



GLEN EIRA
CITY COUNCIL

- BENTLEIGH
- BENTLEIGH EAST
- BRIGHTON EAST
- CARNEGIE
- CAULFIELD
- ELSTERNWICK
- GARDENVALE
- GLEN HUNTLY
- MCKINNON
- MURRUMBEENA
- ORMOND
- ST KILDA EAST

HEALTH AND WELLBEING PROFILE 2020-2021





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LIST OF ACRONYMS

Acronym	Full meaning
ABS	Australian Bureau of Statistics
AEDC	Australian Early Development Census
AIHW	Australian Institute of Health and Welfare
ATSI	Aboriginal and Torres Strait Islander
BBV	Blood borne virus
BMI	Body mass index
CALD	Culturally and linguistically diverse
COVID-19	Coronavirus disease 2019
DHHS	Department of Health and Human Services
GECC	Glen Eira City Council
HIV	Human immunodeficiency virus
HPV	Human papillomavirus
HVI	Heat Vulnerability Index
KMPH	Kilometres per hour
LGA	Local Government Area
LGBTIQA+	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer or Questioning, Asexual and other terms
MCH	Maternal and Child Health
MPHWP	Municipal Public Health and Wellbeing Plan
NHMRC	National Health and Medical Research Council
SRV	Seniors Rights Victoria
SALM	Small area labour markets
STI	Sexually transmitted infection
TFR	Total fertility rate
LSAC	Longitudinal study of Australian children
VCAMS	Victorian Child and Adolescent Monitoring System
VPHS	Victorian Population Health Survey

SUMMARY OF GLEN EIRA'S HEALTH AND WELLBEING

The following provides a summary of key health and wellbeing data for the City of Glen Eira based on selected data highlighted within this profile.

Although Glen Eira residents enjoy a relatively high level of health and wellbeing when compared to the Victorian average; there are specific gendered, age-related and diverse population groups experiencing disadvantage that significantly impact on the health and wellbeing of many of our people. There is also a range of key preventative health and lifestyle behaviours that continue to have wide reaching health and wellbeing impacts for significant proportions of our population. We know in relation to reducing the burden of disease that leads to chronic and serious illness, behaviours that increase healthy eating, active lifestyles, tobacco free living, social connection, sustainable living and health screening provide the best opportunities for prevention, early intervention and early identification of poor health and disease.

The summary below highlights key areas using a traffic light system, based on our analysis of the data. Areas with no traffic lights are ones we need to monitor and understand for our planning.

- **Green:** Tracking well, doing better than most other LGAs
- **Yellow:** Need for improvement
- **Red:** Areas of growing concern

POPULATION PROFILE

<p>Our population is growing. In 2020, our population was 157,311 (grew 5.8% since 2016) and by 2026 it is estimated to grow to 167,052 (6.2%).</p>	<p>Gender profile 2019 Female 51.2% Male 48.8% (The number of trans, intersex, non-binary or gender diverse people is unknown.)</p>	<p>Median age 37 years. Aboriginal and Torres Strait Islander median age 27 years.</p>
<p>Population made up of: Children (0 to 11) 14.9%, Young people (12 to 24) 15.9%, Adults (25 to 59 years) 49.1% and Seniors (60+ years) 20.1%.</p>	<p>Average birth rate is just over 1,600 births per year.</p>	<p>Aboriginal and Torres Strait Islander residents 2016, 250 (0.2% of total population).</p>
<p>Population forecasts for 2026 will see: people under working age increase by 4.5%; people of working age increase by 12.1%; and people of retirement age increase by 18%.</p>	<p>We are a culturally diverse population with 36.7 % born overseas. Top five countries: China, India, England, South Africa and Israel. Top five languages: Mandarin (5.5%), Greek (3.9%), Russian (3.4%), Hebrew (2.2%) and Hindi (1.3%).</p>	<p>In 2019, we had 2,932 overseas migrants settle in Glen Eira.</p>
<p>More than half (56%) of Victoria's Jewish population lives in Glen Eira (30,644).</p>	<p>Data on our LGBTIQ+ community is not available at the local level however the in the 2016 Census, 463 males (0.7 %) and 337 females (0.5%) indicated they lived with a same-sex partner.</p>	<p>In 2018, 18,811 people in Glen Eira (12.3 %) had a disability. 12.7% females/11.9 % males. People 65 years+ (41.2 %). We have 14,260 carers (10 %). More than half our carers are female.</p>
<p>Unemployment rate rose by 1.6 % from 2019 to 2020 reflecting the impact of COVID-19. JobSeeker recipients tripled from 2019 to 2020.</p>	<p>Most common household type is couple families with children (34.6 %), followed by lone person households (26.2 %).</p>	<p>Homelessness is increasing. We have less social housing than our neighbouring LGAs.</p>
<p>We have more women on lower incomes of less than \$400 per week and more men on higher incomes of \$2,000 or more per week.</p>	<p>Our SEIFA is the seventh-highest in the state (1,074). Areas of most disadvantage: Glen Huntly, Carnegie and Bentleigh East. Areas of lowest disadvantage: Caulfield South, Caulfield North/Caulfield East and Elsternwick.</p>	<p>One in five people in Glen Eira volunteer; with all age ranges represented as active volunteers. We are community minded with 75 % of people in Glen Eira willing to help their neighbours.</p>

GENERAL HEALTH INDICATORS

<p>80% of people in Glen Eira reported their health to be excellent or very good.</p>	<p>At the start of school, 80% of Glen Eira children are reported to have excellent or very good health.</p>	<p>We live on average 86 years; 83.5 years for males and 88 years for females.</p>
<p>Top three leading causes of death are coronary heart disease, Dementia/Alzheimer's disease and cerebrovascular disease (stroke).</p>	<p>Men are more likely to die from: suicide, leukaemia, brain cancer, stomach cancer, heart diseases, lung cancer, diabetes and Parkinson's disease.</p>	<p>Women are more likely to die from: Dementia-Alzheimer's disease, cerebrovascular disease (stroke), colorectal cancer and accidental falls.</p>
<p>People in Glen Eira have higher proportion of hospital admissions for mental health conditions, all cancers and digestive system diseases than Greater Melbourne.</p>	<p>Dental health is reasonably consistent with or better than the state average for most ages except for children aged six years who are more represented with dental issues than the Victorian average.</p>	<p>Highest sexually transmitted infections (STIs) in Glen Eira are chlamydia (84.2%), followed by gonorrhoea (9.9%) and hepatitis B (5.0%).</p>
<p>Maternal and Child Health Services (MCH) participation rate at birth in 2017/18: 96.8%.</p> <p>77.7% of newborns were fully breastfed at hospital with most continuing until three months.</p>	<p>Our average kindergarten participation rate between 2014–2018 was 91.5%; lower than the Victorian average of 95%.</p>	<p>Although children in Glen Eira exceed the state average of being 'on track' across key developmental domains, there was a 'significant increase' in the number of 'vulnerable' children in the social competence domain and a decrease in communication skills and general knowledge for those children 'on track'.</p>

PREVENTATIVE HEALTH INDICATORS

<p>Immunisation rates for children from birth to five years is slightly lower than the Victorian average; on the other hand immunisation rates for adolescents is higher than the Victorian average.</p>	<p>Half the people in Glen Eira are pre-obese or obese. More men are overweight (56.6%) compared to women (36.6%).</p>	<p>Slightly over half of adults in Glen Eira (52.5%) comply with the guidelines for physical activity (30 minutes of moderate intensity physical activity at least five times per week).</p>
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<p>Around one-third of adults (34.0%) in Glen Eira spend seven or more hours sitting during an average weekday.</p>	<p>More than half of our residents (55.2%) travel to work by car, while 21.7% use public transport (train, bus or tram) and a small proportion, 4.4% ride a bike or walk to work.</p>	<p>On average, Glen Eira residents consume approximately 1.8 serves of fruit and 2.3 serves of vegetables per day.</p>
<p>Just over half of our residents (51.5%) consume the recommended daily amount of two serves of fruit per day and very few (7.8%) usually consume the recommended daily intake of five vegetables per day.</p>	<p>One in 10 of our residents consume takeaway meals / snacks at least three times per week.</p> <p>One in 20 of our residents consume sugar-sweetened beverages on a daily basis.</p>	<p>Health screens: 58.3% completed and returned their bowel screen kit; 85.3% participated in a mammogram screen; and 61.3% participated in a cervical cancer screen.</p>

LIFESTYLE BEHAVIOUR INDICATORS

<p>Current smokers in Glen Eira average 11.6%. Male smokers double the number of female smokers (14.8% compared to 7.4%)</p>	<p>4% of the 4,350 Glen Eira students surveyed in Years 3 to 12 reported they smoke.</p>	<p>26% of adults drink alcohol on a weekly basis. 13% of adults exceed two drinks per day for five to seven days.</p>
<p>Increase in the number of alcohol-related harm admissions to hospital in recent years; particularly for people aged 25 to 39 years with those aged 40 to 64 years consistently being over-represented.</p>	<p>Our illicit drug-related hospital admission rate (5.14 per 10,000 persons/population) is the second-highest compared to our regional local government areas.</p>	<p>Increase in the number of males and females in Glen Eira being admitted at hospital for illicit drug related harm; with more male admissions than females.</p>
<p>There are 780 electronic gaming machines (EGMs) in Glen Eira across 11 venues; this equates to 6.4 EGMs per 1,000 adults, 36% more than Greater Melbourne.</p>	<p>Gaming losses through EGMs 2018/19 – \$74,244,676, 14th highest LGA in Victoria. 2019/20 – \$54,025,304 (lower due to venues closing March–June during COVID-19 restrictions) remained 14th highest in Victoria.</p>	<p>Online betting and sports betting are fast growing forms of gambling.</p>

MENTAL HEALTH INDICATORS

<p>Glen Eira residents have higher hospital admissions for mental health related conditions than Greater Melbourne (2,611 per 100,000 population compared to 1,802 per 100,000 population).</p>	<p>One of the leading causes of death for men in Glen Eira is suicide.</p>	<p>9.4% of our adults report a high or very high level of psychological distress.</p>
<p>12.0% of males and 13.8% of females sought professional help for a mental health problem.</p>	<p>21.1% of Glen Eira adults have been diagnosed with anxiety or depression; this is more prevalent in women than men 24.5%/16.9% respectively.</p>	<p>Around 30% of young people in Glen Eira report being constantly under strain, losing sleep through worry and struggling with problem solving.</p>

SAFETY, CRIME AND FAMILY VIOLENCE

<p>Glen Eira has the sixth-lowest rate of crime (per 100,000 population) of Greater Melbourne and the 18th-lowest crime rate across Victoria.</p>	<p>In 2019/2020 there was a total of 6,317 criminal incidents recorded in Glen Eira.</p>	<p>In the five years up to June 2020, the annual number of criminal incidents increased by 37.3%, compared to Victoria (16%).</p>
<p>The most common types of crime are 'Property and deception' offences including theft, burglary, property damage (including graffiti) and obtaining benefit by deception.</p>	<p>Our family violence rate is lower than the Victorian average and has been steadily decreasing since 2016. In 2020, there was a rise again (703 per 100,000); likely exacerbated by the impact of COVID-19.</p>	<p>Females are the most affected gender of family violence incidents (70%) between 2016–2020.</p>
<p>We've had a significant increase in the rates of 'Breach of family violence orders' (per 100,000 population) and 'Family violence common assault' since July 2019. 'Breach of family violence orders' increased by 151% and 'Family violence common assault' increased 138% since July 2015.</p>	<p>96% of people in Glen Eira feel safe or very safe walking in their local area alone during the day. After dark this changes: with only 48% of females feeling safe or very safe compared to 80% of males. Residents aged 65+ feel the most vulnerable walking in their local area alone after dark with 23% feeling safe or very safe.</p>	<p>Road safety performance (during 2013–2017) ranked Glen Eira 58 across the state for number of people killed in fatal accidents (nine people); and 17 for the same period when ranked by the number of people who sustained a serious injury (364).</p>

CLIMATE CHANGE HEALTH AND WELLBEING INDICATORS

We are experiencing climate change in Glen Eira. Our average annual temperature has increased, there are more hot days and warm spells, less rainfall in winter, but more intense downpours and flooding when it does rain.

Climate change directly threatens health and wellbeing through heat stress and heat stroke; lung complaints from increased air pollution such as asthma/thunderstorm asthma; lung disease and pollen related allergies; impacts on our mental health by escalating emotional responses; climate anxiety; family violence and anti-social behaviour.

Climate change exacerbates pre-existing medical conditions and causes heat-related illness particularly to vulnerable residents like babies, our senior residents, people with chronic health conditions, people with socio-economic disadvantage and those living in poorly constructed accommodation. There are at least 30,000 people in Glen Eira vulnerable to the impacts of climate change.

COVID-19 FACTORS

Deteriorating mental health exacerbated by social isolation, fear, unpredictability, psychological distress, anxiety and depression.

Increasing financial hardship, unemployment, employment insecurity and survival of small business.

Increasing family stress and a rise in family violence, including elder abuse.

Increasing alcohol consumption, drug use and online gambling.

Changes in physical activity and healthy eating / nutrition need monitoring. Shift in physical activity from organised sport to walking and cycling in local neighbourhoods and spaces.

Fast tracking the digitisation of work and social connections (and a widening digital divide for some population groups, including our seniors and some of our cultural and linguistically diverse communities).

I. INTRODUCTION

I.1 PURPOSE

This Glen Eira Health and Wellbeing Profile ('Profile') provides information about the health and wellbeing of people living in the Glen Eira Local Government Area ('Glen Eira') as at 2020.

This document is one of several sources that will help to inform the development of the Glen Eira Municipal Public Health and Wellbeing Plan 2021–25 (MPHWP). The MPHWP will integrate the planning, strategies and actions previously contained in separate documents relating to young people, healthy ageing, disability and the prevention of family violence.

I.2 GLEN EIRA LOCAL GOVERNMENT AREA

Glen Eira Local Government Area (LGA) is located in Melbourne's south-east, approximately 10 kilometres from the Central Business District.

It covers an area of 38.7 square kilometres and is comprised of the suburbs of Bentleigh, Bentleigh East, Carnegie, Caulfield, Caulfield East, Caulfield North, Caulfield South, Elsternwick, Gardenvale, Glen Huntly, McKinnon, Murrumbeena and Ormand, as well as parts of Brighton East and St Kilda East.

Glen Eira LGA is bounded by the municipalities of Stonnington to the north, Monash to the east, Kingston to the south, Bayside to the south-west and Port Phillip to the west.

I.3 SCOPE

This Profile presents a wide range of research which helps to build a picture of the demographic characteristics; the physical, mental, reproductive and preventative health and wellbeing; and the safety of Glen Eira's population.

It also includes information about sub-populations of different ages, genders, abilities, cultural backgrounds and socio-economic groups living in Glen Eira, where possible. Specifically, the following groups have been considered during the preparation of this Profile:

- children (birth to 11 years);
- young people (12 to 24 years);
- people of working age (15 years and over);
- older adults (60 years and over);
- people with disability and their carers;
- women;
- men;
- people with diverse genders – Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/ Questioning, Asexual and other terms (LGBTIQA+);
- aboriginal and Torres Strait Islander people;
- culturally and Linguistically Diverse (CALD) communities; and
- low socio-economic communities.

Climate change is featured due to its increasing impact on public health, wellbeing and safety of the community. Available data on the COVID-19 pandemic is also highlighted throughout as we continue to understand and learn more about the full effects of this pandemic on people's health and wellbeing and way of life in Glen Eira, Victoria, Australia and worldwide.

Information about other relevant geographic regions has also been included in this Profile, for the purpose of comparison with Glen Eira. These geographic areas are:

- Bayside Peninsula Region:
Department of Education region comprised of Bayside, Frankston, Glen Eira, Kingston, Mornington Peninsula, Port Phillip and Stonnington LGAs.
- Department of Health and Human Services (DHHS) South Region:
A DHHS region comprised of Bass Coast, Baw Baw, Bayside, Cardinia, Casey, East Gippsland, Frankston, Glen Eira, Greater Dandenong, Kingston, Latrobe, Mornington Peninsula, Port Phillip, South Gippsland, Stonnington and Wellington LGAs.
https://www.dhhs.vic.gov.au/sites/default/files/documents/201610/dhs_victoria_map_areas_0813.pdf
- Southern Metro Police Region:
A region comprised of Bayside, Cardinia, Casey, Frankston, Glen Eira, Greater Dandenong, Kingston, Mornington Peninsula, Port Phillip and Stonnington LGAs.
- State Government of Victoria (Greater Melbourne/Metropolitan Melbourne area):
The geographical area that defines Melbourne as a city and the capital of the State of Victoria. Spanning over 9,990 square kilometers Metropolitan Melbourne is home to 4.9 million people
<https://liveinmelbourne.vic.gov.au/discover/melbourne-victoria/metropolitan-melbourne>
- Victoria – Covering all areas within the State of Victoria (state-wide)
- Australia – Covering all States and Territories (nation-wide).

I.4 METHODOLOGY

This Profile was compiled using the most recent data available for the population of Glen Eira, as well as for specific sub-populations, such as children and people with disability. Information for larger geographic areas, such as Victoria or Australia, has been provided where local area data is not readily available and will be used as a reference to guide local planning.

The source and year of publication of research contained in this Profile is noted in brackets (parentheses) immediately after the information. For example, (Australian Bureau of Statistics, 2017a). Full details for each reference are contained in the Reference List at the end of this Profile document.

Key sources used to compile this Profile include:

- 2016 Census of Population and Housing (Australian Bureau of Statistics, 2017a) – Unless indicated otherwise, figures presented in this Profile are based on the 140,875 Glen Eira residents who completed the 2016 Census, out of an estimated usual resident population of 148,583 in 2016 (Australian Bureau of Statistics, 2020a). The Census data used excludes ‘visitor-only’ and ‘other non-classifiable’ households;
- 2016 Aboriginal and Torres Strait Islander Peoples Profile (Australian Bureau of Statistics, 2017b; 2017c);
- 2017 Victorian Population Health Survey (Department of Health and Human Services, 2019a);
- 2018 Survey of Disability and Carers (Australian Bureau of Statistics, 2020b; 2020c);
- 2020 Coronavirus Victorian Wellbeing Impact Study: Follow-up Survey (VicHealth, 2020a, 2020b); and
- 2020 datasets from the Victorian Crime Statistics Agency.

Relevant findings from Glen Eira City Council’s Community Voice surveys have also been included to supplement the research contained in this Profile. Community Voice is an online panel of between 400–600 residents who broadly represent the Glen Eira community in terms of age, gender and suburb. Members of the panel are regularly invited to participate in online surveys. The panel is one of several ways Council engages with the community it serves, including during the development of the upcoming MPHWP 2021–25.

2. GLEN EIRA'S POPULATION

2.1 POPULATION

Glen Eira had an estimated population of 157,311 people in 2020 (.id, 2017a), an increase of approximately 5.8 per cent since 2016.

Glen Eira's population is forecast to grow to 167,052 by 2026, an increase of approximately 9,741 people or 6.2 per cent (.id, 2017a). The areas predicted to experience the highest number of new residents during this six-year period are Caulfield East/Caulfield North, Bentleigh East and Carnegie.

These population projections were developed prior to the COVID-19 pandemic, which may influence population growth in the years ahead.

Population projections by age are contained in section 2.3.

Population forecasts – Glen Eira (2020 and 2026)



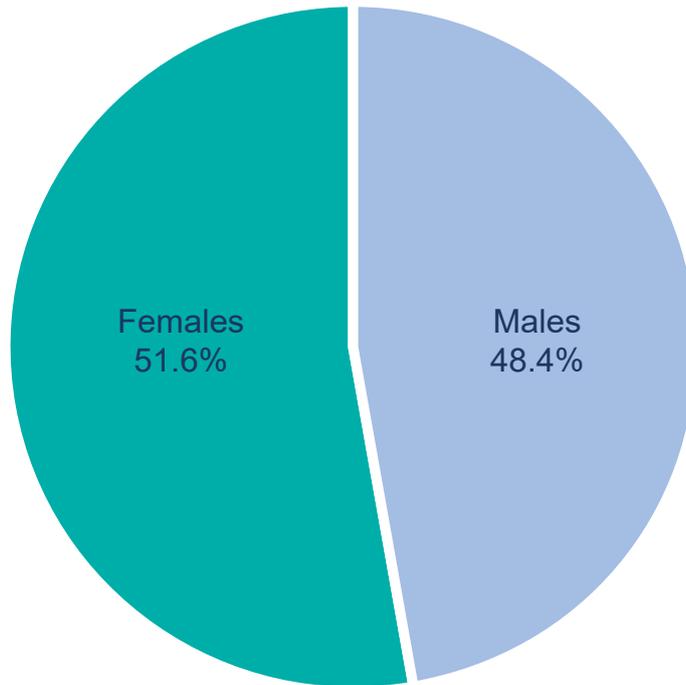
Source: .id (2017a), Population forecast for Glen Eira Local Government Area

2.2 GENDER

Most gender-related demographic information included in this Profile is based on results from the 2016 Census.

In 2016, there were 68,140 males (48.4 per cent) and 72,735 females (51.6 per cent) in Glen Eira.

Gender in Glen Eira (2016)



Source: Australian Bureau of Statistics (2017a), 2016 *Census of Population and Housing*.

The most recent ABS estimates indicate there were 76,373 (48.8 per cent) males and 80,138 (51.2 per cent) females living in Glen Eira in 2019 (Australian Bureau of Statistics, 2020a).

The number of transgender, intersex, non-binary or gender diverse people in Glen Eira is not known. The 2021 ABS Census should provide a better collection of gender diversity.

2.3 AGE PROFILE

2.3.1 Age structure – 2016 Census

Most age-related demographic information included in this Profile is based on results from the 2016 Census.

The median age of Glen Eira residents in 2016 was 37 years, slightly higher than Greater Melbourne (36 years).

During the same year, the median age for people who identify as Aboriginal and Torres Strait Islander people in Glen Eira was 27 years, notably lower than the broader Glen Eira population. However, it is still higher than the median age for Greater Melbourne's Aboriginal and Torres Strait Islander population (23 years).

In 2016, there were 30,421 (21.6 per cent) children aged under 18 years, and 110,456 (78.4 per cent) adults aged 18 years and over in Glen Eira.

Also in 2016, Glen Eira had:

- 20,991 (14.9 per cent) children aged from birth to 11 years;
- 22,411 (15.9 per cent) young people aged 12 to 24 years;
- 69,220 (49.1 per cent) aged 25 to 59 years; and
- 28,252 (20.1 per cent) seniors aged 60 years and over.

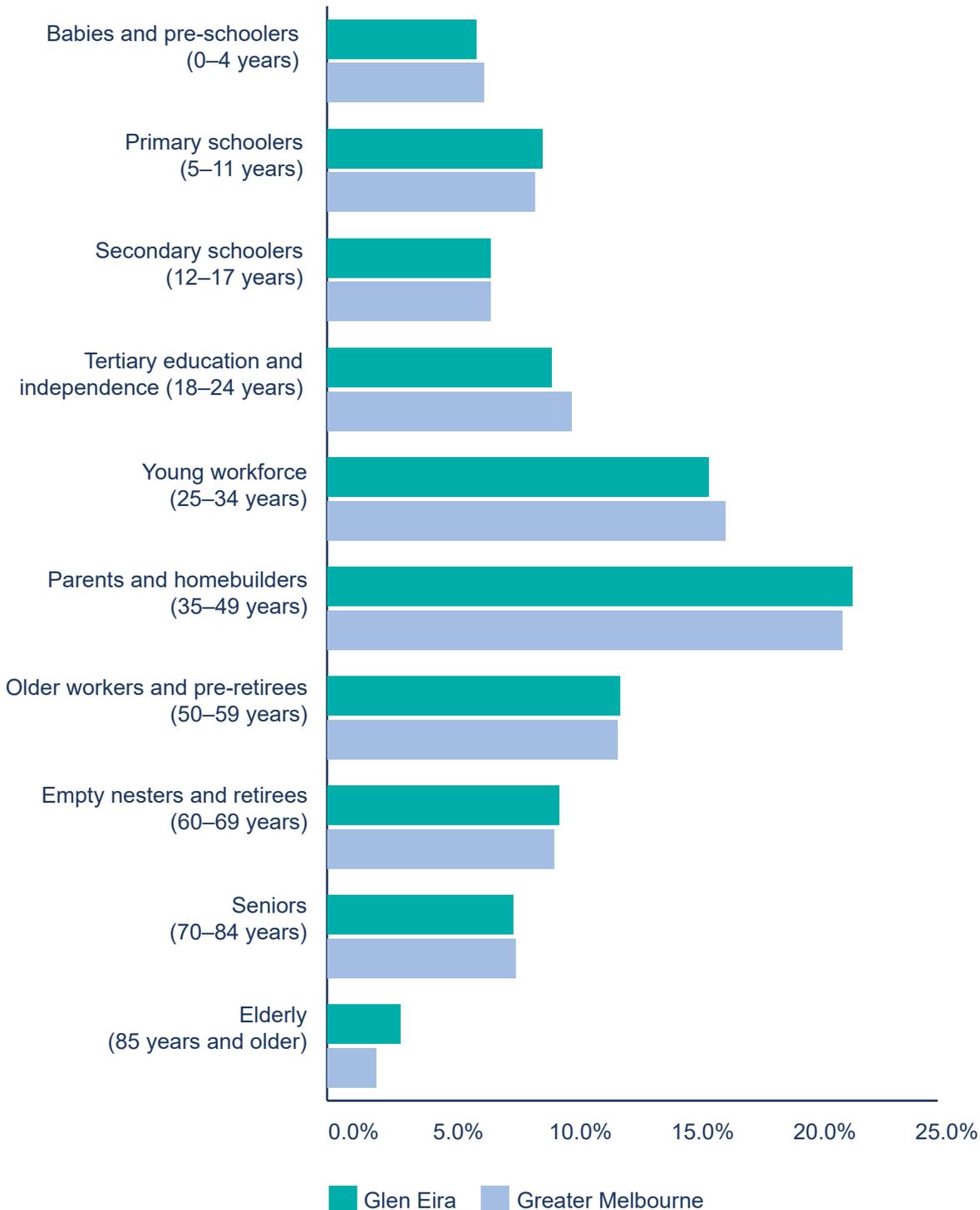
During the same period, there were 115,108 (81.7 per cent) people aged 15 years and over. This is a common age group used by the ABS to measure a variety of demographic characteristics.

Age group	Glen Eira males 2016	Glen Eira females 2016	Glen Eira total number 2016	Glen Eira total % 2016
0 to 4 years	4,311	4,286	8,599	6.1%
5 to 11 years	6,446	5,946	12,392	8.8%
12 to 17 years	4,864	4,561	9,426	6.7%
18 to 24 years	6,426	6,561	12,985	9.2%
25 to 34 years	10,702	11,322	22,028	15.6%
35 to 49 years	14,627	15,708	30,335	21.5%
50 to 59 years	8,143	8,717	16,857	12.0%
60 to 69 years	6,440	6,883	13,328	9.5%
70 to 84 years	4,631	6,055	10,687	7.6%
85 years and over	1,544	2,697	4,237	3.0%
Total population	68,138	72,738	140,875	100.0%

Source: Australian Bureau of Statistics (2017a), *2016 Census of Population and Housing*.

Glen Eira’s age distribution was similar to Great Melbourne in 2016. However, Glen Eira had a slightly higher proportion of elderly people aged 85 years and over (3.0 per cent), compared to Greater Melbourne (2.0 per cent). Conversely, Glen Eira had slightly lower proportions of young people aged 18 to 24 years (9.2 per cent versus 10.0 per cent in Greater Melbourne) and people aged 25 to 34 years (15.6 per cent versus 16.3 per cent).

Age structure by life stage – Glen Eira and Greater Melbourne (2016)

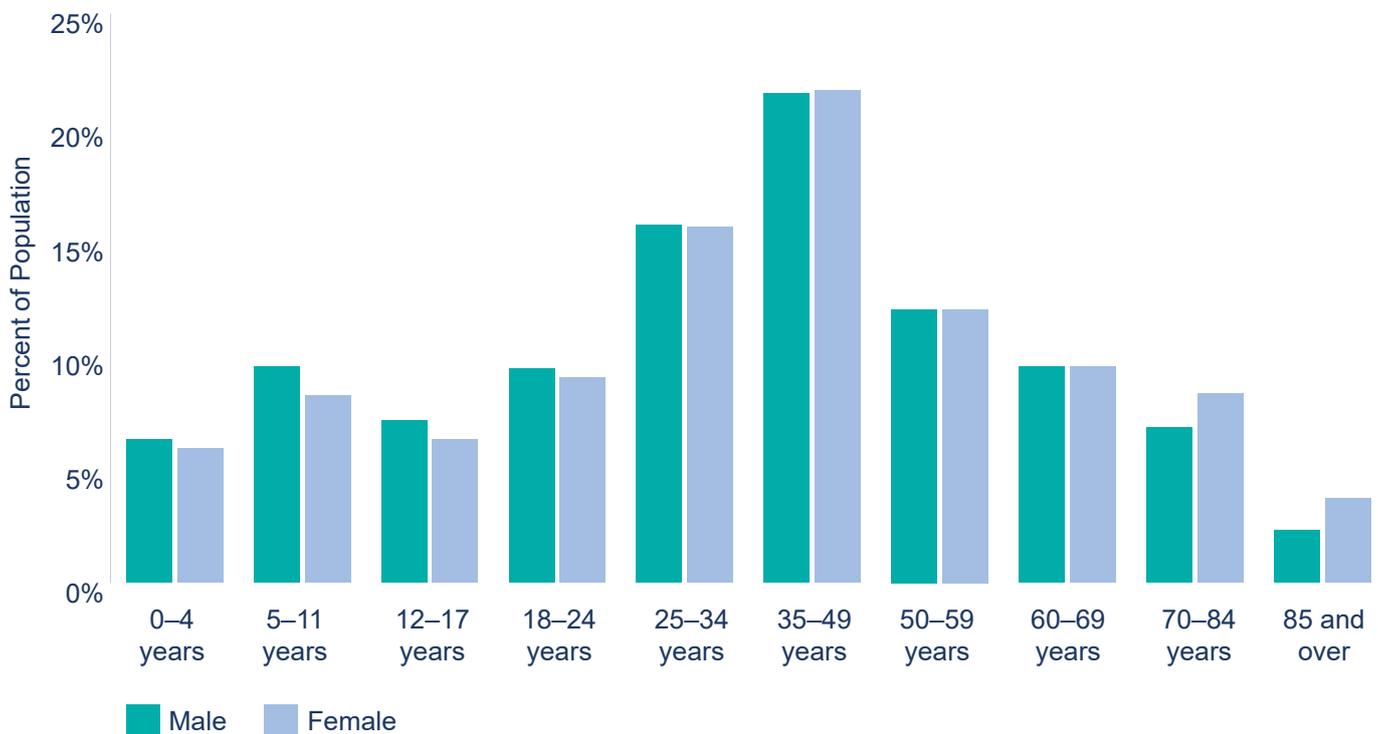


Source: Australian Bureau of Statistics (2017a), 2016 *Census of Population and Housing*.

In 2016, Glen Eira had a higher proportion of boys than girls who were of primary school age (9.5 per cent versus 8.2 per cent) and secondary school age (7.1 per cent versus 6.3 per cent). In addition, there was a slightly higher proportion of males than females in the 18 to 24 years age group (9.4 per cent and 9.0 per cent, respectively).

Conversely, Glen Eira had a high proportion of older females, compared to males. In 2016, 8.3 per cent of females were aged 70 to 84 years (compared to 6.8 per cent of males), while 3.7 per cent of females were aged 85 years and over, compared to 2.3 per cent of males.

Age structure by gender – Glen Eira (2016)

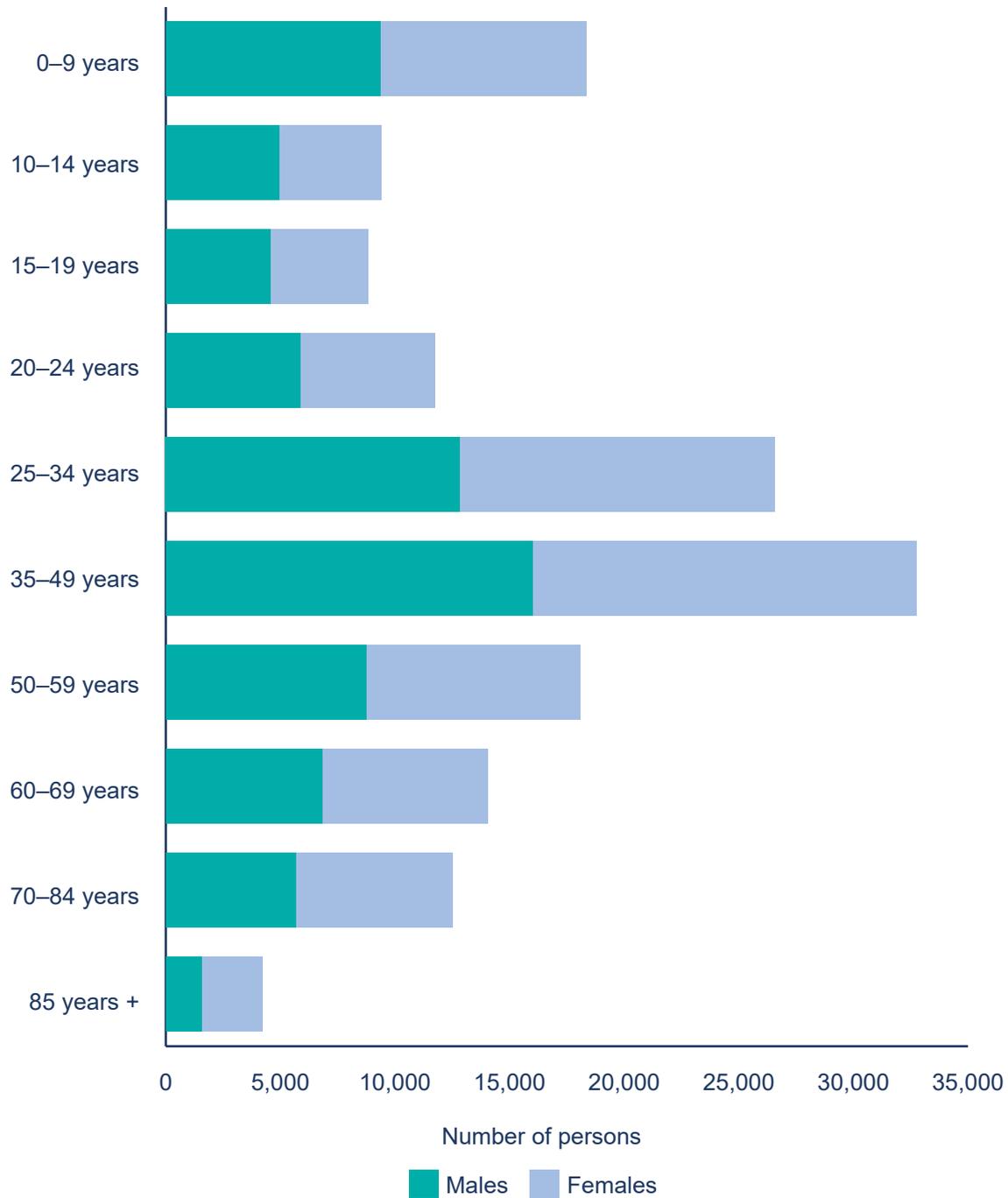


Source: Australian Bureau of Statistics (2017a), 2016 *Census of Population and Housing*.

2.3.2 Age structure – 2019 estimates

The most recent estimates released by the ABS for 2019 (Australian Bureau of Statistics, 2020a) indicate that one in five (20.9 per cent) of Glen Eira residents are aged 35 to 49 years, a cohort which is commonly associated with being parents of young and school-aged children. Almost one quarter (23.3 per cent) of Glen Eira’s population are aged from birth to 19 years. People aged 25 to 34 years make up 17 per cent of Glen Eira’s population and are generally young workers. One in five people (19.7 per cent) living in Glen Eira are seniors aged 60 years and over.

Age group by gender – Glen Eira (2019)



Source: Australian Bureau of Statistics (2020a), *Regional Population by Age and Sex, Australia, 2019*.

2.3.3 Age structure – 2019 estimates

The most recent estimates released by the ABS for 2019 (Australian Bureau of Statistics, 2020a) indicate that one in five (20.9 per cent) of Glen Eira residents are aged 35 to 49 years, a cohort which is commonly associated with being parents of young and school-aged children. Almost one quarter (23.3 per cent) of Glen Eira’s population is aged from birth to 19 years. People aged 25 to 34 years make up 17 per cent of Glen Eira’s population and are generally young workers. One in five people (19.7 per cent) living in Glen Eira are seniors aged 60 years and over.

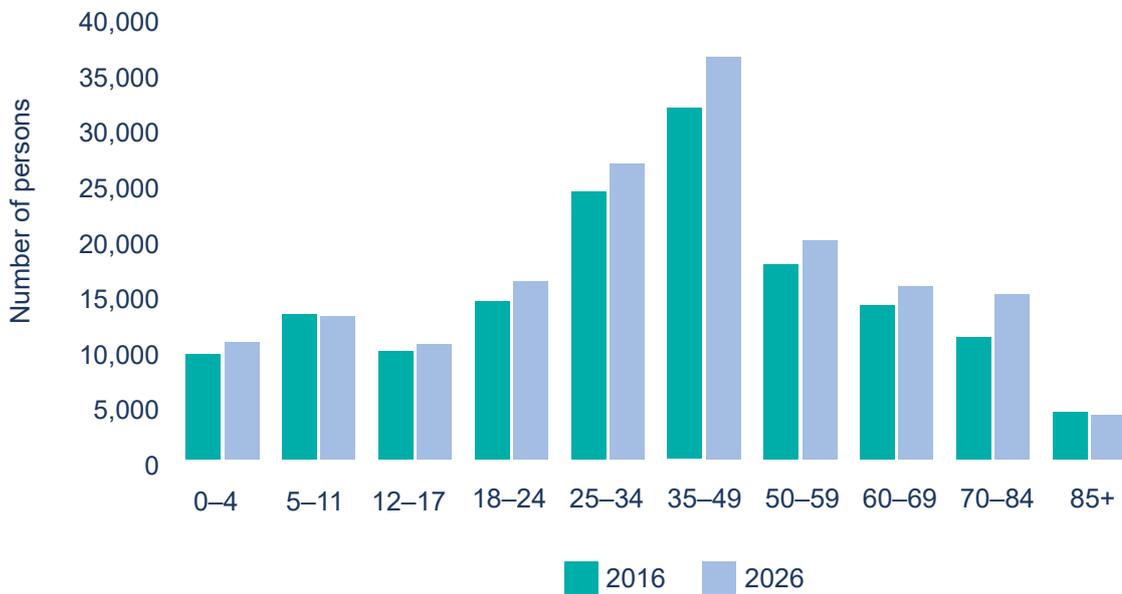
Population forecasts for between 2016 and 2026 (.id, 2017a) suggest that in Glen Eira, the total number of:

- people under working age is predicted to increase by 4.5 per cent;
- people of working age is predicted to increase by 12.1 per cent; and
- people of retirement age is predicted to increase by 18.2 per cent.

Specifically, between 2016 and 2026, the number of:

- people aged 35 to 49 is forecast to increase by 4,630 people;
- people aged 70 to 84 years is forecast to increase by 3,892; and
- people aged 85 years and older is forecast to decrease slightly, by approximately 300.

Population forecasts (counts) by age structure – Glen Eira (2016 and 2026)*



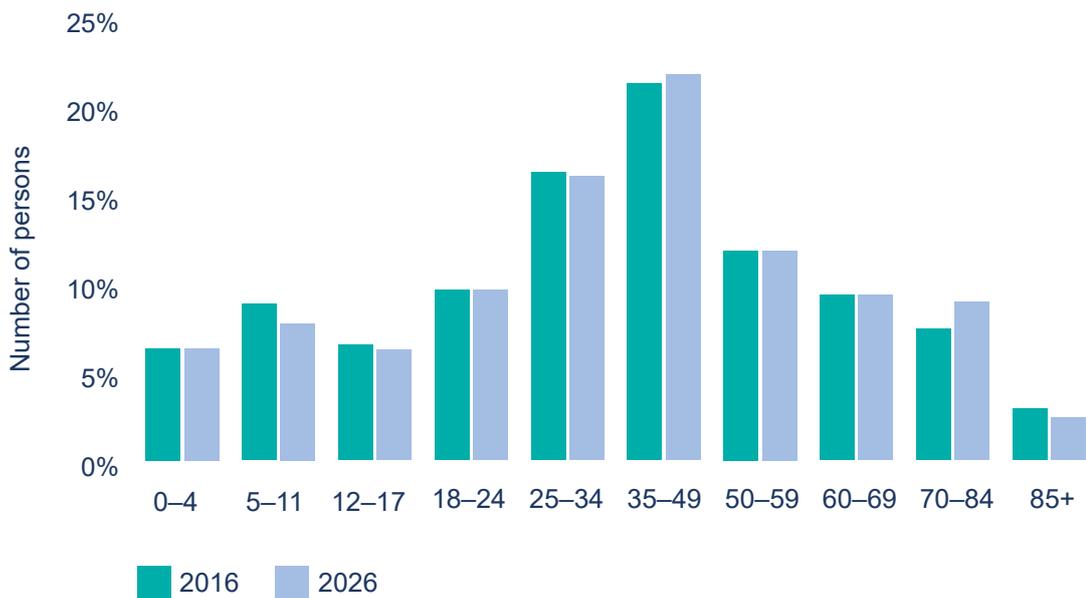
Source: .id (2017a), Glen Eira population forecasts – population and age structure.

*Slight variations exist between these 2016 projections and the 2016 Census results.

Based on forecasts for 2016 and 2026 (.id, 2017a), the percentage (as a proportion of the total forecasted Glen Eira population) of:

- primary-school aged children is projected to decline (from 8.8 per cent to 7.7 per cent);
- older people aged 70 to 84 years is projected to increase (from 7.4 per cent to 8.9 per cent); and
- elderly people aged 85 years and over is projected to decline (from 2.9 per cent to 2.4 per cent).

Population forecasts (percentages) by age structure – Glen Eira (2016 and 2026)*



Source: (.id, 2017a), Glen Eira Population Forecasts - Population and Age Structure.
 *Slight variations exist between these 2016 projections and the 2016 Census results.

2.4 ABORIGINAL AND TORRES STRAIT ISLANDERS

Glen Eira had an estimated population of 157,311 people in 2020 (.id, 2017a), an increase of approximately 5.8 per cent since 2016.

Glen Eira’s population is forecast to grow to 167,052 by 2026, an increase of approximately 9,741 people or 6.2 per cent (.id, 2017a). The areas predicted to experience the highest number of new residents during this six-year period are Caulfield East/Caulfield North, Bentleigh East and Carnegie.

These population projections were developed prior to the COVID-19 pandemic, which may influence population growth in the years ahead.

Population projections by age are contained in section 2.3.

2.5 CULTURAL AND LINGUISTIC DIVERSITY

2.5.1 Born overseas

Glen Eira has a culturally diverse population, with 36.7 per cent of its population born overseas, compared to Greater Melbourne (33.9 per cent) in 2016.

In 2016, the most common countries of birth (other than Australia) for people living in Glen Eira were China (5.1 per cent), India (4.4 per cent), England (2.8 per cent), South Africa (2.3 per cent) and Israel (1.5 per cent).

Country of birth	Glen Eira number	Glen Eira %
Australia	82,030	58.2%
China	7,151	5.1%
India	6,258	4.4%
England	3,886	2.8%
South Africa	3,214	2.3%
Israel	2,161	1.5%
New Zealand	2,116	1.5%
Greece	2075	1.5%
New Zealand	2,116	1.5%

Source: Australian Bureau of Statistics (2017a), *2016 Census of Population and Housing*.

China and India have consistently been the most common overseas countries of birth for people living in Glen Eira who arrived in Australia since 2006.

2.5.2 Recent migration

In 2019, approximately 2,932 overseas migrants settled in Glen Eira. Most of these people (82.7 per cent) arrived through the Skilled Migration stream, 17.0 per cent through a Family Migration stream and only a very small proportion (0.3 per cent) through a Humanitarian stream (Department of Home Affairs, 2020). Compared to Glen Eira, Victoria has a lower proportion of people arriving on Skilled Migration (65.7 per cent) and a higher proportion of Family Migration (27.9 per cent) and Humanitarian streams (6.4 per cent).

Based on 2019 migration data available for Victoria, almost half (46.8 per cent) of people arriving on Skilled Migration streams are aged 18 to 34 years.

2.5.3 Language spoken

In 2016, almost one third (31.5 per cent) of people living in Glen Eira spoke a language other than English at home, compared to 32.3 per cent of residents in Greater Melbourne.

The most common languages (other than English) spoken at home in Glen Eira are Mandarin (5.5 per cent), Greek (3.9 per cent), Russian (3.4 per cent) and Hebrew (2.2 per cent).

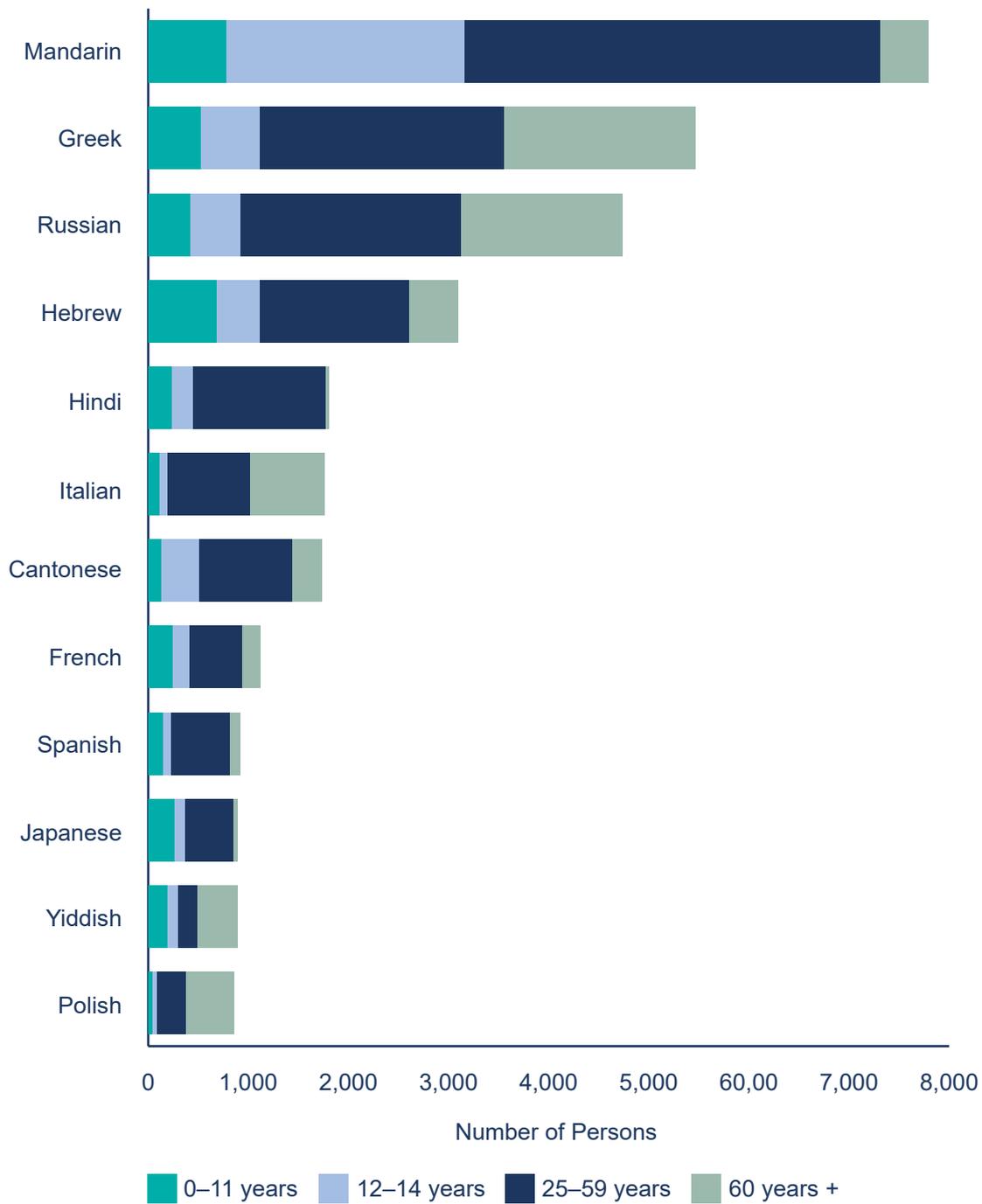
Language spoken at home	Glen Eira number	Glen Eira %
Mandarin	7,792	5.5%
Greek	5,468	3.9%
Russian	4,735	3.4%
Hebrew	3099	2.2%
Hindi	1,809	1.3%

Source: Australian Bureau of Statistics (2017a), *2016 Census of Population and Housing*.

However, the most common languages (other than English) spoken by people at home in Glen Eira varies by age group. In 2016:

- The most common non-English language spoken among people aged 60 years and over was Greek, followed by Russian.
- Mandarin was the most common non-English language spoken by people aged 12 to 59 years.
- After Mandarin, Hebrew was the second most common non-English language spoken by children under the age of 12 years.

Most common languages spoken at home by age group – Glen Eira (2016)



Source: Australian Bureau of Statistics (2017a), 2016 *Census of Population and Housing*.

2.5.4 Religion

In 2016, 31.2 per cent of people in Glen Eira nominated they did not identify with a particular religion. Catholicism was the most common religion in Glen Eira, nominated by 17.4 per cent of the population.

Glen Eira has one of the largest Jewish populations in Australia, with 16.8 per cent nominating Judaism as their religion, compared to 0.9 per cent in Greater Melbourne (Australian Bureau of Statistics, 2017a). More than half (56 per cent) of Victorians who identified as Jewish in the 2016 Census lived in Glen Eira, making it the Victorian municipality with the highest concentration of Jewish people (Markus and Munz, 2021).

2.5.5 Jewish population

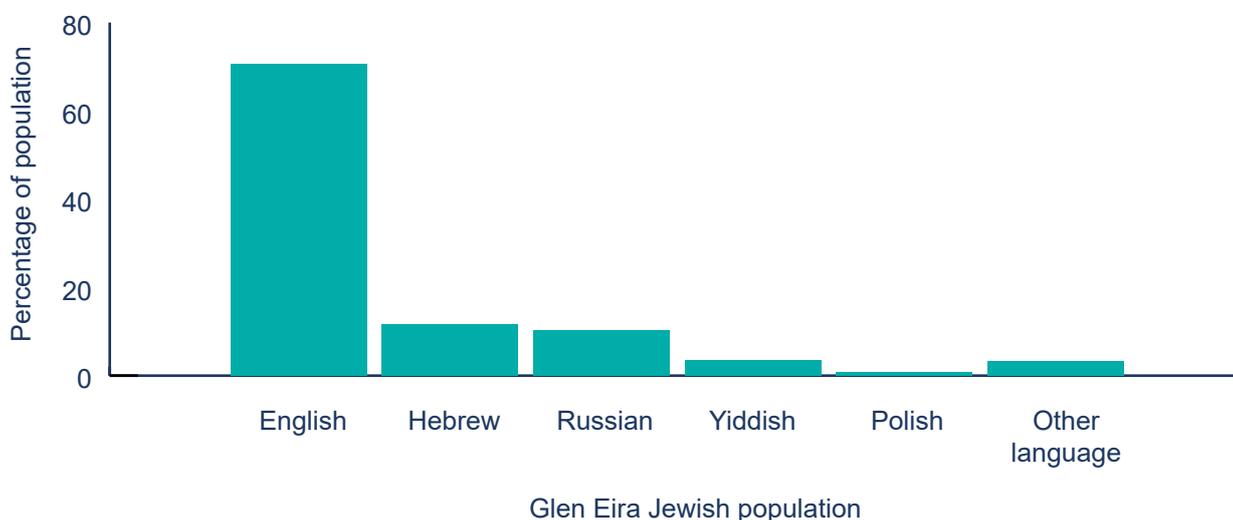
The estimated Jewish population of Victoria in 2016 was 54,735. There were more females (51.9 per cent) than males (48.1 per cent) and there has been a demographic shift with 15 per cent of the Jewish population aged 60 to 69 in 2016, compared to nine per cent in 2006. The 'baby boomers' (those born between 1946 and 1964) are ageing and there will be a significant increase in the population aged 70 and over in the 2020s.

Forty six per cent of Australia's Jewish population lives in Victoria with almost 80 per cent of Victoria's Jewish population lives in four neighbouring Local Government Areas LGAs: 56 per cent in Glen Eira, 10 per cent in Stonnington, eight per cent in Port Phillip and six per cent in Bayside.

Close to one third of Victoria's Jewish population lives in just three suburbs, all located within Glen Eira's boundaries: 15 per cent in Caulfield North, 10 per cent in Caulfield South and eight per cent in St Kilda East. The Jewish population has steadily increased its density within Glen Eira from 45 per cent in 1991 to 56 per cent in 2016.

Twenty-nine per cent of the Victorian Jewish population speaks a language other than English in the home, a similar proportion to the total Victorian population (28 per cent). The estimated Jewish population in Glen Eira in 2016 was 30,644 with 70.5 per cent speaking English in the home (excludes not-stated, non-verbal or inadequately described) of usual residence. Almost 12 per cent spoke Hebrew and 10 per cent spoke Russian.

Jewish population – language spoken in the home of usual residence, 2016



Source: The Jewish population of Victoria, Key findings from the 2016 Census report

2.6 LGBTIQA+

LGBTIQA+ is an evolving acronym to describe how people characterise their gender and sexuality, representing Lesbian, Gay, Bisexual, Transgender, Intersex, Queer or Questioning, Asexual and other terms.

Information about the size of the LGBTIQA+ community is not available at a local level. However, up to 11 per cent of the Australian population may identify as having a diverse sexual orientation or gender identity (Human Rights Commission, 2015).

In a Community Voice Survey undertaken by Glen Eira City Council in 2018, 3.9 per cent of respondents identified as being part of the LGBTIQA+ community (Glen Eira City Council, 2018b).

In the 2016 Census, 463 males (0.7 per cent) in Glen Eira identified as living with a partner of the same sex, while 337 females (0.5 per cent) indicated they live with a same-sex partner.

2.7 DISABILITY AND CARERS

2.7.1 Need for assistance

One method for identifying the prevalence of disability in Glen Eira is via the Census of Population and Housing. It measures the number of people who reportedly require assistance with at least one core activity (self-care, mobility and/or communication) due to a disability, old age or long-term health condition.

Based on the 2016 Census, 6,204 people (4.4 per cent) in Glen Eira required assistance with at least one core activity, compared to 4.9 per cent of the population in Greater Melbourne.

Unsurprisingly, there is a strong correlation between age and the need for assistance with core activities. For example, in Glen Eira during 2016:

- three quarters (73.5 per cent) of people reportedly requiring assistance were aged 60 years and over – 10.5 per cent were aged 60 to 69 years, 29.9 per cent were aged 70 to 84 years, and 33.1 per cent were aged 85 years and over; and
- almost half (48.5 per cent) of people aged 85 years and over required assistance, a similar proportion to Greater Melbourne (49.0 per cent).

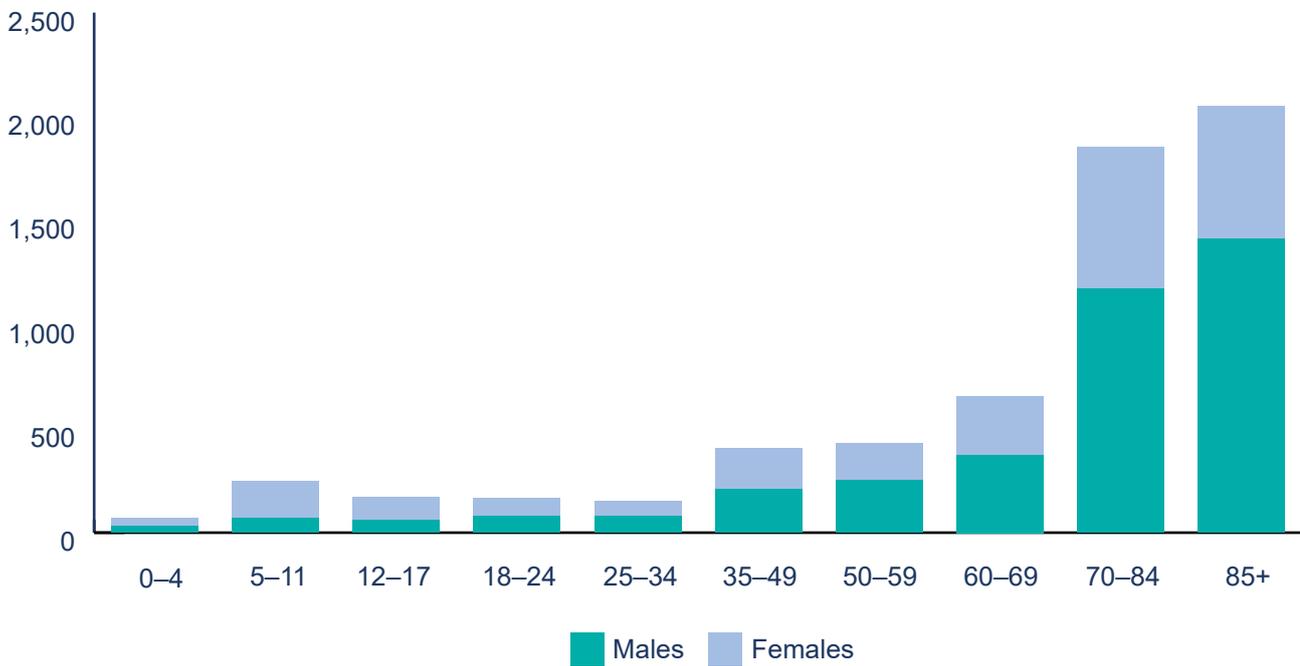
Age group	Glen Eira number	Glen Eira % of all people requiring assistance	Glen Eira % of age group	Greater Melbourne % of age group
0–4 years	72	1.2%	0.8%	1.1%
5–11 years	242	3.9%	2.0%	3.0%
12–17 years	171	2.8%	1.8%	2.8%
18–24 years	167	2.7%	1.3%	1.6%
25–34 years	157	2.5%	0.7%	1.2%
35–49 years	410	6.6%	1.4%	2.2%
50–59 years	430	6.9%	2.6%	4.1%
60–69 years	654	10.5%	4.9%	7.2%
70–84 years	1,855	29.9%	17.4%	18.2%
85 years +	2,055	33.1%	48.5%	49.0%
Total	6,206	100.0%	4.4%	4.9%

Source: Australian Bureau of Statistics (2017a), *2016 Census of Population and Housing*.

Also, in 2016, 60 per cent of people in Glen Eira requiring assistance with core activities were female, while 40 per cent were male. However, the gender differences varied by age groups. For example:

- Young people aged from birth to 24 years who required assistance with core activities were more likely to be male, especially among boys of primary school age (5 to 11 years) and secondary school age (12 to 17 years).
- Females aged 25 years and over were more likely to require assistance with core activities than their male counterparts. The gender gap increased progressively by age group and was most marked in those aged 70 to 84 years and 85 years and over.

Number of people requiring assistance with core activities by age and gender – Glen Eira (2016)

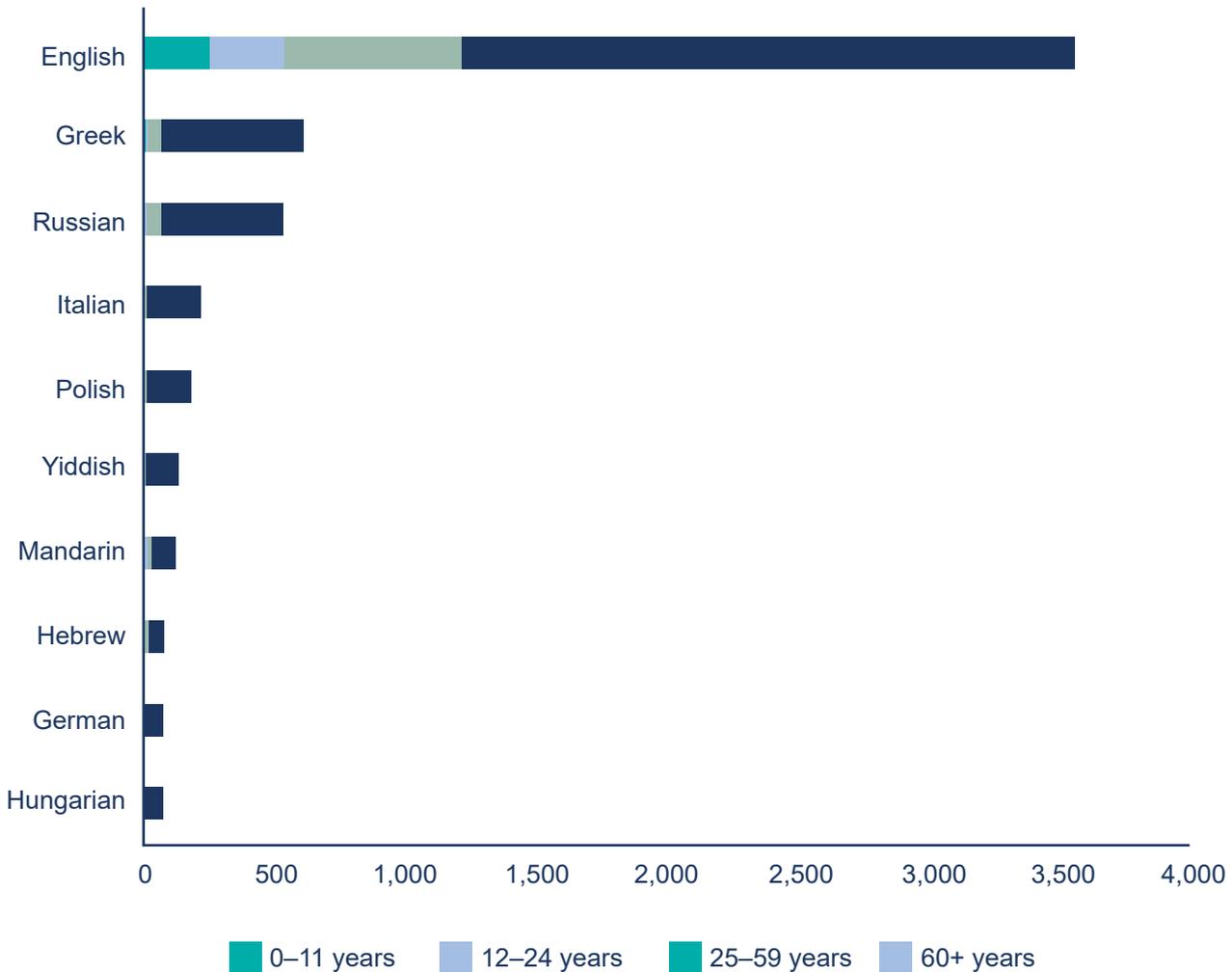


Source: Australian Bureau of Statistics (2017a), 2016 *Census of Population and Housing*.

People requiring assistance with core activities in Glen Eira are more likely to speak a language other than English at home (41.2 per cent), compared to the municipality as a whole (31.5 per cent).

The most common languages spoken by people in Glen Eira who required assistance with core activities in 2016 were English (57.5 per cent), Greek (9.8 per cent) and Russian (8.6 per cent). As people requiring assistance are more likely to be older residents, many of the most common languages spoken by older residents across Glen Eira are also the most prevalent languages (other than English) spoken by older people requiring assistance, including Greek, Russian, Italian, Polish and Yiddish. By contrast, the vast majority (83.0 per cent) of young people aged 24 years and under who required assistance with core activities in 2016 spoke only English at home.

Most common languages spoken by people requiring assistance with core activities – Glen Eira (2016)



Source: Australian Bureau of Statistics (2017a), 2016 *Census of Population and Housing*.

2.7.2 People with disability

It is acknowledged some people who have a disability do not require assistance with core activities and are therefore not reflected in the results from the 2016 Census of Population and Housing.

The Australian Bureau of Statistics defines disability more broadly in its 2018 Survey of Disability, Ageing and Carers, as “any limitation, restriction or impairment which restricts everyday activities and has lasted, or is likely to last, for at least six months.” (Australian Bureau of Statistics, 2020b).

Based on the results from the 2018 Survey of Disability, Ageing and Carers, it is estimated approximately 18,811 people (12.3 per cent) in Glen Eira have a disability, lower than the Victorian average estimate of 17.0 per cent (Australian Bureau of Statistics, 2020c).

A slightly higher proportion (12.7 per cent) of females in Glen Eira have a disability, compared to 11.9 per cent of males. Older people aged 65 years and over comprise 41.2 per cent of all people with a disability in Glen Eira.

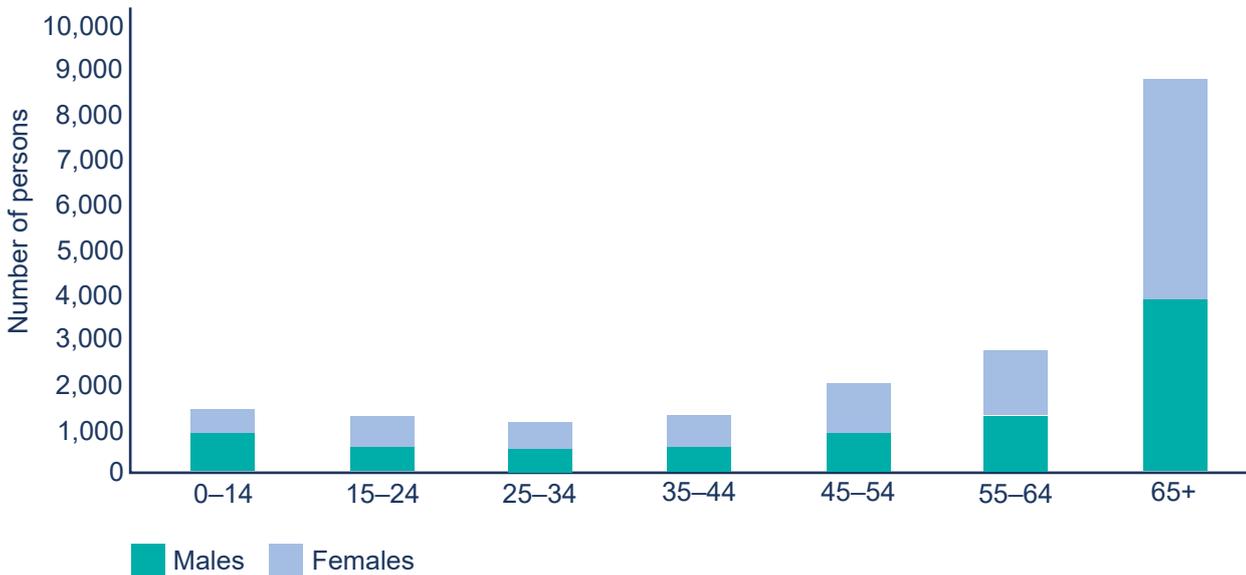
Based on the same 2018 survey, it is estimated that in Glen Eira, a notably higher number of boys aged under 15 years have a disability (921 or 6.4 per cent), compared to girls in the same age group (504 or 3.7 per cent). Conversely, there are a higher number of older females aged 65 years and over with a disability (4,884 or 41.7 per cent), compared to males (3,914 or 40.4 per cent).

Age group	Number of persons with disability in Glen Eira (2018)					
	Males		Females		Total	
	Number	% of age group	Number	% of age group	Number	% of age group
0–14 years	921	6.4%	504	3.7%	1,418	5.0%
15–24 years	644	6.5%	638	6.5%	1,293	6.6%
25–34 years	572	4.6%	605	4.6%	1,180	4.6%
35–44 years	577	5.4%	737	6.7%	1,314	6.0%
45–54 years	934	9.7%	1,112	10.7%	2,054	10.3%
55–64 years	1,343	17.3%	1,414	17.2%	2,759	17.2%
65 years+	3,914	40.4%	4,884	41.7%	8,809	41.2%
Total	8,911	11.9%	9,892	12.7%	18,811	12.3%

Source: Australian Bureau of Statistics, 2018 Survey of Disability, Ageing and Carers.

* Based on the ABS 2018 Estimated Resident Population of 152,675.

People with disability in Glen Eira – by age (2018)



Source: Australian Bureau of Statistics 2018 Survey of Disability, Ageing and Carers.

Disability Support Pension

The Disability Support Pension (DSP) is an income support payment for people who are aged 16 years or over, unable to work for 15 hours or more per week at or above the relevant minimum wage, independent of a Program of Support due to permanent physical, intellectual or psychiatric impairment.

Over 2,500 Glen Eira residents are recipients of a DSP with the number of recipients steadily decreasing over the five years from 2016 to 2020. In 2016, there were 2,701 recipients compared to 2,542 in 2020, a fall of 5.8 per cent.

Number of Disability Support Pension recipients (December) – Glen Eira



Source: Australian Government, Department of Social Services, Payment demographic data, 2014 Local Government Area and 2018 Local Government Area. Available at: <https://data.gov.au/data/dataset/dss-payment-demographic-data>

2.7.3 Carers of people with disability

Based on the ABS' 2018 Survey of Disability and Carers, it is estimated there are 14,260 people living in Glen Eira who are carers for someone with a disability (Australian Bureau of Statistics, 2020b), representing approximately 10 per cent of the population.

In Glen Eira, one quarter (24.1 per cent) of carers of people with a disability are aged 65 years and over, and a similar proportion (23.5 per cent) are aged 45 to 54 years. The survey noted 7.6 per cent (1,093) of carers are aged under 25 years.

Age group	Number of carers	% of carers
0–14 years	218	1.5%
15–24 years	875	6.1%
25–34 years	1,266	8.9%
35–44 years	1,984	13.9%
45–54 years	3,357	23.5%
55–64 years	3,078	21.6%
65 years and over	3,435	24.1%
Total	14,260	100.0%

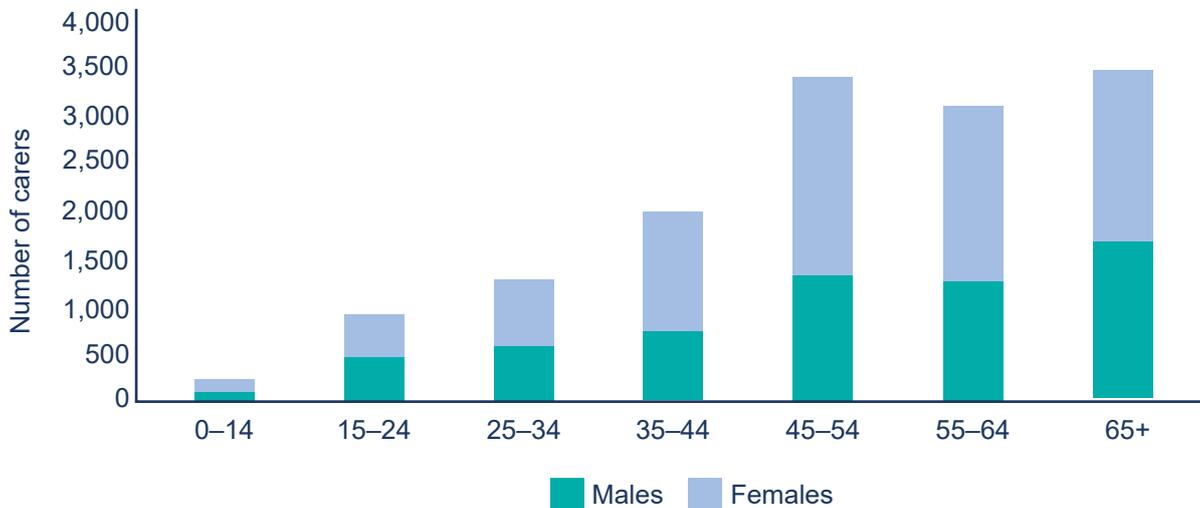
Source: Australian Bureau of Statistics, *2018 Survey of Disability, Ageing and Carers*.

Based on the same 2018 survey, it is estimated more than half (57.3 per cent) of carers for people with a disability in Glen Eira are female.

Carers of all ages are more likely to be female, except those within the 15 to 24 years age group. The gender of carers aged 65 years and over is almost evenly split between males and females.

In Glen Eira, the largest group of carers for people with a disability are females aged 45 to 54 years (2,061 people), followed by females aged 55 to 64 years (1,822 people).

Carers in Glen Eira for people with disability (2018)



Source: Australian Bureau of Statistics, *2018 Survey of Disability, Ageing and Carers*.

Note: The sums by age and gender do not always equal the total numbers referenced elsewhere in this Health and Wellbeing Profile. All figures align with the data published by the ABS.

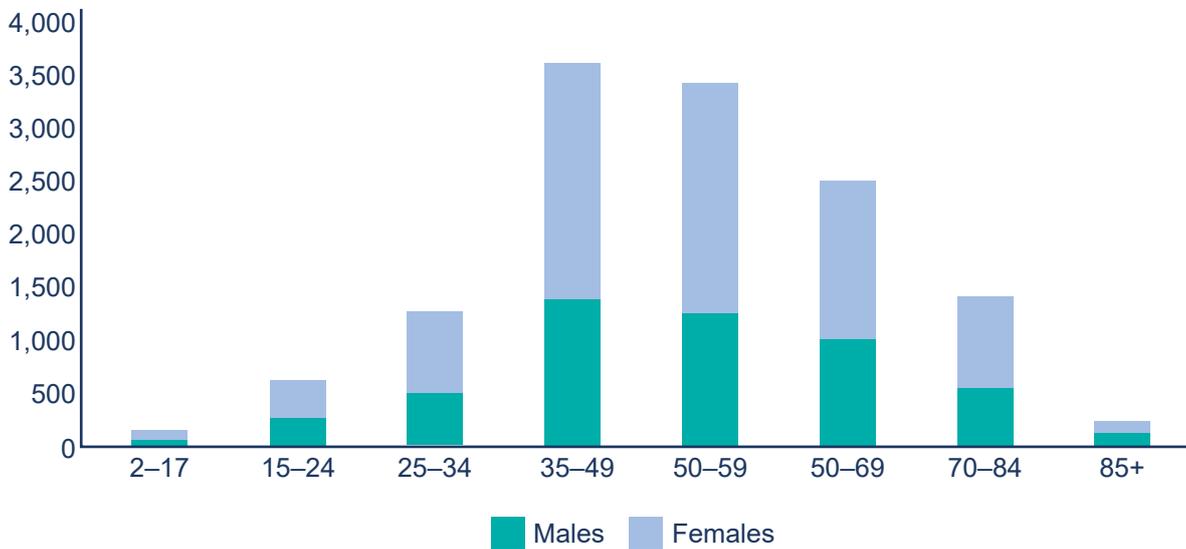
The Census of Population and Housing records the number of people aged 15 years and over who provide unpaid assistance to a person with a disability. In Glen Eira, 13,369 people (11.6 per cent of the population aged 15 years and over) provided unpaid assistance to someone with a disability during the two weeks prior to the 2016 Census, a similar proportion to Greater Melbourne (11.3 per cent).

In 2016, females comprise 60 per cent of carers in Glen Eira who provide unpaid assistance to people with a disability.

Based on the 'service age' groups used to analyse the Census data for this Health and Wellbeing Profile, people in each age group who provide this unpaid assistance are more likely to be female than male, except for carers aged 85 years and over. The Census noted the small number of people aged under 18 providing unpaid care to someone with a disability is almost evenly split between females and males.

The most common groups of people in Glen Eira providing unpaid care to someone with a disability are females aged 35 to 49 years, followed by females aged 50 to 59 years. The most common age groups for male carers are also the 35 to 49 years and 50 to 59 years.

Unpaid assistance provided to people with disability (2018)



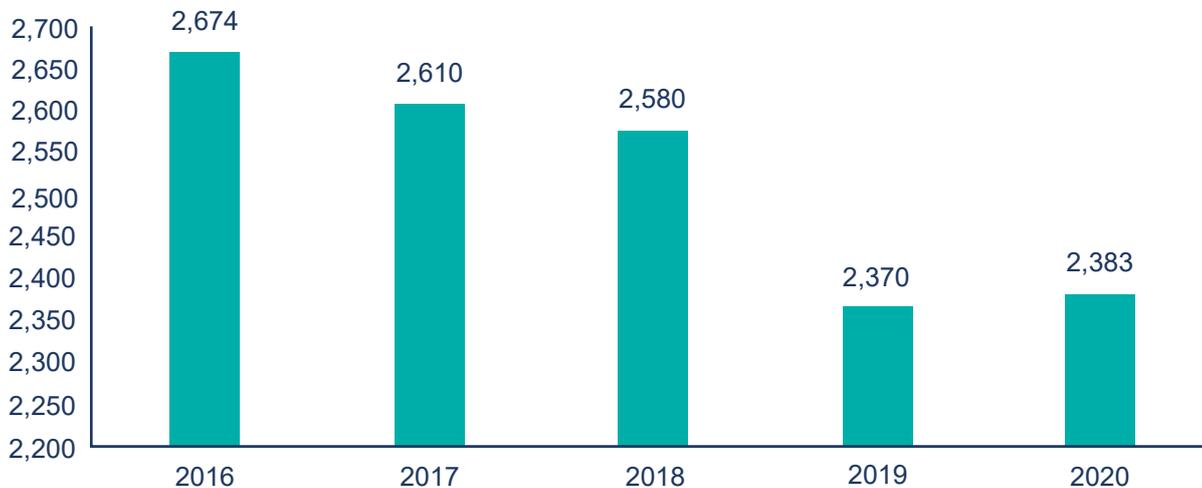
Source: Australian Bureau of Statistics, 2016 *Census of Population and Housing*.

Carer Allowance

The Carer Allowance is a supplementary payment for carers who provide daily care and attention at home for a person with a disability, severe medical condition or who is frail and aged. Carer Allowance (CA) may be paid in addition to income support payments.

Over 2,300 Glen Eira residents were recipients of a Carer Allowance in 2020. The number of recipients decreased over the five years from 2016 to 2020. In 2016 there were 2,674 recipients compared to 2,383 in 2020, a fall of 10.9 per cent. The largest annual decline occurred between 2018 and 2019 with the number of recipients decreasing by 8.1 per cent.

Number of Carer Allowance recipients (December) – Glen Eira



Source: Australian Government, Department of Social Services, Payment demographic data, 2014 *Local Government Area and 2018 Local Government Area*. Available at: <https://data.gov.au/data/dataset/dss-payment-demographic-data>

2.8 EDUCATION

Completion of high school education

Glen Eira residents have relatively high rates of formal educational attainment, compared to Greater Melbourne.

In 2016, 71.2 per cent of people in Glen Eira aged 15 years and over (who are no longer attending school) had completed Year 12, compared to 59.4 per cent in Greater Melbourne. The rate of Year 12 completion in Glen Eira was similar among males and females (71.1 per cent and 71.3 per cent, respectively).

Glen Eira residents aged 15 years (no longer attending school) who identify as Aboriginal and Torres Strait Islander have a significantly higher rate of Year 12 completion (62.2 per cent) compared to the Aboriginal and Torres Strait Islander population in Greater Melbourne (43.8 per cent). However, the rate of Year 12 completion among Aboriginal and Torres Strait Islander people in Glen Eira is still lower than the LGA average of 71.2 per cent.

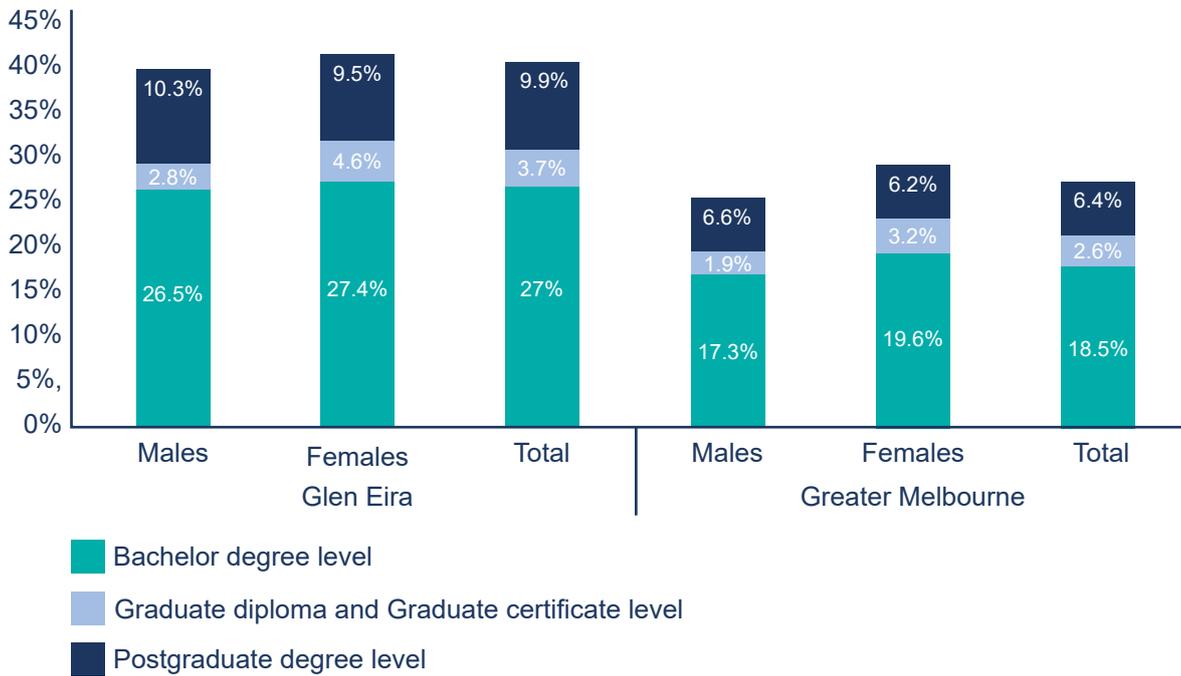
During the same period, people with a disability in Glen Eira (defined as people requiring assistance with mobility, communication and/or self-care for a period of six months or longer) aged 15 years and over had a lower rates of Year 12 completion (38.3 per cent). Among this cohort, Year 12 completion was also lower among females with a disability (36.7 per cent), compared to males with a disability (41.1 per cent).

Tertiary qualifications

Glen Eira has a higher proportion of residents with tertiary qualifications of a Bachelor degree or higher. In 2016, 40.6 per cent of people (aged 15 years and over) in Glen Eira had attained a Bachelor degree or higher, compared to 27.5 per cent in Greater Melbourne.

A slightly higher proportion (41.5 per cent) of females in Glen Eira held a Bachelor degree or higher, compared to 39.6 per cent of males. However, a slightly higher proportion of males held a Postgraduate degree (10.3 per cent, versus 9.5 per cent for females). These gender-based rates of tertiary qualifications are similar to Greater Melbourne.

Highest level of education – Glen Eira (2016)



Source: Australian Bureau of Statistics (2017a), *2016 Census of Population and Housing*

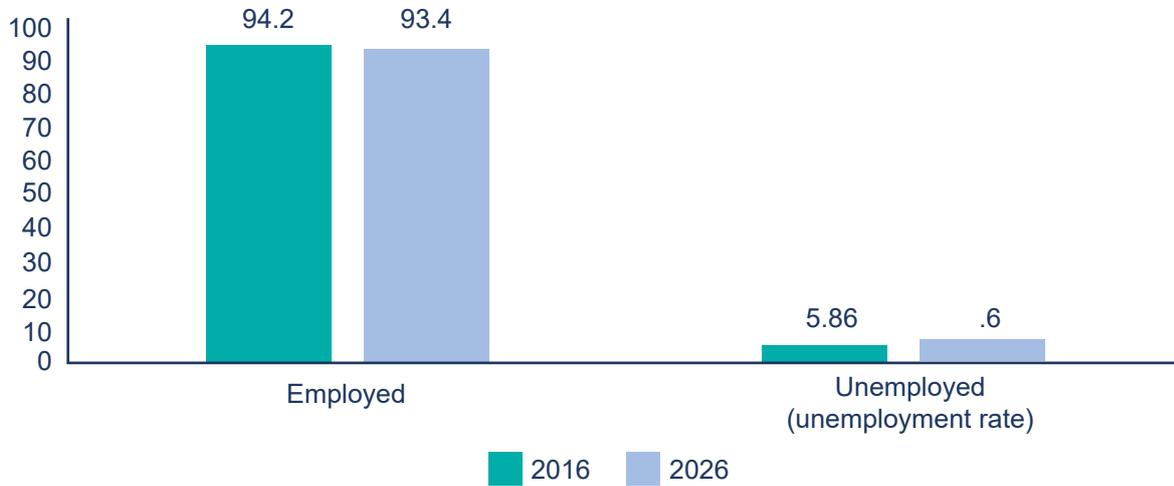
The proportion of Aboriginal and Torres Strait Islander people in Glen Eira with a Bachelor degree or higher (27.0 per cent) was lower than the LGA average but was significantly higher than the rate for Greater Melbourne (18.5 per cent).

2.9 EMPLOYMENT

2.9.1 Employment/unemployment

In 2016, there was a slightly higher proportion of the labour force in Glen Eira in employment and a lower proportion unemployed when compared to Victoria. The unemployed figures relate to persons aged 15 years and over and include those looking for full-time or part-time work.

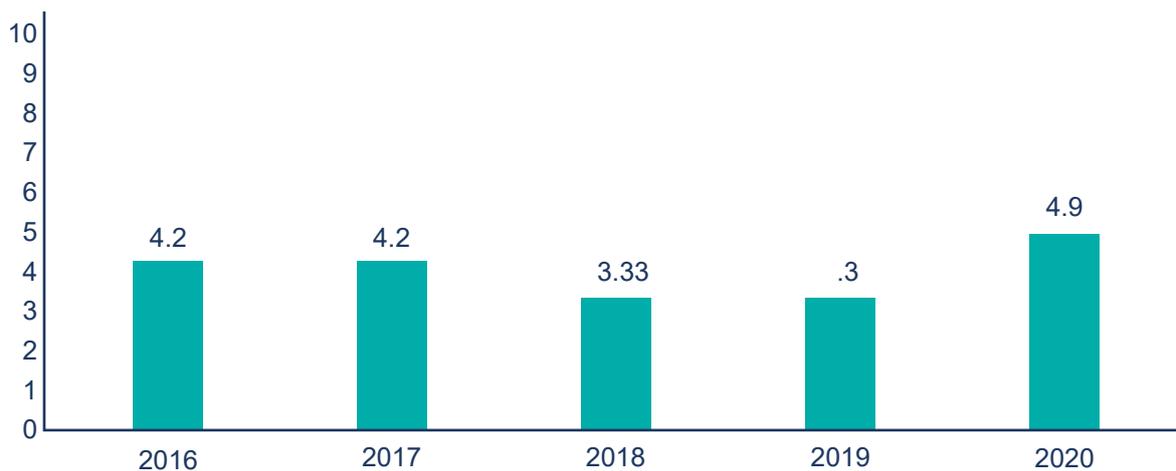
Employment status – persons (usual residence), 2016



Source: <https://profile.id.com.au/glen-eira/employment-status?BMID=40>

More recent unemployment data (estimates) for Glen Eira is available through the Australian Government’s Labour Market Information Portal. This data shows Glen Eira’s unemployment rate rose by 1.6 per cent from September 2019 to September 2020. These estimates reflect some of the impact that COVID-19 has had on the labour markets, however it will take a number of quarters before the full impact of COVID-19 is reflected in the small area labour markets (SALM) estimates.

Glen Eira smoothed unemployment rate – September quarter



Source: Australian Government, Labour Market Information Portal, small area labour markets (SALM) estimates, LGA data tables, September quarter, 2020. <https://lmip.gov.au/default.aspx?LMIP/Downloads/SmallAreaLabourMarketsSALM/Estimates>

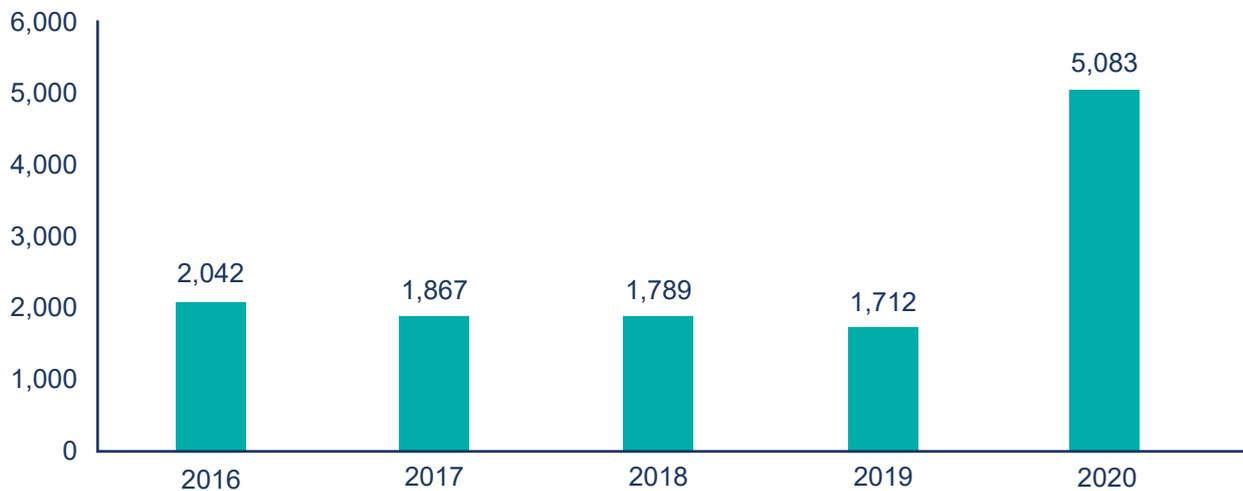
*The SALM Estimates have been smoothed using a four-quarter average to minimise the variability inherent in small area estimates.

2.9.2 JobSeeker Payment

From 20 March 2020, the JobSeeker Payment replaced the Newstart Allowance, Bereavement Allowance and Sickness Allowance. JobSeeker Payment is the main income support payment for recipients aged between 22 years and pension age who have capacity to work now or in the near future. JobSeeker is available to people who are looking for work, who temporarily cannot work or study because of an injury or illness, or bereaved partners in the period immediately following the death of their partner.

The number of recipients of JobSeeker significantly increased in 2020 compared to the previous four years as a result of the government restrictions and lockdowns imposed to combat COVID-19.

Number of Newstart/JobSeeker recipients – Glen Eira



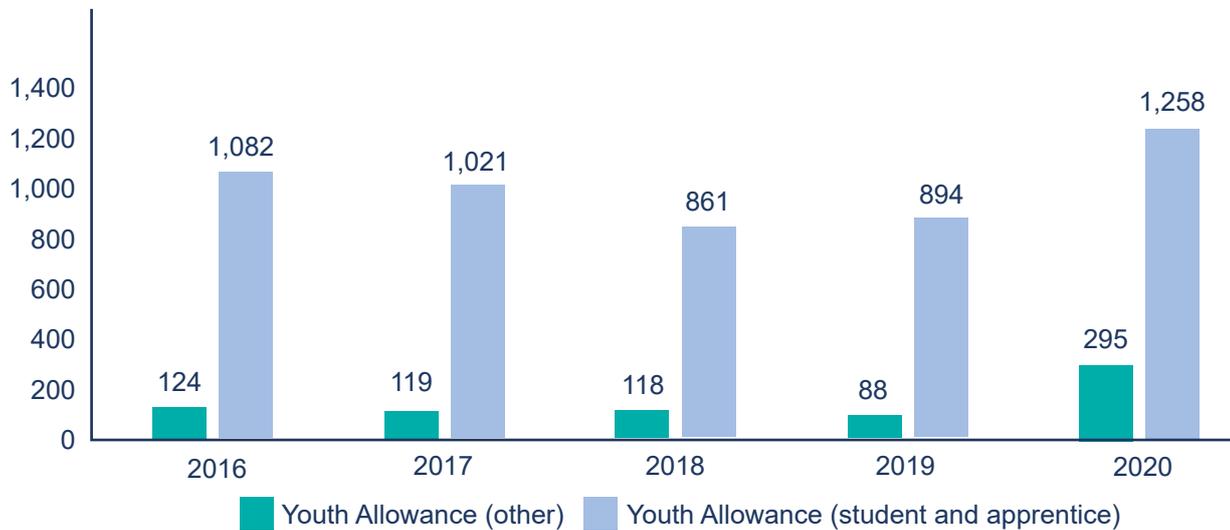
Source: Australian Government, Department of Social Services, Payment demographic data, *2014 Local Government Area* and *2018 Local Government Area*. Available at: <https://data.gov.au/data/dataset/dss-payment-demographic-data>

2.9.3 Youth Allowance

Youth Allowance (other) is the primary income support payment for young people aged 16 to 21 years who are seeking or preparing for paid employment. To qualify for Youth Allowance a person must be unemployed, aged under 22, looking for work or combining part-time study with job search, or undertaking any other approved activity, or temporarily incapacitated for work or study. Youth Allowance is means-tested for full-time students and Australian apprentices.

The majority of Youth Allowance recipients in Glen Eira are students and apprentices with the number of recipients increasing since 2018. In December 2018, there were 861 students and apprentices who received Youth Allowance. This increased by 46.1 per cent by December 2020 with an additional 364 students and apprentices receiving Youth Allowance.

Number of Youth Allowance recipients (December) – Glen Eira



Source: Australian Government, Department of Social Services, Payment demographic data, *2014 Local Government Area* and *2018 Local Government Area*. Available at: <https://data.gov.au/data/dataset/dss-payment-demographic-data>

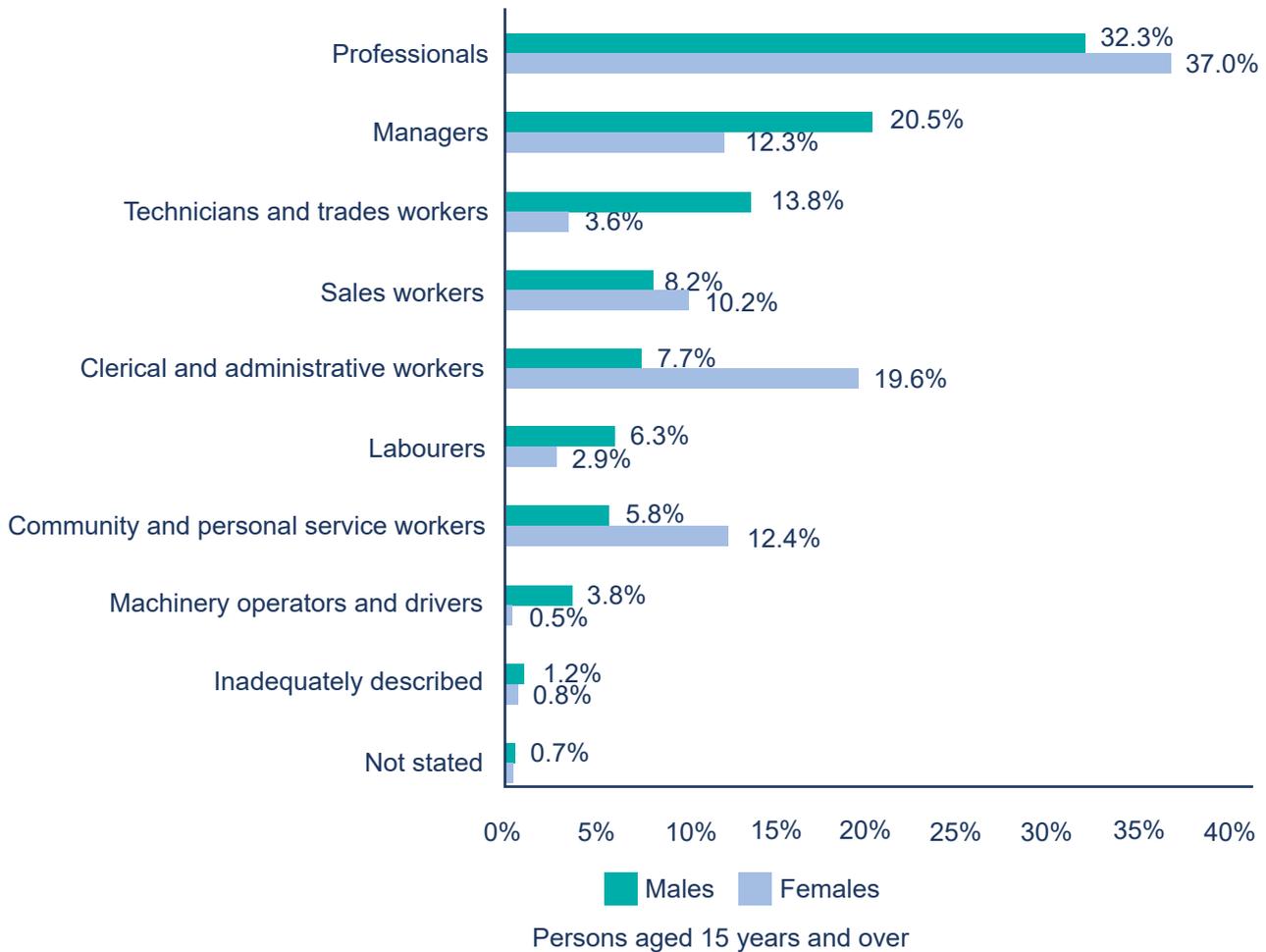
2.9.4 Occupation

In 2016, Glen Eira had a higher proportion of residents employed as professionals (34.6 per cent) and managers (16.5 per cent), compared to Greater Melbourne (25.0 per cent and 13.2 per cent, respectively).

There are notable differences between the proportion of female and male residents in Glen Eira who work in various occupations. For example:

- A higher proportion of females work as professionals (37 per cent, compared to 32.2 per cent for males), while a lower proportion of females are managers (12.3 per cent, compared to 20.5 per cent for males); and
- More than twice as many females than males work in clerical and administrative roles (19.6 per cent versus 7.7 per cent) and community and personal service roles (12.4 per cent versus 5.8 per cent).
- A significantly higher proportion (13.8 per cent) of males are employed as technicians and trade workers, compared to females (3.6 per cent).

Occupation of Glen Eira residents, by gender – Glen Eira (2016)



Source: Australian Bureau of Statistics, *2016 Census of Population and Housing*

The most common occupations among Aboriginal and Torres Strait Islander people living in Glen Eira were professionals (36.1 per cent) and clerical and administrative workers (17.6 per cent).

2.9.5 Industry of employment

In 2016, the most common industries of employment for Glen Eira residents varied by gender and age. This may have implications for the industries and those Glen Eira populations working in those industries most affected by the COVID-19 pandemic.

The most common industries of employment for the Glen Eira population are:

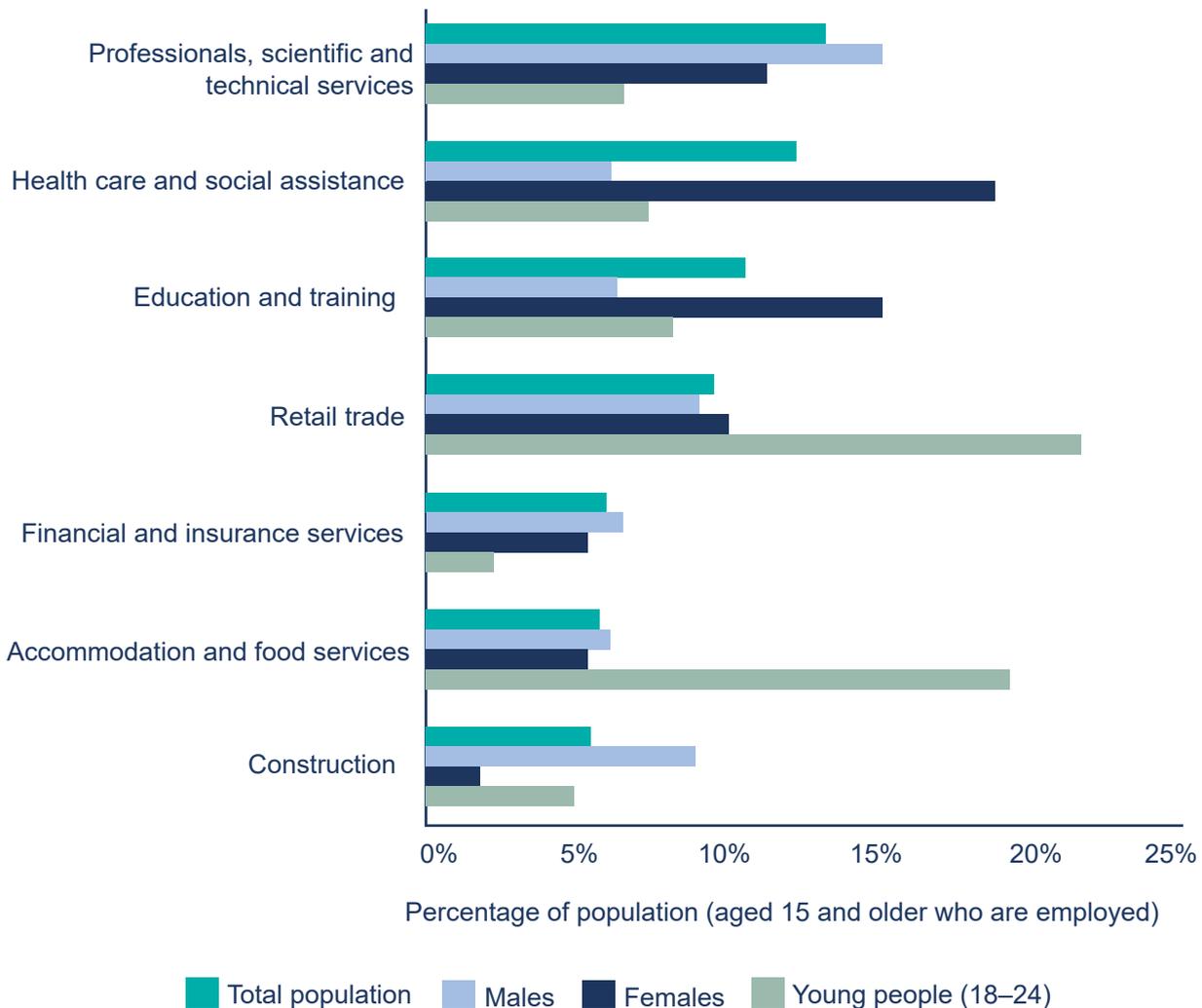
- Professional, scientific and technical services (9,423 people or 13.5 per cent – higher than the Greater Melbourne average of 9.0 per cent);
- Health care and social assistance (8,734 people or 12.5 per cent – slightly higher than Greater Melbourne's 12.0 per cent); and
- Education and training (7,533 people or 10.8 per cent – higher than Greater Melbourne's 8.6 per cent).

Males in Glen Eira are most commonly employed in professional, scientific and technical services (15.4 per cent), retail trade (9.2 per cent) and construction (9.1 per cent).

Females in Glen Eira are most commonly employment in health care and social assistance (19.2 per cent), education and training (15.4 per cent) and professional, scientific and technical services (11.5 per cent).

Young people aged 15 to 24 years in Glen Eira are most commonly employed in retail trade (22.1 per cent), accommodation and food services (19.7 per cent) and education and training industries (8.3 per cent).

Occupation of Glen Eira residents, by gender (2016)



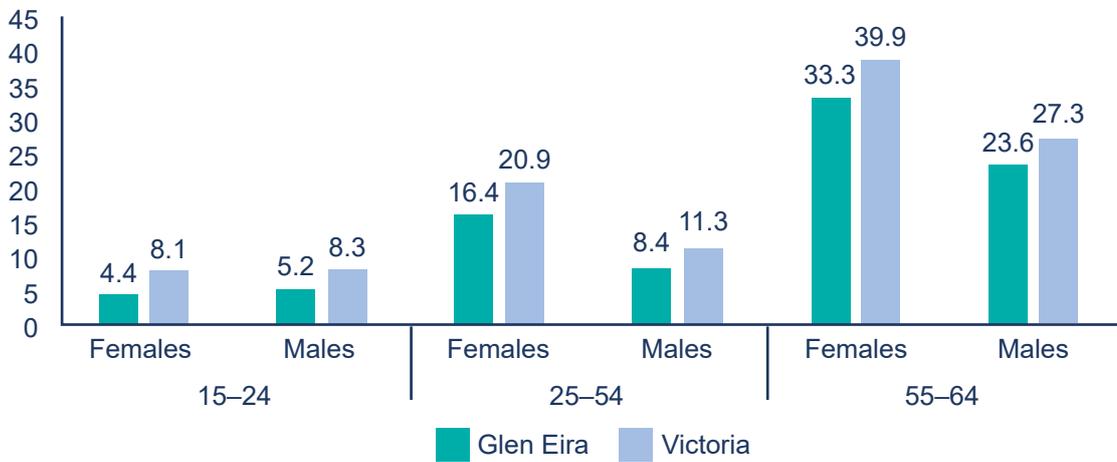
Source: Australian Bureau of Statistics, 2016 Census of Population and Housing

2.10 DISENGAGEMENT FROM EDUCATION AND EMPLOYMENT

Engagement in employment and education looks at the level of participation by age and sex of the population in the labour market, or full or part-time education.

In 2016, Glen Eira had less disengaged persons than the Victorian average in each age category across both females and males. Females are disengaged at a rate of almost two to one compared to males in the 25 to 54 age category, which may be due to child-bearing and child-rearing responsibilities. The level of disengagement in both females and males increases in the 55 to 64 age category as people approach retirement age, though females remain more disengaged than males.

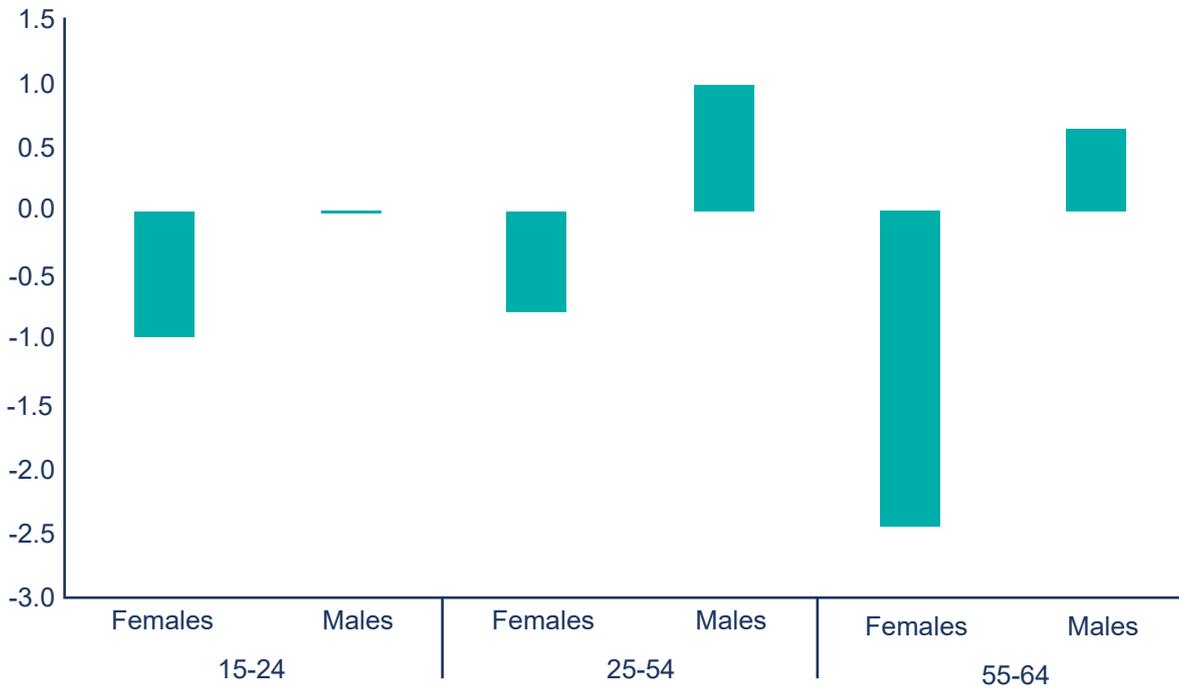
Disengaged persons by age, 2016



Source: <https://profile.id.com.au/glen-eira/disengagement-by-age>

The percentage of disengaged females in Glen Eira decreased in all age categories between 2011 and 2016 while the percentage of disengaged males increased in the 25 to 54 and 55 to 64 age categories.

Change in disengaged persons by age, 2011–2016 – Glen Eira



Source: <https://profile.id.com.au/glen-eira/disengagement-by-age?BMID=40&Sex=3>

2.11 UNPAID CHILDCARE

In 2016, more than one quarter (28.4 per cent) of Glen Eira residents aged 15 years and over provided unpaid childcare, either to their own and/or someone else's child/children. This proportion is slightly higher than the average for Greater Melbourne (27.5 per cent) and Victoria (27.4 per cent). The figure among Aboriginal and Torres Strait Islander people in Glen Eira was 26.8 per cent.

In Glen Eira, a higher proportion (31.0 per cent) of females provided unpaid childcare than males (25.6 per cent) in 2016. These gender differences were similar in Greater Melbourne (31.0 per cent for females – 23.9 per cent for males) and Victoria (30.9 per cent for females – 23.7 per cent for males).

The COVID-19 pandemic led to a shift to remote learning for primary and secondary students during the first and second waves in Victoria, involving greater levels of supervision at home. The VicHealth Coronavirus Victorian Wellbeing Impact Study identified a disparity between females and males providing this supervision of children across Victoria during both the first and second waves of the pandemic. The study identified that amongst both employed and unemployed adults during the second wave of COVID-19 in Victoria:

- Almost three quarters (72 per cent) of females reported they were spending the most time helping their child with school at home, while a further 20 per cent indicated it was a shared responsibility. Only a small percentage (six per cent) of females state the other parent was the main provider of supervision during remote learning; and
- Conversely, less than one quarter (24 per cent) of males surveyed indicated they were providing the most care for their child during remote learning.

2.12 HOUSEHOLDS

In 2016, there were 52,296 households in Glen Eira, including 157 households which had at least one resident who identified as being Aboriginal or Torres Strait Islander.

The average household size in Glen Eira is 2.5 people (2.6 for Aboriginal and/or Torres Strait Islander households, lower than the average for Greater Melbourne (2.7 people and 3.0 for Aboriginal and Torres Strait Islander households).

The most common household types in Glen Eira were couple families with children (34.6 per cent, slightly lower than Greater Melbourne's 35.4 per cent), followed by lone person households (26.2 per cent, slightly higher than Greater Melbourne's 23.2 per cent). Glen Eira has a lower proportion of single parent families compared to Greater Melbourne (8.3 per cent versus 10.6 per cent).

Household type	Glen Eira number	Glen Eira %	Greater Melbourne %
Family households:	35,674	68.2%	71.7%
- <i>Couple family with children</i>	18,077	34.6%	35.4%
- <i>Couple family without children</i>	12,559	24.0%	24.2%
- <i>One parent family</i>	4,343	8.3%	10.6%
- <i>Other family</i>	693	1.3%	1.5%
Lone person households	13,706	26.2%	23.2%
Group households	2,918	5.6%	5.0%
Total households*	52,296	100.0%	100.0%

Source: Australian Bureau of Statistics, *2016 Census of Population and Housing*.

*Excludes 'Visitor-only' and 'Other non-classifiable' households.

In Glen Eira, half of those people who lived alone in 2016 (49.1 per cent or 6,724) were aged 60 years and over, including 10.5 per cent (1,435 people) aged 85 years and over in 2016. Overall, almost one quarter (23.8 per cent) of Glen Eira residents aged 60 years and over lived alone and this figure increased to one third (33.9 per cent) for those aged 85 years and over.

In 2016, one in five (19.6 per cent or 1,216) people in Glen Eira who needed assistance with at least one core activity (mobility, communication or self-care) lived alone. Most of these people (86.3 per cent or 1,050) were aged 60 years and over.

During the same period, half (49.9 per cent) of young people aged 18 to 24 years in Glen Eira lived at home with at least one parent, while one in five (20.4 per cent) lived in a group household.

2.13 HOUSING

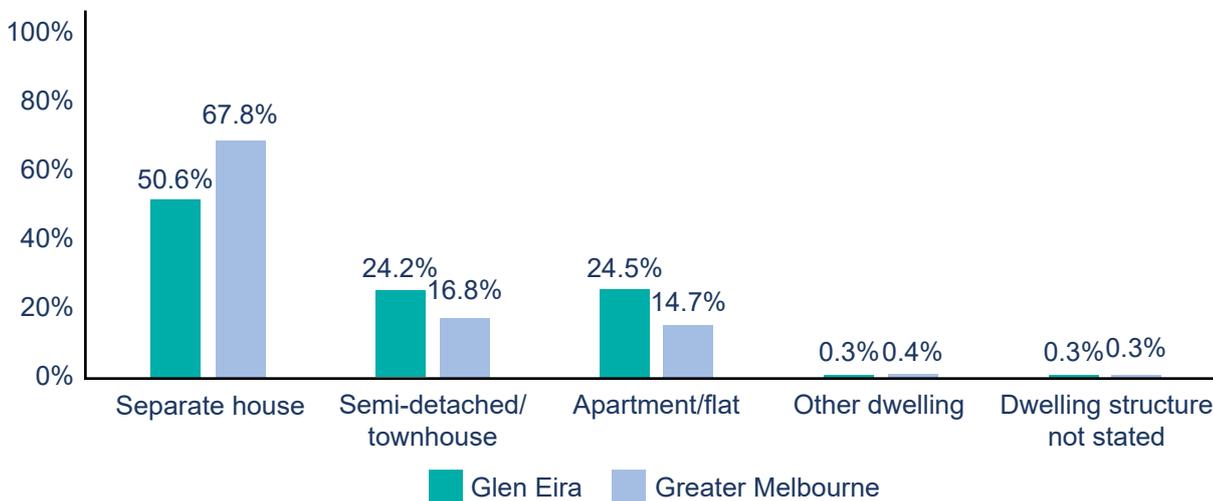
2.13.1 Occupied and unoccupied dwellings

In 2016, there was a total of 54,206 private dwellings located in Glen Eira, comprising 52,296 (92.1 per cent) that were occupied and 4,309 (8.8 per cent) that were unoccupied.

2.13.2 Housing tenure

Separate houses are the most common dwelling type in Glen Eira, representing half (50.6 per cent) of occupied private dwellings, a lower proportion compared to Greater Melbourne (67.8 per cent). One quarter (24.5 per cent) of occupied private dwellings in Glen Eira are apartments or flats.

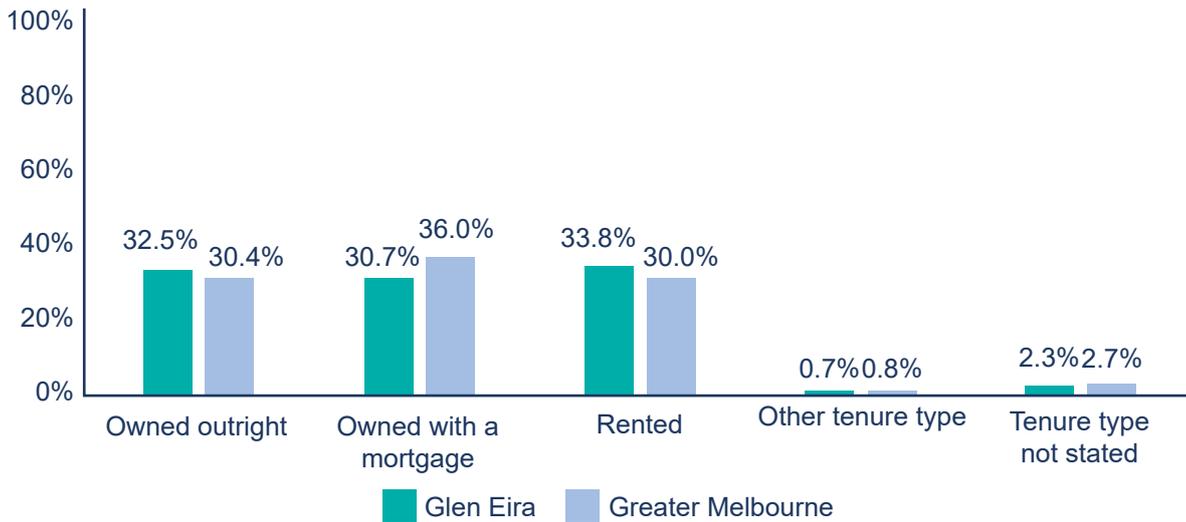
Housing types (2016)



Source: Australian Bureau of Statistics (2017a), *2016 Census of Population and Housing*.

In 2016, almost two thirds (63.2 per cent) of homes in Glen Eira were owned outright or being paid off with a mortgage. Glen Eira has a lower proportion (30.7 per cent) of mortgaged homes, compared to Greater Melbourne (36.0 per cent). One third (33.8 per cent) of homes in Glen Eira were rented, a higher proportion than Greater Melbourne (30.0 per cent).

Tenure type (2016)



Source: Australian Bureau of Statistics (2017a), *2016 Census of Population and Housing*.

Dwellings in Glen Eira with at least one resident who identifies as Aboriginal and/or Torres Strait Islander are less likely to be owned outright (19.7 per cent) or owned with a mortgage (22.9 per cent), and more likely to be rented (53.5 per cent), compared to all dwellings in the municipality.

2.13.3 Housing affordability

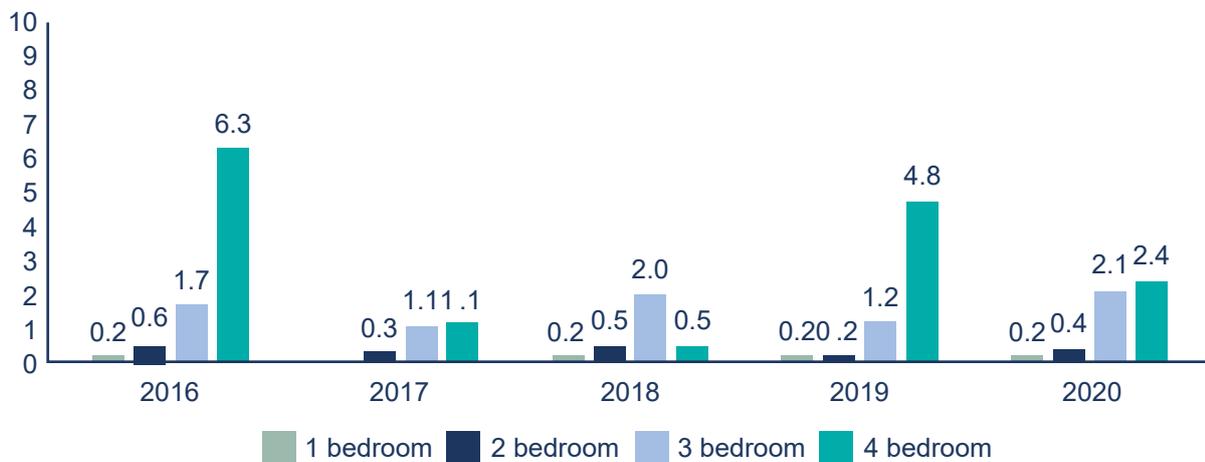
Housing affordability is expressed as the ratio of housing costs to gross household income. Housing costs include rent payments, rate payments and housing-related mortgage payments. Lower income households who spend more than 30 per cent of gross income on housing costs are generally described as being in housing stress (<https://www.aihw.gov.au/reports/australias-welfare/housing-affordability>). Generally speaking, across Greater Melbourne and Victoria, housing costs are affordable ie. they do not exceed more than 30 per cent of gross income on housing costs.

Housing costs as a proportion of gross household income 2017–2018



Source: <https://www.abs.gov.au/statistics/people/housing/housing-occupancy-and-costs/latest-release>, data cube 11. Greater capital city statistical areas and data cube 14. Housing occupancy and costs, Victoria, 1994–95 to 2017–18.

Affordable lettings (%) December – Glen Eira



Source: <https://www.dhhs.vic.gov.au/publications/rental-report>, Affordable lettings by local government area – December quarter 2020.

2.13.4 Social and affordable housing

Ninety per cent of people who participated in engagement activities during Council’s preparation of its Social and Affordable Housing Strategy 2019–2023 considered housing affordability to be an issue in Glen Eira (Glen Eira City Council, 2019a).

Affordable housing (including social housing) is defined in the Planning and Environment Act 1987 (Vic.) as housing that is appropriate for the housing needs of very low, low and moderate-income households. The income ranges for these households are listed in the table below:

Very low–income range	Up to \$52,940 per annum
Low–income range	\$25,221 to \$84,720 per annum
Moderate income range	\$40,341 to \$127,080 per annum

Source: <https://www.gleneira.vic.gov.au/media/5886/social-and-affordable-housing-strategy.pdf> (page 3)

Social and affordable housing is provided by the State Government, the community housing sector and by local councils. State and Local Government housing includes crisis and emergency accommodation, transitional housing and public housing (refer to Social Housing section below). Glen Eira Council owns and operates 64 low-cost rental dwellings, bedsitter and one-bedroom accommodation that are rented to financially disadvantaged older persons.

2.13.5 Housing stress

Housing stress is defined as a household paying more than 30 per cent of its gross income on rent. This means a household’s payments, through either rent or mortgage, are so high they have difficulty affording other necessities for everyday living. A household that spends more than 30 per cent of its income on housing is in moderate housing stress, while a household that spends more than 50 per cent of its income on housing is in severe housing stress. When households have low or moderate incomes and experience housing stress, they are considered to need affordable housing.

Mortgage stress

In 2016, 7.7 per cent of households in Glen Eira were experiencing mortgage stress compared to 11 per cent across Victoria.

Households experiencing mortgage stress (%) – 2016



Source: .id (2017f), City of Glen Eira Social Atlas, Households in mortgage stress, Enumerated, 2016. Available at: <https://atlas.id.com.au/glen-eira>.

While each area within Glen Eira was below the state average of 11 per cent in 2016 (in relation to mortgage stress), the percentage was varied across the municipality. The area with the highest percentage of mortgage stress was McKinnon (8.0 per cent) and the lowest was Caulfield North – Caulfield East (2.6 per cent).

Households experiencing mortgage stress (%) - 2016

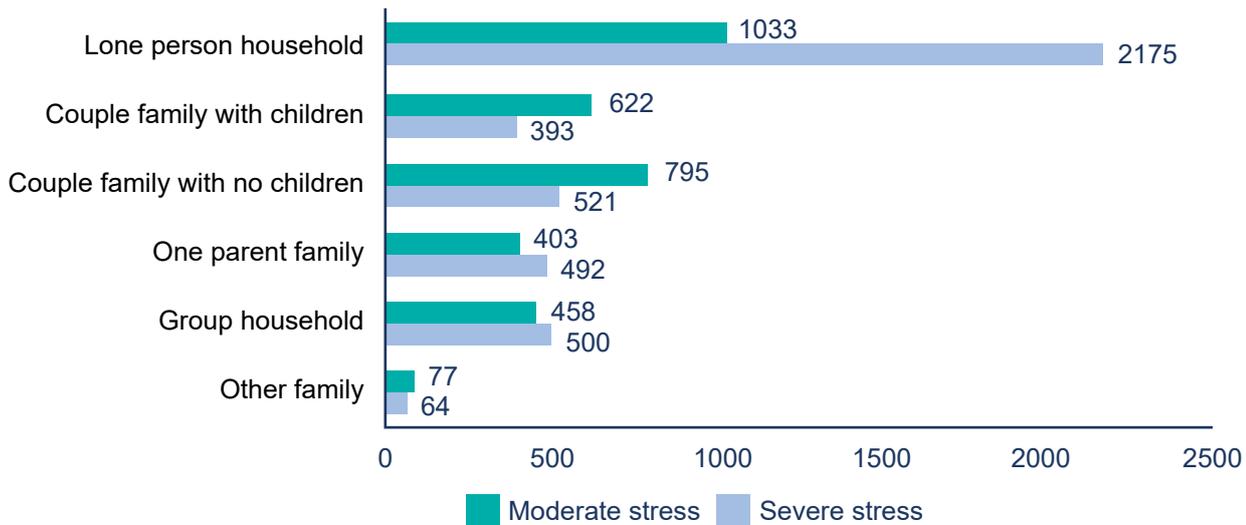


Source: .id (2017f), City of Glen Eira Social Atlas, Households in mortgage stress, Enumerated, 2016. Available at: <https://atlas.id.com.au/glen-eira>.

Rental stress

Glen Eira’s social and affordable housing strategy focuses on rental stress as it is a more accurate way to measure housing stress and gain an understanding of households in need of affordable housing. It is estimated that 7,533 renting households in Glen Eira are in housing stress with lone person households accounting for almost half (42.6 per cent) of all households in rental stress.

Glen Eira households in rental stress, 2016



Source: <https://www.gleneira.vic.gov.au/media/5886/social-and-affordable-housing-strategy.pdf> (page 13)

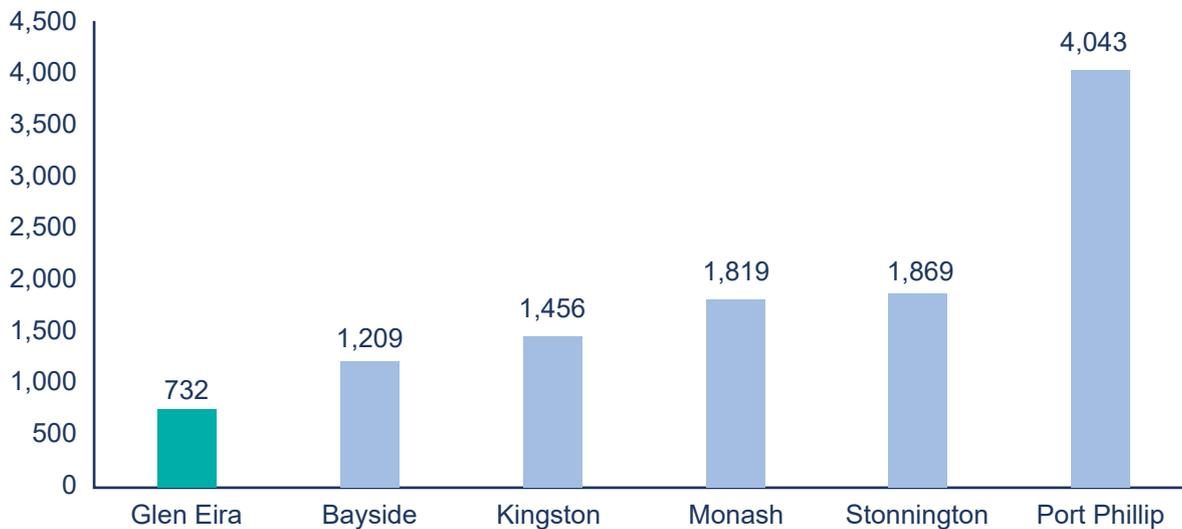
2.13.6 Social housing

Social housing is short and long-term rental accommodation that is owned and managed by the government or community housing organisations (Department of Health and Human Services, 2020c).

Social housing is important for vulnerable people unable to enter the private rental market. In 2016, Glen Eira had a lower proportion of social housing (3.6 per cent of rental properties and 1.2 per cent of all occupied private dwellings), compared to Greater Melbourne, where social housing comprised 9.0 per cent of rental stock and 2.7 per cent of all occupied private dwellings.

The number of social housing dwellings located in Glen Eira has been declining in recent years. As at June 2020, there were 732 social housing properties, a lower number compared to neighbouring municipalities (Department of Health and Human Services, 2020d).

Number of social housing dwellings in Local Government Areas (June 2020)



Source: Department of Health and Human Services (2020b), Housing assistance additional service delivery data 2019-20.

2.13.7 Homelessness

The ABS defines homelessness, for the purposes of the Census of Population and Housing, as the lack of one or more elements that represent 'home'.

The ABS statistical definition of homelessness is "... when a person does not have suitable accommodation alternatives they are considered homeless if their current living arrangement":

- is in a dwelling that is inadequate;
- has no tenure, or if their initial tenure is short and not extendable; or
- does not allow them to have control of, and access to space for social relations' (ABS 2012).

The data includes:

- persons living in improvised dwellings, tents or sleeping out;
- persons in supported accommodation for the homeless;
- persons staying temporarily with other households;
- persons living in boarding houses;
- persons in other temporary lodging; and
- persons living in 'severely' crowded dwellings.

In 2016, the rate of homelessness (per 10,000 population) in Glen Eira was lower than the rate across Victoria, however Glen Eira's rate of homelessness rose by 20.9 per cent between 2011 and 2016.

Homelessness rate per 10,000 population



Source: <https://asdfresearch.com.au/2016-homelessness-data/>

*Calculated using ABS homelessness estimates 2049.0 and 2011, 2016 Census population data.

2.14 INCOME

2.14.1 Individual income

Glen Eira residents tend to have higher levels of income, compared to Greater Melbourne. In 2016, the median personal income for Glen Eira residents (aged 15 years and over) was \$780 per week, higher than the median for Greater Melbourne of \$673.

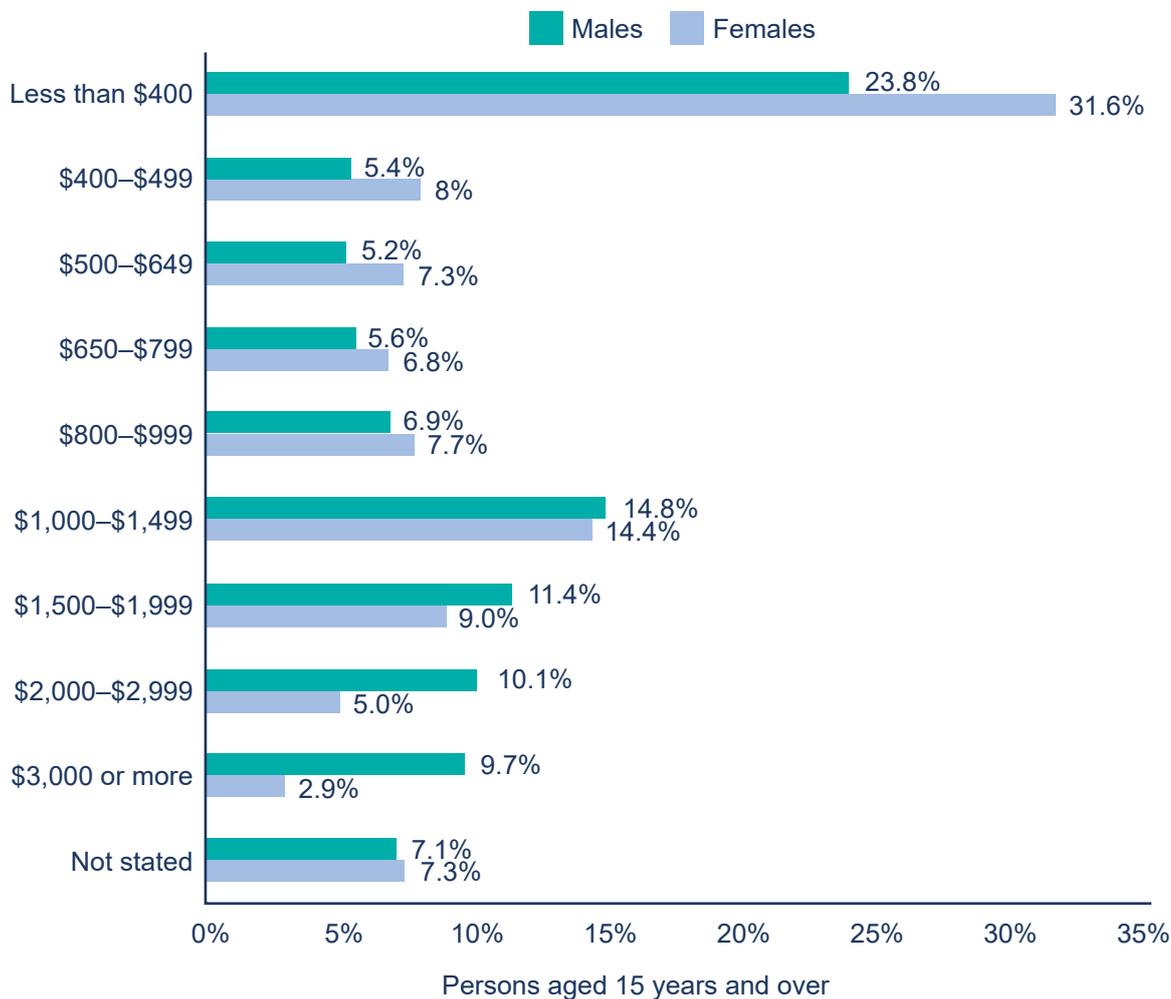
The median personal income for Glen Eira residents who identify as Aboriginal and/or Torres Strait Islander was \$744 per week, lower than the LGA as a whole, but considerably higher than the median for all Aboriginal and/or Torres Strait Islander people across Greater Melbourne (\$544).

In addition, Glen Eira also had:

- a smaller proportion of residents on low incomes of less than \$400 per week (27.9 per cent, compared to 30.5 per cent in Greater Melbourne); and
- a larger proportion of residents earning high incomes of \$2,000 or more per week (13.5 per cent, compared to 8.5 per cent in Greater Melbourne).

Overall, there are notable differences between the personal incomes of males and females in Glen Eira who were aged 15 years and over. In 2016, there was a higher proportion (31.6 per cent) of females on low incomes of less than \$400 per week, compared to 23.8 per cent of males. Conversely, there was a significantly higher proportion (19.8 per cent) of males earning \$2,000 or more per week, compared to 7.9 per cent of females.

Individual weekly income – Glen Eira (2016)



Source: Australian Bureau of Statistics (2017a), *2016 Census of Population and Housing*.

2.14.2 Household income

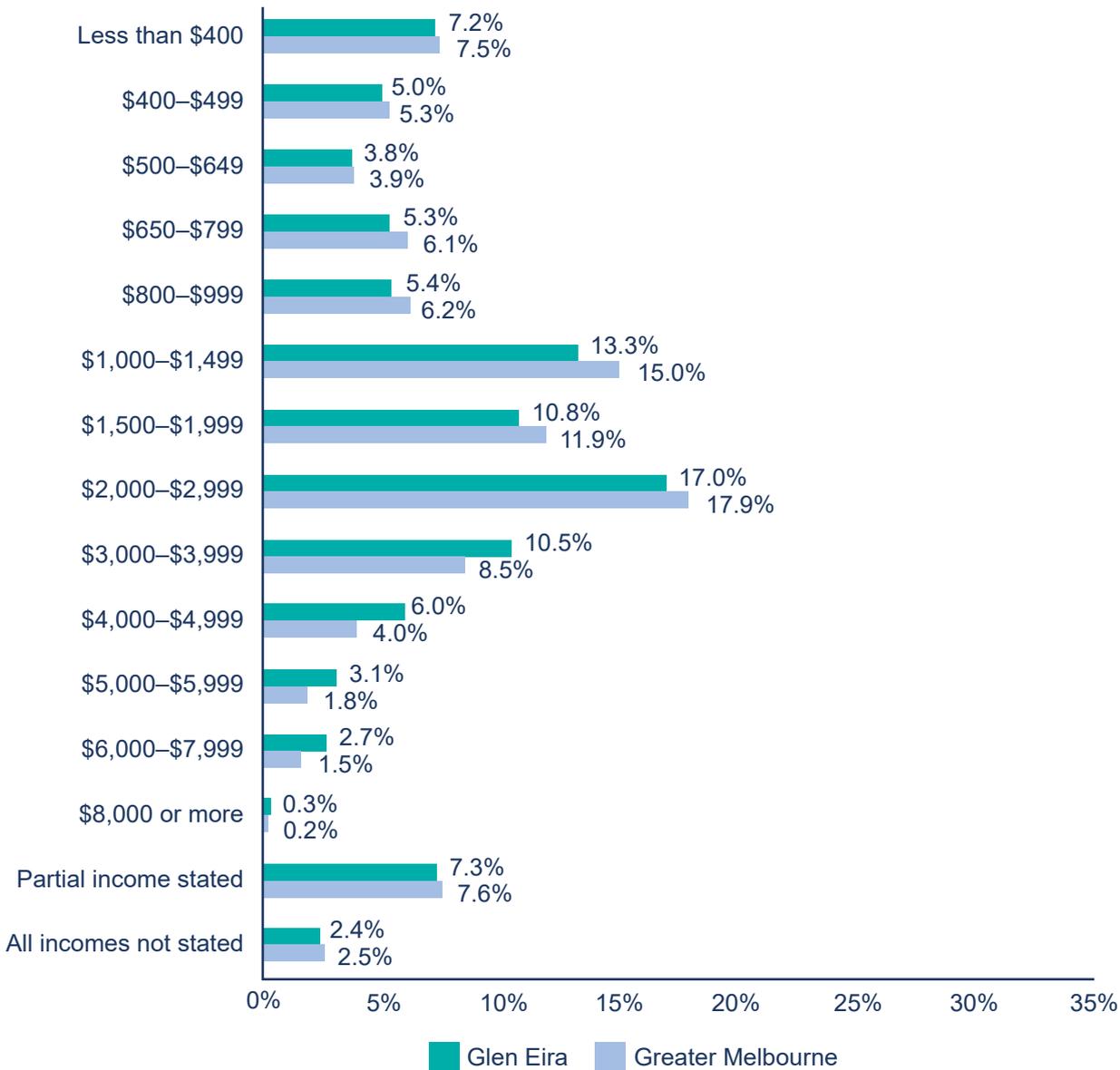
Glen Eira had a higher median weekly household income in 2016 (\$1,741), compared to Greater Melbourne (\$1,542). Half (49.2 per cent) of all households in Glen Eira had a weekly household income of \$2,000 per more, compared to 44.1 per cent in Greater Melbourne.

The median income for Aboriginal and Torres Strait Islander households in Glen Eira was \$1,787 per week, higher than both the median household income for ATSI households in Greater Melbourne (\$1,433) and the overall median household income for Glen Eira overall. This is despite Aboriginal and Torres Strait Islander people having a lower median individual income than the municipality's total population.

In 2016, Glen Eira had:

- a similar proportion of households on low weekly incomes of less than \$650 per week, compared to Greater Melbourne (16.0 per cent and 16.7 per cent, respectively); and
- a greater proportion of households on relatively high weekly incomes of \$3,000 or more, compared to Greater Melbourne (22.5 per cent and 16.0 per cent, respectively).

Weekly households income (2016)



Source: Australian Bureau of Statistics (2017a), *2016 Census of Population and Housing*.

2.15 RELATIVE DISADVANTAGE

The ABS' Socio-Economic Indexes for Areas (SEIFA) are four separate indexes which measure the relative level of socio-economic disadvantage and/or advantage, based on a range of characteristics from the 2016 Census.

Glen Eira's SEIFA Index of Relative Socio-Economic Disadvantage is 1,074, the seventh most favourable among LGAs in Victoria (id, 2017). This indicates the municipality as a whole has relatively low levels of disadvantage, such as relatively low rates of unemployment, low incomes and low educational levels).

2.15 RELATIVE DISADVANTAGE

Based on the same SEIFA Index of Relative Socio-Economic Disadvantage, the suburbs in Glen Eira with the highest rates of relative disadvantage are Glen Huntly, Carnegie and Bentleigh East. Conversely, the suburbs with the lowest levels of relative disadvantage are Caulfield South, Caulfield North/Caulfield East and Elsternwick.

2.16 COMMUNITY COHESION

2.16.1 Volunteering

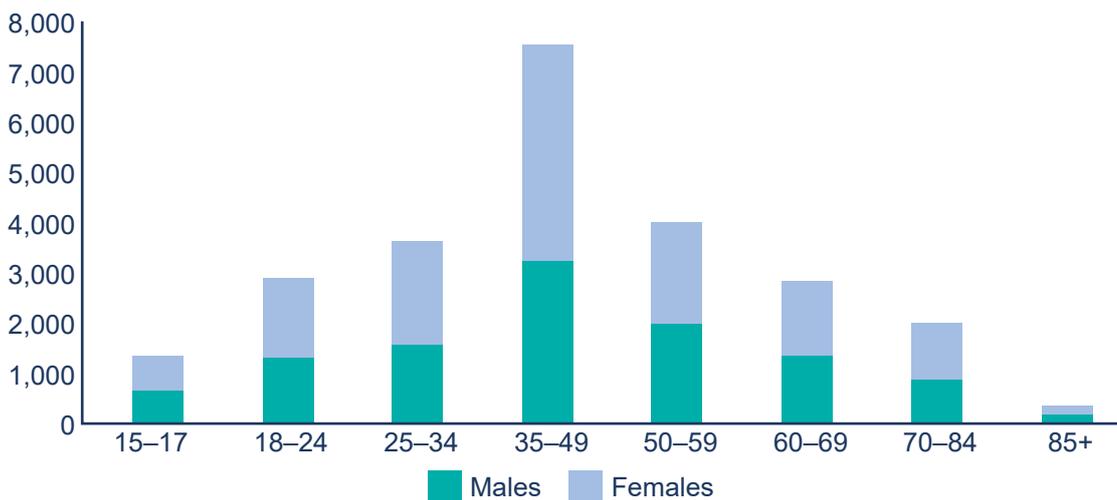
In 2016, one in five people (21.3 per cent or 24,530 people) aged 15 years in Glen Eira had undertaken voluntary work with an organisation or group in the previous 12 months. This is a higher rate compared to Greater Melbourne (17.6 per cent).

In Glen Eira, a higher proportion (22.8 per cent) of females undertake volunteer work, compared to males (19.7 per cent).

One third (32.0 per cent) of volunteers are aged 35 to 49 years; 20.8 per cent are seniors aged 60 years and over, and 16.8 per cent are young people aged 15 to 24 years.

VicHealth's Coronavirus Victorian Wellbeing Impact Study identified more than half of Victorians wanted to get involved in a community group or club after the COVID-19 restrictions in place during the second wave eased.

Volunteers in Glen Eira – by age and gender (2016)



Source: Australian Bureau of Statistics (2017a), *2016 Census of Population and Housing*.

In 2016, almost one in 10 (9.2 per cent) of people aged 15 years and over who required assistance with at least one core activity (self-care, mobility, communication) in Glen Eira also undertook volunteer work. More than half (57.7 per cent) of these people were seniors aged 60 years and over.

The rate of volunteering among Aboriginal and Torres Strait Islander people in Glen Eira was 23.0 per cent (and 19.0 per cent amongst this population group in Greater Melbourne).

In 2018, 12.5 per cent of people aged five to 64 years with some form of disability in Victoria participated in voluntary or community service activities during the previous three months, with this figure rising to 16.9 per cent for people with disability aged 65 years and over (Australian Bureau of Statistics, 2020c).

2.16.2 Social connection

Social connection

The Local Government Community Satisfaction Survey asked Glen Eira residents about their sense of community in February 2020 (Department of Environment, Land, Water and Planning, 2020). Glen Eira residents agreed or strongly agreed:

- people are willing to help their neighbours (75 per cent);
- people live in a close neighbourhood (62 per cent);
- people in the area can be trusted (79 per cent); and
- Council provides enough opportunities for people to be more active and involved in their community (52 per cent).

Social connection during COVID-19

The VicHealth Coronavirus Victorian Wellbeing Impacts Study found during the second wave of the pandemic, less than one third (31 per cent) of Victorians felt connected to other people, a lower proportion than the first wave (37 per cent); and approximately one third (32 per cent) of Victorians were worried about their loss of connection with others outside their household.

The population groups in Victoria with the highest proportion of people who did not feel connected during the second wave of COVID-19 were the unemployed (41 per cent), followed by people earning between \$40,000 and \$60,000 per year (35 per cent), people living in Inner Melbourne (35 per cent) and people living alone (34 per cent).

By age groups, young people aged 18 to 24 years and older people aged 75 years and over had relatively low proportions of people feeling socially disconnected, with 25 per cent and 19 per cent, respectively, compared to approximately 31 per cent of people aged 25 to 74 years.

3. IMPACTS OF COVID-19

Glen Eira compiled this Health and Wellbeing Profile in the second half of 2020 and early 2021 during the COVID-19 pandemic. Glen Eira acknowledges COVID-19 has had and will continue to have an impact on the health and wellbeing of people in Glen Eira, Victoria and Australia-wide.

Areas of health and wellbeing impacted by COVID-19 include:

- mental health;
- employment;
- financial hardship;
- nutrition;
- physical activity;
- social connection;
- tobacco and alcohol consumption; and
- family violence.

Based on a Glen Eira Community Voice survey in June 2020 (Glen Eira City Council, 2020b), more than half of respondents indicated they were more likely to worry about issues relating to health, the economy and their leisure time, compared to pre-pandemic times. Specifically:

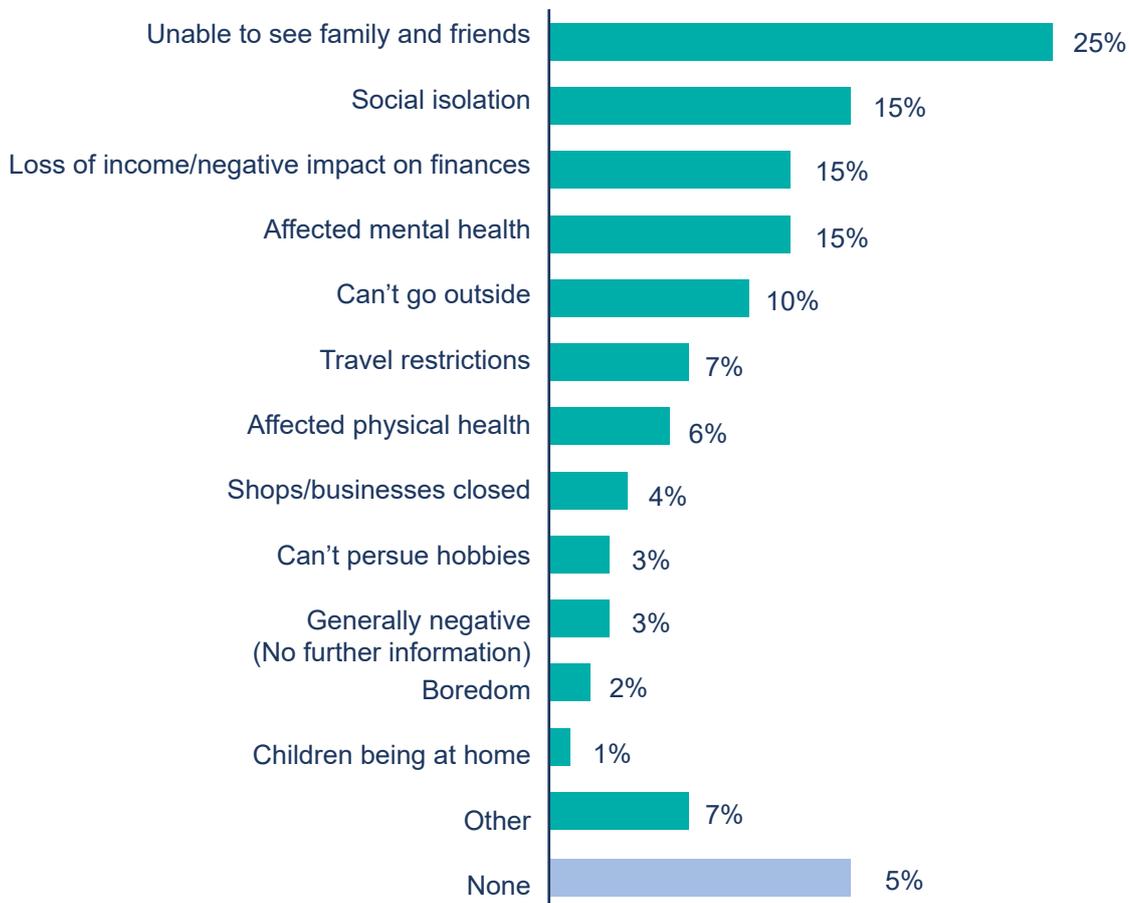
- Economy-related – 78.5 per cent (157 respondents) were worried about economic recession in Australia, and 70 per cent (140 respondents) about the closure of small business;
- Health-related – 67.5 per cent (130 respondents) were worried about the health of loved ones;
- Leisure-related – 52.0 per cent (104 respondents) were worried about losing holiday opportunities.

Some of the impacts of COVID-19 may continue for some time due to the possibility of further outbreaks, changes to government support payments (including JobSeeker and JobKeeper), ongoing higher rates of unemployment compared to pre-pandemic levels, banks and other lending institutions expecting people who have taken ‘payment holidays’ on their loans to resume repayments, and gradual lifting of other government measures put in place at the start of the pandemic (including laws regarding business insolvency and residential rental properties), as well as the ongoing effect of circumstances on people’s mental wellbeing. It is also not the degree to which habits (both positive and negative) which developed or strengthened during COVID-19 continue into the future.

VicHealth measured the impacts of COVID-19 on the health and wellbeing of Victorians during two online representative surveys. The first survey was conducted during the first wave of COVID-19 in late May to early June 2020 (VicHealth 2020) (VicHealth 2020a), and a second (follow-up) survey was undertaken during the second wave from July to October 2020 (VicHealth 2020b). Key findings from these Vic surveys are included in the remainder of this section, as well as other relevant sections of this Profile.

The second VicHealth survey identified the most common negative impacts of COVID-19 during the second wave were the inability to see family and friends (25 per cent), social isolation (15 per cent) and negative impacts on finances and mental health (both 12 per cent). While the second wave of the pandemic and therefore the tightest government restrictions are no longer present, some government restrictions and residual impacts on the life circumstances of some people are likely to remain for some time.

Overall negative impacts of the second wave of the COVID-19 pandemic



Source: VicHealth (2020b), Coronavirus Victorian Wellbeing Impact Study: Follow-up survey.

VicHealth identified during its follow-up survey during the second wave of the COVID-19 pandemic the health and wellbeing of population groups experiencing hardship were more significantly impacted, compared to the broader Victorian population. In general, those most likely to be negatively affected by COVID-19 were identified as being:

- people living in Inner Melbourne;
- young people aged under 35 years;
- unemployed people;
- people eligible for JobSeeker and JobKeeper;
- people on low incomes;
- people with (self-reported) disability;
- Aboriginal and Torres Strait Islander people (although the sample size was very low); and
- bushfire-affected communities.

The table below highlights Victorian population groups with significantly less favourable results (compared to the Victorian population overall) on different health and wellbeing indicators during the second wave of the COVID-19 pandemic. The specific health and wellbeing characteristics of other population groups (including those listed below) may also have been negatively impacted, in addition to those groups highlighted by VicHealth as being the most significantly affected.

Population group	General wellbeing [^]	Psychological distress	Social connection	Physical activity	Nutrition	Alcohol-related harm	Smoking (daily)	Financial hardship
Age groups*								
18–24 years	–	–	–	–	✓	–	–	✓
25–34 years	✓	✓	–	–	✓	–	–	✓
35–44 years	–	–	–	–	–	–	–	–
45–54 years	–	–	–	–	–	–	✓	–
55–64 years	–	–	–	–	–	–	–	–
65–74 years	–	–	–	–	–	long-term	–	–
Gender								
Male	–	–	–	–	✓	short-term	–	–
Female	–	✓	–	–	–	–	–	–
Eligible for Government payment								
JobSeeker	✓	✓	–	–	✓	short-term	–	✓
JobKeeper	–	✓	–	–	✓	short-term	–	✓
Vulnerable groups								
Unemployed	✓	✓	✓	–	✓	–	–	✓
Low income (<\$40K)	✓	–	–	–	–	–	–	✓
Low income (\$40K–\$60K)	–	–	–	–	✓	–	–	✓
People with self-reported disability	✓	✓	–	✓	–	short-term and long-term	✓	✓
Aboriginal and Torres Strait Islander**	✓	✓	–	–	✓	short-term	–	✓
Culturally and linguistically diverse	–	–	–	–	✓	–	–	✓

[^]Includes life satisfaction and subjective wellbeing.

*Children under 18 years were not surveyed. However, information provided by parents/caregivers is included in the VicHealth report (and this Health and Wellbeing Profile), where relevant.

**Based on a small sample size.

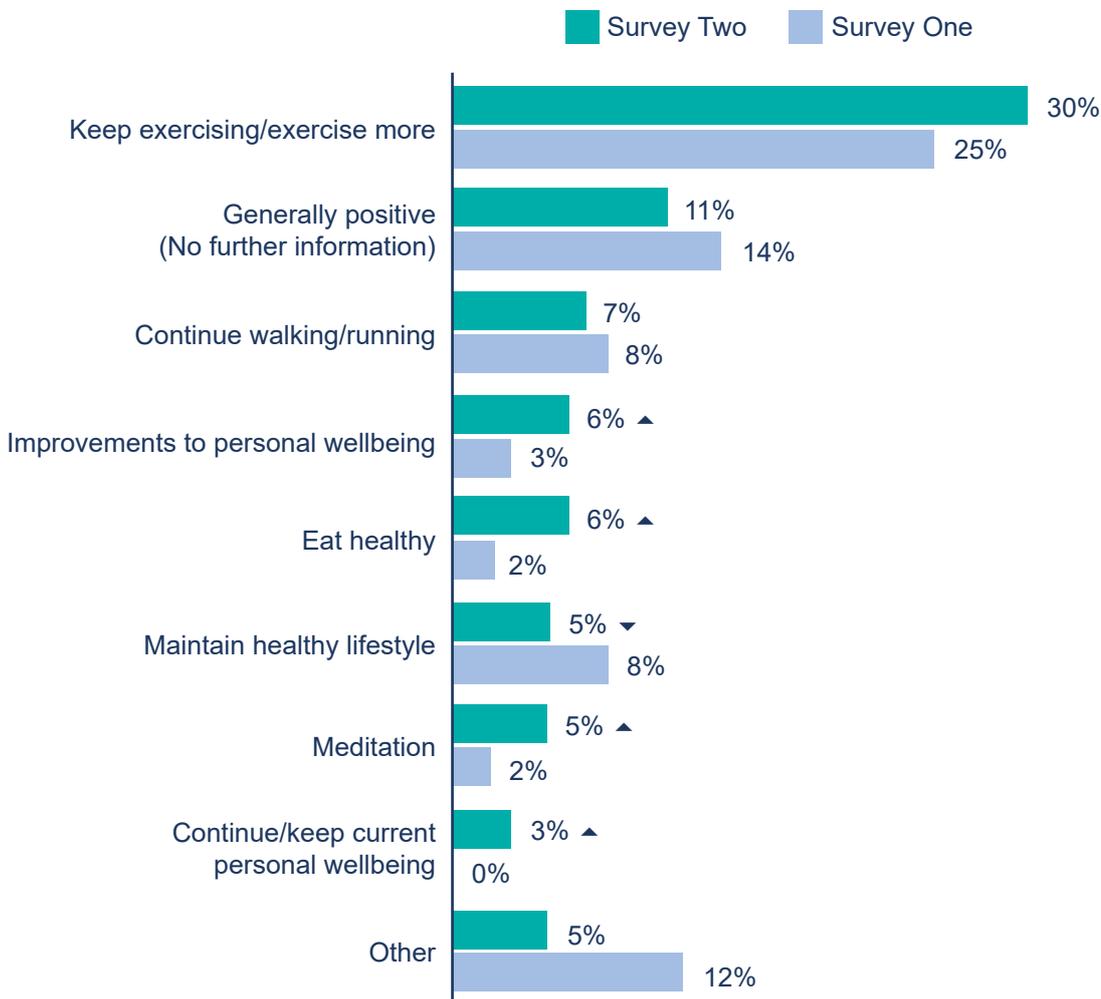
Population group	General wellbeing^	Psychological distress	Social connection	Physical activity	Nutrition	Alcohol-related harm	Smoking (daily)	Financial hardship
Family/household type								
Single parents	✓	-	-	-	✓	-	-	-
Living alone	✓	-	-	-	-	✓	-	-
Share houses	✓	-	-	-	-	-	-	✓
Geography								
Inner metro	-	✓	-	-	✓	-	-	✓

Source: VicHealth (2020b), Coronavirus Victorian Wellbeing Impact Study: Follow-up survey.

The research findings about the health and wellbeing of different population groups, including those who are considered as vulnerable, may be relevant in identifying (or confirming) vulnerable groups beyond the specific situation arising due to COVID-19.

The VicHealth surveys during COVID-19 also identified areas of personal wellbeing that respondents would like to maintain. For example, 30 per cent of respondents indicated during the second wave they would like to keep exercising or exercise more. These results indicate a desire among Victorians that COVID-19 may be an opportunity to maintain positive health and wellbeing behaviours.

Positive aspects of personal wellbeing during COVID-19 pandemic (May/Jun and Sep/Oct)



Source: VicHealth (2020b), Coronavirus Victorian Wellbeing Impact Study: Follow-up survey.

Further details about COVID-19 impacts identified in the VicHealth surveys are included in relevant sections of this Profile. VicHealth's comparisons with its own 2015 Health Indicators Report and 2017 Victorian Population Health Survey are also included in this Health and Wellbeing Profile, at the Victorian population level.

Other research about the impacts of COVID-19 at a local, state and national level has also been included, where possible. This includes Council's Community Voice surveys conducted during COVID-19.

It is important to note research about the impacts of COVID-19 will continue to be released by government and non-government organisations after the publication of this Profile.

4. GENERAL HEALTH INDICATORS

4.1 LIFE EXPECTANCY AND POTENTIALLY AVOIDABLE PREMATURE DEATHS

Life expectancy

Life expectancy is a globally recognised indicator of the health status of communities. The Australian Institute of Health and Welfare publishes local mortality and life expectancy data based on the National Mortality Database (Australian Institute of Health and Welfare, 2020a).

In 2018, the median (average) age at death was 83.5 years for males in Glen Eira and 88.0 years for females. All persons in Glen Eira are expected to have a longer life (86.0 years) than those in Greater Melbourne and Victoria.

Life expectancy measure	Glen Eira	Greater Melbourne	Victoria
Median age at death – males	83.5 years	80.0 years	80.0 years
Median age at death – females	88.0 years	85.0 years	85.0 years
Median age at death – persons	86.0 years	83.0 years	82.0 years

Source: Australian Institute of Health and Welfare (2020a)

Of all Local Government Areas in Victoria, Glen Eira had the equal second-highest median age at death (86.0 years) in 2018, similar to the metropolitan municipalities of Bayside and Boroondara and rural shire of Towong (Australian Institute of Health and Welfare, 2020a).

There have been around 930 to 980 deaths each year in Glen Eira from 2014 to 2018.

Year	Male deaths	Female deaths	Total deaths
2014	468	472	940
2015	447	522	969
2016	430	499	929
2017	463	521	984
2018	426	513	939

Source: Australian Institute of Health and Welfare (2020a)

Premature deaths by gender

The number and percentage of premature deaths is estimated based on deaths of people aged under 75 years (Australian Institute of Health and Welfare, 2020a).

In 2018, around one third (29.8 per cent) of all male deaths in Glen Eira could be considered 'premature', a lower proportion than Greater Melbourne (37.0 per cent) and Victoria (37.4 per cent). For females in Glen Eira, 14.4 per cent were considered 'premature', a lower proportion than Greater Melbourne (25.4 per cent) and Victoria (25.6 per cent) (Australian Institute of Health and Welfare, 2020a).

Potentially avoidable premature deaths by gender

An indicator for the Victorian health system is the number and percentage of potentially avoidable premature deaths. This indicator estimates avoidable deaths of people aged under 75 years that may have been prevented through hospital care or medical treatment. Examples are vaccine-preventable diseases, some cancers, diabetes, some cardiovascular diseases, and self-inflicted injuries or risky behaviours (Australian Institute of Health and Welfare, 2020a).

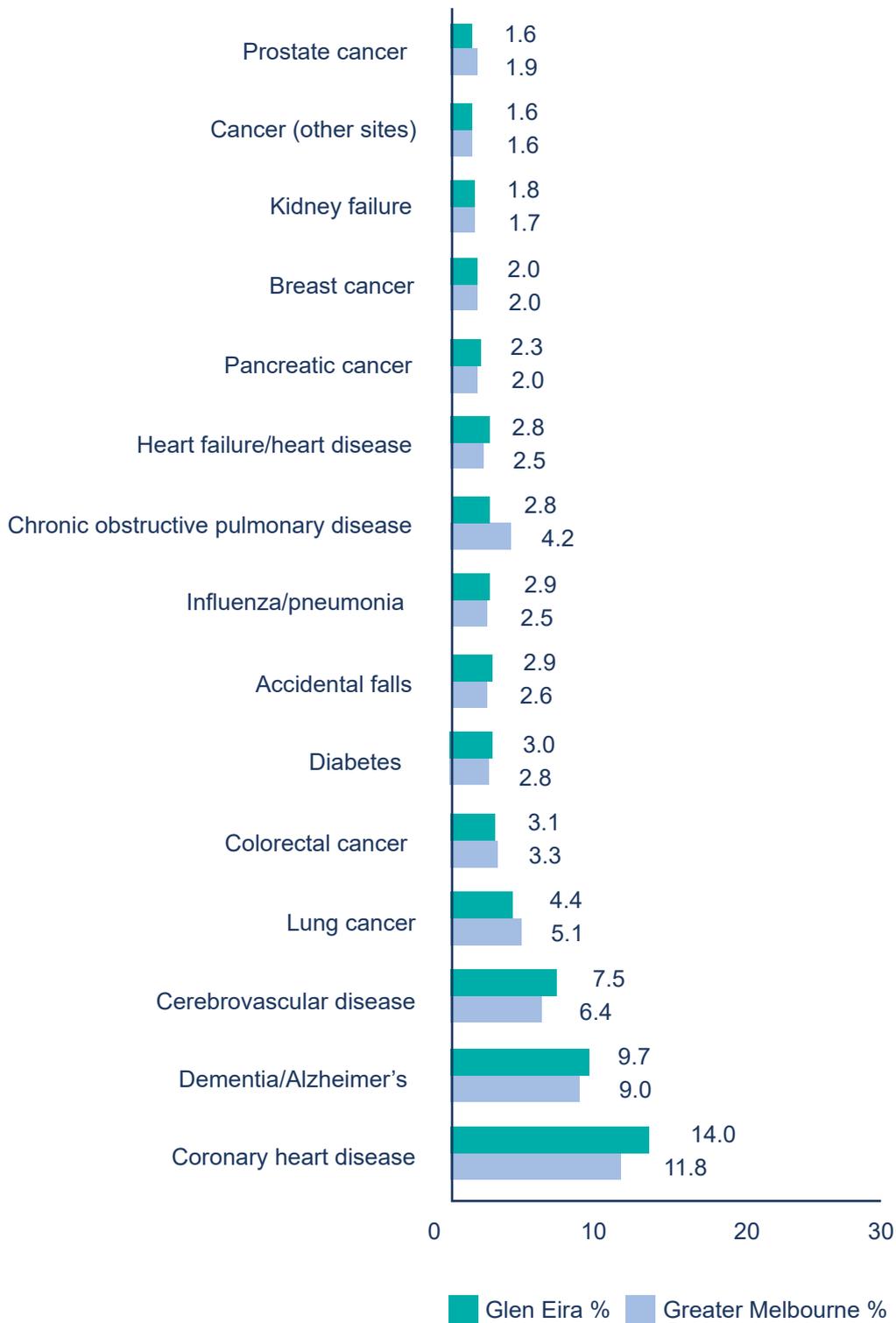
In 2018, around half (50.4 per cent) of all deaths for males in Glen Eira were potentially avoidable premature deaths, a similar proportion to Greater Melbourne (50.1 per cent) and higher than Victoria (46.8 per cent). For females in Glen Eira, 40.5 per cent were regarded as potentially avoidable premature deaths, which was lower than the proportion for Greater Melbourne (45.6 per cent) and Victoria (49.0 per cent) (Australian Institute of Health and Welfare, 2020a).

Leading causes of death

Around 14 per cent of all deaths in Glen Eira from 2014 to 2018 were caused by coronary heart disease, a higher proportion than for Greater Melbourne. The top three leading causes of Glen Eira deaths were coronary heart disease, Dementia/Alzheimer's disease and cerebrovascular disease (stroke), which accounted for a combined 31.2 per cent, a higher proportion than for Greater Melbourne (27.2 per cent) (Australian Institute of Health and Welfare, 2020a).

Parkinson's disease and non-rheumatic valve disorders (cardiovascular disease) were also leading causes of death for Glen Eira (both 1.3 per cent of all causes), however, they were not in the top rankings across Greater Melbourne (Australian Institute of Health and Welfare, 2020a).

Percentage of all causes of death (2014–2018)

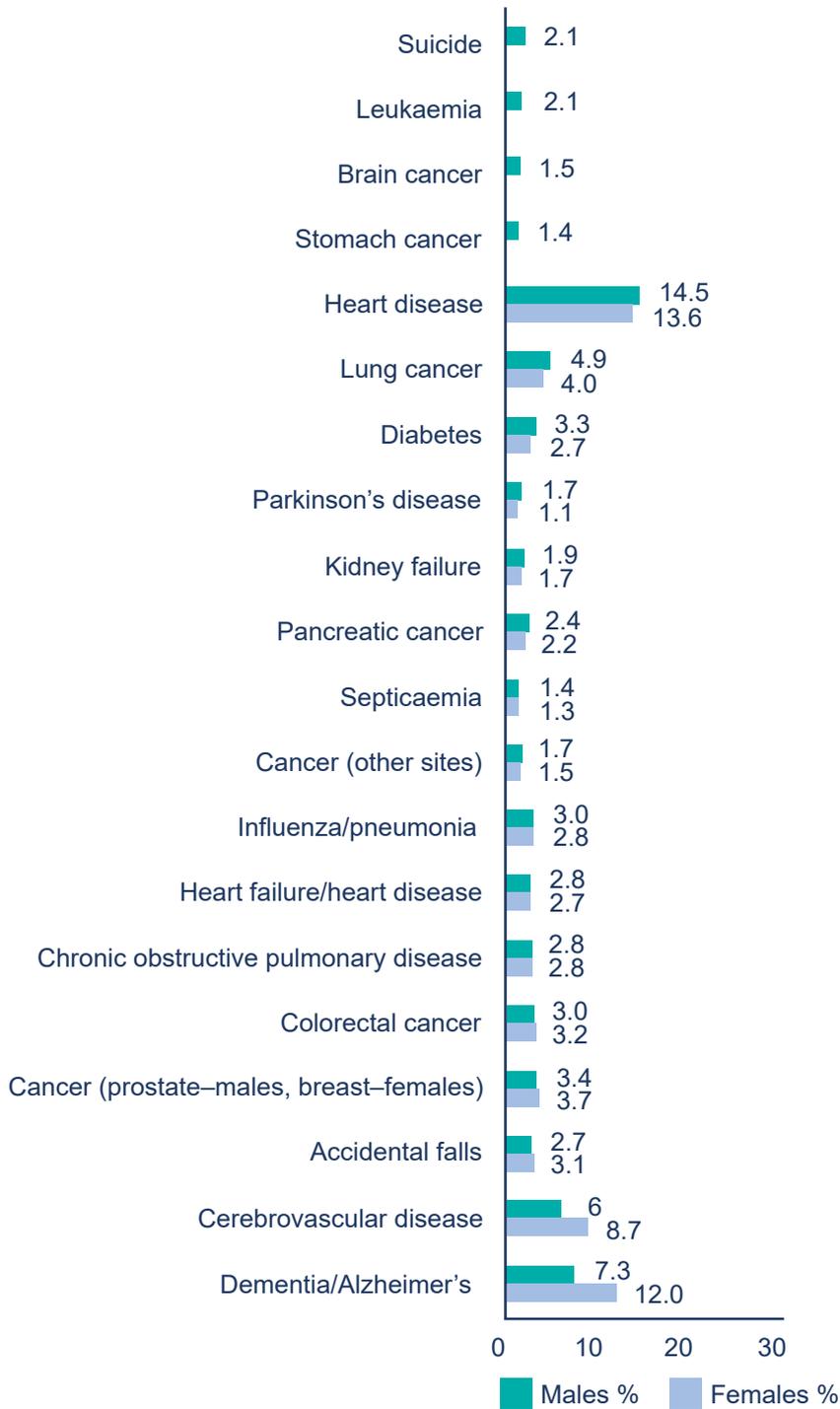


Source: Australian Institute of Health and Welfare (2020a)

From 2014 to 2018, there were noticeable differences in the leading causes of death between males and females in Glen Eira:

- Males in Glen Eira were more likely than females to die from: suicide, leukaemia, brain cancer, stomach cancer, heart diseases, lung cancer, diabetes and Parkinson's disease.
- Prostate cancer was the cause of death in 3.4 per cent of all cases for males.
- Females in Glen Eira were more likely than males to die from: Dementia/Alzheimer's disease, cerebrovascular disease (stroke), colorectal cancer and accidental falls. The fact that females generally live longer than males may contribute to this finding.
- Breast cancer was the cause of death in 3.7 per cent of all cases for females (Australian Institute of Health and Welfare, 2020a).

% causes of all deaths, by gender (2014-2018)



Source: Australian Institute of Health and Welfare (2020a)

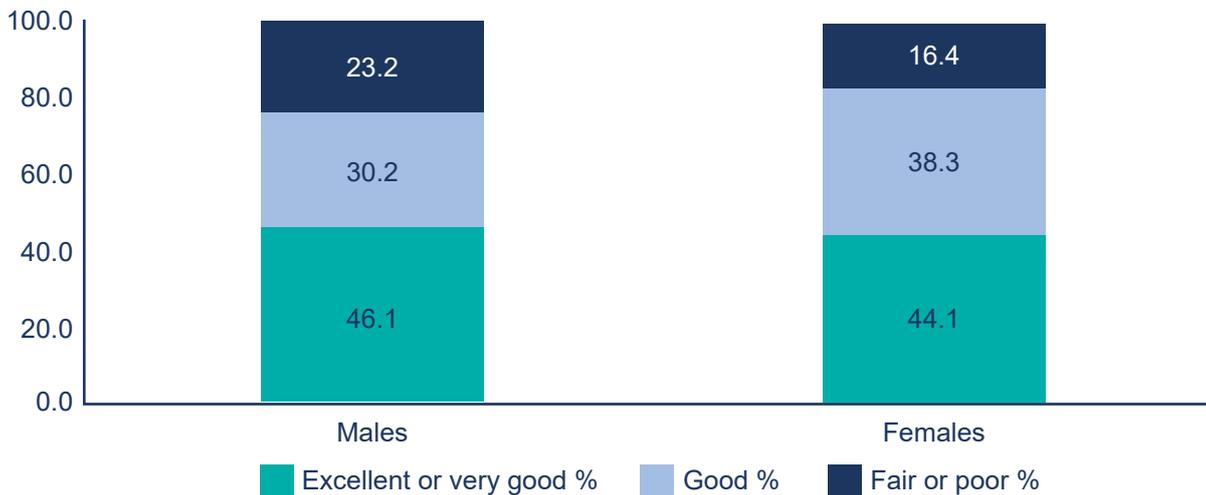
4.2 SELF-REPORTED HEALTH

4.2.1 Health status of adults

The 2017 Victorian Population Health Survey gathers information from adults about their own health status. Nearly half of Glen Eira adult residents (45.4 per cent) rated their health as 'excellent or very good', 33.9 per cent as 'good' while one in five rated their health as 'fair or poor' (19.9 per cent) (Department of Health and Human Services, 2019a).

Views on health status varied more for males than females, with males more likely to rate their health as 'fair or poor' or 'excellent or very good'. There were no statistically significant differences in self-reported health status as 'fair or poor' for Glen Eira with DHHS South Region and Victoria (Department of Health and Human Services, 2019a).

Percentage of self-reported health status (2017)



Source: Department of Health and Human Services (2019a)

4.2.2 Health status of children

In Victoria, parents of preparatory (prep) children are asked to comment on their child's general health in the School Entrant Health Questionnaire (Department of Education and Training, 2020a).

In the 2019 school year, 79.9 per cent of prep children in Glen Eira were reported as being in "Excellent or very good" health, a lower per cent than for Metropolitan Melbourne (83.0 per cent). The "Excellent or very good" per cent has varied from year to year in recent times with 82.4 per cent in 2016, 79.2 per cent in 2017, and 76.8 per cent in 2018 (Department of Education and Training, 2020a).

4.3 HOSPITAL FACTS

4.3.1 Public and private hospital supply

Residents of Glen Eira access a range of public and private hospitals in the southern region of Melbourne for medical care. Within the Glen Eira municipality:

- There is one public hospital, under the Alfred Health group;
- Caulfield Hospital, primarily a rehabilitation and aged care public hospital, provides specialised services;
- there are number of private hospital campuses at Cabrini and Masada and several day procedure centres.

4.3.2 Hospital use

Hospital admission data relating to the 2017/2018 year is based on estimate calculations (Public Health Information Development Unit – Torrens University, 2020).

In 2017/2018, Glen Eira residents had more admissions in private hospitals (24,259 per 100,000 population) than public hospitals (15,167 per 100,000 population). Males and females in Glen Eira had a similar proportion of hospital admissions to Greater Melbourne. Glen Eira residents had a higher proportion of hospital admissions for mental health-related conditions and digestive system diseases than Greater Melbourne (Public Health Information Development Unit – Torrens University, 2020).

Selected indicators of hospital use (age-standardised rate of hospital admissions per 100,000 population – 2017/2018)	Glen Eira	Greater Melbourne	Benchmark
Male – total admissions	35,896	36,924	▼
Female – total admissions	42,779	43,256	▼
Infectious and parasitic diseases	711	762	▼
All cancers	2,905	2,859	▲
Endocrine, nutritional/metabolic diseases	874	857	▲
Diabetes	147	214	▼
Mental health related conditions	2,611	1,802	▲
Nervous system diseases	1,514	1,611	▼
Eye diseases	1,579	1,543	▲
Ear diseases	282	274	▲
Circulatory system diseases	1,959	2,214	▼
Respiratory system diseases	1,703	1,837	▼
Digestive system diseases	5,030	4,840	▲
Skin and subcutaneous tissue diseases	644	654	▼
Musculoskeletal system/connective tissue diseases	2,304	2,500	▼
Genitourinary system diseases	1,921	2,102	▼
Injury, poisoning/other external causes	2,858	2,930	▼

Source: Public Health Information Development Unit – Torrens University (2020).

4.3.3 'Avoidable' hospital admissions

The Department of Health and Human Services (2020a) reports on the number of hospital admissions for conditions described as 'ambulatory care sensitive conditions'. This term refers to conditions where hospitalisation is thought to be 'avoidable' with health interventions and early disease management. Examples of ambulatory care sensitive conditions include diabetes complications, dehydration, gastroenteritis and anaemia.

In 2019/2020, Glen Eira had around 3,800 'avoidable' hospital admissions, totalling 16,274 bed days. Most hospital stays were an average of four days. Around half of the admissions related to chronic conditions (49.3 per cent), many were for acute conditions (42.6 per cent) and others were for vaccine-preventable conditions (8.9 per cent). Many admissions related to one of five conditions where hospitalisation is regarded as 'avoidable':

1. Iron deficiency anaemia
2. Cellulitis (bacterial skin infection)
3. Diabetes complications
4. Urinary tract infection
5. Congestive cardiac failure (Department of Health and Human Services, 2020a)

Other common conditions resulting in hospital admission include gangrene, congestive cardiac failure, perforated/bleeding ulcers and pneumonia/influenza.

Admission rates for particular age groups were higher for some specific conditions:

- Children aged 0 to 9 years: ear, nose and throat infections, dental conditions and asthma;
- Young people aged 10 to 24 years: dental conditions, convulsions/ epilepsy, ear, nose and throat infections;
- Adults aged 25 to 64 years: iron deficiency anaemia, cellulitis and diabetes complications; and
- Older adults aged 65+ years: congestive cardiac failure, iron deficiency anaemia and Chronic Obstructive Pulmonary Disease (Department of Health and Human Services, 2020a).

5. PHYSICAL HEALTH AND WELLBEING

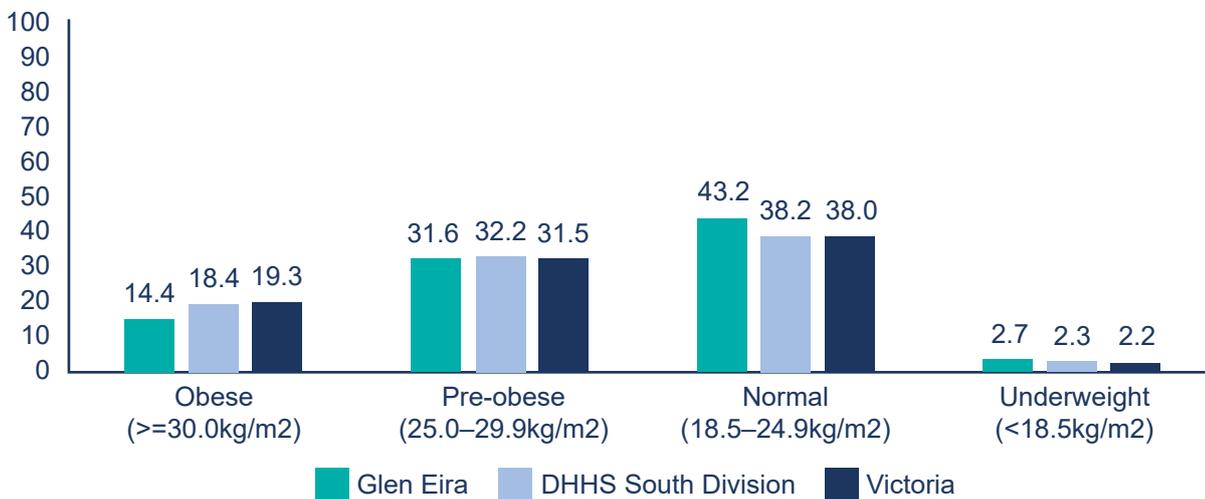
5.1 BODY WEIGHT

When calculating body mass index (BMI), the Department of Health states that for adults, a result between 18.5 and 24.9 is considered to be within a health weight range (<http://healthyweight.health.gov.au/wps/poc/hso?1dmy&urile=wcm%3apath%3a/Healthy+Weight+Content/Main/get-started/are-you-a-healthy-weight/bmi/>). It should be noted there are exceptions and some examples are the healthy weight BMI tends to be:

- lower for people of Asian background;
- higher for those of Polynesian origin;
- higher for older people; and
- higher for elite athletes with higher than normal levels of lean body tissue.

The Victorian Population Health Survey 2017 shows Glen Eira has a higher percentage of adult population (18+) in the normal BMI category (43.2 per cent) when compared with the DHHS South Division (38.2 per cent) and Victoria as a whole (38.0 per cent).

Proportion of adult population by BMI category

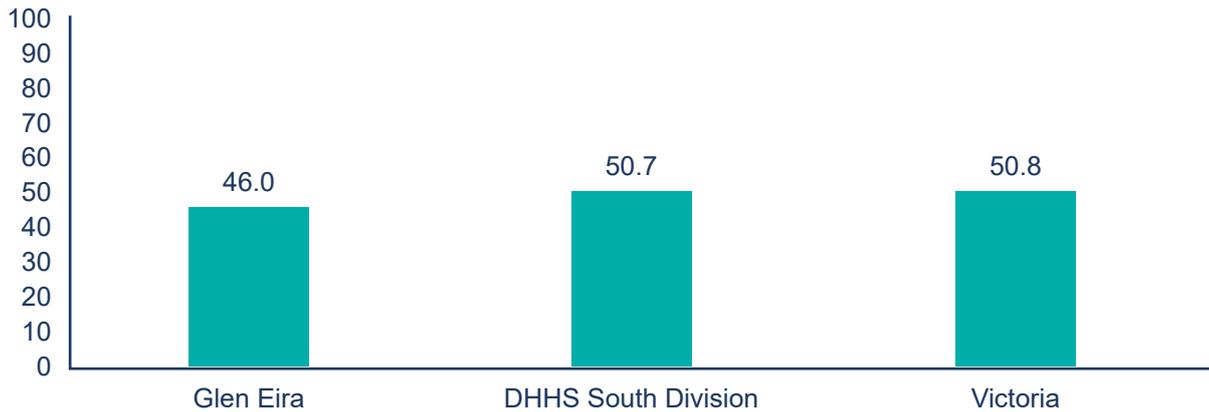


Source: Victorian Population Health Survey (2017), Local Government Area Quick Stats – Obesity – Glen Eira Underweight BMI category – Glen Eira – Relative Standard Error (RSE) between 25 and 50 per cent; point estimate (%) should be interpreted with caution.

Glen Eira has a lower percentage of overweight (pre-obese or obese) adults (46 per cent) when compared with the DHHS South Division (50.7 per cent) and Victoria (50.8 per cent).

Of Glen Eira’s overweight adult population, 31.6 per cent are in the pre-obese BMI category (25.0–29.9 kg/m²) and 14.4 per cent are in the obese BMI category (>=30.0kg/m²).

Percentage of adult population considered overweight (pre-obese or obese)

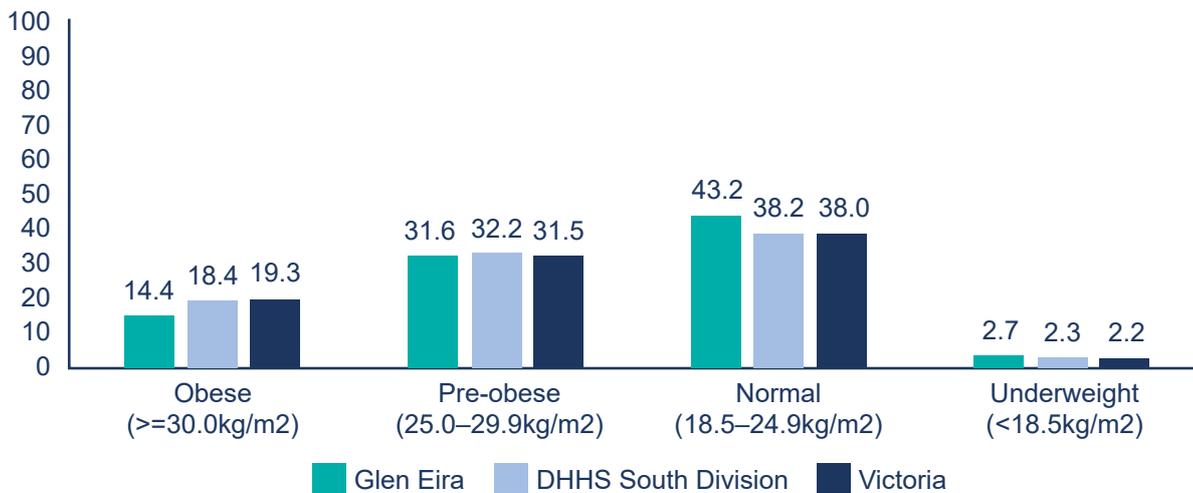


Source: Victorian Population Health Survey (2017), Local Government Area Quick Stats – Obesity – Glen Eira

There is a significantly higher percentage of adult women in Glen Eira in the normal BMI category (51.7 per cent) compared to adult women across the DHHS South Division (42.1 per cent) and Victoria (41.2 per cent).

On the other hand, there is a higher percentage of adult men in Glen Eira in the pre-obese BMI category (43.1 per cent) compared to adult men across the DHHS South Division (40.9 per cent) and Victoria (39.3 per cent).

Proportion of adult population by BMI category – women and men



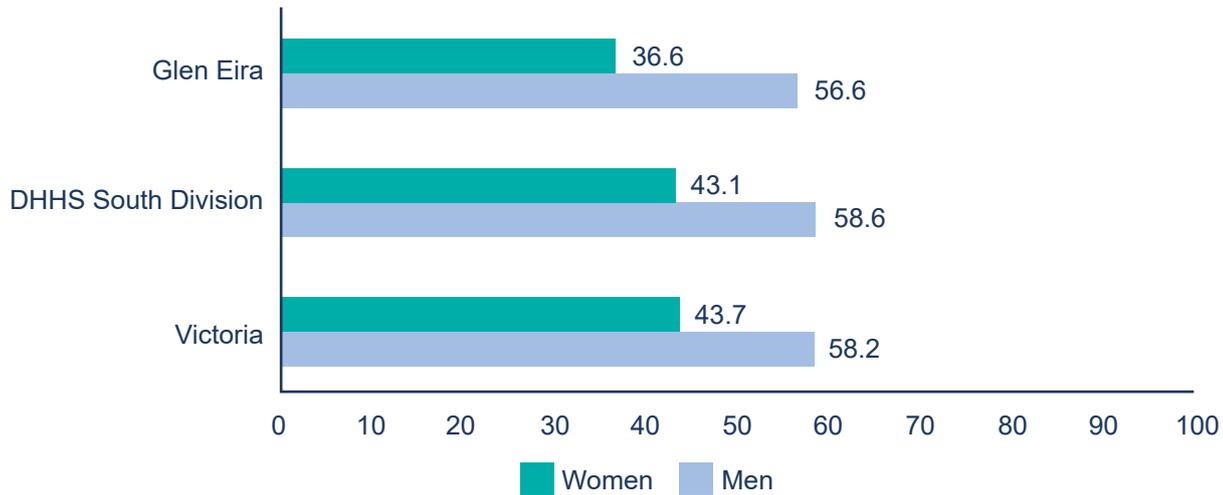
Source: Victorian Population Health Survey (2017), Selected Indicators – BMI

BMI computed from self-reported height and weight [BMI = weight (kg) / height squared (m²)].

Underweight BMI category – Glen Eira – RSE between 25 and 50 per cent; point estimate (%) should be interpreted with caution.

There is a higher percentage of adult men (56.6 per cent) in Glen Eira who are considered overweight (obese and pre-obese BMI categories) compared to adult women (36.6 per cent). It is worth noting the percentage of overweight men in Glen Eira is less than the percentage of overweight men across the DHHS South Division and Victoria.

Overweight (obese and pre-obese) by percentage



Source: Victorian Population Health Survey (2017), Selected Indicators – Overweight

Body weight/obesity in children and young people – Australia-wide data

Across Australia one in four (25 per cent) of children and adolescents aged two to 17 years were overweight or obese, and one in 12 (8.2 per cent) were obese.

Aboriginal and Torres Strait Islander children and adolescents are more likely to be overweight or obese than non-Indigenous children and adolescents. Based on the latest data available, 38 per cent of Indigenous children and adolescents aged two to 17 were overweight or obese in 2018–19, which was higher than the 24 per cent of non-Indigenous children and adolescents in the 2017–18 National Health Survey (ABS 2019a, 2019b). (Australian Institute of Health and Welfare (2020). Australia’s children. Cat. no. CWS 69. Canberra: AIHW <https://www.aihw.gov.au/reports/children-youth/australias-children/contents/health/overweight-and-obesity>).

The earlier in life a child becomes overweight or obese, the greater portion of their life they are likely to live with excess weight, increasing their exposure to the associated health risks. (The Obesity Collective (2019). Weighing in: Australia’s growing obesity epidemic. Sydney: The Obesity Collective).

The proportion of overweight or obese young people remains relatively stable throughout the school years, then accelerates sharply from the late teens onwards. Half (50 per cent) of young adults (18 to 24) in Australia are now overweight or obese (Australian Bureau of Statistics. (2018a). 4364.0.55.001 – National Health Survey: First Results, 2017–18. Retrieved September 20, 2019, from <https://www.abs.gov.au/ausstats/abs@.nsf/mf/4364.0.55.001>).

Body weight/obesity in children and young people – Victoria-wide data

Childhood rates of overweight and obesity in Victoria jumped from 23.4 per cent in 2011 to 30.8 per cent in 2014, higher than any other state or territory in Australia, and well above the national average of 26.1 per cent (Australian Institute of Health and Welfare (2020) Overweight and obesity among Australian children and adolescents. Cat. no. PHE 274. Canberra: AIHW. <https://www.aihw.gov.au/reports/overweight-obesity/overweight-obesity-australian-children-adolescents/contents/summary>).

Body Mass Index (BMI) estimates from the last three National Health Surveys (2011–12, 2014–15, 2017–2018) show that around one in four Victorian adolescents aged 12 to 17 are overweight or obese. (ABS, 2012; 2015; 2018a).

Most adolescents (12 to 18 years) do not meet recommended guidelines for weight, diet, exercise, and screen time. One in four are overweight, three in four Year 8s and 11s exceed electronic media usage guidelines. (Victorian Student Health and Wellbeing Survey 2014-2018 and National Health Survey, 2017–18, ABS).

6. MENTAL HEALTH AND WELLBEING

Mental health is an integral part of health and wellbeing for societies in Australia and around the world. The World Health Organization (2021) defines health as ‘a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity’. Mental health plays an essential role for all people in achieving health and is a critical aspect of individual and community wellbeing which contributes to social, cultural and economic life (World Health Organization, 2013). Mental health affects individuals, families and communities.

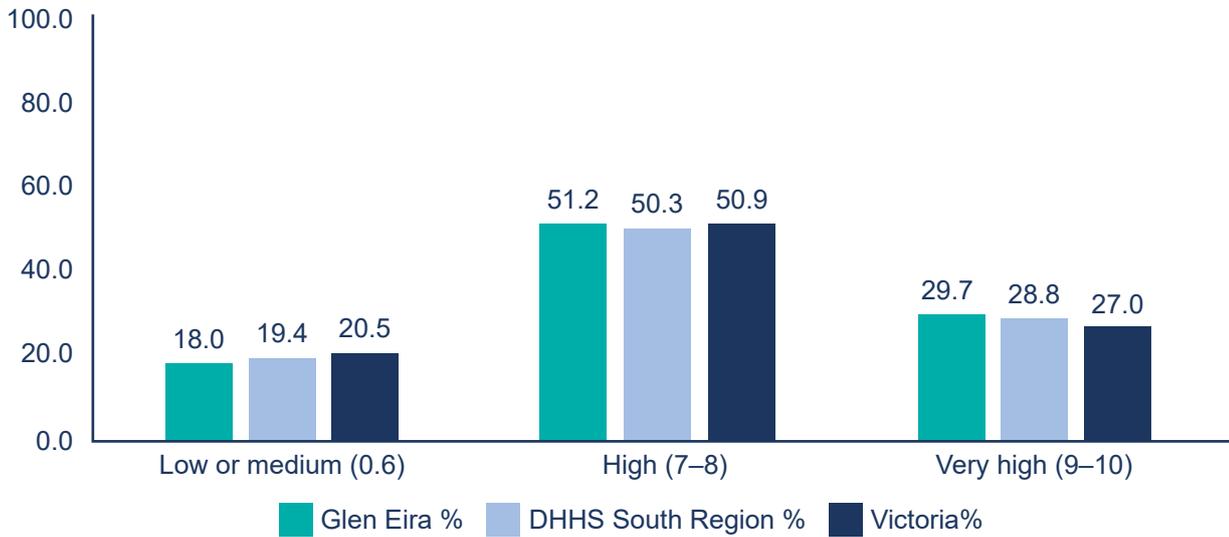
In Australia, the terms ‘mental illness’ and ‘mental disorder’ are both used to describe a range of mental health and behavioural disorders, which may vary in severity and duration. The most common mental illnesses in Australia are depression, anxiety and substance use disorders (Australian Bureau of Statistics, 2008). Mental illnesses and substance use disorders contribute to disability, disease and morbidity (Australian Institute of Health and Welfare, 2021). In 2017–2018, around one in five (20 per cent) Australians reported they had a mental or behavioural condition (Australian Bureau of Statistics, 2019). Mental health varies across population groups. Certain individuals and vulnerable groups in society including households in poverty, minority groups and Indigenous populations, may be at a higher risk of experiencing mental health problems (World Health Organization, 2013).

6.1 SELF-REPORTED MENTAL WELLBEING

Life satisfaction and the feeling that life is worthwhile are common indicators used to show how people assess how well their life so far meets expectations.

As at 2017, 51.2 per cent of adults in Glen Eira reported a high level of life satisfaction and 29.7 per cent reported a very high level of life satisfaction. These results are slightly higher than the DHHS South Region (50.3 per cent and 28.8 per cent) and Victoria (50.9 per cent and 27.0 per cent) (Department of Health and Human Services, 2019a).

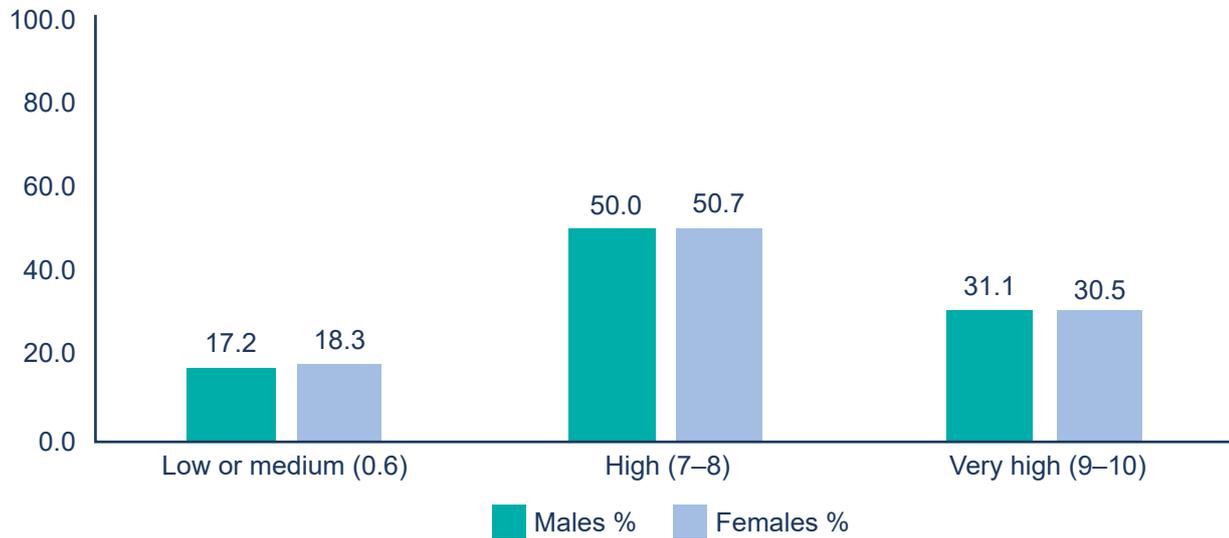
Percentage self-reported life satisfaction (2017)



Source: Department of Health and Human Services (2019a)

In relation to self-reported life satisfaction and gender, in 2017, overall scores reported by males and females were consistent, with slightly more females recording high or very high levels (81.2 per cent) than males (81.1 per cent).

Percentage self-reported life satisfaction by gender (2017)

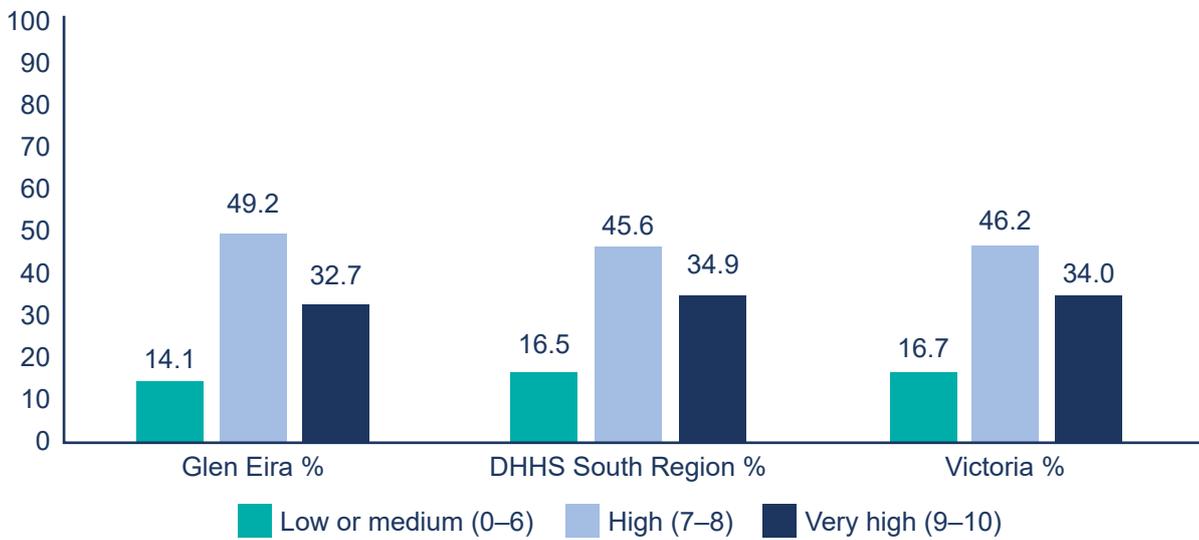


Source: Department of Health and Human Services (2019a)

Survey scores regarding the feeling that life is worthwhile are consistent with the results for self-reported life satisfaction.

In 2017, 49.2 per cent of adults in Glen Eira reported a high score for feeling life is worthwhile and 32.7 per cent reported a very high score for feeling life is worthwhile. These results are generally consistent with DHHS South Region (45.6 per cent and 34.9 per cent) and Victoria (46.2 per cent and 34.0 per cent) (Department of Health and Human Services, 2019a).

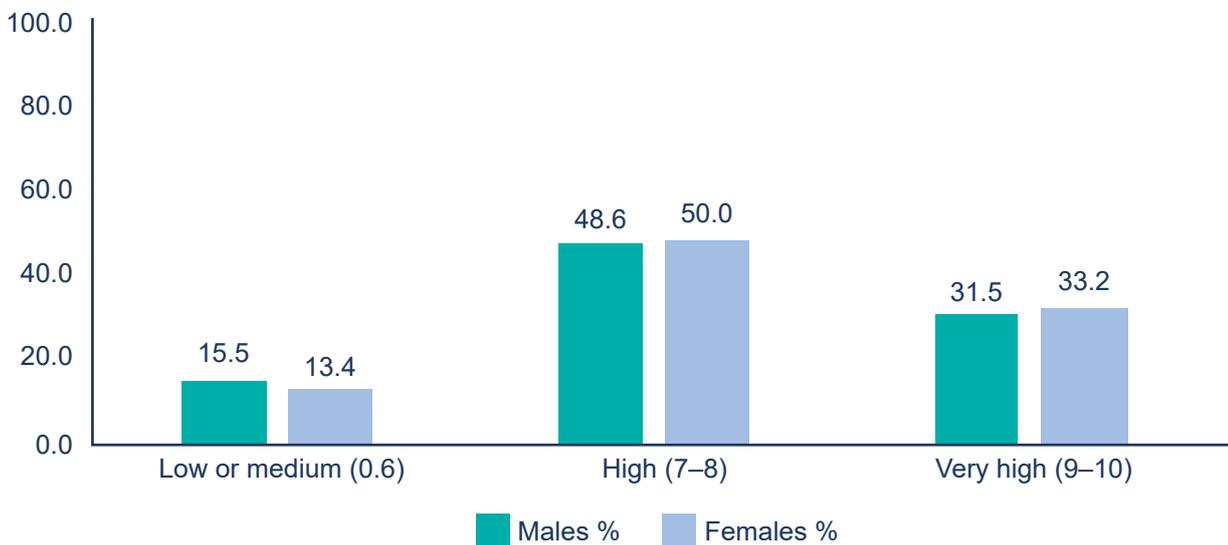
Percentage self-reported feeling life is worthwhile (2017)



Source: Department of Health and Human Services (2019a)

In relation to feeling life is worthwhile and gender, in 2017, overall scores reported by males and females were reasonably consistent, with more females recording high or very high levels (83.2 per cent) than males (80.1 per cent).

Percentage self-reported feeling life is worthwhile by gender (2017)



Source: Department of Health and Human Services (2019a)

Self-reported mental wellbeing during COVID-19

Levels of subjective wellbeing among Victorians declined during both the first and second waves of COVID-19. According to the VicHealth Coronavirus Victorian Wellbeing Impact Study, respondents scored their wellbeing as an average of 65.0 out of 100 during the first wave of the pandemic (VicHealth, 2020a) and 62.0 out of 100 during the second wave, with both scores being significantly lower than during a comparative survey from 2015 (77.3) (VicHealth, 2020b).

The groups with people more likely to have lower scores of subjective wellbeing during the second wave, compared to the broader Victorian population were:

- unemployed (53.4);
- single parents with children under 18 years (54.1);
- living in share houses (55.7).
- receiving JobSeeker (56.4);
- with a self-reported disability (56.8);
- earning low incomes of less than \$40,000 per year (58.9); and
- living alone (59.2).

VicHealth also identified levels of life satisfaction of Victorians deteriorated significantly during the second wave of the COVID-19 pandemic. More than half (53 per cent) of Victorians reported low to medium life satisfaction during this period, compared to 20.5 per cent in 2017.

Key indicator	Survey two	Survey one	Comparison survey result
Low to medium life satisfaction (% rating 0 to 6 out of 10)	53% ▲	49%	20.5% (2017) [^]
Subjective wellbeing (Score out of 100)	62.0 ▼	65.0	77.3 (2015) [†]
High psychological distress*	17%	16%	15.4% (2017) [^]
<p>▲ ▼ The second survey result – significantly higher or lower than the first survey at the 97per cent confidence level. *VicHealth Coronavirus Victorian Wellbeing Impact Study results collected using the Kessler 6 scale and VPHS use the Kessler 10 scale.</p> <p>[^] VPHS 2017 https://www2.health.vic.gov.au/public-health/population-health-systems/health-status-of-victorians/survey-data-and-reports/victorian-population-health-survey/victorian-population-health-survey-2017</p> <p>[†] VHI 2015 https://www.vichealth.vic.gov.au/programs-and-projects/vichealth-indicators-survey-2015</p>			

Source: VicHealth (2020b), Coronavirus Victorian Wellbeing Impact Study: Follow-up survey (full report).

The groups most likely to report low to medium levels of life satisfaction during the second wave of COVID-19 were people:

- who identify as Aboriginal or Torres Strait Islander (68 per cent), however the sample size was relatively small;
- living in share houses (66 per cent);
- with a self-reported disability (63 per cent);
- aged 25 to 34 years (62 per cent); and
- earning low incomes of less than \$40,000 per year (61 per cent).

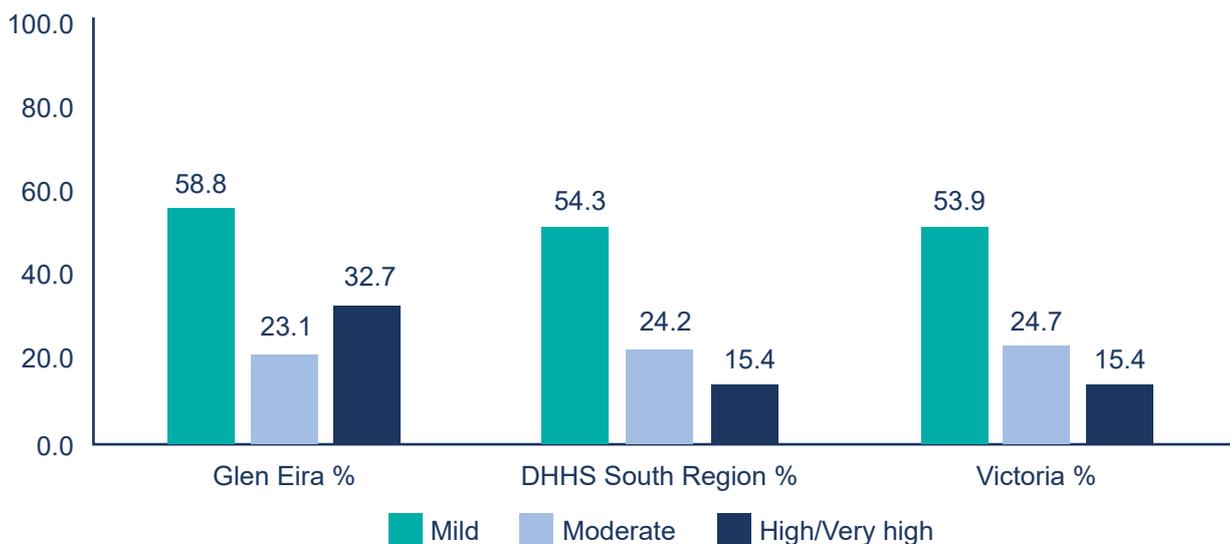
The decline in life satisfaction among the Victorian population was attributed to factors such as feeling (less) part of the community, current achievements in life, personal relationships and standard of living.

6.2 PSYCHOLOGICAL DISTRESS

Another aspect of mental health and wellbeing is psychological distress. Psychological distress has been described as unpleasant feelings or emotions that affect a person’s level of functioning and interfere with daily activities. This distress can result in negative views of the environment, others and oneself, and display as symptoms of mental illness, including anxiety and depression (Australian Bureau of Statistics, 2012). The Kessler 10 (K10) scale is commonly used to measure psychological distress and examines negative emotional states experienced in the past 30 days (Australian Bureau of Statistics, 2012).

In 2017, 9.4 per cent of adults in Glen Eira reported a high or very high level of psychological distress based on the past 30 days. This result is favourable compared to DHHS South Region (15.4 per cent) and Victoria (15.4 per cent) (Department of Health and Human Services, 2019a).

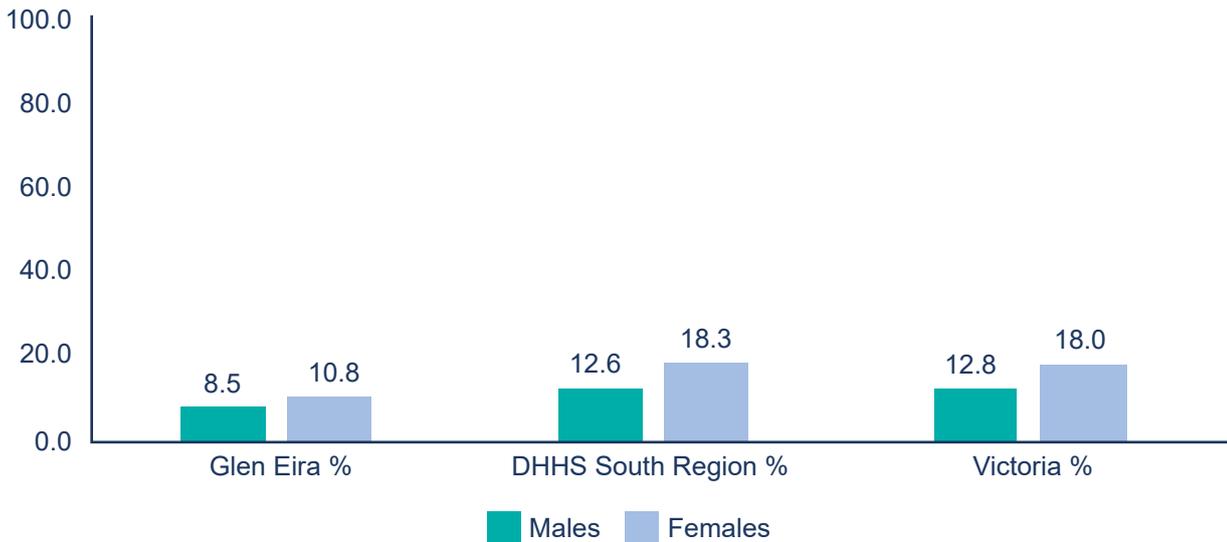
Percentage self-reported psychological distress (2017)



Source: Department of Health and Human Services (2019a)

In relation to psychological distress and gender, in 2017, high or very high levels of psychological distress were reported as being experienced by proportionally more females (10.8 per cent) than males (8.5 per cent). Results for Glen Eira are lower for both genders when compared to the DHHS South Region (12.6 per cent and 18.3 per cent respectively) and Victoria (12.8 per cent and 18.0 per cent respectively).

Percentage self-reported high or very high psychological distress by gender (2017)

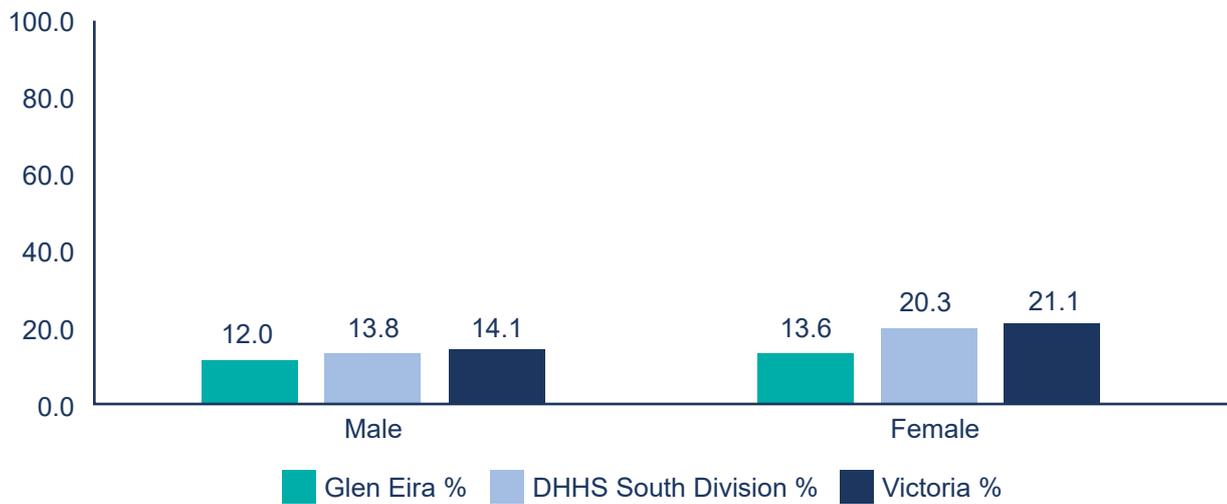


Source: Department of Health and Human Services (2019a)

In relation to psychological distress and diversity, Indigenous Australians are around three times more likely to be psychologically distressed than non-Indigenous Australians. Around one third (31.7 per cent) of Aboriginal and Torres Straight Islanders experience high to very high levels of psychological distress compared to 12.3 per cent of non-Indigenous Australians (Beyond Blue, 2021). A study of 3,835 LGBTIQ+ Australians found they reported higher than the national average on the K10 scale (19.6 per cent and 14.5 per cent respectively). With regard to people from CALD backgrounds, it has been suggested that they require culturally-suitable supports and interventions (Beyond Blue, 2021).

A behaviour relating to mental health is seeking professional help for a mental health problem. In 2017, a lower proportion of the overall adult population in Glen Eira sought help in comparison with the DHHS South Region and Victoria. In Glen Eira, 12.0 per cent of males and 13.8 per cent of females sought professional which was lower than those in the DHHS South Region (13.8 per cent and 20.3 per cent respectively) and Victoria (14.1 per cent and 21.2 per cent).

Percentage seeking professional help for a mental health problem in the previous year (2017)



Source: Department of Health and Human Services (2019a)

It is noteworthy that as reported in section 4.3 Hospital Admissions, a higher proportion of the adult population in Glen Eira had hospital admissions for mental health related conditions than Greater Melbourne (Public Health Information Development Unit - Torrens University, 2020).

Psychological distress during COVID-19

During the second wave of COVID-19, the proportion of Victorians who reported experiencing high levels of psychological distress was 17.0 per cent, only slightly higher than a similar survey from 2017 (15.4 per cent) (VicHealth, 2020b). Females (19 per cent) were more likely to report high levels of psychological distress during this period, compared to males (14 per cent).

The population groups in Victoria more likely to report high levels of psychological distress during the second wave of the pandemic, compared to the broader Victorian population, were people:

- who identify as Aboriginal and Torres Strait Islander (33 per cent);
- living in inner metropolitan Melbourne (30 per cent);
- who were unemployed (28 per cent);
- aged 25 to 34 years (28 per cent);
- receiving JobSeeker or JobKeeper payments (both 26 per cent); and
- with a self-reported disability (25 per cent).

The survey also found one in four (24 per cent) young people aged 18 to 24 years reported high scores for psychological stress. However, the results for this cohort were similar to Victorians overall for subjective wellbeing and life satisfaction.

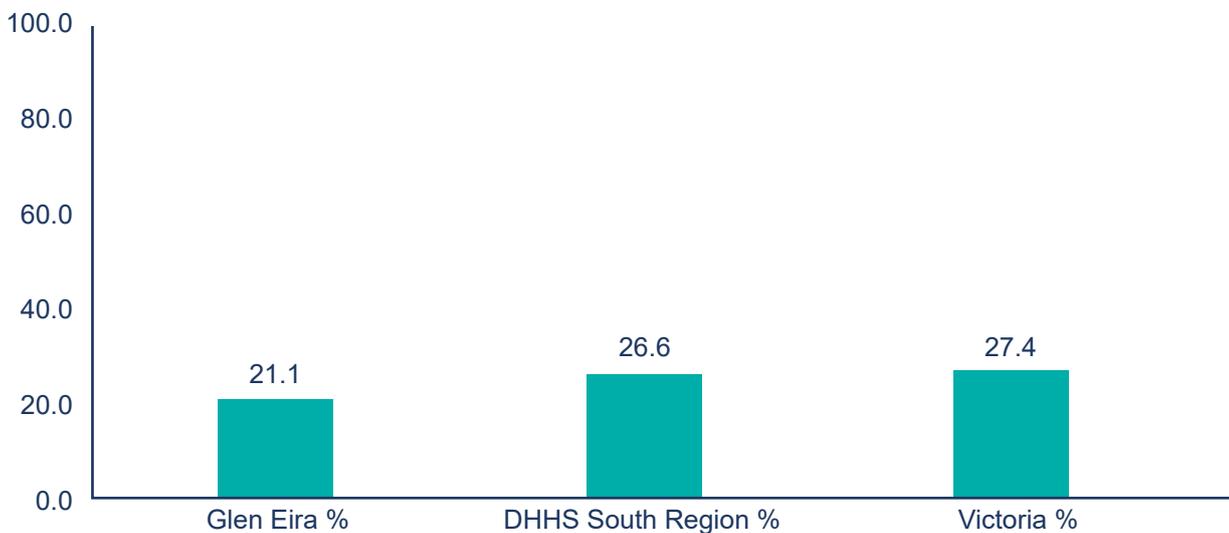
Older Victorians aged 65 years and over tended to score more favourably than the rest of the population for psychological distress and subjective wellbeing.

6.3 DEPRESSION AND ANXIETY

Anxiety is the most common mental health condition in Australia (Beyond Blue, 2021b). In 2017–2018, an estimated 3.2 million Australians (13.1 per cent) had an anxiety-related condition, an increase from 11.2 per cent in 2014–2015 (Australian Bureau of Statistics, 2019).

In 2017, 21.1 per cent of adults in Glen Eira indicated they had been diagnosed with anxiety or depression. While this result is lower than DHHS South Region (26.6 per cent) and Victoria (27.4 per cent) (Department of Health and Human Services, 2019a), mental health conditions affect a substantial number of people in Glen Eira. Anxiety and depression are issues worthy of attention.

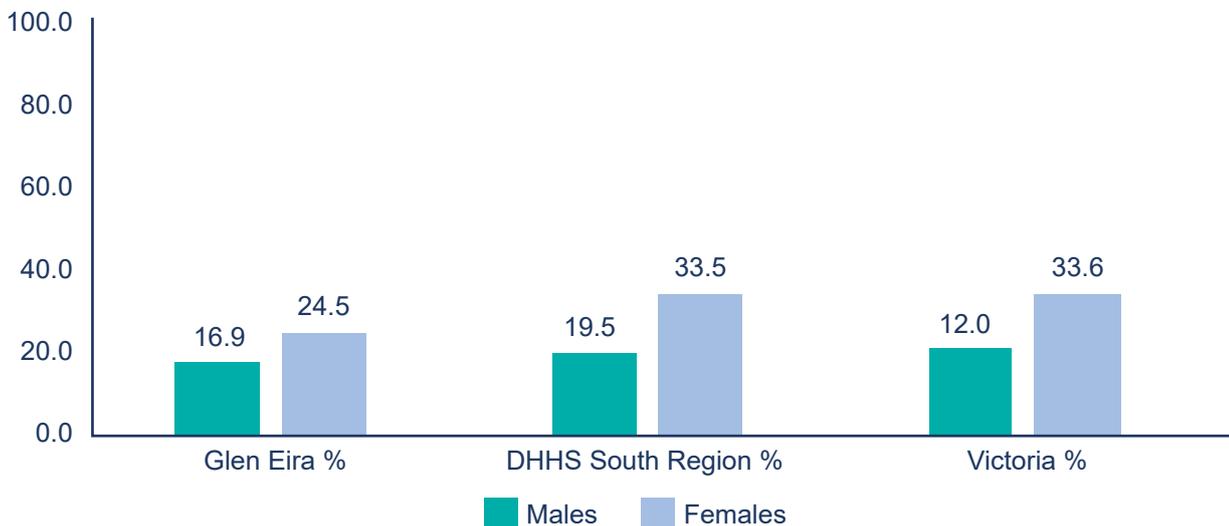
Percentage ever diagnosed with anxiety or depression (2017)



Source: Department of Health and Human Services (2019a)

In 2017, the overall proportion of adults in Glen Eira diagnosed with anxiety or depression was lower than the DHSS South Region and Victoria. In relation to anxiety or depression and gender, the proportion of males diagnosed is lower than females (16.9 per cent and 24.5 per cent respectively) in Glen Eira. This gendered trend is consistent across the DHHS South Region and Victoria.

Percentage diagnosed with anxiety or depression by gender (2017)



Source: Department of Health and Human Services (2019a)

6.4 RESILIENCE AND WELLBEING OF DIFFERENT POPULATION GROUPS

6.4.1 Mental health – Children and young people

Regarding anxiety and young people in Glen Eira, results from the Resilience Survey 2017 show many young people are doing well and have the ability to manage worry and remain confident in themselves. However, around 30 per cent of young people report being constantly under strain, losing sleep through worry and struggling with problem solving (Glen Eira City Council, 2018). Managing anxiety and supporting youth resilience are topics worthy of attention.

6.4.2 Mental health – Children and young people Australia-wide data

The results of 47,000 Australian children who completed the second Behind the News Kids' Happiness Survey (2017), found that for children aged six to 12 years:

- Three out of five (63 per cent) children felt happy lots of the time. The things most likely to make them happy include friends (64 per cent), family (60 per cent), playing sport (53 per cent) and music (50 per cent).
- Three out of four (76 per cent) children felt scared or worried at least some of the time. The things most likely to cause worry, include the future (73 per cent), issues with friends (68 per cent), issues with family (69 per cent) and their health (69 per cent).
- 71 per cent said they talk to their parents if they have a problem and 50 per cent said they talk to their friends.
- One in four (25 per cent) children reported they did not talk to anyone if they have a problem.
- Some children reported they did not feel safe at home (9 per cent), at school (14 per cent) or in their neighbourhood (24 per cent) a lot of the time.
- One out of four (28 per cent) children reported their device (phone, tablet, computer or video console) was stopping them from getting the right amount of sleep at least some of the time (University of Melbourne analysis of the second Australian Broadcasting Corporation Behind the News Happiness survey data).

In 2015 approximately 23 per cent of young people in Australia aged 15 to 19 years were at risk of serious mental illness (Youth mental health report, (Mission Australia, Sydney, Australia).

6.4.3 Mental health – Children and young people Victoria-wide data

In 2018, rates of self-harm presentations by Victorian adolescents to emergency departments were reviewed as the highest on record. This was highest among older adolescents aged 15 to 19 years, females, and those living outside Metropolitan Melbourne. The data showed that rates of self-harm presentations for adolescents aged 15 to 19 years increased from 308 (1,102 cases) in 2010 to 515 per 100,000 population (1928 cases) in 2017. The self-harm presentation among 10 to 14 year olds to emergency departments more than doubled in this same period, increasing from 44 per 100,000 population in 2010 (146 cases) to 118 per 100,000 population in 2017 (428 cases).

Data on the proportion of adolescents using mental health services showed this to have almost doubled from seven per cent in 2012 to 12 per cent in 2018. It also showed that only two in five (38 per cent) Year 8 and 11 students believe they can access mental health services when needed (The State of Victoria's Children Report 2018).

One of the key indicators of children and young people's wellbeing is known to be sleep. In 2018:

- nearly all six to seven year olds were getting the required minimum hours of sleep;
- one quarter of 12 to 13 year olds were not getting the required minimum hours of sleep; and
- only half (50%) of 16 to 17 year olds were getting the required minimum hours of sleep.

(The Longitudinal Study of Australian Children, SAC Annual Statistical Report 2018)

6.4.4 Mental health – LGBTIQ+

In 2017, the Victorian Population Health Survey collected data from a randomly selected representative sample of the LGBTIQ+ population. The findings show mental health and general physical health are poorer for LGBTIQ+ adults compared with non-LGBTIQ+ adults, and a higher proportion have two or more chronic illnesses. Three measures of social capital were significantly lower for LGBTIQ+ adults, as were food security and home ownership.

For instance in relation to psychological distress levels by LGBTIQ+ status, overall, a significantly lower proportion (43.5 per cent) of LGBTIQ+ adults had low levels of psychological distress compared with heterosexual, non-LGBTIQ+ adults (56.0 per cent), leading to significantly higher proportions of LGBTIQ+ adults reporting moderate (29.3 per cent), high or very high levels (24.4 per cent) of psychological distress.

In relation to the prevalence of anxiety or depression, overall a significantly higher number of LGBTIQ+ people (44.8 per cent) had ever been diagnosed with depression or anxiety by a doctor compared to the proportion in heterosexual, non LGBTIQ+ adults (26.7 per cent). (<https://www.bettersafecare.vic.gov.au/publications/vphs2017-lgbtqi>)

Victorian data (2021) on the mental health status of LGBTIQ+ found that:

- More than half (54.3 per cent; n = 1,231) of participants reported high or very high levels of psychological distress during the past four weeks.
- Six in 10 (59.3 per cent; n = 1,333) reported having ever been diagnosed with depression and almost half (46.3 per cent; n = 1,040) with generalised anxiety disorder.
- Four in 10 (40.4 per cent; n = 1,696) reported they had considered attempting suicide in the past 12 months and almost three quarters (73.2 per cent; n = 1,696) had considered attempting suicide at some point during their lives.
- Almost one in 20 (4.5 per cent; n = 82) reported having attempted suicide in the past 12 months and over one in four (28.1 per cent; n = 501) reported having ever attempted suicide at some point during their lives.

These rates are considerably higher than those observed within studies of the general population. (Hill, A. O., Bourne, A., McNair, R., Carman, M. & Lyons, A. (2021). Private Lives 3: The health and wellbeing of LGBTQ people in Victoria: Victoria summary report <https://www.latrobe.edu.au/arcshs/publications/private-lives/private-lives-3>)

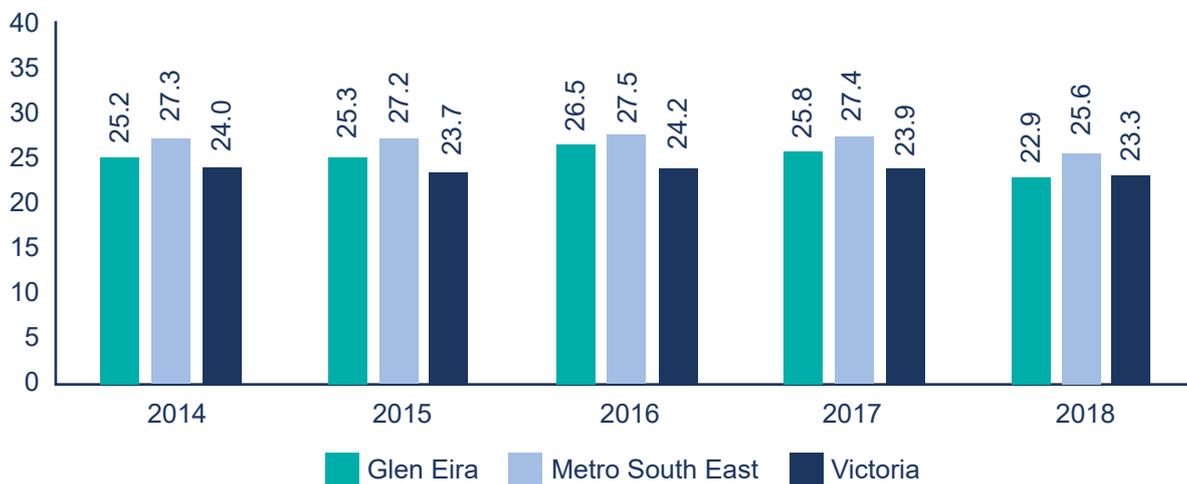
7. SEXUAL AND REPRODUCTIVE HEALTH

7.1 BIRTHS

Birth rates in Glen Eira steadily decreased over the three years from 2016–2018, after having steadily increased from 2014–2016. The highest number of births between 2014–2018 was in 2016 with 1927 births.

The number of births in Glen Eira between 2016–2018 decreased by 13.70 per cent compared to the Metro South East average decreasing by 6.17 per cent and the Victorian average decreasing by 5.08 per cent.

Birth rate – number of live births per 1,000 women

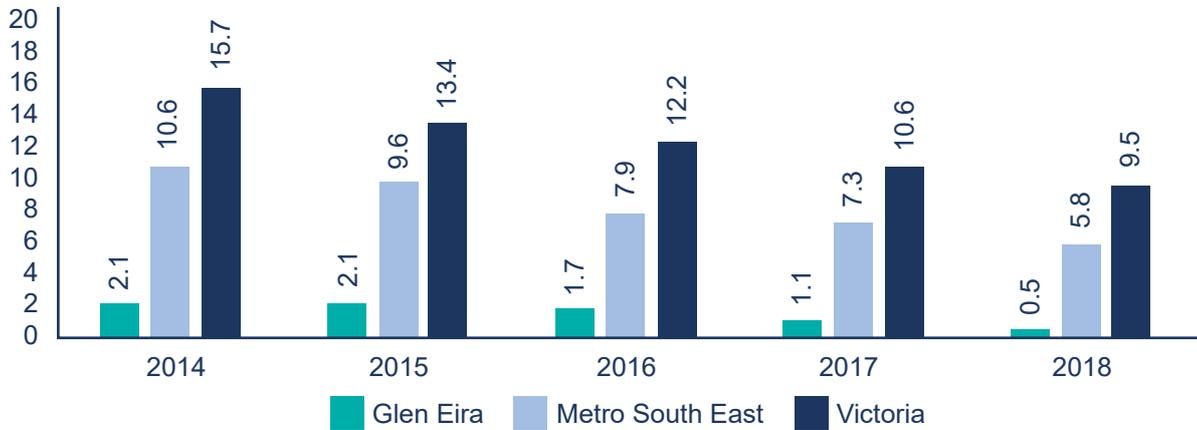


Source: Women’s Health Atlas, Sexual and Reproductive Health 2020. <https://victorianwomenshealthatlas.net.au/reports%2Ffactsheets%2FSexual%20and%20Reproductive%20Health%2FGlen%20Eira%2FVWHAAtlas%20Fact%20Sheet%20Sexual%20and%20Reproductive%20Health%20Glen%20Eira.pdf>

Teenage births

Teenage birth rates in Australia show a long-term trend of gradual decline. The same is evident for Glen Eira, Metro South East and Victoria alike. Across Victoria, the average teenage birth rate declined by almost 40 per cent when comparing the two-year period 2017–2018 with 2013–2014. Glen Eira’s average teenage birth rate declined by 77.73 per cent from 2014 to 2018 (aggregate two-year rates) while the Metro South East average rate declined by 45.28 per cent for the same period.

Teenage birth aggregate two-year rate (per 1,000 women aged 13 to 19)



Source: Women’s Health Atlas, Sexual and Reproductive Health 2020. <https://victorianwomenshealthatlas.net.au/reports%2Ffactsheets%2FSexual%20and%20Reproductive%20Health%2FGlen%20Eira%2FVWHAAtlas%20Fact%20Sheet%20Sexual%20and%20Reproductive%20Health%20Glen%20Eira.pdf>

7.2 FERTILITY RATES

The total fertility rate (TFR) measures the average number of babies born to a woman throughout her reproductive lifetime. The current TFR required to replace the population is considered to be 2.1 babies per woman ie. to replace both her and her partner (ABS: <https://www.abs.gov.au/statistics/people/population/births-australia/latest-release>.) Between 2014–2018, Glen Eira’s average TFR was 1.57, which is below the current replacement rate of 2.1.

Total fertility rate (lifetime)



Source: Women’s Health Atlas, Sexual and Reproductive Health 2020. <https://victorianwomenshealthatlas.net.au/reports%2Ffactsheets%2FSexual%20and%20Reproductive%20Health%2FGlen%20Eira%2FVWHAAtlas%20Fact%20Sheet%20Sexual%20and%20Reproductive%20Health%20Glen%20Eira.pdf>

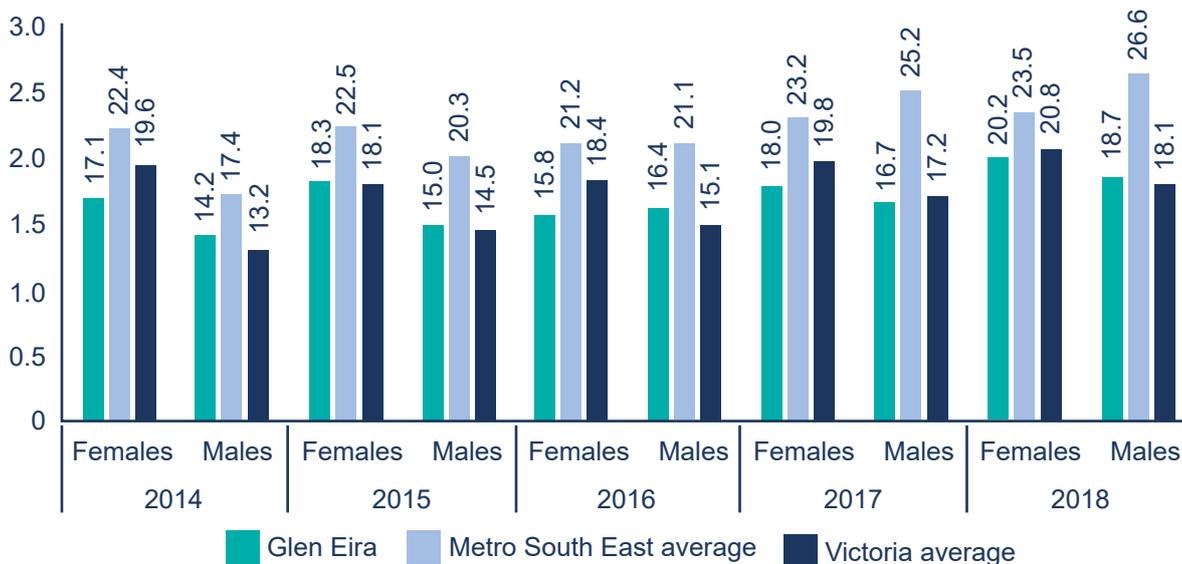
7.3 SEXUALLY TRANSMITTED INFECTIONS (STIS)

The most commonly diagnosed STIs in Glen Eira in 2018 were chlamydia (84.2 per cent), followed by gonorrhoea (9.9 per cent) and hepatitis B (5.0 per cent) (Women’s Health in the South East Glen Eira Sexual and Reproductive Health Snapshot 2020. https://whise.org.au/assets/docs/whise_info/srh_glen_eira_snapshot_2020.pdf).

Chlamydia is the most frequently reported notifiable infection in Victoria, with a record high total of 26,112 cases in 2018 (Women’s Health Atlas, Sexual and Reproductive Health 2020. <https://victorianwomenshealthatlas.net.au/reports%2Ffactsheets%2FSexual%20and%20Reproductive%20Health%2FGlen%20Eira%2FVWHAAtlas%20Fact%20Sheet%20Sexual%20and%20Reproductive%20Health%20Glen%20Eira.pdf>).

The rate of chlamydia (per 10,000) in Glen Eira increased by 15.18 per cent in females and 23.94 per cent in males between 2014–2018.

Birth rate – number of live births per 1,000 women



Source: Women’s Health Atlas, Sexual and Reproductive Health 2020. <https://victorianwomenshealthatlas.net.au/reports%2Ffactsheets%2FSexual%20and%20Reproductive%20Health%2FGlen%20Eira%2FVWHAAtlas%20Fact%20Sheet%20Sexual%20and%20Reproductive%20Health%20Glen%20Eira.pdf>

7.4 YOUNG PEOPLE AND SEXUAL HEALTH

The sixth national survey of secondary students and sexual health was conducted in 2018 (https://www.latrobe.edu.au/__data/assets/pdf_file/0004/1031899/National-Survey-of-Secondary-Students-and-Sexual-Health-2018.pdf). The survey included year 10, 11 and 12 students from government, catholic and independent school systems from each state and territory across Australia. The survey aimed to assess the knowledge, behaviours and education of students in relation to human immunodeficiency virus (HIV), STIs and blood borne viruses (BBV).

Knowledge

Across all knowledge questions, students answered an average of 56 per cent correctly. Students were most knowledgeable about HIV transmission with students getting 80 per cent of answers correct. Despite this, most students believed they were at no or low risk of HIV infection (93.3 per cent) and had not been tested for HIV (89.6 per cent).

On average, students scored 63 per cent across all STI knowledge questions and 71 per cent on all STI transmission questions. Most students did not believe they were likely to get an STI (87.4 per cent).

Students' knowledge of viral hepatitis was poor, scoring an average of 31 per cent across all questions. Similarly, students' scored poorly on knowledge questions about Human papillomavirus (HPV), getting only 38 per cent correct on average.

Behaviours

Most students have engaged in some form of sexual activity from deep kissing (74.4 per cent) to sexual intercourse (46.6 per cent).

Sexually active students were largely having sex with a boyfriend or girlfriend (64.6 per cent) of a similar age (85.5 per cent) and most (76.9 per cent) reported having discussed protecting their sexual health prior to having sex, were using condoms (56.9 per cent) and/or oral contraception (41.0 per cent) and felt good about their last sexual encounter.

A total of 3.5 per cent of sexually active students indicated that a pregnancy had resulted from having sex and 93.7 per cent of these were unplanned pregnancies.

Of those who were not sexually active (53.4 per cent), 88.9 per cent did not feel regretful about their decision to not have sex yet and 91.2 per cent weren't feeling much pressure from peers or partners to have sex.

Overall, 33.0 per cent of students reported 'sexting' in the last two months with very few students (7.0 per cent) reporting any experience of cyberbullying.

Education

A total of 83.6 per cent of students reported they had received relationships and sexuality education at school and 37.8 per cent found it very or extremely relevant.

While the majority of students felt the most confident talking about sexual health with their female friends (71 per cent), the most trusted sources of sexual health information were general practitioners (88.6 per cent), mothers (59.8 per cent) and community health services (54.7 per cent).

8. HEALTH BEHAVIOURS

8.1 PHYSICAL ACTIVITY

Physical activity includes planned exercise, organised sport, unstructured or incidental activities involving moving the body (such as gardening), active play and walking (for recreation and transport) (VicHealth, 2016a).

Regular physical activity has numerous benefits to people’s health and wellbeing, including:

- lowering the risk of obesity (VicHealth 2016);
- reducing the risk of heart disease, type 2 diabetes and some cancers (VicHealth, 2019a); and
- improve mental wellbeing, including reducing social isolation and building social connections (VicHealth, 2019a).

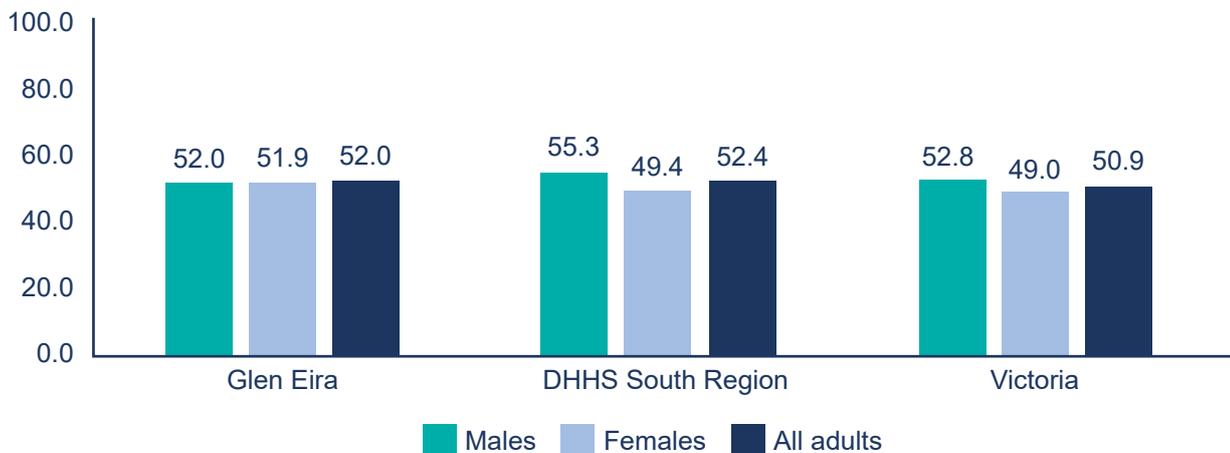
In addition, VicHealth cites numerous studies which have found physically active children and young people are more socially active, have better academic performance and reduced symptoms of depression and anxiety (VicHealth, 2016a).

Glen Eira City Council owns or manages more than 173 hectares of public open space. This consists of 19 sporting and recreation reserves, including 45 sports grounds and 26 sporting pavilions (Glen Eira City Council, 2019b).

The Australian Government guidelines for adults aged 18 to 64 years is at least an average of 30 minutes of moderate intensity physical activity at least five times per week (Department of Health, 2014).

In 2017, approximately half (52.5 per cent) of adults in Glen Eira reported complying with the guidelines for physical activity, a similar proportion to the DHHS South Region (52.4 per cent) and Victoria (50.9 per cent). The level of compliance amongst males (52.0 per cent) and females (51.9 per cent) was very similar in Glen Eira, whereas the gap between genders was greater in the other geographic area.

Proportion (%) of adults who complied with physical activity guidelines (2017)

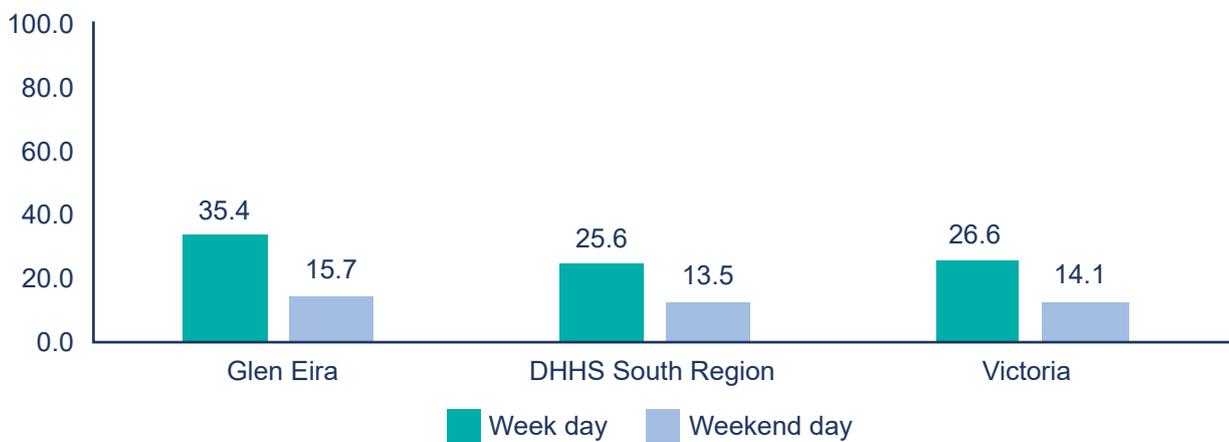


Source: Department of Health and Human Services (2019a), 2017 Victorian Population Health Survey.

The opposite of physical activity is sedentary activity, which is defined as any waking activity requiring low expenditure of energy in a sitting or reclining posture (Sedentary Behaviour Research Network, 2012) such as sitting at school or work, car travel and ‘screen time’ (watching television, playing video games, using electronic or digital devices for leisure).

In 2017, more than one third (34.0 per cent) of adults in Glen Eira spent seven or more hours sitting during an average weekday, a higher proportion than the DHHS South Region (25.6 per cent) and Victoria (26.6 per cent). The proportion of adults sitting for seven hours or more on an average weekend day was lower in all areas, but Glen Eira still had a higher figures (15.7 per cent) compared to the DHHS South region and Victoria, (13.5 per cent and 14.1 per cent, respectively).

Proportion (%) of adults who sat for at least seven hours per day (2017)



Source: Department of Health and Human Services (2019a), 2017 Victorian Population Health Survey.

In a Glen Eira Community Voice survey in May 2019, half (49 per cent) of respondents indicated they valued the walking paths located in local parks, reserves and open spaces (Glen Eira City Council, 2019).

Active travel refers to non-motorised transport between destinations, such as walking, cycling, scooting and skateboarding. In 2016, most Glen Eira residents (55.2 per cent) travelled to work by driving a car, while 21.7 per cent used public transport (train, bus or tram) which can involve an element of active travel. A relatively small proportion (3.9 per cent) of Glen residents rode a bike or walked to work, which is similar to the rate across Greater Melbourne (4.4 per cent) (id., 2017c).

Research at the Victorian and national level suggests levels of participation in physical activity vary by different genders, ages and population groups.

Physical activity during COVID-19

During the first wave of the COVID-19 pandemic, 40 per cent of Glen Eira residents who participated in Council’s Community Voice Survey in June 2020 indicated they exercised less than usual during the first wave of the pandemic – comparable to 37 per cent of Victorians who participated in the VicHealth Coronavirus Victorian Wellbeing Impact Study during a similar period.

Conversely, 29 per cent of Glen Eira residents indicated they did more physical activity than usual during the first wave of the pandemic, a higher proportion than Victorian residents (21 per cent) surveyed during a similar period as part of the VicHealth study.

As a whole, almost half (46 per cent) of Victorians reported doing less physical activity during the second wave, compared to pre-pandemic levels, while 30 per cent reported doing about the same and 20 per cent reported doing more physical activity.

In its Coronavirus Victorian Wellbeing Impact Study, Vic Health measured the levels of physical activity among Victorians during the second wave of the COVID-19 pandemic. Overall, the level of physical activity remained relatively similar compared to a comparative study in 2015. For example:

- One in three (33 per cent) respondents were sufficiently active (participating in at least 30 minutes of physical activity five or more days per week) during the second wave of COVID-19, compared to 30 per cent were sufficiently active in 2015; and
- One in four (25 per cent) respondents were inactive (doing at least 30 minutes physical activity for one day per week or less) during the second wave, compared to 27 per cent in 2015.

Key indicator	Survey two	Survey one	Comparison survey result
Active (physically active for at least 30 minutes, five or more days each week)	33%	32%	30% (2015)[†]
Inactive (physically active for at least 30 minutes, zero or one day each week)	25%	27%	27% (2015)[†]
[†] VHI 2015 https://www.vichealth.vic.gov.au/programs-and-projects/vichealth-indicators-survey-2015 . Note: the VHI 2015 Inactive and Active results reported in the table above are based on new research ¹⁶ and re-analysis of 205 VHI data using different categories for physical activity levels of at least 30 minutes per day, where 0–1 days = inactive, 2–4 days = somewhat active and 5–7 days = active. The VHI 2015 Selected Findings Report used the categories 0 days per week, one to three days per week and five to seven days per week.			

Source: VicHealth (2020b), Coronavirus Victorian Wellbeing Impact Study: Follow-up Survey (Full report).

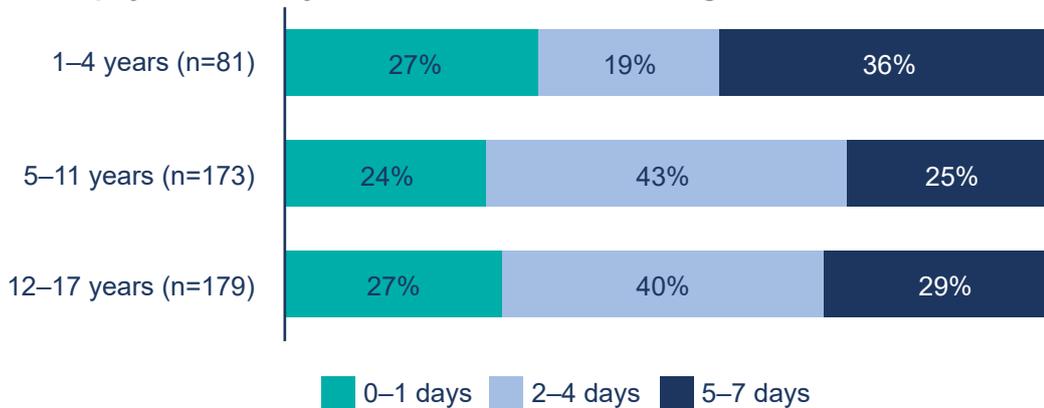
VicHealth identified people with self-reported disability had significantly less favourable results overall for physical activity compared to other population groups during the second wave of the pandemic.

Young people aged 18 to 24 years had significantly more favourable results than the wider population for levels of physical inactivity during the second wave of the pandemic. During this period, 15 per cent of those aged 18 to 24 did one day or less of physical activity per week, compared to 25 per cent for the Victorian population as a whole.

Approximately one in two parents reported that their children under 18 years of age did less physical activity during the second wave of the pandemic.

Regular participation in physical activity is important for children’s health and wellbeing, including their physical and brain development. Current guidelines recommend children do at least 60 minutes of physical activity (including play) each day (Department of Health, 2019). During the second wave of the pandemic, only one quarter (25 per cent) of children aged five to 11 years participated in the required 60 minutes of physical activity on at least five days per week. The figures were slightly higher (29 per cent) for children aged 12 to 17 years.

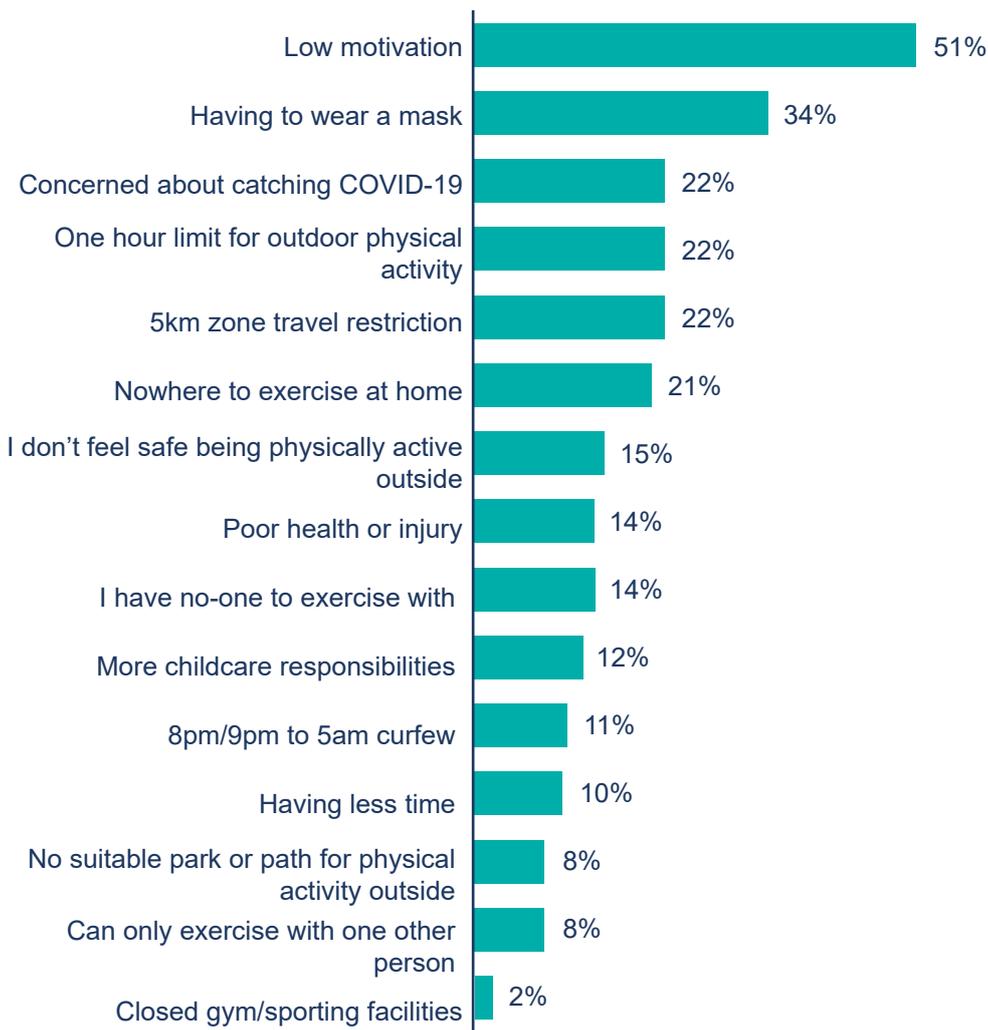
Level of physical activity for Victorian children during the COVID-19 second wave



Source: VicHealth (2020), Coronavirus Victorian Wellbeing Impact Study: Follow-up Survey (Full report).

The main reasons provided by all respondents for undertaking less physical activity during the second wave of the pandemic were low motivation (51 per cent – notably higher than the first wave with 39 per cent) and government regulations – wearing a mask (34 per cent) and one-hour exercise limit (22 per cent), as well as concern about catching COVID-19 (22 per cent).

Main reasons for decreased levels of physical activity during COVID-19 second wave



Source: VicHealth (2020), Coronavirus Victorian Wellbeing Impact Study: Follow-up Survey (Full report).

The most common reasons for increased levels of physical activity during the second wave included a combination of changes in life circumstances and motivators, with the most common reasons being wanting to improve health (58 per cent), having more time (52 per cent) and to get out of the house (51 per cent).

Main reasons for increased levels of physical activity during COVID-19 second wave



Source: VicHealth (2020), Coronavirus Victorian Wellbeing Impact Study: Follow-up Survey (Full report).

Some of these barriers and motivators may still be present beyond the second wave of COVID-19 and during future recovery phases.

8.1.1 Physical activity by age

The results of the 2017 – 2018 National Health Survey showed only a minority of Australians met the 2014 national guidelines for physical activity and exercise to benefit their health. Only 1.9 per cent of 15 to 17 year olds, 15.0 per cent of 18 to 64 year olds and 17.2 per cent of 65 year olds and over met these guidelines.

Physical activity results by age across Australia also showed:

- one in 10 (10.3 per cent) 15 to 17 year olds engaged in 60 minutes of exercise (excluding workplace physical activity) every day and around one in six (15.8 per cent) did strength or toning activities on three or more days in the last week.
- More than half (55.4 per cent) of 18 to 64 year olds undertook 150 minutes or more of exercise in the last week, excluding workplace physical activity and this increased to 65.5 per cent when workplace physical activity was included.
- One quarter (24.9 per cent) of 18 to 64 year olds undertook strength or toning activities on two or more days in the last week.

- Just over one quarter (26.1 per cent) of older adults (65 years and over) engaged in 30 minutes of exercise on five or more days in the last week.
- Adults aged 18 to 64 years described their day at work as mostly sitting (43.7 per cent), 22.8 per cent described their day as mostly walking, 19.5 per cent as mostly standing and 13.6 per cent as mostly heavy labour or physically demanding work. (<https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-first-results/latest-release#data-download>).

There are a range of factors that influence the reduction of physical activity among children.

For instance, the majority of Australian children aged five to 18 years (58 per cent) are driven to school by car most days of the week. 66 per cent of primary school-aged children five to <13 years travel by car to school most days of the week and only one quarter walking or riding.

Being driven to school was also the most common mode of transport for teenagers (13 to 18 years) with almost half (46 per cent) being driven most days of the week, followed by public transport (38 per cent) and walking or riding (16 per cent).

In total 71 per cent of Australian children (5 to 18 years) do not walk or ride to school in a typical week, although the majority of children live less than five kilometres from school.

(Royal Children's Hospital National Child Health Poll (Feb 2019) Travelling to school: Habits of Australian families. <https://www.rchpoll.org.au/wp-content/uploads/2019/02/20190207-travelling-to-school-habits-of-australian-families-1.pdf>)

In 2018, Victorian school data also showed:

- fewer than one in five (17 per cent) Year 8 and 11 students met the national guidelines for 60 minutes of physical activity per day; and
- three in four Victorian Year 8 and 11 students (75 per cent) reported they were exceeding the recommended amount of two hours recreational screen time per day.

(Department of Education and Training. (2018). Victorian Student Health and Wellbeing Survey. Melbourne: State of Victoria's Children Report).

8.1.2 Physical activity by gender

In Victoria during 2015, one in five females did no form of physical activity during an average week (VicHealth, 2016c).

Fear of judgement was a common reason for Victorian females not participating in physical activity (VicHealth, 2019b) including judgement about:

- appearance – being sweaty, changing clothes in front of others, wearing tight clothes, not looking the way they normally do (such as not wearing make-up);
- ability – not being fit enough, not knowing the rules, holding back the group, being too good; and
- priorities – doing exercise rather than spending time with family/friends, doing work or other things that are perceived to be more important.

In Victoria, 41 per cent of Victorian women feel too embarrassed to exercise in public, compared with 26 per cent of men, while one in three Victorian women aged 25 years and over believe sporting clubs are not welcoming to people like them (VicHealth 2019b).

8.1.3 Physical activity by people with disability

Based on results from the 2018 Survey of Disability, Ageing and Carers, more than half (54.0 per cent) of Victorians with a disability aged five to 64 years participated in physical activities for exercise or recreation (away from their home) in the previous 12 months, and more than one third (36.9 per cent) had participated in sport or physical recreation with others during the previous three months. These figures are notably lower for older Victorians with a disability aged 65 years and over, where 41.2 per cent had participated in physical activity for exercise or recreation (away from their home) during the previous year, and 25.7 per cent had participated in sport or physical recreation with others during the previous three months (Australian Bureau of Statistics, 2020c).

8.1.4 Physical activity by lower socio-economic groups

Research has identified Australian adults from lower socio-economic groups, such as those on lower incomes, living in lower socio-economic areas or have lower levels of formal education, are less likely to participate in physical activity compared to people who are better educated or living in more socio-economically advantaged areas (VicHealth, 2015).

8.1.5 Increasing physical activity

VicHealth's Physical Activity Strategy 2019–23 aims to increase the physical activity levels of Victorians who are less active. Its focus areas are the fear of judgement experienced by women (where and how they exercise); continuing to champion more social and informal versions of sport and active recreation; and creating a culture and environments that normalise active travel and encourage the use of active modes for short neighbourhood trips (VicHealth, 2019a).

Councils have a role to play in increasing physical activity by influencing the natural, built and social environments within their municipalities through planning, policies and design, to make opportunities for physical activity accessible, equitable, affordable and inviting for all population groups (VicHealth, 2016b).

VicHealth has sought to address some of the barriers for women to participating in physical activity through its *This Girl Can* promotional campaign.

Council supports a range of community and government initiatives, such as the promotion of *Walk to School Month* and *Ride2Work Day* (Glen Eira City Council, 2016).

8.2 NUTRITION

8.2.1 General nutrition

A healthy, balanced diet is an important contributor to achieving and maintaining optimal health at each stage of life. Food is a vital source of energy, protein, vitamins, minerals and essential fats to enable our bodies to function. Diet and nutrition also play an important role in some causes of death, illness and disability, including coronary heart disease, stroke, hypertension, obesity, some forms of cancer, Type 2 diabetes, osteoporosis, dementia and dental issues (National Health and Medical Research Council, 2021).

The following sections examine key aspects of nutrition in Glen Eira and broader geographic areas prior to and during the COVID-19 pandemic, including access to health food, consumption of healthy foods such as fruits and vegetables, as well as unhealthy items including takeaway food, sugar-sweetened

drinks and snacks. A comparison of nutritional habits prior to and during the COVID-19 pandemic is also included, where data is relevant and available.

Nutrition during COVID-19

The COVID-19 pandemic has reportedly changed some people's nutrition behaviours.

At a local level, 29.5 per cent of Glen Eira residents who participated in a Community Voice Survey during the first wave of the pandemic indicated they ate more healthy food than pre-pandemic levels. This represents a higher proportion compared to local residents who indicated they ate more unhealthy food (20.2 per cent) during the same period of COVID-19.

Based on results from the VicHealth Coronavirus Wellbeing Impact Study, the nutritional patterns of Victorians also changed. Some aspects of nutrition improved during the COVID-19 waves, such as increased consumption of vegetables and less consumption of takeaway meals. However, other aspects of nutrition deteriorated during the same period, such as increased reliance on low-cost unhealthy food and increased daily consumption of sugar-sweetened drinks. These findings are discussed in further detail within the following relevant sections.

Key indicator	Survey two	Survey one	Comparison survey result
Daily vegetable serves (average serves per day)	2.6	2.5	2.2 (2017)[^]
Daily vegetable serves (eating five or more serves per day)	9%	8%	6.4% (2017)[^]
Sugar sweetened beverages frequency (consume daily)	29%	32%	10.1% (2017)[^]
Takeaway foods frequency (more than twice a week)	4%	4%	10% (2015)[†]
Restricted range of low-cost unhealthy food (% yes)	18% ▼	23%	
Ran out of food (% yes)	5%	7%	4% (2014)[*]
<p>Note: ▼ Survey two results significantly lower/more favourable than survey one results. [^] VPHS 2017 https://www2.health.vic.gov.au/public-health/population-health-systems/health-status-of-victorians/survey-data-and-reports/victorian-population-health-survey/victorian-population-health-survey-2017 [†] VHI 2015 https://www.vichealth.vic.gov.au/programs-and-projects/vichealth-indicators-survey-2015 [*] VPHS 2014 https://www2.health.vic.gov.au/public-health/population-health-systems/health-status-of-victorians/survey-data-and-reports/victorian-population-health-survey/victorian-population-health-survey-2014</p>			

Source: VicHealth (2020b), Coronavirus Victorian Wellbeing Impact Study: Follow-up Survey (Full report).

8.2.2 Food insecurity

Food insecurity occurs ‘whenever the availability of nutritionally adequate and safe foods or the ability to acquire acceptable food in socially acceptable ways is limited or uncertain’ (Radimer, 2002).

During the second wave of the pandemic in Victoria:

- five per cent of respondents reported running out of food and couldn’t afford to buy more, down from 7 per cent during the first wave; and
- 12 per cent worried about having enough money to buy food, down from 17 per cent during the first wave, and closer to pre-pandemic levels of nine per cent.

The Victorian population groups that were most likely to report running out of food during the pandemic were the people more likely to be experiencing financial hardship, including (with percentages based on the second wave of COVID-19):

- Aboriginal and Torres Strait Islander people (28 per cent), although the sample size was relatively small;
- people eligible for JobSeeker (12 per cent);
- the unemployed (11 per cent);
- young people aged 18 to 24 years (11 per cent); and
- people with a self-reported disability (eight per cent).

Other population groups which had a higher proportion of people (compared to the Victorian average of five per cent) who ran out of food and could not afford to buy more during the second wave were people with an income of less than \$40,000, single parents with children under 18, people eligible for JobKeeper, students and people aged 25 to 34 years – all with an average of seven per cent.

In addition, almost one in five (18 per cent) respondents in Victoria reported eating a restricted range of low-cost unhealthy food during the second wave of the pandemic due to financial concerns. This was a more favourable result than during the first wave (23 per cent). The population groups most likely to be reliant on low-cost, unhealthy food during the second wave of the pandemic were:

- Aboriginal and Torres Strait Islander people (56 per cent), however the same size was relatively small;
- people living in Inner Melbourne (33 per cent);
- people eligible for JobSeeker (33 per cent) and JobKeeper (28 per cent);
- the unemployed (29 per cent);
- younger people aged 18 to 24 years (29 per cent) and 25 to 34 years (28 per cent);
- single parents with children under 18 years (26 per cent); and
- people earning \$40,000 to \$60,000 per year (24 per cent).

8.2.3 Fruit and vegetable consumption

The National Health and Medical Research Council (NHMRC) recommends people consume at least two serves of fruit and at least five serves of vegetables each day as part of a healthy diet (National Health and Medical Research Council, 2013).

On average, Glen Eira residents consume approximately 1.8 serves of fruit and 2.3 serves of vegetables, both of which are slightly higher than the averages for the DHHS South Region and Victoria.

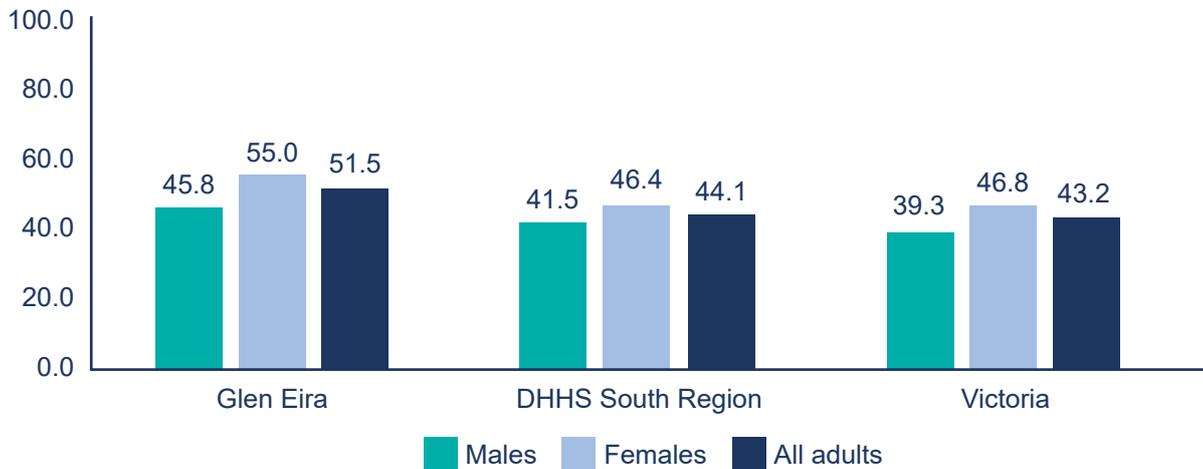
Average daily serves	Glen Eira	DHHS South Region	Victoria
Fruit	1.8	1.6	1.6
Vegetables	2.3	2.2	2.2

Source: Department of Health and Human Services (2019a), 2017 Victorian Population Health Survey.

In 2017, only a very small proportion (2.7 per cent) of the Glen Eira adult population reported consuming the NHMRC’s recommended two serves of fruit and five serves of vegetables per day, a lower proportion than both the DHHS South Region (3.5 per cent) and Victoria (3.6 per cent).

During the same period, only half (51.5 per cent) of Glen Eira residents usually consumed the recommended daily amount of fruit, which is higher than the DHHS South Region (44.1 per cent) and Victoria (43.2 per cent). In all regions, females were more likely to follow these dietary recommendations than males.

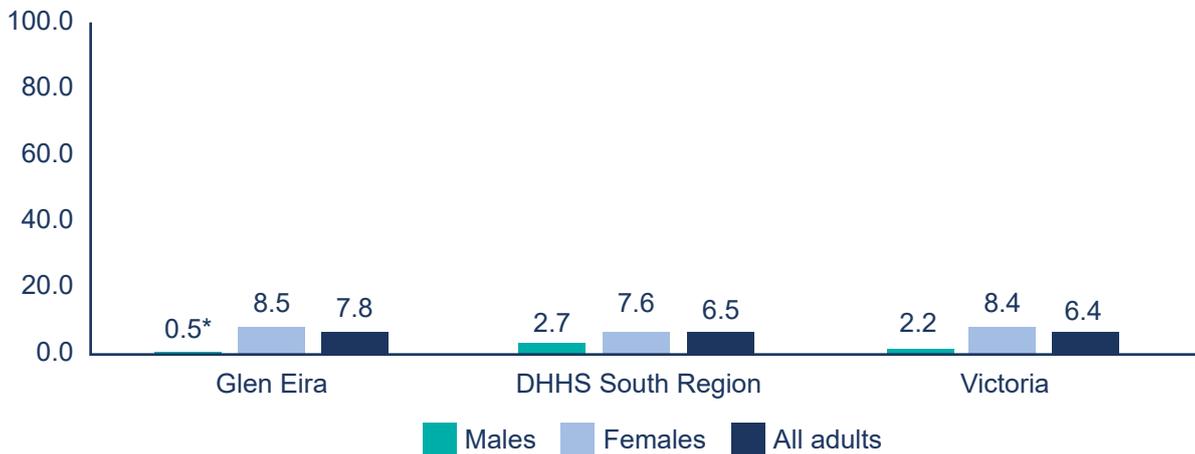
Proportion (%) of adults complying with daily fruit consumption guidelines (2017)



Source: Department of Health and Human Services (2019a), 2017 Victorian Population Health Survey.

Very few (7.8 per cent) Glen Eira residents usually consumed the recommended daily intake of vegetables, although the proportion was higher than the DHHS South Region (6.5 per cent) and Victoria (6.4 per cent). In all regions, the proportion of females consuming adequate vegetables was notably higher than males.

Percentage (%) of adults complying with daily vegetable consumption guidelines (2017)



Source: Department of Health and Human Services (2019a), 2017 Victorian Population Health Survey.

*Figure is unreliable due to high relative standard error (RSE).

8.2.4 Fruit and vegetable consumption – Children and young people

Feeding children with the appropriate foods helps support their growth and development. More research is showing that what children eat can affect not only their physical health but also their mood, mental health and learning. The research suggests eating a healthy and nutritious diet can improve mental health, enhance cognitive skills like concentration and memory and improve academic performance (The State of Victoria’s Children Report (2018) <https://www.education.vic.gov.au/about/research/Pages/reportdatachildren.aspx>).

In Australia most children (96 per cent) aged five to 14 do not eat enough vegetables, with the proportion meeting the guidelines for vegetable consumption only increasing slightly between 2014–15 (2.9 per cent) and 2017–18 (4.4 per cent) (Australian Institute of Health and Welfare (2020). Australia’s children. Cat. no. CWS 69. Canberra: AIHW <https://www.aihw.gov.au/reports/children-youth/australias-children/contents/health/overweight-and-obesity>).

In Victoria, one in 10 Victorian Year 8 and 11 students (10 per cent) reported meeting vegetable guidelines (consuming at least five to 5.5 servings of vegetables per day) and three in five Victorian Year 8 and 11 students (61 per cent) reported meeting fruit guidelines (consuming at least two servings of fruit per day). (Victorian Student Health and Wellbeing Survey 2014-2018. The State of Victoria’s Children Report (2018) <https://www.education.vic.gov.au/about/research/Pages/reportdatachildren.aspx>)

According to a Royal Children’s Hospital National Child Health Poll (Dec 2017) on Kids and Food:

- More than nine out of 10 (95 per cent) of school aged children (six to 13 years) don’t eat the recommended daily serves of vegetables.
- Parents are giving their children too many treat foods, with almost half (41 per cent) of pre-schoolers receiving treat foods most days of the week.

- Over half of parents (57 per cent) say it is hard to know which foods are healthy choices when buying food for their family.
- Two thirds of parents (67 per cent) find it hard to know how much added sugar is in the food products they buy for their children (Royal Children's Hospital National Child Health Poll (Dec 2017) Kids and Food: Challenges families face. https://www.rchpoll.org.au/wp-content/uploads/2017/12/NCHP9_Poll-report_Nutrition.pdf).

Fruit and vegetable consumption during COVID-19

According to a Community Voice Survey undertaken by Glen Eira City Council in August 2020, during the second wave of the pandemic, 70.7 per cent of Glen Eira residents consumed at least two serves of vegetables per day (Glen Eira City Council, 2020c).

VicHealth measured consumption levels of vegetables of Victorians during the second wave of COVID-19 in comparison to pre-pandemic level. In the second wave of the pandemic, 19 per cent of Victorians reported consuming more vegetables, 63 per cent reported consuming the same quantity and 14 per cent reported consuming less.

Overall consumption of vegetables increased in Victoria during both waves of the COVID-19 pandemic. However, the overall levels remained well below the recommendation of five serves of vegetables per day. During the second wave of the pandemic:

- The average consumption of vegetables increased to 2.6 serves per day, up slightly from 2.2 serves in a comparable 2017 study.
- Approximately one in 10 (9 per cent) consumed the recommended five daily serves of vegetables, up from 6.4 per cent during a comparable 2017 study.

The population groups in Victoria with the lowest proportion of people consuming the recommended five daily serves of vegetables were people who live in a home where a language other than English is spoken (five per cent) and people who were unemployed (six per cent), along with Aboriginal and Torres Strait Islander people (one per cent, however this was based on a small sample size).

The most common reasons nominated by Victorians for eating more vegetables during the second wave of COVID were:

- cooking more often (66 per cent);
- had more time to cook (36 per cent); and
- desire to look after their health more than before (34 per cent).

The most common reasons for eating less vegetables during the second wave of COVID-19 were:

- preference for preparation of other food (30 per cent);
- too expensive (23 per cent); and
- couldn't get the vegetables they usually buy (21 per cent).

8.2.5 Takeaway food consumption

Takeaway food products can be high in energy (kilojoules/calories), saturated fat, sugar and salt, and low in fibre, vitamins and minerals. Overconsumption can contribute to lower health outcomes for consumers, including heart disease, obesity and high blood pressure (Dieticians Australia, 2020).

In 2015, it was estimated that one in 10 (10.7 per cent) of residents in Glen Eira consumed takeaway meals/snacks at least three times per week, which was a similar rate to Victoria (10.2 per cent) (VicHealth, 2016d).

Takeaway food consumption during COVID-19

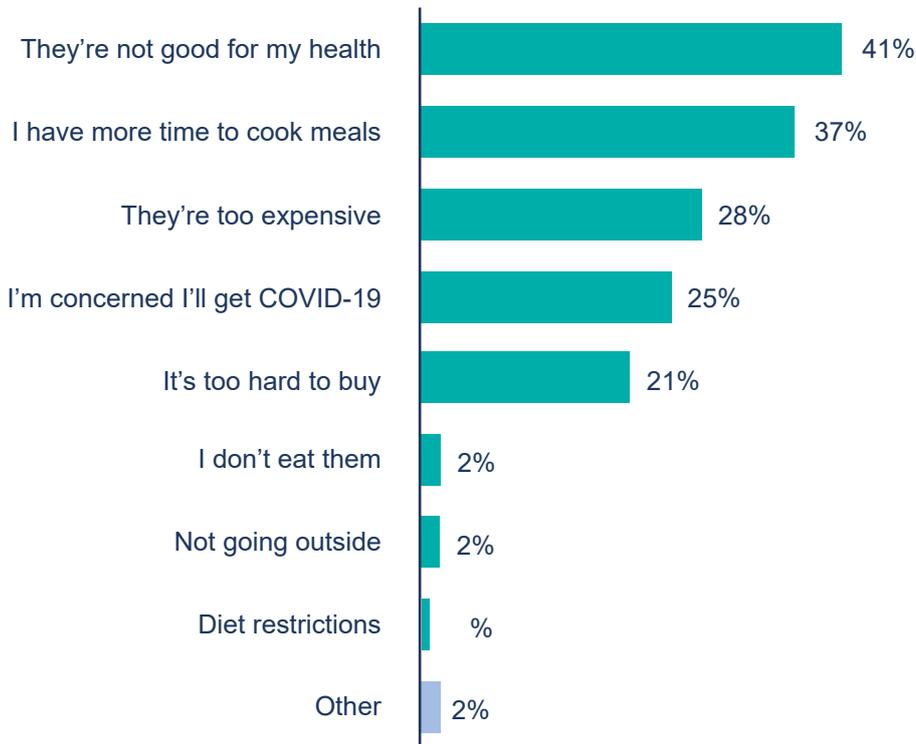
In a Community Voice survey conducted by Glen Eira City Council in August 2020 (Glen Eira, 2020c), more than four in five (83 per cent) respondents indicated that on average, they had cooked dinner in their household every day since COVID-19 restrictions began.

Based on results of the Coronavirus Victorian Wellbeing Impact Follow-up Survey (VicHealth, 2020), consumption of takeaway food in Victoria declined during both the first and second waves of COVID-19, compared to pre-pandemic levels. For example, four per cent of Victorians reported consuming takeaway meals three or more times per week during both the first and second waves of the pandemic, less than half the rate (10 per cent) from a comparable 2015 survey. However, the rate of consumption of takeaway food during the second wave varied among different population groups, with twice as many young people aged 18 to 24 years (eight per cent) compared to the rest of the Victorian population.

Approximately one third (36 per cent) of respondents in Victoria reported eating takeaway foods less frequently during the second wave, compared to their pre-pandemic behaviours, while 43 per cent of respondents reported similar levels of takeaway consumption and 16 per cent reporting more takeaway food consumption during the second wave.

The most common reasons provided by respondents for their reduction in takeaway food purchases were concerns for health impacts (41 per cent), more time for cooking (37 per cent) and cost (28 per cent). One quarter (25 per cent) of respondents nominated concern about acquiring COVID-19 as a reason for purchasing less takeaway food.

Main reasons for less takeaway food consumption by Victorians during COVID-19 second wave



Source: VicHealth (2020), Coronavirus Victorian Wellbeing Impact Study: Follow-up Survey (Full report).

Conversely, the most common reasons for consuming more takeaway food during the second wave of the pandemic were:

- convenience compared to home cooking (44 per cent);
- ease of purchase (42 per cent); and
- wanting a treat (41 per cent).

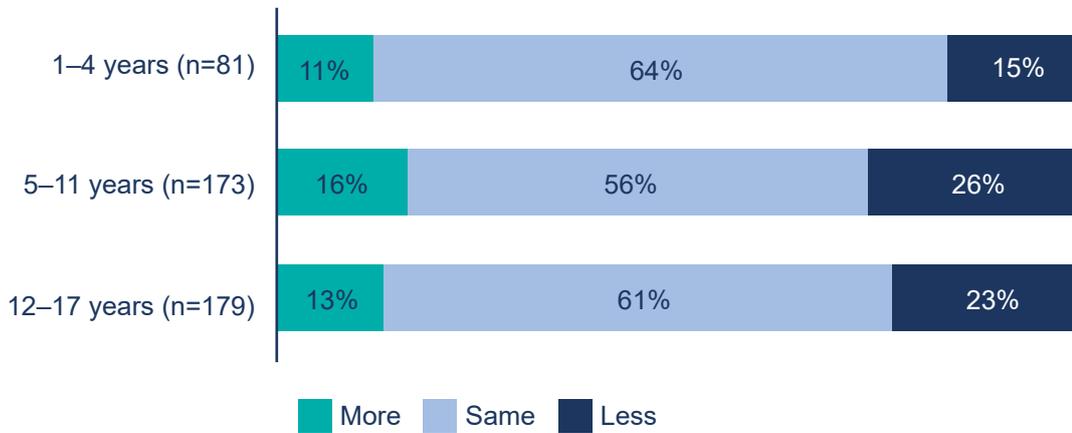
The population groups within Victoria who had significantly higher rates of regular purchases of takeaway food (three or more times per week) were:

- Aboriginal and Torres Strait Islander people (22 per cent), however the sample size was relatively small;
- people eligible for JobKeeper (10 per cent);
- younger people aged 18 to 24 years (eight per cent) and 25 to 34 years (10 per cent); and
- people living in Inner Melbourne (nine per cent).

Approximately one in 20 parents reported their children ate takeaway foods at least three times per week during the second wave of the pandemic.

A greater proportion of Victorian parents reported their child consumed takeaway food less frequently during the pandemic, compared to those parents whose children consumed these types of food more frequently during the same period. However, one quarter (26 per cent) of children aged five to 11 years consumed more takeaway foods during the second wave of the pandemic than before any COVID-19 restrictions came into place.

Main reasons for less takeaway food consumption by Victorians during COVID-19 second wave



Source: VicHealth (2020), Coronavirus Victorian Wellbeing Impact Study: Follow-up Survey (Full report).

8.2.6 Sugar-sweetened drink consumption

Sugar-sweetened beverages (‘drinks’) are comprised of soft drinks, cordial, flavoured mineral water, energy drinks and sports drinks (excluding diet varieties). They are the largest source of free sugars in the Australian diet. High levels of consumption is a key contributor to people being overweight and obese, as well as poor health in general (National Health and Medical Research Council, 2013).

In 2017, it was estimated that less than one in 20 (4.1 per cent) Glen Eira residents consumed sugar-sweetened beverages on a daily basis, compared to an estimated one in 10 (10.1 per cent) in Victoria.

Sugar-sweetened drink consumption – Children and Young People

One third of children aged six to 13years (35 per cent) regularly consume sugar sweetened drinks, with over one quarter of parents (26 per cent) mistakenly believing fruit drinks may be a healthier choice than water (Royal Children’s Hospital National Child Health Poll Dec 2017) Kids and Food: Challenges families face. https://www.rchpoll.org.au/wp-content/uploads/2017/12/NCHP9_Poll-report_Nutrition.pdf).

Sugar-sweetened drink consumption during COVID (adults and children)

Based on a Glen Eira City Council Community Voice Survey, a lower proportion of Glen Eira residents (13.9 per cent) consumed sugar-sweetened drinks on a daily basis during the second wave of the COVID-19 pandemic.

VicHealth measured rates of daily sugar-sweetened during consumptions among Victorians during the COVID-19 pandemic. The survey found daily consumption rates of sugar-sweetened drinks increased significantly, from 10.1 per cent in 2017 to 32 per cent during the first wave, and 29 per cent during the second wave.

Overall, 11 per cent of Victorian respondents reported their intake of sugar-sweetened drinks was higher during the second wave compared to pre-pandemic levels, while 63 per cent reported their consumption was the same and 20 per cent consumed less than before government restrictions

commenced.

The Victorian populations with the highest rate of daily consumption of sugar-sweetened drinks during the second wave of COVID-19 were:

- Aboriginal and Torres Strait Islander people (77 per cent but based on a small sample size);
- single parents with children under 18 years (47 per cent);
- young people aged 18 to 24 years (38 per cent); and
- males (36 per cent).

The majority of Victorian children across all age groups consumed the same amount of sugar-sweetened drinks during the second wave of COVID-19, compared to before any pandemic restrictions commenced. However, the highest proportion (18 per cent) of children who consumed increased quantities were aged one to four years.

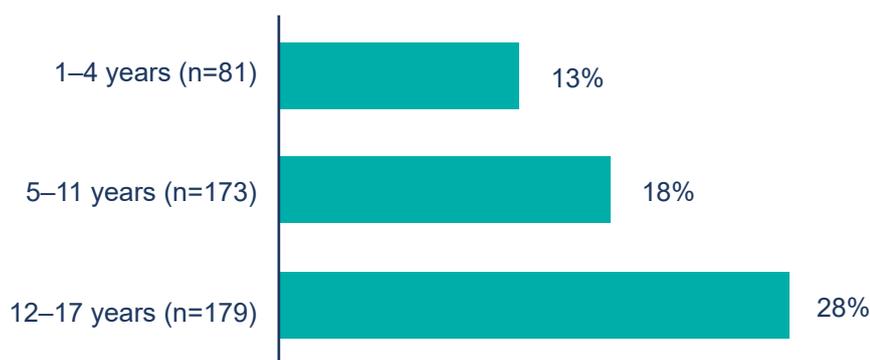
Consumption levels of sugar-sweetened drinks among Victorian children during the COVID-19 second wave, compared to before the pandemic



Source: VicHealth (2020), Coronavirus Victorian Wellbeing Impact Study: Follow-up Survey (Full report).

The survey also found more than one in four children (28 per cent) aged 12 to 17 years consumed sugar-sweetened drinks on a daily basis during the second wave of the pandemic, along with almost one in five children (18 per cent) aged five to 11 years and more than one in 10 (13 per cent) aged one to four years.

Proportion of Victorian children with daily consumption of sugar sweetened drinks during COVID-19 second wave



Source: VicHealth (2020), Coronavirus Victorian Wellbeing Impact Study: Follow-up Survey (Full report).

The most common reasons reported by survey respondents in Victoria for increased consumption of sugar-sweetened drinks during the second wave of COVID-19 were:

- enjoyment (40 per cent);
- boredom (39 per cent); and
- to treat oneself (24 per cent).

Conversely, the three most common reasons for consuming less sugar-sweetened drinks during the second wave of COVID-19 were these types of beverages are:

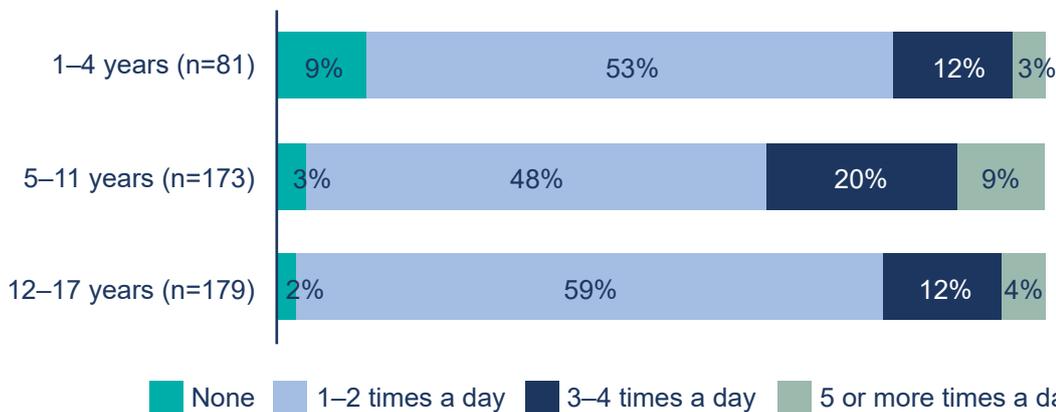
- unhealthy 64 per cent);
- not kept at home (37 per cent); and
- too expensive (12 per cent).

8.2.7 Snack food consumption

Snack food consumption during COVID-19

Consumption of snack foods such as chips, crackers, muesli bars, sweet biscuits and cakes among children was also measured during COVID-19. The majority of parents reported their children consumed one to two snack foods per day during the second wave of COVID-19. The highest levels of snack food consumption were by parents with children aged five to 11 years, with 20 per cent indicating their children ate snack foods three to four snack foods per day and nine per cent reported the level was five or more times per day.

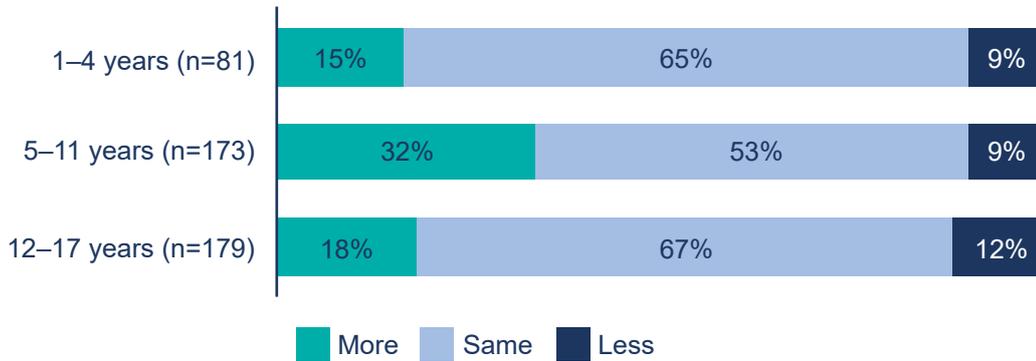
Level of snack food consumption among Victorian children during COVID-19 second wave



Source: VicHealth (2020), Coronavirus Victorian Wellbeing Impact Study: Follow-up Survey (Full report).

The level of snack food consumption among children increased within some households during the second wave of the COVID-19 pandemic, coinciding with extended periods of learning from home. One third (32 per cent) of parents with children aged five to 11 years reported their children consumed more snack foods during the second wave of COVID-19 compared to pre-pandemic levels. This was approximately twice the proportion of parents with children aged one to four years (15 per cent) and 12 to 17 years (18 per cent).

Change in level of snack food consumption among Victorian children during COVID-19 second wave



Source: VicHealth (2020), Coronavirus Victorian Wellbeing Impact Study: Follow-up Survey (Full report).

8.3 TOBACCO USE

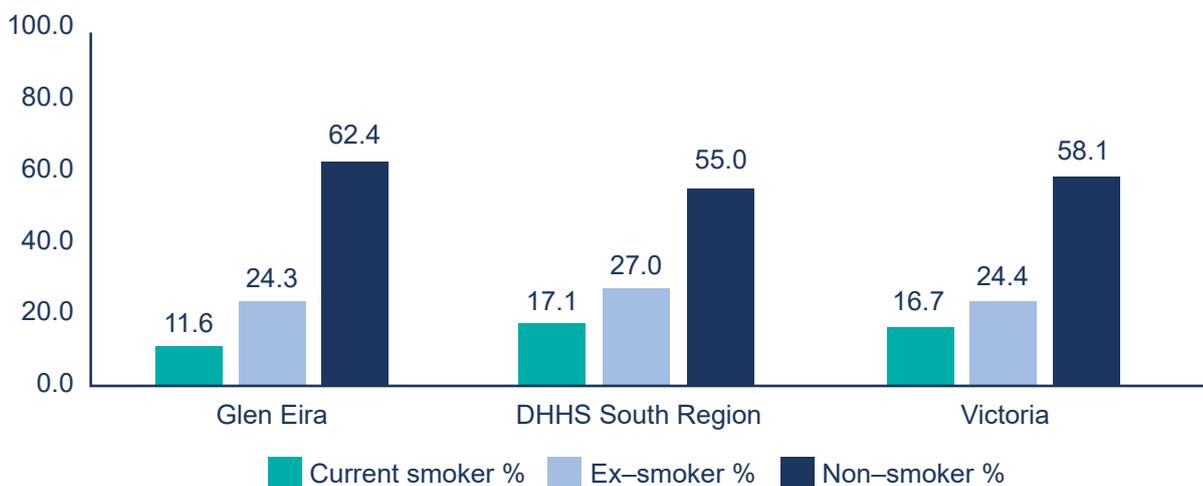
Tobacco smoking is the single most important preventable cause of ill health and death in Australia (Australian Institute of Health and Welfare, 2020b). Smoking harms almost every organ of the body, causing many diseases and reducing the general health of smokers. Diseases caused by smoking include abdominal aortic aneurysm, acute myeloid leukaemia, cataract, cervical cancer, kidney cancer, pancreatic cancer, pneumonia, periodontitis and stomach cancer (Winstanley and Greenhalgh, 2019).

8.3.1 Smoking rates

As at 2017, 11.6 per cent of adults in Glen Eira identified as a current smoker, a lower proportion than the DHHS South Region (17.1 per cent) and Victoria (16.7 per cent) (Department of Health and Human Services, 2019a).

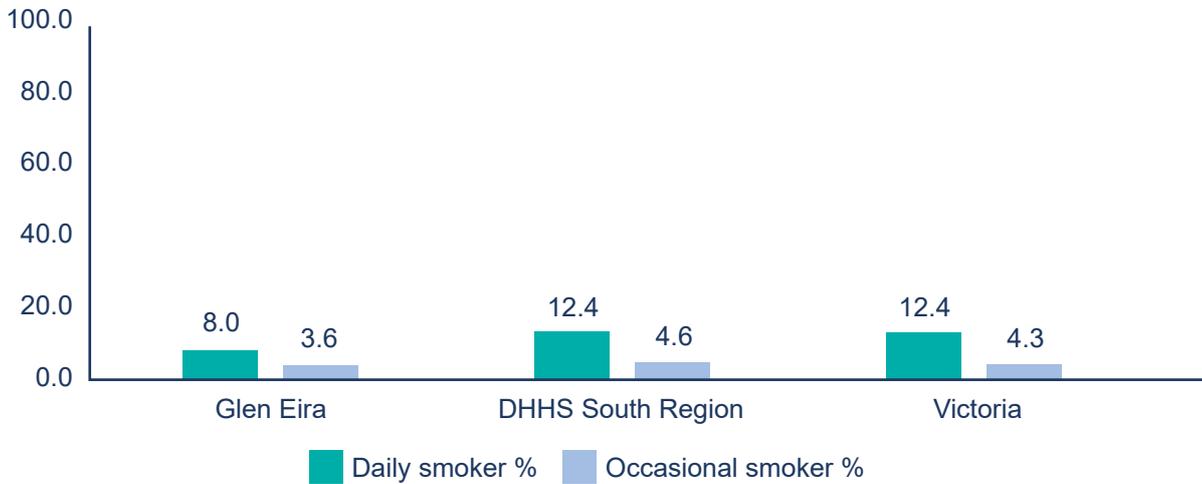
Of the 11.6 per cent of smokers in Glen Eira, most identified as a daily smoker (8.0 per cent) and the remainder identified as an occasional smoker (3.6 per cent). Both forms of smoking pose risks of tobacco-related harm over a lifetime (Department of Health and Human Services, 2019a).

Percentage self-reported smoking status (2017)



Source: Department of Health and Human Services (2019a)

Percentage self-reported frequency (2017)

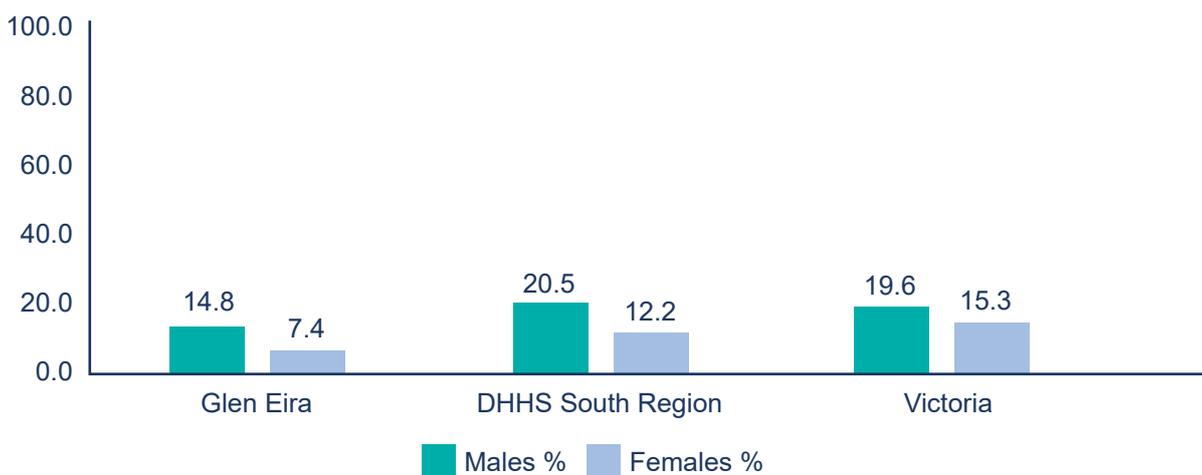


Source: Department of Health and Human Services (2019a)

In relation to smoking and gender, smoking has typically been higher among males than females, however, this gap has narrowed over time, largely through tobacco industry marketing targeting women. Although females and males who smoke share excess risks for diseases such as cancer, heart disease, and emphysema, females also experience unique smoking-related disease risks related to pregnancy, oral contraceptive use, menstrual function and cervical cancer (Women's Health Victoria, 2020a).

As at 2017, 14.8 per cent of male adults in Glen Eira identified as a current smoker, a lower proportion than the DHHS South Region (20.5 per cent) and Victoria (19.6 per cent). 7.4 per cent of female adults in Glen Eira identified as a current smoker, a lower proportion than the DHHS South Region (12.2 per cent) and Victoria (15.3 per cent) (Women's Health Victoria, 2020a).

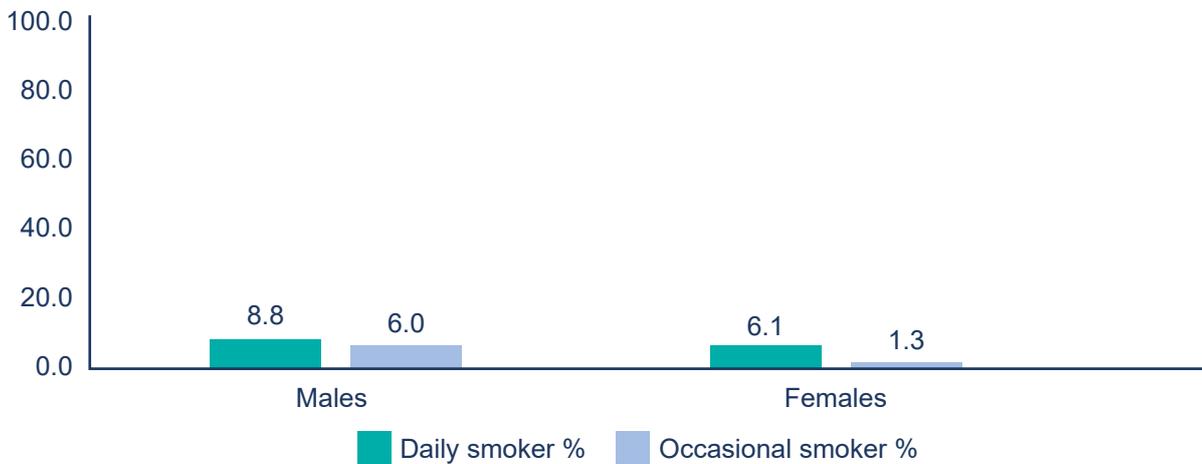
Percentage identifying as a current smoker, by gender (2017)



Source: Women's Health Victoria (2020a)

The majority of male and female current smokers in Glen Eira identify as a daily smoker (Women's Health Victoria, 2020a).

Smoker self-reported smoking frequency by gender (2017)



Source: Women’s Health Victoria (2020a)

In relation to smoking and young people in Glen Eira, results from the Resilience Survey 2017 show 4.0 per cent of the 4,350 students surveyed in Years 3 to 12 reported they smoke (Glen Eira City Council, 2018a). This result is lower than the 2018 results reported for Southern Melbourne (5.6 per cent) and for Victoria (8.0 per cent) (Department of Education and Training, 2020b).

8.3.2 Quitting smoking

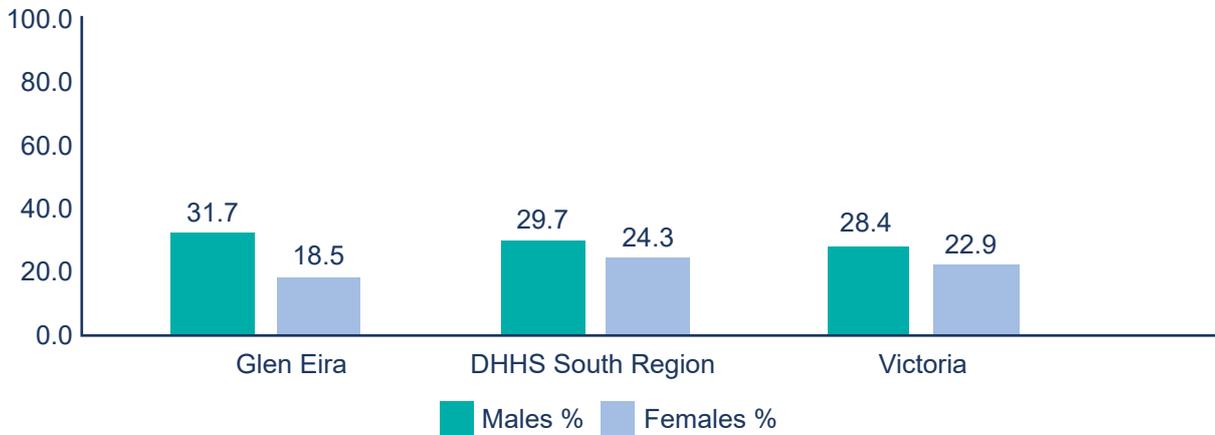
Quitting smoking has immediate and long-term health benefits. Quitting smoking reduces risks for diseases caused by smoking and improves general health (Winstanley and Greenhalgh, 2019).

Australia is a world leader in legislating for smoke-free environments and introducing tobacco control strategies to prevent uptake and encourage more people to quit. Over time, the proportion of ‘ex-smokers’ is decreasing very gradually. In Victoria, people who have quit smoking outnumber people who currently smoke. An ‘ex-smoker’ is defined as someone who has smoked at least 100 cigarettes or a similar amount of tobacco in his/her lifetime (Women’s Health Victoria, 2020a).

As previously shown (see Smoking rates), in 2017, 24.3 per cent of adults in Glen Eira identified as an ex-smoker, a lower proportion than the DHHS South Region (27.0 per cent) and similar to Victoria (24.4 per cent) (Department of Health and Human Services, 2019a).

In relation to quitting smoking and gender, in 2017, 31.7 per cent of male adults in Glen Eira identified as an ex-smoker, a higher proportion than the DHHS South Region (29.7 per cent) and Victoria (28.4 per cent). 18.5 per cent of female adults in Glen Eira identified as an ex-smoker, a lower proportion than the DHHS South Region (24.3 per cent) and Victoria (22.9 per cent) (Women’s Health Victoria, 2020a).

Percentage of population identifying as an ex-smoker by gender (2017)



Source: Department of Health and Human Services (2019a)

The finding that there is a smaller proportion of female ex-smokers may be associated with some females experiencing gender-related barriers to quitting. Such barriers include fear of weight gain, withdrawal and cravings in response to menstrual cycle (Women’s Health Victoria, 2020a).

8.4 ALCOHOL AND OTHER DRUGS

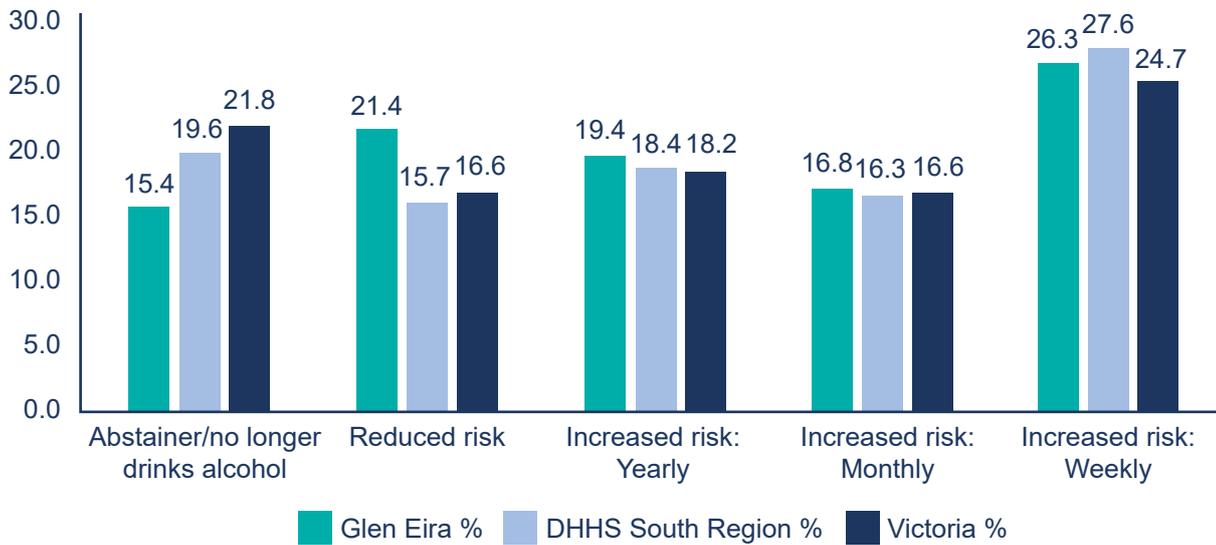
The consumption or use of alcohol and other drugs is a major cause of preventable disease and illness in Australia and impacts the health and wellbeing of the community (Australian Institute of Health and Welfare, 2020b). Alcohol has a complex role in society. Consumption patterns reflect different attitudes towards alcohol. Harmful levels of use are a major health issue and related to increased risk of chronic disease, injury and premature death. Most Australians drink alcohol at levels that cause few harmful effects. However, those who drink at risky levels increase the chance of harm to themselves, their families, bystanders and the community (National Health and Medical Research Council, 2009).

8.4.1 Alcohol consumption

Lifetime risk of alcohol-related harm reflects the risk associated with developing an illness, such as cirrhosis of the liver, dementia, other cognitive problems, various cancers and alcohol dependence. For healthy males and females, drinking no more than two standard drinks on any day reduces the lifetime risk of harm from alcohol-related disease or injury (National Health and Medical Research, 2009).

As at 2017, 15.4 per cent of adults in Glen Eira reported they no longer drink alcohol, a lower proportion than the DHHS South Region (19.6 per cent) and Victoria (21.8 per cent). 26.3 per cent of adults in Glen Eira reported drinking alcohol on a weekly basis, a lower proportion than the DHHS South Region (27.6 per cent) and higher than Victoria (24.7 per cent) (Department of Health and Human Services, 2019a).

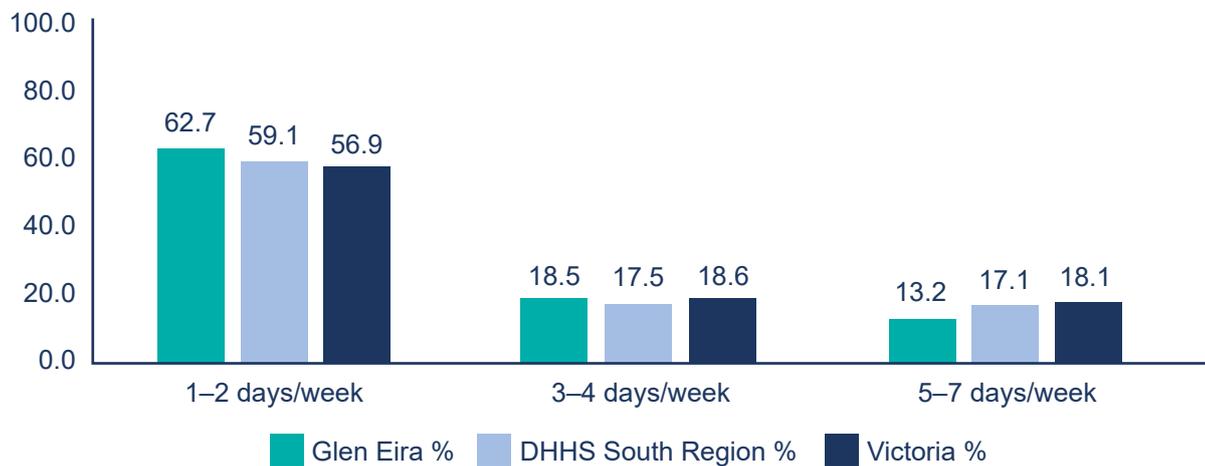
Percentage by lifetime risk of alcohol-related harm (2017)



Source: Department of Health and Human Services (2019a)

Around three in five adults in Glen Eira (62.7 per cent) exceed two drinks per day for one to two days per week, a higher proportion than the DHHS South Region (59.1 per cent) and Victoria (56.9 per cent). The proportion of the adults in Glen Eira (13.2 per cent) exceeding two drinks per day for five to seven days per week is lower than the DHHS South Region (17.1 per cent) and Victoria (18.1 per cent) (Department of Health and Human Services, 2019a).

Percentage frequency of exceeding two drinks per day per week (2017)



Source: Department of Health and Human Services (2019a)

Alcohol consumption and COVID-19

Emerging information is being published on the impact of COVID-19 on alcohol consumption although data are not yet available at the Local Government Area level. Results from an Australia-wide survey of adults conducted in May 2020 show alcohol consumption increased during COVID-19 (Australian Institute of Health and Welfare, 2020c). Around one in five respondents reported increased alcohol consumption, of those, almost half had an extra one to two drinks per week. In relation to gender, females were more likely than males to have increased alcohol consumption (18.1 per cent and 15.5 per cent respectively).

8.4.2 Alcohol-related harm

Alcohol-related harm has important implications for individuals, households and society (Department of Health and Human Services, 2019a). As there are people in Glen Eira at risk of alcohol-related harm, this issue is worthy of attention.

In relation to hospital admissions for alcohol-related harm in Glen Eira, the trend is inconsistent and complete information is not available for all age groups. There has been an overall increase in admissions for alcohol-related harm between 2016/2017 and 2018/2019.

In relation to gender, an increasing number of males in Glen Eira are being admitted at hospital for alcohol-related harm and the number of males is generally higher than females (Turning Point, 2020).

Hospital admissions – alcohol-related harm by gender (2016/2017 to 2018/2019)



Source: Department of Health and Human Services (2019a)

In relation to age, available data for 2016/2017 to 2018/2019 show inconsistent trends of hospital admissions for alcohol-related harm. There has been an overall increase in hospital admissions for people aged 25 to 39 years. Those aged 40 to 64 years have consistently been over-represented in hospital admissions (Turning Point, 2020).

Hospital admissions – alcohol-related harm by age (2016/2017 to 2018/2019)

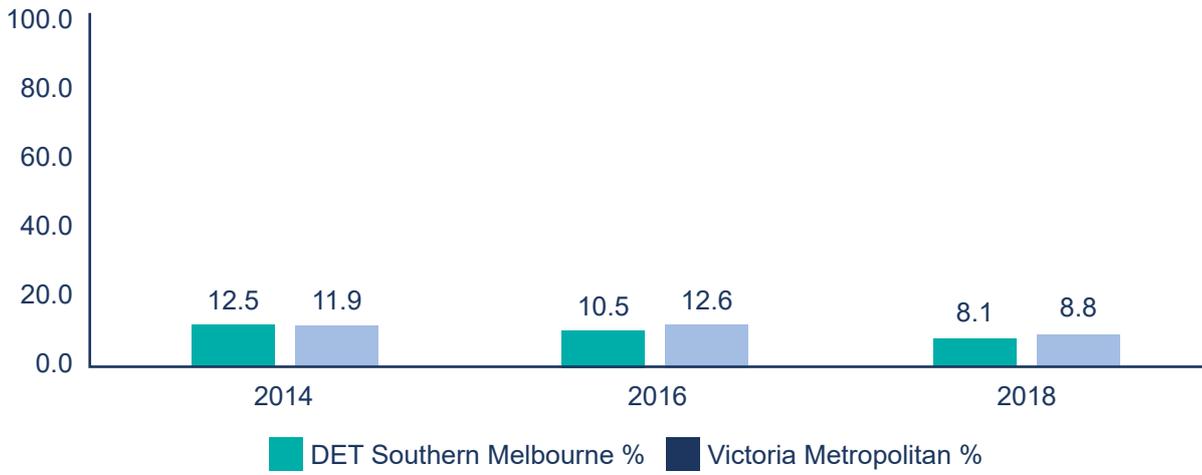


Source: Department of Health and Human Services (2019a)

8.4.3 Drug use

Emerging information is being published on drug use, however data are not yet available at the Local Government Area level. In the Southern Melbourne and Victorian metropolitan areas, a number of young people in Years 5, 8 and 11 report they have used marijuana or other illicit drugs. From 2014 to 2018 there was a decline in the proportion of young people using marijuana and other illicit drugs in the Southern Melbourne area. Trends are less consistent across Victoria generally (Department of Education and Training, 2020b).

Percentage young people who have used marijuana or other illicit drugs (2014 to 2018)



Source: Department of Education and Training (2020b)

8.4.4 Drug-related harm

The health issues associated with alcohol and other drug use are many in Australia and include hospitalisation from injury and other disease, mental illness, pregnancy complications, injection-related harms, overdose and mortality (Australian Institute of Health and Welfare, 2020d).

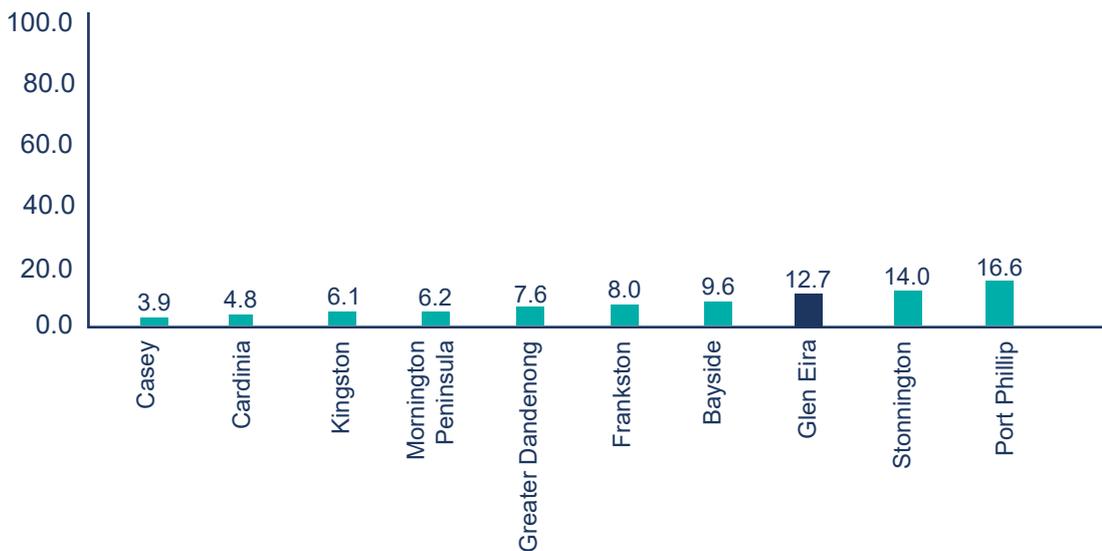
In 2018/2019, Glen Eira had the second-highest illicit drug-related hospital admission rate (5.14 per 10,000 persons/population) and third-highest opioids hospital admission rate across the DHHS South Region. Glen Eira had a 42 per cent increase in hospital admissions from 2016/2017 to 2018/2019 (Turning Point 2020).

Illicit drugs (any) hospital admission rate (rate per 10,000 population) (2018/2019)



Source: Turning Point (2020)

Opioids hospital admission rate (rate per 10,000 population) (2018/2019)



Source: Turning Point (2020)

In relation to gender, an increasing number of males and females in Glen Eira are being admitted at hospital for illicit drug-related harm. The number of male admissions is generally higher than females (Turning Point, 2020).

Hospital admissions – illicit drug related harm by gender (2016/2017 to 2018/2019)



Source: Turning Point (2020)

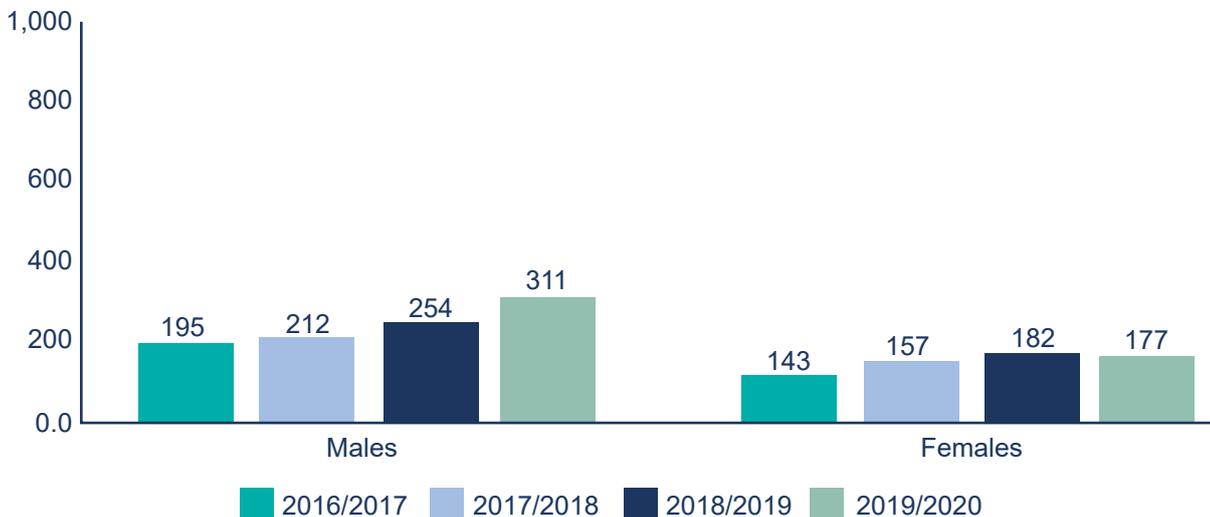
8.4.5 Alcohol and drug-related ambulance attendance

Ambulance attendance for alcohol and other drugs results for Glen Eira show an increase in intoxication-related ambulance callouts from 2016/2017 to 2019/2020 (Turning Point, 2020). While Glen Eira had the lowest rate per population of ambulance attendance for intoxication in the DHSS South Region, this is still an area worthy of attention.

- In relation to gender, males have consistently had more ambulance attendances than females and represented 63 per cent of all intoxication-related ambulance callouts in 2019/2020.
- In relation to age, the 40 to 64 years age grouping has been consistently over-represented in hospital admissions for alcohol-related harm. This finding aligns with the overall results for the DHSS South Region which show increasing numbers of ambulance attendance for those aged 40 to 64 years in relation to alcohol and drug use (Turning Point, 2020).

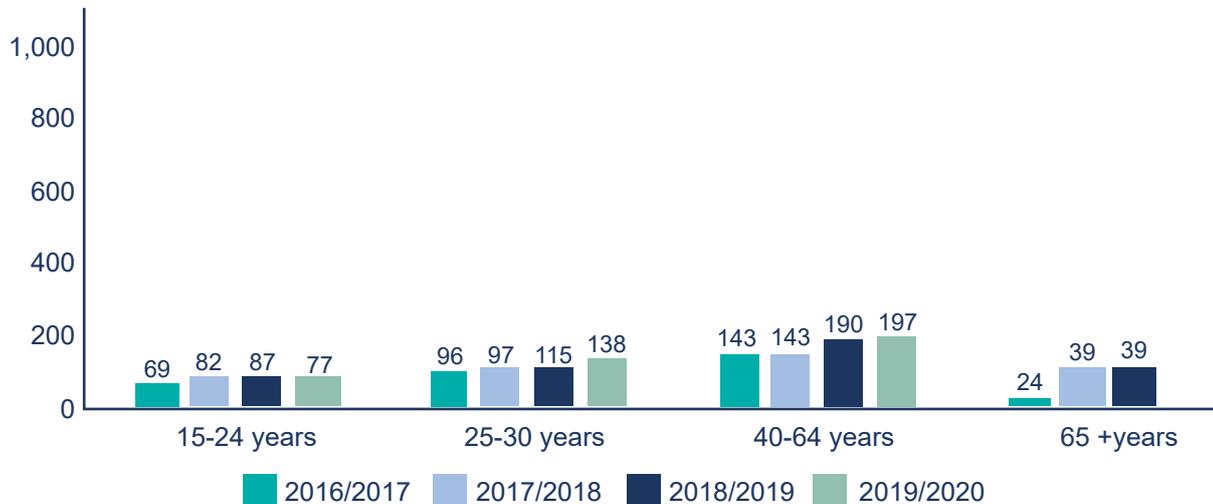
South Region. Glen Eira had a 42 per cent increase in hospital admissions from 2016/2017 to 2018/2019 (Turning Point 2020).

Ambulance attendance for intoxication by gender (2016/2017 to 2019/2020)



Source: Turning Point (2020)

Ambulance attendance for intoxication by age (2016/2017 to 2019/2020)



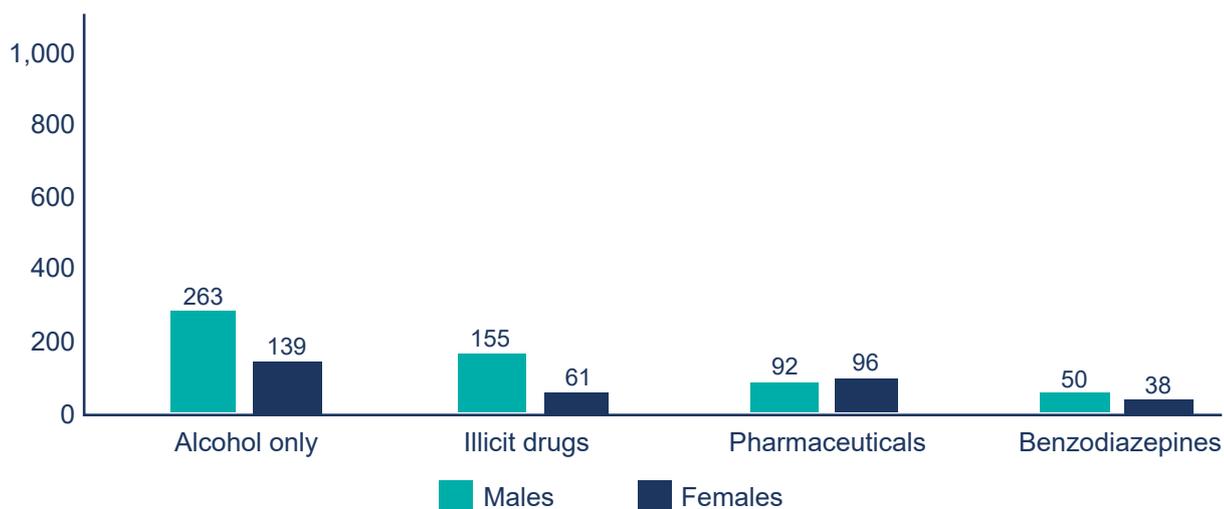
Source: Turning Point (2020)

In 2019/2020, males in Glen Eira had more ambulance callouts or attendances than females for alcohol only, illicit drugs only and benzodiazepines. There were more callouts for females in Glen Eira for pharmaceuticals (Turning Point, 2020).

In relation to age groups:

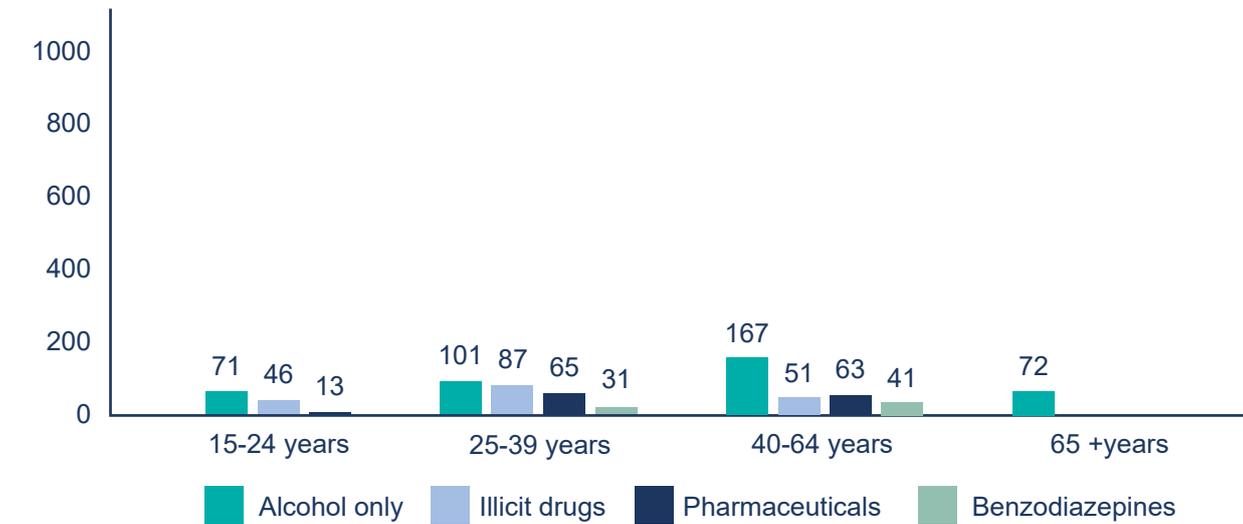
- People aged 40 to 64 years had the most ambulance callouts for alcohol only and benzodiazepines.
- People aged 25 to 39 years had the most ambulance callouts for illicit drugs only and pharmaceuticals (Turning Point, 2020).

Ambulance attendance for alcohol and other drugs by gender (2019/2020)



Source: Turning Point (2020)

Ambulance attendance for alcohol and other drugs by age (2019/2020)



Source: Turning Point (2020)

8.5 GAMBLING

Gambling is an emerging public health issue that impacts individuals, families and communities. The negative effects of gambling are called gambling harm. Minor forms of harm include momentary feelings of regret or guilt. Severe harms can lead to extreme outcomes like bankruptcy. A person's gambling behaviour and their experience of harm are influenced by social, cultural, policy, legislative, economic and environmental factors. Gambling harm can affect the health and wellbeing of the person who gambles, their family members, friends, colleagues and others (Rockloff et al., 2020).

While information is being published on the topic of gambling, it is limited at the Local Government Area level. Gambling harm is not evenly distributed across Victoria. Northern and South-eastern Victoria have a higher percentage of people harmed than other parts of Victoria (Victorian Responsible Gambling Foundation, 2020a).

The Victorian Population Gambling and Health Study (2018/2019) measures the impact of problem gambling on health and wellbeing (Rockloff et al., 2020). Based on survey responses, individuals are classified as: problem gambling; moderate-risk gambling; low-risk gambling; and non-problem gambling. Findings showed:

- A person's experience of problem gambling was related to their self-rated wellbeing.
- Persons in the low-risk, moderate-risk and problem gambling categories had significantly lower levels of self-reported life satisfaction, compared to others.
- Alcohol consumption and daily smoking were significantly higher among people in the problem gambling category.
- Victorians score an average of 8.1 out of 10 in relation to overall life satisfaction. Persons in the moderate-risk and problem gambling categories together scored significantly lower, with an average of 6.8. Overall life satisfaction for persons in the problem gambling category was 5.3 (Rockloff et al., 2020).

People aged 18 to 24 years who experience the most harm from their own gambling	18 per cent
Overall people harmed by another person's gambling	6.1 per cent
People aged 35 to 44 years most harmed by another person's gambling	9.9 per cent
Personal incomes of people with the greatest likelihood of experiencing harm	\$20,800 to \$41,599 p.a.
Gambling harm experienced by people classified within the problem gambling category	30 per cent
Gambling harm accounted for by electronic gaming machines/pokies	37.7 per cent
Most risky forms of gambling	Individually, eSports, informal private gambling, Keno and electronic gaming machines (EGMs/pokies)

Source: Rockloff et al. (2020)

8.5.1 Expenditure on electronic gaming machines

Problem gambling can exist in many gambling contexts, including venues with electronic gaming machines (EGMs). It is important to consider the impacts of gambling that result from the expenditure (or losses) through the use of EGMs. It is noted the following information does not necessarily reflect the gaming losses of Glen Eira residents. It is assumed venues with EGMs attract patrons from outside the Glen Eira municipality.

In relation to Glen Eira, there are 780 EGMs across 11 venues:

Name	Venue type	EGMs as at 31/12/2019
Bentleigh Club	Club	88
Bentleigh RSL	Club	90
Boundary Taverner (Bentleigh East)	Hotel	75
Camden Town Hotel (Caulfield South)	Hotel	50
Caulfield Glasshouse (Caulfield East)	Club	105
Caulfield RSL (Elsternwick)	Club	52
Elsternwick Club	Club	32
McKinnon Hotel	Hotel	45
Rosstown Hotel (Carnegie)	Hotel	103
South Oakleigh Club (Bentleigh East)	Club	40
Zagame's Caulfield Club Hotel (Caulfield East)	Hotel	100

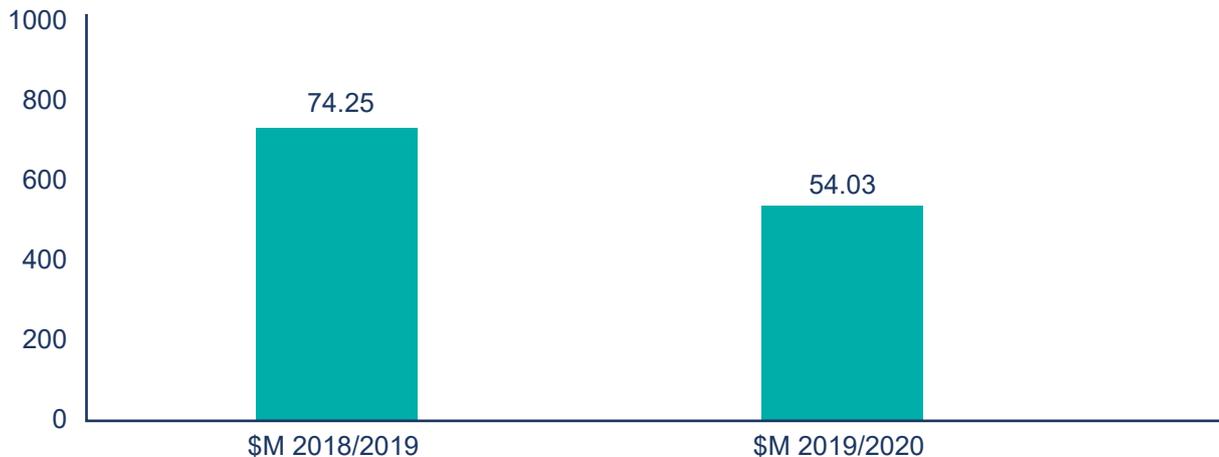
Source: Victorian Commission for Gambling and Liquor Regulation (2020)

A total of 780 EGMs equates to 6.4 EGMs per 1,000 adults, which is 36 per cent more than Greater Melbourne (Victorian Commission for Gambling and Liquor Regulation, 2020).

Total gaming losses through EGMs in Glen Eira were \$74,244,676 in 2018/19, 14th-highest Local Government Area in Victoria. Gaming losses were lower in 2019/2020 due to the closing of venues under COVID-19 restrictions from March to June:

- total gaming losses through EGMs in Glen Eira in 2019/20: \$54,025,304, ranked 14th highest in Victoria;
- average loss per adult resident: \$440, ranked 21st-highest of Victorian Local Government Areas;
- average losses per EGM in Glen Eira in 2019/2020: \$69,263; and
- average losses per venue in 2019/2020: \$4,911,391.

Total gaming losses through EGMs in Glen Eira (2018/2019 and 2019/2020)



Source: Victorian Commission for Gambling and Liquor Regulation (2020)

Impact of COVID-19 on EGM expenditure

The savings of player losses has been calculated during the shutdown of venues in Victoria over 238 days (16 March to 8 November 2020). It has been estimated the savings for Glen Eira was \$49,837,296. Key experts report the temporary closure of EGM venues had immediate benefits for some people who gamble, including more money for essential items and increased savings (The Alliance for Gambling Reform, 2020).

8.5.2 Online gambling expenditure or activities

Online gambling via websites and apps is rapidly growing in popularity, especially for betting on sports and racing (Victorian Responsible Gambling Foundation, 2020b). Online gaming data are not yet available at the Local Government Area level. However, some emerging trends for Victoria are being documented in the Victorian Population Gambling and Health Study (2018/2019) (Rockloff et al., 2020).

Bets on sporting activities such as AFL, cricket and soccer has increased since 2008	22 per cent in 2008 52 per cent in 2014 71 per cent in 2018/19
Online gambling is highest among those aged 25 to 34 years who gamble and this declines with age	42 per cent for 25 to 34 years 12 per cent for 65 to 74 years 7 per cent for 75+ years
More males than females bet online	32 per cent for men 24 per cent for women

Source: Rockloff et al. (2020)

Sports betting

Sports betting is a form of gambling that entails placing a bet – wagering – on a sporting activity (Victorian Responsible Gambling Foundation, 2020c). Sports wagering is the fastest-growing form of gambling in Australia, doubling in the five years to 2017/2018, with losses now exceeding more than \$1.2 billion annually (and turnover about 10 times that).

Sports betting losses are low compared to other gambling products, however, they increase significantly each year. Sports betting had the largest percentage increase in losses in 2017/2018, which totalled \$317.7 million for Victoria with sports betting losses rising by 13.5 per cent. Average losses per Victorian adult have increased by nearly 50 per cent in the past five years. The figures for Victoria only show player losses recorded at Victorian TABs or with bookmakers licenced in this state. Bets placed with online bookmakers licenced outside Victoria are not recorded as Victorian losses. Actual losses are likely to be higher (Victorian Responsible Gambling Foundation, 2020b).

Impact of COVID-19 on gambling

Current understanding about the impact of COVID-19 on gambling is developing and information is not yet available at the Local Government Area and State levels. The Institute of Family Studies surveyed over 2,000 people who gamble across Australia during June–July 2020 (Jenkinson et al., 2020). Key findings included:

- Almost one third of participants signed up for a new online betting account during COVID-19, and one in 20 started gambling online.
- Despite limited access to venues, overall, participants gambled more often during COVID-19. The proportion who gambled four or more times a week increased from 23 per cent to 32 per cent.
- Horse racing, sports betting, greyhound racing and lotto were the main products that participants gambled on before and during COVID-19.
- 79 per cent of participants were classified as being at risk of, or already experiencing, gambling-related harm.
- Males aged 18 to 34 years are most likely to sign up for new online accounts and increase their frequency and monthly spending on gambling (from \$687 to \$1,075), and be at risk of gambling-related harm.
- Around half of the participants reported their physical and/or mental health had been negatively affected during COVID-19.
- Survey participants and key experts recommended initiatives to minimise gambling-related harm, including a reduction in the availability and marketing of gambling products and implementing consumer protection measures (Jenkinson et al., 2020).

8.5.3 Gambling and young people

Despite it being illegal, one in six 16 to 17 year olds reported having gambled in the past year, in 2018.

Teenagers who engaged in risky behaviours such as smoking and drinking, or had friends who smoked or drank, were more likely to report having gambled. For example, almost one in four boys who reported drinking alcohol in the past 12 months had also gambled during that time, compared to around one in eight boys who had not drunk alcohol (Longitudinal Study of Australian Children, SAC Annual Statistical Report 2018 chapter– December 2019 https://growingupinaustralia.gov.au/research-findings/annual-statistical-reports-2018/key-findings?_ga=2.80019220.2034527895.1611013696-527593095.1595290086).

On average, 374 gambling ads were broadcast per day on Australian free-to-air TV in 2016 – around five times the number of alcohol ads reported in previous research. Two thirds of these gambling ads aired during the day, when large numbers of young people were watching. Among the younger groups, children aged up to 12 years had the most exposure. Betting was the main type of gambling advertised on TV. In 2016, AFL broadcasts attracted the most ads, followed by NRL, cricket, horse racing, motor racing and tennis. There were, on average, four times more gambling ads during sport TV than during non-sport TV. Children and young people were, therefore, considerably more exposed to gambling advertising when watching sport TV (O'Brien, K & Iqbal, M 2019, Extent of, and children and young people's exposure to, gambling advertising in sport and non-sport TV, Victorian Responsible Gambling Foundation, Melbourne. <https://responsiblegambling.vic.gov.au/resources/publications/extent-of-and-children-and-young-peoples-exposure-to-gambling-advertising-in-sport-and-non-sport-tv-679/>).

9. PREVENTATIVE HEALTH

9.1 MATERNAL AND CHILD HEALTH

The Victorian Maternal and Child Health (MCH) Service is a free universal primary health service available for all Victorian families with children from birth to school age. The MCH Service comprises three elements: the Universal MCH program, the Enhanced MCH program and the 24-hour MCH Line. The service monitors 10 key ages and stages in a child's development (Department of Health and Human Services, 2019b).

9.1.1 Participation rates for MCH key ages and stages

Within Glen Eira, participation rates for MCH key ages and stages are consistently higher for non-Aboriginal and Torres Strait Islanders (ATSI) with the exception of the 3.5 years check where participation by ATSI is significantly higher (Public Health Information Development Unit – Torrens University 2020).

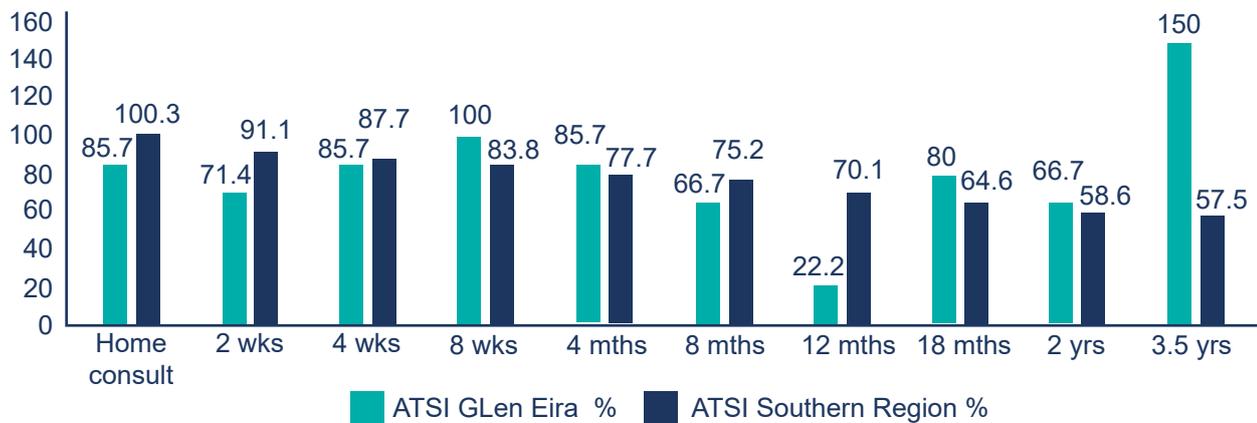
Percentage participation rates for MCH key ages and stages, ATSI and non-ATSI (2017/18)



Source: Public Health Information Development Unit – Torrens University (2020)

Participation rates for MCH key ages and stages by ATSI in Glen Eira vary greatly when compared with the Southern Region. Participation rates for ATSI in Glen Eira were higher at eight weeks, four months, 18 months, two years and 3.5 Years (Public Health Information Development Unit – Torrens University 2020).

Percentage participation rates for MCH key ages and stages for ATSI (2017/18)



Source: Public Health Information Development Unit – Torrens University (2020)

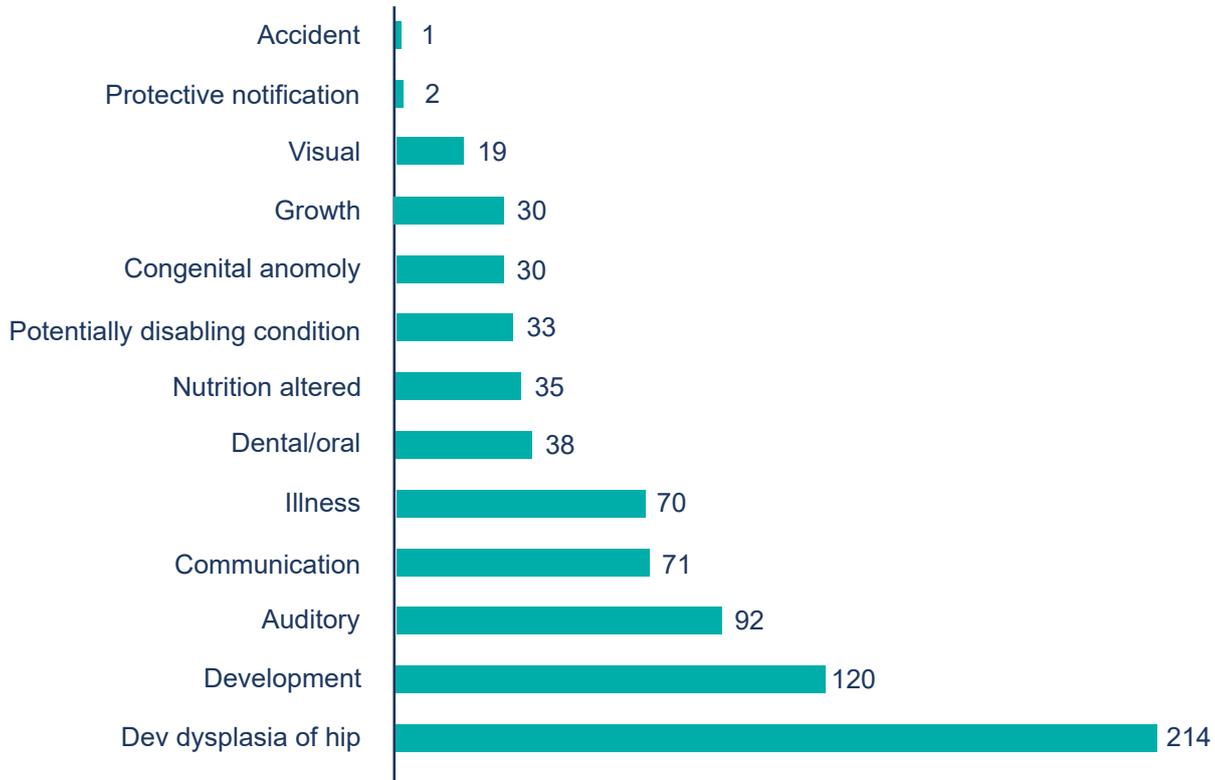
9.1.2 MCH service referrals for health and wellbeing

The MCH service provides referrals for child and mother or family health and wellbeing. A referral assumes counselling has occurred at the consultation. A referral is a more formal process involving a written letter or phone call to the referral agency. A parent may have more than one referral during a consultation (Department of Health and Human Services, 2019b).

In 2017/2018, a total of 755 referrals were recorded for child health and wellbeing in Glen Eira. Of the 13 reasons for referral, the most common reasons were:

- developmental dysplasia of the hip (214 referrals);
- development (120 referrals); and
- auditory (hearing) (92 referrals) (Department of Health and Human Services, 2019b).

Reasons for MCH service referrals for child health and wellbeing (2017/2018)



Source: Department of Health and Human Services (2019b)

In 2017/2018, a total of 178 referrals were recorded for mother or family health and wellbeing in Glen Eira. Of the five reasons for referral, three were applicable:

- emotional (118 referrals);
- physical (43 referrals);
- family violence (17 referrals);
- family planning (0 referrals); and
- social interaction impaired (0 referrals) (Department of Health and Human Services, 2019b).

9.1.3 Birth notifications

Birth notifications relating to Glen Eira for 2017/18 show:

- 1,619 birth notifications;
- 1,568 enrolled in MCH services from 1,619 birth notifications (96.8 per cent); and
- 132 first time mothers (Department of Health and Human Services, 2019b).

9.1.4 Breastfeeding rates

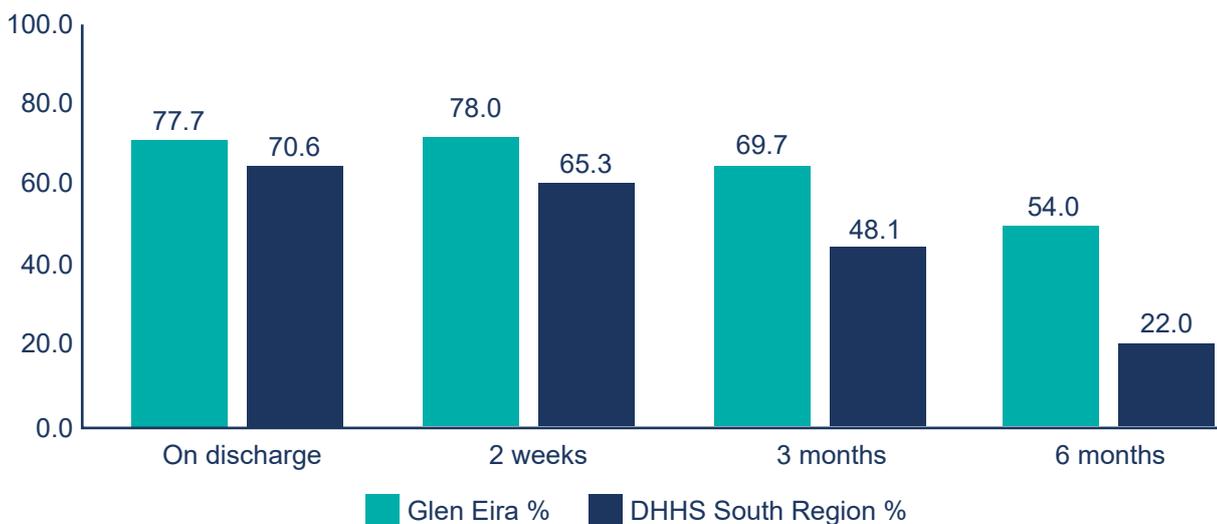
A large body of Australian and international evidence shows that breastfeeding is of significant benefit to babies and mothers. Breastfeeding has a range of benefits for the developing baby, including improved visual acuity, psychomotor and cognitive development. Breastfed babies have a reduced risk of serious illnesses and conditions, such as gastroenteritis, respiratory illness, allergy and sudden unexpected death in infancy. They are also less likely to develop chronic disease later in life (Department of Health and Human Services, 2019b).

For mothers, breastfeeding promotes faster recovery from childbirth and return to pre-pregnancy weight and delays return of menstrual periods. Females who have breastfed also have reduced risk of breast and ovarian cancer in later life. Breastfeeding may assist bonding and attachment between mothers and babies (Department of Health, 2020). Therefore, assisting females to plan for breastfeeding by providing information and support may increase initiation and duration of breastfeeding (Department of Health and Human Services, 2019b).

Breastfeeding rates in Glen Eira for 2017/2018 show:

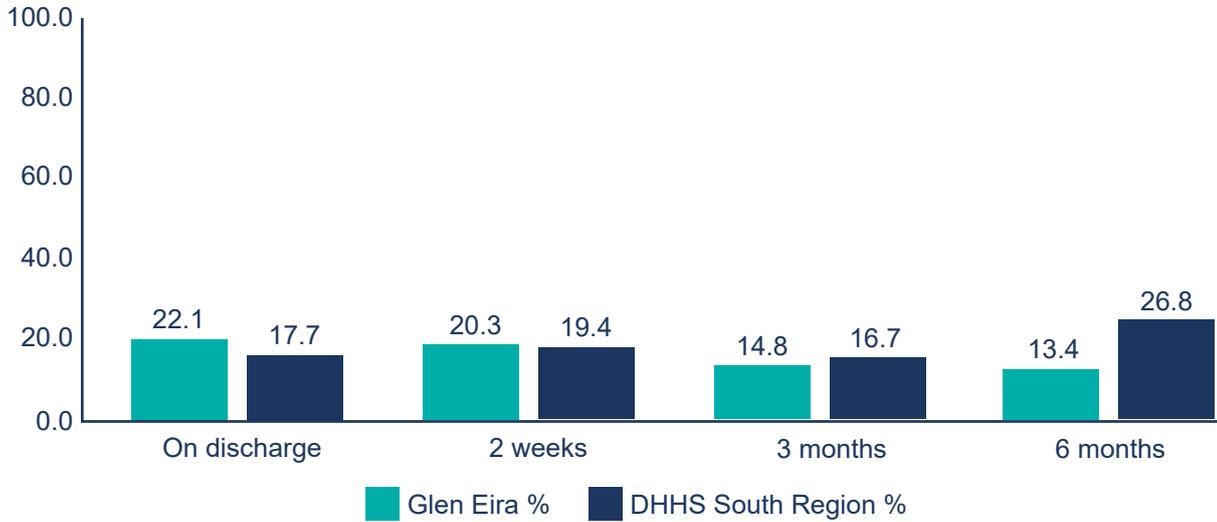
- 77.7 per cent of babies were fully breastfed upon hospital discharge and most continued being fully breastfed until three months;
- the proportion of babies being fully breastfed was higher than the DHHS South Region at all milestones between discharge and six months;
- 22.1 per cent of babies were partially breastfed upon hospital discharge and most continued being fully breastfed until two weeks ; and
- the proportion of babies being partially breastfed was higher than the DHHS South Region on discharge and two week and then declined to lower than the Southern Region at three months and six months (Department of Health and Human Services, 2019b).

Percentage fully breastfed (2017/2018)



Source: Department of Health and Human Services (2019b)

Percentage partially breastfed (2017/2018)



Source: Department of Health and Human Services (2019b)

9.1.5 Kindergarten participation rates

The average kindergarten participation rate across Glen Eira between 2014 and 2018 was 91.5 per cent, which was lower than the Victorian average of 95.2 per cent. Kindergarten participation rates in Glen Eira show a downward trend across the five-year period from 2014 to 2018, decreasing from 93.9 per cent in 2014 to 90.4 per cent in 2018. The Victorian rate was at its highest across the five-year period in 2015 with 98.1 per cent participation, however the Victorian rate has also been in decline, dropping to 92.1 per cent in 2018.

The Aboriginal status kindergarten participation rates across Victoria conversely have steadily increased over the period (2014–2018). In 2014, the rate was down at 79.6 per cent and it increased to 92.4 per cent in 2018, exceeding the Glen Eira and Victorian participation rates.

Kindergarten participation rates (%) 2014–2018



Source: <https://discover.data.vic.gov.au/dataset/vcams-kindergarten-participation-rate> and <https://discover.data.vic.gov.au/dataset/vcams-kindergarten-participation-aboriginal-status>

9.1.6 Australian Early Development Census

The Australian Early Development Census (AEDC) measures the development of children in Australia in their first year of full-time school. It consists of approximately 100 questions across the following five key domains, which are closely linked to child health, education and social outcomes:

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

For each of the domains, children were deemed to be 'on track', 'at risk' or 'vulnerable'. The on track children were considered to be developing well, while the vulnerable children were facing significant challenges in their development. A snapshot of the 2018 AEDC Glen Eira demographic information is outlined below:

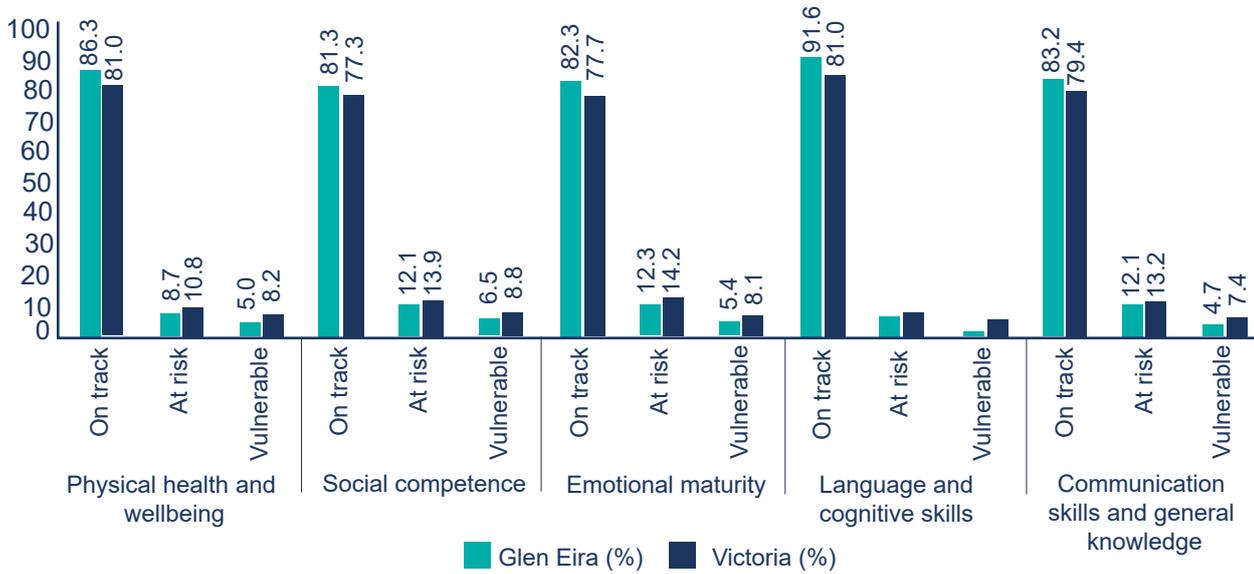
2018 AEDC – Glen Eira children demographics		
Children measured: 1,443	Number of schools: 79	Mean age: 5.9 years (at completion of the AEDC)
Male: 48.6%	Female: 51.4%	Aboriginal and Torres Strait Islander children: <0.2%
Born in another country: 15.5%	English as a second language: 14.7%	With a language background other than English (LBOTE*): 30.9% (28.5% proficient in English)

Source: Australian Early Development Census – Community Profile 2018 – Glen Eira, VIC

*For the AEDC, children are considered LBOTE if they speak a language other than English at home or if they have English as a second language status. More information on AEDC terms and definitions is available in the fact sheet, Definition of AEDC terms (www.aedc.gov.au/defterm).

The children of Glen Eira exceeded the state average for the percentage of children 'on track' in each domain, and Glen Eira had less children on average who were 'at risk' or 'vulnerable' in each domain, compared to the state average.

2018 domain results



Source: Australian Early Development Census – Community Profile 2018 – Glen Eira, VIC

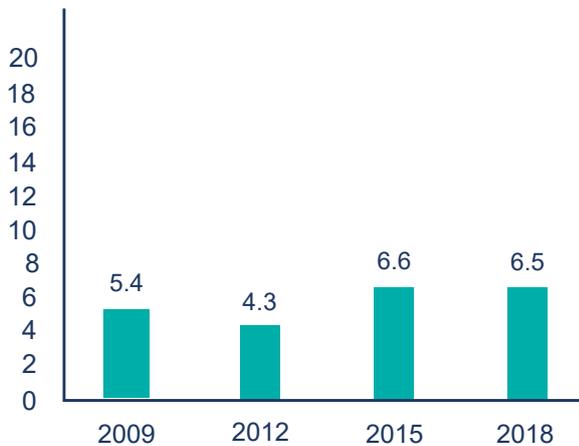
A highlight for Glen Eira was a ‘significant increase’ from 2009 to 2018 in children who were ‘on track’ in the language and cognitive skills (school-based) domain, increasing from 88.9 per cent up to 91.6 per cent.

Language and cognitive skills (school-based) – on track (%)			
2009	2012	2015	2018
88.9	91.5	93.8	91.6

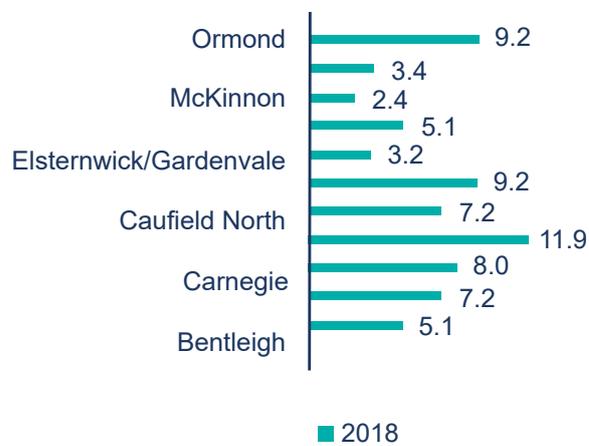
Source: Australian Early Development Census – Community Profile 2018 – Glen Eira, VIC

On the other hand, Glen Eira saw a ‘significant increase’ in the number of ‘vulnerable’ children in the social competence domain between 2009 and 2018 (5.4 per cent up to 6.5 per cent), with Caulfield having the largest increase across the period (8.5 per cent). In 2018, the children who were most developmentally vulnerable in this domain resided in Caulfield, Caulfield South and Ormond.

Social competence – developmentally vulnerable – Glen Eira percentage



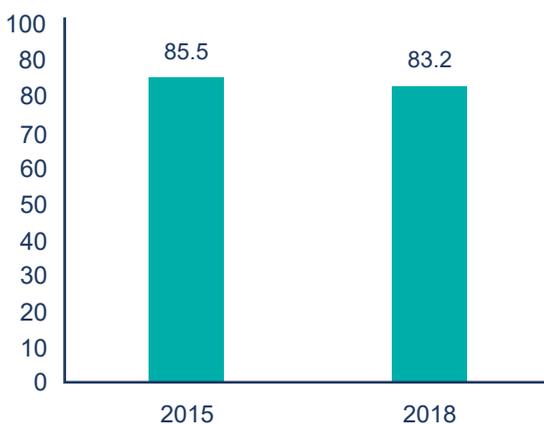
Social competence – developmentally vulnerable percentage



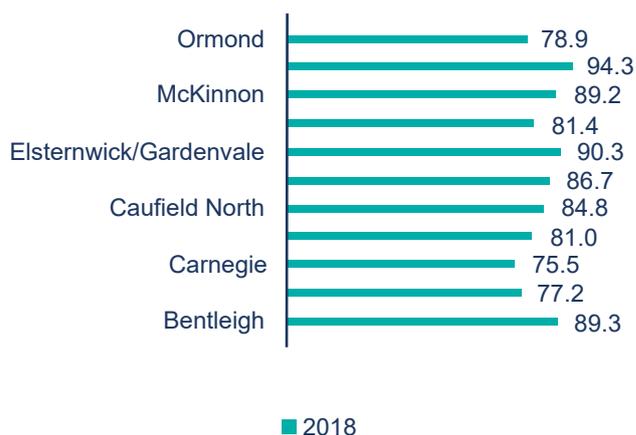
Source: Australian Early Development Census – Community Profile 2018 – Glen Eira, VIC

In the communication skills and general knowledge domain, Glen Eira saw a ‘significant decrease’ in the number of children ‘on track’ between 2015 and 2018, falling from 85.5 per cent down to 83.2 per cent. The following suburbs fell below the Glen Eira average (83.2 per cent) in 2018: Bentleigh East; Carnegie, Caulfield, Glen Huntly and Ormond.

Communication and general knowledge – developmentally on track – Glen Eira percentage



Communication and general knowledge – developmentally on track percentage



Source: Australian Early Development Census – Community Profile 2018 – Glen Eira, VIC

9.2 IMMUNISATION

Immunisation from an early age helps to protect children from the most serious childhood infections, some of which may threaten their lives. In Victoria, free vaccines for children, adolescents and adults are provided under the National Immunisation Program and the Victorian funded immunisation program (Department of Health and Human Services, 2019b).

Immunisation rates in Glen Eira are generally good. They are slightly lower than the Victorian average for babies and pre-schoolers and slightly higher for adolescents in secondary school. Results from 2018 show the proportion of children fully immunised:

- at one year of age was 93.5 per cent (94.3 per cent for Victoria);
- at two years of age was 91.4 per cent (91.2 per cent for Victoria);
- at five years of age 93.5 per cent (95.5 per cent for Victoria);
- females aged 15 years at 30 June 2017 who had received Dose 3 of the HPV vaccine was 84 per cent (80 per cent for Victoria); and
- males aged 15 years at 30 June 2017 who had received Dose 3 of the HPV vaccine was 77.9 per cent (76.5 per cent for Victoria) (Public Health Information Development Unit – Torrens University, 2020).

9.3 HEALTH CHECKS AND SCREENING

Screening aims to detect cancers early by stopping the cancer developing in the first place or detecting cancers when they are small (and treatment options and survival prospects are better). There are three national cancer screening programs: National Bowel Cancer Screening Program, National Cervical Screening Program and Breast Screen Australia. Cancer detected in these screening programs is less likely to cause death (Australian Institute of Health and Welfare, 2018).

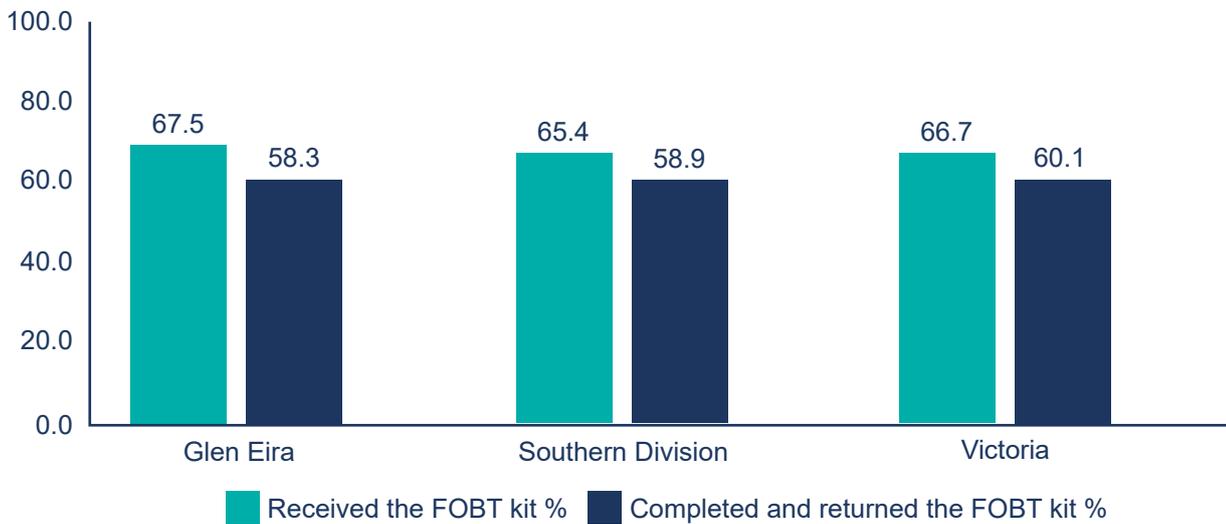
9.3.1 Bowel cancer screening

Bowel (or colorectal) cancer causes the second-highest number of cancer deaths in Australia after lung cancer. However, around 90 per cent of bowel cancer cases are cured if detected early. It is recommended that Australians aged 50 to 74 years complete a faecal occult blood test (FOBT) every two years (Cancer Council Australia, 2021a).

Bowel cancer screening rates in Glen Eira are consistent with the Southern Region and Victoria. Results from 2017 show:

- 67.5 per cent of the adult population aged 50 years or older received the FOBT kit;
- 58.3 per cent completed and returned the FOBT kit in the mail; and
- males (52.8 per cent) have had a higher participation rate for bowel examinations in the last five years to detect cancer than females (38.9 per cent) (Department of Health and Human Services, 2019a).

Percentage adult population 50+ years receiving, completing and returning the FOBT (2017)



Source: Department of Health and Human Services (2019a)

Percentage adult population having a bowel examination in the last five years to detect cancer (2017)



Source: Department of Health and Human Services (2019a)

9.3.2 Breast screening

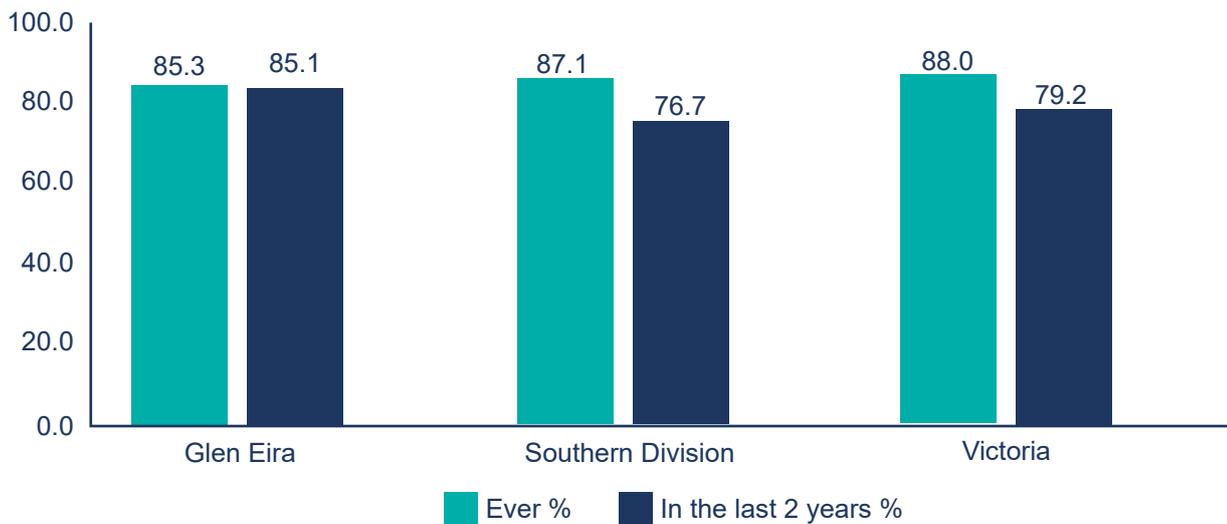
Breast cancer is the second-largest cause of cancer death in Australian females after lung cancer. It is the most common cancer diagnosed in Australian women, apart from non-melanoma skin cancer. Early detection and appropriate treatment can significantly improve breast cancer survival (Cancer Council Australia, 2021b).

Mammography is the recommended screening tool for the early detection of breast cancer. Breast Screen Australia invites females aged 50 to 74 years to undergo free mammograms every two years. Females aged 40 to 49 years and those aged over 74 can also be screened free of charge. It is recommended females who are eligible for Breast Screen Australia participate in the program, provided they are aware of the benefits and the risks (Cancer Council Australia, 2021b).

Breast screening rates for adult females in Glen Eira are reasonably consistent with the DHHS South Region and Victoria. Results from 2017 show:

- the participation rate in Glen Eira (85.3 per cent) for having a mammogram ever is slightly lower than the rates for DHHS South Region (87.1 per cent) and Victoria (88.0 per cent); and
- the participation rate in Glen Eira (85.1 per cent) for having a mammogram in the last two years was higher than the rates for DHHS South Region (76.7 per cent) and Victoria (79.2 per cent) (Department of Health and Human Services, 2019a).

Percentage adult female population having a mammogram ever or in the last two years (2017)



Source: Department of Health and Human Services (2019a)

The percentage of eligible females (aged 50 to 74 years) in Glen Eira participating in preventive breast screening has slightly increased from 2016 to 2018 and is slightly higher than the participation rates in Victoria (Women’s Health Victoria, 2020b).

Percentage participation in breast screening by eligible females (2016 to 2018)



Source: Women’s Health Victoria (2020b)

9.3.3 Cervical cancer screening

Cervical cancer is largely preventable. Early detection and appropriate treatment can significantly improve cervical cancer survival. Cervical cancer incidence and mortality rates have halved in Australia since the introduction in 1991 of the National Cervical Screening Program. Improvements to the screening program have made it more effective for all women (Cancer Council Australia, 2021c).

The participation rate for cervical cancer screening in Glen Eira over two years was 61.3 per cent, which is higher than the rates for Greater Melbourne (56.5 per cent) and Victoria (57.1 per cent) (Public Health Information Development Unit – Torrens University, 2020).

Percentage females aged 20 to 69 years cervical screening participation (2016–2017)



Source: (Public Health Information Development Unit – Torrens University, 2020).

9.3.4 Human Papillomavirus (HPV) vaccine

The National Human Papillomavirus (HPV) vaccination program was introduced in 2007 and a recent study predicted that if high-coverage vaccination and screening is maintained, Australia is on schedule to eliminate cervical cancer as a public health issue (The projected timeframe until cervical cancer elimination in Australia: a modelling study, 2018. [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(18\)30183-X/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(18)30183-X/fulltext)).

Victoria has achieved a rate of 4.9 new cases per 100,000, which means cervical cancer is now considered a 'rare cancer' in Victoria (Victorian Cancer Registry (Cancer in Victoria: Statistics & Trends 2019. Cancer Council Victoria, Melbourne, Victoria, 2020. <https://www.cancervic.org.au/downloads/cec/cancer-in-vic/Cancer-in-Victoria-statistics-and-trends-2019.pdf>).

9.3.5 Dental health and modifiable oral health risk behaviours

Having healthy teeth, mouth and gums is important for general health and wellbeing. Poor oral health is also associated with diseases and conditions, such as heart and lung diseases, stroke, low birthweight and premature births (Dental Health Services Victoria, 2011). A dental visit is an essential part of preventive dental care to maintain existing oral health. Treatment services may also reverse disease or rehabilitate the teeth and gums after damage occurs.

Dental health in Glen Eira is reasonably consistent with or better than Victoria. Results from 2017 show:

- adult residents self-reported a higher rate of excellent dental health (43.6 per cent) compared to the rest of Victoria (37.2 per cent);
- the proportion of the adult population avoiding a visit to the dentist due to cost was 29 per cent, lower than Victoria (34 per cent); and
- the proportion of the adult population with self-reported gum disease in Glen Eira was 7.8 per cent, lower than Victoria (10.9 per cent) (Department of Health and Human Services, 2019a).

Percentage adult population self-reported dental health (2017)



Source: Department of Health and Human Services (2019a)

In relation to the oral health of children in Glen Eira:

- In 2018/2019, around three children (3.6) for every 1,000 children aged from birth to nine years in Glen Eira experienced potentially preventable hospitalisations due to dental conditions, a significantly lower proportion than for Victoria (6.1).
- From 2017 to 2019, the average number of children aged from birth to five years (0.9) and 12 years (1.1) in Glen Eira presenting with at least one decayed, missing or filled primary (baby) and permanent teeth was lower than the average numbers for Victoria (1.1 and 1.9 respectively). The average number of children aged six years (2.9) presenting with at least one decayed, missing or filled primary (baby) and permanent teeth was higher than the average number for Victoria (2.4) (Dental Health Services Victoria, 2020).

Some people in Glen Eira would benefit by changing modifiable oral health risk behaviours:

- daily smokers (eight per cent);
- increased lifetime risk of alcohol-related harm (19 per cent, yearly);
- not meeting fruit and vegetable guidelines (45 per cent); and
- daily consumption of sugar-sweetened soft drink (4 per cent) (Dental Health Services Victoria, 2020).

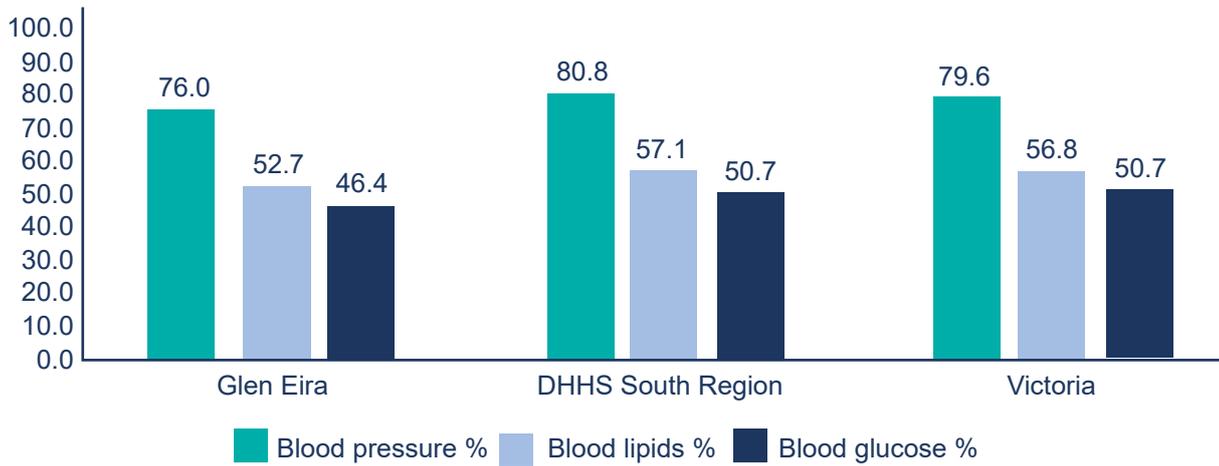
9.3.6 Health-related check by doctor or health professional

Blood tests can check cholesterol levels and blood triglycerides, kidney function, iron levels and other things that may indicate an increased risk of various health problems, including heart disease. Blood pressure checks are recommended for people aged over 40 years (Department of Health and Human Services, 2020b).

Preventative health checks in Glen Eira are reasonably consistent with DHHS South Region and Victoria. Results from 2017 show:

- the proportion of the adult participation having a health-related check conducted by a doctor or other health professional in the last two years is slightly lower than DHHS South Region and Victoria; and
- negative variances are apparent for blood pressure testing, blood lipids testing and blood glucose testing (Department of Health and Human Services, 2019a).

Percentage having a health related check conducted by a doctor or other health professional, in the last two years (2017)



Source: Department of Health and Human Services (2019a)

10. COMMUNITY SAFETY

10.1 PERCEPTION OF SAFETY

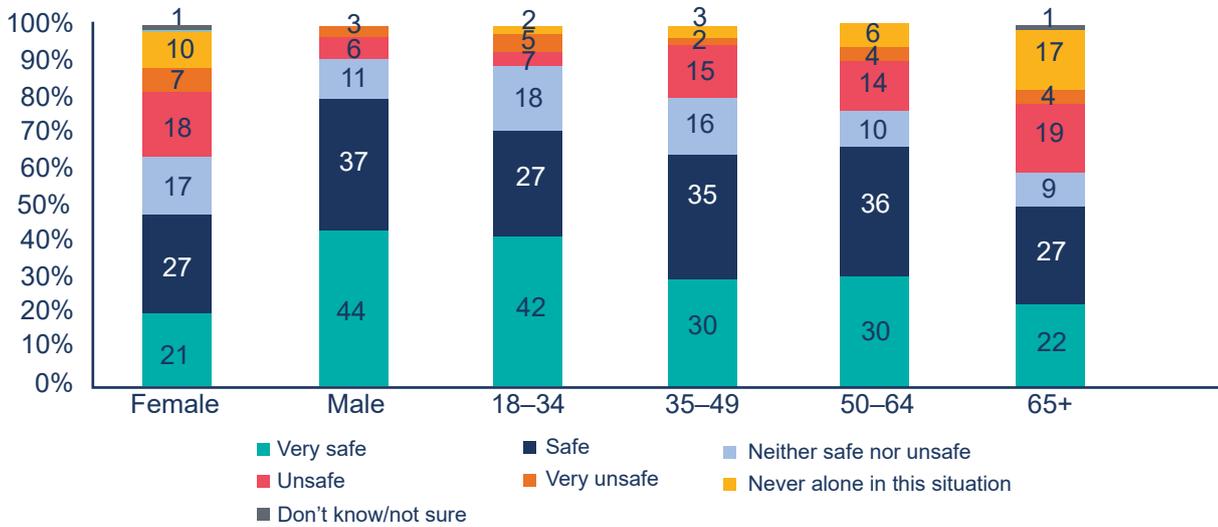
Based on results from the Local Government Community Satisfaction Survey conducted in February 2020 (Department of Environment, Land, Water and Planning, 2020), Glen Eira residents generally feel relatively safe in the municipality:

- 96 per cent feel safe or very safe walking in their local area alone during the day; and
- 64 per cent feel safe or very safe walking in their local area alone after dark.

Ninety six per cent of females and 96 per cent of males feel very safe or safe when walking alone in their local area during the day. This starts to change after dark with only 48 per cent of females feeling very safe or safe compared to 80 per cent of males.

Residents aged 65+ feel the most vulnerable walking in their local area alone after dark with 23 per cent feeling unsafe or very unsafe.

Feeling of safety when walking in local area alone after dark (%) – Glen Eira 2020



Source: Local Government Community Satisfaction Survey, Glen Eira City Council 2020 Tailored Questions

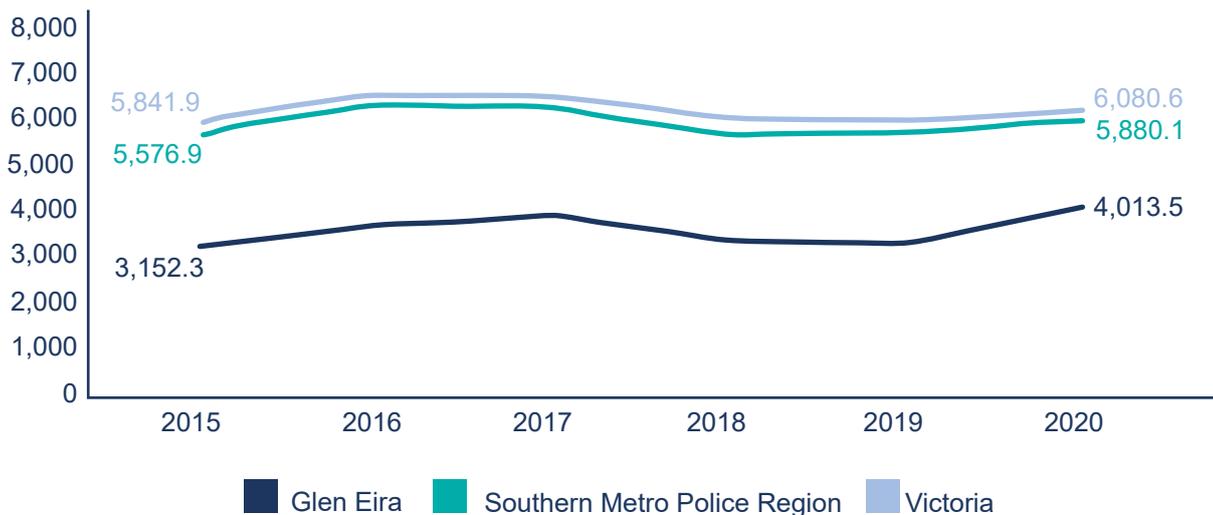
10.2 CRIME RATES

Glen Eira is a relatively safe municipality, based on recorded rates of crime. During the year to June 2020, Glen Eira had the sixth-lowest rate of crime (per 100,000 population) of the 31 Local Government Areas (LGA) in Greater Melbourne and the 18th-lowest crime rate of the 79 LGAs across Victoria (Crime Statistics Agency Victoria, 2020a).

Crime rates have remained consistently low in Glen Eira during the five-year period to June 2020, compared to the Southern Metro Police Region and Victoria.

Criminal incidents - July 2015 to June 2020

Rate per 100,000 Population



Source: Crime Statistics Agency Victoria (2020)

Between July 2019 and June 2020, there were a total of 6,317 criminal incidents recorded in Glen Eira by Victoria Police, up from 4,600 incidents in the year to June 2015. During the five years to June 2020, the annual number of criminal incidents recorded in Glen Eira increased by 37.3 per cent, compared to the Southern Metro Police Region (17.8 per cent) and Victoria (15.9 per cent).

Number of criminal incidents in Glen Eira July 2015 to June 2020



Source: Local Government Community Satisfaction Survey, Glen Eira City Council 2020 Tailored Questions

The most common types of crime recorded in Glen Eira during this one-year period were property and deception offences. These include crimes such as theft, burglary, property damage (including graffiti) and obtaining benefit by deception.

The rate of each of the six broad crime types (per 100,000 population) was lower in Glen Eira (Crime Statistics Victoria, 2020a), compared to Victoria during the year to June 2020 (Crime Statistics Agency Victoria, 2020b).

Crime type	Examples	Glen Eira 2019–20		Victoria 2019–20
		Number	Rate per 100,000 population	Rate per 100,000 population
Crimes against the person	Homicide, assault, sexual offences, robbery	770	489.2	978.6
Property and deception	Theft, burglary, property damage, obtain benefit by deception	4,535	2,881.3	3,653.6
Drug offences	Cultivation, use, dealing and possession of drugs	200	127.1	271.2
Public order and security	Weapons, public nuisance, disorderly and offensive conduct	248	157.6	297.1
Justice and procedure	Breaches of orders (e.g. Family violence and bail conditions)	479	304.3	779.7
Other	Regulatory driving and transport offences	85	54.0	100.4
TOTAL	–	6,317	4,013.5	6,080.6

Source: Crime Statistics Agency Victoria (2020)

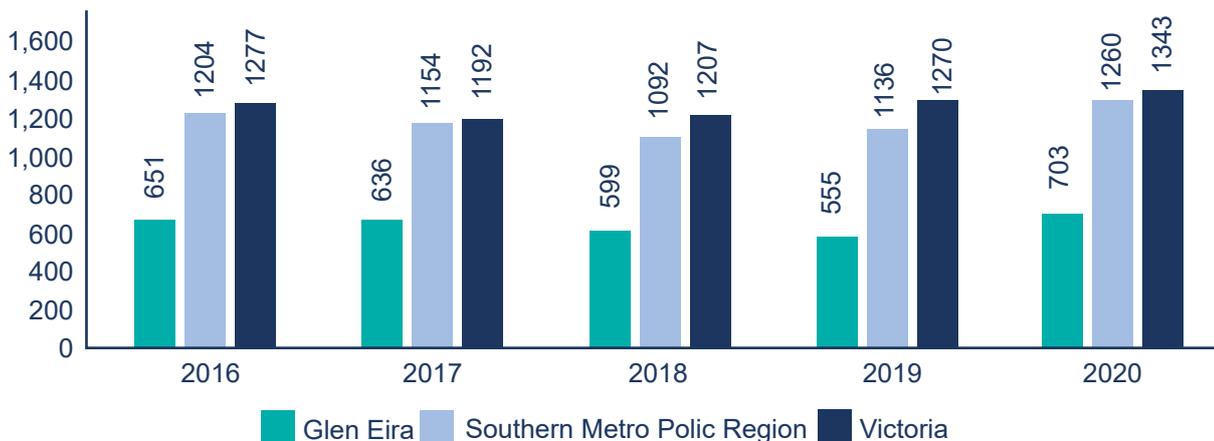
10.3 VIOLENCE

10.3.1 Family violence

Glen Eira's family violence rate has been steadily decreasing since 2016 but rose again in 2020, likely as a result of COVID-19 lockdown measures.

The rate of recorded family violence-related incidents in Glen Eira (per 100,000 population) remains lower than the Southern Metro Police Region and Victorian average during the five-year period to September 2020.

Family violence – family incidents rate (per 100,000 population)



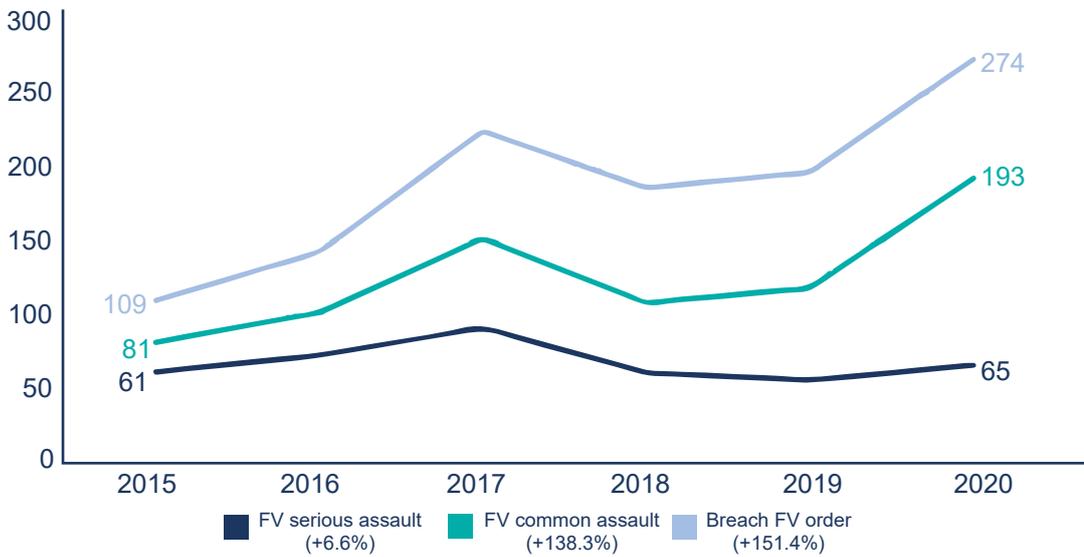
Source: <https://www.crimestatistics.vic.gov.au/crime-statistics/latest-crime-data-by-area>.

*Excludes incidents recorded at Justice institutions and immigration facilities, Unincorporated Victoria and where the geographic location is unknown.

However, Glen Eira experienced a more notable increase in the rates (per 100,000 population) of breach of family violence orders and family violence common assault since July 2019, compared to Victoria.

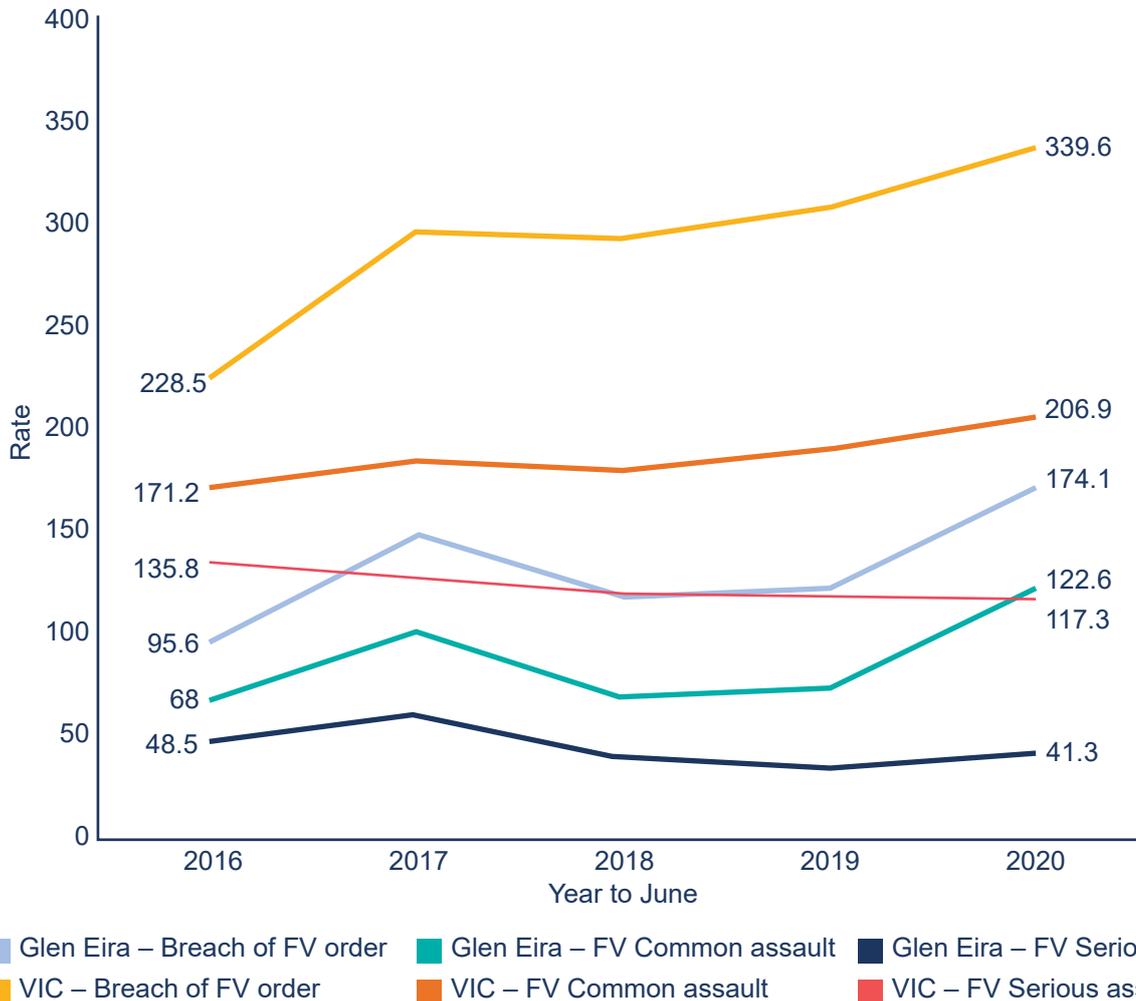
- Breach of family violence order was the sixth most common crime in Glen Eira in the year to June 2020, up from 11th in June 2015. The annual number of incidents (274) recorded by police to June 2020, and increase of 151.4 per cent since July 2015, compared to a 113.0 per cent increase in Victoria during the same five-year period;
- Family violence common assault was the ninth most common crime in Glen Eira in the year to June 2020. The annual number of recorded incidents increased from 81 in the year to June 2015, to 193 incidents in the year to June 2020. The percentage increase in Glen Eira over the five-year period (138.3 per cent) is almost 2.5 times greater than Victoria (57.0 per cent), albeit from a lower number of incidents in Glen Eira.
- Family violence serious assault incidents increased by 6.6 per cent during the same five-year period, from 61 incidents for the year to June 2015, to 65 incidents in the year to June 2020. During the same period, the number of incidents in Victoria remained relatively stable (with a small decrease of approximately 0.5 per cent).

Family violence crimes in Glen Eira – number of incidents July 2015 to June 2020



Source: Crime Statistics Agency Victoria (October 2020)

Family violence crimes in Glen Eira and Victoria – rate of incidents per 100,000 population – July 2015 to June 2020

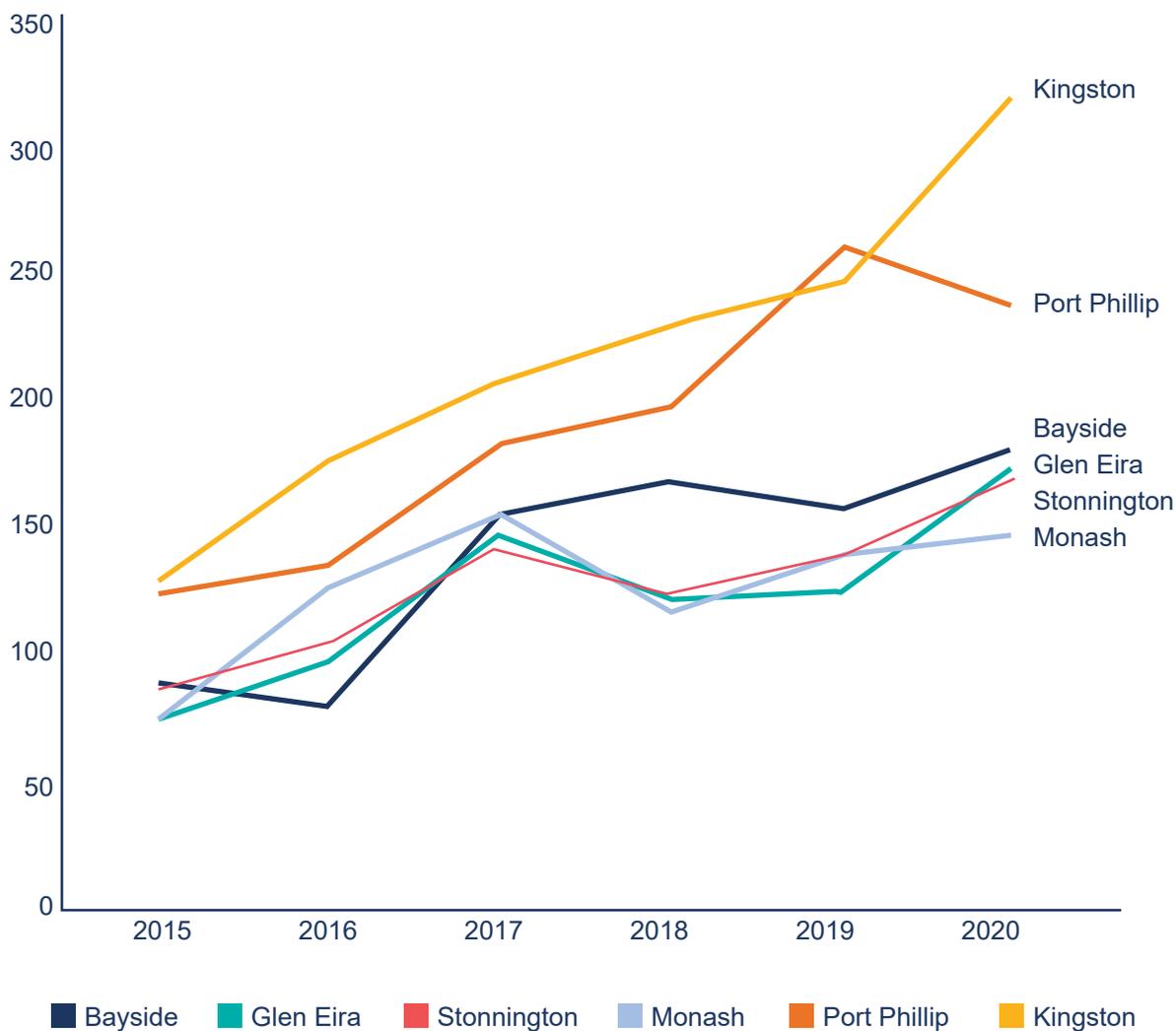


Source: Crime Statistics Agency Victoria (October 2020)

The five-year trend of recorded breach of family violence orders rates in Glen Eira, compared to surrounding LGAs (per 100,000 population):

- breaches of family violence orders have increased in Glen Eira and all surrounding LGAs except Port Phillip during the year to June 2020;
- Glen Eira and Stonnington LGAs have experienced a similar trend of recorded incidents of breach of family violence orders during the five years to June 2020;
- Glen Eira and Kingston experienced a similar spike in the rate of this type of crime recorded in the year to June 2020; and
- in the year to June 2020, the rate of recorded incidents of breach of family violence orders was lower in Glen Eira, compared to Kingston, Port Phillip and Bayside LGAs, but higher than Stonnington and Monash.

Breach of family violence orders in Glen Eira and surrounding LGAs July 2015 to June 2020 – Rate per 100,000 population



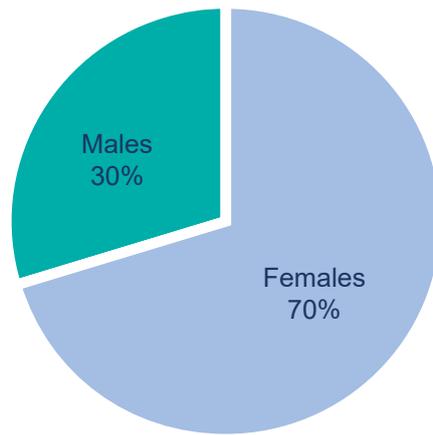
Source: Crime Statistics Agency Victoria, October 2020.

*Monash LGA does not form part of the Southern Metro Police Region. Not all LGAs within this Region are displayed in the figure.

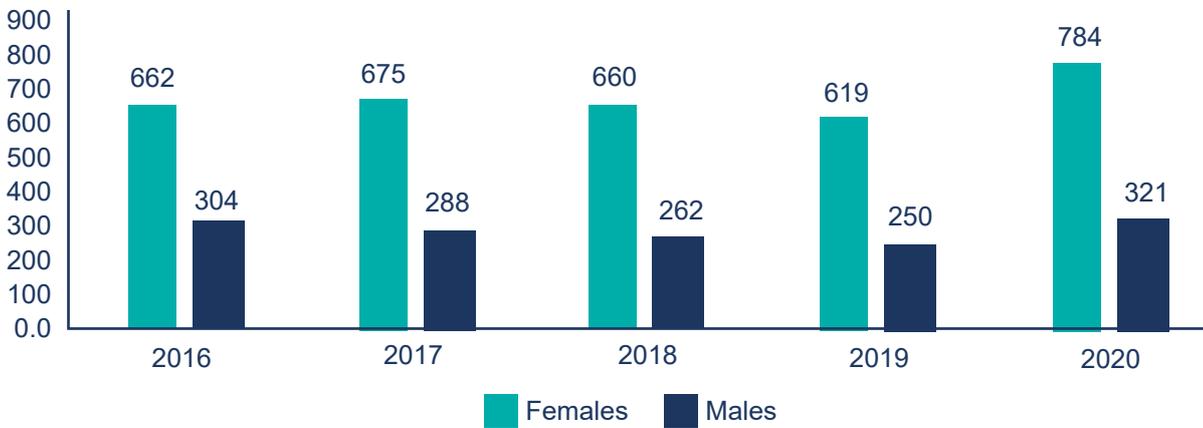
Affected family members

Female family members were the most affected gender of family violence incidents (70 per cent) in Glen Eira between 2016–2020. The number of affected females rose by 26.66 per cent between 2019–2020.

Family violence – affected family members (gender) 2016–2020



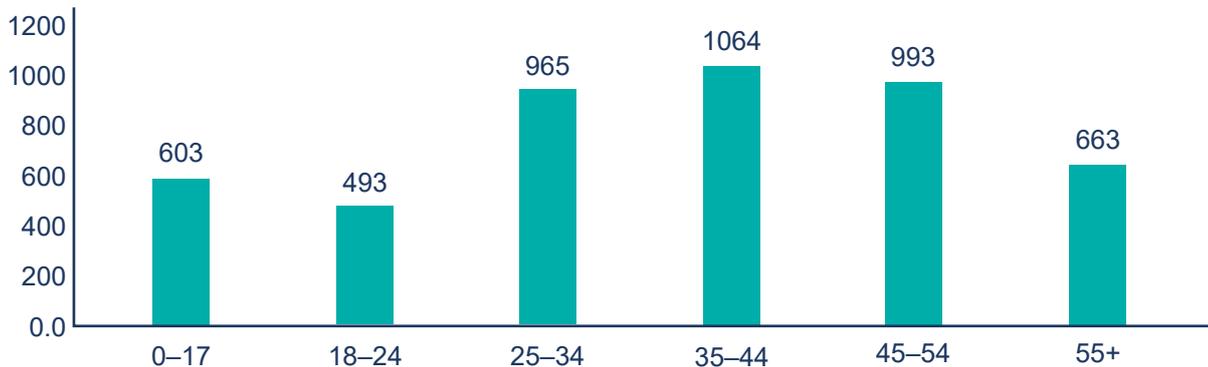
Family violence – affected family members (gender)



Source: <https://www.crimestatistics.vic.gov.au/crime-statistics/latest-crime-data-by-area>

In Glen Eira between 2016–2020, the most affected ages groups were 25 to 34 (20 per cent), 35 to 44 (22 per cent) and 45 to 54 (21 per cent), together accounting for 63 per cent of all affected family members. Younger family members (birth to 17) accounted for 13 per cent.

Family violence – affected family members (age) 2016–2020

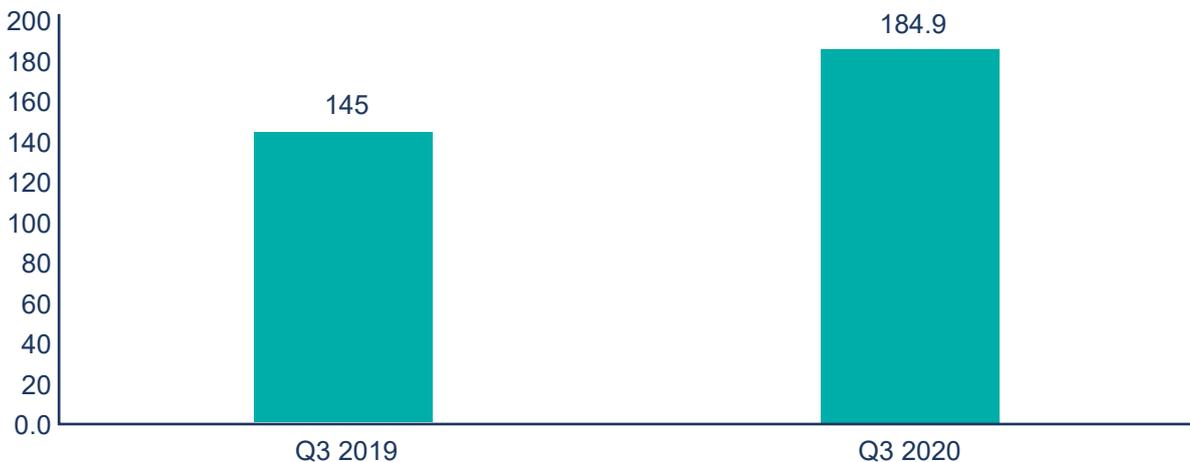


Source: <https://www.crimestatistics.vic.gov.au/crime-statistics/latest-crime-data-by-area>

COVID-19

The COVID-19 Family Violence Data Portal examines Victorian family violence incidents and trends from January through to September 2020, with comparisons drawn between 2019 and 2020 figures. The rate of family incidents recorded by Victoria Police in Glen Eira (per 100,000 population) increased by 27.5 per cent from quarter three (1 July to 30 September) 2019 to quarter three 2020.

Family violence – Victoria Police family incidents (rate per 100,000) – Glen Eira



Source: COVID-19 Family Violence Portal: <https://files.crimestatistics.vic.gov.au/Family+violence+data.html>, Crime Statistics Agency Victoria.

Children and young people

The State of Victoria’s Children Report 2018 reports on recent trends in adolescent health, wellbeing, education and safety. The report provides a snapshot of how more than 500,000 adolescent Victorians are faring and includes information on safe families and communities. Some key findings were:

- in 2017–2018, one in 10 people affected by incidents of family violence were aged 10 to 19. Half of all cases within this cohort, involved young women aged 15 to 19; and
- around one in three year 8 and year 11 students reported an experience of serious family conflict in 2018. Conflicts were more likely to be reported by girls and young people in one-parent families.

Source: Victorian Student Health and Wellbeing Survey 2014-2018, and Historical crime data, Family incidents, 2018, (Crime Statistics Agency, Victoria, 2018a). <https://www.education.vic.gov.au/Documents/about/research/SOVC%202018%20report%20-%20for%20publication.pdf>

Growing Up in Australia: The Longitudinal Study of Australian Children (LSAC) is a study initiated and funded by the Australian Government Department of Social Services and conducted every two years. The LSAC provides valuable data about children, their families and their wider environments, and enables researchers and policy makers to have a comprehensive understanding of children's development within Australia's social, economic and cultural environment. Some key findings were:

- over half of 10 to 11 year olds were worried about fighting in their family;
- family-related issues were particularly concerning for children from less advantaged and culturally and linguistically diverse (CALD) backgrounds;
- one in two girls (49 per cent) and one in three boys (31 per cent) said they had experienced some form of unwanted sexual behaviours in the past 12 months (16 to 17 year olds);
- around one in 12 girls (eight per cent) and one in eight boys (12 per cent) reported having engaged in sexually unwanted behaviours towards someone else in the past 12 months;
- one in four (24 per cent) boys who reported unwanted sexual behaviours in relation to someone else at the age of 16 to 17 was significantly higher among those that had viewed pornography for the first time before the age of 13 compared to boys who said they had never viewed pornography (seven per cent); and
- among boys who reported watching pornography daily, more than one in five (21 per cent) reported engaging in unwanted sexual behaviour, compared to less than one in 10 (seven per cent) of boys who said they had never viewed pornography in the previous 12 months, or had done so by accident (Longitudinal Study of Australian Children, SAC *Annual Statistical Report 2018* chapter – December 2019 https://growingupinaustralia.gov.au/research-findings/annual-statistical-reports-2018/key-findings?_ga=2.80019220.2034527895.1611013696-527593095.1595290086).

10.3.2 Elder abuse

Elder abuse is any act, or failure to act, which causes harm or distress to an older person and is carried out by someone they know and trust, such as a family member or friend. The abuse may be physical, social, financial, psychological or sexual and can include mistreatment and neglect (Seniors Rights Victoria (SRV), <https://seniorsrights.org.au/>).

SRV provides an advice call service for older people who have experienced elder abuse and collects detailed information and data about the caller, the context of abuse and the perpetrator. Data collected between July 2012 and June 2019 was used for the Seven Years of Elder Abuse Data in Victoria report, August 2020. Some key findings of this report were:

- 72 per cent of older people seeking advice from SRV are women and 28 per cent are men;
- the most common risk factors experienced by the older clients were the existence of family conflict (43.94 per cent) and co-habitation with the perpetrator (34.61 per cent);
- in almost 29 per cent of cases, the older person was frail or in poor physical health;
- the most common types of abuse were psychological abuse (experienced by 63 per cent of SRV advice clients) and financial abuse (experienced by 62 per cent of SRV advice clients); and
- 54 per cent of abusers were male and 46 per cent were female.

- in 91 per cent of SRV cases, the abuser was a family member of the older person, 39 per cent were sons and 28 per cent were daughters; and
- 35 per cent of perpetrators were reportedly experiencing drug/alcohol or gambling issues and 31 per cent were reportedly experiencing mental health issues.

Source: Seniors Rights Victoria, Seven Years of Elder Abuse Data in Victoria, August 2020, https://seniorsrights.org.au/wp-content/uploads/2020/08/Seven-years-of-elder-abuse-summary-SRV_NARI_4_online.pdf

*The data in this report does not indicate prevalence of elder abuse in the community as it has not been derived from a statistically representative sample of the general population.

10.4 ONLINE SAFETY

Glen Eira residents have a slightly higher rate of access to the internet (87 per cent) compared to all Victorians (84 per cent), based on the most recent data available from the 2016 Census of Population and Housing.

The internet and social media are increasingly a part of life and both have associations with risks to safety, particularly for children and young people (Department of Health and Human Services, 2020e).

Council's Glen Eira Student Resilience Survey 2017 found 18 per cent of the young people surveyed had experienced online bullying in the last 12 months (Glen Eira City Council, 2018a).

In a Community Voice survey conducted by Glen Eira City Council in 2019, 58 per cent of adults indicated they felt worried about being a victim of online fraud, scams, abuse or harassment (Glen Eira City Council, 2020a).

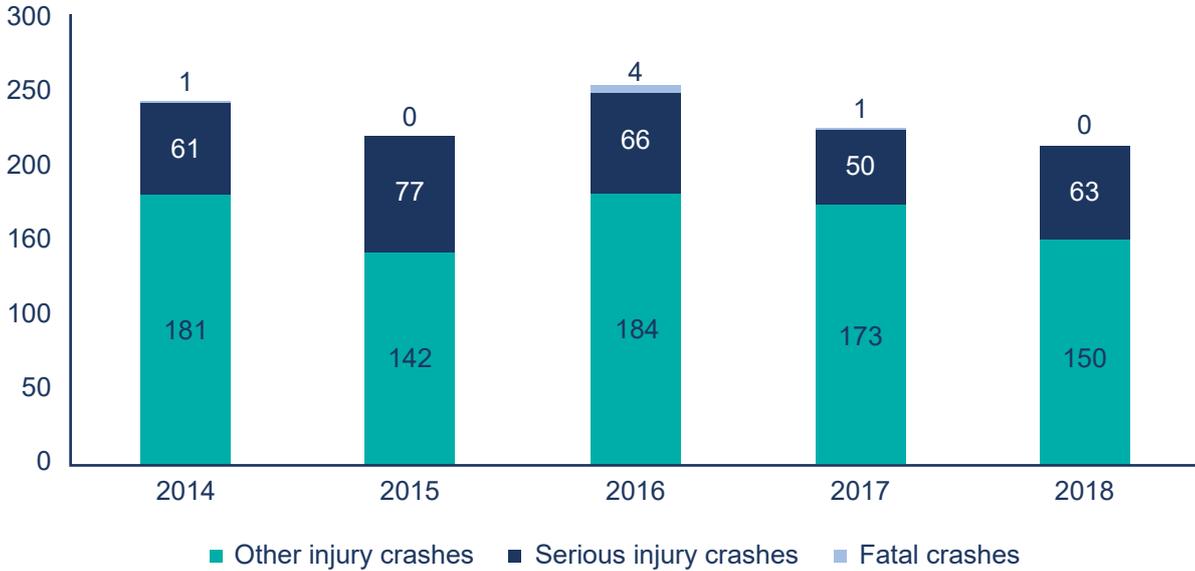
10.5 ROAD SAFETY

When looking at road safety performance from 2013–2017, Glen Eira is ranked 58 across the state when ranked by the number of people killed in fatal accidents. Nine people were killed in fatal accidents in Glen Eira during this time compared to 33 in Brimbank and the Yarra Ranges, both ranking number one. Queenscliff ranked 80 with no fatalities.

Conversely, Glen Eira ranked 17 across Victoria for the same period when ranked by the number of people who sustained a serious injury (364). The City of Melbourne ranked number one with 891 serious injuries and Queenscliff ranked 80 with two (VicRoads, Crash statistics, Detailed road crash information data. Available at: <https://www.vicroads.vic.gov.au/safety-and-road-rules/safety-statistics/crash-statistics>).

Most crashes in Glen Eira between 2014 and 2018 (830) did not cause serious injury or death. Of the 830 crashes, six were fatal and 317 caused serious injury.

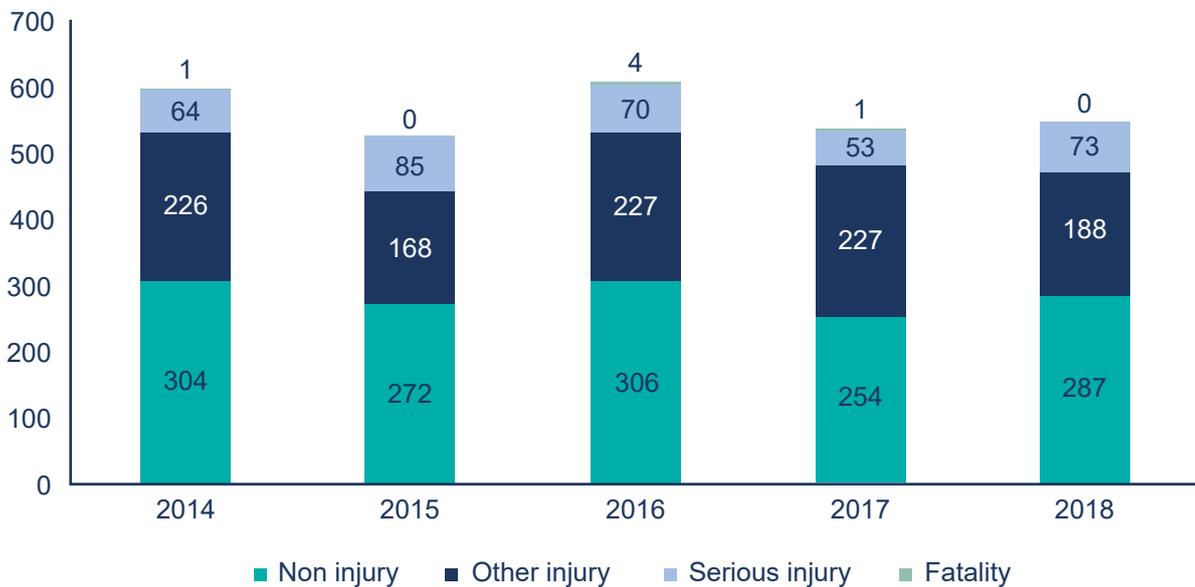
Crash summary 2014–2018: Crash statistics by severity – Glen Eira



Source: VicRoads (2019), Crash statistics, Interactive crash stats application. Available at: <https://www.vicroads.vic.gov.au/safety-and-road-rules/safety-statistics/crash-statistics>

There were 2,810 people involved in crashes in Glen Eira between 2014 and 2018, averaging 562 people per year. On average per annum, 284.6 people did not sustain an injury, 207.2 people sustained ‘other injury’, 69 people were seriously injured and 1.2 people lost their lives.

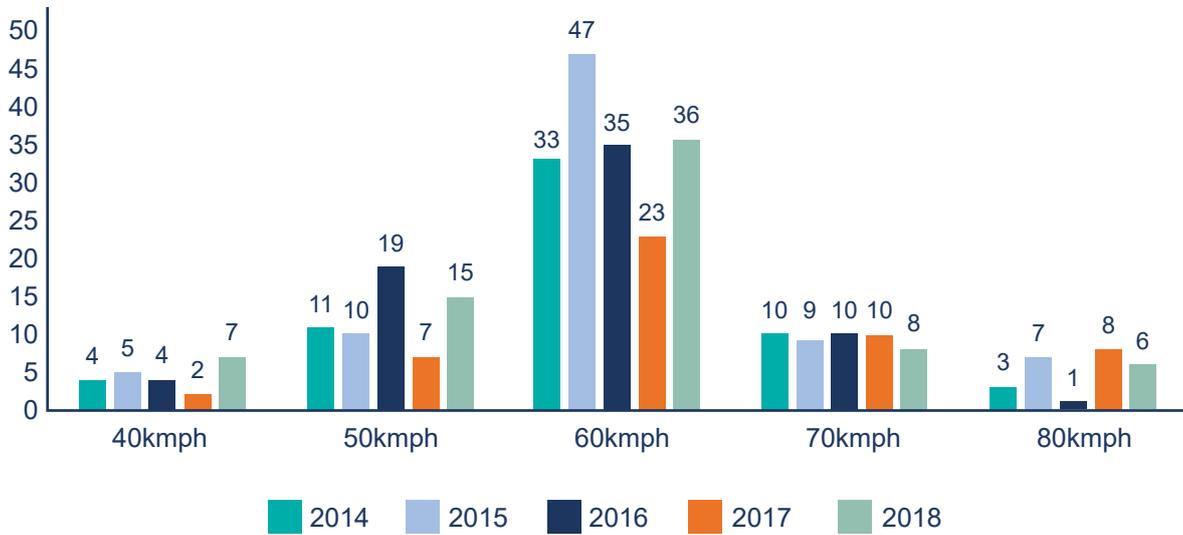
Crash summary 2014–2018: People statistics by injury level – Glen Eira



Source: VicRoads (2019), Crash statistics, Interactive crash stats application. Available at: <https://www.vicroads.vic.gov.au/safety-and-road-rules/safety-statistics/crash-statistics>

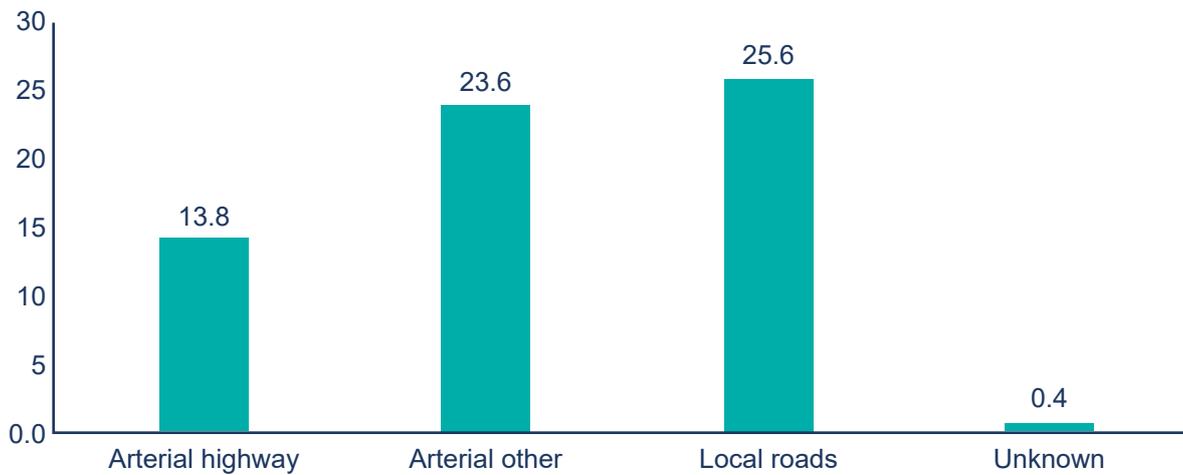
In Glen Eira between 2014 and 2018, the majority of serious injuries sustained during crashes (174) occurred in 60 kilometres per hour (kmph) speed zones, while the least amount of serious injuries occurred in 40kmph (22) and 80kmph (25) speed zones. Glen Eira did not have any serious injuries occur as a result of crashes in 30kmph, 90kmph, 100kmph or 110kmph speed zones as Glen Eira does not have any roads with these speed zones.

Serious injury by speed zone – Glen Eira



Source: VicRoads (2019), Crash statistics, Interactive crash stats application. Available at: <https://www.vicroads.vic.gov.au/safety-and-road-rules/safety-statistics/crash-statistics>

Average per annum by road class, 2014–2018: Serious injury – Glen Eira



Source: VicRoads (2019), Crash statistics, Interactive crash stats application. Available at: <https://www.vicroads.vic.gov.au/safety-and-road-rules/safety-statistics/crash-statistics>

11. CLIMATE CHANGE

Climate change is recognised as one of our most urgent challenges of public health with implications at the global, national and community levels (Source: World Health Organisation)

Under the *Climate Change Act 2017*, local government must consider climate change when preparing a Municipal Public Health and Wellbeing Plan. Tackling climate change and its impacts on health is also a focus area of the Victorian Public Health and Wellbeing Plan 2019–2023 and, under the *Public Health and Wellbeing Act 2008*, councils are required to have regard to the state plan when preparing an MPHWP. (Department of Health and Human Services *Tackling climate change and its impacts on health and through municipal public health and wellbeing planning. Guidance for local government, 2020*).

In Glen Eira, we are experiencing the direct and indirect impacts of climate change. This is particularly evident with changes in temperature that include average annual temperature increases, more hot days and warm spells, less rainfall in winter, but more intense downpours and flooding when it does rain.

Glen Eira City Council has joined the growing movement calling for urgent action to address climate change. In May 2020, Glen Eira City Council passed a motion to declare a climate emergency, signalling its commitment to address the local impacts of climate change within the community.

Understanding the projected climate change scenarios and the resulting impacts combined with community health and wellbeing data provides a strong imperative to protect our community against these impacts through action in the *Municipal Public Health and Wellbeing Plan 2021–25*.

11.1 THE DIRECT AND INDIRECT IMPACTS OF CLIMATE CHANGE

Climate change directly threatens human health and wellbeing through hazards related to increases in extreme heat, bushfires and flooding. This can exacerbate pre-existing medical conditions, and cause heat-related illness particularly to vulnerable residents like babies and pre-schoolers (birth to four), retirees (60 to 69), seniors (70 to 84) and elderly (85 years and over) or residents of socio-economic disadvantage and those living in poorly constructed accommodation. For instance, Victoria's heatwaves in 2009 and 2014 saw 307 and 167 excess deaths recorded during these heat events respectively. (*How Well are We Adapting? – Addressing climate change impacts in municipal public health and wellbeing planning – Guidance Note*)

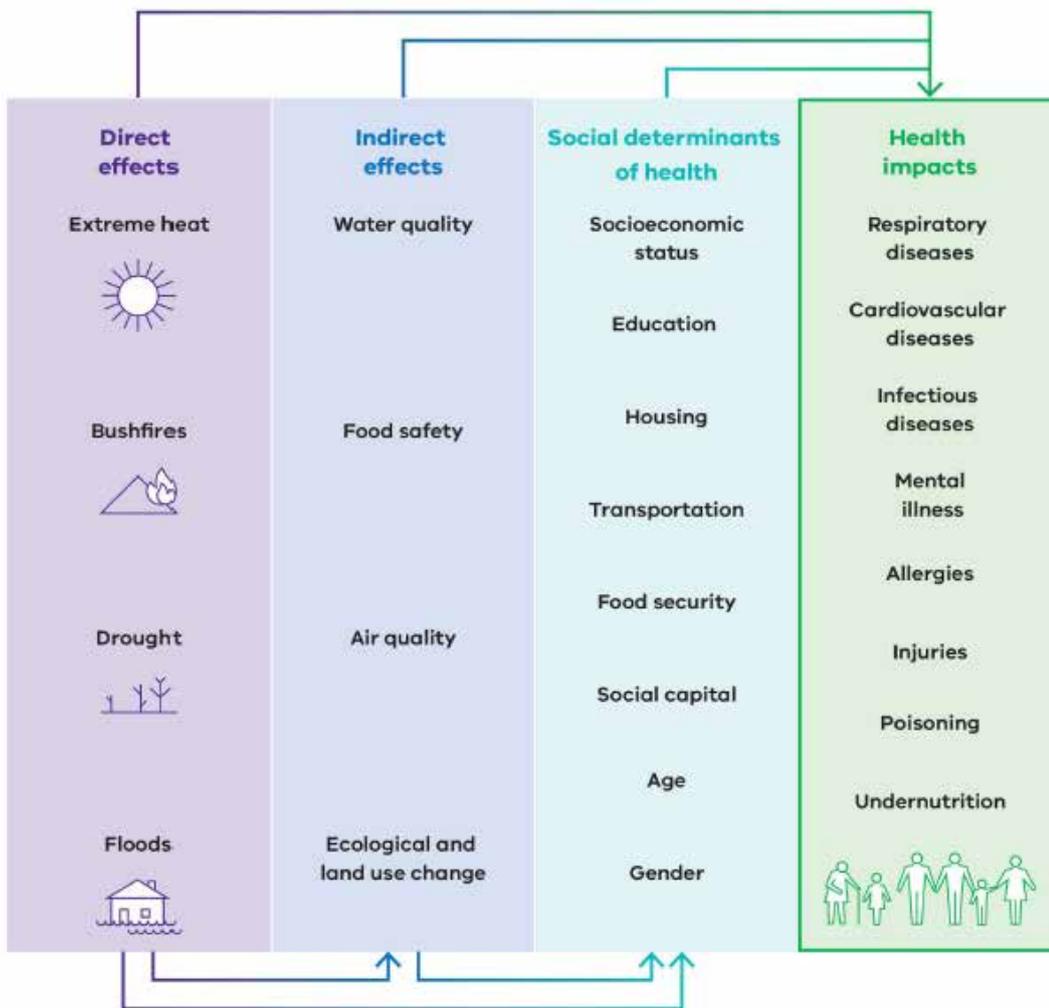
Indirectly climate change can impact human health and wellbeing, through changes to natural systems, leading to vector borne diseases and changes in water quality and air quality. It can also indirectly effect people through human systems, such as occupational impacts and mental stress. (*How Well are We Adapting? – Addressing climate change impacts in municipal public health and wellbeing planning – Guidance Note*)

There is a growing body of evidence shows that regularly enduring extreme weather and heat or cold can strain our mental health and, in some settings, exacerbate family violence or neglect of children when parents are already under pressure (Australian Institute of Family Studies <https://aifs.gov.au/cfca/publications/domestic-and-family-violence-regional-rural-and-remote-communities>; Parkinson, D., & Zara, C. (2013). *The hidden disaster: Domestic violence in the aftermath of natural disaster. Australian Journal of Emergency Management*).

The increase in the number of high fire danger days experienced in Victoria can have long-term and widespread implications for mental health, with high-affected Victorian communities following the Black Saturday bushfires reporting “persistent PTSD (post-traumatic stress disorder), depression, and psychological distress” in a study three to four years following the bushfires. (*How Well are We Adapting? – Addressing climate change impacts in municipal public health and wellbeing planning – Guidance Note*)

These effects interact with the social determinants of health, with those experiencing disadvantage and social isolation disproportionately impacted by climate change and potentially widening already existing health inequities. Social and economic circumstances that pose a health risk in the context of heat include: people who live alone or are socially isolated, people of low socioeconomic status who restrict their use of or have limited access to cooling, and people who don’t speak English who might have reduced access to health and support services and heat alerts and warnings.

Climate change also negatively affects the cost of fresh food, which again often disproportionately impacts vulnerable residents in their fresh food choices, leading to poor nutrition and lifelong health outcomes.



Source: Victorian Government 2020, Tackling climate change and its impacts on health through municipal public health and wellbeing planning: guidance for local government, September 2020, <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/tackling-climate-change-mphwp-guidance-local-gov-pdf>

11.2 SNAPSHOT OF CHANGING CLIMATE IN MELBOURNE

In Victoria the impacts of climate change are already being felt and are expected to increase. *Victoria's Climate Science Report 2019* outlines how the state's climate has already changed over recent decades, becoming hotter and drier, with an overall increase in the frequency of unusually hot days (extreme heat events), a decline in cool season rainfall and a greater number of very high fire danger days in spring (Department of Environment, Land, Water and Planning, Victoria's Climate Science Report 2019. Victoria, Australia: DELWP; 2019).

- Melbourne is expected to continue to get warmer with temperatures to increase year round.
- Observed temperatures in Melbourne are tracking towards the upper limit of projections.
- There will be more hot days and warm spells.
- There will be less rainfall in winter and spring.
- Observed winter rainfall for Melbourne is tracking towards the upper limit of projections.
- There will be more frequent and intense downpours.
- There will be a reduction in air quality due to bush fires.
- There will be a rising sea level.

Victorian data

By the 2050s, under a high emissions scenario and compared to the period 1985-2005, Victoria could experience:¹²



Double the number of very hot days



Average annual temperature increases of up to 2.4°C



Longer fire seasons with up to 60% more 'very high' fire danger days



Declines in winter rainfall



Sea levels rising by around 24 centimetres



More intense downpours



Declines in alpine snowfall of 35-75%

Greater Melbourne data



Maximum and minimum daily temperatures will continue to increase over this century (very high confidence).



Extreme rainfall events are expected to become more intense on average through the century (high confidence) but remain very variable in space and time.



By the 2030s, increases in daily maximum temperature of 0.8 to 1.6°C (since the 1990s) are expected.



Rainfall will continue to be very variable over time, but over the long term it is expected to continue to decline in winter and spring (medium to high confidence), and autumn (low to medium confidence), but with some chance of little change.



By the 2050s, the climate of Melbourne could be more like the current climate of Wangaratta.

11.3 SNAPSHOT OF GLEN EIRA'S CHANGING MICROCLIMATES

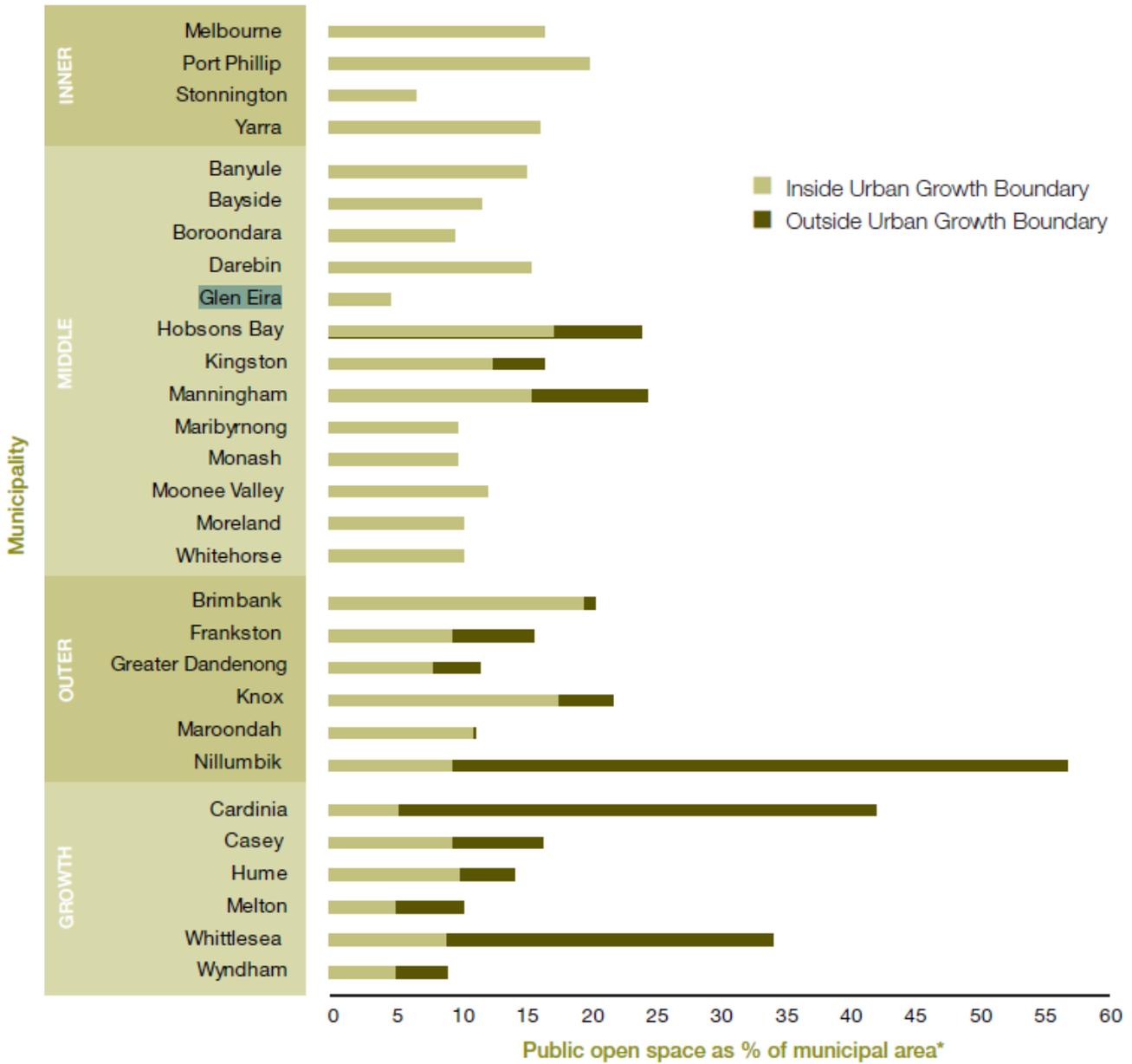
The impacts of climate change are exacerbated in Glen Eira as the municipality has the least amount of public open space compared to all other Local Government Areas within Metropolitan Melbourne. With reduced landscaped or permeable surfaces and less tree canopy cover, the municipality is more susceptible to the urban heat island effect.

Proportion of municipal area

- public open space as a proportion of the entire municipality is lowest in Glen Eira (4.7 per cent) compared to other municipalities within the metropolitan area;
- less vegetation and tree canopy cover;

- more urban heat island and vulnerability to heat;
- less rainfall and drier landscape with more dust ;
- less biodiversity; and
- least amount of open space in metropolitan Melbourne.

Proportion of public open space in each municipality



*'Municipal area' excludes areas zoned in the planning scheme as industrial, green wedge, farming and rural conservation zones.

Source: Part B: The Contribution of Public Land to Liveability and Natural Values. Victorian Environmental Assessment Council

11.3.1 Cooling and Greening Melbourne Interactive Map

The Cooling and Greening Melbourne Interactive Map covers the city's metropolitan areas and brings together three main datasets: vegetation cover, urban heat, and the heat vulnerability index. Data was captured in 2014 and 2018. The interactive map offers a visual capture of data at local government, suburb, ABS Statistical Area Level 1 (SA1) and Mesh Block levels. (<http://mapshare.maps.vic.gov.au/coolinggreening/>)

11.3.2 Vegetation cover 2014 to 2018

- For all trees across the municipality there was approximately a two per cent loss.
- For all vegetation across the municipality, there was a five to 10 per cent loss.

At the suburb level scale, vegetation loss reduced by up to five to 10 per cent in some suburbs.

- For all trees across the suburbs there was approximately a two per cent loss.
- For all vegetation across the municipality, there was a two to five per cent loss in the northern postcodes, and a five to 10 per cent predominating across the remaining postcodes.



Figure 1 Glen Eira suburb level scale indicating vegetation loss across the municipality between 2014 to 2018

Source: Department of Environment, Land, Water and Planning (2020) Cooling and Greening Melbourne Interactive Map <http://mapshare.maps.vic.gov.au/coolinggreening/>

11.3.3 Urban heat 2018

The urban heat data for 2018 show how many degrees Celsius the average temperature within the urban parts of each boundary area in Glen Eira is above or below the non-urban baseline.

On average Glen Eira is five to 10 degrees C warmer than the non-urban baseline. At the neighbourhood scale (mesh-block), most areas are also five to 10 degrees warmer with some areas (shown in orange) being 10 to 15 degrees C warmer than the non-urban baseline.



Figure 2 Urban heat map using data from 2018 for Glen Eira.

Source: Department of Environment, Land, Water and Planning (2020) Cooling and Greening Melbourne Interactive Map <http://mapshare.maps.vic.gov.au/coolinggreening/>

At the smaller geographic neighbourhood level (SA1), heat vulnerability index is 5 within this neighbourhood in Bentleigh McKinnon indicating the population in this area is more vulnerable to extreme heat events.

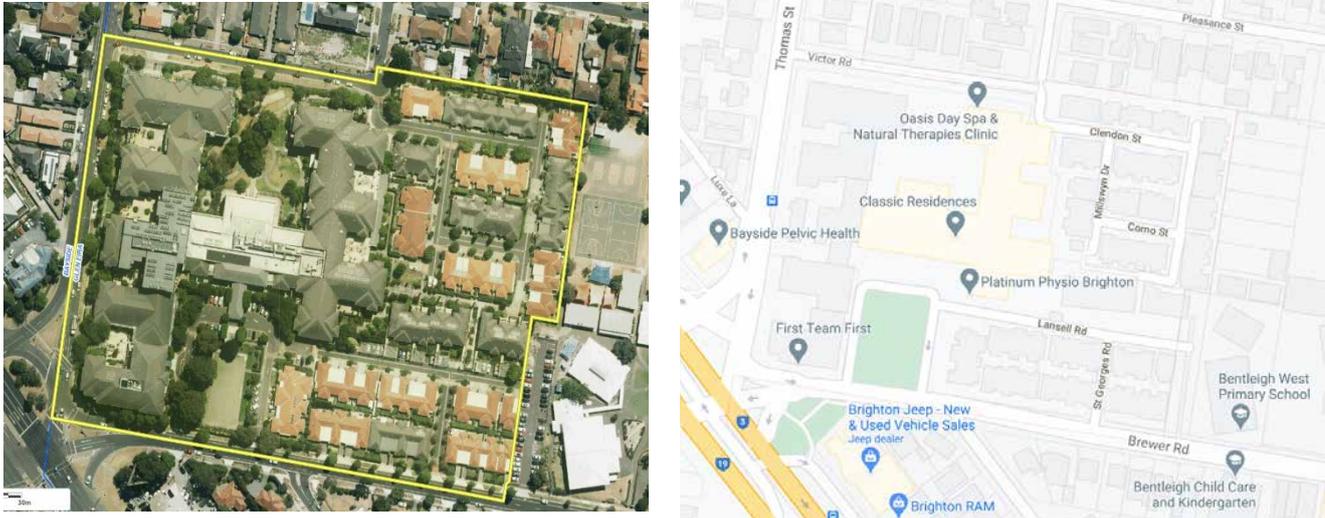


Figure 3 Heat vulnerability mapping for 2018, identifies a Bentleigh McKinnon neighbourhood block as high vulnerability, scoring 5 out of 5.

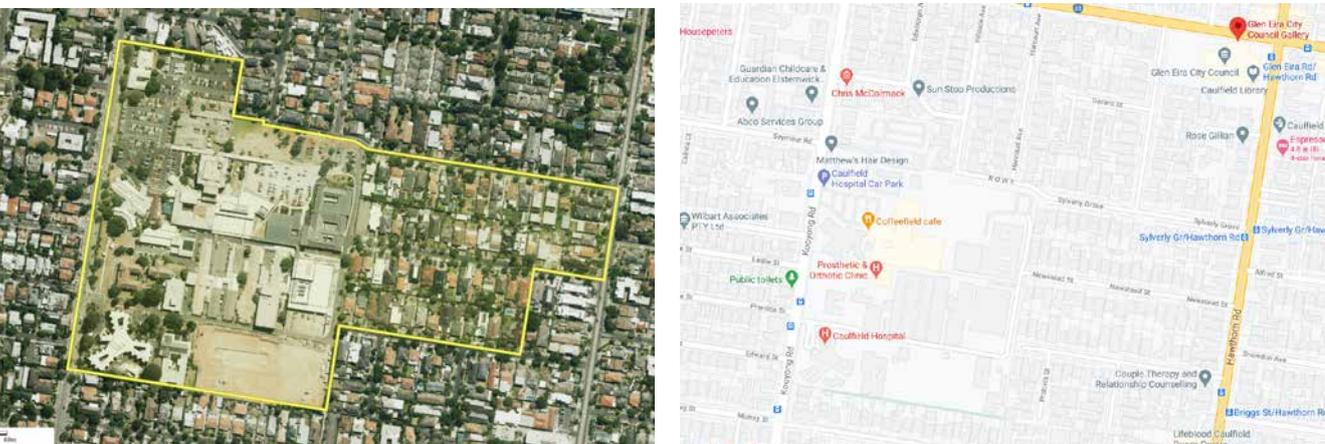


Figure 4 Heat vulnerability mapping for 2018, identifies a Caulfield South neighbourhood block as high vulnerability, scoring 4 out of 5.

11.3.5 Snapshot of climate vulnerability characteristics

We are all affected by the changing climate, but several groups are more vulnerable to its impacts.

Vulnerable people in Glen Eira include babies and pre-schoolers (birth to four), retirees (60 to 69), seniors (70 to 84) and elderly residents (85 years and over), with severe chronic health issues, newly arrived external immigrants and residents, households of socio-economic disadvantage, people who are homeless, those registered as vulnerable persons on Council’s Vulnerable Client Register, and residents requiring Critical Home and Community Care services.

Of the estimated 157,311 residents in Glen Eira, around 30,000 are vulnerable to the impacts of climate change – that is approximately 20 per cent of all residents (Figures based on population data for the City of Glen Eira by 'profile id and commonly understood groups of vulnerable people (ABS).

This 'climate vulnerable' profile presents a wide range of health characteristics, needs and capacities required in order to cope with the impact's climate change presents.

Given the very broad range of characteristics of climate vulnerable residents, the capacity to respond to climate change impacts also includes a range of broad and at times unrelated characteristics, including age, existing health, mental health and wellbeing, education, income, community cohesion, housing, disadvantage, proximity to green open space and general health behaviours.

Examples of how climate affects our health and wellbeing

- babies and pre-schoolers (birth to four), retirees (60 to 69), seniors (70 to 84) and elderly (85 years and over) are less able to tolerate very hot weather;
- people with chronic health conditions like asthma, allergies chronic lung disease are exacerbated by dust and bushfires;
- elderly residents, newly arrived immigrants or households of socio-economic disadvantage in poorly insulated housing are affected by over-heating or cold in winter;
- households of socio-economic disadvantage in Glen Eira are unable to afford electricity to run air conditioners even if they have them, and often live with heat stress in potentially overcrowded conditions, which can lead to family violence and anti-social behaviour; and
- extreme heat and resultant demand on the electricity grid serving Glen Eira can lead to blackouts risking food safety during power outages.

11.4 HOW CLIMATE CHANGE IMPACTS OUR RESIDENTS?

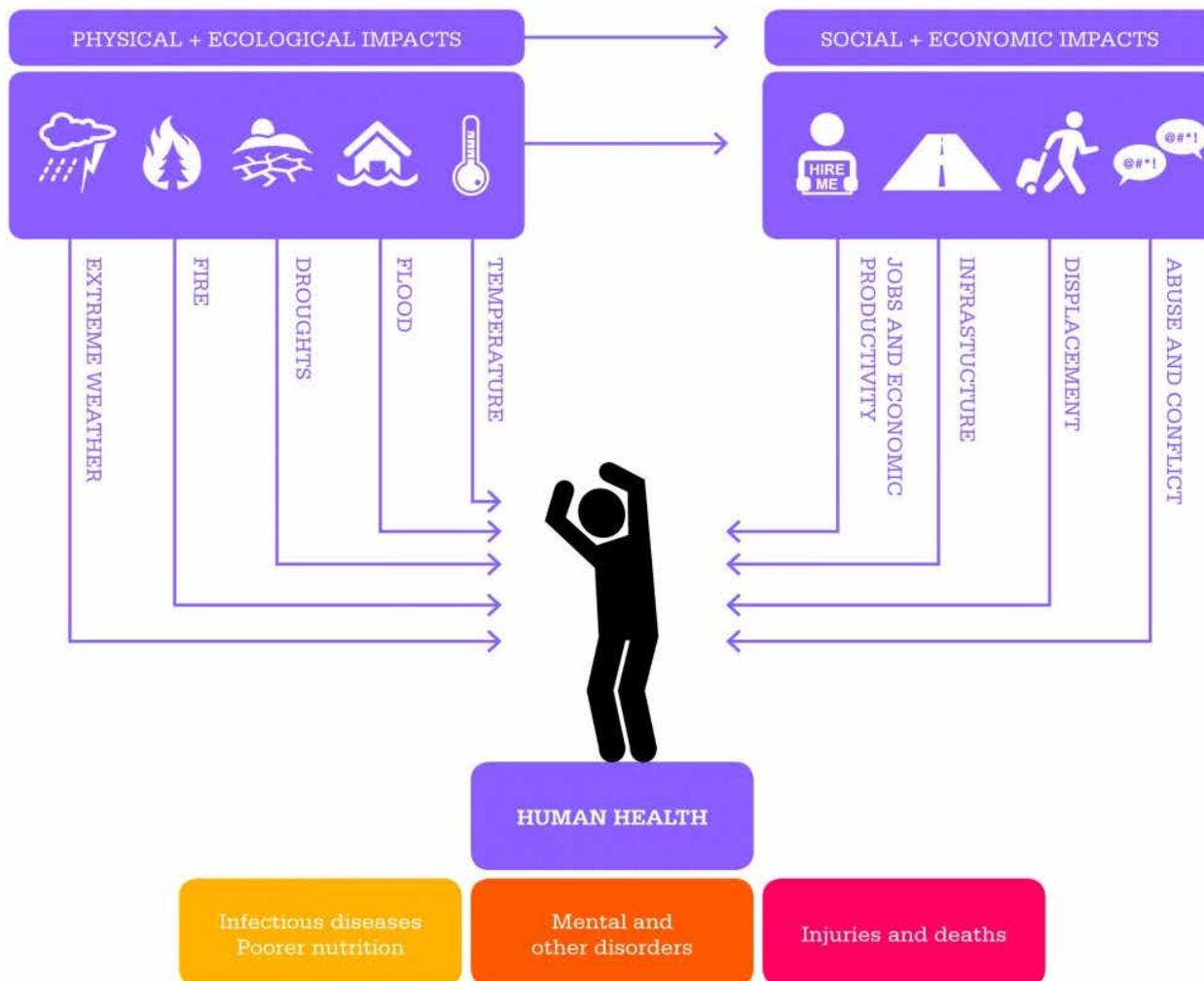
Climate change in the context of municipal health and wellbeing, impacts our community in the following ways:

11.4.1 Physical health in the changing climate

- heat stress and heat stroke;
- lung complaints from increased air pollution such as asthma and lung disease;
- thunderstorm asthma;
- pollen related allergies; and
- larger family discomfort in small poorly performing homes with babies and pre-schoolers, primary schoolers or secondary schoolers.

11.4.2 Mental wellbeing in the changing climate

- emotional responses;
- eco anxiety, particularly for our young people;
- family violence;
- anti-social behaviour; and
- cost of heating and cooling homes as weather fluctuates.



Source: Climate Council Australia How does climate change impact our health?
<https://www.climatecouncil.org.au/resources/how-does-climate-change-impact-your-health/>

11.4.3 Combining sustainability and community data to support climate adaptive decisions

Understanding the projected climate change scenarios and the resulting impacts combined with this Glen Eira Health and Wellbeing profile 2020 provides important information on ways to support our community, particularly more vulnerable populations.

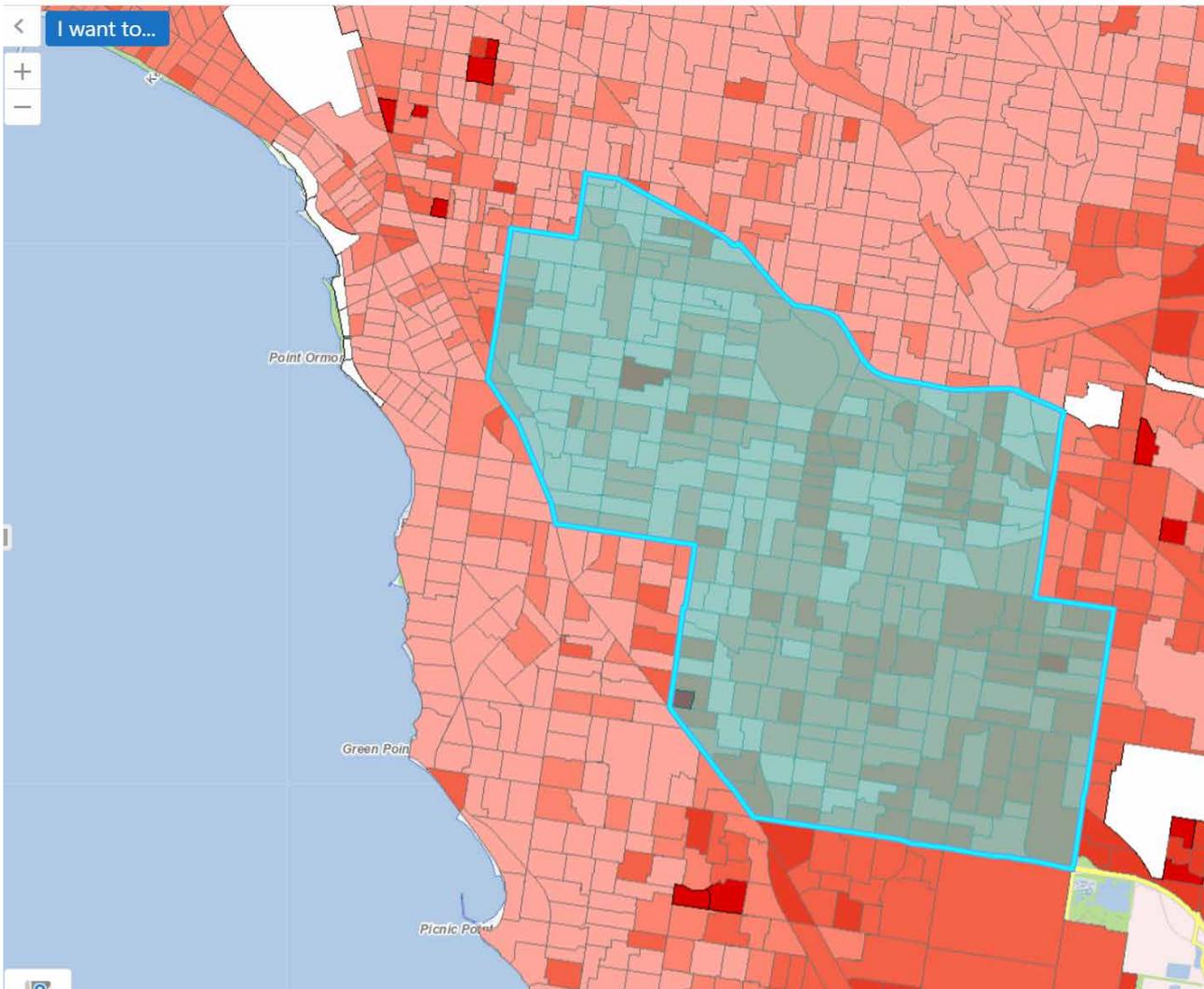
Having this understanding allows Council to provide support to our climate vulnerable residents, particularly during extreme weather events, but also help build their resilience to cope with these events independently.

Actions could involve working closely with vulnerable clients to improve our understanding on how to better support and inform residents of practical everyday adaptation measures to cope in very hot weather.

Some examples to inform climate adaptive municipal health and wellbeing practice

The area highlighted in Caulfield South is a neighbourhood with high heat vulnerability and index ratings of 4 and 5 (refer page 138). Combining this heat vulnerability data with demographic data maps indicates these same areas have a high percentage of residents who are over the age of 65 – a highly vulnerable group to climate change.

Cooling and Greening Melbourne Interactive Map



The area in Caulfield South shows 189 people out of 404 in this neighbourhood are over the age of 65. Therefore 47 per cent of that small population within Glen Eira are within our vulnerable and therefore climate vulnerable population.

Overlaying the heat vulnerability data with the population data can be used to help identify neighbourhood scale locations within Glen Eira where climate adaptive municipal health and wellbeing projects can take place, which will have a positive impact on a targeted climate vulnerable group.

11.4.4 Glen Eira stories – anecdote for how changing climate affects us

There are important health services for vulnerable populations that can be impacted by extreme weather events. Services such as Maternal and Child Health and home and community care services can be affected during extreme weather.

Anecdotally clients of the Maternal and Child Health Service are more likely to cancel or simply not attend appointments in extreme weather conditions, such as heat wave or during heavy downpour.

There is a recognition that vulnerable clients can sometimes be living in poor quality and non-permanent housing where heating and cooling may not always be reliable. This can possibly impact on mental health and coping abilities. Some vulnerable clients are also less likely to have private transportation and catching public transport can also be problematic in extreme weather conditions (Glen Eira Council Maternal and Child Health Service — Family, Youth and Children Services).

Glen Eira Community Care Services that include critical food delivery, personal care and welfare checks for vulnerable clients become even more imperative during extreme weather periods (Glen Eira Council Community Care Services — Community Development and Care Unit).

Council facilities such as libraries are becoming places of relief and refuge seeking among the community during extreme weather events, particularly during heatwaves. Glen Eira Libraries and leisure centres are seeing an increase in attendance particularly during hot weather. By combining weather data from the Bureau of Meteorology and our library branch attendance records, this anecdotal evidence backs up our assumptions. For example, during the very hot March 2019, attendance increased between 10 to 16 per cent on the hottest day of 38 degrees Celsius at Caulfield and Elsternwick libraries, when compared to average attendance on an average temperature day of 26 degrees (Glen Eira Council Libraries - Libraries, Arts and Culture Team).

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