent average in metropolitan Victoria<sup>675</sup>. Among gender categories, 31.8 per cent of females and 27.7 per cent of males in Victoria reported cyberbullying, with those identifying as "Other Gender" reporting significantly higher levels at 37 per cent<sup>676</sup>. Students from one-parent families experienced more cyberbullying (33.9 per cent) compared to those from couple families (28.8 per cent)<sup>677</sup>. Additionally, 32.4 per cent of students from non-English speaking backgrounds experienced cyberbullying, higher than the 29.7 per cent of students from English speaking backgrounds in Victoria<sup>678</sup>. Data regarding other cohorts like those with disability or from lower socioeconomic areas was not available.

### *Connection to peers*

The indicator measures the proportion of young people in Years 5, 8, and 11 who feel connected to peers, only among those already engaged in education. In 2018, 92.7 per cent of students in Brimbank Melton reported feeling connected to peers, an increase from 90.5 per cent in 2016, and slightly lower than the Victorian metropolitan average of 92.4 per cent<sup>679</sup>. Females in Victoria reported higher levels of peer connection (94.4 per cent) compared to males (91.4 per cent)<sup>680</sup>. Connection rates were relatively consistent across year levels, with Year 8 students reporting the highest connection (93.1 per cent), followed by Year 11 (93 per cent) and Year 5 (91.6 per cent)<sup>681</sup>. Students from English-speaking backgrounds reported slightly higher connection rates (93.6 per cent) compared to students from non-English speaking backgrounds (89.4 per cent)<sup>682</sup>. Family structure played a role, with 95.6 per cent of students from couple families feeling connected to peers, compared to 95.4 per cent from one-parent families, and 87.8 per cent from other family types<sup>683</sup>. Data regarding other cohorts like those with disability or from lower socioeconomic areas was not available.

### Out-of-home care and child protection

As of June 2023, the daily average number of children aged 0–17 years in out-of-home care placements in Victoria included 1,457 in foster care, 7,276 in kinship care, and 488 in residential care, totalling an average of 9,221 children in care<sup>684</sup>. For the full year of 2022-23, the average daily number of children on permanent care orders was 3,557<sup>685</sup>. Approximately 30 per cent of these children are Aboriginal or Torres Strait Islanders, despite representing less than 1 per cent of the Victorian population<sup>686</sup>. The average rate of children awaiting allocation to out-of-home care across the western region (including the City of Melton) in 2022-2023 was 14.3 per cent, slightly higher than the statewide average of 14.2 per cent<sup>687</sup>.

Victoria saw a significant demand for child protection services, with a total of 128,705 child protection reports received, marking a 9 per cent increase from the previous year<sup>688</sup>. A detailed breakdown of the data shows that, over 2022-2023, there were 2,175 reports concerning unborn children and 128,705 reports on children<sup>689</sup>. Investigations relating to child protection cases

amounted to 39,404, with an additional 16,778 substantiations and 2,691 re-substantiations of claims regarding abuse or neglect<sup>690</sup>.

## Education and learning

Education is a powerful determinant of health, with far-reaching implications for individuals and communities. This section explores how educational attainment correlates with health outcomes, illustrating the potential of education to enhance wellbeing and reduce health disparities. It will cover the significance of secondary and tertiary education levels, as well as the impact on those who are disengaged or lack further qualifications, highlighting the importance of education as a cornerstone of public health strategy.

### Literacy and numeracy skills

The National Assessment Program – Literacy and Numeracy (NAPLAN) is an annual national assessment for students in Years 3, 5, 7, and 9 across Australia. This assessment is the only nationwide evaluation that provides insight into students' academic performance in literacy and numeracy. While specific NAPLAN data for the City of Melton is not available, Victoria's performance can be compared with national averages across various categories, such as gender, Indigenous status, location, and socio-economic background to provide cohort-based insights.

Between 2023 and 2024, Victoria's NAPLAN results across different year levels showed both slight increases and decreases depending on the subject area. In Year 3, reading scores saw a minor improvement, rising from 416.0 in 2023 to 417.7 in 2024<sup>691</sup>. However, numeracy scores for Year 3 students dropped from 417.7 in 2023 to 413.4 in 2024<sup>692</sup>. Writing scores also saw minimal change, with results shifting slightly from 425.1 to 423.3<sup>693</sup>. In Year 5, reading scores dropped slightly from 505.4 in 2023 to 502.3 in 2024<sup>694</sup>. Similarly, numeracy scores experienced a small decline, moving from 488.1 to 490.7 during the same period<sup>695</sup>. In writing, there was a slight decline from 497.4 to 494.1<sup>696</sup>. For Year 7 students, the reading scores remained largely unchanged, with an average of 538.1 in 2023 and 538.2 in 2024<sup>697</sup>. Numeracy scores also stayed stable at 546.0 in both years. Finally, in Year 9, grammar and punctuation scores declined slightly from 574.0 in 2023 to 571.1 in 2024, indicating minor dips in performance<sup>698</sup>.

In 2024, Victoria's NAPLAN results were largely consistent with or slightly above Australian national averages across most areas. For Year 3, Victoria scored 417.7 in reading and 413.4 in numeracy, both above the national averages of 404.1 and 400.0 respectively<sup>699</sup>. Year 5 students scored 502.3 in reading and 490.7 in numeracy, closely aligning with national averages of 499.8 and 486.2<sup>700</sup>. Year 7 results were similarly strong, with 538.2 in reading and 546.0 in numeracy, slightly ahead of the national scores<sup>701</sup>. For Year 9, Victoria performed well in reading (574.0) and numeracy (574.5), slightly surpassing national averages<sup>702</sup>. However, writing across all year levels showed some weakness, with scores like 494.1 for Year 5 and 561.0 for Year 9, trailing slightly behind national scores in some instances<sup>703</sup>. Breaking the 2024 data down by gender Victorian females scored an average of 425.0 in Year 3 reading, outperforming males who averaged 410.6<sup>704</sup>.

Indigenous students in Victoria scored lower across all year levels, with an average reading score of 365.9, compared to 419.2 for non-Indigenous students, reflecting a consistent performance gap<sup>705</sup>. Students from non-English-speaking backgrounds outperformed their peers, averaging 419.3 in reading compared to 416.8 for students from English-speaking backgrounds<sup>706</sup>.

In terms of location, students from major cities in Victoria averaged 422.1, while those in inner regional areas scored 403.0, and outer regional students averaged 395.2<sup>707</sup>. Parental education and occupation were significant factors, with children of parents holding a bachelor's degree averaging 442.5, compared to 384.5 for those with parents holding a certificate qualification<sup>708</sup>. Similarly,

children of senior managers and professionals averaged 449.1, while those from unskilled manual occupations averaged 380.8<sup>709</sup>.

Adjustments are made in NAPLAN tests for students with a disability, such as providing extra time, rest breaks, assistive technology, and alternative formats like large-print or braille tests<sup>710</sup>. However, data on students with disability is limited due to inconsistent reporting, privacy concerns, and a lack of clarity on how many students with a disability are participating in NAPLAN<sup>711</sup>. While schools are expected to record adjustments, these are not reflected in national reports, leaving gaps in understanding how effectively students with disability are supported during assessments<sup>712</sup>.

## Primary school

In the City of Melton, 10.7 per cent of the population was enrolled in primary school at the time of the 2021 Census, higher than 8.1 per cent across Greater Melbourne but comparable to 10.7 per cent in 2016. Most of these enrolments (7 per cent) were at a government school compared to 5.6 in Greater Melbourne<sup>713</sup>. Enrolment in Catholic and independent primary schools accounted for 2.3 per cent and 1.5 per cent of the population respectively<sup>714</sup>.

Areas with the highest proportion of primary school enrolments include Eynesbury (13.8 per cent), Aintree (13.6 per cent), and Weir Views (13 per cent), reflecting the prevalence of young families and the continued growth in these communities<sup>715</sup>. On the other hand, areas where a smaller proportion of the population are enrolled in primary school include Melton (7.6 per cent), Toolern Vale (7.3 per cent), and Rockbank (8.2 per cent), suggesting a potential disparity in the number of young families or the availability of school-aged children in these areas<sup>716</sup>.

Males were slightly more represented in primary school enrolments compared to females, with 10.9 per cent of males enrolled in primary school versus 10.5 per cent of females<sup>717</sup>. In government primary schools, 7.3 per cent of males were enrolled compared to 6.7 per cent of females, while both genders had equal representation in Catholic primary schools at 2.3 per cent, and a slightly higher proportion of females (1.5 per cent) were enrolled in independent primary schools compared to males (1.4 per cent)<sup>718</sup>.

## Secondary school

In the City of Melton, secondary school enrolment rates in 2021 were 7.6 per cent, surpassing the 6.4 per cent observed in Greater Melbourne. Most of these enrolments (4.6 per cent) were at government secondary schools, compared to 3.8 per cent across Greater Melbourne. Enrolment in Catholic and independent secondary schools accounted for 1.7 per cent and 1.3 per cent of the population respectively. Males were slightly more represented in secondary school enrolments overall, with 7.6 per cent of males enrolled compared to 7.6 per cent of females, with males being more represented in government and independent schools, and females slightly more represented in Catholic schools.

Areas with the highest proportion of secondary school enrolments include Taylors Hill (10.7 per cent), Caroline Springs (9.8 per cent), and Hillside (9 per cent), reflecting a strong presence of school-aged children and established family communities<sup>719</sup>. In contrast, areas with a smaller proportion of secondary school enrolments include Strathulloh (4.3 per cent), Thornhill Park (4 per cent), and Rockbank (4.6 per cent), suggesting a lower concentration of school-aged children and anticipation of future growth across these areas<sup>720</sup>.

With regard to the highest level of secondary schooling completed, 57.7 per cent of the population over 15 years in the City of Melton had completed Year 12, higher than the 2016 figure of 50.9 per

cent, indicating an improvement in educational attainment over the five-year period<sup>721</sup>. However, this is still lower than the Greater Melbourne average of 64.3 per cent in 2021<sup>722</sup>. A further 14.4 per cent of the population in the City of Melton had completed Year 10, which is a slight decrease from 15.5 per cent in 2016 and is below the Greater Melbourne average of 10.4 per cent<sup>723</sup>. Additionally, 7.1 per cent of the population had completed Year 8 or below in 2021, down from 10.4 per cent in 2016, but still higher than the Greater Melbourne average of 4.4 per cent<sup>724</sup>. This indicates that while the number of people completing Year 12 has increased, a notable portion of the population is still leaving school earlier than the Greater Melbourne average.

The suburbs with the highest proportion of the population having completed Year 12 in the City of Melton include Aintree (78.2 per cent), Strathulloh (71.4 per cent), and Cobblebank (69.5 per cent)<sup>725</sup>. On the other hand, Melton (38.6 per cent), Kurunjang (46.1 per cent), and Brookfield (52.1 per cent) had the lowest Year 12 completion rates, indicating potential challenges in these areas for educational attainment<sup>726</sup>. A higher proportion of females (60.3 per cent) completed Year 12 in the City of Melton compared to males (55 per cent), highlighting a gender gap in educational outcomes within the municipality<sup>727</sup>.

Among the Aboriginal and Torres Strait Islander population in the City of Melton 30 per cent had completed Year 12 or equivalent, a significant increase from 29.2 per cent in 2016<sup>728</sup>. However, this is still lower than the 57.7 per cent completion rate for the total population in the City of Melton<sup>729</sup>. Additionally, 36.3 per cent of the First Nations community had completed Year 10 or equivalent, an improvement from 33.1 per cent in 2016<sup>730</sup>. While there has been progress in educational attainment, a notable proportion of this community still completed Year 8 or below (6 per cent), higher than the 4.5 per cent rate for the total population<sup>731</sup>. Data on the level of secondary school completion for other specific cohorts is not available, but further insights can be gained by reviewing the level of higher or tertiary education.

## Tertiary or higher education

Beyond secondary school education, 21.6 per cent of residents over the age of 15 years in the City of Melton held a Bachelor or Higher degree, an increase from 16 per cent in 2016, but still lower than the Greater Melbourne average of 32.8 per cent<sup>732</sup>. The proportion of residents with an Advanced Diploma or Diploma in 2021 was 10 per cent, up from 9.1 per cent in 2016, and slightly lower than the Greater Melbourne average of 10.6 per cent<sup>733</sup>. Vocational education qualifications were more common in the City of Melton, with 18.8 per cent of residents holding a vocational qualification in 2021, compared to 20.8 per cent in 2016, and higher than the Greater Melbourne average of 14.8 per cent<sup>734</sup>. Additionally, 19.7 per cent of City of Melton residents had no qualification in 2021, a decrease from 22.4 per cent in 2016, yet still higher than the Greater Melbourne rate of 15.1 per cent<sup>735</sup>.

Suburbs such as Aintree (39.2 per cent), Truganina (38.4 per cent), and Thornhill Park (31.5 per cent) have the highest proportion of residents with a Bachelor or Higher Degree, reflecting high educational attainment in these areas<sup>736</sup>. In contrast, Melton (9.6 per cent), Kurunjang (11.7 per cent), and Melton West (11.6 per cent) show lower levels of higher education qualifications<sup>737</sup>. Vocational education is more prevalent in Brookfield (21.9 per cent) and Kurunjang (25.7 per cent), while suburbs like Aintree (13.2 per cent) and Thornhill Park (13.5 per cent) have lower proportions with vocational qualifications<sup>738</sup>. Suburbs with the highest proportion of residents with no qualifications include Brookfield (43.5 per cent), Melton (48.5 per cent), and Bonnie Brook, Grangefields, and Deanside (42.9 per cent)<sup>739</sup>.

When looking at gender differences, 24.8 per cent of females held a Bachelor or Higher degree, compared to 18.4 per cent of males<sup>740</sup>. Females were also more likely to hold an Advanced Diploma or Diploma, with 10.9 per cent of females having this qualification, compared to 9 per cent of males<sup>741</sup>. However, males were more likely to have a vocational qualification (22.8 per cent) compared to females (14.9 per cent)<sup>742</sup>. Furthermore, 28.4 per cent of males had no qualification, compared to 18.2 per cent of females<sup>743</sup>.

The main fields of study for residents are diverse, with significant representation in several areas. In 2021, 11 per cent of residents had qualifications in Engineering and Related Technologies, followed by 14.7 per cent in Management and Commerce, and 6.7 per cent in Health<sup>744</sup>. For males, the most common fields of study in 2021 were Engineering and Related Technologies at 18.7 per cent, followed by Management and Commerce at 12.3 per cent, and Architecture and Building at 7.6 per cent<sup>745</sup>. For females, Management and Commerce was the most common field of study at 17.5 per cent, followed by Health at 11 per cent, and Education at 9.6 per cent<sup>746</sup>.

Among people aged 18 to 24 years, 10.8 per cent had a Bachelor or Higher Degree, up from 8.3 per cent in 2016, though still below the Greater Melbourne average of 17.3 per cent. For those aged 25 to 34, 31.4 per cent had a Bachelor or Higher Degree, showing substantial growth from 24.5 per cent in 2016, though it remains below the Greater Melbourne average of 49 per cent. In the 35 to 54 age group, 28.9 per cent had a Bachelor or Higher Degree, compared to 20.6 per cent in 2016, still lower than the Greater Melbourne average of 42.5 per cent. Among older residents, those aged 55 to 64 had a 13.5 per cent Bachelor or Higher Degree attainment, while 3.7 per cent of residents aged 80 years or more had achieved this level of education, reflecting the broader trend of rising educational attainment across younger generations.

Aboriginal and Torres Strait Islander population in the City of Melton are generally less likely to have completed a tertiary qualification (14 per cent) than the wider population<sup>747</sup>. Of First Nations People 6.4 per cent had a Bachelor or Higher Degree, which is significantly lower than the 21.6 per cent for the total population, but marks an increase from 5.4 per cent in 2016<sup>748</sup>. Additionally, 7.7 per cent of this community held an Advanced Diploma or Diploma, up from 8.2 per cent in 2016<sup>749</sup>. The most common qualifications among Aboriginal and Torres Strait Islander people were Certificate III and IV (18.5 per cent), though this remains slightly lower than the City of Melton average of 20.1 per cent<sup>750</sup>.

For people who have migrated to the City of Melton from overseas, 51.4 per cent had a tertiary qualification<sup>751</sup>. This includes 42.9 per cent of recent migrants holding a Bachelor or Higher Degree, compared to 51.6 per cent in Greater Melbourne<sup>752</sup>. Additionally, 8.9 per cent of recent arrivals had an Advanced Diploma or Diploma, which is slightly higher than the Greater Melbourne average of 8.5 per cent<sup>753</sup>. Vocational education was less common among recent arrivals, with 8.3 per cent holding this qualification, compared to 5.9 per cent in Greater Melbourne<sup>754</sup>. However, 36 per cent of recent arrivals in the City of Melton had no qualification<sup>755</sup>.

People in the City of Melton who needed assistance due to age or disability had lower educational attainment overall, with 66.6 per cent having no qualification, compared to 27.3 per cent of the general population in Greater Melbourne<sup>756</sup>. However, 7.3 per cent had a Bachelor or Higher Degree, an increase from 5.3 per cent in 2016, showing gradual improvement in access to higher education among this group<sup>757</sup>.

People in low-income households in the City of Melton generally had lower educational attainment compared to the broader population, with 60.1 per cent having no qualifications in 2021, slightly higher than the Greater Melbourne average of 56.9 per cent<sup>758</sup>. Despite this, there was an increase in the proportion of individuals holding a Bachelor or Higher Degree, rising to 10 per cent in 2021

from 8.1 per cent in 2016<sup>759</sup>. Additionally, 7.6 per cent of people in low-income households had an Advanced Diploma or Diploma, consistent with 2016 levels, and 18.4 per cent held a vocational qualification, above the Greater Melbourne average of 14.5 per cent<sup>760</sup>.

## Youth disengagement

Among those aged 15-24 years, 9.6 per cent are disengaged from education or employment, higher than the Greater Melbourne average of 7 per cent<sup>761</sup>. This is a slight decrease in percentage terms from 10.9 per cent in 2016. However, the actual number of disengaged individuals in this category still rose by 284, from 1,905 in 2016 to 2,189 in 2021<sup>762</sup>. Gender differences are fairly minimal in levels of disengagement, with 9.7 of males and 9.6 of females classified as disengaged<sup>763</sup>.

The level of youth disengagement is higher in some suburbs, including Melton South (18.2 per cent), Melton (16.4 per cent), Thornhill Park (14.8 per cent), Melton Township (14.7 per cent), and Weir Views (14.4 per cent), highlighting specific areas where targeted interventions may be necessary<sup>764</sup>.

The average number of absence days in the City of Melton for students across all year levels in 2023 at government secondary schools was higher compared to the state averages. For instance, Year 9 students in the City of Melton had an average of 32.3 absence days, compared to 32.6 for Victoria<sup>765</sup>. The absenteeism rate generally increased with year level, with ungraded students in the City of Melton recording the highest absenteeism at 38.7 days<sup>766</sup>. The absenteeism trend was higher across most year levels in the City of Melton, such as Year 8 students with 28.6 absence days compared to 31 for Victoria, reflecting consistent challenges with school attendance in the region<sup>767</sup>. Male students had an average of 28.5 absence days, compared to female students who averaged 26.8 days<sup>768</sup>. Aboriginal and Torres Strait Islander students in the Victoria had an average of 30.6 absence days, slightly higher than the 28.2 days for non-Indigenous students<sup>769</sup>. Data regarding absenteeism of other cohorts like those with disability or from lower socioeconomic areas was not available.

There is consensus that school refusal has significantly increased following the COVID-19 pandemic, growing by 50 per cent between 2018 and 2021<sup>770</sup>. Limited data is available on the topic, but a 2023 survey found that 39 per cent of parents agreed or strongly agreed that their child had experienced school refusal in the past year<sup>771</sup>.

## Employment and income

Employment and income are critical social determinants of health, shaping the capacity of individuals to live healthy lives<sup>772</sup>. This section will delve into the intricate relationship between work, economic status, and health, reflecting on how employment levels, income brackets, and the quality of social support impact health outcomes. Data on employment sectors, full and part-time work status, unemployment rates, and societal engagement will be discussed, alongside economic well-being indicators such as income distribution, poverty levels, and food security. This discussion is central to understanding and addressing the health inequities that persist within society.

### Employment metrics

#### *Labour force participation*

The overall labour force participation in the City of Melton was 64.3 per cent, showing a small increase from 63.6 per cent in 2016<sup>773</sup>. Comparison with Greater Melbourne shows a similar proportion of labour force participation which stood at 64.1 per cent in 2021, and 61.9 per cent in 2016<sup>774</sup>. Eynesbury recorded the highest labour force participation rate at 75.9 per cent, closely followed by Aintree at 75.2 per cent and Strathtulloh at 75.1 per cent<sup>775</sup>. In contrast, Melton had the lowest labour force participation at 45.5 per cent, followed by Melton South at 49 per cent and Melton West at 57 per cent<sup>776</sup>.

Male labour force participation in the City of Melton was greater than it was for females at 69.1 per cent and 59.7 per cent respectively<sup>777</sup>. The age group with the highest labour force participation in 2021 was 35 to 54 years, with a participation rate of 77.4 per cent<sup>778</sup>. In contrast, the lowest participation rate was observed among those aged 80 years or more, with only 0.7 per cent still in the labour force<sup>779</sup>.

Labour force participation among First Nations people in the City of Melton was 47 per cent, an increase from 44.7 per cent in 2016<sup>780</sup>. Recent arrivals had a higher participation rate of 63.7 per cent, though slightly lower than the Greater Melbourne rate of 69.2 per cent<sup>781</sup>. For people needing assistance, labour force participation was 11.7 per cent, higher than the Greater Melbourne average of 9.9 per cent<sup>782</sup>. Low-income households had a participation rate of 31.4 per cent, which is lower compared to the broader population<sup>783</sup>.

#### *Sectors of employment*

The leading sectors of employment in the City of Melton are health care and social assistance at 12.3 per cent, construction at 11.3 per cent, and retail trade at 10.4 per cent<sup>784</sup>. These figures contrast with those of Greater Melbourne, where health care and social assistance remains the top sector at 13.5 per cent, but professional, scientific, and technical services follow at 9.6 per cent, and retail trade is slightly lower at 9.4 per cent<sup>785</sup>. The leading sectors of employment in the City of Melton have remained the same as they were in 2016, though the proportion of people in the sectors have shifted. For instance, construction has increased from 9.8 per cent to 11.3 per cent and health care and social assistance grew from 10.7 per cent to 12.3 per cent during this period<sup>786</sup>.

The data highlights significant gender differences in the employment sectors within the City of Melton. For males, the top three industries between 2016 and 2021 were construction (18.2 per cent), transport, postal and warehousing (14.6 per cent), and manufacturing (9.5 per cent)<sup>787</sup>. In contrast, females were predominantly employed in the health care and social assistance sector, which accounted for 21.5 per cent of female employment, followed by retail trade at 12.8 per cent,

and education and training at 12.5 per cent<sup>788</sup>. The sharpest difference is in the construction industry, which employed 18.2 per cent of males but only 3.3 per cent of females<sup>789</sup>. Conversely, the health care and social assistance sector employed a much higher percentage of females (21.5 per cent) compared to males (4.4 per cent)<sup>790</sup>. Additionally, females saw a substantial increase in employment in health care and social assistance, rising by 2,762 employees, while males experienced significant growth in the construction sector, with an increase of 2,545 workers<sup>791</sup>.

Regarding occupations, males were predominantly represented in Technicians and Trades Workers (22.1 per cent) and Managers (11.4 per cent)<sup>792</sup>. In contrast, females had higher representation in Clerical and Administrative Workers (21.9 per cent) and Community and Personal Service Workers (19 per cent)<sup>793</sup>. When considering senior roles, males had a greater share of managerial positions, accounting for 11.4 per cent, while females held 8.3 per cent of managerial positions<sup>794</sup>.

Across the City of Melton, residents from different suburbs show dominance in specific employment sectors. Construction is particularly strong in Truganina (12.6 per cent), Hillside (13.4 per cent), and Toolern Vale (18.1 per cent)<sup>795</sup>. Transport, Postal, and Warehousing dominates in suburbs like Melton South (11.5 per cent) and Rockbank (13.5 per cent)<sup>796</sup>. Health Care and Social Assistance stands out in Weir Views (13.5 per cent) and Strathulloh (15.8 per cent)<sup>797</sup>. Retail Trade is significant in Burnside (10.4 per cent) and Caroline Springs (10.4 per cent)<sup>798</sup>. In contrast, Education and Training is a major employer in Eynesbury (12.1 per cent) and Melton West (7.5 per cent). Manufacturing remains a key sector in suburbs like Fraser Rise (6.9 per cent) and Kurunjang (7.6 per cent)<sup>799</sup>.

Household income data reveals that First Nations people, people born overseas, and those requiring assistance are more likely to be in lower income brackets in the City of Melton. A significant proportion of First Nations households earn between \$1,250 and \$1,499 per week (8.6 per cent), but they are also overrepresented in lower income categories<sup>800</sup>. Similarly, 14.1 per cent of overseas-born households fall into the lowest income quartile<sup>801</sup>. For those needing assistance, over 30 per cent are in the lowest income bracket<sup>802</sup>. Although no gender breakdown is provided, it can be inferred that women in these categories with low incomes experience a substantially higher gender pay gap compared to Australian-born, non-Indigenous males who do not require assistance. Furthermore, a similar proportion of First Nations people hold managerial roles (7 per cent) compared to non-Indigenous residents, the actual number is significantly lower, with only 42 First Nations people in managerial positions, compared to 4,993 across the broader population<sup>803</sup>. People born overseas represent 9.3 per cent in managerial roles, but this is slightly lower than the city's average of 10 per cent, with 3,384 overseas-born individuals in such roles<sup>804</sup>.

With regard to occupation, professionals made up 17.2 per cent of the workforce in 2021 for the City of Melton, a notable increase from 14.8 per cent in 2016, though still below the 28.8 per cent observed in Greater Melbourne<sup>805</sup>. Male workers were more heavily concentrated in technical and trade roles, which comprised 22.1 per cent of the male workforce, significantly higher than Greater Melbourne's 19.3 per cent<sup>806</sup>. Female workers, on the other hand, were predominantly represented in clerical and administrative roles, accounting for 21.9 per cent of the female workforce in the City of Melton, compared to 14.3 per cent for men<sup>807</sup>.

Technicians and trade workers were highly represented in suburbs such as Brookfield, where they made up 14.1 per cent of the workforce, and Melton West, where they comprised 15 per cent<sup>808</sup>. Machinery operators and drivers were particularly prominent in Rockbank, accounting for 16.2 per cent of the workforce, Melton South with 16.1 per cent, and Weir Views at 17.3 per cent<sup>809</sup>. In contrast, professionals were most concentrated in suburbs like Caroline Springs, where they represented 21.5 per cent of the workforce, Hillside at 18 per cent, and Taylors Hill with 18.7 per

cent<sup>810</sup>. Clerical and administrative workers had stronger representation in areas like Aintree, where they made up 14.3 per cent of the workforce, and Burnside, with 14.3 per cent<sup>811</sup>.

Among Aboriginal and Torres Strait Islander people in the City of Melton, 16 per cent were employed as clerical and administrative workers, higher than Greater Melbourne's 13.1 per cent<sup>812</sup>. Community and personal service workers made up 15.5 per cent, slightly above the 14.7 per cent in Greater Melbourne<sup>813</sup>. Technicians and trades workers accounted for 14.2 per cent, and machinery operators and drivers represented 9.7 per cent, compared to 14.7 per cent and 5.9 per cent respectively in Greater Melbourne<sup>814</sup>. Meanwhile, 12.2 per cent were professionals, significantly lower than the 18.5 per cent in Greater Melbourne<sup>815</sup>.

For people born overseas in the City of Melton, 20.2 per cent were employed as professionals, up from 14.8 per cent in 2016<sup>816</sup>. Clerical and administrative workers made up 12.1 per cent, slightly above the citywide figure of 11.4 per cent<sup>817</sup>. Technicians and trades workers comprised 11.7 per cent, down from 13.8 per cent in 2016<sup>818</sup>. Machinery operators and drivers represented 13.7 per cent, a notable increase compared to 11.4 per cent in 2016<sup>819</sup>. Community and personal service workers accounted for 13.3 per cent, and managers made up 9.3 per cent of the overseas-born workforce<sup>820</sup>.

Among people from low-income households in the City of Melton, 14.4 per cent were technicians and trades workers, slightly above the 13.4 per cent for Greater Melbourne<sup>821</sup>. Labourers accounted for 17.4 per cent of the workforce, higher than the 10.8 per cent in Greater Melbourne<sup>822</sup>. Machinery operators and drivers made up 13.9 per cent, compared to 8.5 per cent in Greater Melbourne. Clerical and administrative workers represented 9.5 per cent, and sales workers accounted for 12.8 per cent<sup>823</sup>. Only 5.3 per cent of low-income workers were professionals, significantly lower than the 11.2 per cent in Greater Melbourne<sup>824</sup>. These figures highlight a strong representation of blue-collar roles among low-income households in the City of Melton. Data on other specific cohorts was not available.

### *Type of work*

In the City of Melton, 57.5 per cent of workers engaged in full-time employment and 29.3 per cent in part-time positions<sup>825</sup>. This is fairly similar to the distribution in Greater Melbourne, where 56.9 per cent of the workforce is employed full-time and 31.6 per cent part-time<sup>826</sup>. In 2021, 5,845 people in the City of Melton were employed but away from work, accounting for 6.7 per cent of the employed population, which is slightly higher than the Greater Melbourne average of 5.5 per cent<sup>827</sup>. This category refers to people who stated they worked, but did not specify how many hours worked. Data on casual employment is not available for the City of Melton, but this may provide some indication.

The distribution of part-time workers and labour force participation rates shows distinct patterns across different suburbs. Areas with the highest labour force participation rates include Eynesbury (75.9 per cent), Aintree (75.2 per cent), Strathtulloh (75.1 per cent), Fraser Rise (74.6 per cent), and Thornhill Park (74.2 per cent)<sup>828</sup>. Furthermore, suburbs such as Ravenhall (100 per cent), Toolern Vale (36.4 per cent), Melton West (33.5 per cent), Melton South (33.4 per cent), and Burnside-Burnside Heights (32.8 per cent) report high percentages of part-time workers<sup>829</sup>.

There are gender disparities between those in full time and part time roles in the City of Melton with 69 per cent of males are engaged in full-time employment, compared to only 44.3 per cent of females<sup>830</sup>. Additionally, the data shows that 40.7 per cent of females in the City of Melton work part-time, which is significantly higher than the 19.4 per cent of males<sup>831</sup>.

The 25 to 34-year-old age group had the highest percentage of full-time workers, with 61.2 per cent employed full-time, which represents an increase from 55.8 per cent in 2016<sup>832</sup>. This age group also had a notable 24.9 per cent part-time employment rate, reflecting a slight rise in part-time work since 2016<sup>833</sup>. The 15 to 17-year-old age group exhibited a strong trend towards part-time employment, with 80.4 per cent working part-time in 2021, a significant increase from 66.5 per cent in 2016<sup>834</sup>. This is typical for younger individuals who are often balancing education with employment. Conversely, only 4.3 per cent of this age group were engaged in full-time employment in 2021, a figure that remained relatively stable compared to 2016<sup>835</sup>. Older workers, particularly those aged 55 to 64 years, saw a higher reliance on part-time employment, with 28.8 per cent working part-time in 2021, up slightly from 28.3 per cent in 2016<sup>836</sup>. Full-time employment for this age group was at 59.4 per cent, marking a modest increase from 58.4 per cent in 2016<sup>837</sup>. For workers aged 65 years and older, part-time employment was prevalent in 2021, with 44.7 per cent of workers employed part-time, a slight increase from 44.3 per cent in 2016<sup>838</sup>. This age group had 45.2 per cent working full-time, showing a decline from 46.2 per cent in 2016, likely reflecting a gradual transition towards retirement<sup>839</sup>.

Among Aboriginal and Torres Strait Islander people in the City of Melton who were employed, 51.2 per cent worked full-time, and 28 per cent were employed part-time<sup>840</sup>. This marks an increase from 2016, where 52.9 per cent were employed full-time and 28.6 per cent part-time<sup>841</sup>. For overseas-born residents in the City of Melton who had recently arrived and been employed, 53.9 per cent were working full-time and 39.2 per cent part-time<sup>842</sup>. This represents a higher proportion of full-time employment compared to the Greater Melbourne average of 48.3 per cent<sup>843</sup>.

For residents in City of Melton who required assistance due to age or disability and were employed, 39.5 per cent worked full-time while 43.9 per cent were employed part-time<sup>844</sup>. This shows an increase in both full-time and part-time employment compared to 2016 (32.3 per cent and 39.4 per cent respectively)<sup>845</sup>. The data reflects a significant participation in the workforce among this group, though many still engage in part-time work, suggesting that flexible employment options or other barriers may play a role in limiting full-time opportunities for people needing assistance. Of people from low-income households in the City of Melton who were employed, 31.3 per cent were working full-time, while a notable 56.1 per cent were employed part-time<sup>846</sup>. This reflects a higher reliance on part-time work compared to the Greater Melbourne average of 45.5 per cent<sup>847</sup>.

## *Unemployment*

The unemployment rate in the City of Melton was 6.7 per cent in 2021, higher than the Greater Melbourne average of 5.6 per cent<sup>848</sup>. Compared to 2016, where the unemployment rate in Melton was 7.1 per cent, there was a slight decrease in unemployment, reflecting a modest improvement in employment opportunities<sup>849</sup>. Among those looking for work in the City of Melton in 2021, 3.5 per cent were seeking full-time work, and 3 per cent were looking for part-time work, both slightly higher than the Greater Melbourne averages of 3.3 per cent and 2.7 per cent, respectively<sup>850</sup>. This indicates that although unemployment rates have slightly improved, there remains a higher proportion of job seekers in the City of Melton compared to the broader Greater Melbourne region.

The suburbs with the highest unemployment rates in 2021 were Melton South at 11.1 per cent, Melton at 9.6 per cent, and Weir Views at 8.2 per cent<sup>851</sup>. These areas reflect higher challenges in employment, with Melton South showing a decrease from 14.4 per cent in 2016, while Weir Views experienced an increase from 6.5 per cent in the same period<sup>852</sup>. On the other hand, the suburbs with the lowest unemployment rates were Toolern Vale at 2 per cent, Eynesbury at 3.2 per cent, and Fraser Rise at 4.6 per cent<sup>853</sup>. Toolern Vale saw a slight decrease from 2.1 per cent in 2016, while Fraser Rise dropped from 5.8 per cent in 2016<sup>854</sup>. In terms of the biggest changes over time, Melton

South had the largest decrease, dropping by 3.3 per cent, while Weir Views saw the largest increase, rising by 1.7 per cent<sup>855</sup>.

When considering gender differences, the unemployment rate for males in the City of Melton in 2021 was 6 per cent, a slight decrease from 6.9 per cent in 2016<sup>856</sup>. Among females, the unemployment rate was higher at 7.6 per cent, which also showed slight decrease compared to the 7.3 per cent recorded in 2016<sup>857</sup>. In terms of job-seeking behaviour, 4.1 per cent of women were looking for full-time work compared to 2.1 per cent of men<sup>858</sup>. Additionally, 3.1 per cent of women were seeking part-time work, compared to 2.7 per cent of men<sup>859</sup>. These figures suggest that while males have lower unemployment rates, females are more likely to be actively looking for both full-time and part-time employment<sup>860</sup>.

Unemployment among 15 to 17-year-olds in the City of Melton stood at 24.5 per cent in 2021, a decrease from 26.4 per cent in 2016<sup>861</sup>. This slight drop indicates a marginal improvement in employment opportunities for younger individuals, despite many still facing challenges in securing work while balancing education<sup>862</sup>. For the 18 to 24-year-old age group, the unemployment rate was 12.3 per cent in 2021, a notable reduction from 15.6 per cent in 2016<sup>863</sup>. The 25 to 34-year-olds experienced an unemployment rate of 7.4 per cent in 2021, down slightly from 7.9 per cent in 2016<sup>864</sup>. Among those aged 35 to 54 years, unemployment was at 4.8 per cent in 2021, a decrease from 5.3 per cent in 2016<sup>865</sup>. For individuals aged 55 to 64 years, the unemployment rate increased slightly to 5.6 per cent in 2021, up from 6.3 per cent in 2016<sup>866</sup>.

Among Aboriginal and Torres Strait Islander people in the City of Melton, the unemployment rate in 2021 was 9.8 per cent, a decrease from 11.7 per cent in 2016<sup>867</sup>. For overseas-born residents who recently arrived in the City of Melton, the unemployment rate was 10.4 per cent in 2021<sup>868</sup>.

The unemployment rate for people who needed assistance due to age or disability was 15.2 per cent in 2021, down slightly from 17.7 per cent in 2016<sup>869</sup>. Despite this improvement, the group continues to experience higher-than-average unemployment rates across Greater Melbourne (10.2 per cent), pointing to persistent challenges in accessing employment<sup>870</sup>. Among individuals from low-income households, the unemployment rate was 27.5 per cent in 2021, a significant increase from 21.4 per cent in 2016<sup>871</sup>.

## *Disengagement*

In the City of Melton, 25.7 per cent of residents are disengaged from work or education, compared to 27.3 per cent in Greater Melbourne<sup>872</sup>. Suburbs with the highest rates of disengagement include Grangefields (48.2 per cent), Melton (42.5 per cent), and Mount Cottrell (41.6 per cent)<sup>873</sup>. Gender differences reveal that females have a slightly higher rate of disengagement (31 per cent) compared to males (20.3 per cent)<sup>874</sup>.

Disengagement rates in the City of Melton vary significantly across different age groups. The youngest age group, those aged 15 to 24 years, has the lowest disengagement rate at 9.6 per cent, which is slightly higher than Greater Melbourne's rate of 7 per cent<sup>875</sup>. The 25 to 54 years age group, typically the most active working age, has a disengagement rate of 17.3 per cent, compared to 14.2 per cent in Greater Melbourne<sup>876</sup>. Disengagement increases notably in older age groups, with 36 per cent of residents aged 55 to 64 years disengaged, compared to 31.9 per cent in Greater Melbourne<sup>877</sup>. The highest disengagement rate is seen in residents aged 65 years and over, where 80.5 per cent are disengaged, closely aligning with the 78.5 per cent rate in Greater Melbourne<sup>878</sup>. These figures indicate that engagement in work or education decreases significantly with age,

particularly after 55 years as more people begin to retire. Data for other specific cohorts could not be sourced.

### *Unpaid care*

In 2021, 12 per cent of residents aged 15 and over in the City of Melton provided unpaid assistance to a person with a disability, long-term illness, or old age, slightly lower than 12.6 per cent in Greater Melbourne<sup>879</sup>. This represents a small increase from 11.6 per cent in 2016<sup>880</sup>.

Suburbs in the City of Melton with the highest proportion of residents over 15 years providing unpaid care were Kurunjang (15.4 per cent), Melton South (14.8 per cent), and Melton West (14.3 per cent)<sup>881</sup>. Conversely, the suburbs with the lowest proportion of residents providing unpaid care were Ravenhall (6.2 per cent), Eynesbury (7.1 per cent), and Fraser Rise (8 per cent)<sup>882</sup>.

A higher proportion (more than 60 per cent) of this unpaid care is by women, with 14.6 per cent of females undertaking unpaid care compared to 9.3 per cent of men in the City of Melton<sup>883</sup>. This gender gap is particularly prominent in Kurunjang (10.1 per cent male, 17.6 per cent female), Hillside (10.5 per cent male, 17.3 per cent female) and Melton West (11.9 per cent male, 17.7 per cent female)<sup>884</sup>. Age groups providing the highest level of unpaid care were 50-59 years old and 60-69 years old at 17 per cent and 16 per cent respectively<sup>885</sup>.

Additionally, 32.2 per cent of residents aged 15 and over in the City of Melton provided unpaid childcare, a decrease from 33.7 per cent in 2016<sup>886</sup>. This percentage is higher compared to Greater Melbourne, where 26.5 per cent provided unpaid childcare in 2021<sup>887</sup>. Most of those who were providing unpaid childcare were looking after their own children (26.7 per cent), while 5 per cent were caring for the children of other families and just 0.6 per cent cared for both their own and other children<sup>888</sup>. Suburbs in the City of Melton with the highest proportion of residents over 15 years providing unpaid childcare were Aintree (44.8 per cent), Cobblebank (42.5 per cent), and Eynesbury (42.6 per cent)<sup>889</sup>. Conversely, the suburbs with the lowest proportion of residents providing unpaid childcare were Melton (23.2 per cent), Melton South (26 per cent), and Bonnie Brook, Grangefields and Deanside (28.8 per cent)<sup>890</sup>.

A higher proportion (just under 60 per cent) of this unpaid childcare is provided by women, with 36.6 per cent of females undertaking unpaid childcare compared to 27.8 per cent of men in the City of Melton<sup>891</sup>. This gender gap is particularly prominent in Eynesbury (39.1 per cent male, 45.9 per cent female), Strathtulloh (36.8 per cent male, 45.2 per cent female), and Weir Views (36.1 per cent male, 44.9 per cent female)<sup>892</sup>. Age groups providing the highest level of unpaid childcare were 30-39 years old and 40-49 years old at 55 per cent and 52 per cent respectively<sup>893</sup>.

### *Unpaid domestic work*

In 2021, 19.2 per cent of people over 15 years in the City of Melton did more than 14 hours of unpaid domestic work, slightly lower than the 20.7 per cent in Greater Melbourne<sup>894</sup>. This figure also represents a decrease from 2016, when 20.1 per cent of City of Melton residents reported doing more than 14 hours of unpaid domestic work<sup>895</sup>.

Suburbs with the highest percentage of people over 15 years doing more than 14 hours of unpaid domestic work were Toolern Vale (25.9 per cent), Eynesbury (23.8 per cent), and Strathtulloh (20.6 per cent)<sup>896</sup>. On the opposite end of the spectrum, suburbs with the highest per cent of people doing no unpaid domestic work were the areas of Burnside and Burnside Heights (38.5 per cent), Melton South (36.4 per cent), and Bonnie Brook, Grangefields and Deanside (36.3 per cent)<sup>897</sup>.

This varies significantly when looking at gender, with a higher proportion of females (29.2 per cent) than males (12 per cent) over 15 years old having undertaken more than 14 hours of unpaid domestic work<sup>898</sup>. Suburbs with the biggest gaps between the percentages of males and females doing more unpaid domestic work are Toolern Vale (12.8 per cent and 36.2 per cent) Aintree (9.3 per cent and 33.2 per cent), and Eynesbury (12.4 per cent and 33.9 per cent)<sup>899</sup>.

Age groups providing the highest level of unpaid domestic work were 30-39 years old and 40-49 years old in which 25 per cent of these groups respectively, did more than 14 hours of unpaid domestic work. The gender disparity of domestic work continued through all age groups.<sup>900</sup> Data on specific community cohorts could not be sourced in this area.

## Income and economic wellbeing

In the City of Melton, the SEIFA Index of Relative Socio-Economic Disadvantage (IRSD) score stands at 985, slightly below the Greater Melbourne average of 1,018, representing a higher level of disadvantage generally<sup>901</sup>.

Suburbs experiencing the highest level of disadvantage according to IRSD score within the municipality include Melton (850.9), Melton South (852.1), Melton West (923.8), Weir Views (930.8 and Kurunjang (941.2)<sup>902</sup>. In contrast, suburbs which experience lower levels of disadvantage are Eynesbury (1089.8), Truganina (1054.6), Aintree (1053.6), Fraser Rise (1050) and Strathtulloh (1038)<sup>903</sup>.

### *Individual and household Income*

In alignment with the variation of SEIFA, data suggests that approximately 20.1 per cent of households in the City of Melton can be described low-income (income less than \$881 per week)<sup>904</sup>. This can be compared to 22.6 per cent in Greater Melbourne<sup>905</sup>. Conversely data suggests that approximately 23.2 per cent of the City of Melton's total households were classed as high income (income more than \$2,947 per week). This can be compared to an average of 27.8 per cent of households in Greater Melbourne<sup>906</sup>.

The weekly individual income data for males and females in the City of Melton shows notable differences in distribution. In 2021, males were more likely to be in higher income brackets, with 11.4 per cent earning between \$1,000 and \$1,249, compared to 8.6 per cent of females<sup>907</sup>. A significant proportion of females (14.8 per cent) earned less than \$149 per week, compared to 9.4 per cent of males<sup>908</sup>. The data reflects a gender imbalance in higher income groups, with a higher percentage of men in the top pay brackets, while more women were represented in the lower income categories. The median weekly income for males in the City of Melton is between \$1,250 and \$1,499, while the median weekly income for females is between \$800 and \$999<sup>909</sup>. This means that there is a 33.4 per cent difference between the median incomes of males and females in the City of Melton<sup>910</sup>. A contributing factor to this difference is that industries and occupations dominated by males, such as Construction, offer an average pay which is typically higher than industries with more female workers, such as retail trade or clerical and administrative workers<sup>911,912</sup>. Additionally, males had a higher representation in higher-paying managerial positions, whereas females are overrepresented in lower-paying roles like community and personal service workers<sup>913,914</sup>.

Suburbs with the highest percentages of low-income households include Melton, Melton South, and Melton Township, where the percentages are 34.4 per cent, 29.6 per cent, and 23.6 per cent, respectively<sup>915</sup>. Suburbs with the highest percentages of high-income households include Eynesbury,

Taylor's Hill, and Aintree, where the percentages are 35.8 per cent, 32.5 per cent, and 29.5 per cent, respectively<sup>916</sup>.

With regard to individual income, 27.9 per cent of people in the City of Melton are in the lowest quartile (with a weekly income of up to \$375), which is higher than Greater Melbourne (25.2 per cent) and an increase from 26.7 per cent in 2016<sup>917</sup>. On the other end, 21.3 per cent of residents are in the highest quartile (a weekly income of more than \$1,475), compared to 26.8 in Greater Melbourne and lower than 22.9 per cent in 2016<sup>918</sup>. Males are less likely to be in the lowest quartile at 25.4 per cent, in comparison to females (29.9 per cent)<sup>919</sup>. Furthermore, slightly more men are represented in the highest quartile, at 21.2 per cent, compared to females (20.2 per cent)<sup>920</sup>.

The age groups most represented in low-income households in the City of Melton are children and younger populations. Those aged 5 to 9 make up 11.1 per cent of low-income households, followed by the 10 to 14 age group at 9.9 per cent, and children aged 0 to 4 at 8.9 per cent<sup>921</sup>. On the other hand, older age groups are less represented in low-income households<sup>922</sup>. The 85 and over group accounts for only 1.3 per cent, while those aged 80 to 84 make up 2.3 per cent, and the 70 to 74 age group comprises 6.9 per cent<sup>923</sup>. This highlights a concentration of lower-income households among families with younger children, with lower representation among elderly residents.

For First Nations people in the City of Melton, 24.4 per cent are represented in the lowest income quartile, more than the 22.7 per cent in Greater Melbourne for the same population group, and higher than City of Melton in 2016 (23 per cent)<sup>924</sup>. For people with low English proficiency in the City of Melton, 2,102 people are estimated to be living in low-income households, a rate of 27.5 per cent, which is lower than the Victorian rate of 31.1 per cent<sup>925</sup>.

People who need assistance due to age or a disability are more highly represented in the lowest household income quartile, at 30.6 per cent, which is significantly lower than 38.5 per cent in Greater Melbourne for the same population<sup>926</sup>. It is also an increase from 2016, when 28.5 per cent of people who need assistance were categorised as low income<sup>927</sup>.

Household income data reveals that First Nations people, people born overseas, and those requiring assistance are more likely to be in lower income brackets in the City of Melton. A significant proportion of First Nations households earn between \$1,250 and \$1,499 per week (8.6 per cent), but they are also overrepresented in lower income categories<sup>928</sup>. Similarly, 14.1 per cent of overseas-born households fall into the lowest income quartile<sup>929</sup>. For those needing assistance, over 30 per cent are in the lowest income bracket<sup>930</sup>. Although no gender breakdown is provided, it can be inferred that women in these categories with low incomes experience a substantially higher gender pay gap compared to Australian-born, non-Indigenous males who do not require assistance. Furthermore, a similar proportion of First Nations people hold managerial roles (7 per cent) compared to non-Indigenous residents, the actual number is significantly lower, with only 42 First Nations people in managerial positions, compared to 4,993 across the broader population<sup>931</sup>. People born overseas represent 9.3 per cent in managerial roles, but this is slightly lower than the city's average of 10 per cent, with 3,384 overseas-born individuals in such roles<sup>932</sup>.

## Poverty

The City of Melton has the fifth highest rate of people living below the poverty line in Victoria, with 17.4 per cent of its population, or 28,521 people, living in poverty<sup>933</sup>. This can be compared to 13.3 per cent in both Greater Melbourne and Victoria<sup>934</sup>. The rate is particularly acute in suburbs like Brookfield and Melton, where over 20 per cent of residents face economic disadvantage<sup>935</sup>. The Melton South-Weir Views area ranks eighth in the Greater Melbourne for poverty, with a 24.4 per cent rate<sup>936</sup>.

The poverty rate for males is 15 per cent and 16.6 per cent for females, higher than the Victorian rates of 11.4 per cent and 12.9 per cent respectively<sup>937</sup>. Of those experiencing poverty in the City of Melton, 43 per cent are adults aged 25-64, while children ages 0-14 account for 33 per cent of those experiencing poverty<sup>938</sup>. Children in the City of Melton are disproportionately affected, with seven suburbs reporting over 20 per cent of the under-15 population experiencing poverty, reaching up to 30 per cent in the Melton suburb itself<sup>939</sup>.

Certain cohorts in the City of Melton are at higher risk of experiencing poverty. Among First Nations people in the City of Melton, 21.7 per cent were estimated to be below the poverty line, compared to 24.1 per cent across Victoria<sup>940</sup>. For people with low English proficiency, 27.5 per cent in the City of Melton were experiencing poverty, compared to 31.1 per cent across Victoria<sup>941</sup>. Furthermore, 25 per cent of people with a disability in the City of Melton were experiencing poverty, compared to 26.7 per cent across Victoria<sup>942</sup>.

Poverty is also shaped by factors including household composition and household ownership. In the City of Melton couples with children, and single parent households make up 75 per cent of those experiencing poverty<sup>943</sup>. Those who own their own home are not immune from poverty with a high 65 per cent of those experiencing poverty in the City of Melton owning their own home (outright and with mortgage)<sup>944</sup>. Among household compositions, couples with dependent children represent 41 per cent of those in poverty, followed by single-parent households at 34 per cent<sup>945</sup>. Lone persons and couples without children experience lower rates of poverty, each at 8-9 per cent, while other household types also account for 8 per cent<sup>946</sup>.

In terms of household ownership, a significant proportion of those experiencing poverty in the City of Melton are homeowners. Among them, 54 per cent own their home with a mortgage, and 11 per cent own their home outright<sup>947</sup>. Despite owning their homes, these groups face substantial financial challenges. Meanwhile, 31 per cent of those in poverty are in private rental housing, highlighting the vulnerability of renters<sup>948</sup>. Public rental housing accounts for 1 per cent, and other housing tenures make up 2 per cent of those experiencing poverty in the area<sup>949</sup>.

### *Food security*

The data from the 2023 VPHS indicates that food insecurity is a more pressing issue in the City of Melton compared to the broader Victorian context. In the City of Melton, 11.7 per cent of residents reported running out of food and being unable to afford more at least once in the past year, significantly higher than the Victorian average of 8 per cent<sup>950</sup>. This aligns with findings from the 2024 Annual Community Satisfaction Survey, which revealed that 9 per cent of households experienced food insecurity, a notable increase from 3 per cent in 2023<sup>951</sup>.

The data from the 2023 VPHS also highlights concerns about food insecurity in the City of Melton, with a notable proportion of residents expressing worry about running out of money to buy food. In the City of Melton, 30.5 per cent of residents reported being worried about food insecurity in the past year, with 19.9 per cent worrying 'sometimes' and 10.6 per cent worrying 'yes, definitely.'<sup>952</sup> This is slightly higher than the Victorian average, where 25.3 per cent of residents expressed concern, with 15.4 per cent worrying 'sometimes' and 9.7 per cent worrying 'yes, definitely.'<sup>953</sup>

Geographically, the survey highlighted that food insecurity was particularly pronounced in the smaller isolated townships of the municipality, including Diggers Rest, Toolern Vale, Aintree, Eynesbury and Rockbank (17 per cent) along with Fraser Rise (16 per cent) and Harkness (12 per cent), where households reported the highest levels of food insecurity<sup>954</sup>.

The 2024 survey also identified specific household structures that are more vulnerable to food insecurity. One-parent families were disproportionately affected, with 20 per cent of these households reporting that they had run out of food at least once in the past year<sup>955</sup>. Additionally, 10

to 12 per cent of two-parent families with children under 19 years old also experienced food insecurity<sup>956</sup>. Individuals experiencing financial stress—those unable to raise \$2,000 within two days in an emergency—faced significantly higher rates of severe food insecurity (30.9 per cent) compared to those who were not financially stressed (3.9 per cent)<sup>957</sup>. There is a clear correlation between lower socioeconomic status and higher rates of food insecurity, with 22.7 per cent of individuals earning less than \$40,000 annually experiencing severe food insecurity, compared to only 1.5 per cent of those earning between \$125,000 and \$150,000<sup>958</sup>.

The 2022 VPHS revealed that younger adults were more vulnerable to severe food insecurity in Victoria. The age groups 18-24 and 25-34 had the highest proportions of individuals experiencing severe food insecurity, with 11.8 per cent and 11 per cent, respectively<sup>959</sup>. In comparison, the older age groups, particularly those aged 65-74 and 75-84, had much lower proportions, at 3 per cent or lower<sup>960</sup>. Women were slightly more affected, with 8.1 per cent of women reporting severe food insecurity compared to 7.4 per cent of men<sup>961</sup>. Younger women (18-24 years) had the highest proportion, with 11.9 per cent experiencing food insecurity, while the highest for men was also in the 18-24 age group at 11.1 per cent<sup>962</sup>.

Food insecurity was slightly higher among individuals born in Australia (8.7 per cent) compared to those born overseas (7.5 per cent)<sup>963</sup>. Adults who identified as Aboriginal or Torres Strait Islander were almost five times more likely to experience food insecurity with hunger than their non-Indigenous counterparts, with 19 per cent compared to 4 per cent of those in the same sample<sup>964</sup>.

Individuals who were widowed, divorced, or separated were the most vulnerable, with 20.3 per cent experiencing severe food insecurity, much higher than other groups<sup>965</sup>. This was a common trend for both women (14.8 per cent) and men (14.6 per cent)<sup>966</sup>. Those in relationships but living apart also faced elevated risks, with 9.7 per cent affected<sup>967</sup>. In contrast, married individuals experienced the lowest rates of food insecurity at 4.3 per cent<sup>968</sup>. More than one in five (19 per cent) adults who were unable to work due to health problems, disability and/or caring responsibilities experienced food insecurity with hunger – six times more likely than a person in employment (3 per cent)<sup>969</sup>.

There is a strong association between food insecurity and various health and wellbeing issues. For instance, individuals with poorer self-reported health, such as those in the "Fair/Poor" category, experienced significantly higher rates of severe food insecurity (16.3 per cent) compared to those with "Excellent/Very Good" health (4.7 per cent)<sup>970</sup>. Additionally, food insecurity was notably prevalent among those with high levels of psychological distress, with 18.9 per cent of individuals in this group reporting food insecurity<sup>971</sup>. Physical health concerns also played a role, with 15.4 per cent of people with two or more chronic diseases experiencing food insecurity<sup>972</sup>. Moreover, smokers (16.2 per cent) and individuals at increased alcohol-related disease/injury risk (10 per cent) also faced elevated rates of severe food insecurity<sup>973</sup>.

## Social support and welfare

Based on the data from June 2022, the national levels of social welfare recipients across different categories show a broad range of support provided to Australians. The Age Pension represents the largest proportion, with 57.7 per cent of the eligible population receiving this form of support<sup>974</sup>. In contrast, other forms of assistance have smaller proportions, such as the Carer Payment (1.8 per cent), the Disability Support Pension (4.4 per cent), and JobSeeker Payment/Newstart Allowance, which accounts for 5.1 per cent of the population<sup>975</sup>. Youth Allowance is divided into two categories, with 6.4 per cent of the population receiving Youth Allowance for students and apprentices, and 2.1 per cent receiving Youth Allowance for other recipients<sup>976</sup>. Overall, 23.5 per cent of the population is receiving some form of social welfare payment, reflecting the breadth of Australia's social safety

net<sup>977</sup>. Smaller categories like Parenting Payment Partnered and Parenting Payment Single account for 0.4 per cent and 1.2 per cent of recipients, respectively<sup>978</sup>.

In July 2024 there were 7,485 JobSeeker and Youth Allowance recipients in the City of Melton, this is 6.3 per cent of the population between 15-64 years old, reflecting an increase from 4.8 per cent in March 2020 (last pre-Covid 19 pandemic record). The 2024 figure is higher than the Greater Melbourne figure of 4.5 per cent<sup>979</sup>. Suburbs within the City Melton showing the highest rates of people receiving Jobseeker and Youth Allowance were Melton (12.7 per cent of population aged 15-64), Melton South (11.2 percent) and Fraser Rise – Plumpton (8.5)<sup>980</sup>. In Victoria, of those receiving Jobseeker payments 52 per cent were male, and 48 per cent were female. Those receiving Youth Allowance payments, 43 per cent were male, and 57 per cent were female<sup>981</sup>. Limited data is available regarding other specific cohorts in the City of Melton.

For First Nations people in Australia, the proportion of income support recipients in June 2022 was notably higher in some categories compared to other Australians. 23.2 per cent received JobSeeker payments, and 13.9 per cent received Youth Allowance (other)<sup>982</sup>. Additionally, 10.6 per cent were on the Disability Support Pension<sup>983</sup>. Overall, 48.4 per cent of the First Nations population received some form of income support, compared to 23.5 per cent for other Australians, highlighting significant disparities in social support dependence<sup>984</sup>. It's noted that First Nations people have faced extensive systemic barriers and disadvantage, making this disparity necessary to address the gaps in health and wellbeing.

## Housing and homelessness

The connection between housing conditions and health outcomes is widely recognised<sup>985</sup>. This section will delve into how housing instability, homelessness, and living conditions impact health. It will explore data on housing affordability, security, and the effects of homelessness, including the health challenges faced by those without stable housing. By examining these relationships, we aim to highlight the critical role that stable, safe, and affordable housing plays in promoting health and preventing disease, reinforcing the necessity of integrating housing policy with health interventions to tackle the broader determinants of health effectively.

### Household type

With regard to household type, almost half (44.8 per cent) are made up by couples with children, significantly higher than 33.1 per cent in Greater Melbourne<sup>986</sup>. A higher proportion of males (62.5 per cent) in the City of Melton are in couples with children households compared to females (59.8 per cent)<sup>987</sup>. A further 18.9 per cent of households consist of couples with no children, lower than the Greater Melbourne average of 23.5 per cent<sup>988</sup>. For couples without children, the percentages are closer, with 13.4 per cent of males and 13.2 per cent of females<sup>989</sup>.

The proportion of single parent families (with children under 15 years old) in the City of Melton in 2021 is 13.1 per cent, which is higher than the proportion in Greater Melbourne at 10.2 per cent<sup>990</sup>. This represents a slight overall decrease from 13.2 per cent in 2016<sup>991</sup>. Females are more likely to be lone parents, with 15.3 per cent of females in this category compared to 11.7 per cent of males. Suburbs with the highest percentage of single parent families in the City of Melton were Melton West (16.9 per cent), Melton South (16.6 per cent), and Harkness (16.6 per cent)<sup>992</sup>. Conversely, suburbs with the lowest percentage of single parent families were Truganina (6.2 per cent), Aintree (7.5 per cent), and Eynesbury (7.7 per cent)<sup>993</sup>.

A small portion of residents live in a group household (1.9 per cent), which is an increase from 1.1 per cent in 2016 but remains lower than the Greater Melbourne average of 4.1 per cent<sup>994</sup>. There is a larger proportion of residents living alone, at 15.7 per cent, but this is also lower than the Greater Melbourne average of 23.7 per cent<sup>995</sup>. Men are slightly more likely to be part of a group household, with 1.8 per cent compared to 1.1 per cent for women<sup>996</sup>. Conversely, females are more commonly found in lone-person households (14.1 per cent) compared to males, who account for 11.5 per cent of lone-person households<sup>997</sup>.

The household composition varies significantly by age group. For children aged 0-4, the majority (83 per cent) are in households with couples with children, reflecting young families<sup>998</sup>. This pattern remains consistent through the ages of 5-11 and 12-17, though the proportions gradually decrease. As individuals move into adulthood (18-24), there is a notable shift, with a decrease in couple households and an increase in lone-person households (2.3 per cent) and group households (2.6 per cent), likely due to young adults moving out of the family home<sup>999</sup>. The 25-34 age group continues to see diverse household types, with a higher presence of lone-person (5.5 per cent) and group households (2.6 per cent)<sup>1000</sup>. As residents age (35+), couples with children become less dominant, and lone-person households increase significantly, especially for those aged 65 or more reflecting a higher proportion of older adults living alone<sup>1001</sup>.

A smaller proportion (35.2 per cent) of First Nations households are couples with children compared to the overall municipality (44.8 per cent)<sup>1002</sup>. However, there is a much higher representation of one-parent families among First Nations households, at 32.2 per cent<sup>1003</sup>. Lone-person households

are lower (11.7 per cent) than the City of Melton average (15.7 per cent), and there is a slightly higher proportion of group households (4 per cent)<sup>1004</sup>.

Immigrants in the City of Melton predominantly live in couples with children households, making up 72.8 per cent of this cohort, significantly higher than the city average (44.8 per cent)<sup>1005</sup>. In contrast, lone-person households are considerably lower among recent arrivals (1.5 per cent) compared to the overall city average<sup>1006</sup>.

Among people that have a need for assistance, the proportion of couples with children is 42.3 per cent, slightly below the city average of 44.8 per cent<sup>1007</sup>. One-parent families make up 24 per cent of this cohort, which is significantly higher than the city average of 13.1 per cent, indicating a heightened vulnerability and the need for additional support services<sup>1008</sup>. Group households account for 2.5 per cent, compared to the city average of 1.9 per cent, and lone-person households represent 9.9 per cent, also below the City of Melton average of 15.7 per cent<sup>1009</sup>.

For low-income households in the City of Melton, lone-person households are the most significant group, representing 30.6 per cent of this cohort<sup>1010</sup>. Couples with children households make up a considerable proportion (25 per cent) while couples without children (21.2 per cent)<sup>1011</sup>. The proportion of one-parent families (21.6 per cent) is also notable<sup>1012</sup>.

## Housing affordability and security

The average median house price in the City of Melton is approximately \$671,000<sup>1013</sup>. This can be compared to a median of \$1,170,000 across Greater Melbourne<sup>1014</sup>. The average median price for apartments and units in the City of Melton is approximately \$427,000 (compared to \$667,000 in Greater Melbourne), however this is based on limited data due to the low volume of this housing type within the municipality.

Rent in the municipality has an average median of \$458 per week, having risen by 11.2 per cent during the same period<sup>1015</sup>. In comparison, the average median in the western metropolitan region was \$480 per week, and \$530 per week for the whole of metropolitan Melbourne<sup>1016</sup>. This relative affordability aligns with State Government data which indicates that 31.2 per cent of lettings in the western metropolitan region were considered affordable for households on Centrelink incomes, compared to just 8.2 per cent in the wider metropolitan area, and 14.6 per cent in Victoria<sup>1017</sup>. The suburb of Melton is had the lowest statewide median rent in 2023, at \$380 per week<sup>1018</sup>. However, median rents increased across all regions on Victoria between 2022-2023, including the western metropolitan area where they went up by 17.1 per cent, the third highest increase after the southern (20 per cent) and inner eastern (19 per cent) metropolitan regions<sup>1019</sup>.

The data reflects varied housing market dynamics across the different suburbs, with Thornhill Park and Truganina experiencing the highest annual increases in median house prices at 4.8 per cent and 0.8 per cent respectively, while areas like Harkness and Eynesbury saw significant drops<sup>1020</sup>. Rent increases were most pronounced in Toolern Vale and Bonnie Brook, where rates surged by 17.6 per cent and 13.8 per cent, highlighting a growing demand in these regions<sup>1021</sup>.

Despite rising housing costs across Australia, the City of Melton remains a comparatively affordable option within the housing market. This affordability is crucial amidst a wider housing crisis and highlights the necessity for continued strategic planning and policymaking to ensure housing remains attainable.

## Home ownership

The housing landscape reveals some distinct trends when compared to Greater Melbourne. A significant 50.5 per cent of homes in the City of Melton have a mortgage, higher than the 35.6 per cent in Greater Melbourne, and an increase from 49.9 per cent in 2016<sup>1022</sup>. Conversely, only 20.9 per cent of homes in the City of Melton are fully owned, compared to a higher 28.7 per cent in Greater Melbourne, and 21.5 per cent in the City of Melton for 2016<sup>1023</sup>. This indicates that a larger proportion of households in the City of Melton are carrying mortgages compared to Greater Melbourne, while the percentage of fully owned homes is lower, highlighting a reliance on home loans in the municipality.

Toolern Vale had the highest percentage of fully owned homes at 43.3 per cent, followed by Eynesbury at 40.8 per cent, and Fraser Rise at 20.9 per cent<sup>1024</sup>. In contrast, the suburbs with the lowest levels of fully owned homes are Truganina with just 9.7 per cent, Weir Views at 5.6 per cent, and Bonnie Brook, Deanside and Grangefields at 8.1 per cent<sup>1025</sup>. For houses on a mortgage, Fraser Rise leads with 69.4 per cent, followed by Taylors Hill with 57.6 per cent, and Toolern Vale with 50.5 per cent<sup>1026</sup>. On the lower end, Truganina has the lowest percentage of homes on a mortgage at 58.8 per cent, followed by Weir Views at 49 per cent, and Melton at 27.5 per cent<sup>1027</sup>. This data coincides with the growth areas in the City of Melton, in comparison to more established and least disadvantaged areas.

In Victoria, home ownership without a mortgage increases significantly with age, from 15 per cent among 18-24-year-olds to 81.2 per cent in the 75-84 age group<sup>1028</sup>. Similarly, the proportion of homeownership with a mortgage peak among 35-44-year-olds at 55.8 per cent, then declines steadily, with only 5.7 per cent of those aged 75-84 still owning a home with a mortgage<sup>1029</sup>. When comparing men and women, 31.5 per cent of women owned their home without a mortgage, compared to 27.7 per cent of men<sup>1030</sup>. The difference is especially noticeable in the older age groups, with 79.7 per cent of women aged 85 or older owning their homes outright, compared to only 59.6 per cent of men<sup>1031</sup>. However, more men than women have homes with a mortgage in younger and most middle-age brackets, with 36.2 per cent of men owning with a mortgage compared to 34.3 per cent of women<sup>1032</sup>. The peak for homeownership with a mortgage occurs in the 35-44 age group for both genders, though men tend to have a higher proportion (57.9 per cent) compared to women (54 per cent)<sup>1033</sup>.

Among First Nations people in the City of Melton, 11.5 per cent of people own their home outright lower than First Nations people in Greater Melbourne (14.2 per cent), and the wider City of Melton population (21.8 per cent) but a small increase from the same population in 2016 (9.6 per cent)<sup>1034</sup>. Additionally, 37.3 per cent of First Nations people have a mortgage, lower than the wider City of Melton population (52.8 per cent) and higher than First Nations people in Greater Melbourne (29.1 per cent)<sup>1035</sup>. It's also a decrease from 41.2 per cent in 2016<sup>1036</sup>. For people born overseas in the City of Melton, 59.2 per cent owned their homes with a mortgage, higher than the wider City of Melton population (55.6 per cent)<sup>1037</sup>. Home ownership outright was also more common among people born overseas at 17.5 per cent, compared to 17.1 per cent in the City of Melton generally<sup>1038</sup>.

For people who needed assistance due to age or disability, 31.4 per cent of people with a need for assistance in the City of Melton fully owned their home, compared to 31 per cent of the total population<sup>1039</sup>. This is higher than the 17.1 per cent recorded in Greater Melbourne<sup>1040</sup>. A further 37.7 per cent of people with a need for assistance in the City of Melton had a mortgage, compared to 37 per cent of the total population<sup>1041</sup>. This is significantly higher than the 24.8 per cent recorded for Greater Melbourne<sup>1042</sup>.

Home ownership with a mortgage is most prevalent among married individuals, with 43.2 per cent owning their home with a mortgage<sup>1043</sup>. People in relationships but living apart have a lower rate of mortgage ownership, at 27 per cent<sup>1044</sup>. Those who are widowed, divorced, or separated have a 30.5 per cent rate of homeownership with a mortgage<sup>1045</sup>. People who have never married have the lowest rates, at 22.3 per cent, reflecting their lower engagement with mortgage-based home ownership<sup>1046</sup>.

Home ownership with no mortgage in Victoria was relatively consistent across income groups in 2022, but there is a noticeable difference between low and high-income earners. Those earning less than \$40,000 annually have a 26.9 per cent rate of owning a home outright, while this drops to 22.4 per cent for individuals with incomes between \$150,000 and \$200,000<sup>1047</sup>. However, high-income earners (\$200,000 or more) have a higher outright home ownership rate at 32.4 per cent, showing a clear increase in outright ownership among the wealthiest people in the community<sup>1048</sup>.

## *Renting*

Data on the rental market in the City of Melton shows fewer people renting with only 21.7 per cent of the population renting their homes, as opposed to 29.2 per cent in the Greater Melbourne area<sup>1049</sup>. Of these renters in the City of Melton, 20.7 per cent were renting privately, compared to 26.8 per cent in Greater Melbourne<sup>1050</sup>. When compared to 2016, the City of Melton saw an increase in the total proportion of renters, rising from 20 per cent in 2016<sup>1051</sup>. The proportion of households renting privately increased from 18.8 per cent in 2016 to 20.7 per cent in 2021<sup>1052</sup>.

At the end of the December quarter 2023, the City of Melton had 20,096 active rental bonds, representing 3.8 per cent of the total active bonds in Victoria (669,640)<sup>1053</sup>. This positions the municipality as the 8<sup>th</sup> highest number of active bonds in metropolitan Melbourne<sup>1054</sup>. Over the past five years, the City of Melton experienced a substantial increase of 55.1 per cent in active bonds, the highest in the region<sup>1055</sup>. This growth highlights the significant expansion of the rental market in the area. Data for the metropolitan area indicates that the quarterly turnover rate was 8.2 per cent, slightly higher than the same period in 2022 (7.5 per cent)<sup>1056</sup>.

New lettings in the western metropolitan region decreased by 16.6 per cent compared to the same period in 2022, a steeper decline than the overall 15.8 per cent reduction seen across metropolitan Melbourne<sup>1057</sup>. This reduction, from 7,826 to 6,526 new lettings, reflects a broader trend of decreased rental property availability<sup>1058</sup>. Such a decline indicates tighter rental markets and potentially reduced housing affordability, as fewer properties become available for new tenants.

Melton South had the highest proportion of renters at 32.8 per cent, followed by Melton at 31.5 per cent, and Rockbank at 28.4 per cent<sup>1059</sup>. The suburbs with the lowest proportion of renters are Taylors Hill at 9.3 per cent, Toolern Vale at 6.3 per cent, and Eynesbury at 8.7 per cent<sup>1060</sup>. Suburbs with the highest proportion of households in private rentals were Weir Views with 38.7 per cent, followed by Truganina at 23.3 per cent, and Bonnie Brook, Deanside and Grangefields at 20.6 per cent<sup>1061</sup>.

In Victoria, private renting is most prevalent among younger adults, peaking at 47.7 per cent among 25-34-year-olds<sup>1062</sup>. The proportion of private renters then steadily decreases with age, dropping to 6.8 per cent for those aged 85 and over<sup>1063</sup>. When comparing men and women in private rentals, men tend to have a slightly higher proportion of renting in younger age groups, with 49.1 per cent of men aged 25-34 renting privately compared to 45.3 per cent of women in the same age group<sup>1064</sup>. In contrast, women in the older age brackets, particularly aged 75-84, tend to rent privately at lower rates, with 5.3 per cent for women compared to 8.3 per cent for men<sup>1065</sup>.

For First Nations people in the City of Melton, 49.1 per cent of the population were renting with most of these (44.5 per cent) through the private rental market<sup>1066</sup>. This is more than double the total proportion renting in the municipality (21.6 per cent), but similar to First Nations people in Greater Melbourne (43.5 per cent)<sup>1067</sup>. Among people born overseas in the City of Melton, 21 per cent were renting, with 20.3 per cent renting through the private market<sup>1068</sup>.

Among people with a need for assistance in the City of Melton, 28.2 per cent rented, and 25.5 per cent rented privately, compared to 20.3 per cent of the total population<sup>1069</sup>. This was significantly higher than the 18.5 per cent in Greater Melbourne<sup>1070</sup>. Renting trends show significant differences based on relationship status. People who are widowed, divorced, or separated have a higher proportion of renting privately (34.5 per cent) compared to those who are married (22 per cent)<sup>1071</sup>. Living with a partner shows an even higher proportion of private renters (33.2 per cent), while those in relationships but living apart have the highest rate of private renting at 35.2 per cent<sup>1072</sup>.

Renting patterns, particularly through private rental markets, show a strong association with income. Individuals earning less than \$40,000 annually have the highest proportion of renting privately at 42.1 per cent, followed by those earning \$40,000 to \$60,000 at 39.6 per cent<sup>1073</sup>. In contrast, higher-income earners are significantly less likely to rent privately, with only 17.3 per cent of those earning \$200,000 or more renting<sup>1074</sup>.

The rental market satisfaction in the City of Melton shows a slightly lower level of contentment compared to the Victorian average. According to the 2023 VPHS, 77.2 per cent of renters in the City of Melton reported being 'very satisfied' or 'satisfied' with their rental accommodation, which is slightly lower than the Victorian average of 80.5 per cent<sup>1075</sup>. Additionally, 10.6 per cent of renters in the City of Melton expressed being 'very dissatisfied' or 'dissatisfied,' which is higher than the state average of 8.1 per cent<sup>1076</sup>.

### *Social and public housing*

Of those in the rental market in the City of Melton, 0.9 per cent were in social housing, compared to 2.3 per cent in Greater Melbourne<sup>1077</sup>. This is a slight decrease from 1.1 per cent in 2016<sup>1078</sup>. Melton had the highest proportion at 3.2 per cent, followed by Melton South at 3.5 per cent, and Kurunjang at 1.7 per cent<sup>1079</sup>. Several suburbs, such as Toolern Vale, Eynesbury, and Fraser Rise, had no households in social housing, which reflects the unavailability of this type of housing in these areas<sup>1080</sup>.

Renting from the state government is most common (at 1.4 per cent) for those aged 45-54<sup>1081</sup>. For community housing agency rentals, the highest proportion was found among the youngest group (18-24) at 5.1 per cent<sup>1082</sup>. Women had a slightly higher proportion (1 per cent) compared to men (0.8 per cent), with the difference most notable in the 65-74 age group<sup>1083</sup>. Community housing agency renting shows a similar trend, with women (3 per cent) slightly more likely to rent from these agencies compared to men (2.5 per cent), particularly in the 65-74 age group<sup>1084</sup>.

In the City of Melton, 4.2 per cent of First Nations people relied on social housing, lower than 9.7 for the same population in Greater Melbourne, but significantly higher than the total population in the City of Melton (0.7 per cent)<sup>1085</sup>. Conversely, renting social housing was lower for people born overseas (0.5 per cent) in the City of Melton<sup>1086</sup>. For people with a need for assistance in the City of Melton, 2.6 per cent rented social housing, compared to 2.8 per cent of the total population<sup>1087</sup>. This figure is lower than the 7.3 per cent in Greater Melbourne<sup>1088</sup>.

Returning to Victorian data, people who had never married have the highest rate of renting through state government or community housing agencies at 3.6 per cent and 5.1 per cent respectively<sup>1089</sup>. Renting through social and government housing is more common among lower-income households in Victoria. In 2022, 6.4 per cent of individuals earning less than \$40,000 rented through a community housing agency, significantly higher than other income groups<sup>1090</sup>. For state government housing, 3.5 per cent of individuals in this income bracket rented through this option<sup>1091</sup>. As income rises, the proportion renting through these means decreases substantially, with higher-income groups (above \$100,000) having negligible or no representation in both community housing and government rental options<sup>1092</sup>.

In 2022, the City of Melton had 831 social housing dwellings, representing just 10.3 per cent of social housing in the western region of Greater Melbourne (8,092 dwellings)<sup>1093, 1094</sup>. Of those dwellings in the western metropolitan region, the majority (74.9 per cent) are public housing units, totalling 6,064 dwellings<sup>1095</sup>. Community housing comprises 25.1 per cent with 2,028 dwellings<sup>1096</sup>. A further 9,000 households in the City of Melton receive Commonwealth Rent Assistance (CRA)<sup>1097</sup>.

Public housing in Victoria saw 5.9 per cent of dwellings classified as overcrowded, 7.6 per cent underutilised, and 76.9 per cent meeting the standard in 2022<sup>1098</sup>. This compares with the national averages for public housing, which were 4.5 per cent, 7.5 per cent, and 78.5 per cent, respectively<sup>1099</sup>. In 2021, the corresponding figures for Victoria's public housing were 5.7 per cent overcrowded, 6.4 per cent underutilised, and 78.1 per cent meeting the standard, indicating a slight increase in overcrowding and underutilisation in 2022<sup>1100</sup>. For community housing in Victoria in 2022, 4.4 per cent of dwellings were overcrowded, 7.1 per cent were underutilised, and 88.5 per cent met the standard, which remained similar to the 2021 figures of 4.4 per cent, 6.9 per cent, and 87.7 per cent, respectively<sup>1101</sup>. Nationally, in 2022, community housing showed 3.6 per cent overcrowding, 7 per cent underutilisation, and 85.7 per cent meeting the standard<sup>1102</sup>.

Indigenous community housing in Victoria reported 3.8 per cent of dwellings as overcrowded, while the national average was 14.1 per cent<sup>1103</sup>. Underutilisation was not available for Victoria, but nationally, 16.7 per cent of Indigenous housing was underutilised<sup>1104</sup>. Dwellings meeting the standard in Victoria were also not available, while the national average showed 69.2 per cent of Indigenous housing met the standard<sup>1105</sup>. In comparison, in 2021, 3.5 per cent of Indigenous housing in Victoria was overcrowded, and the national average was 14.8 per cent. Underutilisation in 2021 was 14.9 per cent nationally, with 79.8 per cent meeting the standard across Australia<sup>1106</sup>.

## Housing stress

Housing stress is a significant concern, as evidenced by the proportions of households spending more than 30 per cent of their income on housing costs. Specifically, 17.3 per cent of homeowners in the City of Melton are seen to be in mortgage stress, which is higher than the Victorian average of 15.5 per cent<sup>1107</sup>. The situation is more acute for renters, with 34 per cent of those in City of Melton's considered to be in rental stress, compared to 30.9 per cent in Victoria<sup>1108</sup>. Areas like Brookfield, Cobblebank, Eynesbury, Melton South, Strathulloh, and Weir Views exhibited the highest levels of mortgage stress, with 88 per cent<sup>1109</sup>. These same suburbs also reported the highest rental stress, with 74 per cent<sup>1110</sup>.

We can see further evidence regarding mortgage stress from 2023 data regarding households had overdue mortgage payments by more than 30 days. The average for the City of Melton was at 0.9 per cent, compared to 0.67 in Victoria<sup>1111</sup>. Suburbs like Melton West, Brookfield, Melton and Kurunjang reported the highest rates, at 1.8 per cent, 1.7 per cent, 1.5 per cent and 1.5 per cent respectively, indicating significant financial distress among homeowners<sup>1112</sup>. In contrast, areas such

as Burnside Heights, Weir Views, and Cobblebank showed some of the lowest rates, all at 0.6 per cent or below<sup>1113</sup>.

The Melton-Bacchus Marsh region has a relatively higher proportion of distressed listings in the neighbouring western regions. Distressed housing refers to properties that are being sold urgently, often below market value, due to the financial difficulties faced by homeowners. Records show that 1.9 per cent of property listings were marked as urgent or distressed in April 2024, a slight decrease from 2.1 per cent in April 2023<sup>1114</sup>. This can be compared to the regions of Wyndham (1.5 per cent), Hobsons Bay (0.7 per cent), Brimbank (0.6 per cent), and Macedon Ranges (0.9 per cent)<sup>1115</sup>.

With regard to renting, a report from 2022 showed fluctuations in rental vacancies for the western metropolitan area. In January, the average rent increase was 3.15 per cent, rising to 3.61 per cent in February, and slightly decreasing to 3.09 per cent in March<sup>1116</sup>. During this period, the primary reason for notices to vacate was non-payment of rent, highlighting significant financial challenges faced by tenants<sup>1117</sup>. In the 2023-2024 financial year the Brimbank Melton Community Legal Centre provided 432 legal services to residents of the City of Melton, with nearly 1 in 5 (18.8 per cent) delivered to clients who were identified as either experiencing, or at risk of experiencing homelessness<sup>1118</sup>.

A national survey by Everybody's Home in 2022 found that 98 per cent of respondents were concerned about the housing crisis<sup>1119</sup>. Reasons for this concern were primarily due to being uncertain about the future (81 per cent), worrying about financial security (75 per cent), worrying about mental health and wellbeing (66 per cent), and lack of suitable housing (65 per cent)<sup>1120</sup>. Many indicated they had already been impacted through homelessness (67 per cent), inability to afford rent or mortgage payments (56 per cent), mental stress or ill health (41 per cent) or inability to leave an unsafe home environment (33 per cent)<sup>1121</sup>. This was consistent with another survey of frontline workers renting in Victoria, who ranked 'finding a rental home' being their number one area of concern<sup>1122</sup>. Eviction notices (notices to vacate) are ranked fourth, and rental housing quality ranked seventh<sup>1123</sup>. Local government can help to address the housing crisis by increasing the availability of affordable and social housing, supporting protections for renters, and addressing the housing supply shortages through partnerships with federal and state governments<sup>1124</sup>.

## Homelessness and marginal housing

On the night of the 2021 Census, the estimated number of homeless individuals in the City of Melton was 569, double the number of people in 2016 (236)<sup>1125</sup>. This represents an increase from 82 per 100,000 people in 2016, to 92.6 per 100,000 people in 2021<sup>1126</sup>. Despite the increase, the rate of homelessness in the City of Melton is significantly lower than Victoria at 763.4 per 100,000<sup>1127</sup>. A further 818 people were living in marginal housing, including other crowded dwellings, other improvised dwellings or in caravan parks<sup>1128</sup>. This represents 133.1 per 100,000 people in the City of Melton, compared to 339.5 per 100,000 in Victoria<sup>1129</sup>.

Breaking down the types of homelessness within the City of Melton, most of those who were classified as homeless were living in 'severely' crowded dwellings (70.5 per cent)<sup>1130</sup>. A further 14.9 per cent were living in supported accommodation, followed by 9.7 per cent staying temporarily with other households, and 5.6 per cent living in boarding houses<sup>1131</sup>. Only 0.5 per cent were living in temporary lodgings while there were no reports of people living in improvised dwellings, tents or sleeping out, these cohorts would have limited access to a device to complete the census<sup>1132</sup>.

In terms of proportion of the population, people living in improvised dwellings, tents, or sleeping out accounted for 2.1 per 100,000 people in 2016, with no data available for 2021<sup>1133</sup>. This is significantly

lower than 13.9 per 100,000 in Greater Melbourne in 2021<sup>1134</sup>. Those living in supported accommodation accounted for 46.9 per 100,000 in 2021, an increase from 45.3 per 100,000 in 2016, and significantly less than the rate of 113.9 in Greater Melbourne<sup>1135</sup>. Meanwhile the rate of those staying temporarily with other households decreased from 33.2 per 100,000 to 30.3 per 100,000 over the same period, yet this rate is similar to the rate in Greater Melbourne for 2021 (31.2 per 100,000)<sup>1136</sup>. There is no data for those in the City of Melton who lived in boarding houses or other temporary lodgings in 2016, but this accounted for 17.6 per 100,000 and 1.7 per 100,000 respectively in 2021<sup>1137</sup>. Both these rates are significantly lower than the rates in Greater Melbourne, which stood at 146.5 and 23.5 per 100,000 respectively in 2021<sup>1138</sup>.

A limitation of the Census is that it can be difficult to account for some of the population due to their living situation or lack of access to an appropriate device. Furthermore, the Census relies on people self-reporting their living conditions, and due to a variety of reasons residents may not identify themselves as living in marginal housing (estimated to be 818 people in the City of Melton) or the diverse housing quality issues they experience (for example, mould infestations)<sup>1139</sup>. While the ABS implement strategies to better enable the participation of these cohorts and account for complexities in self-reporting, there is likely still an underrepresentation of the true figure.

The homeless population in the City of Melton exhibits a near even gender split, with females slightly outnumbering males, making up 51 per cent compared to 49 per cent for males<sup>1140</sup>. It's important to note that women experiencing homelessness often face unique challenges and may be less visible in homeless demographics, highlighting the potential underestimation of their true numbers and specific needs in homelessness interventions<sup>1141</sup>.

The prevalence of homelessness among young people is particularly alarming, with 67.8 per cent of the homeless population in the City of Melton being under the age of 29 years<sup>1142</sup>. The highest incidence is among those aged 20-29 years, accounting for 25 per cent, followed closely by children aged 0-9 years at 22.7 per cent<sup>1143</sup>. This significant representation of children and youth highlights the critical issue of families experiencing homelessness. Evidence has shown that the impact of homelessness on children is significant, as those experiencing homelessness face greater risks, including mental health issues, physical disability, behavioural problems, and hindered academic performance<sup>1144</sup>.

Across Victoria, 11.5 per cent of people who are homeless are Aboriginal or Torres Strait Islander, which is significant considering they make up just 1 per cent of the Victorian population<sup>1145,1146</sup>. In the City of Melton, nearly half of the homeless population (47.3 per cent) were born overseas, surpassing those born in Australia, who constitute 44.5 per cent<sup>1147</sup>. This demographic highlights the diverse backgrounds of those affected, with 36.3 per cent of the homeless using another language but speaking English well, and 12.8 per cent speaking English poorly or not at all<sup>1148</sup>.

Nationally around 1 in 10 (9.5 per cent) Specialist Homelessness Services (SHS) clients had a disability in 2022-2023, with 2.8 per cent having a severe or profound disability<sup>1149</sup>. SHS clients with disability often present with more complex support needs, requiring an average of 12.4 different types of services compared to 8.8 for those without disability<sup>1150</sup>. Additionally, people with disability tend to experience longer periods of housing support, averaging 81 days compared with 56 days for clients without disability<sup>1151</sup>.

## Diversity and inclusion

Diversity and inclusion influence the social determinants of health by shaping community dynamics and individual experiences. This section explores how embracing diversity—across sex, age, disability, LGBTIQ+, Aboriginal and Torres Strait Islander populations, and cultural backgrounds—enhances health outcomes through reduced discrimination and strengthened social cohesion. It will look at data in relation to racism, sexism, and other forms of discrimination, as well as the roles of community frameworks and participation in support inclusive environments. This data will highlight how diverse and inclusive communities contribute to overall wellbeing by promoting social trust, engagement, and broader access to resources.

### Discrimination

The 2023 VPHS indicates that 19 per cent of adults in the City of Melton reported experiencing discrimination in the last 12 months, which is higher than the Victorian average of 15.8 per cent<sup>1152</sup>. However, the figure is slightly lower than the 20 per cent reported in the 2022 VPHS for the north-west metropolitan region<sup>1153</sup>. The Western metropolitan region had the highest rate of reported discrimination among all Victorian regions, marginally above the state average of 19.3 per cent at that time<sup>1154</sup>.

There are many forms of discrimination which occur, relating to a variety of characteristics which will be addressed in this report. It's noted that given the barriers to reporting instances of discrimination, it is likely that the figures represented in this report are an underrepresentation, and only form a limited representation of what is happening in the City of Melton specifically.

### Ageism

Age discrimination can happen at any point in a person's life but it is most likely happen to older people and youth. Overall, the 45-54 age group reports the highest level of discrimination (23.6 per cent), followed closely by the 35-44 age group (22.4 per cent)<sup>1155</sup>. There is a small variation between men and women in the 45-54 age group at 22.2 per cent and 24.7 per cent respectively<sup>1156</sup>. Younger people in the 18-24 age bracket reported discrimination at significant levels as well, with 22.1 per cent of people overall and 20.3 per cent of males and 22.9 per cent of females in this age group reporting experiences of discrimination<sup>1157</sup>. Discrimination rates drop noticeably for older age groups, particularly for those aged 65 and above<sup>1158</sup>. Age discrimination complaints accounted for 6.2 per cent of all discrimination-based complaints received by the Australian Human Rights Commission in 2022-2023<sup>1159</sup>.

In a national survey young people reported various types of discrimination, with the most common relating to body size, shape and appearance, followed by race and gender<sup>1160</sup>. The impacts of discrimination for younger people were particularly linked to poor mental wellbeing, including a higher risk of self-harm and suicide attempts<sup>1161</sup>. Young people experiencing multiple forms of discrimination were twice as likely to injure themselves or attempt suicide compared to those exposed to a single type of discrimination, and four times more likely than those who didn't experience any discrimination<sup>1162</sup>.

Despite older age groups reporting lower rates of discrimination compared to younger people, ageism remains a significant issue for many older Australians. According to a study by the Australian Human Rights Commission (AHRC), 71 per cent of adults over the age of 65 reported being insulted or mistreated due to their age<sup>1163</sup>. Elder abuse, a severe form of ageism, affects up to 10 per cent of older people worldwide according to the World Health Organisation<sup>1164</sup>. This abuse can be physical,

social, financial, psychological, or sexual and is often perpetrated by someone in a position of trust, such as a family member<sup>1165</sup>. Common stereotypes portray older people as incapable, slow to learn, and a burden on society, which fuels harmful attitudes and behaviours<sup>1166</sup>. These misconceptions contribute to the mistreatment of older adults, despite their ongoing contributions to families, communities, and society<sup>1167</sup>.

A report from the Australian Human Rights Commission in 2021 found most Australians (90 per cent) agreed ageism exists in Australia, with 83 per cent agreeing ageism is a problem and 65 per cent saying it affects people of all ages.<sup>1168</sup> The report found ageism remains the most accepted form of prejudice in Australia, with 63 per cent having experienced ageism in the last five years<sup>1169</sup>.

### *Racism*

The 2023 Victorian Public Health Survey (VPHS) data reveals that in the City of Melton, 10 per cent of adults reported experiencing racism in the last 12 months, which aligns with the 10 per cent reported in the north-western metropolitan region in previous surveys<sup>1170,1171</sup>. This figure is notably higher than the Victorian average of 6.9 per cent, indicating that residents in the City of Melton experience racism at a significantly higher rate than the state average<sup>1172</sup>. Data also indicates that there is a gendered aspect to racism, with men slightly more likely to report such experiences (8.7 per cent) than women (7 per cent), particularly among younger demographics below the age of 44<sup>1173</sup>. Racial discrimination complaints accounted for 18.5 per cent of all discrimination-based complaints received by the Australian Human Rights Commission in 2022-2023<sup>1174</sup>.

Indigenous Victorian adults were four times more likely to experience racism compared to their non-Indigenous counterparts, with 17 per cent of Indigenous adults reporting at least one episode of racism in the preceding 12 months, compared to 4.5 per cent of non-Indigenous adults<sup>1175</sup>. By excluding non-Anglo-Celtic participants who were not born in Australia to Australian-born parents and spoke a language other than English at home, the prevalence of racism in the non-Indigenous population decreased further to 2.8 per cent<sup>1176</sup>. Indigenous young people were particularly at risk, with 30 per cent of 9–14-year-olds experiencing racial discrimination from teachers (44 per cent) and society (59 per cent)<sup>1177</sup>. Indigenous people aged 10-15 years were often called names (38 per cent), left out by their peers (30 per cent), spat on, pushed or hit (19 per cent) and witness the bad treatment or name calling of others (48 per cent)<sup>1178</sup>. Among Indigenous people aged 15-24 years, 34 per cent had experienced name calling, 20 per cent were left out by their peers, 10 per cent were physically discriminated against and 53 per cent witness discrimination of others in the media<sup>1179</sup>.

People born overseas were more likely to report experiencing discrimination in Victoria compared to those born in Australia. The data shows that 21.2 per cent of overseas-born individuals experienced discrimination, which is higher than the 18.4 per cent reported by those born in Australia<sup>1180</sup>. Individuals who speak a language other than English at home reported significantly higher rates of discrimination (24.7 per cent) compared to those who speak only English (17.7 per cent)<sup>1181</sup>. Among Australian-born individuals who speak a language other than English, the reported discrimination rate was even higher, at 26.5 per cent<sup>1182</sup>. Racism has significant impacts on both mental and physical health, particularly for younger people.

Younger age groups in Victoria experienced higher levels of racism compared to older groups. The 18-24 age group had the highest rate of reported racism, with 13.5 per cent of people overall experiencing it, followed by the 25-34 age group at 12.9 per cent<sup>1183</sup>. Among males, the 18-24 age group had an even higher rate at 15.1 per cent, while for females, the 25-34 age group had the highest rate at 12.7 per cent<sup>1184</sup>. In contrast, older age groups, particularly those aged 55-64 and above, reported significantly lower rates of racism, with only 3.3 per cent of males and 1.8 per cent of females in the 55-64 age group experiencing racism<sup>1185</sup>. Most young people aged 16-24 (93 per

cent) who had experienced racism indicated that they adjusted their behaviour in public to reduce their exposure to racism, and 87 per cent reported being worried to return to their every day lives for fear of experiencing racial discrimination<sup>1186</sup>.

### *Ableism*

Discrimination against people with a disability remains a significant issue across Australia. In 2019, an estimated 1 in 5 (22 per cent) people aged 15 and over with a disability reported experiencing some form of discrimination, compared to 1 in 7 (15 per cent) people without a disability<sup>1187</sup>. This discrimination takes many forms, with complaints about disability discrimination consistently making up the largest category reported to the Australian Human Rights Commission (AHRC), accounting for 46.4 per cent of all complaints<sup>1188</sup>.

In 2018, about 9.6 per cent of people with a disability reported experiencing disability discrimination in the previous 12 months<sup>1189</sup>. The rate is even higher for people aged 15–64, with 16 per cent reporting discrimination, and among those with severe or profound disability, 32 per cent reported experiencing it<sup>1190</sup>. People with psychosocial or intellectual disability also faced particularly high rates of discrimination, with 29 per cent and 27 per cent, respectively, reporting instances of discrimination<sup>1191</sup>. Many of these complaints relate to unfair treatment in employment and when receiving goods or services, with employers being responsible for 24 per cent of discrimination cases and service providers, particularly in the health sector, accounting for 32 per cent<sup>1192</sup>.

In addition to direct discrimination, people with disability also face exclusion in various aspects of life. As of 2018, 44.3 per cent of individuals with disability reported avoiding at least one situation due to their condition<sup>1193</sup>. Commonly avoided scenarios included visiting family or friends, going to social events, and even attending work or educational facilities, highlighting the broader social impacts of discrimination and exclusion<sup>1194</sup>.

### *LGBTIQA+ discrimination*

Discrimination against LGBTIQA+ may also be identified as homophobia, biphobia, intersex-phobia and transphobia. LGBTIQA+ communities continue to face high levels of discrimination and harassment, with 58 per cent of LGBTIQA+ people reporting unfair treatment based on their sexual orientation in the past 12 months across Victoria<sup>1195</sup>. This figure rises to 77.7 per cent for trans and gender diverse Victorians, who report facing unfair treatment due to their gender identity<sup>1196</sup>. Discrimination takes various forms, including social exclusion (36.4 per cent), verbal abuse (32.7 per cent), and harassment (22.6 per cent)<sup>1197</sup>. LGBTIQA+ individuals with disability and those from multicultural backgrounds experience heightened levels of abuse, with higher rates of verbal abuse, harassment, and sexual assault<sup>1198</sup>. LGBTIQA+ Victorians also report significantly higher rates of depression, anxiety, and suicidal ideation compared to their non- LGBTIQA+ counterparts, with nearly one in two having been diagnosed with a mental health condition<sup>1199</sup>.

### *Sexism*

In the western metropolitan area (Western PHU), women experience higher rates of discrimination compared to men. According to the 2022 VPHS, 20.5 per cent of women reported experiencing discrimination, while 16.9 per cent of men reported similar experiences. This can be compared to the statewide trends, of 21.3 per cent and 17.2 per cent respectively.

Discrimination based on gender, also known as sexism, manifests in multiple environments such as the workplace, home, and recreational activities. Addressing gender inequality remains a critical issue, as sex and gender discrimination complaints accounted for 21.9 per cent of all discrimination-

related complaints received by the Australian Human Rights Commission in 2022-2023, second only to complaints related to disability<sup>1200</sup>. Notably, 72.2 per cent of sex discrimination complaints to the Victorian Equal Opportunity and Human Rights Commission were work-related<sup>1201</sup>. Common examples include gender-based disparities in hiring practices, wage gaps, and promotion opportunities, all of which contribute to the ongoing gender discrimination faced by women, particularly in regions such as the Western PHU<sup>1202</sup>.

### *Other forms of discrimination*

People who were widowed, divorced, or separated experienced the highest rates of discrimination in Victoria, with 35.3 per cent reporting discrimination, significantly higher than other relationship groups<sup>1203</sup>. Those who were never married also reported elevated levels of discrimination at 26.1 per cent<sup>1204</sup>. In contrast, married individuals reported the lowest rate of discrimination at 15.3 per cent, followed by those living with a partner (15.8 per cent) and individuals in relationships but living apart (17.6 per cent)<sup>1205</sup>.

As per the previous section in this report, it is noted that BMI is an unreliable indicator for health and wellbeing. However, those of varying body sizes have reported experiencing significant discrimination. For instance, among individuals who were underweight, 32.1 per cent reported being a victim of discrimination<sup>1206</sup>. Among women, 31.6 per cent of those who were underweight experienced discrimination, while for men, it was 25.7 per cent<sup>1207</sup>. Individuals with a normal BMI or who were overweight but not obese reported lower discrimination rates at 19.5 per cent and 18.4 per cent, respectively, with similar trends across both genders<sup>1208</sup>. Those classified as obese also experienced higher rates of discrimination, with 19.7 per cent overall<sup>1209</sup>.

People with fair or poor self-reported health were more likely to experience discrimination compared to those with better health. Overall, 26.3 per cent of individuals with poor health reported experiencing discrimination, significantly higher than those with excellent or very good health (16.1 per cent)<sup>1210</sup>. For women, the rate of discrimination among those with fair or poor health was 28.8 per cent, while for men, it was 21.9 per cent<sup>1211</sup>. This highlights a strong association between poorer health status and increased experiences of discrimination.

Individuals who experienced severe food insecurity in Victoria were significantly more likely to report experiencing discrimination. Overall, 41.5 per cent of people with severe food insecurity reported discrimination, compared to just 17.4 per cent of those without food insecurity<sup>1212</sup>. For men, the rate was even higher at 45.3 per cent, while for women it was 37.7 per cent<sup>1213</sup>. These figures highlight the strong correlation between food insecurity and experiences of discrimination across different genders<sup>1214</sup>.

Individuals experiencing higher levels of psychological distress were significantly more likely to report discrimination. For those with high or very high levels of distress (K10 score 22+), 31.6 per cent reported discrimination, compared to 13.1 per cent of those with low distress levels<sup>1215</sup>. This trend was consistent across genders, with 29.1 per cent of men and 32.5 per cent of women in the high distress category reporting discrimination, indicating a strong link between psychological distress and experiences of discrimination<sup>1216</sup>.

Experiences of discrimination were strongly associated with lower levels of civic trust, social support, social trust, and tolerance of diversity. People who rarely or never felt valued by society reported the highest rate of discrimination (36.2 per cent), as did those who rarely received social support (28.7 per cent) or did not trust most people (32.3 per cent)<sup>1217</sup>. Additionally, individuals who did not think multiculturalism improved life in their area reported higher rates of discrimination (26.8 per cent) compared to those who held more positive views<sup>1218</sup>.

Individuals with lower educational attainment reported higher rates of discrimination compared to those with higher education. People with Year 9 or lower education experienced the highest discrimination rate at 22.2 per cent, followed closely by those with Year 10 or 11 education (22.3 per cent)<sup>1219</sup>. In contrast, individuals with a university degree reported lower levels of discrimination at 19.8 per cent, and those with a diploma or certificate (18.6 per cent) had the lowest reported experiences of discrimination<sup>1220</sup>.

People who were unemployed experienced the highest rates of discrimination in Victoria, with 23.9 per cent reporting discrimination<sup>1221</sup>. Those not in the labour force also had elevated discrimination rates at 22.4 per cent<sup>1222</sup>. In comparison, employed individuals reported a lower rate of discrimination at 19.4 per cent<sup>1223</sup>. This data suggests that employment status is a significant factor in the likelihood of experiencing discrimination, with those outside the workforce being more vulnerable.

Individuals renting from state government housing experienced the highest rate of discrimination at 30.6 per cent, followed by those renting from community housing agencies (27.8 per cent) and private renters (21.3 per cent)<sup>1224</sup>. In contrast, homeowners reported lower rates of discrimination, with 20.2 per cent of those with mortgages and 17.8 per cent of those owning their homes outright reporting discrimination<sup>1225</sup>.

Lower-income households in Victoria reported higher rates of discrimination<sup>1226</sup>. Individuals with a household income below \$40,000 experienced the highest discrimination rate at 23.5 per cent, while those with incomes over \$200,000 reported significantly lower rates at 15.9 per cent<sup>1227</sup>. Financial stress was also a key factor, with 27.8 per cent of financially stressed individuals reporting discrimination, compared to only 18 per cent of those not financially stressed<sup>1228</sup>.

## Social dynamics

Loneliness has been identified as a growing public health concern due to its significant impact on physical and mental health, including risks of premature death, poor health outcomes, and psychological distress. According to the 2023 VPHS, 24.2 per cent of adults in the City of Melton reported experiencing loneliness, slightly higher than the Victorian average of 23.3 per cent<sup>1229</sup>.

Data from the 2022 VPHS revealed that, 59.9 per cent of people in the western metropolitan area (Western PHU) reported that they 'usually or always' have social support, which is below the Victorian total of 62.7 per cent<sup>1230</sup>. When broken down by gender, 65.4 per cent of women in the western metropolitan area feel they have social support, slightly lower than the Victorian average for women, which is 68.2 per cent<sup>1231</sup>. Meanwhile, the proportion of men in the western metropolitan area who feel supported is considerably lower at 54.6 per cent, which also falls short of the Victorian total of 57.1 per cent for men<sup>1232</sup>. Victorians aged 85 or older reported the highest level of social support (68.9 per cent), while the 18-24 age group had the least (58.2 per cent) and also the highest proportion (14.6 per cent) feeling unsupported<sup>1233</sup>. People who were born in Australia were more likely to report feeling supported (67.1 per cent) compared to those born overseas (56 per cent)<sup>1234</sup>. Furthermore, people living with a partner had the highest level of social support (70.8 per cent), while those who never married reported the lowest level of support at 50.2 per cent<sup>1235</sup>. Social support increased with income, as only 47.3 per cent of those earning less than \$40,000 reported having support, compared to 72.5 per cent of those earning \$200,000 or more<sup>1236</sup>.

In the western metropolitan area (Western PHU), 24.2 per cent of people indicated they 'definitely' had social trust, slightly lower than the Victorian average of 26.5 per cent<sup>1237</sup>. The highest level of trust was reported among those aged 85 or older (42.4 per cent) and the lowest among the 18-24

age group (20.3 per cent)<sup>1238</sup>. Trust levels were also higher for married individuals (30.1 per cent) compared to those in relationships but living apart (18.7 per cent) or those who were widowed, divorced, or separated (18.6 per cent)<sup>1239</sup>. Women reported slightly higher social trust (26.9 per cent) compared to men (26.3 per cent), and people born overseas reported a slightly higher level of trust (26.7 per cent) than those born in Australia (26.4 per cent)<sup>1240</sup>. Social trust increased with income, as only 21 per cent of those earning less than \$40,000 reported having definite social trust, compared to 36.3 per cent of those earning \$200,000 or more<sup>1241</sup>.

In the western metropolitan area (Western PHN), 63.3 per cent of people reported definite tolerance of diversity, slightly lower than the Victorian average of 65 per cent<sup>1242</sup>. Tolerance of diversity is higher among men in the Western PHN compared to women, with younger age groups (18-34) showing greater acceptance than older ones<sup>1243</sup>. People born overseas in the Western PHN are more likely to express definite tolerance (67.3 per cent) than those born in Australia (64.1 per cent)<sup>1244</sup>. Income also plays a role, with 59.1 per cent of those earning less than \$40,000 reporting definite tolerance compared to 74.8 per cent of those earning \$200,000 or more<sup>1245</sup>. People with higher levels of education, particularly university graduates (76.7 per cent), show significantly higher levels of tolerance<sup>1246</sup>. Employment status also influences tolerance, with 66.9 per cent of employed individuals in the Western PHN showing diversity acceptance compared to 55.8 per cent of those unemployed<sup>1247</sup>.

The 2020 VPHS revealed that in the City of Melton, 12.1 per cent of respondents indicated that most people can be trusted 'never or not often,' slightly lower than the Victoria-wide figure of 14.2 per cent<sup>1248</sup>. However, attitudes toward multiculturalism in the City of Melton were less positive, with 10.8 per cent feeling it does not enhance life in the area, compared to only 6.7 per cent across Victoria<sup>1249</sup>. Additionally, 11.6 per cent of City of Melton residents felt undervalued by society, a sentiment slightly more prevalent than the 11 per cent observed statewide<sup>1250</sup>.

Meanwhile, 30.2 per cent of City of Melton respondents in 2023 felt valued 'sometimes,' and 42.5 per cent felt valued 'yes, definitely,' compared to 33.5 per cent and 47.9 per cent, respectively, in Victoria<sup>1251</sup>. Further insights are available through Council's 2024 Annual Community Satisfaction Survey encompassing 801 residents, reveals general positivity toward their community. A significant 76 per cent of respondents affirm the city's vibrancy and engagement, while feelings of being valued and belonging to the community saw an increase, with scores rising to 7.6 and 7.5 respectively<sup>1252</sup>. These positive trends are mirrored in the residents' trust and social connections, as a majority feel they can rely on neighbours during times of need, scoring 7.7<sup>1253</sup>.

## Participation and engagement

Data from the Victorian Public Health Survey (VPHS) 2023 suggests that the level of civic trust in the City of Melton is lower compared to the Victorian average. Specifically, 18.7 per cent of respondents in the City of Melton reported that they did not feel valued by society, compared to 14.6 per cent across Victoria<sup>1254</sup>. Conversely, data from the 2022 VPHS indicated that 50.6 per cent of people had civic trust, and 35.2 had it sometimes, compared to the Victorian average of 50.5 per cent and 35.3 respectively<sup>1255</sup>. Civic trust levels varied across different groups, with men reporting a slightly higher rate of trust (51.2 per cent) compared to women (50.2 per cent)<sup>1256</sup>. Age also influenced civic trust, with those aged 75-84 reporting the highest trust levels (59.5 per cent), while those aged 25-34 had the lowest (44.3 per cent)<sup>1257</sup>. People born overseas were more likely to report civic trust (54.9 per cent) compared to those born in Australia (47.5 per cent)<sup>1258</sup>. Higher-income earners (64.4 per cent for those earning \$200,000+) and university graduates (56.8 per cent) displayed significantly higher trust compared to those with lower income or education levels<sup>1259</sup>. Employment status impacted trust, with 56.4 per cent of employed individuals having civic trust, whereas only 33.9 per cent of

unemployed individuals reported trust<sup>1260</sup>. Relationship status played a role as well, with married individuals (57 per cent) having higher civic trust compared to those who were widowed, divorced, or separated (35 per cent)<sup>1261</sup>.

The 2024 Annual Community Satisfaction Survey can provide some further insight in this area. Approximately 28 per cent of respondents had contacted Council in the previous twelve months, a slight increase from 27 per cent in 2023 but lower than the 40 per cent in 2022<sup>1262</sup>. Furthermore, the perception of the City of Melton as an active community has seen positive trends, with the rating improving from 6.5 in 2022 to 7.3 in 2024, indicating a growing involvement in local issues among residents<sup>1263</sup>. The City of Melton 'Conversations' engagement platform saw 1,430 contributions in 2022-2023, from 23,526 visits<sup>1264</sup>. This was a decline from 2,376 contributions from 29,476 visits in 2021-2022, suggesting that there is further work to be done in engaging City of Melton residents to participate and have their say on matters that are important to the community<sup>1265</sup>.

The rate of volunteering provides another indicator of community participation and engagement, with 7.7 per cent of residents reporting that they engaged in volunteer activities within the last 12 months, according to the 2021 Census<sup>1266</sup>. This is down from 12.5 per cent in 2016, and below the average for Greater Melbourne of 12.1 per cent 2021<sup>1267</sup>. Females (8.4 per cent) in the City of Melton are slightly more like to volunteer than males (7.1 per cent)<sup>1268</sup>. Results from the 2024 Annual Community Satisfaction Survey are slightly higher, with 17 per cent of respondents volunteering either locally or non-locally. However, this too reflects a downward trend from 27 per cent in 2021<sup>1269</sup>. Some areas of the City of Melton have a higher proportion of volunteering than others according to the 2021 Census<sup>1270</sup>. Toolern Vale and Eynesbury reported the highest volunteer rates at 13.2 per cent and 12.2 per cent, respectively, followed by Caroline Springs (9.1 per cent) and Diggers Rest and Plumpton (9 per cent) indicating strong community engagement in these areas<sup>1271</sup>. Comparatively, Thornhill Park and Fraser Rise recorded the lowest rates of volunteering, at 6 per cent and 6.2 per cent respectively<sup>1272</sup>. Addressing barriers to volunteering for some residents, such as lack of information, time constraints, or personal and professional commitments, could help address these disparities and encourage wider participation.

One particular barrier for both volunteering and general community participation is internet connection and computer literacy. In 2016, 10.4 per cent of households did not have an internet connection, a decrease from 15.1 per cent in 2011<sup>1273</sup>. This is slightly less than Greater Melbourne, where 11.3 per cent of households reported not having internet connection in 2016<sup>1274</sup>. Areas within the City of Melton with the highest percentage of households without internet connection were Rockbank at 20.5 per cent, Melton at 20.4 per cent, Thornhill Park at 16.1 per cent and Melton South at 15.9 per cent<sup>1275</sup>. The ABS removed the household internet connection question from the 2021 Census, leaving a data gap that could hinder policymaking, especially in areas with socio-economic and geographical disparities. While the City of Melton's digital literacy score (75.3) is slightly above the Victorian average (74)<sup>1276</sup>, vulnerable groups like older residents, those with lower incomes, less education, people with disability, and First Nations communities experience lower access. According to the Australian Digital Inclusion Index, access for these groups has plateaued or declined in recent years, despite growing infrastructure and the National Broadband Network.

## Family, domestic, and sexual violence

Family, domestic, and sexual violence (FDSV) has severe and enduring impacts on adult victim-survivors, affecting their emotional, psychological, physical, and financial wellbeing<sup>1277</sup>. Victims often suffer from acquired brain injuries, chronic health issues, mental health problems, substance abuse, pregnancy loss, and self-inflicted injuries<sup>1278</sup>. Over one year in the City of Melton, there were 234 emergency department patients and 70 ambulance patients related to family violence incidents<sup>1279</sup>.

Family violence can disrupt income, employment, education, and housing security, and hinder social and civic participation<sup>1280</sup>. The trauma can lead to self-blame, shame, isolation, and diminished confidence<sup>1281</sup>. Structural barriers such as ageism, racism, sexism, and geographic isolation further exacerbate these impacts, making it difficult for victims to access the necessary support and services for recovery and safety<sup>1282</sup>.

FDSV occurs in a range of different relationship types, circumstances and settings. However, statistics consistently shows it is predominantly perpetrated by men against women and children within intimate partner relationships and immediate family contexts. According to data from 2024, one in four women, compared to one in fourteen men have experienced physical and/or sexual violence from an intimate partner since the age of fifteen<sup>1283</sup>.

Women in Australia who were victim/survivors of FDSV were more likely to have experienced physical and/or sexual violence from a known person (35 per cent or 3.5 million) compared to a stranger (11 per cent or 1.1 million)<sup>1284</sup>. Men, conversely, were more likely to experience violence from a stranger (30 per cent or 2.9 million) rather than a known person (25 per cent or 2.4 million)<sup>1285</sup>.

Specific cohorts are more vulnerable by FDSV than others, including younger women, children, older people, people with disability, people from culturally and linguistically diverse backgrounds, LGBTIQ+ people, people in rural and remote communities, people with mental health issues and/or substance misuse problems, people from socioeconomically disadvantaged areas and Aboriginal and Torres Strait Islander peoples<sup>1286</sup>.

Research has indicated that the impact of family violence on children and young people is significantly damaging. The consequences of family violence on children and young people range from immediate term, cumulative over the years and through the generations<sup>1287</sup>. The several negative outcomes for children exposed to family violence include poor behavioural, social, and academic outcomes and homelessness<sup>1288</sup>.

While Victoria Police attended an average of 7.7 FDSV incidents per day in the City of Melton from 2022-2024, it's recognised that many incidents are not reported<sup>1289, 1290</sup>. This section will examine the known prevalence of FDSV in the City of Melton, focusing on the data related to incidents in the City of Melton. It will provide insights into the frequency and patterns of these forms of violence, highlighting the extent of the issue within the community.

### Incidents of FDSV

In 2022-2023, the incidents of police-recorded family violence incidents in the City of Melton were 2,812, representing a rate of 1,381.3 per 100,000 people<sup>1291</sup>. This is slightly higher than the average rate of family violence incidents in Victoria, 1,377.4 per 100,000<sup>1292</sup>.

This has continued a downward trend since 2020-2021, decreasing by 2.4 per cent in the number of incidents (down from 3,088) and a 7.5 per cent decrease in the rate of incidents (down from 1,704 per 100,000 people)<sup>1293</sup>.

In most of these incidents in the City of Melton (76.5 per cent), the victims were female (2,150 incidents), significantly higher than the number of incidents where a male was the victim (659 incidents). The majority of incidents took place between intimate partners (as opposed to other forms of family relationships), at 69.6 per cent for female victims, and 56.1 per cent for male victims. Approximately 48 per cent of victims were born in Australia, 36.8 per cent were born overseas, and 15.2 per cent of the victims' birth countries were unknown<sup>1294</sup>.

First Nations individuals experienced a significantly higher rate of family violence incidents, with rates nearly double that of non-Indigenous people in the Brimbank-Melton policing area<sup>1295</sup>. The rate for Indigenous people was 2,760 per 100,000 compared to 1,381.3 per 100,000 for non-Indigenous people<sup>1296</sup>. The rate for First Nations people has also decreased, but by a smaller percentage (4.8 per cent) compared to non-Indigenous people<sup>1297</sup>.

The most common form of incidents involved verbal abuse (42.2 per cent) and emotional abuse (23.7 per cent)<sup>1298</sup>. Physical abuse was recorded in 16.3 per cent of incidents<sup>1299</sup>. Most incidents (94 per cent) occurred on a residential premises<sup>1300</sup>.

In most cases (81.5 per cent), the violence was perpetrated by an adult against another adult<sup>1301</sup>. The violence was perpetrated by a youth against an adult in 4.9 per cent of incidents, and an adult against a youth in 4.6 per cent of incidents<sup>1302</sup>. Other variations included an elderly victim and adult perpetrator (3.3 per cent) youth victim and perpetrator (1.1 per cent) and an adult victim and elderly perpetrator (0.9 per cent)<sup>1303</sup>. Children were present as either a victim or a witness at 43.6 per cent of incidents in the City of Melton<sup>1304</sup>.

## Legal and protective measures

The City of Melton experienced a 9.9 per cent decrease in the number of family violence-related offences (3,662 in 2022-2023) and a 14.7 per cent decrease in the rate of these offences per 100,000 people (1,799 per 100,000)<sup>1305</sup>. The most commonly recorded offence type at family violence incidents in 2022-2023 was breach of a family violence order, with 1,674 cases<sup>1306</sup>. This was followed by common assault (527 cases), criminal damage (354 cases), serious assault (232 cases), and threatening behaviour (158 cases)<sup>1307</sup>.

Regarding the resolution of these offences, 99.4 per cent of solved offences did not result in a caution<sup>1308</sup>. Arrests were made in 53.8 per cent of the solved offences, while 24.5 per cent resulted in summons<sup>1309</sup>. The overall proportion of criminal offences in the City of Melton relating to family violence incidents was 30.3 per cent<sup>1310</sup>.

In terms of protective measures, Family Violence Safety Notices (FVSNs) were issued at 16.6 per cent of incidents in the City of Melton<sup>1311</sup>. In the Magistrates' Court, there were 2,449 victims from the City of Melton who applied for a Family Violence Intervention Order (FVIO) in 2022-2023, while the Children's Court saw 74 applications from victims within the same timeframe<sup>1312</sup>.

## Access to support

The Orange Door service provides help for people experiencing family violence, or who need assistance with the care and wellbeing of children and young people. While a new Melton location

opened in 2022, data on the support provided through this service is only available on a statewide level, which included 37 sites as of July 2024. According to this data, the service received almost 158,000 referrals over 2022-2023, representing a 48.8 per cent increase from the previous year<sup>1313</sup>. Almost half of these referrals included at least one child<sup>1314</sup>. Most (55.4 per cent) of the access pathways into the Orange Door network are from Victoria Police (known as L17s), typically following a reported incident<sup>1315</sup>. Self-referrals have progressively increased, comprising of 22.4 per cent in 2022-2023, up from 17.2 per cent in 2020-2021<sup>1316</sup>.

Beyond direct family violence services, victim-survivors of FDSV also require other forms of support. For instance, in 2022-2023 a total of 1,408 clients received homelessness services because of family violence in the City of Melton<sup>1317</sup>. Out of these, 546 clients accessed general homelessness services where family violence was a reason for presenting, and 862 clients sought specialist family violence services<sup>1318</sup>.

## Community attitudes

Community attitudes toward family violence in the City of Melton have shown notable changes over the years based on data from the Annual Community Satisfaction Survey. In 2024, 51 per cent of respondents disagreed that family violence is common in their community, a substantial increase from 23 per cent in 2022<sup>1319</sup>. Conversely, only 13 per cent agreed with the statement in 2024, down from 29 per cent in 2022<sup>1320</sup>. Respondents from Melton, Melton South-Brookfield and Melton West were more likely to agree (24 per cent, 21 per cent and 20 per cent respectively) with the statement compared to respondents in Caroline Springs, Taylors Hill and Cobblebank-Strathulloh (9 per cent, 9 per cent and 7 per cent respectively)<sup>1321</sup>.

Attitudes regarding the prevalence of family violence differs among demographic groups. According to data from the Annual Community Satisfaction Survey women and older adults (aged 60 years and over) were more likely to agree that family violence is common, compared to men and younger adults<sup>1322</sup>. Specifically, 20 per cent of senior citizens and 14 per cent of females agreed with the statement, compared to just 8 per cent of young adults and 12 per cent of males<sup>1323</sup>. Additionally, respondents from multilingual households were somewhat more likely to agree that family violence is common compared to those from English-speaking households, with 16 per cent of multilingual respondents agreeing versus 11 per cent of English-speaking respondents<sup>1324</sup>.

Community attitudes toward justifications for family violence have also evolved. In 2024, the proportion of respondents who disagreed that "family violence can be excused if, afterwards, the violent person genuinely regrets what they have done" increased to 66 per cent, up from 63 per cent in 2022, reflecting a consistent trend since 2018<sup>1325</sup>. However, there is still a notable variation across different areas. For instance, respondents from the areas of Melton (17 per cent), Burnside (16 per cent), Melton West (14 per cent), and Taylors Hill (11 per cent) were more likely than average to disagree with this statement, whereas respondents from Harkness (24 per cent), Cobblebank/Strathulloh (19 per cent), and Kurunjang (9 per cent) were more likely to agree<sup>1326</sup>.

Younger adults (aged 18-24 years) and multilingual households were more likely to agree with this statement compared to other groups<sup>1327</sup>. Specifically, 5 per cent of young adults and 5 per cent of respondents from multilingual households agreed with the statement, compared to just 2 per cent of female respondents and 2 per cent of those from English-speaking households<sup>1328</sup>. Conversely, 74 per cent of female respondents and 74 per cent of respondents from English-speaking households disagreed with the statement, indicating a stronger rejection of this justification for family violence<sup>1329</sup>.

Attitudes toward cultural justifications for family violence have also shown changes. In 2024, 76 per cent of respondents disagreed that "family violence can be excused if it is acceptable in the person's culture," a slight increase from 75 per cent in 2022<sup>1330</sup>. Respondents from the areas of Melton (18 per cent), Melton West (16 per cent), Burnside (12 per cent), and Fraser Rise (10 per cent) were more likely than average to disagree with this statement, while respondents from Harkness (33 per cent), Cobblebank/Strathtulloh (18 per cent), and Kurunjang (10 per cent) were more likely to agree<sup>1331</sup>.

For this statement, younger adults and multilingual households again showed more acceptance of this justification. Specifically, 1 per cent of young adults and 5 per cent of respondents from multilingual households agreed with the statement, compared to just 2 per cent of adults (aged 25-44 years) and 2 per cent of those from English-speaking households<sup>1332</sup>. Meanwhile, 94 per cent of young adults and 82 per cent of respondents from English-speaking households disagreed with the statement, reflecting a broader rejection of cultural excuses for family violence<sup>1333</sup>.

It is widely recognised gender inequality is a key driver of family violence, often in intersection with other social inequalities such as age, race, ability and social class. We can gain insights on attitudes within the community towards gender equality and gendered violence from the Australia's National Research Organisation for Women's Safety (ANROWS) who have conducted a nation-wide survey (NCAS) every four years since 2009. While local data isn't available, Victorian respondents in 2021 showed significant improvements in understanding violence against women and rejecting gender inequality over time.

The attitudinal rejection of gender inequality, as measured by AGIS scores, increased from 64 in 2009 to 67 in 2021 in Victoria, mirroring national trends<sup>1334</sup>. Specific aspects, such as the denial of inequality and the reinforcement of gender roles, also improved, with scores rising from 61 in 2009 to 66 in 2021<sup>1335</sup>. Despite these gains, there is room for improvement. In 2021, 46 per cent of Victorians had an 'advanced' understanding and rejection of gender inequality, compared to 44 per cent nationally<sup>1336</sup>. This suggests that while progress has been made, a significant portion of the population still holds less advanced views on gender equality. Data shows that younger Australians aged 16 to 24 generally show similar attitudes to those aged 25 and over towards gender inequality<sup>1337</sup>.

Recent data from the City of Melton's Annual Community Satisfaction Survey highlights evolving views on gender stereotypes within the community. The agreement that 'men make better political leaders' has seen a fluctuating trend, with a significant disagreement rate rising from 64 per cent in 2018 to 72 per cent in 2019, although it dropped to 68 per cent in 2024<sup>1338</sup>. Similarly, the perception that 'men should take control in relationships and be the head of the household' showed improvement, with disagreement rates increasing from 63 per cent in 2018 to 74 per cent in 2019, though it also slightly decreased to 63 per cent in 2024<sup>1339</sup>. Additionally, the belief that 'women prefer a man to be in charge of the relationship' has steadily decreased, with disagreement rising from 59 per cent in 2018 to 68 per cent in 2019, then slightly decreasing to 57 per cent in 2024<sup>1340</sup>. These shifts indicate a general trend towards rejecting traditional gender roles and stereotypes, though some variability suggests ongoing challenges and opportunities for further progress.

## Sexual and reproductive health

Sexual and reproductive health is a critical component of overall wellbeing, influencing not only individual health but also the broader community in the City of Melton. Recognising its importance, this section will explore key aspects of sexual health, reproductive health conditions, and access to contraception and fertility services. By addressing these aspects, we aim to highlight the significance of accessible and informed healthcare services that respect and respond to the diverse needs of the community, thereby improving health outcomes and enhancing the quality of life for all residents.

### Sexual health

Chlamydia is the most frequently reported notifiable sexually transmitted infection (STI) in Victoria, characterised by its often-asymptomatic nature and potential for causing severe long-term health issues if untreated<sup>1341</sup>. In 2021, the overall rate of Chlamydia in the City of Melton was 14.17 per 10,000<sup>1342</sup>. This rate is lower than the western metropolitan region of 18.5, but higher than the Victorian rate of 12.1<sup>1343</sup>. From 2017 to 2021, the City of Melton saw a notable decrease in Chlamydia rates, with the overall rate dropping from 30.42 per 10,000 in 2017 to 14.17 per 10,000 in 2021.<sup>1344</sup> In the City of Melton, females had a slightly higher rate of infection than males in 2021 at 14.36 per and 13.97 per 10,000 respectively<sup>1345</sup>. This reflects the broader trend where females are more frequently diagnosed, often due to increased screening and testing among women.

Gonorrhoea, another common STI, is an infectious, often asymptomatic STI commonly transmitted through sexual contact<sup>1346</sup>. In 2021, the overall rate of Gonorrhoea in the City of Melton was 6.17 per 10,000, with a higher rate among males (7.21 per 10,000) compared to females (5.03 per 10,000)<sup>1347</sup>. This rate is higher than the Victorian state estimate of 4 per 10,000 and slightly lower than the western metropolitan region estimates of 8 per 10,000<sup>1348</sup>. Between 2017 and 2021, the City of Melton experienced fluctuations in Gonorrhoea rates, with a noticeable peak in 2020 at 8.39 per 10,000, followed by a slight decline in 2021<sup>1349</sup>. The higher rates among males are consistent with broader trends, where men are more frequently diagnosed, often due to more frequent screening and reporting<sup>1350</sup>.

Despite being a less common STI, Syphilis can cause severe complications if untreated, affecting the brain, spinal cord and other organs<sup>1351</sup>. In 2021, the overall rate of Syphilis in the City of Melton was 2.23 per 10,000, with a significantly higher rate among males (3.41 per 10,000) compared to females (1.06 per 10,000)<sup>1352</sup>. This rate is higher than both the western metropolitan region estimates of 1.5 per 10,000 and the Victoria state estimate of 1.5 per 10,000<sup>1353</sup>. From 2017 to 2021, Syphilis rates in the City of Melton showed fluctuations, with a peak in 2019 at 3.32 per 10,000 among males and a decline in subsequent years<sup>1354</sup>. The higher rates among males are consistent with broader trends, where men, particularly those in high-risk groups, are more frequently diagnosed<sup>1355</sup>.

Hepatitis B is the most common blood-borne virus (BBV) in Australia, primarily spread through contact with infected blood or body fluids<sup>1356</sup>. In 2021, the overall rate of Hepatitis B in the City of Melton was 1.23 per 10,000, with higher rates observed in males (1.56 per 10,000) compared to females (0.89 per 10,000)<sup>1357</sup>. This rate is lower than the western metropolitan region estimates of 1.8 for females and 1.7 for males and slightly above the Victoria state estimate of 0.8 per 10,000<sup>1358</sup>. From 2017 to 2021, the City of Melton saw a decline in Hepatitis B rates, decreasing from 2.02 per 10,000 in 2017 to 1.23 per 10,000 in 2021<sup>1359</sup>. This decline aligns with a broader reduction in Hepatitis B notifications across Victoria, partly due to increased vaccination efforts and public health interventions<sup>1360</sup>. The higher rates among males are consistent with trends in other regions, highlighting the importance of targeted health campaigns and continuous monitoring to manage and reduce the spread of Hepatitis B in the community<sup>1361</sup>.

Human Immunodeficiency Virus (HIV) is primarily transmitted through sexual contact and, to a lesser extent, through injection drug use<sup>1362</sup>. In 2021, the overall rate of HIV in the City of Melton was 0.14 per 10,000 for both females and males<sup>1363</sup>. This rate is slightly higher than the western metropolitan region estimates of 0.1 per 10,000 for females and significantly lower than the 0.4 per 10,000 for males and aligns with the Victoria state estimate of 0.1 per 10,000<sup>1364</sup>. From 2017 to 2021, the City of Melton's HIV rates have fluctuated, with a notable peak in 2017 at 0.37 per 10,000, followed by a decline in subsequent years<sup>1365</sup>. This decline reflects broader trends across Victoria, where increased access to pre-exposure prophylaxis (PrEP) and testing has contributed to reduced rates, especially among high-risk groups such as men who have sex with men<sup>1366</sup>.

## Reproductive health

Reproductive health encompasses a wide range of considerations that are vital to overall health and wellbeing, including contraception, fertility, and the management of reproductive health conditions.

### *Reproductive health conditions*

Endometriosis is a chronic condition affecting about 2.94 per 1,000 people in the City of Melton. This represents a decrease from 3.22 people in 2022 but it remains higher than the estimate for the metropolitan west region (2.8) and Victoria (2.9)<sup>1367</sup>. The condition, which can be painful and impact fertility, often takes an average of five years to diagnose after initial medical consultation<sup>1368</sup>. Endometriosis is the third leading cause of non-fatal disease burden among Australian females due to reproductive and maternal conditions (13 per cent), after genital prolapse (52 per cent) and polycystic ovarian syndrome (26 per cent)<sup>1369</sup>. In 2021–22, there were 264 hospitalisations for endometriosis in the City of Melton, and 9,666 endometriosis-related hospitalisations across Victoria, at a rate of 3 per 1,000 females<sup>1370</sup>. Hospitalisation rates varied by location and socioeconomic status, with the highest rates in inner regional areas (490 per 100,000) and among females in the highest socioeconomic areas (450 per 100,000)<sup>1371</sup>. Non-Indigenous females had a higher hospitalisation rate (405 per 100,000) compared to Indigenous females (320 per 100,000)<sup>1372</sup>. These disparities might indicate differences in access to healthcare or health-seeking behaviours rather than variations in the disease prevalence.

Polycystic ovarian syndrome (PCOS) is a prevalent hormonal disorder among women of reproductive age in Australia. As a leading cause of infertility, PCOS can cause hormonal imbalances, irregular periods, excess androgen levels and cysts in the ovaries<sup>1373</sup>. According to a study involving young Australian women aged 16–29 years, the prevalence of PCOS was found to be approximately 12 per cent<sup>1374</sup>. A significant proportion of women with PCOS experience insulin resistance, with about 85 per cent affected, leading to elevated insulin levels<sup>1375</sup>. PCOS is associated with several long-term health risks, including type 2 diabetes, cardiovascular diseases, and sleep apnoea<sup>1376</sup>.

Menopause is a condition which impacts women and people with uteruses, marking the end of their reproductive years. It can lead to various physical and mental health symptoms, including hot flashes, mood changes, and increased risk of osteoporosis and cardiovascular disease, though limited research has been conducted on the prevalence and severity of these symptoms<sup>1377</sup>. In Australia, the average age of menopause is 51 years, but about 1 per cent of women and gender diverse people in Victoria have experienced premature ovarian insufficiency (POI) before age 40, and up to 5 per cent have experienced early menopause before 45<sup>1378</sup>. Early menopause, which can occur spontaneously or due to medical treatments like surgery or chemotherapy, affects up to 12 per cent of women and gender diverse people<sup>1379</sup>.

A hysterectomy is a surgical procedure to remove the uterus, commonly performed to treat conditions such as abnormal uterine bleeding, pelvic pain, fibroids, endometriosis, and certain cancers. In 2022, the rate of hysterectomies in the City of Melton was 2.19 per 1,000 females, a slight increase from 2.15 in 2021<sup>1380</sup>. This is higher than the rates for both the western metropolitan region (1.6) and Victoria (2.1)<sup>1381</sup>. In terms of hospital separations, there were 196 hospital separations for hysterectomies in the City of Melton in 2022, an increase from 193 in 2021<sup>1382</sup>. Again, this was higher than the western metropolitan region average (137.7) and Victorian average (83.8)<sup>1383</sup>.

## *Contraception*

Effective contraception plays a crucial role in preventing unintended pregnancies and protecting against sexually transmitted infections (STIs) and blood-borne viruses (BBVs). It allows individuals to plan if and when they have children, contributing to better reproductive health outcomes and empowering people to make informed decisions about their sexual health. There are many forms of contraception available, each varying in effectiveness and suitability for different needs. However, not all are considered in this profile. It's also noted that data on the use of contraception is limited, with local data only being available for Long-Acting Reversible Contraception (LARC) methods.

In Australia, the use of contraception is closely tied to sexual and reproductive health, with oral contraceptives and condoms being the most commonly used methods<sup>1384</sup>. According to the report from a national study in 2020, 37.2 per cent of women reported using oral contraceptives, and 33.9 per cent used condoms, reflecting a slight decrease in the use of these methods over the previous decade. A longitudinal study highlighted that 60 per cent of females aged 18–23 used the contraceptive pill, which decreased to 34 per cent among those aged 24–29<sup>1385</sup>. Condom use similarly declined, dropping from 45 per cent to 31 per cent in these age groups<sup>1386</sup>.

A Victorian study reported that 47 per cent of women currently used condoms, with 20 per cent using them inconsistently as their sole contraceptive<sup>1387</sup>. Condom use varied by demographics, those with lower education levels, unmarried women, those born outside Australia, and women of lower socioeconomic status were less likely to use condoms<sup>1388</sup>. It is also significantly lower for young people, based on a 2018 survey from the Department of Education and Training. Among the 5 per cent of year 8 students, and 26 per cent of year 11 students who said they were sexually active, only 26 per cent reported always using a condom during sexual intercourse<sup>1389</sup>. Again, this was lower for students from language backgrounds other than English (18 per cent) compared to their peers from English-speaking backgrounds (30 per cent)<sup>1390</sup>. Condom use for younger adults has, like the oral contraceptive pill, declined over time dropping from 45 per cent to 31 per cent for the 18-29 age group<sup>1391</sup>.

The contraceptive implant is a LARC method which involves a small hormonal implant inserted under the skin of the upper arm, effective for up to three years in preventing pregnancy<sup>1392</sup>. In 2022, the rate of contraceptive implant use in the City of Melton was 7.35 per 1,000 females, slightly below the western metropolitan region estimate of 6.6 and the Victoria state estimate of 7.5<sup>1393</sup>. Since 2018, when the rate in the City of Melton was 9.99 per 1,000, there has been a noticeable decline in contraceptive implant usage<sup>1394</sup>. This trend is consistent with the overall decrease in implant uptake across Victoria and Australia.

Another LARC method is the contraceptive intrauterine device (IUD), which involves the insertion of a small intrauterine device (copper or hormonal type) into the uterus<sup>1395</sup>. Compared to implants, the use of contraceptive IUDs in the City of Melton has shown a gradual increase from 2018 to 2022<sup>1396</sup>. In 2022, the rate of IUD uptake in the City of Melton was 4.58 per 1,000 females, which is lower than

the western metropolitan region estimates of 5.2 and the Victoria state estimate of 6.7<sup>1397</sup>. This marks a steady rise from 3.72 per 1,000 in 2018 in the municipality<sup>1398</sup>.

### *Fertility*

The most recent available data from 2020 indicates that the birth rate in the City of Melton was 37.35 per 1,000 females, significantly higher than the western metropolitan region estimate of 28.5 and the Victoria state estimate of 21.8<sup>1399</sup>. Over the period from 2016 to 2020, the City of Melton consistently had higher birth rates compared to both the western metropolitan and Victoria averages<sup>1400</sup>. The municipality's birth rate peaked at 38.03 in 2019, before showing a slight decline to 37.35 in 2020<sup>1401</sup>. In contrast, the western metropolitan region and Victoria saw more gradual declines or stabilisation in birth rates during this period<sup>1402</sup>. This trend indicates a consistently higher fertility rate in the City of Melton.

When looking at how these pregnancies progress, 74.4 per cent of pregnant women in Victoria began antenatal care in the first trimester in 2019, with the lowest uptake among women under 20<sup>1403</sup>. Additionally, 51.1 per cent of Victorian women with low-risk pregnancies had induced labour, 32.1 per cent underwent caesarean sections (up from 24.7 per cent in 2004), and 31.4 per cent had instrument-assisted births (up from 27 per cent in 2004)<sup>1404</sup>.

In 2020, the total fertility rate (TFR) in the City of Melton was 1.93 babies per woman, higher than the western metropolitan region's estimate of 1.5 and slightly above the Victoria state estimate of 1.8<sup>1405</sup>. Over the period from 2016 to 2020, the City of Melton's TFR showed a slight decline from 2.02 in 2016<sup>1406</sup>. This decline mirrors a broader trend in the western metropolitan region and Victoria, where TFRs also decreased.

It's noted that national trends show a nationwide decline in the fertility rate from 1988-2018 where the fertility rate for women aged 15-19 halved, and for women aged 20-24, it reduced by a third<sup>1407</sup>. For women aged 25-29, the rate remained stable, while it doubled for women aged 30-34, tripled for those aged 35-39, and quadrupled for women aged 40-44<sup>1408</sup>. Despite these declines, the City of Melton's TFR has consistently remained above the regional and state averages, indicating a relatively higher fertility rate in the municipality<sup>1409</sup>.

The rate of births to women younger than 20 years old in the City of Melton (9.90 per 1,000) in 2019-2020 is significantly higher than both the western metropolitan region (5.5 per 1,000) and the Victorian state average (8.2 per 1,000)<sup>1410</sup>. This higher rate may indicate that earlier and more frequent sexual activity among young people in the City of Melton has become more common over the past decade. It's clear that there is a need for updated and more comprehensive data to better understand and address the sexual health needs of young people in the City of Melton. Most recent Victorian data from 2018 highlights that fewer than one in six students in Years 8 and 11 have engaged in sexual activity, with Year 11 students reporting a higher rate (26 per cent) compared to Year 8 students (5 per cent)<sup>1411, 1412</sup>. According to the same data, the average age for young people's first experience of sexual activity with another person in Victoria is 15 years old<sup>1413</sup>. While the localised data for the Brimbank-Melton region is much older, dating back to 2014, it shows a lower proportion of sexual activity among young people (8.1 per cent) compared to the Victorian (16.9 per cent) and Western Melbourne areas (16.7 per cent)<sup>1414</sup>.

### *Assisted Reproductive Treatment (ART)*

There are currently no Assisted Reproductive Treatment (ART) clinics certified by the Victorian Assisted Reproductive Treatment Authority (VARTA) operating within the City of Melton (requiring

residents to travel elsewhere), and specific data for proportion of residents using ART is not available. However, statewide data from the VARTA provides some indication of its prevalence in Victoria.

Despite a slight decrease, the use of ART has remained relatively steady in recent years, leading to 5,111 live births across Victoria in 2021-2022<sup>1415</sup>. This represents 6.7 per cent of all live births in Victoria and 30 per cent of those who received ART in the same period<sup>1416, 1417</sup>. In 2022-2024 a total of 16,952 patients received ART, reflecting a slight decrease of 2 per cent from the previous year<sup>1418</sup>. Similarly, the number of treatment cycles performed dropped by 5 per cent, totalling 30,152 cycles<sup>1419</sup>.

Genetic screening via preimplantation genetic testing for aneuploidy (PGT-A) was conducted for 1,836 women, a reduction of 6 per cent<sup>1420</sup>. However, the number of women with frozen eggs in storage rose significantly by 26 per cent, reaching 8,144<sup>1421</sup>. Intracytoplasmic sperm injection (ICSI) was utilised in 73 per cent of cycles, a slight decrease of 2 per cent<sup>1422</sup>. The year saw 5,111 live births, maintaining similar levels to the previous year, and 157 recipients benefited from embryo donations, marking a 10 per cent increase<sup>1423</sup>. In 2021-22, 7,255 women using their own eggs underwent at least one transfer of frozen embryos, and out of 9,802 such transfers, 33 per cent resulted in a live birth<sup>1424</sup>.

Egg and sperm donation are integral components of ART, with 78 per cent of egg donors being recruited by recipients, 6 per cent through clinics, and 16 per cent from overseas egg banks<sup>1425</sup>. For sperm donation, 62 per cent were recruited through clinics, 32 per cent by recipients, and 6 per cent from overseas sperm banks<sup>1426</sup>. Embryo donation saw 65 per cent recruited by recipients and 35 per cent through clinics<sup>1427</sup>. Single women constitute the largest group using donor sperm at 53 per cent, followed by women in same-sex relationships at 36 per cent, and people in heterosexual relationships at 11 per cent<sup>1428</sup>. A total of 41 women agreed to be surrogates in 2022-23, a slight decrease from 45 the previous year<sup>1429</sup>.

### *Miscarriages and pregnancy termination*

Across Victoria, there were 81,651 adjusted total births in 2021, with 696 adjusted perinatal deaths, resulting in an adjusted perinatal mortality rate of 8.5 per 1,000 births, slightly lower than 8.9 in 2020<sup>1430</sup>. The stillbirth rate was 6.1 per 1,000 births, and the neonatal mortality rate was 2.4 per 1,000 births<sup>1431</sup>. Unexplained antepartum fetal death accounted for 18.3 per cent of stillbirths, while extreme prematurity (32.3 per cent) and congenital anomalies (17.2 per cent) were the leading causes of neonatal deaths<sup>1432</sup>. Smoking during pregnancy increased the perinatal mortality rate to 10.1 per 1,000 births, compared to 8.4 per 1,000 births for non-smokers<sup>1433</sup>.

Women who identified as Aboriginal or Torres Strait Islander gave birth to 1,271 babies in Victoria, representing 1.6 per cent of all women and babies born<sup>1434</sup>. Despite this, perinatal outcomes for First Nations women continue to reflect disparities. From 2019 to 2021, the perinatal mortality rate for babies born to First Nations women was 11.2 per 1,000 births, higher than the rate for non-Indigenous women<sup>1435</sup>. The stillbirth rate for First Nations women was 7.9 per 1,000 births, compared to 6.3 for non-Indigenous women, and the neonatal mortality rate was also higher at 3.4 per 1,000 births<sup>1436</sup>. Smoking during pregnancy remains a significant factor, with 38 per cent of Aboriginal women reporting smoking during pregnancy in 2021, though the gap between First Nations and non-Indigenous smoking rates decreased from 2020<sup>1437</sup>. Data for other specific cohorts could not be sourced.

In 2022, the rate of medication abortions per 1,000 females in the City of Melton was 7.49, a rate notably higher than both the western metropolitan region estimate of 5.6 and the Victoria state estimate of 5.3<sup>1438</sup>. This figure represents a significant increase from 2021 (6.2) and 2018 (3.93). In terms of numbers, this amounts to 419 in 2022, up from 347 in 2021, and 167 in 2018<sup>1439</sup>. This upward trend suggests a growing reliance on medication abortion in the City of Melton area, which may reflect broader changes in healthcare access, availability of services, or shifts in population demographics and needs.

Building on the observed trends, the data from the City of Melton aligns with broader state-level findings from Victoria. A study assessing induced abortion rates in Victoria from 2010 to 2019 highlighted a general decline in the proportion of women reporting a history of induced abortion, especially in major cities<sup>1440</sup>. The adjusted odds of having had an induced abortion decreased among women living in major cities, from 12.9 to 11.0 per 100 women during this period, with a more pronounced decline from 2013 onwards<sup>1441</sup>.

## Alcohol and other drugs

This section examines the use of alcohol and other drugs, key contributors to preventable disease and mortality in the community. It will provide current data on the consumption patterns, attitudes towards use, and the resultant health impacts of substances including alcohol, tobacco, and illicit drugs like methamphetamines and cannabis. Additionally, the section will detail the community's engagement with related health services, highlighting efforts to mitigate the adverse effects associated with substance use, such as ambulance attendances, smoking rates, and drug-related offences.

### Alcohol

Based on data from the 2023 VPHS, 29.3 per cent of people in the City of Melton reported not consuming any alcohol in the last year, which is notably higher than the Victorian average of 21.2 per cent<sup>1442</sup>. Residents in the City of Melton are also typically at lower risk of harm from alcohol related disease at injury with 61.6 per cent in the reduced risk category and 8.3 in the increased risk category, compared to 64.4 per cent and 13.1 per cent for Victoria respectively<sup>1443</sup>.

Australian data from 2022 indicates that certain demographic groups were more likely to exceed the recommended alcohol consumption guidelines (i.e. no more than ten standard drinks a week or four a day)<sup>1444</sup>. Overall, 26.8 per cent of adults in Australia exceeded the guideline<sup>1445</sup>. Males were significantly more likely to exceed the guideline, with 35.8 per cent reporting excessive consumption compared to 18.1 per cent of females<sup>1446</sup>. When it comes to the average number of drinks consumed when exceeding the guideline, the data shows that again males consumed more than females. Specifically, 29.7 per cent of males reported consuming 11 or more standard drinks on a single day compared to 15.6 per cent of females<sup>1447</sup>.

Young adults aged 18–24 years were particularly at risk, with 36.1 per cent exceeding the guideline, the highest of any age group<sup>1448</sup>. However, alcohol consumption patterns also show that older adults, particularly those aged 50 and over, engage in risky drinking behaviours<sup>1449</sup>. In 2022–2023, daily drinking was most common among people aged 70 and over (11.7 per cent), followed by those in their 60s (8.5 per cent) and 50s (6.5 per cent)<sup>1450</sup>.

First Nations people in 2023 exhibited similar rates of risky drinking compared to non-Indigenous Australians, though certain behaviours varied. After adjusting for age, First Nations individuals were 1.2 times more likely to have abstained from alcohol in the past year and 1.2 times more likely to have consumed more than four standard drinks in a single day monthly<sup>1451</sup>. Non-Indigenous Australians were 1.1 times more likely to consume over ten standard drinks per week on average<sup>1452</sup>.

Individuals born in Australia were more likely to exceed the guideline (33 per cent) compared to those born overseas (16 per cent)<sup>1453</sup>. Additionally, those who spoke English as the main language at home were far more likely to exceed the guideline (31.2 per cent) than those who spoke other languages (5.5 per cent)<sup>1454</sup>.

Adults with a disability were slightly more likely to exceed the weekly alcohol consumption guideline than those without a disability (23 per cent vs. 19 per cent)<sup>1455</sup>. Males with a disability were more likely to drink at risky levels, with 36 per cent exceeding guidelines, compared to 19 per cent of females<sup>1456</sup>. Younger adults with disability (18–64) had higher risky drinking rates (29 per cent) compared to older adults (23 per cent)<sup>1457</sup>. Adults with severe or profound disability were less likely to exceed guidelines (18 per cent) than those with other disability (28 per cent)<sup>1458</sup>.

Living in group households also correlated with higher consumption levels, with 38.6 per cent exceeding the guideline<sup>1459</sup>. Employment status also played a role, with employed individuals (30.4 per cent) more likely to exceed the guideline than the unemployed (19.9 per cent)<sup>1460</sup>. Similarly, those living in areas of least disadvantage were more likely to exceed the guideline (30.6 per cent) compared to those in areas of most disadvantage (21.8 per cent)<sup>1461</sup>.

Between 2010 and 2022–2023, the proportion of gay, lesbian, and bisexual people drinking alcohol at risky levels declined from 50 per cent to 40 per cent<sup>1462</sup>. Although they remain more likely to drink at risky levels than heterosexual people, the gap has narrowed, with gay, lesbian, and bisexual individuals now 1.2 times as likely to engage in risky drinking<sup>1463</sup>.

Alcohol consumption remains a significant concern among individuals with mental health conditions, with these groups consistently reporting higher rates of risky drinking behaviours compared to the general population. According to the 2022–2023 National Drug Strategy Household Survey (NDSHS), people with mental health conditions were more likely to exceed the recommended alcohol consumption guidelines. The data showed that 34.2 per cent of individuals with a mental health condition exceeded the guideline, compared to 24.3 per cent of those without a mental health diagnosis<sup>1464</sup>. Moreover, those experiencing high or very high levels of psychological distress were particularly at risk, with 36.8 per cent exceeding the guideline, significantly higher than the 22.5 per cent observed among individuals with low levels of distress<sup>1465</sup>.

### *Impacts of harmful alcohol use*

Alcohol use remains a significant public health concern in Australia, ranking as the fifth highest risk factor contributing to the burden of disease, according to the Australian Burden of Disease Study 2018<sup>1466</sup>. Alcohol was responsible for 4.5 per cent of the total burden of disease and injury. The age-standardised rate of total attributable burden due to alcohol use decreased by 10.5 per cent from 2003 to 2018, dropping from 9.5 to 8.5 per 1,000 population<sup>1467</sup>. Despite this decline, alcohol use continues to contribute substantially to various health issues, including 100 per cent of the burden due to alcohol use disorders, 40 per cent of the burden due to liver cancer, 19.2 per cent of the burden due to chronic liver disease, and 14.2 per cent of the burden due to suicide and self-inflicted injuries<sup>1468</sup>. Additionally, the 2022–2023 National Drug Strategy Household Survey (NDSHS) reported that individuals who consumed alcohol at risky levels (more than 10 standard drinks per week or more than 4 standard drinks in a single day at least once a month) were 14 times as likely to experience an injury requiring medical attention and 10.5 times as likely to be admitted to the hospital for an alcohol-related injury compared to those who did not drink at risky levels<sup>1469</sup>.

During the 2022-2023 financial year, the City of Melton recorded 371 ambulance attendances due to alcohol-only intoxication, down from 446 in 2020-2021<sup>1470</sup>. This represents a rate of 192.07 per 100,000 people, below the metropolitan Melbourne rate of 295.16<sup>1471</sup>. Males made up 66 per cent of these cases, with the 25-34 years age group accounting for 31.5 per cent of attendances, followed by the 18-24 years group at 14 per cent<sup>1472</sup>. Of these cases, 35.8 per cent required police co-attendance, and 71.7 per cent necessitated transport to a hospital<sup>1473</sup>. Additionally, 490 ambulance attendances were linked to alcohol intoxication with other substances, a decrease from 584 in 2020-2021<sup>1474</sup>. The rate for these cases was 253.68 per 100,000, again lower than the metropolitan rate of 363.58<sup>1475</sup>. Males represented 63.5 per cent of these cases, with the 25-34 and 18-24 years age groups being most affected at 23.9 per cent and 22.4 per cent respectively<sup>1476</sup>. Of these cases, 32.7 per cent required police co-attendance, and 74.7 per cent necessitated transport to a hospital<sup>1477</sup>.

In the 2021-2022 financial year, 516 hospital admissions due to alcohol intoxication were recorded, up from 490 the previous year<sup>1478</sup>. This represents a rate of 284.7 per 100,000, significantly lower

than the metropolitan Melbourne rate of 585.85<sup>1479</sup>. Males accounted for 64.5 per cent of these admissions, with the 35-44 years age group representing 21.7 per cent of cases, followed by the 25-34 years group at 20.7 per cent<sup>1480</sup>.

Alcohol intoxication also impacted safety and wellbeing, with 127 assaults recorded during high alcohol hours (defined as night hours according to AOD stats) in 2021-2022, down slightly from 134 the previous year<sup>1481</sup>. The rate of 70.03 per 100,000 was below the metropolitan Melbourne rate of 74.14<sup>1482</sup>. Males were involved in 65.4 per cent of these incidents, with 25-34-year-olds most affected<sup>1483</sup>. Conversely, assaults during medium alcohol hours increased from 220 to 232, with a rate of 127.93 per 100,000, surpassing the metropolitan rate of 111.76<sup>1484</sup>. Low alcohol hours saw a sharp rise in assaults from 450 to 766, with a rate of 422.4 per 100,000, well above the metropolitan rate of 344.98<sup>1485</sup>.

Family violence incidents linked to alcohol intoxication also rose, with 184 cases in 2021-2022, up from 157 in the previous year<sup>1486</sup>. The rate of 101.53 per 100,000 was slightly below the metropolitan rate of 104.97<sup>1487</sup>. Females were involved in 69 per cent of these incidents, with the 35-44 years age group accounting for 25 per cent of the cases<sup>1488</sup>.

Serious road injuries due to alcohol use declined from 32 in 2018-2019 to 25 in 2019-2020<sup>1489</sup>. The rate of 14.49 per 100,000 in the City of Melton was higher than both the metropolitan Melbourne rate of 10.2 and the Victoria-wide rate of 12.51<sup>1490</sup>. Males accounted for 60 per cent of these injuries, with the 25-34 years age group representing 28 per cent of incidents<sup>1491</sup>.

Lastly, in 2021, there were 130 deaths linked to alcohol-related events, up from 115 in 2020<sup>1492</sup>. The rate of 71.69 per 100,000 was significantly lower than the metropolitan Melbourne rate of 125.52<sup>1493</sup>. Males made up 53.8 per cent of these deaths, with the 65 years and over age group accounting for 67 per cent of the total, followed by the 55-64 years group at 10.8 per cent<sup>1494</sup>.

### *Support services*

In 2022, the City of Melton recorded 96 DirectLine treatment sessions related to alcohol, showing a slight increase from 90 sessions in 2020<sup>1495</sup>. The rate of these sessions was 49.7 per 100,000 population, significantly lower than the metropolitan Melbourne rate of 319.5 per 100,000<sup>1496</sup>. Males accounted for 64.6 per cent of the sessions, with the age group 35-44 years making up 28.1 per cent of the total, followed by the 45-54 years age group at 17.7 per cent<sup>1497</sup>.

During the same period, alcohol treatment episodes (VADC episodes of care) saw a substantial increase, rising from 389 in 2020-2021 to 657 in 2022-2023<sup>1498</sup>. The rate of these episodes in the City of Melton was 340.14 per 100,000, still below the metropolitan Melbourne rate of 822 per 100,000<sup>1499</sup>. Males represented 60.9 per cent of these episodes, with the 35-44 and 45-54 years age groups being the most heavily impacted, accounting for 21.7 per cent and 24.7 per cent of the total episodes, respectively<sup>1500</sup>.

Conversely, the use of online counselling sessions for alcohol issues in 2022 was minimal, with only 6 sessions recorded, a decrease from 15 sessions in 2020<sup>1501</sup>. This represents a rate of just 3.11 per 100,000 population, far below the metropolitan Melbourne rate of 29.71 per 100,000<sup>1502</sup>. Notably, all the online counselling sessions were attended by females, and the age groups 35-44 years and 55-64 years each accounted for fewer than five sessions, highlighting the limited engagement with online counselling services for alcohol issues in the City of Melton<sup>1503</sup>.

## Community attitudes

Based on the 2019 national data from the Foundation for Alcohol Research and Education (FARE), there are notable insights into attitudes towards alcohol consumption in Australia that may also provide some context for understanding alcohol-related behaviours in the City of Melton. Nationally, 66 per cent of Australians believe that the country has a problem with excess drinking or alcohol abuse, with women (70 per cent) more likely than men (62 per cent) to hold this view<sup>1504</sup>. Age also plays a role, as individuals aged 50 years and over (66 per cent) are more likely to express concern about alcohol-related issues than younger people (48 per cent of those aged 35-49 and 45 per cent of those aged 18-24)<sup>1505</sup>. Additionally, 80 per cent of people aged 50 and over believe that more needs to be done to reduce alcohol-related harm, compared to 73 per cent of those aged 18-49<sup>1506</sup>. In terms of perceived alcohol harm, nearly one-third (32 per cent) of Australians consider alcohol to be the drug that causes the most harm in the country, although this figure is lower than the 44 per cent who identify illegal drugs as the most harmful<sup>1507</sup>.

The data sheds light on the different attitudes and behaviours toward alcohol consumption between genders and age groups. Men are not only more likely to consume alcohol more frequently, but they also tend to drink larger quantities compared to women. For instance, 55 per cent of men consume three or more standard drinks in one sitting, compared to 38 per cent of women<sup>1508</sup>. Age also plays a role in drinking patterns, with younger adults aged 18-24 years being more likely to engage in binge drinking, with 76 per cent admitting to drinking to get drunk compared to only 18 per cent of those aged 50 years and over<sup>1509</sup>.

While alcohol consumption among young people remains a concern due to their vulnerability, data from the National Drug Strategy Household Survey (2022-2023) indicates a positive trend: young people are drinking less than they used to. For instance, the proportion of young people aged 18-24 who reported drinking alcohol monthly decreased from 34 per cent in 2019 to 29 per cent in 2022-2023<sup>1510</sup>. Additionally, the survey shows a long-term increase in the number of young people who either do not drink alcohol or drink infrequently, with 20 per cent of young people in 2022-2023 drinking less than monthly, up from 13.6 per cent in 2001<sup>1511</sup>. Furthermore, 16.3 per cent of young people reported never having had a full glass of alcohol, a significant rise from 7.5 per cent in 2001<sup>1512</sup>.

## Smoking and vaping

Smoking rates in the City of Melton are also comparable to the Victorian average, with some variations. According to the 2023 VPHS, 10.2 per cent of City of Melton residents reported smoking tobacco daily, which is close to the Victorian average of 10.5 per cent<sup>1513</sup>. Overall, 18.8 per cent of residents in the City of Melton either smoke tobacco or vape, which is slightly higher than the state average of 18.5 per cent<sup>1514</sup>. These figures indicate that while smoking rates in the City of Melton are similar to the state average, there is a marginally higher proportion of residents engaging in smoking or vaping combined.

In the City of Melton, vaping habits closely mirror those observed across Victoria, with some slight variations. Specifically, 4.5 per cent of respondents in the City of Melton reported vaping daily, which aligns exactly with the Victorian average<sup>1515</sup>. However, other data suggests that weekly vaping was slightly more prevalent in the City of Melton, with 2.1 per cent of respondents engaging in this behaviour compared to the state average of 1.2 per cent<sup>1516</sup>. Additionally, 2.6 per cent of City of Melton residents reported vaping either weekly or monthly, slightly higher than the 1.9 per cent observed across Victoria<sup>1517</sup>. The rise in vaping is concerning given the associated risks. E-cigarettes can contain nicotine levels equivalent to those found in 20 cigarettes, making vaping a significant risk

factor for adolescents starting tobacco smoking<sup>1518</sup>. This concern is underscored by data from Cancer Council Victoria's Centre for Behavioural Research in Cancer, which shows that the prevalence of vaping in the North-Western Melbourne Primary Health Network catchment more than doubled between 2018-19 and 2022<sup>1519</sup>.

A Victorian study among secondary school students found that 17.7 per cent of respondents between 16-17 years had tried smoking in their lifetime, with 10.8 per cent saying they had smoked in the last year, and 4.9 per cent in the last month<sup>1520</sup>. Among 12-15 years old, 8.4 per cent said they had smoked in their lifetime, 5.1 per cent in the last year and 2.3 per cent in the last month<sup>1521</sup>. This was slightly higher among young female students compared to young males, with 12.5 per cent and 9.9 per cent saying they had smoked in their lifetime respectively<sup>1522</sup>. Nonetheless, the percentage of young people who have ever smoked has seen a steady decline over the past three decades, with just 11.3 per cent of total participants saying they had ever smoked in 2022-2023, compared to 37.4 per cent in 2005 and 62.5 per cent in 1996<sup>1523</sup>. However, smoking rates among those aged 60-69 and 70 and over remained unchanged between 2019 and 2022-2023<sup>1524</sup>. This has led to a shift in the demographic profile of smokers, with older age groups now representing a larger share of the smoking population. In 2022-2023, around 1 in 4 (25 per cent) people nationally who smoked daily were aged 60 or older, compared to just 13.6 per cent in 2010<sup>1525</sup>. While fewer young people are taking up smoking, the proportion of older smokers quitting has not significantly improved, suggesting that additional support may be needed to reduce smoking rates in this demographic.

Conversely, the period between 2019 and 2022-2023 saw a substantial increase in the use of e-cigarettes in Victoria, particularly among younger age groups. Among students aged 16-17 years, 39.1 per cent said they had tried vaping in their lifetime, 18.7 once or twice in the past year and 7.2 per cent regularly in the last month<sup>1526</sup>. For students aged 12-15 years, 20.9 per cent had tried vaping in their lifetime, 10.7 once or twice in the last month and 2.9 per cent regularly over the past month<sup>1527</sup>. Again, this was significantly higher for young females, with 34 per cent compared to 18.9 per cent of young males saying they had tried vaping in their lifetime<sup>1528</sup>. Research indicates that adolescents who initiate vaping are nearly five times more likely to start smoking cigarettes compared to those who have never vaped, with younger teens bearing a disproportionately higher risk<sup>1529</sup>. There has been a significant increase from 2017 to 2022-2023, jumping from 14.1 per cent of student to 26.6 per cent in total having smoked in their lifetime<sup>1530</sup>. In contrast, e-cigarette use remains much lower among older age groups, with only 1.6 per cent of those aged 60-69 and just 0.4 per cent of those 70 and over currently using e-cigarettes nationally in 2022-2023<sup>1531</sup>. This trend is the opposite of traditional tobacco smoking, which is more prevalent among older people, highlighting a significant generational shift in nicotine consumption patterns.

Tobacco smoking rates in Australia have declined overall but remain disproportionately high among First Nations people. In 1994, 54.5 per cent of First Nations adults smoked, decreasing to 43.4 per cent by 2018-19<sup>1532</sup>. However, this has not closed the gap with non-Indigenous Australians, whose smoking rates fell from 23.5 per cent in 1995 to 15.1 per cent in 2017-18<sup>1533</sup>. The disparity in smoking rates between the two groups has remained largely unchanged. Most of the reduction in smoking among First Nations people occurred in non-remote areas, where rates dropped from 54.5 per cent in 1994 to 39.6 per cent in 2018-19<sup>1534</sup>. E-cigarette use has also risen significantly among First Nations people, with almost 1 in 3 (31 per cent) having tried e-cigarettes at least once by 2022-23, up from 14.6 per cent in 2019<sup>1535</sup>. Daily use of e-cigarettes among First Nations people increased from 1.6 per cent in 2019 to 6.5 per cent in 2022-23<sup>1536</sup>.

Among people born overseas, declines in daily smoking were driven by an increase in those who had never smoked. For those born in main English-speaking countries, the proportion who had never smoked rose from 48 per cent in 2010 to 57 per cent in 2022-2023<sup>1537</sup>. Among people born in non-

main English-speaking countries, 77 per cent had never smoked in 2022–2023, up from 71 per cent in 2010<sup>1538</sup>. The highest daily smoking rates were among those born in New Zealand and Oceania (12.5 per cent) and North Africa and the Middle East (11 per cent)<sup>1539</sup>. The lowest rate (4.6 per cent) was among those who mainly spoke a language other than English at home<sup>1540</sup>. E-cigarette use has also increased among people born overseas, with 6.2 per cent of those from main English-speaking countries currently using e-cigarettes in 2022–23, more than double the rate in 2019<sup>1541</sup>. Among those born in non-main English-speaking countries, current use tripled, rising to 4.3 per cent<sup>1542</sup>. Notably, people who mainly spoke a language other than English at home were 3.9 times more likely to use e-cigarettes in 2022–23 (4.7 per cent) compared to 2019 (1.2 per cent)<sup>1543</sup>. Additionally, those who spoke English very well were more likely to have tried e-cigarettes (17.6 per cent) compared to those with lower English proficiency<sup>1544</sup>.

Adults with disability are more likely to smoke daily than those without disability, with 14 per cent of people aged 18 and over with disability smoking daily compared to 9.1 per cent of those without<sup>1545</sup>. Those with a disability (aged 18–64 years) are nearly twice as likely to smoke daily (18 per cent) as those without disability (9.5 per cent)<sup>1546</sup>. Among people with disability, males and females smoke at similar rates (15 per cent and 13 per cent respectively), though women are more likely to have never smoked (60 per cent vs 41 per cent)<sup>1547</sup>. Daily e-cigarette use is similar for people with and without disability, with 1.8 per cent and 1.3 per cent respectively<sup>1548</sup>.

In 2022–2023, the daily tobacco smoking rate among gay, lesbian, and bisexual people continued its long-term decline, dropping to 14.2 per cent from 28 per cent in 2010<sup>1549</sup>. Despite this decline, they were still two times more likely to smoke daily than heterosexual people, a slight increase from 1.5 times in 2019<sup>1550</sup>. The use of e-cigarettes and vapes surged significantly, with 21 per cent of gay, lesbian, and bisexual people reporting current use, nearly triple the rate from 2019<sup>1551</sup>. Additionally, nearly half (46 per cent) had used e-cigarettes at some point in their lifetime. The proportion of individuals who both smoked and vaped also doubled, increasing from 3.8 per cent in 2019 to 7.8 per cent in 2022–2023<sup>1552</sup>. While e-cigarette use rose among heterosexual people, it remained lower than among gay, lesbian, and bisexual people, who were 2.1 times more likely to use e-cigarettes<sup>1553</sup>. Despite these trends, around 68 per cent of gay, lesbian, and bisexual people neither smoked nor vaped, compared to 86 per cent of heterosexual people<sup>1554</sup>.

In Australia, the use of tobacco cigarettes and e-cigarettes varies significantly by socioeconomic status. In 2022–2023, higher levels of socioeconomic disadvantage were linked to higher rates of tobacco smoking, with the highest smoking rates observed in the most disadvantaged areas (13 per cent in disadvantaged areas compared to 5 per cent)<sup>1555</sup>. Conversely, e-cigarette use was more prevalent in the most advantaged areas, where 6.6 per cent of people vaped but did not smoke, compared to just 3.1 per cent in the most disadvantaged areas<sup>1556</sup>. Interestingly, the proportion of individuals who both smoked and vaped was relatively consistent across all socioeconomic areas (2–3 per cent)<sup>1557</sup>.

In 2020–21, 14 per cent of adults with a disability were smoking daily, compared with 9.1 per cent of those without a disability<sup>1558</sup>. Tobacco smoking rates have declined among individuals with mental health conditions and high psychological distress but remain significantly higher than in the general population. The 2022–2023 National Drug Strategy Household Survey (NDSHS) shows daily smoking among those with mental health conditions fell from 20 per cent in 2019 to 15.4 per cent, and from 21 per cent to 15.3 per cent among those with high psychological distress<sup>1559</sup>. Additionally, the proportion of those with high distress who had never smoked rose from 54 per cent to 59 per cent<sup>1560</sup>. Despite these gains, daily smoking rates remain twice as high for those with mental health conditions (15.4 per cent vs. 7.4 per cent) and high distress levels (15.3 per cent vs. 6.7 per cent) compared to the wider population<sup>1561</sup>.

## *Impacts of smoking and vaping*

Smoking tobacco remains the leading preventable cause of morbidity and mortality in Australia, contributing to 8.6 per cent of the total burden of disease and injury, according to the Australian Burden of Disease Study 2018<sup>1562</sup>. This burden is most significantly seen in cancers, which account for 44 per cent of tobacco-attributable diseases, followed by respiratory diseases (39 per cent), cardiovascular diseases (11 per cent), infections (6.2 per cent), and endocrine disorders (3.2 per cent)<sup>1563</sup>. While the overall burden of disease due to tobacco use has been declining—with a 32 per cent reduction in the age-standardised rate from 2003 to 2018—the impact remains substantial<sup>1564</sup>. Second-hand smoke continues to be a concern, causing serious health issues like coronary heart disease, lung cancer, and SIDS<sup>1565</sup>. However, fewer parents are exposing their children to tobacco smoke at home, with smoking inside homes with children under 14 dropping from 31 per cent in 1995 to 2.1 per cent in 2022–2023<sup>1566</sup>. Additionally, 2.6 per cent of non-smoking adults reported being exposed to tobacco inside the home daily in 2022–2023<sup>1567</sup>.

There is currently limited data on the direct impacts of vaping and e-cigarette use; however, evidence suggests that it poses significant health risks. Vapes can contain harmful chemicals, including formaldehyde, acetone, and heavy metals, which are linked to cancer and respiratory issues<sup>1568</sup>. Additionally, vaping can lead to nicotine dependence, respiratory problems, and potential long-term damage to the lungs<sup>1569</sup>. The chemicals in vapes, particularly those used for flavouring, have not been thoroughly tested for safety, raising concerns about unknown health risks<sup>1570</sup>.

## *Community attitudes*

Attitudes toward smoking tobacco in Australia have shown strong support for additional regulations aimed at reducing the harms associated with smoking. According to the 2019 National Drug Strategy Household Survey (NDSHS), approximately two-thirds of Australians supported further tax increases on tobacco products, with 67 per cent backing tax hikes to cover health-related treatment costs and 65 per cent supporting increased taxes to fund health education<sup>1571</sup>. Additionally, 63 per cent of Australians were in favour of raising the minimum age for tobacco sales to 21, reflecting a broad consensus on the need for stricter measures to mitigate the impacts of smoking on public health<sup>1572</sup>.

Attitudes towards vaping vary significantly between younger and older age groups, reflecting their differing motivations for using e-cigarettes. Among younger individuals, particularly those aged 14–17 and 18–24, the most common reasons for using e-cigarettes were curiosity and the perception that they taste better than regular cigarettes (approximately 75 per cent and 15 per cent respectively)<sup>1573</sup>. In contrast, older adults, particularly those aged 60 and over, were most likely to use e-cigarettes as a tool to help quit smoking (ranging from 45 per cent to 50 per cent approximately)<sup>1574</sup>. This indicates that while older users are primarily motivated by a desire to reduce or quit smoking, younger users are more driven by experimentation and sensory preferences.

## *Other drugs*

Between 2019 and 2022–2023, the use of many illicit drugs in Australia remained stable, including cannabis (11.5 per cent), inhalants (1.4 per cent), and cocaine, with 4.5 per cent of Australians reporting recent use<sup>1575</sup>. However, the use of hallucinogens saw a significant increase, with usage rising from 300,000 people in 2019 to 500,000 in 2022–2023<sup>1576</sup>. There were notable gender differences, particularly in cocaine use, where recent use among females increased from 3 per cent in 2019 to 3.7 per cent in 2022–2023<sup>1577</sup>.

Among Victorian secondary school students, cannabis was the most commonly used drug across all age groups. In the 16-17 age group, 23 per cent reported using cannabis once in their lifetime, 20.9 per cent had used it in the past year, and 11.7 per cent in the past month<sup>1578</sup>. For the 12-15 age group, 6.5 per cent had tried cannabis in their lifetime, 5.7 per cent in the past year, and 2.8 per cent in the past month<sup>1579</sup>. Inhalants were more prevalent among younger students, with 20.7 per cent of 12-15-year-olds reporting lifetime use compared to 15.2 per cent of 16-17-year-olds<sup>1580</sup>. Cannabis use was slightly more common among females over their lifetime (13.6 per cent) than males (9 per cent)<sup>1581</sup>.

In 2022–2023, only 7.8 per cent of people aged 60 and over had used illicit drugs in the previous 12 months, compared to 33 per cent of those aged 20–29<sup>1582</sup>. While the proportion of older adults using illicit drugs has gradually increased from 5.2 per cent in 2010, they remain less likely to use individual illicit drugs compared to younger people<sup>1583</sup>. However, older adults were more likely to have used pain relievers and opioids non-medically in the last month (0.8 per cent) and week (0.5 per cent) than those in their 20s, suggesting a greater risk of harm from these substances in older age groups<sup>1584</sup>.

Over 28 per cent of First Nations people nationally reported using illicit drugs in the previous 12 months, a consistent trend with previous years<sup>1585</sup>. However, the ranking of commonly used drugs shifted. Cannabis remained the most prevalent (17 per cent), followed by cocaine (5.5 per cent) and pain-relievers/opioids (4.6 per cent)<sup>1586</sup>. First Nations people were 1.4 times more likely than non-Indigenous people to have used any illicit drug<sup>1587</sup>. Notably, they were 2.3 times more likely to have used methamphetamine and amphetamine and 2.2 times more likely to have used pain-relievers and opioids for non-medical purposes<sup>1588</sup>.

Australians were 2.6 times more likely to have used any illicit drug (20 per cent) than those from non-English-speaking countries (7.8 per cent)<sup>1589</sup>. English speakers were 10.2 times more likely to have used cocaine (5.1 per cent vs. 0.5 per cent) and 4.5 times more likely to have used hallucinogens (2.7 per cent vs. 0.6 per cent) than those speaking another language at home<sup>1590</sup>. Australians were also 2.8 times more likely to have used cannabis (13.3 per cent vs. 4.7 per cent) and 1.8 times more likely to have used pain-relievers and opioids for non-medical purposes (2.3 per cent vs. 1.3 per cent) than those born in non-English-speaking countries<sup>1591</sup>.

In 2022–2023, nearly half (47 per cent) of gay, lesbian, or bisexual people reported using an illicit drug in the previous 12 months, up from 40 per cent in 2019<sup>1592</sup>. Cocaine use rose significantly from 10.5 per cent to 15.1 per cent in the same period<sup>1593</sup>. Additionally, 6.2 per cent reported using pharmaceutical stimulants for non-medical purposes, a newly introduced category<sup>1594</sup>. Compared to heterosexual individuals, gay, lesbian, and bisexual people were 8.6 times more likely to use inhalants, 6.6 times more likely to use methamphetamines, 3.4 times more likely to use ecstasy, and 2.7 times more likely to use cocaine<sup>1595</sup>.

Individuals experiencing high or very high levels of psychological distress were significantly more likely to use illicit drugs, with 32 per cent reporting use in the previous 12 months, compared to 12.7 per cent of those with low distress levels<sup>1596</sup>. People with high distress were 4.8 times more likely to use methamphetamine (2.9 per cent vs. 0.6 per cent) and 3.2 times more likely to use pain-relievers non-medically (4.8 per cent vs. 1.5 per cent)<sup>1597</sup>. Additionally, 29 per cent of people with a mental health condition used illicit drugs, nearly double the 15.9 per cent among those without a mental health condition<sup>1598</sup>.

In 2024, there were 732 offences recorded regarding drugs in the City of Melton. Most of these (78.8 per cent) related to drug use and possession of illicit drugs, followed by drug dealing and trafficking

(13.1 per cent) and cultivation and manufacturing of drugs (7.8 per cent)<sup>1599</sup>. This represents a rate of 328.2 drug offences per 100,000 population, significantly lower than the Victorian rate of 438.4 per 100,000<sup>1600, 1601</sup>. It also represents a decrease from a rate of 377.4 per 100,000 in 2020 across the City of Melton<sup>1602</sup>.

### *Impacts of other drug use*

In the 2022-2023 financial year, the most common drugs linked to ambulance attendances were illicit drugs (any) in the City of Melton, with a total of 357 attendances, and pharmaceutical drugs (any), with 198 attendances<sup>1603</sup>. This marks an increase in illicit drug-related attendances from 380 in the 2020-2021 financial year, while pharmaceutical drug-related attendances decreased from 274 in the same period<sup>1604</sup>. When comparing the rate of ambulance attendances per 100,000 population, the City of Melton had a rate of 156.87 for illicit drugs, which is lower than the metropolitan Melbourne rate of 206.05<sup>1605</sup>. For pharmaceutical drugs, the rate in the City of Melton was 138.23 per 100,000 population, also lower than the metropolitan Melbourne rate of 144.89 per 100,000<sup>1606</sup>. Drugs that had a higher rate for ambulances than metropolitan Melbourne were GHB (37.79 per 100,000 in the City of Melton, compared to 13.52), Hallucinogens (14.5 per 100,000 in the City of Melton, compared to 4.41) and Inhalants (3.62 per 100,000 in the City of Melton, compared to 2.49)<sup>1607</sup>.

In terms of gender, 68.5 per cent of the ambulance attendances related to drug use in the City of Melton were male, while 31.5 per cent were female<sup>1608</sup>. The age group with the highest percentage of ambulance attendances was the 25-34 age group, representing 29.1 per cent<sup>1609</sup>. This was followed with the 35-44 year old and 20-24 year old age group with 24.2 per cent and 18.9 per cent respectively<sup>1610</sup>. In the 2022-2023 financial year, all of the ambulance attendances related to drug use in the City of Melton required transportation to the hospital<sup>1611</sup>. Additionally, 53.9 per cent of these ambulance attendances had police co-attendance<sup>1612</sup>.

In the 2021-2022 financial year, there were significant hospital admissions related to drug use in the City of Melton. The most common drugs linked to hospital admissions were illicit drugs (any), with a total of 326 admissions, and pharmaceutical drugs (any), with 283 admissions<sup>1613</sup>. This represents a slight decrease for illicit drugs from 383 admissions in the 2020-2021 financial year, while pharmaceutical drug-related admissions slightly increased from 274 in the previous year<sup>1614</sup>. Among specific drugs, cannabis-related admissions saw a decrease from 181 in 2020-2021 to 128 in 2021-2022, whereas admissions related to amphetamines (meth) also declined from 143 to 128 in the same period<sup>1615</sup>. The City of Melton had a significantly higher rate of hospital admissions related to illicit drugs (any), with a rate of 179.89 per 100,000 population, compared to the metropolitan Melbourne rate of 97.81 per 100,000<sup>1616</sup>. Cannabis-related hospital admissions in the City of Melton were also higher, with a rate of 87.19 per 100,000, compared to 104.99 per 100,000 in metropolitan Melbourne<sup>1617</sup>.

Regarding gender, 55.3 per cent of hospital admissions for illicit drugs (any) were male, and 44.7 per cent were female<sup>1618</sup>. Conversely, just 26.9 per cent of hospital admissions for pharmaceutical drugs (any) were male, compared to 73.1 per cent for females<sup>1619</sup>. The age group 20-24 years had the highest percentage of hospital admissions for illicit drugs (any), accounting for approximately 32.9 per cent of the total admissions<sup>1620</sup>. The 25-34 years group followed, making up 25.7 per cent of the admissions<sup>1621</sup>. The same two age groups had the highest admissions for pharmaceutical drugs (any) at 24.2 per cent and 23.4 per cent respectively<sup>1622</sup>.

In 2021, there were no deaths linked to illicit drug-related events in the City of Melton<sup>1623</sup>. This represents a rate of 0 deaths per 100,000 people, compared to 0.63 in the metropolitan Melbourne area<sup>1624</sup>.

### *Support services*

In 2022, the City of Melton recorded a total of 404 DirectLine treatment sessions relating to drug use, an increase from 418 in 2020<sup>1625</sup>. Of these, 30.2 per cent were for pharmaceutical drugs, 15.8 per cent were for amphetamines, and 15.6 per cent were for crystal methamphetamine<sup>1626</sup>. Compared to metropolitan Melbourne, the City of Melton had higher treatment rates for amphetamines (33.13 per 100,000 in City of Melton compared to 26.7), crystal methamphetamine (32.62 per 100,000 in City of Melton compared to 24.68), pharmaceutical drugs (63.16 per 100,000 in City of Melton compared to 54.37), and pharmacotherapy (58.5 per 100,000 in City of Melton compared to 47.48)<sup>1627</sup>. For males, 28.5 per cent of the sessions were for pharmaceutical drugs (any) at 28.5 per cent, illicit drugs (any) accounted for 17.6 per cent and amphetamines (any) for 11.6 per cent<sup>1628</sup>. For females, illicit drugs (any) accounted for 24.3 per cent, pharmaceutical drugs (any) at 20.6 per cent and Pharmacotherapy at 19 per cent<sup>1629</sup>. The age group 25-34 years had the highest number of DirectLine treatment sessions in the City of Melton, accounting for approximately 48.5 per cent of all sessions, followed by the 35-44 year age group, accounting for 30.5 per cent<sup>1630</sup>.

In 2022-23, the City of Melton recorded a total of 2,699 VADC treatment episodes related to drug use, an increase from 2,273 in 2020-21<sup>1631</sup>. The rate of these episodes was 340.14 per 100,000 population in the City of Melton, lower than the metropolitan Melbourne rate of 822 per 100,000<sup>1632</sup>. Males accounted for 60.9 per cent of these episodes, with amphetamines being the most common drug category at 376.38 per 100,000<sup>1633</sup>. Females attended 39.1 per cent of the sessions, with illicit drugs (any) as the leading category<sup>1634</sup>. The age group 25-34 years had the highest proportion of treatment episodes, representing 48.5 per cent of the total, followed by the 35-44 years age group at 30.5 per cent, with amphetamines being the predominant drug in both groups<sup>1635</sup>.

The City of Melton recorded a limited number of online counselling sessions related to drug use. The highest rate was for illicit drugs, with a rate of 6.73 per 100,000 population, followed by other stimulants at 4.14 per 100,000<sup>1636</sup>. Counselling sessions for amphetamines and crystal methamphetamine were too low to report separately<sup>1637</sup>. Among males, the most common counselling sessions were for illicit drugs (any), while females primarily sought counselling for illicit drugs (any) and other stimulants<sup>1638</sup>. The 25-34 age group had the highest engagement in counselling services related to drug use<sup>1639</sup>.

### *Community attitudes*

Community attitudes towards cannabis use have become more tolerant over time. In 2019, 41 per cent of people supported the legalisation of cannabis, up from 25 per cent in 2010, marking the first time that support for legalisation surpassed opposition (41 per cent vs. 37 per cent)<sup>1640</sup>. Additionally, fewer people believed that cannabis possession should be a criminal offence or that penalties for its sale should be increased (22 per cent and 44 per cent respectively)<sup>1641</sup>. Despite this, 78 per cent of respondents indicated they would not use cannabis if it were legalised<sup>1642</sup>.

Support for the legalisation of drugs other than cannabis remained low but showed some increase from 2010. Specifically, support for the legalisation of cocaine increased from 6.3 per cent in 2010 to 8 per cent in 2019<sup>1643</sup>. Similarly, support for the legalisation of ecstasy rose from 6.8 per cent in 2010

to 9.5 per cent in 2019<sup>1644</sup>. Meanwhile, support for the legalisation of heroin remained relatively stable, with 5.6 per cent supporting it in 2019<sup>1645</sup>. Support for legalising methamphetamines was at 4.6 per cent in 2019, consistent with previous years<sup>1646</sup>.

Around three-quarters of Victorian secondary school students perceived significant danger in mixing drugs like alcohol, marijuana, and pills (76 per cent) and regularly using drugs such as heroin or morphine (76 per cent)<sup>1647</sup>. Similarly, 73 per cent considered using cocaine very dangerous<sup>1648</sup>. However, fewer students saw using LSD (48 per cent) or sniffing substances like glue and paint thinners (47 per cent) as very dangerous<sup>1649</sup>. Notably, 10 per cent of students perceived no danger in sniffing these substances<sup>1650</sup>.

# Gambling

This section explores the multifaceted impact of gambling on the health and wellbeing of the City of Melton community. It delves into the types of gambling prevalent in the area, including losses on electronic gaming machines (EGMs), online gambling, and sports betting, and examines the broader consequences these activities have on individuals and their social networks. Gambling is relevant to health and wellbeing because it can lead to significant financial, emotional, and psychological harm, affecting not only the individual but also their families and communities, thereby contributing to broader social and economic challenges.

While data is not available for the participation of gambling in the City of Melton specifically, a report on participation across Victoria in 2021 can provide some insights. According to the report, approximately one third (36 per cent) of Victorian adult's report spending money on gambling activities in a typical month<sup>1651</sup>.

The gender distribution among gamblers showed that males (55 per cent) are slightly more likely to participate in gambling compared to females (45 per cent)<sup>1652</sup>. More than half of gamblers were aged 50 years old or over (56 per cent) with those who are 30-49 years accounting for 34 per cent<sup>1653</sup>. Young adults aged 18-29 years had a participation rate of 10 per cent<sup>1654</sup>. Regarding country of birth, 25 per cent of gamblers were born overseas and 1 per cent identified as Aboriginal or Torres Strait Islander, which was consistent with the general population<sup>1655</sup>.

Nearly half of people who participated in gambling were employed full time (46 per cent), compared to 25 per cent who were retired, 19 per cent who were employed part time and 10 per cent who were unemployed<sup>1656</sup>. In terms of relationship status, 62 per cent of gamblers were married or in a de facto relationship, compared to 38 per cent who were single<sup>1657</sup>. Most gamblers (74 per cent) lived in major cities, while 22 per cent resided in inner regional areas and 4 per cent in outer regional or remote areas<sup>1658</sup>.

The most popular gambling activities among Victorian adults included lotteries, with 76 per cent of gamblers participating (27 per cent of all Victorian adults), followed by EGMs at 21 per cent (8 per cent of all Victorian adults), and race betting at 17 per cent (6 per cent of all Victorian adults)<sup>1659</sup>.

## Gambling losses

In the City of Melton EGM gambling losses reached a figure of \$90.3 million in 2023-2024 financial year or \$247,320 per day, representing a 4.1 per cent increase from the previous year. This places the local government area 10<sup>th</sup> for the highest losses across the state and 12<sup>th</sup> for the percentage change of losses<sup>1660</sup>. It also equates to a \$614 loss per adult across the financial year, ranking the City of Melton 26<sup>th</sup> among local government areas<sup>1661</sup>.

This is especially significant given the City of Melton ranked 22<sup>nd</sup> across local government areas for the number of EGMs in 2024, at 3.6 EGMs per 1,000 adults, compared to 5.7 per 1,000 across Victoria. There are 523 EGMs across seven licensed venues in the City of Melton, which is 63 per cent of the allowable machines according to caps set by the Victorian Gambling and Casino Control Commission (VGCCC)<sup>1662</sup>.

Out of seven gambling venues in the City of Melton, four are located in the areas of Melton and Melton South which have a higher level of disadvantage based on SEIFA. These four venues accounted for \$43.8 million in combined losses in the 2023-2024 financial year, approximately half (48.5 per cent) of the losses across all venues in the City of Melton for the same period<sup>1663</sup>.

Data relating to losses for other types of gambling in the City of Melton is not available, but statewide data can provide some insights. The total losses for online sports and race betting of gambling in Victoria was \$259 million in 2022-2023, up from \$165 million in 2019-2020<sup>1664</sup>. Total losses for lotteries were \$764 million in 2022-2023, down slightly from \$788 million in 2021-2022, but part of an overall upward trend from 2019-2020 (\$643 million)<sup>1665</sup>. While these losses are significantly lower than those for EGMs, they are part of a rising trend which has limited influence from local government policy.

## Impacts of gambling

The Problem Gambling Severity Index (PGSI) is a measure which uses self-reported data from clients to identify problematic gambling behaviours. Based on this index approximately 18 per cent of Victorian adults who gambled (or 6.5 per cent of all Victorian adults) were classified as being at risk of or already experiencing gambling-related problems<sup>1666</sup>. This includes 9 per cent as 'low-risk' gamblers, 6 per cent as 'moderate-risk' gamblers, and 3 per cent classified as 'problem' or 'high-risk' gamblers<sup>1667</sup>.

Typically, as the severity of gambling problems increases, so do the associated harms. Research indicates that 20 per cent of people who gambled reported adverse effects on their lives, while 70 per cent reported no difference, and 12 per cent noted a positive influence<sup>1668</sup>. For problem gamblers, 85.2 per cent reported negative impacts, with only 6.6 per cent reporting positive effects<sup>1669</sup>. Moderate-risk gamblers also reported significant adverse effects, with 45.8 per cent indicating negative impacts<sup>1670</sup>.

The harms experienced by individuals who gamble can manifest in various forms. Research shows that in Victoria, 39 per cent of people who experience problem gambling have a diagnosed mental health condition, such as depression, anxiety, alcohol use disorder, or post-traumatic stress disorder<sup>1671</sup>. Additionally, 39 per cent of people who experience problem gambling are in a state of high distress, compared with just 5 per cent of the general population<sup>1672</sup>. Financial problems are associated with approximately 15.6 per cent of gambling harm<sup>1673</sup>. It can lead to reduced spending on essentials such as food, medication, and education for problem gamblers, while impacting more discretionary costs for low and moderate risk gamblers<sup>1674</sup>. Around 25 per cent of gambling harm can also be linked with relationship difficulties, including intimate partner violence<sup>1675,1676</sup>. While the data is limited on the impacts associated with gambling in the City of Melton specifically, given the losses attributed to gambling in our municipality it would be fair to assume that there is a close correlation with the state-wide data.

To help reduce the harms associated with problem gambling, the *Gambling Regulation Act 2003* requires gambling venues to prepare and lodge an audited community benefit statement with the Victorian Gambling and Casino Control Commission (VGCCC) for every financial year in which they receive gaming machine revenue<sup>1677</sup>. To date in 2024, three out of the seven venues in the City of Melton have submitted this statement, indicating that they have collectively donated \$100,870 to various community activities, such as supporting local sports, health services, and environmental protection<sup>1678</sup>. This contribution represents just 0.22 per cent of the total gaming revenue.

## Community attitudes

While specific data for the City of Melton community is not available on resident's attitudes toward gambling, a 2023 survey of 1,500 participants conducted by the Victorian Responsible Gambling Foundation (VRGF) provides some insights<sup>1679</sup>. The survey found that that 44 per cent of respondents viewed gambling as a very serious issue, with 57 per cent expressing concerns about

the normalisation of sports betting<sup>1680</sup>. Additionally, 85 per cent of participants strongly agreed that gambling could negatively impact families, while 73 per cent believed it could harm communities<sup>1681</sup>. A little over half the participants (53 per cent) felt that others were better equipped to assist those experiencing gambling harm<sup>1682</sup>.

## Support and intervention

Gamblers Help is the major provider of problem gambling support across Victoria. However, there is no dedicated Gamblers Help site in the City of Melton, and only limited services are provided within the municipality, in partnership with Banyule Community Health, located in Melton. Anecdotal reports indicate that counsellors are currently experiencing a low number of clients engaged in the services. This is consistent with national trends suggesting that a very small proportion of people seek help for gambling related harms<sup>1683</sup>. Some reasons for this could include stigma associated with gambling and a lack of awareness about the signs of gambling harm<sup>1684</sup>.

# Community safety and crime prevention

This section examines the impact of community safety on health and wellbeing in the City of Melton. A safe community not only enhances physical health by encouraging active use of the built environment and public spaces but also supports social connections and economic stability. This section will provide an overview of data on perceptions of safety, both during the day and at night, influence community engagement and overall mental health. Additionally, the section will delve into crime statistics, victimisation rates, and the demographics of offenders, alongside corrections data such as imprisonment and re-offending rates, to provide a comprehensive understanding how safety has a role in shaping community health.

## Public perceptions and safety

The 2024 Annual Community Satisfaction Survey provided an indication of how safe residents feel in various contexts and locations across the municipality. The overall perception of safety for the City of Melton scored 7.1 out of 10<sup>1685</sup>. The survey reveals consistent safety perception patterns across suburbs, demographics, and linguistic backgrounds<sup>1686</sup>. Burnside (7.9) and Fraser Rise (7.7) reported higher safety ratings across all contexts, while Harkness (6.2) and Melton West (6.3) reported lower ones<sup>1687</sup>.

Males generally felt safer than females, especially in public spaces at night, with males scoring 6.9 and females scoring 6.0 for night-time safety<sup>1688</sup>. Older adults (aged 65+) felt safer during the day (7.8) and at community events (7.5), whereas middle-aged adults (45-64) felt less safe, particularly at night, scoring 6.2<sup>1689</sup>. English-speaking households reported higher safety perceptions (7.5) compared to multilingual households (7.0)<sup>1690</sup>.

Among those who felt unsafe, the most common reasons cited were poor street lighting (23 per cent of respondents), lack of visible police presence, and the presence of groups loitering or engaging in antisocial behaviour<sup>1691</sup>. Many respondents also expressed concerns about isolated areas and inadequate surveillance in public spaces, particularly in parks and around public transport hubs<sup>1692</sup>.

### *Daytime*

Survey respondents indicated that they generally felt safe during the day, with a rating of 7.7 out of 10. Perceptions of safety have declined slightly over time, down from a rating of 8.2 in 2019<sup>1693</sup>. Suburbs with the highest daytime safety rating included Burnside (8.4 out of 10), Fraser Rise (8.2) and Taylors Hill (8.0)<sup>1694</sup>. In contrast, suburbs with the lowest ratings for perceptions of safety during the day were Harkness (6.8) and Melton West (7.0)<sup>1695</sup>.

With regard to gender, males reported higher perceptions of safety during the day compared to females, with a rating of 7.9 compared to 7.5 respectively<sup>1696</sup>. Senior citizens (65 years and older) reported the highest perception of safety during the day, with a rating of 8.0, in contrast to middle-aged adults (aged 35-54) who reported the lowest daytime safety rating at 7.3<sup>1697</sup>. English-speaking households reported a slightly higher average daytime safety rating of 7.8, compared to multilingual households, which rated their safety at 7.6<sup>1698</sup>.

### *Nighttime*

Average ratings for perceptions of safety at night were lower across the board, with a rating of 6.0 out of 10, representing a decline from a rating of 6.6 in 2019<sup>1699</sup>. Suburbs with the highest nighttime safety ratings included Burnside (7.1 out of 10), Fraser Rise (7.0), and Taylors Hill (6.8)<sup>1700</sup>.

Conversely, the suburbs with the lowest perceptions of safety at night were Harkness (5.1) and Melton South/Brookfield (5.3)<sup>1701</sup>.

In terms of gender, males reported higher perceptions of safety at night compared to females, with a rating of 6.5 compared to 5.6, respectively<sup>1702</sup>. While the survey does not provide an indication of how the City of Melton compares other local government areas, data the 2015 VicHealth Indicators survey suggests that females in the City of Melton have a lower perception of safety when walking alone at night (25.2 per cent) compared to the Victorian female average (44 per cent)<sup>1703</sup>. Males showed a similar pattern, with 59.4 per cent in the City of Melton saying they felt safe walking alone at night, compared to 78.8 per cent in Victoria<sup>1704</sup>. It's noted that this data is almost a decade old at the time of reporting this report, and more recent data would be needed to provide a more accurate understanding of the current landscape.

Returning to the data from the Annual Community Satisfaction Survey, Younger adults (aged 18-34) and adults (aged 35-54) reported similar nighttime safety ratings of 6.2, while middle-aged adults (aged 45-64) and older adults (aged 55-64) reported lower ratings of 5.7 and 5.6, respectively<sup>1705</sup>. Senior citizens (aged 65+) reported a slightly higher perception of safety at night, with a rating of 6.1<sup>1706</sup>. English-speaking households reported an average nighttime safety rating of 6.0, while multilingual households reported a slightly lower rating of 5.6<sup>1707</sup>.

### *At home alone after dark*

Perceptions of safety at home alone after dark were moderately positive, with an average rating of 7.5 out of 10, representing a slight decline from a rating of 7.7 in 2019<sup>1708</sup>. Suburbs with the highest safety ratings at home alone after dark included Burnside (8.3 out of 10), Fraser Rise (8.1), and Cobblebank/Strathtulloh (7.8)<sup>1709</sup>. On the other hand, suburbs such as Melton West (6.3) and Harkness (6.6) reported the lowest safety perceptions at home alone after dark<sup>1710</sup>.

In terms of gender, males reported slightly higher perceptions of safety compared to females, with a rating of 7.7 compared to 7.3, respectively<sup>1711</sup>. Younger adults (aged 18-34) and middle-aged adults (aged 35-54) reported higher safety ratings of 7.8 and 7.5, respectively, while older adults (aged 55-64) and senior citizens (aged 65+) reported lower ratings of 6.8 and 7.3, respectively<sup>1712</sup>. Interestingly, there was little variation between English-speaking and multilingual households, with both reporting a similar safety rating of 7.5<sup>1713</sup>.

### *Public spaces*

The average safety rating while travelling, particularly on public transport, was 7.0 out of 10 in 2024, reflecting a slight improvement from 6.8 in 2019<sup>1714</sup>. Suburbs like Burnside (7.5 out of 10) and the Western Region (7.4) reported the highest safety perceptions while travelling. In contrast, Melton West (6.2) and Cobblebank/Strathtulloh (6.4) recorded the lowest ratings<sup>1715</sup>. Males reported slightly higher safety perceptions while travelling, with a rating of 7.1 compared to 6.8 for females<sup>1716</sup>. Young adults (aged 18-34) reported the highest safety perception while travelling, with a rating of 7.2, while middle-aged adults (aged 45-64) reported the lowest at 6.4<sup>1717</sup>. English-speaking households rated their safety at 7.1, slightly higher than multilingual households, which rated it at 6.9<sup>1718</sup>.

Safety perceptions at local shopping centres averaged 7.1 out of 10 in 2024, down from 7.5 in 2019. Suburbs with the highest safety ratings included Burnside (7.9 out of 10), Metro Melbourne (7.7), and the Western Region (7.6)<sup>1719</sup>. Meanwhile, suburbs like Harkness (6.3) and Melton South/Brookfield (6.4) reported the lowest safety perceptions at shopping centres<sup>1720</sup>. Males

reported a higher safety perception at shopping centres, with a rating of 7.3, compared to 6.9 for females<sup>1721</sup>. Young adults (aged 18-34) and adults (aged 35-54) both reported a safety rating of 7.3, while middle-aged adults (aged 45-64) and older adults (aged 55-64) rated their safety slightly lower at 6.7 and 6.5, respectively<sup>1722</sup>. Senior citizens (aged 65+) reported a slightly higher safety rating of 7.2. English-speaking households rated their safety at shopping centres at 7.2, marginally higher than multilingual households, which rated it at 7.1<sup>1723</sup>.

Perceptions of safety at community events were slightly higher, with an average rating of 7.5 out of 10 in 2024, showing improvement from 7.2 in 2019<sup>1724</sup>. Burnside residents reported the highest safety perceptions at community events, with a rating of 8.1, followed by rural areas at 7.8<sup>1725</sup>. In contrast, Harkness (6.7) and Brookfield (6.8) reported the lowest safety perceptions at community events<sup>1726</sup>. Gender differences were less pronounced, with males and females both reporting similar safety ratings at community events, around 7.5<sup>1727</sup>. Older adults (aged 65+) reported the highest safety perception at community events, with a rating of 7.8<sup>1728</sup>, while middle-aged adults (aged 45-64) reported the lowest at 7.0<sup>1729</sup>. English-speaking households reported a safety rating of 7.5 at community events, slightly higher than multilingual households, which rated it at 7.4<sup>1730</sup>.

## Crime

While there has been a small increase in criminal incidents over the last year, the City of Melton has experienced a general decline in crime over the last decade. As of March 2024, the City of Melton's criminal incident rate was 4,589.3 incidents per 100,000 population, a significant drop from a rate of 5,444.8 in 2021 and 6,216.9 in 2016<sup>1731</sup>. It is also lower than the rate of criminal incidents in Victoria, which dropped from a rate of 5,899.7 per 100,000 in 2021 to 5,686.4 in 2024<sup>1732</sup>. In terms of total crime incidents, 2024 saw an increase in the City of Melton, with the total number of incidents rising from 8,663 in 2023 to 9,858 in 2024, marking a 13.8 per cent increase<sup>1733</sup>. Looking at the outcomes of these incidents, 31.9 per cent of cases in 2024 resulted in charges being laid, while 14.5 per cent did not lead to charges<sup>1734</sup>. Notably, 53.6 per cent of criminal incidents remained unsolved<sup>1735</sup>.

Houses were the most common locations for criminal incidents to occur in the City of Melton, with 3,735 cases in 2023-2024. Streets, lanes, and footpaths followed with 1,444 incidents<sup>1736</sup>. Service stations (438 incidents), driveways or carports (433 incidents), and shopping complexes (328 incidents) also featured prominently<sup>1737</sup>. The suburb of Melton recorded the highest number of incidents, with 1,480 cases, followed by Caroline Springs with 1,007 incidents, which might be expected given the relatively higher population of these areas<sup>1738</sup>. Other areas, such as Melton South (942 incidents), Melton West (759 incidents), and Truganina (515 incidents), also faced saw higher than average criminal activity for the municipality<sup>1739</sup>.

The top five principal offence subgroups provide insight into the types of crimes that are most prevalent in the City of Melton. 'Other theft' was the most common offence, with 1,324 incidents, followed closely by 'Steal from a motor vehicle' with 1,205 incidents<sup>1740</sup>. 'Criminal damage' accounted for 868 incidents, 'Breach of a family violence order' had 632 incidents, and 'Steal from a retail store' saw 603 incidents<sup>1741</sup>.

The data indicates that the majority of offenders are male, with 3,166 incidents attributed to males, compared to 842 incidents involving females<sup>1742</sup>. In terms of age groups, offenders are spread relatively evenly across several age brackets, with notable peaks in the 18-24 and 35-39 age groups, each recording 648 and 642 incidents respectively<sup>1743</sup>. The 45+ age group also recorded a significant number of incidents, with 642 cases<sup>1744</sup>. Younger individuals aged 10-17 accounted for 490 incidents. The data shows a lower number of incidents in the 40-44 age group, with 381 cases, suggesting a slight decrease in offending as individuals age<sup>1745</sup>.

The overrepresentation of Aboriginal and Torres Strait Islander people in Victoria's justice system is stark. In 2023, the imprisonment rate for Indigenous people was 1,898.2 per 100,000, compared to 120.9 for the total population<sup>1746</sup>. This gap has widened, with the Indigenous imprisonment rate increasing by 96.7 per cent since 2011<sup>1747</sup>. Indigenous young people are particularly impacted, with police processing rates of 669.7 per 10,000, compared to 102.9 for non-Indigenous youth<sup>1748</sup>. The rate for Aboriginal young people aged 15-17 years is the highest since 2012-13, highlighting the urgent need to address underlying causes of youth involvement in crime<sup>1749</sup>.

Over time, the rate of offences recorded in the City of Melton has shown a notable decline, with a significant drop between 2021 and 2024<sup>1750</sup>. In 2021, City of Melton's offence rate was 7,707.4 incidents per 100,000 population, higher than the state average of Victoria, which was 8,118.4 per 100,000<sup>1751</sup>. By 2024, City of Melton's rate had decreased to 6,157.6 per 100,000, which is lower than the Victorian average of 7,687.5 per 100,000 for the same period<sup>1752</sup>. Despite the overall decline in the offence rate, the total number of offences recorded in the City of Melton increased by 8.9 per cent from 12,146 incidents in 2023 to 13,227 in 2024<sup>1753</sup>. Among these incidents, 43.9 per cent led to an arrest or summons, while 43.7 per cent remained unsolved, indicating a substantial portion of criminal activities that are still under investigation or have not resulted in immediate legal action<sup>1754</sup>.

## Victims of crime

The City of Melton has experienced fluctuations in victimisation rates over recent years, but overall, there has been a general decline when viewed in a broader context. As of March 2024, the person victimisation rate in the City of Melton stood at 2,562.8 incidents per 100,000 population, reflecting a decrease from 2,697.1 in 2021 and a significant drop from 3,863 per 100,000 in 2016<sup>1755</sup>. When compared to the state of Victoria, where the victimisation rate was 3,299 per 100,000 in 2024, City of Melton's rate is notably lower<sup>1756</sup>. The year 2024 saw an increase in the total number of victim reports in the City of Melton from the previous<sup>1757</sup>. The total reports rose from 6,805 in 2023 to 8,172 in 2024, marking a 20.1 per cent increase<sup>1758</sup>.

In examining the nature of these victim reports, the top five principal offence subdivisions provide a clearer picture of the types of crimes impacting the community<sup>1759</sup>. Theft was the most prevalent offence, with 1,983 reports, followed by assault and related offences, which accounted for 1,271 reports<sup>1760</sup>. Property damage was also significant, with 712 reports, and burglary or break and enter incidents numbered 543. Sexual offences were reported 284 times, rounding out the top five categories<sup>1761</sup>.

When considering the demographics of victims, the data reveals important trends. Gender analysis shows that males were slightly more likely to be victims, with 2,802 incidents reported, compared to 2,630 incidents involving females<sup>1762</sup>. The largest age group affected was those aged 25-34, with 1,443 reports, followed closely by the 35-44 age group, which had 1,315 reports<sup>1763</sup>. Younger individuals aged 0-24 accounted for 1,015 reports, while the 45-54 age group had 811 reports, and those aged 55 and over experienced 778 incidents<sup>1764</sup>.

## Corrections

As of June 2024, the total number of people in prison in Victoria stood at 5,915, reflecting a significant decrease over the past five years<sup>1765</sup>. This decline is particularly notable when compared to the prison population on June 2019, when there were 8,102 individuals incarcerated<sup>1766</sup>. Of these, 62.6 per cent had been sentenced while the remaining were yet to be sentenced (on remand)<sup>1767</sup>.

Imprisonment puts a heavy burden on individuals, families, and the whole community and is linked to disadvantage and health and wellbeing inequity. While specific data for the imprisonment rate for residents from the City of Melton were not available, the high levels of disadvantage experienced in the area<sup>1768</sup>, and the over representation of those from disadvantaged backgrounds in prison populations means it is an important concern for the City of Melton<sup>1769</sup>. People living in disadvantaged areas are 2.9 times more likely to be imprisoned than those in non-disadvantaged areas<sup>1770</sup>.

The Jesuit Social Services' Dropping off the Edge (DOTE) research assesses levels of disadvantage across communities in Australia using indicators across five domains. These indicators include juvenile convictions and prison admissions highlighting the link between experience of incarceration and experience of persistent disadvantage in Australian communities. Findings from this research align with the data, with the areas of Melton, Melton South, and Melton west (SA2 level) being in the most disadvantaged quintile for both the indicators of juvenile convictions per 1,000 and prison admissions per 1,000 (as well as the overall index of disadvantage)<sup>1771</sup>. Note that this data is based on place of residence of the offender when sentenced, not the presence on correctional institutions in the City of Melton. The high level of imprisonment for residents in this area of the City of Melton highlights the importance of better understanding the relationship between imprisonment, disadvantage, and health and wellbeing. A further fact to consider was that nearly half (47 per cent) were unemployed at the time of entering prison and more than half were not married or single (55.8 per cent)<sup>1772</sup>.

The mean age of offenders in prison was 34.6 years old, with about 12.3 per cent being under 25 years of age, and 8.3 per cent being over the age of 50<sup>1773</sup>. The majority of offenders (66.4 per cent) partially completed secondary school, while the highest level of education for 24.7 of offenders is unknown<sup>1774</sup>. Victoria had the lowest youth detention rate in Australia in 2022–23, at 5.7 per 10,000 young people, a decrease from 6.4 in the previous year<sup>1775</sup>.

In terms of gender differences, the male prison population has consistently been higher than the female population in Victoria. On 30 June 2024, there were 5,634 males in prison compared to 281 females<sup>1776</sup>. This trend is consistent with previous years; however, both male and female prison populations have seen a decline<sup>1777</sup>. For males, the total number in prison decreased from 7,527 in June 2019 to 5,634 in June 2024<sup>1778</sup>. Similarly, the female prison population decreased from 575 in June 2019 to 281 in June 2024<sup>1779</sup>.

While representing approximately 1 per cent of the population in Victoria, 12.6 per cent of those in prison were from Aboriginal or Torres Strait Islander communities<sup>1780</sup>. This highlights that Aboriginal or Torres Strait Islander communities are significantly overrepresented in the prison system in Victoria. The overrepresentation is particularly prominent among young people, with Aboriginal and Torres Strait Islander youth in Victoria being detained at a rate of 51 per 10,000, compared to just 4.8 per 10,000 for non-Indigenous young people<sup>1781</sup>.

Approximately three quarters (74.9 per cent) of those in Victorian prisons were born in Australia, followed by 8.6 from the Asian continent, 6.4 per cent from Africa and the Middle East, and 4 per cent from Europe<sup>1782</sup>. Given approximately 30 per cent of the Victorian population were born overseas, this is an underrepresentation or at most an alignment with the wider Victorian population<sup>1783</sup>.

In Victoria, a significant proportion of people in prison have a disability, but identifying these individuals is challenging due to inadequate screening upon entry. Nationally, in 2022, 39 per cent of prison entrants aged 18 and over reported a disability, compared to 18 per cent in the general

population<sup>1784</sup>. Disability prevalence is higher in prisons across all age brackets, with 49 per cent of prisoners aged 45-54 reporting a disability compared to 16 per cent in the general population<sup>1785</sup>. A 2011 study estimated that 42 per cent of male and 33 per cent of female Victorian prisoners have an acquired brain injury, and 4.4 per cent had an intellectual disability in 2023<sup>1786</sup>. The lack of adequate infrastructure and specialised support programs in Victorian prisons, coupled with long waiting lists, means that many prisoners with disabilities do not receive the care they need, increasing their risk of reoffending<sup>1787, 1788</sup>.

### *Impacts on the City of Melton*

There are three correctional facilities located within the boundaries of the City of Melton: the Metropolitan Remand Centre, Ravenhall Correctional Centre, and the Dame Phyllis Frost Centre. As of June 2023, 743 offenders were housed at the Metropolitan Remand Centre, representing 11.5 per cent of the state's prison population<sup>1789</sup>. The Ravenhall Correctional Centre housed 939 offenders, accounting for 14.6 per cent of the total, while the women's prison Dame Phyllis Frost Centre accommodated 260 offenders, or 4 per cent of the prison population<sup>1790</sup>. Collectively, these facilities housed a total of 1,942 offenders, which represents 30.1 per cent of all people correctional facilities in Victoria at the time<sup>1791</sup>. Most offenders in prison have a sentence length of 5 years or less (72.5 per cent), with 27.9 per cent being sentenced for less than one year<sup>1792</sup>.

The presence of correctional facilities within the City of Melton, while operating under state jurisdiction, has significant implications for the wellbeing of our community. Australia-wide data shows that people in prison are more likely to have significant and complex health needs. Around half (52 per cent) of prisoners reported having a chronic physical health condition, with asthma and back pain being the most common<sup>1793</sup>. Additionally, 51 per cent of prison entrants had been diagnosed with a mental health condition, with higher rates observed among female entrants (63 per cent) and non-Indigenous entrants (60 per cent)<sup>1794</sup>.

The situation is particularly concerning for younger individuals and First Nations people. About 42 per cent of younger prison entrants (aged 18–24) reported a history of self-harm, significantly higher than other age groups<sup>1795</sup>. Additionally, First Nations prison entrants were more likely to have extensive prison histories, with 39 per cent having been incarcerated at least five times, compared to 22 per cent of non-Indigenous entrants<sup>1796</sup>. This cycle of re-incarceration perpetuates the socio-economic challenges faced by these communities.

A key issue for people in prison is the high risk of homelessness upon release. Nearly half (48 per cent) of prisoners expected to be homeless upon release, with many planning to sleep in short-term or emergency accommodation, and a small percentage anticipating sleeping rough<sup>1797</sup>. This is particularly relevant to the City of Melton, as the reintegration of individuals leaving these facilities may place additional pressures on local housing services and social support systems.

Repeat offending is another consideration which reflects the health and wellbeing of those in the cycle of incarceration. In 2023, 54.7 per cent of prisoners in Victoria had a known history of prior imprisonment, indicating over half of the prison population had reoffended<sup>1798</sup>. Furthermore, 39.5 per cent of prisoners released during 2020–21 returned to prison within two years (to 2022–23)<sup>1799</sup>. This is slightly lower than the national recidivism rate of 42.5 per cent<sup>1800</sup>. However, when looking at the broader measure of recidivism, which includes those who return to prison as well as those who are placed on community orders, the figures are even more concerning. Of the prisoners released during this period, 46.9 per cent returned to corrective services within two years, compared to the national rate of 51.5 per cent<sup>1801</sup>.

This data highlights a critical need for enhanced tertiary crime prevention strategies that focus on addressing the underlying causes of reoffending, such as socioeconomic disadvantage, trauma, and lack of access to rehabilitative services, to reduce recidivism rates and support reintegration into society.

## Injury prevention

Injury prevention is a significant aspect of public health in the City of Melton, aimed at mitigating preventable death and disability across all age groups. Unintentional and preventable injuries can significantly strain healthcare systems and impact community wellbeing. By exploring common causes of injuries and effective preventative measures, we will highlight strategies that enhance safety in daily environments - whether at home, on the road, or within the broader community. The discussion will provide an overview of data on preventative education, emergency responses, and the outcomes of safety interventions to highlight the importance of integrated health and safety practices.

Injuries are a major cause of morbidity, permanent disability, and mortality affecting the quality of life of individuals and families. Injuries are the leading cause of death for people aged 1-44 years in Australia<sup>1802</sup>.

There were 2,037 hospitalisations for unintentional injuries for City of Melton residents in 2022, a slight drop from 2,024 incidents in 2021<sup>1803</sup>. This represents a rate of 1047.9 per 100,000 people, lower than the rate for Victoria (1752.2 per 100,000 residents)<sup>1804</sup>. The most common cause of unintentional injury hospitalisations is falls, accounting for 48.2 per cent of cases<sup>1805</sup>. This is followed by transport-related injuries (17.8 per cent), with hit, struck or crush incidents (10.7 per cent) and cutting or piercing injuries (10 per cent) also featuring prominently<sup>1806</sup>. Other causes include natural, environmental, or animal-related incidents (4.5 per cent) and overexertion or strenuous movements (3.6 per cent)<sup>1807</sup>. Most unintentional injury hospitalisations occurred at home, accounting for 28.2 per cent of the cases, followed by incidents on roads, streets, and highways, which made up 14.3 per cent<sup>1808</sup>. A significant proportion of incidents (37.2 per cent) occurred in unspecified locations<sup>1809</sup>.

In terms of injury type, fractures were the most frequent, representing 39.4 per cent of hospitalisations<sup>1810</sup>. Open wounds accounted for 18.4 per cent, followed by dislocations, sprains, and strains (4.9 per cent), and intracranial injuries (5.5 per cent)<sup>1811</sup>. Superficial injuries (5.7 per cent) and burns (1.5 per cent) also contributed to the injury burden<sup>1812</sup>. When looking at the body regions affected, the upper extremities are the most commonly injured (35.1 per cent), followed by the head, face, or neck region (25.1 per cent) and the lower extremities (23.1 per cent)<sup>1813</sup>. Injuries to the trunk account for 14.1 per cent of cases<sup>1814</sup>. The majority of unintentional injury hospitalisations among residents in the City of Melton resulted in relatively short stays, with 72.6 per cent of patients spending fewer than two days in the hospital<sup>1815</sup>. In contrast, 19.9 per cent of patients stayed between two and seven days, while a smaller proportion, 6.8 per cent, remained in the hospital for 8-30 days, and only 0.7 per cent stayed for 31 days or more<sup>1816</sup>.

In 2022 the 0–14-year age group had 666 hospitalisations due to unintentional injuries, resulting in a rate of 1,061.3 per 100,000 people<sup>1817</sup>. For the 15–24-year age group, there were 598 hospitalisations, corresponding to a rate of 1,116.4 per 100,000<sup>1818</sup>. The 25–64-year age group experienced the highest number of hospitalisations, with 1,814 cases, but had a lower rate of 805.1 per 100,000<sup>1819</sup>. Among older adults, the 65–84-year age group saw 748 hospitalisations, with a much higher rate of 2,448.3 per 100,000<sup>1820</sup>. The 85+ year age group, although having only 235 hospitalisations, exhibited the highest rate at 10,177.6 per 100,000 people<sup>1821</sup>. Certain types of unintentional injuries are more common for different age groups, for instance, older people aged 75 years and over accounted for 46 per cent of falls nationally, and choking and suffocation was the second leading cause of injury related death for those aged 85 years and over (around 98 per 100,000 people)<sup>1822</sup>. Accidental poisoning was most common for young children aged 0-4 years<sup>1823</sup>. Unintentional injury hospitalisations are more common among males compared to females in the City of Melton<sup>1824</sup>. In 2022 there were 2,331 hospitalisations for males, translating to a rate of

1,241.9 per 100,000 population<sup>1825</sup>. In contrast, females had 1,730 hospitalisations, with a lower rate of 926.1 per 100,000 population<sup>1826</sup>.

There is a clear link between socio-economic disadvantage and unintentional injury hospitalisations in Victoria. The most disadvantaged areas (SEIFA categories 1-3) experience a relatively lower proportion of unintentional injury hospitalisations, with categories 1, 2, and 3 accounting for 5.4 per cent, 5.8 per cent, and 6 per cent of total hospitalisations respectively<sup>1827</sup>. However, as we move towards the mid-range of the SEIFA index (categories 6-7), we see a spike in hospitalisations, with category 7 alone accounting for the highest proportion at 17.3 per cent<sup>1828</sup>. Interestingly, the more advantaged areas (categories 9-10) also report significant rates of hospitalisations, with category 10, the most advantaged, accounting for 15 per cent<sup>1829</sup>. This suggests that while socio-economic disadvantage does contribute to increased unintentional injury hospitalisations, higher rates are not exclusively linked to disadvantaged areas, indicating other contributing factors, such as lifestyle or environmental conditions, might also be influencing the data.

While specific data is not available for the City of Melton, Victorian data indicates that confidence in providing first aid during an emergency is notably low, with only 44 per cent of adult respondents feeling capable in such situations<sup>1830</sup>. This leaves a significant majority, 56 per cent, who do not feel confident to act. Despite 72 per cent of respondents had witnessed a health or medical emergency at some point, less than half (47 per cent) feel prepared to intervene<sup>1831</sup>. Additionally, just 31 per cent of Victorian participants had received first aid training in the last three years, which is 5 per cent lower than the national average<sup>1832</sup>. The data reveals that recent training significantly boosts confidence, with 75 per cent of those trained within the last three years feeling prepared to administer first aid, compared to only 32 per cent of those who trained over three years ago or never<sup>1833</sup>. This varies between gender with 57 per cent of male respondents feeling confident in providing first aid during emergencies, compared to just 44 per cent of women<sup>1834</sup>. Employment status also plays a role, as 50 per cent of working adult participants, 59 per cent of retired individuals, and 62 per cent of those not working report a lack of confidence in their ability to provide first aid<sup>1835</sup>.

## Transport safety

In the 2022-2023 financial year there were 374 car crashes that cause injury in the City of Melton, of these crashes there were 3 fatalities<sup>1836</sup>. This aligns with data from 2022 which indicates there were 346 transport injury hospitalisations of City of Melton residents (not necessarily occurring in the city boundaries), an increase from 333 in 2020-2021<sup>1837</sup>. Despite the increase, this represents a slight drop in the rate per population, from 183.6 per 100,000 people in 2020-2021 to 179.1 in 2021-2022<sup>1838</sup>. This is also lower than the rate for Victoria, 218.4 per 100,000 people<sup>1839</sup>.

Of these transport hospitalisations, car occupants accounted for the majority representing 54.2 per cent and motorcycle riders made up 23 per cent<sup>1840</sup>. In most instances (69.5 per cent) was the driver of the vehicle, but a significant proportion were a passenger (13.3 per cent) or 'other' (17.2 per cent)<sup>1841</sup>. Pedal cyclists and pedestrians injured in transport accidents accounted for 8.7 per cent and 6.9 per cent of hospitalisations, respectively<sup>1842</sup>. The remaining hospitalisations included 2.5 per cent heavy transport vehicles, 2.5 per cent from other land transport accidents, and 2.2 per cent from other unspecified incidents<sup>1843</sup>.

The vast majority of transport incidents where residents from the City of Melton were hospitalised occurred on roads, streets, and highways, making up 76.3 per cent of the total<sup>1844</sup>. A smaller percentage occurred in unspecified places (17.4 per cent), with other specified places and sports/athletic areas accounting for 1.5 per cent and 1.9 per cent, respectively<sup>1845</sup>. Incidents at home

contributed 1.6 per cent<sup>1846</sup>. Hospital admissions were spread across all days of the week fairly evenly, but Fridays saw the highest proportion (15.6 per cent), closely followed by Saturdays (15.5 per cent), with Sundays and Thursdays both at 14.1 per cent<sup>1847</sup>. Regarding admission by month, March and December saw the highest proportions, at 10.9 per cent and 10.8 per cent, respectively, while June and July (both cooler months) each accounted for 6 per cent<sup>1848</sup>.

The majority of transport injury hospitalisations for residents of the City of Melton resulted in relatively short hospital stays, with 70.5 per cent of patients staying for less than two days<sup>1849</sup>. A further 23.1 per cent stayed between two and seven days, while 5.2 per cent had stays lasting between eight and 30 days<sup>1850</sup>. Only 1.2 per cent of hospitalisations involved stays longer than 31 days. In terms of the nature of the injuries, fractures were the most common, accounting for 38.9 per cent of hospitalisations<sup>1851</sup>. Other significant injury types included superficial injuries (10.5 per cent), open wounds (6.2 per cent), and dislocations, sprains, and strains (6 per cent)<sup>1852</sup>. Additionally, injuries to internal organs, intracranial injuries, and injuries to muscles, tendons, nerves, and the spinal cord made up smaller proportions of hospitalisations<sup>1853</sup>. Other unspecified injuries were also notable, contributing 25.2 per cent to the total<sup>1854</sup>.

The 25-64 year age group experienced the highest number of hospitalisations in 2021-2022, with 399 cases<sup>1855</sup>. This is followed by the 15-24 year age group, which recorded 157 hospitalisations, and the 0-14 year age group with 67 cases<sup>1856</sup>. However, the 15-24 year age group had the highest rate of transport injury hospitalisations at 293.1 per 100,000 people, followed by the 25-64 year age group with a rate of 177.1<sup>1857</sup>. The 0-14 year age group had a rate of 106.8 per 100,000 population<sup>1858</sup>. Breaking down the data by gender, there were 419 hospitalisations for males, resulting in a rate of 223.2 per 100,000 population<sup>1859</sup>. In contrast, females accounted for 260 hospitalisations, with a rate of 139.2 per 100,000 population<sup>1860</sup>.

In the past five years, nearly 200 motorcycle riders and pillion passengers have died on Victorian roads, with 96 per cent of these fatalities being male<sup>1861</sup>. More than half of the victims (57 per cent) were aged over 40 years, and 20 per cent were over 60 years<sup>1862</sup>. Most crashes (57 per cent) occurred in metropolitan Melbourne, with 38 per cent of accidents happening on roads with speed limits of 60 km/h or lower<sup>1863</sup>. Of these lower-speed crashes, 64 per cent involved another vehicle, and 44 per cent occurred at intersections<sup>1864</sup>. Conversely, 35 per cent of motorcycle crashes occurred on roads with speed limits of 100 km/h or higher, with 52 per cent being single-vehicle incidents and 28 per cent involving head-on or overtaking manoeuvres<sup>1865</sup>. Despite representing only around 4 per cent of registered vehicles in Victoria, motorcycles account for a significant portion of fatalities, highlighting the heightened risk associated with riding, particularly for older male riders on high-speed roads<sup>1866</sup>.

In the City of Melton specifically, there were nine motorcycle fatalities during this period<sup>1867</sup>. Seven of the victims were male, and two were female<sup>1868</sup>. Most fatalities occurred in the 30 to 39 age group (three deaths), followed by the 40 to 49 age group (two deaths)<sup>1869</sup>. The crashes predominantly involved 'run off a straight road' incident (three deaths) and head-on or opposing direction crashes (three deaths)<sup>1870</sup>. These fatalities were spread across different times and days, with Sundays accounting for the most accidents (four fatalities)<sup>1871</sup>. During the same period there were also 51 hospitalisations involving motorcycle riders in the City of Melton<sup>1872</sup>. Of these cases, the majority (47) involved male riders, while 4 involved female riders<sup>1873</sup>. The most common crash type was 'run off a straight road,' which accounted for 19 incidents, followed by crashes in the same direction (6) and opposing direction (5)<sup>1874</sup>. Most riders involved in these accidents were between the ages of 26 and 59, with 20 riders aged 26 to 39 and 16 aged 40 to 59<sup>1875</sup>. The length of hospital stays varied, with 42 riders hospitalised for 14 days or less and 9 for longer than 14 days<sup>1876</sup>.

Incidents occurred most frequently on Tuesdays, and crashes were most likely to happen between 12:00 pm and 5:59 pm<sup>1877</sup>.

In Greater Melbourne, pedestrian fatalities are notably linked to speed zones and specific demographics. Of the 175 pedestrians killed over the past five years in Victoria, 70 per cent occurred in Greater Melbourne, with nearly four in ten (38 per cent) deaths occurring on 60 km/h roads<sup>1878</sup>. Pedestrians aged 70 and older are disproportionately affected, representing 36 per cent of fatalities, with a significant portion of these victims being male (67 per cent)<sup>1879</sup>. The data also shows that males in the 70+ age group have the highest rate of deaths<sup>1880</sup>. Common crash types include pedestrians crossing the road and being struck, with 33 per cent hit from the near side and 28 per cent from the far side<sup>1881</sup>.

In the City of Melton specifically there were 23 pedestrian fatalities, with a relatively even gender split of 12 female and 11 male victims<sup>1882</sup>. The majority of fatalities occurred in the 30 to 39 age group (nine deaths) and the 40 to 49 age group (six deaths)<sup>1883</sup>. Fatal pedestrian accidents were most common on Sundays and occurred at various times of the day, with a noticeable spike between 8:00 pm and 11:59 pm<sup>1884</sup>. During the same period, 35 pedestrians were hospitalised, with males accounting for 21 hospitalisations and females for 14 years<sup>1885</sup>. Most hospitalisations involved pedestrians aged either 0 to 17 (11 hospitalisations) or over 60 year (eight hospitalisations)<sup>1886</sup>. Incidents leading to hospitalisations were most likely to happen on Mondays and during the afternoon, particularly between 12:00 pm and 5:59 pm<sup>1887</sup>.

In metropolitan Melbourne, bicycle fatalities have been a significant concern over the past decade. Of the 55 bicycle rider deaths on Victorian roads in the last five years, 56 per cent occurred in metropolitan areas<sup>1888</sup>. Most victims were male (82 per cent), and almost half (49 per cent) were aged 50 or older<sup>1889</sup>. Same direction crashes, particularly 'rear-enders,' accounted for 40 per cent of these fatalities, with many happening on roads with a speed limit of 60 km/h or less<sup>1890</sup>. Intersection crashes also contributed significantly, making up 22 per cent of the fatal accidents<sup>1891</sup>. These incidents highlight the dangers of lower-speed roads in urban settings, particularly where cyclists share the road with motor vehicles.

In the City of Melton specifically there were 7 cyclist fatalities, with 6 male victims and 1 female<sup>1892</sup>. The majority of these fatalities involved cyclists aged 30 to 39 (two deaths) and those aged 26 to 29 (two deaths)<sup>1893</sup>. The crash types leading to fatalities primarily involved 'same direction' crashes (three deaths) and 'adjacent direction' incidents (two deaths)<sup>1894</sup>. Fatalities were spread across different days of the week, with Monday, Tuesday, and Friday each accounting for two deaths<sup>1895</sup>. Hospitalisations of cyclists in the City of Melton from January 2020 to January 2024 show that there were 8 claims involving hospital admissions<sup>1896</sup>. Of these, 5 involved males and 3 involved cyclists under the age of 17 years<sup>1897</sup>. The most common crash type was 'adjacent direction' crashes, accounting for 5 of the hospitalisations, with Wednesday seeing the most incidents<sup>1898</sup>.

Preventative measures for traffic accidents, particularly speed management and seatbelt use, are crucial in reducing road fatalities. Research indicates that even minor reductions in speed can significantly decrease crash rates and severity. For example, reducing speed by 5 km/h can lead to a 15 per cent reduction in crashes<sup>1899</sup>. In Victoria, inappropriate or excessive speed contributes to many of the 236 road deaths annually<sup>1900</sup>. Additionally, despite seatbelt laws being in place for over 50 years, a quarter of vehicle occupants killed were not wearing seatbelts<sup>1901</sup>. Of these, 65 per cent occurred in rural Victoria, and 63 per cent involved single-vehicle crashes<sup>1902</sup>. Moreover, the majority of victims not wearing seatbelts were male (84 per cent) and under 50 years old (70 per cent)<sup>1903</sup>.

Ensuring child car restraints are correctly installed is also critical for reducing the risk of serious injury in the event of a crash. Studies show that children aged 2-8 years who were optimally restrained during a crash suffered no fatal or serious injuries, while 30 per cent of sub-optimally restrained children experienced serious or fatal injuries<sup>1904</sup>. However, a Kidsafe Victoria survey of over 9,200 cars revealed that 90 per cent of child restraints were either incorrectly installed or misused, with 51 per cent needing adjustment and 37 per cent requiring full re-installation<sup>1905</sup>. This highlights the importance of proper child restraint use and installation to ensure the safety of young passengers.

## Home and community

A significant number of injuries occur in the home and community, affecting residents of all ages in the City of Melton, with some cohorts at higher risk than others.

### *Falls*

In the 2022-2023 financial year, there were 1,021 hospitalisations due to falls for residents of the City of Melton, an increase from 935 incidents in the previous year<sup>1906</sup>. This represents a rate of 528.6 per 100,000 people, which is lower than the Victorian average rate of 866.2 per 100,000<sup>1907</sup>. Fall-related hospitalisations in the City of Melton were most common in October (10.5 per cent), followed by June (9.6 per cent) and September (8.9 per cent)<sup>1908</sup>. Fall-related hospitalisations for residents in the City of Melton are primarily characterised by fractures, which account for 53 per cent of all injury types<sup>1909</sup>. Other significant injury types include open wounds (11.2 per cent), intracranial injuries (6.9 per cent), and dislocations, sprains, and strains (4.9 per cent)<sup>1910</sup>. The most commonly affected body regions are the lower extremities (28.5 per cent), upper extremities (28.4 per cent), and the head, face, and neck (28.1 per cent)<sup>1911</sup>. A substantial number of cases (32.1 per cent) required surgery, while 67.9 per cent did not<sup>1912</sup>.

Most patients (65.6 per cent) hospitalised due to falls stayed for fewer than two days, with 22.2 per cent staying between two and seven days, and 11.5 per cent requiring 8-30 days of hospital care<sup>1913</sup>. Only 0.7 per cent of patients stayed for over 31 days<sup>1914</sup>. Falls were most likely to occur in the home (41.2 per cent), with a significant number occurring in unspecified locations (30.8 per cent)<sup>1915</sup>. Residential institutions accounted for 6.5 per cent of cases, and sports or athletic areas for 4.2 per cent<sup>1916</sup>. A large majority (75.4 per cent) of patients with fall related injuries had no comorbidities, though 22.4 per cent had 1-2 comorbidities, and a small portion (2.2 per cent) had three or more<sup>1917</sup>.

Fall-related hospitalisations for residents in the City of Melton are most prevalent among the older age groups, particularly those aged 80 and over, who account for 18.8 per cent of all fall hospitalisations and have the highest rate at 6,553.6 per 100,000<sup>1918</sup>. The 70-79 age group also shows a significant count, making up 16.7 per cent of hospitalisations, with a rate of 2,109.9 per 100,000<sup>1919</sup>. Younger age groups, such as those aged 0-9, also contribute a notable proportion, with 12.9 per cent of hospitalisations, but at a lower rate of 395.9 per 100,000<sup>1920</sup>. In terms of gender, females have a slightly higher rate of fall-related hospitalisations, with 1,011 cases or a rate of 532.8 per 100,000, compared to males, who had 945 cases and a rate of 495.6 per 100,000<sup>1921</sup>.

Falls can often be prevented by addressing personal and environmental risk factors. Maintaining physical activity improves balance and muscle strength, while ensuring safe footwear and removing home hazards, such as loose rugs and clutter, reduces tripping risks<sup>1922</sup>. Regular medical check-ups and managing health conditions like diabetes or low blood pressure are also essential<sup>1923</sup>. Additionally, good lighting, well-fitted shoes, and staying vigilant about one's surroundings contribute to preventing falls and promoting long-term independence<sup>1924</sup>.

## *Burns and thermal injuries*

Thermal injuries include burns from exposure to fire, smoke, flames, and contact with hot substances or surfaces. In the Melton-Bacchus Marsh region thermal causes were the 10<sup>th</sup> most common reason for injury hospitalisation for 2021–2022, with a rate of 14.34 per 100,000 people<sup>1925</sup>. During the 2020–21 period nationally, 120 deaths resulted from thermal injuries, equating to a rate of 0.5 per 100,000 population, making up 0.9 per cent of all injury-related deaths<sup>1926</sup>. Contact with heat and hot substances, such as hot food, drinks, and appliances, was the leading cause of thermal injury hospitalisations, responsible for 60 per cent of cases, while exposure to fire, smoke, and flames accounted for the remaining 40 per cent<sup>1927</sup>. Over time, hospitalisation rates for thermal injuries have decreased, with an average annual decline of 2 per cent from 2017–18 to 2021–22<sup>1928</sup>.

The majority of burn injuries in Victoria were minor, with 86.7 per cent of hospital admissions involving burns covering less than 10 per cent of the total body surface area (TBSA)<sup>1929</sup>. Severe burns ( $\geq 20$  per cent TBSA) were less common, accounting for only 3.8 per cent of admissions<sup>1930</sup>. Patients with severe burns had an average hospital stay of 24.5 days, compared to a median stay of 1 day for less severe burns<sup>1931</sup>. This was slightly higher for those aged 65–84 years, who stayed in hospital for a median of 5 days, and those over 85 staying for 8 days<sup>1932</sup>. Mortality trends remained stable, with 441 burn-related deaths during the study period, 96.6 per cent of which were due to fire, flames, or smoke exposure<sup>1933</sup>. Intentional self-harm burns were responsible for 3.7 per cent of admissions, with women making up 65.6 per cent of these cases<sup>1934</sup>.

Males were disproportionately affected by burn injuries, making up 61.9 per cent of hospital admissions and the majority of burn-related deaths at 68.7 per cent<sup>1935</sup>. For severe burns ( $\geq 20$  per cent TBSA), males also accounted for a higher proportion of cases (4.5 per cent for males vs. 2.6 per cent for females)<sup>1936</sup>. Certain age groups are also at higher risk, with the highest hospitalisation rates observed among children under 5 years and older people. In Victoria, children under 5 years accounted for 17.2 per cent of all burn-related hospital admissions from 2008 to 2017, with an ED presentation rate of 265.5 per 100,000 population<sup>1937</sup>. Young children are particularly vulnerable to burns from contact with hot substances like food, drinks, and appliances<sup>1938</sup>. Conversely, older adults, particularly those aged 80 and above, face the highest mortality risk. This age group had a burn-related death rate of 3.04 per 100,000 population, compared to 0.77 per 100,000 for the general population<sup>1939</sup>. Elderly patients also experience longer hospital stays and worse outcomes, with a median stay of 8 days for those aged 85 and above<sup>1940</sup>.

Among Aboriginal and Torres Strait Islander people, there were 600 hospitalisations for thermal injuries in 2021–22<sup>1941</sup>. Males were 1.7 times more likely than females to be hospitalised for thermal causes, with the highest rates observed in children aged 0–4 years<sup>1942</sup>.

Burns are generally preventable through several strategies. Promoting safer cookstoves, reducing open flames in homes, and lowering hot water tap temperatures are key preventative measures<sup>1943</sup>. Fire safety education, including the use of smoke detectors and child-resistant lighters, is essential<sup>1944</sup>. Applying safety regulations to housing designs and enforcing industrial safety measures also help reduce burn risks<sup>1945</sup>. Ensuring the proper training of health-care providers in burn management and supporting burn-care systems are vital for effective prevention and mitigation<sup>1946</sup>.

## *Sport injuries*

There were 269 hospitalisations for sport related injuries for City of Melton residents in 2022, an increase from 258 incidents in 2021<sup>1947</sup>. This represents a rate of 139.3 per 100,000 people, lower than the rate for Victoria (197.1 per 100,000 residents)<sup>1948</sup>. Sports injury hospitalisations are most

frequently associated with team ball sports, which accounted for 49.2 per cent of all cases in 2022<sup>1949</sup>. Australian Rules football (AFL) is particularly prominent, representing 17.7 per cent of these injuries, followed by soccer at 11.5 per cent<sup>1950</sup>. Wheeled non-motorised sports (such as skateboarding) make up 11 per cent, while activities like cycling and equestrian sports also contribute significantly<sup>1951</sup>. Injuries are most commonly sustained during sports or athletic activities (45.2 per cent of cases), with roads, streets, and highways accounting for 6.1 per cent. A notable portion of incidents (37.4 per cent) occurred in unspecified places<sup>1952</sup>.

The leading causes of sport-related injuries include falls, which account for 33.5 per cent, followed by hit, struck, or crush incidents (23.5 per cent)<sup>1953</sup>. Transport and sport-related incidents (17.6 per cent) also contribute to these injuries<sup>1954</sup>. Regarding injury types, fractures are the most common, making up 50.8 per cent of hospitalisations, while dislocations, sprains, and strains represent 14.2 per cent<sup>1955</sup>. The upper extremities are most frequently injured (35.3 per cent), followed by lower extremities (31.3 per cent) and the head, face or neck region (24.1 per cent)<sup>1956</sup>. Most sports-related injury hospitalisations in the City of Melton resulted in short stays, with 72.6 per cent of patients spending fewer than two days in the hospital<sup>1957</sup>. Additionally, 19.9 per cent stayed between two and seven days, while a smaller proportion, 6.8 per cent, required 8-30 days of hospital care, and only 0.7 per cent stayed longer than 31 days<sup>1958</sup>.

Among the 0-14 age group, there were 128 hospitalisations, representing a rate of 204 per 100,000 population<sup>1959</sup>. The 15-24 age group had the highest rate, with 191 hospitalisations or 356.6 per 100,000<sup>1960</sup>. For the 25-64 age group, there were 186 hospitalisations, corresponding to a much lower rate of 82.5 per 100,000<sup>1961</sup>. Gender differences are also notable, with males experiencing significantly higher rates of sports injury hospitalisations than females. Males accounted for 406 hospitalisations, at a rate of 216.3 per 100,000, while females had 121 hospitalisations, with a rate of 64.8 per 100,000<sup>1962</sup>.

Warming up thoroughly and using proper equipment, such as helmets and mouth guards can help to prevent sport injuries<sup>1963</sup>. Wearing appropriate footwear, maintaining overall fitness, and cross-training with other sports also help<sup>1964</sup>. Gradually increasing training intensity, staying hydrated, and cooling down after activity are key measures<sup>1965</sup>. Taping vulnerable joints, avoiding peak heat hours, and allowing sufficient recovery time between sessions further reduce injury risks<sup>1966</sup>.

## Workplace safety

Based on WorkSafe data from 2023 there were a total of 33,811 workplace injuries across various sectors in Victoria, representing a notable rise from 29,678 in 2021-2022<sup>1967</sup>. Key sectors contributing to this increase include manufacturing with 14 per cent of these incidents, health care and social assistance (16.7 per cent), and construction (13.7 per cent)<sup>1968</sup>.

An analysis of the data reveals distinct patterns based on age and gender. Males consistently report a higher number of injuries, accounting for 62.1 per cent of the total, compared to females, who accounted for 37.9 per cent<sup>1969</sup>. The most affected age groups were 35-39 years for males with 9.4 per cent and females 10.1 per cent<sup>1970</sup>. These trends reflect the demographic distribution of physically demanding occupations such as construction, manufacturing, and healthcare, which are heavily represented in the City of Melton<sup>1971</sup>. Occupations with the highest incidence rates include ambulance officers and paramedics with 656 incidents (1.9 per cent) and construction workers such as carpenters and joiners, who reported 776 incidents (2.3 per cent)<sup>1972</sup>.

In terms of the mechanisms of injury, body stressing was the most common, accounting for 33.7 per cent, followed by falls, trips, and slips (20.1 per cent), and being hit by moving objects (14.6 per

cent)<sup>1973</sup>. These injury types are prevalent in sectors such as construction, where manual labour and physical exertion are routine, as well as healthcare, where workers often handle patients and equipment, increasing the risk of bodily stress injuries. The nature of injuries reported shows that musculoskeletal system injuries were the most common, with 29.5 per cent, reflecting the high physical demands placed on workers in these industries<sup>1974</sup>.

Workplace injuries, whether physical or mental, are influenced by the nature of the job. WorkSafe conducted 44,438 workplace visits in 2022-2023, a 17 per cent increase from the previous year, focusing on high-risk workplaces using predictive modelling<sup>1975</sup>. This resulted in 10,873 improvement notices, marking a 20 per cent rise<sup>1976</sup>. Additionally, 151 prosecutions were completed under the *Occupational Health and Safety Act 2004*, with an 89.4 per cent success rate<sup>1977</sup>. WorkSafe encourage all workplaces to conduct proactive assessments to maintain a safe site<sup>1978</sup>. This involves identifying, assessing, controlling, and monitoring workplace risks<sup>1979</sup>.

## Water safety

Across Victoria, there were more than 40 drowning deaths reported in 2023<sup>1980</sup>. A significant portion of these incidents occurred in inland waterways, such as rivers, lakes, and creeks, which accounted for 37 per cent of the total drownings<sup>1981</sup>. These environments pose particular risks in non-coastal regions like the City of Melton, where rivers and lakes are popular recreational areas. 37 per cent of drownings also occurred in home environments, such as backyard pools and bathtubs, highlighting the risks posed by water even in controlled settings<sup>1982</sup>.

Demographically, males are significantly overrepresented in drowning statistics, accounting for 85 per cent of the total drownings in open waterways, including inland rivers and lakes<sup>1983</sup>. The majority of these incidents involved men aged 25–44 years, many of whom were from culturally and linguistically diverse backgrounds (26 per cent)<sup>1984</sup>. Moreover, adults aged 55 years and over were heavily represented in drowning fatalities, accounting for 46 per cent of total deaths, often due to accidental slips or misjudging water conditions while engaging in activities such as fishing or boating<sup>1985</sup>. In terms of activities, 39 per cent of drownings occurred while victims were swimming, paddling, or wading, and 20 per cent happened while people were walking near water<sup>1986</sup>.

Flooding and storm damage in 2022-2023 increased risks across Victoria's inland waterways, further compounding the dangers posed to those living in non-coastal areas like the City of Melton. These risks were heightened by extreme weather events, such as the February 2023 heatwave, which resulted in five deaths in just three days, predominantly in inland and river settings<sup>1987</sup>.

Swimming remains an essential skill and one of the most popular activities in Australia, though participation trends indicate some concerning gaps in water safety education. It is estimated that 40-50 per cent of children aged between five and eight years participate in swimming outside of school, yet there is a significant drop-off in participation after the age of eight, which aligns with earlier findings from Royal Life Saving research<sup>1988</sup>. Notably, 75 per cent of children cease swimming lessons by this age, and as a result, 40 per cent of children leave primary school without achieving key swimming and water safety benchmarks<sup>1989</sup>.

For teenagers aged 13-15 years, participation in swimming lessons significantly drops. Data shows that only 2 per cent of teenagers are enrolled in private swim lessons, with more males (57 per cent) than females (43 per cent) participating<sup>1990</sup>. Teenagers tend to remain in lessons for the duration of one swim school level, equivalent to about 25 lessons over nearly six months<sup>1991</sup>. A concerning 40 per cent of teenagers in swim schools are learning beginner-level skills, while only 30 per cent can

swim a minimum of 50 metres<sup>1992</sup>. Victorians represent 8.4 per cent of the total adult swim program enrolments across Australia<sup>1993</sup>.

The average age of adults participating in swim programs is 38 years old, with the majority aged between 35 and 44 years (40 per cent of total enrolments)<sup>1994</sup>. More females than males attend swimming programs, with 61 per cent of participants being female and 39 per cent male<sup>1995</sup>. Participation in swimming lessons among adults is also linked to socio-economic status, with 84 per cent of those enrolled coming from areas with higher SEIFA scores<sup>1996</sup>.

## Emergency response

### *Hospitalisations*

Within the Western Health Local hospital network there were 152,549 presentations to hospital emergency departments in 2022-2023<sup>1997</sup>. Of these presentations the majority were classified as urgent (41.4 per cent) or semi-urgent (38.1 per cent)<sup>1998</sup>. Additionally, 11 per cent were classified as emergencies and 9.2 per cent were classified as non-urgent<sup>1999</sup>. A small number of these presentations (0.9 per cent) required resuscitation<sup>2000</sup>.

Despite the urgency of many cases, only 48 per cent of emergency patients and 45 per cent of urgent cases commenced treatment within the recommended time frame<sup>2001</sup>. In contrast, 85 per cent of non-urgent cases and 59 per cent of semi-urgent cases received timely treatment<sup>2002</sup>. In 2023 between 89-90 per cent of patients rated their care as either 'good' or 'very good' - this is lower than the statewide target of 95 per cent<sup>2003</sup>. These figures highlight the challenges in meeting recommended treatment times across different levels of urgency within the network, highlighting the need for more services and resources in the City of Melton to ensure timely and effective healthcare for all residents.

### *Ambulance response times*

In 2022-23, there were a total of 11,330 Ambulance responses in the City of Melton with approximately half (51.1 per cent) being responded to in under 15 minutes, and a response time of 17:49 minutes<sup>2004</sup>. This is lower than the Victorian average of 62.8 per cent of responses being under 15 minutes, and an average response time of 15:57 minutes<sup>2005</sup>. Of these incidents, 6,020 were recorded as 'code 1' (incidents requiring urgent paramedic and hospital care), with 50.3 per cent of responses were under 15 minutes and the average response time of code 1 calls 18:05 minutes<sup>2006</sup>. Comparatively, Victoria had a response time under 15 minutes for 66.5 per cent of 'code 1' responses, with an average response time of 15:08 minutes<sup>2007</sup>.

In 2022-23, the City of Melton recorded 89 'code 0' or 'life threatening' ambulance responses, where incidents are classified as life-threatening<sup>2008</sup>. During this period, the 90th percentile response time fluctuated, reaching a high of 24.33 minutes in early 2024<sup>2009</sup>. Statewide the 90th percentile response times were consistently faster, ranging between 18.11 and 19.6 minutes<sup>2010</sup>. Median response times for the City of Melton ranged from 9.82 to 11.63 minutes, compared to a range of 8.87 and 9.45 minutes in Victoria<sup>2011</sup>.

## Built environment

The built environment influences our health and wellbeing by shaping our physical activity levels, access to healthy foods, housing quality, work environments, and interactions with nature and community spaces. In the City of Melton, understanding the relationship between our built surroundings and health outcomes is crucial for building a thriving, vibrant community. This section will explore data on how urban form and accessibility to green spaces, public transport, and essential services impact the overall health of residents. It will also examine community wellbeing and liveability, emphasising sustainable and inclusive urban planning as key to enhancing public health.

### Liveability

The Liveability Index combines six domains of liveability found to be associated with health and wellbeing outcomes: walkability and access to social infrastructure, public transport, larger public open space, affordable housing and local employment<sup>2012</sup>. In the City of Melton, the average liveability index score was 95.1, lower than the Greater Melbourne average of 99.3 and the growth area average of 99.2<sup>2013</sup>. The City of Melton is in the 12th percentile for liveability when compared to Greater Melbourne<sup>2014</sup>.

Growth and interface councils generally rate more poorly in liveability indexes due to their rapid population growth, lag in infrastructure and service provision, limited local employment, lack of diversity in housing and need for long commutes to work<sup>2015</sup>. 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<sup>2016</sup>.

The suburbs with the highest liveability scores in the City of Melton are Hillside (97.7), Caroline Springs (97.4), and Melton South (97.5), all scoring well above the city's average of 95.1<sup>2017</sup>. These suburbs benefit from their proximity to key infrastructure, such as major shopping and transport hubs, which contribute to their higher scores. Conversely, the suburbs with the lowest liveability scores are Rockbank (88.2), Bonnie Brook (87), and Thornhill Park (86.9)<sup>2018</sup>. These areas reflect the challenges faced by rapidly growing outer suburban municipalities, including limited infrastructure, services, and employment opportunities, contributing to their lower rankings.

### Population density

Population density influences how urban form affects health, with high density promoting efficient public services, active transport, and social interaction but risking overcrowding and stress if poorly planned, while low density often leads to car dependency, reduced physical activity, and limited-service access, increasing risks like social isolation. The population density in the City of Melton increased from 256.9 people per square kilometre in 2016 to 339.4 in 2021, reflecting a rise in urbanisation despite remaining lower than Greater Melbourne<sup>2019</sup>. Greater Melbourne's population density also grew, from 449.6 in 2016 to 492.5 in 2021<sup>2020</sup>. The suburbs with the highest population density in the City of Melton were Caroline Springs (2,939.6 people per square kilometre) and Taylors Hill (3,365.4), while areas like Toolern Vale (7.4), Truganina (31.5) Eynesbury (43.1) had the lowest population densities being on the outer urban fringe<sup>2021</sup>.

## Transport

More than half (52.4 per cent) of the City of Melton's workforce both lived and worked in the area, while 47.6 per cent lived outside the municipality<sup>2022</sup>. The top three places of residence outside the City of Melton for local workers were the surrounding municipalities of Wyndham (10.3 per cent), Brimbank (10.2 per cent), and Moorabool (4.9 per cent)<sup>2023</sup>. For City of Melton residents working outside the municipality, 71.3 per cent commuted elsewhere, with the top three employment destinations being Melbourne (15.5 per cent), Brimbank (15.1 per cent), and Wyndham (8.2 per cent)<sup>2024</sup>. This highlights significant outward commuting for employment.

The proportion of people working from home in the City of Melton increased from 2.7 per cent in 2016 to 19.8 per cent in 2021, reflecting a significant rise likely connected with the COVID-19 pandemic<sup>2025</sup>. In comparison, Greater Melbourne saw an increase from 3.6 per cent in 2016 to 28.8 per cent in 2021<sup>2026</sup>. Suburbs with the highest proportion of people working from home in the City of Melton were Eynesbury (27.6 per cent) and Taylors Hill (24.2 per cent)<sup>2027</sup>. The lowest proportions were recorded in Melton West (14.9 per cent) and Kurunjang (14.8 per cent), which may be explained by the most common types of work undertaken by people in these areas and inability to work from home despite the pandemic restrictions<sup>2028</sup>.

### *Driving*

The City of Melton is largely car reliant for everyday activities. Across the municipality around 85 per cent of weekday trips, and 93 per cent of weekend trips, are made by car<sup>2029</sup>. Comparatively, only 4.4 per cent of weekdays trips and 1.5 per cent of weekend trips were made by public transport<sup>2030</sup>.

Households in the City of Melton have a higher level of car ownership compared to Greater Melbourne, with 22.3 per cent of households in the City of Melton owning three or more cars, an increase from 20.8 per cent in 2016<sup>2031</sup>. This compares to 16.3 per cent in Greater Melbourne in 2021, which rose from 15.9 per cent in 2016<sup>2032</sup>. Furthermore, 63.5 per cent in the City of Melton owned two or more in 2021, up from 62.7 per cent in 2016, compared to 51.5 per cent in Greater Melbourne<sup>2033</sup>. Suburbs with the highest proportion of households with three or more cars were Toolern Vale (49.3 per cent) and Taylors Hill (30.9 per cent)<sup>2034</sup>. The lowest were Bonnie Brook, Deanside, Grangefields (26.3 per cent, likely connected to population levels) and Melton South (12.9 per cent)<sup>2035</sup>. The City of Melton had 3.1 per cent of carless households in 2021, with no change from 2016<sup>2036</sup>. The suburbs with the highest percentage of households without a car were Melton (8.8 per cent) and Melton South (3.7 per cent)<sup>2037</sup>. The lowest were Toolern Vale (1 per cent) and Truganina (1.2 per cent)<sup>2038</sup>.

In 2021, 50,374 people in the City of Melton travelled to work by car, accounting for 61.8 per cent of total employed persons, a decrease from 74.6 per cent in 2016<sup>2039</sup>. This is significantly higher than the Greater Melbourne average, where the percentage dropped from 55.2 per cent in 2016 to 49.7 per cent in 2021<sup>2040</sup>. The suburbs with the highest proportion of people commuting by car in 2021 were Hillside (69.5 per cent), Harkness (68.5 per cent), and Kurunjang (67.4 per cent)<sup>2041</sup>. Conversely, the Bonnie Brook, Deanside and Grangefields (55.8 per cent, likely due to population size), Melton South (64.7 per cent) and Thornhill Park (64.9 per cent) had the lowest proportion of people commuting – though even these suburbs were higher than the Greater Melbourne average<sup>2042</sup>. For males in the City of Melton, 68.7 per cent travelled to work by car in 2021, while 54 per cent of females did the same<sup>2043</sup>.

### *Public Transport*

The proportion of people who travelled to work via public transport in the City of Melton dropped from 9.9 per cent in 2016 to 3.8 per cent in 2021, reflecting a decline similar to Greater Melbourne, which decreased from 15.4 per cent in 2016 to 5.3 per cent in 2021<sup>2044</sup>. This decline was likely linked to impacts from the COVID-19 pandemic. The suburbs with the highest proportion of public transport commuters were Ravenhall (25 per cent) and Rockbank (5.4 per cent), while Cobblebank (5.6 per cent) also had notable numbers<sup>2045</sup>. The lowest were Melton West (2.8 per cent) and Kurunjang (2.8 per cent)<sup>2046</sup>. When examining gender, females had a higher proportion of public transport users at 4.2 per cent, compared to males at 3.2 per cent<sup>2047</sup>. Females in Aintree (6.9 per cent) and Rockbank (7.9 per cent) had the highest usage, while males had the highest rates in suburbs like Ravenhall (3.4 per cent) and Diggers Rest and Plumpton (5.2 per cent)<sup>2048</sup>.

A critical barrier to public transport use is poor connectivity and coverage across the municipality. Certain areas of the City of Melton such as Diggers Rest do not have a direct link by public transport to the rest of the municipality, while areas such as Eynesbury lack access to any forms of public transport all together. Areas with regular buses include Melton, yet only five of the 47 bus routes in the area meeting the minimum service level criteria, and the peak frequency of most routes at around 30 minutes and many indirect services<sup>2049</sup>. This results in travel time for those using bus services often close to twice that of travelling by car, with only 1 per cent of trips made in the City of Melton are by bus<sup>2050</sup>. All of the services within Melton township (453, 455, 457, 458 and 459) have declined in patronage while the population of the Melton area has increased significantly between (2014 - 2019 data comparison)<sup>2051</sup>.

In 2021, across the municipality just 21.7 per cent of dwellings were within 400m of public transport with regular 30-minute weekday service (7am-7pm)<sup>2052</sup>. This is slightly higher than the average for growth areas (21 per cent) but significantly lower than the average across Greater Melbourne (50.9 per cent)<sup>2053</sup>.

### *Walking*

The proportion of people who walked to work in the City of Melton decreased from 0.8 per cent in 2016 to 0.5 per cent in 2021, which is significantly lower than Greater Melbourne's figures of 2 per cent in 2021 and 3 per cent in 2016<sup>2054</sup>. The suburbs in the City of Melton with the highest proportion of people walking to work were Ravenhall (25 per cent) and Melton West (1 per cent)<sup>2055</sup>. The lowest proportions were found in Rockbank (0.3 per cent) and Diggers Rest and Plumpton (0.2 per cent)<sup>2056</sup>. This decline highlights ongoing challenges related to walkability and accessibility within the municipality.

A survey in 2021 found that in Greater Melbourne, 3.5 per cent of residents have not walked in the past week, which is slightly lower than the overall Victorian figure of 3.9 per cent<sup>2057</sup>. The most common reasons for walking in the past month were recreation or exercise, with 85.3 per cent of walkers engaging in this activity, followed by shopping at 75.8 per cent<sup>2058</sup>. On average, Victorians walk 5.5 days per week, with residents in Greater Melbourne slightly exceeding that figure at 5.6 days<sup>2059</sup>. The median number of hours walked in the past week in both Greater Melbourne and Victoria was 3.5 hours<sup>2060</sup>. Compared to a year ago, 39.4 per cent of Victorians reported walking more frequently, while 25 per cent walked less frequently – this trend is expected to have been impacted by the COVID-19 pandemic<sup>2061</sup>.

A Walk Score is a publicly available walkability index that rates how easily daily errands can be completed on foot based on proximity to amenities, pedestrian infrastructure, and population density, with scores ranging from 0 (entirely car-dependent) to 100 (a walker's paradise). According to Walk Score, the average walkability in the City of Melton is 33<sup>2062</sup>. This is lower than the score

provided by the Australian Urban Observatory's walkability index, which scores the City of Melton a 41, giving the municipality the 5<sup>th</sup> lowest across Greater Melbourne local government areas<sup>2063</sup>.

## Cycling

The proportion of people who cycled to work in the City of Melton remained steady at 0.1 per cent in both 2016 and 2021, which is much lower compared to Greater Melbourne, where cycling dropped from 1.4 per cent in 2016 to 0.7 per cent in 2021<sup>2064</sup>. The highest proportions of cyclists were in Taylors Hill (0.2 per cent) and Caroline Springs (0.1 per cent), while several suburbs, including Aintree, Diggers Rest, Plumpton, and Rockbank, recorded no residents cycling to work<sup>2065</sup>. When looking at gender, males in the City of Melton were slightly more likely to cycle to work, with 0.1 per cent of employed males cycling in 2021, compared to 0.1 per cent of females<sup>2066</sup>. Males in suburbs like Kurunjang (0.2 per cent) and Melton West (0.2 per cent) had the highest rates of cycling to work, while females recorded small numbers in suburbs like Caroline Springs (0.1 per cent) and Melton West (0.2 per cent)<sup>2067</sup>. However, most suburbs recorded no female cycling to work in 2021<sup>2068</sup>.

Cycling participation in Greater Melbourne in 2021 overall showed a slight increase compared to previous years, with 19.7 per cent of residents cycling in the past week, up from lower rates recorded in earlier years, such as 15.1 per cent in 2017 (this may have been influenced by pandemic restrictions)<sup>2069</sup>. In comparison, Victoria's cycling participation rate was 18.6 per cent, with regional Victoria showing a slightly lower rate of 14.5 per cent<sup>2070</sup>. Over the past year, 40.4 per cent of Victorians had ridden a bicycle, with Greater Melbourne showing a higher participation rate than regional areas<sup>2071</sup>. When examining cycling participation by gender, males were significantly more likely to ride than females, with 23.2 per cent of men and 14.1 per cent of women cycling in the past week across Victoria<sup>2072</sup>.

Cycling participation is highest among children aged 0-9 years, with over 50 per cent cycling weekly<sup>2073</sup>. However, participation drops sharply in the 18-29 age group, with only 12.5 per cent of males and 5.2 per cent of females cycling regularly<sup>2074</sup>. For individuals aged 30-49 years, the participation rate remains around 22.7 per cent for males and 12 per cent for females, and this further decreases to 11.6 per cent for males and 5.2 per cent for females aged 50 and over<sup>2075</sup>. The trend of decreasing participation with age is evident statewide, with similar patterns in both Greater Melbourne and regional Victoria<sup>2076</sup>. In terms of gender and age, male children and teenagers (10-17 years) in Greater Melbourne are far more likely to cycle, with 58 per cent of males compared to 33.5 per cent of females in this age group riding regularly<sup>2077</sup>. This gap narrows slightly in adulthood, but males consistently maintain higher cycling rates than females across all age brackets<sup>2078</sup>. Cycling rates are also influenced by country of birth. People born in Australia (44.6 per cent) and the USA (49 per cent) are more likely to ride regularly compared to those born in China (18.2 per cent), India (11.1 per cent), and Sri Lanka (7.7 per cent), with whom participation rates are significantly lower<sup>2079</sup>.

Barriers to cycling are highlighted by the fact that 39 per cent of Greater Melbourne households reported owning no bicycles in 2021, slightly lower than the 41 per cent figure for Victoria<sup>2080</sup>. Among those who did not ride a bicycle in the past year, common reasons included a lack of interest, no access to a bicycle, or health issues<sup>2081</sup>. However, willingness to cycle remains significant, with 42 per cent of Greater Melburnians expressing interest in cycling despite not currently riding<sup>2082</sup>. Historical cycling trends show that 55 per cent of Victorians had been riding continuously for more than a year, with a slightly higher figure in Greater Melbourne at 65 per cent<sup>2083</sup>. Cycling for recreation remains the dominant purpose across the state, with 66.6 per cent of Victorians using bicycles for exercise, while 45.2 per cent cycle for transport<sup>2084</sup>. Bike ownership, particularly in Greater Melbourne, where 61 per cent of households have at least one bicycle, remains an

important factor in promoting cycling as a viable transport option, especially as households with no bikes face significant barriers to participation<sup>2085</sup>.

There is also evidence that a lack of confidence or concerns about infrastructure is a barrier for bike riding. A survey of Greater Melbourne residents found that 78 per cent of reported being 'Interested but Concerned,' to ride bikes meaning they would ride if safer infrastructure were available<sup>2086</sup>. In contrast, only 2.8 per cent are 'Strong and Fearless,' confident in all conditions. In outer areas like the City of Melton, bike ownership is relatively high (63 per cent), but only 20 per cent of those who participated rode at least once per week<sup>2087</sup>. Key barriers include lack of protected infrastructure, with many concerned about road safety, especially women (48 per cent of the 'Interested but Concerned' group)<sup>2088</sup>. Low-income groups are more likely to ride for transport, but they often lack access to safe routes<sup>2089</sup>. Older adults and those with a disability face additional challenges, such as inadequate accessibility and connectivity to local services, with 42 per cent claiming there was 'no way no how', and 55 per cent claimed to be 'interested but concerned about using a bicycle for transport'<sup>2090</sup>. It's noted that 26 per cent of those in the 'Interested but Concerned' group had not ridden a bike in the past 12 months, suggesting a correlation between confidence and skill level<sup>2091</sup>.

## Social infrastructure

Social infrastructure intimately shapes the liveability of places and the health and wellbeing of individuals and communities. Social infrastructure addresses a number of the social determinants of health and plays an important role in influencing avoidable health inequities<sup>2092</sup>.

The Australian Urban Observatory has developed a Social Infrastructure index which is based on a range of different measures that include: community centres; culture and leisure; early years; education; health and social services; and sport and recreation within threshold distances<sup>2093</sup>. The City of Melton has an average social infrastructure index score 3.8 (out of a possible 15), lower than the Greater Melbourne average of 7.1 and the growth area average of 4.1<sup>2094</sup>. This places the City of Melton in the 12th percentile when compared across Greater Melbourne, indicating a low level of social infrastructure across the municipality<sup>2095</sup>.

Suburbs with the highest social infrastructure scores in the City of Melton are Melton (8.8), Hillside (5.8), Burnside Heights (5.7), and Melton South (6.1)<sup>2096</sup>. These areas have better access to key community services and facilities such as healthcare, education, sport, and recreation, which contribute positively to the overall wellbeing of their residents. On the other end of the spectrum, suburbs like Bonnie Brook (0), Weir Views (0.9), and Rockbank (1.2) score the lowest, indicating a significant lack of social infrastructure<sup>2097</sup>. Given the significant population growth for these areas there is expected to be increased social infrastructure in these areas in the future.

## Public open space

The level of 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<sup>2098</sup>. The City of Melton has the lowest tree canopy in urban areas in Greater Melbourne at only 4.1 per cent, compared with Greater Melbourne average of 15.3 per cent<sup>2099</sup>.

Access to open space also has impacts on overall wellbeing. Data shows that 40.9 per cent of dwellings in City of Melton are within 400m of large public open space, slightly higher than the growth area average of 40.8 per cent but identical to the Greater Melbourne average<sup>2100</sup>.

As of 2017, the City of Melton had 1,070 hectares of public open space, placing it among the higher-ranked municipalities, particularly in natural and semi-natural open spaces (624.1ha) and parks and gardens (162.3ha)<sup>2101</sup>. This is comparable to other growth councils like Wyndham (1,404ha) and Casey (2,251ha)<sup>2102</sup>. However, while the City of Melton performs well in overall open space, it falls behind in specific categories such as sports fields (111.5ha) and recreation corridors (26.0ha) when compared to some other growth areas<sup>2103</sup>. When considering Greater Melbourne, the City of Melton's natural and semi-natural open space allocation is substantial, though it still trails behind municipalities like Casey (1,989ha)<sup>2104</sup>. It has more significant open space than inner suburban areas such as Glen Eira (43.7ha) and Hobsons Bay (87.6ha) in open space provision<sup>2105</sup>. While the City of Melton's parks and gardens (162.3ha) compare favourably with the growth area average, they are smaller than in cities like the City of Melbourne, which has 419.4ha of parks<sup>2106</sup>.

## Local employment

Local employment opportunities in the City of Melton are notably lower than both growth areas and Greater Melbourne, with only 27.5 per cent of the local workforce employed within the municipality<sup>2107</sup>. In comparison, growth areas average 32.3 per cent, reflecting slightly better access to local jobs<sup>2108</sup>. Greater Melbourne sees 29.9 per cent of its workforce employed locally, suggesting a stronger local employment base compared to the City of Melton<sup>2109</sup>.

Local employment opportunities in the City of Melton are concentrated in a few key sectors, with some industries providing a higher share of jobs than the Victorian average. For instance, the construction sector is a major local employer, accounting for 14 per cent of jobs compared to 9.4 per cent across Victoria<sup>2110</sup>. Education and Training is another key industry, employing 13.3 per cent of the local workforce, significantly higher than the state average of 8.8 per cent<sup>2111</sup>. Retail Trade also plays an important role, contributing 13 per cent of jobs locally, slightly above the Victorian average of 9.4 per cent<sup>2112</sup>. However, certain sectors are under-represented in the City of Melton. Health Care and Social Assistance, which is crucial for a growing population, employs only 9.5 per cent of local workers, below the state average of 14.1 per cent<sup>2113</sup>. Similarly, Professional, Scientific, and Technical Services are notably under-represented, with only 2.9 per cent of the local workforce compared to 8.4 per cent statewide<sup>2114</sup>. These discrepancies highlight both the strengths and gaps in the City of Melton's local employment landscape, particularly as the municipality works towards creating more diversified job opportunities to match the needs of its fast-growing population.

The disparities in local employment opportunities in the City of Melton reveal potential disadvantages for both males and females based on the sectors they predominantly work in. Males, who are more heavily represented in the construction and transport industries, benefit from the higher local employment in construction, which accounts for 14 per cent of jobs locally compared to 9.4 per cent across Victoria<sup>2115</sup>. However, sectors like manufacturing and transport, where males are also overrepresented, offer fewer local opportunities, requiring many to seek employment outside the municipality<sup>2116</sup>. In contrast, females, who are more concentrated in the health care, education, and retail sectors, face limited local employment in health care, with only 9.5 per cent of jobs in this industry compared to 14.1 per cent statewide<sup>2117</sup>. Despite education and retail being strong local employers, the lack of growth in professional and scientific sectors, where female participation is increasing, further limits local job opportunities for women<sup>2118</sup>. These gendered employment patterns suggest that both males and females may face challenges in accessing local work, particularly in sectors where they are overrepresented but under-represented locally.

## Food systems

As previously identified, food security is a growing concern in the City of Melton, with 11.7 per cent of residents reporting they had run out of food and were unable to afford more at least once in the past year, significantly higher than the Victorian average of 8 per cent<sup>2119</sup>. We have also shown that more than half of the population (57.9 per cent) were not adhering to the recommended fruit and vegetable intake, higher than the Victorian average of 51.7 per cent<sup>2120</sup>. Given these challenges, improving food systems in the City of Melton is crucial to improve access to nutritious food, promote healthy eating habits, and reduce the risk of long-term health issues associated with poor diet.

### *Agriculture and food manufacturing*

Agricultural production in the City of Melton contributes significantly to local food security through a few key commodities. The municipality has a diverse array of agricultural, forestry, and fishing businesses, with a total of 221 businesses contributing to the local economy<sup>2121</sup>. Livestock is the dominant sector, making up 59.1 per cent of the City of Melton's agricultural output and representing 0.1 per cent of Victoria's total livestock production, with a value of over \$7 million<sup>2122</sup>. The most prominent sectors are beef cattle farming, which accounts for 35 businesses (0.06 per cent), followed by sheep-beef cattle farming and grain-sheep or grain-beef cattle farming, with 25 (0.04 per cent) and 22 (0.04 per cent) businesses, respectively<sup>2123</sup>. Horse farming and other livestock farming each represent a notable portion of the industry, with 22 (0.04 per cent) and 21 (0.04 per cent) businesses, respectively<sup>2124</sup>.

Crops for hay add 3.4 per cent to the City of Melton's agricultural profile, making up 0.1 per cent of Victoria's total, with a value of \$411,595<sup>2125</sup>. While these commodities bolster the City of Melton's agricultural value, their relatively small proportion of Victoria's total agricultural output suggests that food production in the City of Melton is focused more on specific niches rather than being a major food production hub locally or for the state. Nonetheless, the diversity of produce, especially livestock and nurseries, helps contribute to local food availability and resilience.

In terms of food and beverage manufacturing, the City of Melton has 260 businesses, with the largest portion being non-factory-based bakery product manufacturing, which accounts for 142 businesses (0.24 per cent)<sup>2126</sup>. Factory-based cake and pastry manufacturing follows, with 30 businesses (0.05 per cent), and other food product manufacturing represents 23 businesses (0.04 per cent)<sup>2127</sup>. These manufacturing businesses support local food production and processing, contributing to the availability of diverse food products within the municipality.

Looking more broadly, the Victorian agricultural industry is Australia's second-largest agricultural producer after New South Wales<sup>2128</sup>. In 2021-22, Victoria's gross value of agricultural production (GVAP) was \$20.2 billion, accounting for 23 per cent of Australia's total agricultural output<sup>2129</sup>. Key commodities produced in Victoria, such as grains, dairy, meat, and horticulture, ensure a stable food supply for both local and regional communities<sup>2130</sup>. Victoria produces two-thirds of Australia's milk (5.47 billion litres) and 314,000 tonnes of sheep meat, supporting diverse dietary needs in the City of Melton and beyond<sup>2131</sup>. Additionally, the state is responsible for 25 per cent of Australia's horticulture output, producing 1.9 million tonnes of fruits, nuts, and vegetables, ensuring that fresh and nutritious food is available to residents<sup>2132</sup>. The availability of local produce, coupled with Victoria's strong food export performance, helps bolster food security and contributes to the overall health and wellbeing of City of Melton residents, reducing dependence on imports.

### *Commercial food providers*

The average distance to a supermarket in the City of Melton is 1,718 metres, which is slightly closer than in other growth areas, where the average distance is 1,853.4 metres<sup>2133</sup>. However, it is significantly further compared to Greater Melbourne, where the average distance is only 1,215.2 metres<sup>2134</sup>. This indicates that residents of the City of Melton and other growth areas often need to travel farther for essential shopping compared to those in Greater Melbourne.

In addition to supermarket access, the City of Melton has a variety of food and beverage wholesale businesses, which play a crucial role in the local food supply chain. As of May 2024, there are 74 food and beverage wholesalers in the municipality<sup>2135</sup>. The most common types of wholesale businesses include fruit and vegetable wholesaling, with 18 businesses (0.03 per cent), followed by other agricultural product wholesaling with 15 businesses (0.03 per cent)<sup>2136</sup>. On the other hand, sectors like dairy produce wholesaling and fish and seafood wholesaling are less represented, with only one and six businesses, respectively<sup>2137</sup>.

The retail food sector in the City of Melton is represented by 410 businesses, which make up 0.7 per cent of the total business landscape<sup>2138</sup>. Supermarket and grocery stores are the most prevalent, with 169 businesses (0.29 per cent)<sup>2139</sup>. Other specialised food retailing follows closely with 147 businesses (0.25 per cent)<sup>2140</sup>. There is also notable representation in meat retailing (16 businesses), fresh fish retailing (13 businesses), and fruit and vegetable retailing (32 businesses)<sup>2141</sup>. The accommodation and food services sector contributes further to local economic activity, with 1,392 businesses, making up 2.37 per cent of all businesses in the area<sup>2142</sup>. Cafes and restaurants dominate this category, with 637 businesses (1.08 per cent), followed by takeaway food services (545 businesses, 0.93 per cent)<sup>2143</sup>. Pubs, taverns, and bars account for a smaller portion, with 23 businesses (0.04 per cent)<sup>2144</sup>. Together, these sectors provide opportunities for growth, particularly in enhancing the food and hospitality experience in the City of Melton, supporting tourism, and improving food access for residents.

### *Food relief agencies*

Given the growing food security concerns in the City of Melton, established food systems may not be sufficient to address the needs of the community. The municipality is currently served by 16 food relief agencies offering various services, including food parcels, soup kitchens, and meals on wheels. These agencies provide a range of food options, such as fresh food, non-perishables, culturally appropriate meals, and cooked meals, with most agencies offering multiple types of food support.

Despite this, there are notable service gaps in several disadvantaged areas, particularly in the north and east, such as around Plumpton and Rockbank, where residents may not have easy access to food relief. Agencies have also shared that they face significant barriers in providing effective support. According to survey data undertaken through the City of Melton Food Systems Mapping project (MFSM), the most common challenges include a lack of non-refrigerated storage space (affecting over 75 per cent of agencies) and secure storage, insufficient freezer and refrigerator capacity, and volunteer availability<sup>2145</sup>.

These barriers directly affect the capacity of food relief agencies to store and distribute food, limiting their ability to meet demand. Additionally, the availability of culturally appropriate food was rated as 'good' by only 25 per cent of respondents, indicating a need for more inclusive food options to better serve the diverse population in the municipality<sup>2146</sup>.

## *Community initiatives*

Building the capacity of the community and supporting local food systems through the development of community gardens is a beneficial approach. Currently, there are seven active community gardens and one planned garden within the municipality. These gardens are relatively well distributed in the central and western parts of the City of Melton, including areas like Melton South, Brookfield, and Kurunjang. However, notable gaps exist in the more disadvantaged areas, particularly in the northern and southeastern suburbs of the municipality, such as Harkness, Diggers Rest and Mount Cottrell. These areas could benefit from additional community gardens to improve local access to fresh produce and support healthy eating habits among residents.

The primary school breakfast program, funded by the state government, plays a critical role in supporting the health and wellbeing of children by ensuring they have access to nutritious meals at the start of their day. This initiative not only addresses food insecurity but also enhances children's ability to focus and engage in their education, supporting better academic outcomes. Currently, a number of schools in the City of Melton benefit from this program, with 13 schools having breakfast programs in place, while 13 schools do not. Gaps in access to these programs are particularly evident in more disadvantaged areas, such as around Kurunjang and Harkness, where the SEIFA index shows a higher level of disadvantage. These areas, where food insecurity is likely more prevalent, would benefit significantly from expanded access to breakfast programs to support the wellbeing and educational success of their students.

## *Water sources*

The City of Melton, serviced by Greater Western Water, is part of the Greater Melbourne water supply system, which faces challenges due to a growing population and a variable climate. In 2022-23, Greater Melbourne's average residential water use was 161 litres per person per day, down from 163 litres in 2021-22, accounting for 66 per cent of total water consumption<sup>2147</sup>. Greater Melbourne's water storages received 1,273 mm of rainfall, 21 per cent above the 30-year average, and experienced inflows of 881 billion litres, 83 per cent above average, which is enough to supply the region with almost two years of water<sup>2148</sup>. Despite this, persistent dry conditions and population growth require ongoing desalinated water orders, with regular orders placed since 2016-17<sup>2149</sup>. The Greater Western Water storage outlook indicates that even with current high storage levels (95 per cent full as of November 2023), storages can rapidly decline under dry conditions<sup>2150</sup>. Non-residential water use accounts for 22 per cent of the total, and water conservation efforts remain critical, as future scenarios suggest that water restrictions may become necessary if storages fall below critical levels<sup>2151</sup>.

## *Community wellbeing*

Social isolation and loneliness are now widely recognised as public health priorities across the world, including by the World Health Organisation. These concepts do not necessarily, coexist – a person may be socially isolated but not lonely, or socially connected but feel lonely. Loneliness has a detrimental impact on health and wellbeing, productivity, and functioning in daily life and has been linked to premature death, poor physical and mental health<sup>2152</sup>, greater psychological distress<sup>2153</sup> and general dissatisfaction with life<sup>2154</sup>. Similarly, social isolation has been linked to mental illness, emotional distress, suicide, premature death and poor health behaviours, as well as psychological distress<sup>2155</sup>.

The 2023 VPHS included questions forming UCLA Loneliness Scale<sup>2156</sup>, with results indicating that 24.2 per cent of City of Melton residents experience loneliness, slightly higher than the Victorian

estimate of 23.3 per cent. In the City of Melton, 9.2 per cent of respondent to the VPHS reported a 'low' (0-4 on a scale of 0-10) level of life satisfaction, a higher proportion than the Victorian estimate of 6.5 per cent<sup>2157</sup>.

The Federal Government's 'Measuring What Matters' framework identified time for recreation and social interaction as a key element in sustaining social connection<sup>2158</sup>. Key things impacting individuals time for recreation and social interaction include time spent undertaking domestic and caring labour, as well as commuting to and from work. This is an important consideration in the City of Melton in which a high proportion of people commute long distances to employment and education. The 2024 Annual Community Satisfaction Survey provides insight to this showing a six per cent increase this year in the proportion of respondents who reported that the commute to and from work took one hour or more (52 per cent up from 46) and a corresponding decrease in the proportion reporting that it took less than one hour (48 per cent down from 53)<sup>2159</sup>.

## Climate change

In the City of Melton, climate change is already impacting the health and wellbeing of the community in both direct and indirect ways. More frequent and intense weather events such as heatwaves and storms directly impact the health and wellbeing of the community, while indirect impacts, such as increasing heating and cooling bills, limit the ability of people to care for themselves and others. Climate change not only threaten physical safety but also mental health and community resilience. Work to address the impacts of climate change takes two complimentary forms, adaptation (actions taken to prepare for actual or expected changes in the climate in order to minimise harm<sup>2160</sup>, (for example providing shaded outdoor and play areas), and mitigation (actions taken to lessen the actual or expected impacts of climate change, for example reducing greenhouse emissions through renewable energy substitution). Local governments have a role to play in both approaches.

The City of Melton's climate risk refers to the vulnerability of properties within the municipality to climate change impacts, particularly under high emissions scenarios. In comparison to the state of Victoria, where the average climate risk is 2.6 per cent, the City of Melton has a slightly higher overall climate risk of 2.72 per cent<sup>2161</sup>. This indicates that the area is more susceptible to climate-related events than the state average. In comparison, certain suburbs within Melton face significantly higher risks, with Toolern Vale standing out with an alarmingly high climate risk of 31.5 per cent, putting a large portion of its 394 properties at risk<sup>2162</sup>. Melton itself follows with a 10.3 per cent risk, while suburbs like Brookfield (7.6 per cent), Caroline Springs (5.5 per cent), and Truganina (4.1 per cent) also experience elevated climate risks<sup>2163</sup>.

### At risk groups

Climate change does not impact everyone equally, with disproportionate impacts experienced by people already facing socio-economic disadvantage, marginalisation, and health inequity.<sup>2164</sup> This is in part because they have fewer resources and less access to services and information in order to cope, adapt and recover from both acute and long-term climate impacts.<sup>2165</sup>

Groups at higher risk to the impacts of climate change include people with disability or existing health conditions, such as heart and lung disease, neurological illnesses, and limited mobility. Additionally, those in inequitable social and economic circumstances are particularly vulnerable. This includes individuals who are homeless, living in insecure housing, or with low socioeconomic status. Other at-risk groups include those who are socially isolated, new arrivals unfamiliar with the climate, and people exposed to prejudice or systemic barriers<sup>2166</sup>. These examples highlight the diverse challenges faced by vulnerable populations in the context of climate change.

These groups experience impacts sooner, and more acutely than other groups and are often already managing multiple compounding health and wellbeing issues as well as inequity and discrimination.<sup>2167</sup> Climate-related events interact with and exacerbate existing systemic barriers and issues.<sup>2168</sup> It is important to note that climate change will also impact the ability for our health and community services to meet rising demand and continue to deliver services, meaning help may be harder to access when it is needed most.<sup>2169</sup>

As articulated through this report, the City of Melton has a higher representation of many of these groups, making it particularly vulnerable to the impact of climate change. For instance, in 2021, the City of Melton recorded 569 homeless individuals, a significant increase from 236 in 2016, with 818 more people living in marginal housing conditions such as overcrowded dwellings and improvised shelters<sup>2170</sup>. Additionally, 26.6 per cent of the population reported having at least one long-term

health condition, with areas like Melton (39.8 per cent) and Melton West (35.6 per cent) exhibiting even higher rates<sup>2171</sup>.

The remainder of this section will explore the data on how rising temperatures, changing rainfall patterns, and increased fire risks associated with climate change are affecting public health in the City of Melton. It will also cover local emissions data, highlighting the urgent need for climate mitigation and adaptation strategies to safeguard community health.

## Temperature

In line with the broader trends across Victoria, the Greater Melbourne region has seen temperature increases between 1.0°C and 1.6°C since 1950<sup>2172</sup>. The mean maximum temperature over summer have increased from 25.9°C from 1971-2000 to 27°C between 1991-2020, based on the closest weather station at Melbourne Airport<sup>2173</sup>. Projections indicate that by 2030, temperatures could rise by an additional 0.6°C to 1.3°C, depending on emissions levels, with further increases reaching up to 3.1°C by 2070 under a high emissions scenario<sup>2174</sup>.

In Victoria, the number of unusually hot days (those above the 99th percentile of each month from the years 1910 to April 2019) has also increased significantly in the 50 years.<sup>2175</sup> This aligns with data from Greater Melbourne, where the average maximum temperature is expected to increase up to 2.7°C by the 2050<sup>2176</sup>. The number of hot days, defined as those exceeding 35°C, are expected to rise significantly, increasing from an average of 11-13 days per year in the early 2000s to 17 days by 2030, with even more extreme figures projected for later decades<sup>2177</sup>. This trend is supported by data showing that the highest recorded temperature in February increased from 44°C in 1971-2000 to 48.8°C in 1991-2020<sup>2178</sup>. Heatwaves and warm spells are also expected to last longer, while frost days (temperatures below 2°C) are predicted to decrease further, exacerbating heat stress across the region<sup>2179</sup>.

The Heat Vulnerability Index identifies which populations are most vulnerable to heat. The City of Melton is assessed as being high risk (score of 5) due to its urban heat island rating and high social vulnerability as people are less able to adapt. The wider Western region faces similar challenges with Brimbank, and Wyndham also receiving 2018 HVI scores of 5.<sup>2180</sup>

## Rainfall and flooding

Annual rainfall is expected to decrease by as much as 19mm in Greater Melbourne, which is supported by a slight decline in the mean annual rainfall. For instance, June rainfall decreased from 40.6 mm (1971-2000) to 32.8 mm (1991-2020)<sup>2181</sup>. Nonetheless, extreme short-duration 'rain bursts' are expected to become more intense and more frequent – especially during summer when thunderstorm rainfall is increasing<sup>2182, 2183</sup>. An increase of 14 per cent has been observed across the state in the amount of rain that falls during these events<sup>2184</sup>. The CSIRO predicts increased intensity of extreme rainfall events due to the changing climate<sup>2185</sup>.

Riverine flood risk in the City of Melton refers to the potential for flooding caused by rivers overflowing their banks, particularly under a high emissions scenario where extreme weather events become more frequent and severe. In the City of Melton, the overall risk of riverine flooding is 1.65 per cent, with 534 properties classified as high risk<sup>2186</sup>. However, certain suburbs are significantly more vulnerable. Melton stands out with the highest riverine flood risk at 8.94 per cent, placing 204 properties in the high-risk category<sup>2187</sup>. Brookfield follows with a 6.68 per cent flood risk, affecting 112 properties, and Caroline Springs has a 3.29 per cent flood risk, impacting 133 properties<sup>2188</sup>.

Other suburbs like Truganina (2.33 per cent) and Eynesbury (2.02 per cent) also face notable risk<sup>2189s</sup>.

Surface water flooding in the City of Melton refers to the risk of flooding caused by heavy rainfall that exceeds the drainage capacity, particularly under a high emissions scenario, where extreme weather events are likely to increase<sup>2190</sup>. The overall risk of surface water flooding in the City of Melton is 0.03 per cent, with 9 properties categorised as high risk and 19 as medium risk<sup>2191</sup>. However, certain suburbs face greater exposure to this type of flooding. Hillside stands out with a 0.62 per cent surface water flood risk, impacting 21 high-risk and 18 medium-risk properties<sup>2192</sup>. Taylors Hill and Ravenhall have surface water flood risks at 0.04 per cent and 0.07 per cent, respectively, each with 1 property at high risk<sup>2193</sup>.

## Air quality

The air quality in the City of Melton has shown to be generally classified as 'good' based on recent data from the EPA monitoring site located in Melton South<sup>2194</sup>. Monitoring covers key pollutants such as PM2.5 (fine particles) and ozone (O<sub>3</sub>), both of which are important indicators of air quality<sup>2195</sup>. The fine particle levels (PM2.5) typically remain within the 'good' range, except for occasional minor spikes<sup>2196</sup>. Similarly, ozone concentrations have remained consistently in the 'good' category, averaging between 29 and 35 parts per billion (ppb)<sup>2197</sup>. While air quality is currently not a significant health concern for the general population, sensitive groups, such as people with respiratory conditions, may need to monitor the levels, especially during minor spikes in particulate matter<sup>2198</sup>. These pollutants are measured hourly and compared to air quality standards to ensure public safety<sup>2199</sup>.

Historical air quality data for the City of Melton supports this trend, showing periods of both good and poor air quality<sup>2200</sup>. For example, on 1 January 2020, nitrogen dioxide (NO<sub>2</sub>) levels were recorded at 8 ppb, which is within the 'good' range<sup>2201</sup>. However, during the 2019-2020 bushfire season, air quality was occasionally poor, especially with elevated levels of PM2.5 due to smoke<sup>2202</sup>. These fluctuations reflect the impact of external environmental factors on air quality throughout the year.

## Bushfires

Bushfire risk in the City of Melton refers to the potential for wildfires to impact properties, particularly under a high emissions scenario, where rising temperatures and drier conditions heighten the likelihood of bushfires. Overall, the bushfire risk for the City of Melton is 0.13 per cent, with 19 properties considered high risk<sup>2203</sup>. However, Toolern Vale stands out with a significantly higher bushfire risk of 27.4 per cent, putting 19 properties in the high-risk category and 89 at medium risk<sup>2204</sup>. This makes it by far the most vulnerable suburb in the municipality. Other areas, such as Diggers Rest and Eynesbury, are also at risk at 0.06 per cent<sup>2205</sup>.

To add to this risk, maximum wind gusts have increased in Greater Melbourne (based on data from Melbourne Airport), with values rising from 124 km/h in 1991 to 139 km/h in November during the later period (1991-2020), indicating stronger wind events in recent years<sup>2206</sup>.

## Contributing factors

There are certain factors which increase the City of Melton's vulnerability to climate change and its impacts. One of these is the Urban Heat Island (UHI) effect, which refers to the increase in temperature caused by the built environment. The UHI is a measure of the deviation of urban

temperatures above or below a non-urban baseline temperature (i.e. how much hotter is it in urban areas compared to non-urban areas). The City of Melton has a UHI reading of (°C) 10.70. This is the second highest UHI reading in Greater Melbourne (tied with City of Casey) behind City of Brimbank with a reading on 10.75.<sup>2207</sup>

In 2021, the City of Melton had a total of 985,000 t CO<sub>2</sub>e (tonnes of carbon dioxide equivalent). The main source of emissions in the municipality were electricity (50 per cent), followed by transport (25 per cent), gas (9 per cent), and industrial processes and product use (8 per cent)<sup>2208</sup>. For comparison, Victoria's total emissions were significantly higher at 89,578,000 tonnes of CO<sub>2</sub>e, reflecting the larger population size<sup>2209</sup>. As a rate per person, the City of Melton produced 5.52 tonnes of CO<sub>2</sub>e per person, whereas Victoria as a whole produced 13.78 tonnes of CO<sub>2</sub>e per person<sup>2210</sup>. This indicates that, on average, the City of Melton has significantly lower per capita emissions compared to the state of Victoria although the city's rapidly growing population could increase future emissions if mitigation strategies are not implemented.

Despite the substantial difference in total emissions (with Victoria's emissions being about 91 times greater than the City of Melton's), the distribution of emission sources differs slightly. For example, electricity makes up a larger share in the City of Melton (50 per cent vs. 40 per cent in Victoria), while transport also accounts for a higher proportion of emissions (27 per cent vs. 21 per cent in Victoria)<sup>2211,2212</sup>. Gas usage, however, is lower in the City of Melton (8 per cent vs. 13 per cent in Victoria)<sup>2213,2214</sup>.

Conversely, there are other aspects which would help to mitigate and reduce the impacts of climate change in the City of Melton. For example, 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.<sup>2215</sup> However, the City of Melton has one of the lowest tree canopy in urban areas in Greater Melbourne at only 4.1 per cent, significantly lower than the average of 15.3 per cent across Greater Melbourne<sup>2216</sup>.

## Impacts

Extreme heat (hotter for longer) has a complex collection of impact including increased heat-related deaths and hospitalisations, particularly among the elderly and those who cannot access cool spaces or cool their houses, increased vulnerability to fire hazard over a larger area, increase to urban heat island effects, increasing heat exposure risk for all outdoor workers, and for users of open space and outdoor facilities including pedestrians.<sup>2217</sup>

Heatwaves also decrease rates of physical activity and opportunities for social connectivity and social interaction as people shelter in their homes or cool spaces and change their regular routines. This can negatively impact physical and mental health and wellbeing. Heatwaves also increase alcohol abuse and instances of family violence.<sup>2218</sup> Compounding this, extreme heat also impacts service delivery and increases demand for health and emergency services.<sup>2219</sup>

Extreme rainfall events will lead to increased episodic runoff, flash flooding and significant flooding in low lying areas, with reduced ability for stormwater systems to cope<sup>2220</sup>. These events will bring flood damage, increased maintenance costs and disruption to services, with closures on major roads disrupting transport and supplies<sup>2221</sup>. Temperature rises after intense wet spells may bring increased insect- and water-borne diseases and illnesses<sup>2222</sup>. The City of Melton is particularly vulnerable to extreme rainfall events due to its flat landscapes over much of the municipality, which increase the risk of flooding in low-lying areas. The presence of significant transport routes

crossing over waterways further heightens the risk of disruption and damage to infrastructure during intense rainfall and flash flooding.

Climate change also impacts bushfire risks through longer fire seasons, drier conditions, hotter weather, and an increase in lightning that can ignite fires through storm events. Under a high emissions scenario, Victoria may experience double the number of 'high' fire danger days by 2050, while fire seasons in Greater Melbourne are expected to increase by 42 per cent<sup>2223</sup>, <sup>2224</sup>. Based on this data, the climate in Greater Melbourne would be more similar to that of northern areas in the state such as Wangaratta<sup>2225</sup>. The City of Melton, located on the urban fringe with a mix of urban and regional land, is particularly vulnerable to these risks due to its proximity to large expanses of rural farmland. This combination of urban sprawl and rural areas increases the likelihood of bushfires affecting both residential and agricultural zones.

Climate change can affect air quality in a range of ways including directly through pollutants caused by the burning of fossil fuels, and indirectly through increasing the severity and frequency of bushfires and dust storms. Poor air quality can have numerous health impacts including a worsening of symptoms of those with existing heart conditions and lung conditions like asthma. In the City of Melton, the most common long-term health condition was asthma with 8.4 per cent reporting an asthma diagnosis, higher than 7.9 per cent in Greater Melbourne.<sup>2226</sup> Recent research has identified that children who live in the outer suburbs of Australia's four biggest cities are twice as likely to have asthma as those living in inner city areas (including Melbourne) - socioeconomic status explaining at least half of the stark spatial variation, and combined climate factors and outdoor air pollution accounting for the remainder.<sup>2227</sup>

## Conclusion

The 2024 Health and Wellbeing Profile for the City of Melton provides a detailed understanding of the factors influencing the health and wellbeing of its rapidly growing and diverse community. By examining key health indicators and social determinants—such as education, employment, housing, and access to services—this Profile identifies current challenges and presents opportunities for targeted interventions that can drive positive change. These measures are crucial, as they reveal the underlying issues that affect both physical and mental health outcomes, including areas like chronic disease management, mental health support, food insecurity, and healthcare access.

Understanding the importance of these measures is essential in developing effective strategies. Health and wellbeing are shaped by much more than just medical care; they are deeply influenced by the conditions in which people live, work, and engage with their community. By addressing these broader determinants of health, Melton City Council can work to reduce health disparities, improve access to services, and create healthier environments that support residents' ability to thrive.

This Profile offers valuable insights that will directly inform the development of Melton City Council's next Health and Wellbeing Plan. Armed with up-to-date data and an intersectional understanding of health outcomes, Council can make informed decisions on resource allocation, partnership building, and policy development. This will enable the design of programs and services that are responsive to the specific needs of the City of Melton's diverse population, ensuring that all residents—regardless of their background or circumstances—have the opportunity to live healthy, fulfilling lives. Ultimately, this Profile provides a strong foundation for a comprehensive, evidence-based approach to improving the health and wellbeing of the City of Melton.

## Priority areas

Based on the insights gained from the 2024 Health and Wellbeing Profile, this conclusion outlines the main priority areas identified across the 15 key focus areas addressed in this report. These priority areas highlight pressing health challenges and opportunities for improvement in the City of Melton, guiding the strategic direction for future interventions.

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### Priority areas

#### Health conditions

- **Chronic diseases:** Higher rates of chronic diseases such as diabetes and heart disease among vulnerable populations, requiring more targeted prevention strategies.
- **Mental health:** High rates of self-reported poor mental health, particularly in disadvantaged groups and those facing housing stress.
- **Access to services:** Limited access to healthcare services, particularly GPs and specialists, creating barriers for managing long-term health conditions.

#### Health behaviours

- **Physical inactivity:** Higher levels of physical inactivity, particularly among lower-income households and older adults, leading to poorer health outcomes.
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	<ul style="list-style-type: none"> <li>• <b>Smoking and alcohol use:</b> Elevated rates of smoking and harmful alcohol consumption in certain demographics, contributing to preventable health conditions.</li> <li>• <b>Nutrition:</b> Poor access to affordable, nutritious food, especially in low-income households, leading to higher obesity and chronic disease rates.</li> </ul>
Childhood development	<ul style="list-style-type: none"> <li>• <b>Early intervention:</b> Need for greater focus on early childhood development programs, especially in areas with lower educational attainment.</li> <li>• <b>Health disparities:</b> Higher rates of childhood health issues, including asthma and poor dental health, particularly among children from low-income families.</li> <li>• <b>Access to services:</b> Gaps in access to child health services and early intervention programs for children with developmental delays.</li> </ul>
Education and learning	<ul style="list-style-type: none"> <li>• <b>Educational attainment:</b> Lower levels of educational attainment, particularly in areas with higher rates of unemployment and disadvantage.</li> <li>• <b>Early learning participation:</b> Lower participation in early learning and school readiness programs in some parts of the municipality.</li> <li>• <b>Youth disengagement:</b> Higher rates of youth disengagement from education, leading to long-term unemployment and social exclusion.</li> </ul>
Employment and income	<ul style="list-style-type: none"> <li>• <b>Youth unemployment:</b> Higher rates of youth unemployment and underemployment, leading to economic and social disadvantage.</li> <li>• <b>Income inequality:</b> Significant income inequality, particularly in areas with high rates of housing stress and low educational attainment.</li> <li>• <b>Job opportunities:</b> Limited local job opportunities, particularly for women, culturally and linguistically diverse communities, and people with disability.</li> </ul>
Housing and homelessness	<ul style="list-style-type: none"> <li>• <b>Housing stress:</b> High levels of housing stress, particularly among single-parent households, low-income families, and renters.</li> <li>• <b>Homelessness risk:</b> Rising risk of homelessness due to a lack of affordable housing and growing population pressures.</li> <li>• <b>Housing diversity:</b> Lack of diverse housing options to meet the needs of a rapidly growing and culturally diverse population.</li> </ul>
Diversity and inclusion	<ul style="list-style-type: none"> <li>• <b>Discrimination:</b> High levels of reported racism and discrimination, particularly among Aboriginal and Torres Strait</li> </ul>

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	<p>Islander people and culturally and linguistically diverse communities.</p> <ul style="list-style-type: none"> <li>• <b>LGBTIQ+ inclusion:</b> LGBTIQ+ people are more likely to experience violence and discrimination, affecting their mental health and wellbeing.</li> <li>• <b>Access to services:</b> Culturally and linguistically diverse communities and Aboriginal and Torres Strait Islander people face additional barriers to accessing services.</li> </ul>
<p>Family, domestic and sexual violence</p>	<ul style="list-style-type: none"> <li>• <b>Family violence:</b> High rates of family violence, particularly affecting women and children, with limited access to crisis support services.</li> <li>• <b>Gender inequality:</b> Traditional gender roles and inequality are barriers to women’s participation in the workforce and financial security.</li> <li>• <b>Early intervention:</b> Gaps in early intervention programs to prevent family violence, especially in high-risk areas.</li> </ul>
<p>Sexual and reproductive health</p>	<ul style="list-style-type: none"> <li>• <b>Access to services:</b> Limited access to sexual and reproductive health services, particularly for young people and disadvantaged groups.</li> <li>• <b>Health education:</b> Gaps in sexual health education and awareness, particularly in schools and community settings.</li> <li>• <b>Women’s health:</b> Higher rates of poor sexual and reproductive health outcomes among women from CALD communities and lower-income households.</li> </ul>
<p>Alcohol and other drugs</p>	<ul style="list-style-type: none"> <li>• <b>Substance abuse:</b> Rising rates of alcohol and drug-related harm, particularly in young adults and lower-income households.</li> <li>• <b>Access to treatment:</b> Limited access to drug and alcohol treatment services within the municipality, leading to unmet community needs.</li> <li>• <b>Prevention programs:</b> Need for more community-based prevention and education programs targeting youth and vulnerable populations.</li> </ul>
<p>Gambling</p>	<ul style="list-style-type: none"> <li>• <b>Gambling harm:</b> High levels of gambling harm, particularly in low-income households, contributing to financial stress and mental health issues.</li> <li>• <b>Access to support:</b> Limited access to gambling support services, particularly for those experiencing severe gambling addiction.</li> <li>• <b>Community awareness:</b> Need for increased community awareness and education around the risks of gambling, particularly in culturally diverse communities.</li> </ul>

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## Community safety

- **Perception of safety:** Decreasing perceptions of safety, particularly at night, in areas with higher crime rates and limited street lighting.
- **Crime prevention:** Increased demand for crime prevention programs, particularly in relation to family violence, youth crime, and anti-social behaviour.
- **Vulnerable groups:** Greater focus needed on protecting vulnerable groups, including older adults, women, and children, from crime and violence.

## Injury prevention

- **Road safety:** High rates of road accidents, particularly involving young drivers and pedestrians, requiring improved road safety measures.
- **Falls prevention:** Rising incidence of falls among older adults, with a need for targeted community programs to reduce injury rates.
- **Workplace safety:** Gaps in workplace injury prevention programs, particularly in high-risk industries and among casual workers.

## Built environment

- **Green spaces:** Insufficient access to green spaces and recreational facilities, particularly in new growth areas.
- **Transport infrastructure:** Need for improved public transport options and pedestrian infrastructure to promote active travel and reduce car dependency.
- **Urban design:** Ensuring new developments are designed to promote social connection, physical activity, and overall community wellbeing.

## Climate change

- **Health impacts:** Climate change is exacerbating health issues such as heat-related illnesses, respiratory conditions, and mental health problems, particularly in vulnerable populations.
- **Sustainability:** Need for greater focus on sustainable urban planning and green infrastructure to reduce the city's carbon footprint.
- **Community education:** Increased community education around climate resilience, energy efficiency, and sustainable living practices.

## Glossary

<b>Aboriginal and/or Torres Strait Islander</b>	Refers to Australia's First Nations peoples, comprising two distinct groups: Aboriginal peoples, connected to the mainland, and Torres Strait Islander peoples, from islands between Australia and Papua New Guinea. There is great cultural and linguistic diversity within these groups, with over 250 language groups. Self-identification and community acceptance are key to being recognised as Aboriginal or Torres Strait Islander <sup>2228</sup> .
<b>Active transport</b>	Physical activity as a mode of transport, including walking, cycling, and use of public transport.
<b>Affordable housing</b>	Housing that is affordable to people with low to moderate incomes, with costs not exceeding 30 per cent of their household income.
<b>Alcohol and other drugs (AOD)</b>	Substances, including alcohol, that can lead to addiction or health harms when misused.
<b>Antenatal care</b>	A planned visit between a pregnant woman and a midwife or doctor to assess and improve the wellbeing of the mother and baby throughout pregnancy.
<b>Bridging visa</b>	A temporary visa allowing a person to stay in Australia while preparing to leave or waiting for an immigration decision.
<b>Built environment</b>	The human-made surroundings that provide the setting for human activity, including buildings, parks, and transportation systems.
<b>CALD/Culturally and linguistically diverse</b>	CALD refers to Culturally and Linguistically Diverse populations, often encompassing migrants, refugees, and non-English-speaking groups. Its limitations include inconsistency in capturing the linguistic, cultural, and socio-economic complexities of such populations. It may overlook acculturation, generational differences, or English-speaking people from non-Anglophone backgrounds, limiting its precision in identifying and addressing specific needs in research or policy.
<b>Chronic disease</b>	A long-lasting health condition that can be controlled but not cured.
<b>Climate change</b>	Long-term changes in temperature, precipitation, and other atmospheric conditions due to human activities, affecting health and wellbeing.
<b>Climate resilience</b>	The ability of communities and systems to recover from or adapt to the impacts of climate change.
<b>Community engagement</b>	Collaborative efforts between local government and the community to address issues affecting health, safety, and wellbeing.
<b>Community housing</b>	Housing that is managed (and sometimes owned) by not-for-profit organisations, offering affordable rental options for individuals and families with low incomes, often with additional support services. A type of social housing.
<b>Community safety</b>	The perception and reality of people feeling safe and secure in their living and working environments.
<b>Comorbidity</b>	The simultaneous presence of two or more diseases or medical conditions in a person.

<b>Cultural competency</b>	The ability to understand, communicate with, and effectively interact with people across different cultures.
<b>Discrimination</b>	Being treated unfairly or not as well as others because of a characteristic like age, gender, race or marital status.
<b>Diversity</b>	The inclusion of individuals with various backgrounds, identities, and experiences that make up the social fabric of a community.
<b>Disability</b>	A physical or mental condition that substantially limits one or more major life activities.
<b>Digital literacy</b>	The skills needed to effectively use digital tools such as the internet, social media, and mobile devices.
<b>Discrimination</b>	Treating a person or particular group of people differently (generally worse) because of their race, gender, sexuality, etc.
<b>Early intervention</b>	Actions taken to identify and provide effective services for people at risk of developing health or social issues.
<b>English as a second language</b>	Those who have learned English after their native language.
<b>Family violence</b>	Any threatening, coercive, dominating or abusive behaviour that occurs between people in a family, domestic or intimate relationship
<b>Food insecurity</b>	The condition of not having access to sufficient food, or food of an adequate quality, to meet one's basic needs.
<b>Gambling</b>	The act of wagering or betting money or something of value on an event with an uncertain outcome with the intent to win more money or things of value than was wagered.
<b>Gambling harm</b>	Any negative consequence experienced by an individual or members of their social network because of participation in gambling.
<b>Gender equality</b>	The state in which women, men, and gender-diverse people have equal rights, responsibilities, and opportunities, leading to equal outcomes in all areas of life.
<b>Gender equity</b>	The process of addressing historical and social disadvantages to create fairness and achieve gender equality. Gender equity recognises that women and gender-diverse people often start from different positions than men and requires targeted support to achieve equal outcomes.
<b>Gender pay gap</b>	The gender pay gap measures the difference in average or median earnings between women and men across the workforce, expressed as a percentage or dollar amount. It reflects the unequal value placed on contributions for different genders, rather than comparing like-for-like roles. The gender pay gap is different from equal pay, which is the legal requirement to pay employees the same for the same or comparable work. In Australia, equal pay has been mandated since 1969 <sup>2229</sup> .
<b>Health behaviours</b>	Actions people take that affect their health, including smoking, alcohol consumption, and physical activity.
<b>Health conditions</b>	The physical and mental states of individuals, which may include chronic illnesses or disability.

<b>Health literacy</b>	The ability of individuals to access, understand, and use information to maintain and promote good health.
<b>Heat vulnerability index</b>	A measure identifying areas where people are more likely to be harmed during extreme heat events.
<b>Homelessness</b>	The state of lacking stable, safe, and adequate housing, which can lead to significant health and social challenges.
<b>Housing stress</b>	When a household spends more than 30 per cent of its gross income on housing costs, leading to financial strain.
<b>Inclusion</b>	Creating environments where people feel valued, respected, and have equal opportunities to participate, regardless of background.
<b>Injury prevention</b>	Efforts to reduce the risk of injuries, whether in the home, workplace, or public spaces.
<b>Intersectionality</b>	A framework for understanding how various social identities, such as race, gender, and class, intersect and contribute to unique experiences of people in the community.
<b>IRSAD</b>	A SEIFA tool which looks at disadvantage indicators and additional indicators of advantage like professional occupations, high income, higher education levels, high rent, and large dwellings, providing a more balanced view of both disadvantage and advantage. This results in a broader distribution of scores compared to IRSD.
<b>IRSD</b>	A SEIFA tool which focuses solely on indicators of disadvantage such as unemployment, low incomes, low education levels, single parent families, low skilled occupations, and poor English proficiency, making it useful for identifying the most disadvantaged areas.
<b>Job Keeper Payment</b>	A government wage subsidy program aimed at supporting businesses to retain employees during the COVID-19 pandemic.
<b>Job Seeker Payment</b>	A government support payment for individuals who are unemployed and actively seeking work.
<b>Labour force participation</b>	The ratio between the total labour force divided by the total working-age population.
<b>LGBTIQA+</b>	Refers to individuals identifying as lesbian, gay, bisexual, transgender, intersex, queer, asexual, or other diverse sexual orientations and gender identities.
<b>Liveability index</b>	A composite score based on various measures related to quality of life, including access to services, public transport, and green spaces.
<b>Loneliness</b>	A subjective unpleasant or distressing feeling of a lack of connection to other people, along with a desire for more, or more satisfying, social relationships <sup>2230</sup> .
<b>Low individual/income household</b>	Individuals or households falling into approximately the bottom 20 per cent of equivalised incomes across Australia.

<b>Mental health condition</b>	Disorders that affect a person's mood, thinking, and behaviour, such as depression and anxiety.
<b>NAPLAN</b>	A National Assessment Program – Literacy and Numeracy tests administered to Australian students
<b>Need of assistance</b>	Those requiring additional support with daily activities, such as personal care, mobility, or communication, due to a disability or health condition.
<b>Non-binary</b>	A gender identity that does not conform strictly to male or female categories.
<b>Non-English speaker</b>	Individuals who don't speak English or primarily use a language other than English in their household.
<b>People born overseas</b>	Those born outside of their country of residence
<b>People with disability</b>	People who may encounter challenges such as difficulty seeing, learning, walking, thinking, or hearing. These challenges can differ significantly from those experienced by others <sup>2231</sup> .
<b>Population health</b>	Actions or interventions designed to prevent disease and promote health, often through lifestyle changes or health screenings.
<b>Poverty</b>	The lack of sufficient resources or money to meet basic immediate needs such as food, housing, and clothing, as well as the inability to accumulate long-term savings or wealth.
<b>Psychological distress</b>	Emotional suffering typically characterized by symptoms of depression or anxiety.
<b>Public Housing</b>	Housing that is owned and managed by the State Government, providing affordable rental accommodation for people on low incomes who meet eligibility criteria. A type of social housing.
<b>Rate</b>	A measure, quantity, or frequency, often expressed as a ratio (e.g., infection rate, mortality rate).
<b>Rental stress</b>	Financial stress experienced by renters whose rent costs exceed 30 per cent of their household income.
<b>SEIFA</b>	Socio-Economic Indexes for Areas (SEIFA) is a product developed by the ABS that ranks areas in Australia according to relative socio-economic advantage and disadvantage.
<b>Sexual and reproductive health</b>	A state of physical, emotional, mental, and social wellbeing related to sexuality and reproduction.
<b>Social capital</b>	The networks of relationships among individuals and groups that foster cooperation and mutual support.
<b>Social determinants of health</b>	The conditions in which people are born, grow, live, work, and age that affect their health.

<b>Social housing</b>	An umbrella term that includes both public and community housing, referring to housing that is provided for people who are unable to afford market rent, often through government subsidies or support from non-profit organisations.
<b>Social infrastructure</b>	The social and community amenities and services required to support healthy, thriving, and equitable communities. As outlined in Davern et al. (2017) this includes ‘life-long social service needs related to health, education, early childhood, community support, community development, culture, sport and recreation, parks and emergency services’ <sup>2232</sup>
<b>Social isolation</b>	Having objectively few social relationships or roles and infrequent social contact <sup>2233</sup>
<b>Transgender</b>	A person whose gender identity differs from the sex they were assigned at birth.
<b>Tree canopy</b>	The layer of leaves, branches, and stems of trees that provide shade and environmental benefits such as stormwater management and air purification.
<b>Urban form</b>	The physical characteristics and layout of cities, towns, and neighbourhoods.
<b>VPHS</b>	Victorian Public Health Survey, delivered by the Victorian State Government.
<b>Underweight</b>	Having a Body Mass Index (BMI) of less than 18.5 kg/m <sup>2</sup> , indicating a body weight that is considered too low for a given height
<b>Unpaid care work</b>	Refers to all forms of care provided without financial compensation, including domestic tasks such as cooking, cleaning, and home maintenance. It also involves caregiving responsibilities for children, the elderly, or family members with disability or long-term health conditions.
<b>Urban height island index</b>	A measure of how much hotter urban areas are compared to rural areas due to the concentration of heat-retaining surfaces like concrete and asphalt.
<b>Vapes/Vaping</b>	Vapes, also known as e-cigarettes, are battery-operated devices that deliver an aerosol by heating a liquid that users breathe in.
<b>Volunteer</b>	A person who freely offers their time, skills, or services without financial compensation, often to support a cause, organisation, or community. Volunteering can involve a range of activities, such as assisting with events, providing care, or participating in community service projects, and is typically motivated by a desire to contribute to the wellbeing of others or address social issues.
<b>Vulnerable populations</b>	Groups more likely to experience health disparities due to factors like poverty, discrimination, or limited access to resources.

<b>Walk score</b>	A measure of an area’s walkability based on the proximity of amenities, promoting health and reducing car dependency.
<b>Young people/youth</b>	Adolescents and young adults, typically aged between 12-24 years of age.

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<sup>1</sup> World Health Organization (WHO) (2021) [Health Promotion Glossary of Terms 2021](#)

<sup>2</sup> World Health Organization (WHO) (2021) [Health Promotion Glossary of Terms 2021](#)

<sup>3</sup> ABS (2023) Compiled and presented by .id (informed decisions). City of Melton [Estimated Resident Population](#) (ERP)

<sup>4</sup> ABS (2021) Census of Population and Housing 2016 and 2021. Compiled and presented by .id (informed decisions).

<sup>5</sup> ABS (2021) Census of Population and Housing 2016 and 2021. Compiled and presented by .id (informed decisions). City of Melton: [\(Sexes\) Introduction](#)

<sup>6</sup> VAHI (2023) Victorian Population Health Survey 2023, Victorian Agency for Health Information, Victorian State Government

<sup>7</sup> ABS (2021) Population and household forecasts, 2021 to 2046. Compiled and presented by .id (informed decisions).

<sup>8</sup> ABS (2021) Census of Population and Housing 2016 and 2021. Compiled and presented by .id (informed decisions). City of Melton: [\(First Nations\) Key statistics](#)

<sup>9</sup> ABS (2024) [Regional population](#)

<sup>10</sup> ABS (2024) [Regional population](#)

<sup>11</sup> ABS (2021) Population and household forecasts, 2021 to 2046. Compiled and presented by .id (informed decisions).

<sup>12</sup> ABS (2021) Population and household forecasts, 2021 to 2046. Compiled and presented by .id (informed decisions).

<sup>13</sup> ABS (2021) Population and household forecasts, 2021 to 2046. Compiled and presented by .id (informed decisions).

<sup>14</sup> ABS (2021) Census of Population and Housing 2016 and 2021. Compiled and presented by .id (informed decisions). [City of Melton: Service Age Groups](#)

<sup>15</sup> ABS (2021) Census of Population and Housing 2016 and 2021. Compiled and presented by .id (informed decisions). [City of Melton: Service Age Groups](#)

<sup>16</sup> ABS (2021) Census of Population and Housing 2016 and 2021. Compiled and presented by .id (informed decisions). City of Melton: [Age of Population](#)

<sup>17</sup> ABS (2021) Census of Population and Housing 2016 and 2021. Compiled and presented by .id (informed decisions). [City of Melton: Service Age Groups](#)

<sup>18</sup> ABS (2021) Census of Population and Housing 2016 and 2021. Compiled and presented by .id (informed decisions). [City of Melton: Service Age Groups](#)

<sup>19</sup> ABS (2024) [Regional population](#)

<sup>20</sup> ABS (2024) [Regional population](#)

<sup>21</sup> *ibid.*

<sup>22</sup> ABS (2021) Census of Population and Housing 2016 and 2021. Compiled and presented by .id (informed decisions). City of Melton: [Household Type](#)

<sup>23</sup> ABS (2021) Census of Population and Housing 2016 and 2021. Compiled and presented by .id (informed decisions). City of Melton: [Household Type](#)

<sup>24</sup> ABS (2021) Census of Population and Housing 2016 and 2021. Compiled and presented by .id (informed decisions). City of Melton: [Household Type](#)

<sup>25</sup> ABS (2021) Census of Population and Housing 2016 and 2021. Compiled and presented by .id (informed decisions). City of Melton: [Household Type](#)

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<sup>2231</sup> Australian Human Rights Commission (2024) [Let's talk about disability](#)

<sup>2232</sup> Davern, M., Gunn, L., Whitzman, C., Higgs, C., Giles-Corti, B., Simons, K., ... Badland, H. (2017). Using spatial measures to test a conceptual model of social infrastructure that supports health and wellbeing. *Cities & Health*, 1(2), 194–209. <https://doi.org/10.1080/23748834.2018.1443620>

<sup>2233</sup> Badcock JC, Holt-Lunstad J, Garcia E, Bombaci P and Lim MH (2022) Position statements on addressing social isolation and loneliness and the power of human connection, Global Initiative on Loneliness and Connection, accessed 27 April 2023.

**Melton Civic Centre**

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