
Our Community: A Snapshot
Introduction

A Healthy and Resilient Monash: Integrated Plan 2017-2021 has two companion documents. These are:

- **Action Plan Year Two 2018 -2019** which identifies directions to guide our work over the next year; and
- **Our Community: A Snapshot** which highlights the key community evidence which has assisted us to shape our priorities and actions.

Our Community: A Snapshot has ten sections. The first is the Monash Community Profile, which contains overall population information. The remaining nine sections are divided between the three priorities within A Healthy and Resilient Monash Framework, as follows:

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<td>10. Feeling Safe</td>
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</tbody>
</table>
1. Monash Population Profile

Monash Population Profile provides a snapshot of population characteristics which include the first release of information from Census 2016

This will be progressively updated as more information is released.

Suburbs

The City of Monash includes the suburbs of Ashwood, Burwood (part), Chadstone, Clayton, Glen Waverley, Hughesdale, Huntingdale, Mount Waverley, Mulgrave, Notting Hill, Oakleigh, Oakleigh East, Oakleigh South (part) and Wheelers Hill.

Population

The Australian Bureau of Statistics (ABS) Estimated Resident Population (ERS) for 2016 was 190,234. The Census usual resident population of the City of Monash in 2016 was 182,617 residents living in 70,624 dwellings with an average household size of 2.7. This is an increase of 12,899 people from 2011, when the ERS was recorded as 177,345.

Age Profile

The median age of Monash residents is 37 years, which is slightly older than the median age of the Metropolitan Melbourne population which is 36 years.

The major differences between the age structure of the City of Monash and Greater Melbourne are:

- Monash has a larger percentage (17.2%) of ‘seniors’ (65+ years) compared with Greater Melbourne (14.1%);
- Monash has a larger percentage (13.3%) of young people categorised as ‘tertiary education and independence’ (18 - 24 years) compared to Greater Melbourne (10.0%);
- A smaller percentage (19.5%) of ‘parents and homebuilders’ (35 - 49 years) compared to Greater Melbourne (21.1%).

Cultural Diversity in Monash

Monash has a high level of cultural diversity, with around half of residents born in another country.

In the 2016 Census 48.9% Monash residents identified as being born in another country, compared with 33.8% of Metropolitan Melbourne. This percentage increases to 51.5% for Monash if you exclude “not stated” responses.

The top three overseas countries of birth are China (12.5%), India (5.3%), and Sri Lanka (3.6%).

Half of Monash residents speak a language other than English at home; the most frequently spoken languages are Mandarin, Greek, Cantonese and Sinhalese.

Monash has relatively larger proportion of overseas arrivals who arrived between 2011 and August 2016 (28.9%) compared with Metropolitan Melbourne (23.5%). The percentage of humanitarian arrivals in Monash is relatively low.

Refer to Our Community; A Snapshot Section 9 for more information on Cultural Diversity.
1. Monash Population Profile

Fertility Rate
The City of Monash has a fertility rate of 1.4, which is lower than the Victorian average of 1.9.10

Unemployment Rate
In the June 2018 quarter Monash recorded an unemployment rate of 3.20% which is lower than the Greater Melbourne rate of 5.74%.11

Disability
In 2016, 8,836 people or 4.8% of the population in the City of Monash reported needing help in their day-to-day lives due to a disability. This figure is close to the Metropolitan Melbourne average of 4.9%.12

In the City of Monash there are 16,996 carers providing unpaid assistance to a person with a disability, long term illness or who are ageing.13

Refer to Our Community: A Snapshot Section 9 for more information on Disability.

Indigenous Australians
The original inhabitants of the area were the Bunurong tribe, one of four tribes that made up the Kulin nation who lived in what was to become Melbourne and surrounding areas.14

It is estimated that 0.2% of the Monash population in 2016 were Aboriginal and Torres Strait Islanders, or around 414 people. The proportion of Aboriginal and Torres Strait Islanders in Greater Melbourne is higher, at 0.5%.15

REFERENCE LIST


2. Healthy Lifestyles

3. Healthy Minds

4. Healthy Environments
2. Healthy Lifestyles

A city dedicated to optimal health and wellbeing for its community

Under the banner of Healthy Lifestyles consideration is given to an overview of the physical health of Monash residents and the lifestyle factors that the evidence tells us have significant impacts on physical health and wellbeing.

A. PHYSICAL HEALTH

The following table summarises data provided by the Victorian Department of Health and Human Services (DHHS).\(^1\) Please note that all DHHS and Vic Health data used in the Snapshot is the most recently available at a local government level at the time of writing.

<table>
<thead>
<tr>
<th>HEALTH CONDITIONS</th>
<th>Monash Measure</th>
<th>LGA Rank</th>
<th>State Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>People reporting asthma</td>
<td>9.8%</td>
<td>58</td>
<td>10.9%</td>
</tr>
<tr>
<td>People reporting type 2 diabetes</td>
<td>5.4%</td>
<td>26</td>
<td>5.0%</td>
</tr>
<tr>
<td>People reporting high blood pressure</td>
<td>27.1%</td>
<td>35</td>
<td>25.9%</td>
</tr>
<tr>
<td>People reporting heart disease</td>
<td>5.8%</td>
<td>65</td>
<td>6.9%</td>
</tr>
<tr>
<td>People reporting osteoporosis</td>
<td>4.6%</td>
<td>59</td>
<td>5.3%</td>
</tr>
<tr>
<td>People reporting arthritis</td>
<td>18.3%</td>
<td>63</td>
<td>19.8%</td>
</tr>
<tr>
<td>People with dementia (estimated) per 1,000 population</td>
<td>20.4</td>
<td>31</td>
<td>16.8%</td>
</tr>
<tr>
<td>People reporting being obese</td>
<td>14.4%</td>
<td>68</td>
<td>18.8%</td>
</tr>
<tr>
<td>Females reporting being obese</td>
<td>16.5%</td>
<td>57</td>
<td>17.2%</td>
</tr>
<tr>
<td>Males reporting being obese</td>
<td>11.5%</td>
<td>71</td>
<td>20.4%</td>
</tr>
<tr>
<td>People reporting being pre-obese</td>
<td>31.6%</td>
<td>38</td>
<td>31.2%</td>
</tr>
<tr>
<td>Females reporting being pre-obese</td>
<td>19.9%</td>
<td>63</td>
<td>24.3%</td>
</tr>
<tr>
<td>Males reporting being pre-obese</td>
<td>43.5%</td>
<td>24</td>
<td>38.4%</td>
</tr>
<tr>
<td>Cancer incidence per 1,000 population</td>
<td>5.3</td>
<td>55</td>
<td>5.2</td>
</tr>
<tr>
<td>Cancer incidence per 1,000 females</td>
<td>5.1</td>
<td>48</td>
<td>4.8</td>
</tr>
<tr>
<td>Cancer incidence per 1,000 males</td>
<td>5.6</td>
<td>58</td>
<td>5.6</td>
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<tr>
<td>People reporting poor dental health</td>
<td>5.4%</td>
<td>46</td>
<td>5.6%</td>
</tr>
<tr>
<td>Notifications of pertussis per 100,000 population</td>
<td>71.3</td>
<td>44</td>
<td>80.9</td>
</tr>
<tr>
<td>Notifications of influenza per 100,000 population</td>
<td>268.1</td>
<td>34</td>
<td>293.8</td>
</tr>
<tr>
<td>Notifications of Chlamydia per 100,000 population</td>
<td>228.5</td>
<td>64</td>
<td>330.7</td>
</tr>
<tr>
<td>LIFE EXPECTANCY, WELLBEING, INJURY &amp; MORTALITY</td>
<td>Monash Measure</td>
<td>LGA Rank</td>
<td>State Measure</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>----------------</td>
<td>----------</td>
<td>--------------</td>
</tr>
<tr>
<td>Female life expectancy</td>
<td>85.8</td>
<td>3</td>
<td>84.4</td>
</tr>
<tr>
<td>Male life expectancy</td>
<td>81.5</td>
<td>6</td>
<td>80.3</td>
</tr>
<tr>
<td>People reporting fair or poor health status</td>
<td>16.8%</td>
<td>28</td>
<td>15.9%</td>
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<tr>
<td>Females reporting fair or poor health status</td>
<td>17.0%</td>
<td>18</td>
<td>15.6%</td>
</tr>
<tr>
<td>Males reporting fair or poor health status</td>
<td>16.0%</td>
<td>35</td>
<td>16.2%</td>
</tr>
<tr>
<td>People reporting high/very high psychological distress</td>
<td>12.6%</td>
<td>35</td>
<td>12.6%</td>
</tr>
<tr>
<td>People reporting adequate work-life balance</td>
<td>57.1%</td>
<td>13</td>
<td>53.1%</td>
</tr>
<tr>
<td>Unintentional injuries treated in hospital per 1,000 population</td>
<td>40.7</td>
<td>70</td>
<td>61.0</td>
</tr>
<tr>
<td>Intentional injuries treated in hospital per 1,000 population</td>
<td>2.0</td>
<td>64</td>
<td>3.0</td>
</tr>
<tr>
<td>Unintentional injuries due to falls</td>
<td>45.8%</td>
<td>4</td>
<td>38.7%</td>
</tr>
<tr>
<td>Indirect standardised death rate per 1,000 population</td>
<td>4.4</td>
<td>75</td>
<td>5.3</td>
</tr>
<tr>
<td>Avoidable deaths among people aged less than 75 years, all causes, per 100,000 population</td>
<td>70.0</td>
<td>77</td>
<td>109.0</td>
</tr>
<tr>
<td>Avoidable deaths among people aged less than 75 years, cancer, per 100,000 population</td>
<td>17.8</td>
<td>72</td>
<td>23.8</td>
</tr>
<tr>
<td>Avoidable deaths among people aged less than 75 years, cardiovascular diseases, per 100,000 population</td>
<td>12.8</td>
<td>76</td>
<td>23.0</td>
</tr>
<tr>
<td>Avoidable deaths among people aged less than 75 years, respiratory diseases, per 100,000 population</td>
<td>3.4</td>
<td>67</td>
<td>8.1</td>
</tr>
</tbody>
</table>

**Cancer**

The five leading cancers in Victoria are prostate, bowel, breast, lung and melanoma. 2

In 2014, the Monash cancer incidence per 100,000 population was 533, comparable with the Victorian measure of 522. The incidence of avoidable deaths among people aged less than 75 years per 100,000 population in Monash was 70 which was much lower than the Victorian measure of 109.3

**Dementia**

Dementia is the leading cause of death in Australian females and the second leading cause of death of Australians. The estimated number of Australians living with dementia is greater than 430,000 Australians in 20185. This number is expected to increase to around 590,000 by 2028 and over a million by 2058.6

The number of people in the City of Monash with dementia in 2016 was nearly 3,800 people.
and the number of Monash residents estimated to have dementia by 2050 is almost 7,700, an increase of over 200%.\(^7\)

**Diabetes**

Around 1.7 million Australians have diabetes. This includes all types of diagnosed diabetes (1.2 million known and registered) as well as silent, undiagnosed type 2 diabetes (up to 500,000 estimated).\(^8\)

Diabetes is the fastest growing chronic condition in Australia; increasing at a faster rate than other chronic diseases such as heart disease and cancer. All types of diabetes are increasing in prevalence:

- Type 1 diabetes accounts for 10% of all diabetes and is increasing;
- Type 2 diabetes accounts for 85% of all diabetes and is increasing; and
- Gestational diabetes in pregnancy is increasing.\(^9\)

More than 100,000 Australians have developed diabetes in the past year.

The Victorian Population Health Survey 2014 found that 5.5% of the Monash population had Type 2 diabetes, which was greater than the Victorian average of 5.3.\(^10\)

**Stroke**

Stroke is one of Australia’s biggest killers and a leading cause of disability. In 2017 there will be almost 56,000 new and recurrent strokes – that is one stroke every nine minutes. In 2017 there were more than 475,000 people living with the effects of stroke. This is predicted to increase to one million by 2050. Around 30% of stroke survivors are of working age [under the age of 65]. 65% of stroke survivors suffer a disability which impedes their ability to carry out daily living activities unassisted. The financial cost of stroke in Australia is estimated to be $5 billion each year. The Stroke Foundation reports that more than 80% of strokes can be prevented. High blood pressure is the most important known risk factor for stroke and can be controlled by changes to diet and lifestyle.\(^11\)

**Cardiovascular Disease**

Cardiovascular disease (CVD) refers to all diseases and conditions involving the heart and blood vessels. The main types of CVD in Australia are coronary heart disease, stroke and heart failure/ cardiomyopathy.

Cardiovascular disease (CVD) is a major cause of death in Australia. There were 43,477 deaths attributed to CVD in Australia in 2017. On average, one Australian dies as a result of CVD every 12 minutes.

One in six Australians are affected by cardiovascular disease, accounting for more than 4.2 million Australians.

A higher burden of risk factors is associated with a higher lifetime risk of death from CVD. These risk factors include high blood pressure, high blood cholesterol, smoking, diabetes, overweight or obesity, and physical inactivity.\(^12\)

**Babies and Children**

In 2015 the Department of Health and Human Services reported that in Monash:

- 6.8% of babies are recorded as having low birth weights, compared to 6.6% state wide.\(^13\)
- 54.8% of Monash infants are fully breast fed at 3 months, which is greater than the state wide figure of 51.8%.\(^14\)
- 89.3% of children are fully immunised between 24 and 27 months compared with 90.5% for the state of Victoria.\(^15\)
Mental Health

In any one year it is estimated that 20% of adults (aged 16-85) will experience a mental health disorder, while 45% of adults will experience a mental health disorder in their lifetime.16

For more detailed analysis of mental health please refer to Section 3 Healthy Minds.

B. PHYSICAL ACTIVITY

The many benefits of regular physical activity can include:

- Reduce the risk of, or help manage, type 2 diabetes;
- Reduce the risk of, or help manage, cardiovascular disease (CVD);
- Maintain and/or improve blood pressure, cholesterol and blood sugar levels;
- Reduce the risk of, and assist with rehabilitation from some cancers;
- Prevent unhealthy weight gain and assist with weight loss;
- Build strong muscles and bones;
- Create opportunities for socialising and meeting new people;
- Help to prevent and manage mental health problems; and
- Help to develop and maintain overall physical and mental well-being.17

Physical Activity Guidelines

Australia’s Physical Activity and Sedentary Behaviour Guidelines outline the minimum levels of physical activity required for health benefits. The Guidelines also include ways to incorporate physical activity and minimise sedentary behaviour in everyday life.

New physical activity guidelines suggest at least 60 minutes of physical activity per day. Walking can increase cardiovascular fitness, strengthen bones, reduce excess body fat, and boost muscle power and fitness.18

The World Health Organisation confirms that regular physical activity of moderate intensity – such as walking, cycling, or doing sports – has significant benefits for health. At all ages, the benefits of being physically active outweigh potential harm, for example through accidents. Some physical activity is better than doing none. By becoming more active throughout the day in relatively simple ways, people can quite easily achieve the recommended activity levels.19

Consequently, in 2004, the World Health Assembly adopted the Global Strategy on Diet, Physical Activity and Health. This Strategy describes the actions needed to increase physical activity worldwide. The Strategy urges stakeholders to take action at global, regional and local levels to increase physical activity.20
Obesity and Overweight

Overweight and obesity is measured at the population level for adults using the Body Mass Index (BMI) which is calculated by dividing weight in kilograms by height in metres squared. Overweight is measured at a BMI of 25 or more with obesity determined at a BMI of 30 or more. These cut-off points are based on associations between and chronic disease and mortality and have been adopted for use internationally by the World Health Organisation.

Being overweight or obese can have serious negative health consequences, and the effects of overweight and obesity are a leading health concern in Australia. Carrying extra weight can lead to cardiovascular disease (mainly heart disease and stroke), type 2 diabetes, musculoskeletal disorders like osteoarthritis, and some cancers. These conditions cause premature death and substantial disability.

Overweight and obesity rates in Australia are some of the highest in the world. In 2014/15, 11.2 million Australian adults were overweight or obese, equivalent to a national rate of 63.4%. National rates of overweight and obesity have increased in recent decades, up from 56.3% in 1995.

Overall, a higher percentage of men (70.8%) were overweight or obese than women (56.3%). The percentage of adults who were overweight or obese generally increased with age.

This means that two (2) in three (3) Australian adults are overweight or obese, and 1 in 4 Australian children are overweight or obese.

Obesity & Overweight in Monash

The LGA measure of people within the City of Monash who are obese is 14.4% which is slightly less than the Victorian measure of 18.8%. The percentage of people within the City of Monash who are overweight is 31.6% comparable to the Vic measure of 31.2%.

In a recent study from Victoria University’s Australian Health Policy Collaboration, it was established that Clayton had the highest rates of children with weight problems with 42.4% considered overweight or obese.

Physical Inactivity

Physical inactivity is now identified as the fourth leading risk factor for global mortality. Physical inactivity levels are increasing in many countries with major implications for the prevalence of non-communicable diseases (NCDs) and the general health of the population worldwide.

The significance of physical activity on public health is clear and the WHO and governments worldwide promote and encourage physical activity as critical factor in the prevention of NCDs.

The evidence is conclusive - regular physical activity has many health benefits and plays an important role in promoting healthy weight and preventing disease.

The most commonly reported barriers to physical activity among physically inactive Australians are a lack of time (40%) and injury or disability (20%). Cost however is also a significant barrier. Regardless of how socioeconomic status is measured, studies repeatedly find that men and women from low socioeconomic groups have a higher incidence of sedentary behaviour or insufficient physical activity to benefit health. Within this group, women in particular report lower levels of physical activity.

More than two thirds of adult Australian females are classified as being sedentary or having low levels of exercise. Barriers to participation include: (i) Confidence, knowledge and belief in their own ability, (ii) lack of motivation, (iii) time and (iv) cost.
Physical Activity in Monash

**Table 1:** Snapshot of Physical Activity in Monash provides some insight into the nature and level of physical activity in Monash compared with both metropolitan Melbourne and more broadly across Victoria. Some points to note include:

- Monash is on par with metropolitan Melbourne and Victoria with 17.4% of the population participating in no physical activity in the week prior to the survey. While Monash is performing marginally better than the rest of the state, 17.4% is too high a percentage of non-activity;
- Monash is lagging well behind on the measure of 4 or more days of physical activity per week; and
- Monash residents prefer non-organised physical activity over organised physical activity - this is consistent with both the metropolitan and Victorian average.34

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>Monash</th>
<th>Metro Average</th>
<th>Vic Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Activity 0 days per week</td>
<td>17.4%</td>
<td>18.1%</td>
<td>18.9%</td>
</tr>
<tr>
<td>Physical Activity 4 or more days per week</td>
<td>37.5%</td>
<td>41.4%</td>
<td>41.3%</td>
</tr>
<tr>
<td>Participation in an organised (e.g. club) physical activity, weekly</td>
<td>7.7%</td>
<td>8.7%</td>
<td>9.8%</td>
</tr>
<tr>
<td>Participation in non-organised activity, weekly: usual activity–jogging/running</td>
<td>17.6%</td>
<td>15.1%</td>
<td>14.0%</td>
</tr>
<tr>
<td>Participation in non-organised activity, weekly: usual activity - gym or fitness</td>
<td>8.2%</td>
<td>12.4%</td>
<td>11.8%</td>
</tr>
</tbody>
</table>

C. NUTRITION

A balanced diet, including eating sufficient fruit and vegetables, reduces a person’s risk of developing long-term health conditions including cardiovascular disease and diabetes.

In 2015 Monash residents had an average of 2.2 serves of vegetables per day, which is the same as the Victorian average.36 Monash residents reported eating an average of 1.7 serves of fruit each day, which is similar to the Victorian average of 1.6.37 On average, Monash residents drank 5.5 cups of water per day. This is similar to the Victorian average of 5.4%.38

Almost half of the Monash population do not meet fruit and vegetable intake guidelines (48.1%), comparable with the Victorian measure of 48.6%.39 However this is an improvement on previous results for Monash in 2013 (52.4%). The percentage of people consuming sugar sweetened soft-drink everyday is 10.2% comparable with the Victorian measure of 11.2%.40

Food Security

The Vic Health Indicators Survey 2015, found the percentage of Monash residents that ran out of food in the past 12 months and could not afford to buy more was 2.7%. The Victorian figure was 4.6%.41
D. LIFESTYLE FACTORS

The consumption of alcohol, tobacco and other drugs is a major cause of preventable disease and illness in Australia. The following table summarises lifestyle and behaviour data provided by the Victorian Department of Health and Human Services (DHHS)\(^{42}\)

<table>
<thead>
<tr>
<th>HEALTH BEHAVIOURS</th>
<th>LGA Measure</th>
<th>LGA Rank</th>
<th>State Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>People aged over 18 who are current smokers</td>
<td>10.8%</td>
<td>61</td>
<td>13.1%</td>
</tr>
<tr>
<td>People at increased risk of alcohol-related harm on a single occasion of drinking</td>
<td>36.7%</td>
<td>70</td>
<td>42.5%</td>
</tr>
<tr>
<td>People who do not meet dietary guidelines for either fruit or vegetable consumption</td>
<td>48.1%</td>
<td>52</td>
<td>48.6%</td>
</tr>
<tr>
<td>Females who do not meet dietary guidelines for either fruit or vegetable consumption</td>
<td>44.0%</td>
<td>39</td>
<td>43.4%</td>
</tr>
<tr>
<td>Males who do not meet dietary guidelines for either fruit or vegetable consumption</td>
<td>54.4%</td>
<td>51</td>
<td>54.0%</td>
</tr>
<tr>
<td>People who drink sugar-sweetened soft drink every day</td>
<td>10.2%</td>
<td>57</td>
<td>11.2%</td>
</tr>
<tr>
<td>People who do not meet physical activity guidelines</td>
<td>55.1%</td>
<td>32</td>
<td>54.0%</td>
</tr>
<tr>
<td>Females who do not meet physical activity guidelines</td>
<td>59.4%</td>
<td>20</td>
<td>56.1%</td>
</tr>
<tr>
<td>Males who do not meet physical activity guidelines</td>
<td>50.5%</td>
<td>47</td>
<td>52.0%</td>
</tr>
<tr>
<td>Breast cancer screening participation</td>
<td>50.4%</td>
<td>60</td>
<td>52.0%</td>
</tr>
<tr>
<td>Cervical cancer screening participation</td>
<td>58.1%</td>
<td>55</td>
<td>61.5%</td>
</tr>
<tr>
<td>Bowel cancer screening participation</td>
<td>38.0%</td>
<td>52</td>
<td>37.6%</td>
</tr>
</tbody>
</table>

**Alcohol**

Alcohol is one of the top ten avoidable causes of disease and death in Victoria. Whilst the majority of Victorians drink responsibly, drinking has a collective cost borne by all of us. Through its links to injury, accidents, violence and physical and mental illnesses, it has been estimated to cost $4.3 billion every year to the health and justice systems, workplaces, families and individual Victorians.\(^{43}\)

The Vic Health Indicators Survey 2015 found 13.3% of Monash residents were identified as being at risk of short-term harm from alcohol in a given month, which is significantly lower than the Victorian estimate (29.4%).\(^{44}\) Compared to all Victorians, a significantly lower proportion of Monash residents identified as being at very high risk of short-term harm each month (Monash 3.6% compared with Victoria 9.2%). 15.5% of residents living in Monash agreed that getting inebriated every now and then is okay. This is significantly lower than the proportion of Victorians who agreed (27.9%).\(^{45}\)

The Australian Institute of Health and Wellbeing found in the 2016 National Drug Strategy Household Survey that there is an Australia trend of an increasing number of young people who are abstaining from alcohol, a decline in both lifetime and single occasion risky drinking,
and that alcohol is the most common principal drug of concern for people seeking treatment.\textsuperscript{46}

**Alcohol Related Hospitalisation and Ambulance Attendances**

Alcohol related ambulance attendances have been increasing in Monash since 2014/2015 from 359 cases (19.4 per 10,000 population), to 438 (22.7 per 10,000 population) in 2017/2018. Hospital admissions due to alcohol have also increased from 46.7 per 10,000 population to 61.8 from 2014/15 to 2016/2017 (most recent figure available).\textsuperscript{47}

**Illicit Drugs**

The most commonly used illicit drug, either recent or lifetime use, for people aged 14+ in Australia is cannabis.\textsuperscript{48} The 2016 National Drug Strategy Household Survey found that: deaths involving methamphetamine, benzodiazepines or other opioids are increasing in Australia; treatment for heroin use has declined over the past ten years; and higher psychological distress is found in drug users compared with non-drug users.\textsuperscript{49}

The rate of ambulance attendance and hospitalisation due to illicit drug use (including illegal use of legal drugs) has measurably increased in Monash between 2010/2011 and 2016/17.\textsuperscript{50} The rate per 10,000 population for hospitalisation went from 11.5 in 2010/2011, to 22.9 in 2016/2017,\textsuperscript{51} while the rate of ambulance attendance increased from 4.3 to 11.2 in the same time period.\textsuperscript{52}

Recorded drug offences is decreasing in Monash. There was an 18% decrease in drug related offences between 2014/2015 and 2017/2018.\textsuperscript{53}

Crime statistics of family violence have been linked with the drug ‘ice’. Connections have been made with the use of ice and its impact on families, including disruption to relationships and aggressive, hostile, violent behaviour is a physiological effect of its use.\textsuperscript{54}

**Smoking**

Tobacco smoking is one of the largest causes of preventable illness and death in Australia.\textsuperscript{55} Second hand smoke can cause disease in people who do not smoke. There is no level of exposure to second hand smoke that is free of risk.\textsuperscript{56}

10.8% of Monash residents aged over age 18 years are current smokers. This compares favourably to the state measure which is 13.1%.\textsuperscript{57}
The most highly ranked community health and wellbeing issue was “encouraging people to be physically active” (equal to preventing violence against women and encouraging respectful relationships) was ranked at a score of 2.7 out of six.

There were a total of 224 separate responses received from respondents as to ways to encourage people to be more physically active. The most common suggestions for encouraging people to be physically active were around reasonable prices / or cheaper access fees for sports and recreation facilities, the provision of parks, gardens, walking tracks, and in some cases outdoor exercise equipment, arranging free community sporting activities and options, and improving the maintenance and appearance of public facilities. It is noteworthy that of those citing reasons for not participating in physical activity, 24.6% of females nominated cost as an issue, while only 8.2% of males nominated cost.

“There are too many people suffering with mental health issues. This in turn affects the whole community.” (Anonymous respondent)

“Chronic health problems impact not only me, but my family. Pain and disease management helps me to be more independent, reduces pressure on the rest of my family, and enables me to feel better about myself (no depression).” (Anonymous respondent)

“We’re a sporty family and with growing boy twins, we want to teach them the healthy way to eat and stay active. To give them the tools to live a healthy life as they grow up.” (Anonymous respondent)

May 2017


3. Healthy Minds

Positive experiences at key life transition points impact mental health and set the scene for adjusting well to the next phase of life

Council traditionally plays a significant role in supporting people through life transitions, and in particular:

- For children from the time of their birth and through early childhood;
- For families of young children and as their children grow;
- For young people during adolescence; and
- For older residents as they age.

Mental health is a significant issue for community. Mental disorders are very common in Australia, with 1 in 5 adults likely to have experienced a mental disorder in the past year, and nearly half (45%) during their lifetime. Some of the things that may contribute to mental health issues are:

- Biological factors: mental illnesses can be passed on genetically from parents to their children;
- Early life events: traumatic events that happen during early childhood, such as neglect or abuse, can have a strong influence on mental health later in life;
- Recent life events: there are many events that can impact mental health, such as resettlement in a new community, persistent stress from study or work, or a traumatic event such as the loss of a loved one;
- Internal factors: mental illnesses can also arise from private thoughts and feelings and can seriously impact self-esteem; and
- Misuse of drugs: drugs, including alcohol, have all sorts of different effects on the brain and the results are very unpredictable. One of the common effects of consuming too many drugs is a negative impact on mental health.

Mental Health Statistics

- One in four people are likely to develop a mental illness between the ages of 15 – 24 years;
- One in five employees are likely to be experiencing a mental health condition, including anxiety, brain diseases such as Alzheimer’s and psychosis such as schizophrenia;
- Depression is the leading disease-burden in countries such as Australia;
- Many people with mental illness are untreated: some self medicate with alcohol or non prescribed drugs;
- Depression typically first appears in people aged 20-25 years;
- Depression symptoms result in more than six million working days lost each year in Australia;
- Severe depression is rated in the same disability category as terminal stage cancer;
- Up to a third of people experience an anxiety disorder at least once;
Mental health disorders cost Australian workplaces over $11 billion every year in absenteeism, reduced productivity and compensation claims; and

The cost of mental illness substance abuse to the community is even greater.3

Mental Health in Monash

Consultations undertaken prior to developing A Healthy and Resilient Monash: Integrated Plan 2017-2021 utilised mental wellbeing indicators. These were level of resilience, indicators of neighbourhood connection and trust, and attitudes to gender equality in relationships. Monash residents reported an average resilience score of 6.2 out of 8. This is similar to Victorian residents, who reported an average resilience score of 6.4. The proportion of Monash residents who agreed that people in their neighbourhood are willing to help each other out was 69.0%, by comparison the Victorian estimate was 74.1%.4

The number of registered mental health clients within the City of Monash per 1000 population in 2014 was 7.4 which was among the lowest in the state.5

Parents and Families

Families form a significant part of the Monash community, with almost half of all households being homes where there are children or young people. Children and young people in Monash are growing up in a place where they are highly valued, with strong communities and networks to support them to grow, learn and thrive.6

Monash parents articulate the importance of support and advice received through the maternal and child health service.7

Anxiety and depression following child birth and during early parenthood affects around 1-7 women and 1-10 men.8

Post natal psychosis is a form of acute mental illness that affects 1-2 in every thousand women after birth and is potentially life threatening.9

Monash parents also articulate the importance of support and advice as their children grow up and as they become adolescence.10

Young People

Adolescence is a time of rapid physical, emotional, cognitive and social development. Intensive brain remodelling is underway and this continues through to the mid 20’s. Peer influences become an important driver and this can be challenging for family relationships. Culture, ethnicity, gender and sexuality become strong influences on the developing young person. Adolescence is marked by heightened emotional sensitivity and impulsive actions.

Care must be taken to guide and support young people to remain safe and engaged. Vulnerabilities can emerge which include social disengagement, mental health issues and extreme risk taking behaviours.11 This highlights the importance of early risk identification and intervention and the provision of school and community supports for personal growth through learning and skills development.12

The 2018 Mission Australia survey of young people aged 15-19 is distributed nationally and aims to identify the values and issues of concern to young people.13

The top three issues of personal concern were coping with stress (43%), school or study problems (34%) and mental health (31%).14 In previous years, the top three issues of personal concern were coping with stress, school or study problems and body image - the latter moved to the fourth spot in 2018.

The top three issues facing Australia were identified as mental health (43.0%) (doubling since 2016), alcohol and drugs (28.7%) and
equity and discrimination (23.4%). The top three nominated issues facing Australia were the same for both genders, although more females nominated mental health.

**Youth and the Victorian Government**

In 2016 the Victorian Government consulted more than 2000 young Victorians to obtain a better understanding of the issues young people identify as important and what areas require possible reform.

Young people identified the importance of having an equitable education system where there are supportive, flexible options to assist young people. It is very important to ensure young people remain engaged in learning and reaching their full potential and this can only be achieved with a system that meets a broad range of needs. Young people need to be provided with quality job training opportunities, thus reducing barriers to employment for young people entering the workforce. Greater investment is required in youth mental health so that young people receive timely and appropriate support.

**LGBTIQ Youth**

Lesbian, Gay, Bisexual, Transgender, Intersex and Queer/Questioning (LGBTIQ) youth frequently report facing discriminatory barriers that may prevent them from expressing who they are and impact their ability in reaching their full potential. LGBTIQ young people:

- frequently do not access health services due to fear of discrimination;
- experience higher rates of alcohol, tobacco and other drug use, homelessness, experience of violence, disengagement from schooling, and poor physical health outcomes;
- have poor mental health in comparison to their heterosexual peers; and
- have higher rates of suicidality - suicide rates are 6 times higher for same-sex attracted young people (20-42% compared with 7-13%).

The Victorian Government addresses the above mentioned issues through The Safe Schools Coalition who provide training and resources to Victorian Schools to increase teacher’s capacity to support LGBTIQ students and to address issues such as bullying. The Victorian Government also offers Health Equal Youth Grants to promote the rights, health and wellbeing of young LGBTIQ Victorians.

**Young People in Monash**

There are approximately 46,500 Monash young people aged 10-25 years accounting for almost one quarter of all Monash residents. Monash has a larger percentage of persons over the age of 15 who have completed year 12 or equivalent (67.9%) when compared to Greater Melbourne (59.4%).

Through consultations associated with the development of the City of Monash Youth Plan 2016-2017, Monash young people identified five key focus areas: public safety, libraries, mental health, public transport and young people’s constructed environment.

One of the strategic directions/broad areas for action identified in Monash’s Children, Young People and Family Strategy 2016-17 is Safety and Health - children and young people should feel safe and confident and have a strong sense of self. Their physical, developmental, social and mental health needs should be supported and developed so that they can adapt to new challenges and changes in their lives.

The strategy recognises that parents and family have the most significant influence on a child and young person’s learning, development and wellbeing. Monash Council is ideally placed to have a profound impact on the quality of life experienced by Monash children, young people...
and families and strongly believe that communities really matter. The strategy has been developed utilising a strong research and policy base that underpins positive child health and development outcomes across the life course.25

Some of the services and facilities within Monash to support young people include:

- Generalist youth support available to young people aged 10-25 years with a significant connection with the City of Monash;
- School Focussed Youth Service program that supports students in the 60 primary and secondary schools across Monash who are deemed to be at risk of disengagement;
- Programs including Activate, Monash Youth Film Festival, Quiksound and Monash Young Woman’s Leadership Program;
- Coordination of the Monash Youth Workers Network for youth workers in schools and community agencies;
- Coordination of the Monash Young Persons Reference Group and Youth Ambassadors Program;
- Power Neighbourhood House in Chadstone delivers a ‘Connecting Teens’ program for young people seeking to build confidence and social networks; and
- Provision of civic facilities that support children, families and young people to be healthy and active.

Young people account for a significant proportion of our community and each level of government is committed to providing better outcomes for our future leaders. In recent years each level of government has significantly improved how they engage and consult young people and this has greatly assisted in creating more inclusive, stronger communities.

Older People

Ageing in Australia

Over the next several decades, population ageing is projected to have implications for Australia, including: health, size of the working-age population, housing and demand for skilled labour.26 Like most developed countries, Australia’s population is ageing as a result of sustained low birth rates and increasing life expectancy.27 This has resulted in proportionally fewer children (under 15 years of age) in the population and a proportionally larger increase in those aged 65 and over.28

Ageing in Monash

Monash has a relatively ageing population with 17% aged 65 and over.29 This is higher than the greater Melbourne average of 14%.30 Compared with other Victorian Local Government areas, Monash has the second highest number of people aged 85 years and over and the third highest number of people aged 65 years and over.31 Monash residents also have higher life expectancy than the state average: females (85.8 years) males (81.5 years) compared to 80.3 years and 84.4 years respectively.32

In 2016, the City of Monash had one of the highest prevalence in dementia numbers, ranking 3 out of 79 Local Government Areas in Victoria for dementia prevalence.33 Today, providing adequate and cost-effective care for the growing number of older persons, their families and community involves and requires multi-sectoral and interdisciplinary integration and cooperation.34

The World Health Organisation defines active ageing as the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age.35 Council has developed the Age Friendly Monash, a Positive Ageing Plan 2015 - 2019 based on the World Health
Organisation’s (WHO), ‘Age Friendly Cities’ framework. The WHO Global Network of Age Friendly Cities seek to improve the living experience of its senior residents and the Age Friendly Cities supports their older adults in the following eight domains:

1. Outdoor spaces and buildings
2. Transportation
3. Housing
4. Social Participation
5. Respect and Social Inclusion
6. Civic Participation and Employment
7. Communication and Information
8. Community Support and Health Services.

Monash Council values the importance of maximising opportunities for older residents to participate in healthy activities and develop and maintain healthy lifestyles and the development of Council’s Age Friendly Monash, A Positive Ageing Plan 2015 - 2019 outlines a wide range of social, cultural, health promotion and intergenerational actions and initiatives that Council will undertake over the five years from 2015-2019. This plan aims to strengthen our community where older people’s skills and experiences are valued and opportunities to participate in all aspects of social, community and public life is available and enhanced.

Extensive consultation was undertaken with older residents to inform the development of the Age Friendly Monash, A Positive Ageing Plan 2015 - 2019 to identify issues, barriers and potential opportunities and solutions to creating an age friendly city. The process included 36 focus groups held across Monash, with existing community groups and an online and paper based survey which was sent to older adults who receive services in Monash, and was completed by 738 older adults. Findings from this consultation identified that respondents defined age friendly as:

- Happiness, security and good neighbours;
- Being treated with respect and offered help when needed; and
- A community where the older population, regardless of ability, race or religious belief, is able to connect to whatever services, social activities or communities they choose.
WHAT THE COMMUNITY SAID:

“I love my family and I want them to be happy and to work less”

“There are increased pressures on families due to high housing and living costs”

“If you’re in a good headspace, you’re more likely to make better life choices”

“Life is complex for kids today, it’s no wonder many face mental health issues”

By far the most important health and wellbeing issues for Monash residents over 65 were:

- Feeling safe and being treated with care and respect;
- Getting the right health care and support services;
- Participating in community activities; and
- Accessing the library.

May 2017

REFERENCE LIST


ACTIVE & HEALTHY – 3. Healthy Minds


A community where everyone has the right to enjoy and access healthy environments

In this snapshot we explore how we foster, develop and build healthy environments that promote health and wellbeing by:

- **Creating spaces** that ensure community needs, both now and into the future, are central to the physical design of our buildings.
- Providing accessible public **open spaces** for sport, play, recreation and active transport.
- Enhancing **liveability** by regularly considering how the community measures liveability and refining our approaches based on what the community tells us.

The Public Health Division of the Department of Human Services (now Department of Health & Human Services), in partnership with the Municipal Association of Victoria, Victorian Local Governance Association, local governments and other stakeholders, developed “Environments for Health”.

This framework for municipal public health planning incorporates an awareness of the social, economic, natural and built environments and their impact on health and wellbeing. This framework encourages municipal public health planning of a high standard and consistency in scope and approach across the State, while still valuing diversity. Importantly, it also aims to improve community health and wellbeing by promoting the integration of Municipal Public Health Plans as an essential component of municipal corporate planning.¹

**Social Environment**

**Monash General Wellbeing**

Monash residents reported similar wellbeing to all Victorians. Residents gave their wellbeing an average score of 77.2 out of 100, compared to the Victorian average of 77.3.² There has been no significant change in subjective wellbeing for Monash between the 2007, 2011 and 2015 surveys.³

Life satisfaction measures how people evaluate their life as a whole. When asked to rate their general satisfaction with life on a scale from zero to 10, residents of Monash reported an average score of 7.7. This is similar to the Victorian life satisfaction average score of 7.8.⁴

Respondents of the Monash City Council 2018 Community Satisfaction Survey were asked to rate their agreement with seven statements regarding the local community and sense of community.

Survey respondents rated their agreement with the following seven statements relatively high out of ten:

- Monash community is accepting of people from diverse cultures and backgrounds – 8.17;
- Monash community has access to adequate community services – 7.54;
- It’s easy to find out what services are available for me/us – 7.53;
- It’s easy to find out about local activities and events available locally – 7.41;
- I/we feel part of the local community – 7.33;
- There are adequate opportunities to socialise and meet people – 7.32; and
- I/we feel connected to our neighbours -7.22.⁵
Community Safety

Most (93.3%) Monash residents agreed that they felt safe walking alone during the day, which is similar to the Victorian estimate (92.5%). Just under six out of 10 (58.2%) Monash residents agreed that they felt safe walking alone in their local area after dark, compared to the Victorian estimate (55.1%), indicating that residents in Monash feel slightly safer. There has been no significant change in perceptions of safety for Monash between the 2007, 2011 and 2015 Vic Health Indicators surveys.

Refer to Section 10: Feeling Safe for supplementary information.

Mental/Emotional Wellbeing (resilience)

The mental wellbeing indicators were level of resilience, indicators of neighbourhood connection and trust, and attitudes to gender equality in relationships.

In the most recent Victorian Health Indicators Survey, Monash residents reported an average resilience score of 6.2 out of 8. This is similar to Victorian residents, who reported an average resilience score of 6.4. The proportion of Monash residents who agreed that people in their neighbourhood are willing to help each other out was 69.0%, which is slightly higher than the Victorian estimate (61.0%). A similar proportion of Monash residents agreed that people in their neighbourhood can be trusted (69.9%), compared to the proportion of Victorians who agreed (71.9%).

Food Security

Food security occurs when people are able to access safe, affordable and nutritious food. Food security is affected by income level, physical access and other measures of dis/advantage, and has an impact on health and wellbeing. In the City of Monash, there are many activities that make it easier to obtain healthy food. Farmer’s markets are a place for people to buy local and seasonal produce. Community gardens provide space for people to grow fruit and vegetables, as well as to socialise with people from their local area. Gardening classes provide an opportunity to learn more about growing fruit and vegetables at home. Community cooking classes give people skills to prepare healthy food. There are also several organisations that provide food relief for people with low incomes.

Economic Environment

Employment

The industry that generated the most jobs in Monash in 2017/2018 is Health Care and Social Assistance, with 19,454 local jobs in 2017/18. The next two largest industry employers are Education & Training and Construction.

The three largest industries in 2017/2018 by value added is Education & Training, Wholesale Trade and Manufacturing.

In 2018 the City of Monash’s Gross Regional Product represented 4.1% of the Victoria’s Gross State Product and local jobs contributed to 4.17% of Victoria’s employment.

City of Monash resident workers top three industry employers are Health Care& Social Assistance, Professional, Scientific & Technical Services, and Retail Trade. The top three professional are Professionals, Clerical & Administrative Workers, and Managers.

Income

The City of Monash local labour force has a higher proportion of people with medium high and high incomes than Victoria. City of Monash resident workers also are more likely to have a higher income when compared with Victoria.
**Built Environment**

The latest findings of The Economist Intelligence Unit’s Global Liveability Ranking – which provides scores for lifestyle challenges in 140 cities worldwide – ranks Melbourne as the second most liveable city in the world.\(^{21}\)

The Economist Intelligence Unit’s liveability rating, part of the Worldwide Cost of Living Survey, quantifies the challenges that might be presented to an individual’s lifestyle across five broad categories of Stability, Healthcare, Culture and environment, Education and Infrastructure.

**Housing Valuation in Monash**

At June 2017 the median house value in the City of Monash was $1,210,110, substantially higher than for Victoria ($604,680).\(^{22}\)

**Transport Access and Use**

Major transport infrastructure in Monash include: The City of Monash is served by the Monash Freeway, Dandenong Road, North Road, Wellington Road and the Dandenong and Glen Waverley railway lines, 35 bus routes and several bike paths.

Travel to work patterns in 2016 are similar when compared with Greater Melbourne, but with more using the train in Monash (15.1% compared with 11.5% for Greater Melbourne), slightly more using bus (2.1% compared with 1.5%) and less using walking only (2.3% compared with 3.0%) or bicycle (0.7% compared with 1.4%).\(^{23}\)

In 2017 Monash Council adopted Monash’s Integrated Transport Strategy 2017-2037. This strategy provides an overarching framework to ensure that our city remains an accessible and vibrant place with sustainable transport choices for years to come.\(^{24}\)

**Natural Environment**

**Land Usage**

The City of Monash is a predominantly residential area, with substantial industrial, commercial and recreational areas. The City encompasses a total land area of 81 square kilometres.

**Water Use and Recycling**

Household Water Conservations was measured in the 2011 Community Indicators Survey.\(^{25}\)

Forty-nine point three percent (49.3%) of persons living in Monash were in households that collect waste water, compared to 39.9% in the Eastern Metro Region and the Victorian State average of 41.3%.\(^{26}\)

Fifty-nine (59%) of household waste collected in Monash was recycled in 2009-10, compared to the Victorian State average kerbside recycling rate of 44%.\(^{27}\)

**Open Space and Recreational Precincts**

The City of Monash has 125 parks and reserves, which contain important strands of indigenous vegetation and provide important revegetation corridors and habitat for native wildlife.\(^{28}\)

There are numerous bike paths including: Scotchman’s Creek Linear Trail, Waverley Rail Trail, Gardiner’s Creek Linear Trail and Dandenong Creek Linear Trail.\(^{29}\)
Walking Trails

Walking is one of the most important things you can do for your mental and physical well-being. New physical activity guidelines suggest we should aim for at least 60 minutes of physical activity per day. Walking can increase cardiovascular fitness, strengthen bones, reduce excess body fat, and boost muscle power and fitness.

Monash offers local parks, bushland areas and reserves for residents to enjoy the sights, physical and psychological benefits of walking. The City of Monash also has a range of walking trails including: Damper Creek Path, Freeway Reserve – Fitness by the Freeway, Gardiners Creek Trail, Glen Waverley Historical Walk, Mulgrave Reserve and surrounds, Oakleigh Historical Walk, Scotchman’s Creek Trail, Valley Reserve Path and other walks in Monash.

Global Warming

The human population on earth is trapping more greenhouse gases in our atmosphere by burning fossil fuels for energy which is causing the earth’s temperature to rise. This is known as Global Warming. Climate scientists all over the world agree that this change in our climate will cause more intense and frequent weather events. This is expected to have impacts on Australian climate such as:

- 1 degree C increase in temperatures;
- Up to 20% more months of drought;
- Up to 25% increase in very high or extreme fire danger; and
- Increase in storm surges and weather events.

For Australia, one of the most important concerns is the health of its people. Five main impacts need to be considered:

- Extreme weather events: Directly impacts on lives, homes and communities, and will also place stress on the mental wellbeing of members of the community during prolonged events such as intense heatwaves.

Disease: Many diseases are likely to spread and increase in incidence as the climate warms.

Food & Water: Disrupted supplies of water and high temperatures will stress crops and promote algal blooms in reservoirs while rising ocean acidification will affect fisheries.

Jobs: Livelihoods – including farming, fishing and tourism – will be badly affected from soaring temperatures, droughts and storms. Employment patterns will be changed and disruptions to supply chains will threaten business.

Security: Threatened food supply chains, changing patterns of infectious diseases and forced migration form land uninhabitable will trigger tension, unrest and violent conflict.

Global Warming & People Movement – City of Monash

Most recently a statutory link between the Climate Change Act and the Public Health and Wellbeing Act has been made that requires council’s municipal public health planning to have regard to the Climate Change Act when considering the impact of the environment on the health and wellbeing of the community.

Environmental sustainability is planning and providing for the needs of individuals and communities now and for future generations, creating resilient and prosperous communities and protecting the environment and ecosystem services. Monash Council’s Environmental Sustainability Strategy 2016-2026, explores the current and emerging sustainability issues facing the City of Monash and its residents. It sets Council’s environmental goals for the future and proposes actions that will help to reach these goals. The ten-year Strategy provides realistic but bold direction and actions required to integrate sustainability practices into Council operations, as well as its community programs and services.
Priority Area 2 (Engaged Confident & Connected: A city which actively listens, engages and values community wisdom in shaping its own future) of this Plan focuses specifically on Climate Change.

**Aims:**
- Reduce Council’s corporate energy consumption and greenhouse gas emissions
- Build Council’s capacity to understand and manage climate change risks and how best to respond
- Increase community understanding and preparedness for the likely impacts of climate change

**Objectives:**
- Best practice climate change thinking is integrated into Council’s corporate and operational functions;
- A strategic approach to reducing Council’s corporate greenhouse gas emissions is established; and
- Increased community preparedness for the likely impacts of climate change

**Monash health and wellbeing priorities**

The top two most important health & wellbeing issues for Monash community members identified in the Monash City Council 2021 And Beyond Survey are:

1. **Getting outdoors** to use parklands, reserves or playgrounds 67% respondents selected this (or 554 votes)
2. **Feeling safe** and being treated with care and respect 58% respondents selected this (or 482 votes) Significantly more females (60%) than males (53%) selected this as a personal priority.

Other health and wellbeing priorities for Monash community members, are the following - listed in order of votes given:

1. **Healthy eating** 48% respondents selected this (or 399 votes)
2. **Staying active** or participating in sport or recreation activities 48% respondents (or 397 votes) Significantly more males (57%) than females (43%) selected this as a personal priority
3. **Getting the right health care or support services** 47% respondents selected this (or 391 votes) Significantly more females (51%) than males (42%) selected this as a personal priority
4. **Participating in community activities or accessing the local library** 36% respondents selected (or 301 votes) Significantly more females (39%) than males (31%) selected this as a personal priority
5. **Achieving work/life balance** 34% respondents selected (or 281 votes)

**Monash City Council 2021 And Beyond Survey**

**WHAT THE COMMUNITY SAID:**

Our community considered healthy environments as very important. The most commonly selected important health and wellbeing issue or concern identified by respondents was getting outdoors to use parklands, playgrounds, or reserves, with two-thirds (66.5%) of respondents identifying this issue.

"Spending time walking in Valley Reserve is really important to me. Being in native bushland restores my soul–makes me relaxed, able to concentrate on the important and good things in life, and be refreshed to cope with a busy life.”

(Anonymous respondent)

May 2017
ACTIVE & HEALTHY – 4. Healthy Environments

REFERENCE LIST


45. Results from Monash Community Survey “2021 & beyond” Prepared by City of Monash - July 2017 26
ENGAGED, CONFIDENT & CONNECTED

5. Participation

6. Belonging

7. Supported
In this snapshot we explore how Monash residents participate in their community. We are interested to understand the different ways our community is engaged, the types of programs and activities they participate in, including creative expression.

Participation is important to us because we know that when people are participating in their local community, there are connected to their local community. “By providing opportunities for people to connect with others, join a group and be engaged in local activities, councils can improve the mental health and wellbeing of their residents. Communities with high levels of social cohesion, including participation by individuals in community organisations and activities, typically have better health than those with low levels.”

**Monash Community Engagement Framework**

The City of Monash has an Engagement Framework. The purpose of this framework is to outline Monash City Council’s approach to stakeholder and community engagement. Monash City Council supports the use of the International Association for Public Participation (IAP2) as a useful resource for Council staff in planning and implementing stakeholder and community engagement. The aim is to make better decisions through building stronger communities and active democracies.

Council’s “Have Your Say” website page provides a snapshot of the range of consultation and community engagement activities at any one time including those consultations that have recently closed.

Additionally, the City of Monash has programs to specifically engage and consult with young people and seniors. Council’s Youth Ambassadors and Age Friendly Ambassadors are volunteers that are trained and supported to specifically seek the views of young people and seniors respectively. Council’s Children’s Services unit also aims to support children and young people to have an active voice in the Monash community by formalising and implementing a participation and communication strategy.

**Community Participation**

Our residents however participate in the community in a range of ways that do not necessarily involve a contribution to Council’s decision making but are just as important.
ENGAGED, CONFIDENT & CONNECTED – 5. Participation

The Monash Community Profile\(^4\) (2015) provides a number of measures that provide an understanding of the level of engagement in our community. They include:

<table>
<thead>
<tr>
<th>TYPE OF ENGAGEMENT</th>
<th>LGA Measure</th>
<th>LGA Rank</th>
<th>State Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>People who help as a volunteer</td>
<td>18.2%</td>
<td>64</td>
<td>19.3%</td>
</tr>
<tr>
<td>People who attended a local community event</td>
<td>44.2%</td>
<td>74</td>
<td>55.7%</td>
</tr>
<tr>
<td>People who are members of a sports group</td>
<td>23.4%</td>
<td>69</td>
<td>26.5%</td>
</tr>
<tr>
<td>People who are members of a religious group</td>
<td>22.5%</td>
<td>13</td>
<td>17.9%</td>
</tr>
</tbody>
</table>

Library visitation, Neighbourhood House activities, parent groups for early childhood services, seniors clubs and attendance at cultural events can often provide an indication of participation in the community. The City of Monash Annual Report 2017/18\(^5\) additionally provides some insight into the quantum of Monash residents participating in these types of activities:

<table>
<thead>
<tr>
<th>TYPE OF ACTIVITY</th>
<th>Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Library (34,459 members)</td>
<td>1,006,093</td>
</tr>
<tr>
<td>Library events/Programs (2,364)</td>
<td>75,605</td>
</tr>
<tr>
<td>Arts and Cultural Development Events &amp; Festivals (major events staged by Council)</td>
<td>56,370</td>
</tr>
<tr>
<td>Monash Youth Service Events</td>
<td>3,426</td>
</tr>
<tr>
<td>Leisure and Aquatic Facilities</td>
<td>1,622,658</td>
</tr>
</tbody>
</table>

In particular, Neighbourhood houses have a key role in providing inclusive programs and activities in their local community. In 2017, there were 190,520 visits to Neighbourhood Houses across the state in an average week. Our ten Monash Neighbourhood Houses, currently provide more than 250 different courses, activities and events each term for residents to participate in.\(^6\)

The statistics demonstrate that while participation in Monash is high, there are still opportunities to facilitate greater participation in our community.
Monash City Council 2021
And Beyond Survey

WHAT THE COMMUNITY SAID:

“Volunteering my time gives me a sense of purpose and the opportunity to give to others.”

“The library is a fabulous facility. It has helped me learn a lot since my retirement. It should be supported to expand offerings to all ethnicities in our area.”

Anonymous Feedback, May 2017

REFERENCE LIST


5. To be published

6. Belonging

Lives have more meaning when social experiences provide a sense of belonging

In this snapshot we explore how a sense of belonging can increase participation, strengthen a community and thereby reduce social isolation. By fostering cohesive neighbourhoods and communities, we offer a place for all residents to feel valued and connected to others.

Neighbourhoods and Place

Council recognises that one of the most important factors to influence a person’s well-being, is whether they feel that they belong in a place, and this also relates to the neighbourhood where they live.

It is important to Council that members of the community feel accepted and connected with the people and places where they live. When people feel that they belong, they are more willing to participate and inspired to show leadership within their neighbourhoods and local communities. Monash Council delivers a range of programs and services which encourage residents to engage with their community and support those around them.

In past years Council has developed Community Action Plans for Oakleigh¹ and Ashwood Chadstone². These are all place-based plans, developed in consultation with the community, for implementation through Council and community partnerships. By facilitating direct participation and local leadership from members of these neighbourhoods, Council brings people together and fosters greater pride in the places where people live, work and play.

Neighbourhood Houses

Neighbourhood houses play a crucial role in creating a sense of belonging amongst local residents,³ particularly for those who are socially isolated. Neighbourhood houses bring people together to connect, learn and contribute in their local community, using a community development approach.

Monash has 10 neighbourhood houses⁴ offering a broad range of affordable educational, social, recreational and support programs and activities.

Monash’s neighbourhood houses are all not for profit, community managed organisations and their programs are developed in consultation with and in response to the local needs and interests of the community around them.

Monash Community Grants Program

Monash provides more than $2.5m annually in cash and in-kind grants to a broad range of local community groups and organisations. These funds enable groups to provide projects, services and regular activities to reduce social isolation and strengthen community to foster a sense of belonging.

The overall Monash Community Grants Program⁵ objectives are focused on bringing people together and creating opportunities for positive outcomes which reduce social isolation, encourage cohesion and local participation.

Despite its overall quantum, the Monash Community Grants Program (MCGP) is very competitive and there is a very high demand for community funding each round. In 2018/2019 the MCGP received a total of 255 eligible applications across seven categories.
In addition to the annual community grants program, Council also provides funding through the Neighbourhood Matching Grants Program. For 2018/2019 Council allocated $30,000 for these ‘quick-response’ grants which support projects which make a positive impact on the local people within their own neighbourhood. Residents are encouraged to address a shared problem or concern in their neighbourhood, by encouraging participation, community connection and local leadership.

Community Participation

Our residents participate in the community in a range of ways that do not necessarily involve a contribution to Council’s decision making. The Monash Community Profile provides a number of measures that provide an understanding of the level of engagement in our community. They include:

Table 1: Participation in local activities

<table>
<thead>
<tr>
<th>TYPE OF ENGAGEMENT</th>
<th>Monash Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>People who help as a volunteer</td>
<td>18.2%</td>
</tr>
<tr>
<td>People who attended a local community event</td>
<td>44.2%</td>
</tr>
<tr>
<td>People who are members of a sports group</td>
<td>23.4%</td>
</tr>
<tr>
<td>People who are members of a religious group</td>
<td>22.5%</td>
</tr>
</tbody>
</table>

For more information about community participation in Monash refer to Our Community Snapshot: Participation

Social Connection

Being connected to others socially is widely considered a fundamental human need and is a crucial factor for well-being. Many of our residents are at risk of feeling socially and culturally isolated for a range of reasons. There are many factors which may contribute to social isolation and disconnection in a community, but some of the strongest factors include living alone, age, language skills and access to opportunities to connect with others.

Currently 18.9% of Monash residents live alone. Monash has an ageing population and, according to the 2016 Census data, 17.2% of Monash residents were aged 65 years and over. Monash also has very culturally and linguistically diverse community, with 44% of people coming from countries where English was not their first language, and the 2016 Census reported an increase in people who spoke another language other than English, with 8.4% (up from 5.7% in 2011) who reported that they did not speak English well, or at all.

For these residents in particular, it is important that we offer opportunities to connect with others and support them to feel that they belong within the community.

Homelessness

Since 2001 a “cultural definition” of homelessness has been used to describe the nature and extent of homelessness in Australia. This definition defines homelessness as not having access to “the minimum accommodation that people have the right to expect in order to live according to the conventions of contemporary life.”
This “cultural definition” of homelessness led to the identification of three categories within the homeless population:

a) **primary homelessness** – people without conventional accommodation living on the streets, in deserted buildings, railway carriages, under bridges and in parks (“rough sleepers”);

b) **secondary homelessness** – people moving between various forms of temporary shelter including friends’ homes, emergency accommodation, refuges and hostels; and

c) **tertiary homelessness** – people living permanently in single rooms private boarding houses without their own bathroom or kitchen and without security of tenure. They are homeless because their accommodation does not satisfy the requisite conditions of the minimum community standard. The accepted minimum Australian community standard is “a small rented flat”, with the minimum required amenities, such as a bedroom, living room, bathroom and kitchen.

In 2012 the ABS provided a new definition of homelessness;

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; or
- 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.

According to the 2016 Census data, it is estimated that there are 842 people sleeping rough in Monash. It is important to Council that all people in our community are offered an opportunity to belong and feel valued by their community and it is acknowledged that people without a home are facing highly challenging and isolating circumstances.

Council has invested in an officer to provide a local response and a coordinated approach to supporting rough sleepers in the municipality. Council has introduced an internal protocol Our Approach to Homelessness which is a reference for staff, outlining the support we are able to offer rough sleepers through outreach.

**Emergency relief**

There are currently 14 organisations that provide financial and material aid or meals in the City of Monash. In addition, community organisations such as neighbourhood houses provide outreach, information and referrals to community members who are in need of emergency relief and associated support services.

These organisations are independent of Council.

**International students**

In 2016 the Census found 29% of people in the City of Monash attended an educational institution. Of these, 24,625 students were enrolled in post-secondary education.

It is estimated there are at least 6,460 International Students living in Monash who attend a tertiary institution and more than 400 International Students attending at local government secondary colleges.

Monash is home to tertiary and vocational institutions, the largest of these is Monash University. While significant support is provided by Monash University for its international students (including residential accommodation) these students can often experience social isolation and loneliness.
REFERENCE LIST

A city which actively listens, engages and values community wisdom in shaping its own future

Supporting the health and wellbeing of our residents through direct service provision, through a community grants program and by working in partnership with community based services is a key element of our approach.

In this snapshot we explore how Monash residents are supported by Council and its partners. A local support service can often mean the difference between experiencing challenges with daily life tasks and thriving in the community.

Service Delivery

Each year Council deliver services and activities that support thousands of residents.

The Community Support & Libraries department is responsible for a range of service delivery and service planning activities that directly support seniors and people with disabilities to remain living independently in their own homes. Additionally, this department facilitates and supports seniors to remain active and celebrated participants in all aspects of community life.

Children, Youth and Family Services delivers a range of services for children and young people to have the best opportunities to grow, learn and thrive in a strong and supported community, where they are nurtured by capable, confident families from the time they are born until they reach adulthood.

Maternal and Child Health Service –
Provides support to families with young children and is provided across a number of centres located across the municipality. Other services include an outreach program for vulnerable families with young children

Immunisation Service – Provides infant vaccines across the municipality and an immunisation program for secondary colleges

Kindergartens – Council provides a central enrolment system for kindergartens, most of which are operated from Council-owned buildings

Family Day Care – Home based early learning and care program

Brine St Childcare and Kindergarten –
A centre based early learning & child care centre operated by Council

Monash Youth Services (MYS) –
Provides generalist youth support to young people aged 10-25 years

Early Years & Integrated Family Support –
Provides support and planning to early years services across the municipality, including kindergartens, childcare centres, playgroups and toy libraries. It also offers family support to parents/carers of children aged 0-17 years and parenting support programs.
The following table is a snapshot of the annual support Council provides to various groups of service users throughout Monash in 2017/18:\(^1\)

<table>
<thead>
<tr>
<th>SERVICE AREA</th>
<th>Number of people /families/children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home and Community Care support</td>
<td>4,066</td>
</tr>
<tr>
<td>Families Supported (Family Day Care)</td>
<td>170</td>
</tr>
<tr>
<td>Children Supported at Brine Street Child Care</td>
<td>110</td>
</tr>
<tr>
<td>Families Supported (Counselling)</td>
<td>45</td>
</tr>
<tr>
<td>Families Supported (Maternal &amp; Child Health)</td>
<td>6,526</td>
</tr>
<tr>
<td>Inclusion Support for children (Kindergartens)</td>
<td>128</td>
</tr>
<tr>
<td>Children supported in playgroups</td>
<td>100</td>
</tr>
<tr>
<td>Young People (School based programs)</td>
<td>80</td>
</tr>
<tr>
<td>Young People (School based programs)</td>
<td>223</td>
</tr>
<tr>
<td>Children Immunised (between 6 weeks &amp; 19 years)</td>
<td>11,351</td>
</tr>
</tbody>
</table>

**New Settler Arrivals**

One group of people who might require more support than others in accessing services in their community are “New Settler Arrivals” to Monash. For Monash, there are 1,164.6 new settler arrivals per 100,000 population compared to 682.6 for the state. This makes Monash the 4th highest in the state for this group.\(^2\) This additionally has implications for how we ensure that this group of residents get the support services they require.

**Community Grants**

One way Council supports its community is through the Monash Community Grants Program. It is through this program that we fund local community groups to deliver services and activities to the community. In doing so, we enter into a partnership to benefit all our community. This program extends Council’s reach further into the community so that more people are supported. For the 2018/2019, the Monash Community Grants Evaluation Panel considered over 255 applications and allocated over $2.5 million for the delivery of community and arts projects and events to community organisations/groups.
Partnerships

Partnerships are crucial to supporting our community. Local government cannot support the community on its own. By sharing our resources and pooling our skills, our community will get high quality services and responses to issues of concern. Some of our major partners include:

- Link Health and Community
- Victoria Police
- Department of Health & Human Services
- South East Volunteers
- Women’s Health East
- Eastern Melbourne Primary Health Network
- VicHealth
- Monash Multicultural & Settlement Services Network
- Monash University
- 10 Neighbourhood Houses
- MiCare
- Wavecare
- Inner East Primary Care Partnerships
- Bestchance Child and Family Care
- Eastern Metropolitan Region Councils

It is through our direct services, our community grants and with our partners that we support our community.

REFERENCE LIST

SAFE & RESPECTFUL


8. Life Journey

9. Fair For All

10. Feeling Safe
As a community, we need to ensure that every person in their early years is given the very best start to life, as this is the foundation for who they will become. Young people have opportunities to feel valued and included. Families in all of their many forms require a range of supports in a busy world to assist them in being as strong as they can be. Adults may require a new type of assistance to support them into retirement and older age so that they can remain independent, healthy and active contributors to the community. Included amongst all these stages are every variation of individuality. People experience different opportunities and challenges at different stages throughout their lives, and in Monash our goal is to support them all.

In Monash, around 2000 new babies are born each year, 15,500 enrol in primary school, 570 children enrol in special schools, 16,500 enrol in secondary schools and over 20,000 students in tertiary education settings.1 The evidence based principles which underpin the work with children, young people and families are:

- Childhood, adolescence and early adulthood are honoured
- Active citizenship
- Keeping safe from harm
- Support at life transition points
- Life experiences shape futures
- The importance of family and good guardianship
- Strong inclusive communities
- There is an impact from vulnerabilities
- Integrated and informed partnership approaches produce the best outcomes for the whole community.

In 2017 Council’s introduction of an integrated approach to strategic health and wellbeing planning, A Healthy and Resilient Monash: Integrated Plan 2017-2021, incorporated the Monash Children, Young People and Family Strategy and Action Plan. This strategy recognises that parents and family have the most significant influence on a child and young person’s learning, development and wellbeing. Council is ideally placed to have a profound impact on the quality of life experienced by Monash children, young people and their families.

In Monash, children are growing up in a place where they are highly valued, with strong communities and networks to support them to grow, learn and thrive from the time that they are born until early adulthood.
Extensive consultation occurred in developing Council’s strategic direction in relation to Children, Young People and Families, beginning with children from 4 years to young adults of up to 25 years being asked to provide their views.

The key directions and areas for action in the strategy are:
- Connected and valued
- Learning and development
- Safe and healthy
- Planning, Leading and Partnering

**Monash Age Friendly Plan and Aged Services**

Monash continues to have an ageing population, with 22% of the Monash population being over 60 years of age. This is higher than the greater Melbourne average of 19%. Monash has a large percentage of seniors aged 70 - 84 (10%) compared to greater Melbourne (8%). Monash residents have higher life expectancy than the state average: females (85.8 years) males (81.5 years) compared to 80.3 years and 84.4 years respectively.

In 2016, the City of Monash one of the highest prevalence in dementia numbers, ranking 3 out of 79 Local Government Areas in Victoria for dementia prevalence. The number of people in the City of Monash with dementia in 2016 was nearly 3,800 people and the number of Monash residents estimated to have dementia by 2050 is almost 6,700, an increase of over 100%.

Today, providing adequate and cost-effective care for the growing number of older persons, their families and community involves and requires multisectoral and interdisciplinary integration and cooperation.

In the 2017/18 financial, Monash Council delivered nearly 163,000 hours of community based aged care services to almost 4,000 residents. The largest service in terms of funding and demand was for domestic assistance.

Monash Council values the importance of maximising opportunities for older residents to participate in healthy activities and develop and maintain healthy lifestyles and the development of Council’s Age Friendly Monash, A Positive Ageing Plan 2015 - 2019 outlines a wide range of social, cultural, health promotion and intergenerational actions and initiatives that Council will undertake over the five years from 2015-2019. This plan has now been incorporated into *A Healthy and Resilient Monash: Integrated Plan 2017-2021* and aims to strengthen our community where older people’s skills and experiences are valued and opportunities to participate in all aspects of social, community and public life is available and enhanced.

Extensive consultation was undertaken with older residents to inform the development of the Age Friendly Monash, A Positive Ageing Plan 2015 - 2019 to identify issues, barriers and potential opportunities and solutions to creating an aged friendly city. The process included 36 focus groups held across Monash, with existing community groups and an on line and paper based survey which was sent to older adults who receive services in Monash, and was completed by 738 older adults. Findings from this consultation identified that respondents define age friendly as:
- Happiness, security and good neighbours
- Being treated with respect and offered help when needed
- A community where the older population, regardless of ability, race or creed, is able to connect to whatever services, social activities or communities they choose.
Respondents also ranked Community and Health Services as the most important of the eight domains, followed by Transportation and Respect and Social Participation

**Lifelong Learning**

The City of Monash is host to a vast array of learning opportunities for all ages. There are 32 Kindergartens within the municipality and 27 primary and 9 secondary state based schools. In addition to these are a further 8 private schools catering to the primary and secondary years. Monash University, its students and its staff play a pivotal role within the community, with the student body alone comprising a population of over 20,000. Holmesglen TAFE also provide a significant presence within the City of Monash, along with a broad range of private training institutions. The Monash Public Library Service offer a broad range of learning and development opportunities free to the public for all ages, including English and other language learning resources. (https://monlib.vic.gov.au/Home)

The City of Monash is well supported by 10 Neighbourhood houses that provide a range of formal and informal learning opportunities. (https://www.monash.vic.gov.au/Leisure/Neighbourhood-Houses)

3 separate U3A groups provide additional learning and development opportunities for retirees and seniors across Monash. Information and resources relating to U3A can be found at: https://www.u3aonline.org.au/home

**REFERENCE LIST**


9. Fair for All

A city where every single member of the community is important

This Section highlights how Council engages, communicates with and provides services and programs to the diverse community in Monash. Council has a strong commitment to access and equity and particularly as this relates to cultural diversity, gender equity and library services and programs.

Gender Equity

Gender equity is the process of being fair to women and men. Gender equity recognises that within all communities, women and men have different benefits, access to power, resources and responsibilities. Achieving gender equity is critical to improving the health and wellbeing of individuals, families and communities and is a core principle of a fair, safe and inclusive community.

Despite achieving significant gains in gender equity in Australia in recent decades, inequalities for women remain across many areas of life, restricting their ability to fully and equally participate in community life including:

- The full-time gender pay gap in Australia is 16% with the full-time average earning difference of $261.30 per week;
- Fifty percent of women report experiencing discrimination due to pregnancy, parental leave, or return to work;
- Low levels of female representation in elected positions and executive leadership;
- Women retire with just over half the superannuation savings of men. The most recent assessment completed in 2011-2012 showed that the average balance at the time of retirement was $105,000 for women and $197,000 for men;

Gender inequality in Monash

In 2015, 45.4% of Monash residents expressed low support for gender equality in relationships.

This compares poorly against the State level where 35.7% of Victorians held low levels of support for equal relationships between men and women.

Monash City Council

Monash City Council has a strong and long-term commitment to the promotion of gender equity.


These strategies have been incorporated into the Healthy and Resilient Monash Integrated Plan 2017 – 2021.
Cultural Diversity
The City of Monash is one of the most culturally and linguistically diverse municipalities in Victoria.

Some key characteristics include:

- **0.2%** of the population is of Aboriginal and Torres Strait Islander origin
- **Around half** of residents have been born in another country
- **50.1%** speak a language other than English at home with most frequently spoken languages being Mandarin, Greek, Cantonese and Sinhalese and Italian
- **The top five** overseas countries of birth are China (12.5%), India (5.3%), and Sri Lanka (3.6%), Malaysia (3.3%), Greece 2.4%)
- **8.4%** of population have low English proficiency
- **58.2%** of the population believe multiculturalism makes life better

Disability

**Definition of disability**
The Commonwealth Disability Discrimination Act 1992 defines disability as:

- Total or partial loss of the person’s bodily or mental functions;
- Total or partial loss of a part of the body;
- The presence in the body of organisms causing disease or illness;
- The malfunction, malformation or disfigurement of a part of the person’s body;
- A disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction; and
- A disorder, illness or disease that affects a person’s thought processes, perception of reality, emotions or judgment or results in disturbed behaviour.

This includes a disability that:

- Presently exists;
- Previously existed but no longer exists;
- May exist in the future; and
- Is imputed to a person (meaning it is thought or implied that the person has a disability but does not).
Types of disability

The majority of people with disability have a physical disability (83.9%), 11.3% have a mental or behavioural disability and 4.8% have an intellectual or development disability. The breadth of impairments and medical conditions covered by the Disability Discrimination Act comprise of:

- **Physical** – affects a person’s mobility or dexterity;
- **Intellectual** – affects a person’s abilities to learn;
- **Mental illness** – affects a person’s thinking process;
- **Sensory** – affects a person’s ability to hear or see;
- **Neurological** – affects a person’s brain and central nervous system;
- **Physical disfigurement**; or
- **Immunological** – the presence of organisms causing disease in the body

Demographics

Key characteristics in Monash

- 4.8% of people need assistance with core activity
- 3.6% of people of all ages have a severe and profound disability
- 13.2% of people living in the community aged over 65 years have a severe and profound disability
- 8.7% of people are receiving disability services support per 1,000 population
- 30.7% are recipients of disability support pension per 1,000 eligible population

National Disability Insurance Scheme

The National Disability Insurance Scheme (NDIS) is a national program that provides a new way to deliver services and support for people with permanent and significant disability in Australia.

With the NDIS, people with a disability can choose supports and services to meet their individual needs, rather than using a non-size-fits-all system. The NDIS is being rolled out progressively in Victoria over a three-year period from 1 July 2016. By July 2019, it is estimated that 105,000 Victorian will have transitioned to the scheme.
REFERENCE LIST


10. Feeling Safe

A safe community is one which everyone works together in a coordinated and collaborative way to increase safety and reduce the fear of harm.

In this snapshot we explore both the actual and perceived safety of Monash residents. This encompasses the specific safety concerns for (i) women and their children where they may be victims of violence, (ii) protecting children and young people from harm, and (iii) feeling and being safe as we go about our day to day business in our local community.

Feeling and being safe is important because feelings of safety, real or perceived, influence how people go about their daily lives and how they engage with their community. Neighbourhoods which are perceived as safe inspire community activity and participation, physical activity and community connectedness. They pave the way for positive community health and wellbeing outcomes.

The safer people feel, the more likely they are to participate in, and enjoy community life; all of which leads to greater health and prosperity of local communities and environments.

Keeping Women Safe

Violence against women

Violence against women is any act of gender based violence that causes or could cause physical, sexual or psychological harm or suffering to women, including threats of harm or coercion, in public or in private life. Violence against women is not only or always physical. It includes psychological, economic, emotional and sexual violence and abuse, and a wide range of controlling, coercive and intimidating behaviours e.g. stalking.

Violence against women occurs across the whole community; however certain groups of women experience much higher rates of male violence than others. These vulnerable groups include women with disabilities, Aboriginal women, women in rural and remote areas, and culturally and linguistically diverse (CALD) women.

Family Violence encompasses all forms of domestic and intimate partner violence and is the preferred term used in Victoria by services and government.

Impacts of violence against women

Violence against women and their children takes a profound and long-term toll on women and children’s health and wellbeing, on families and communities, and on society a whole. Exposure by children to violence against women is a recognised form of child abuse that causes significant harm on them, with potential impacts on attitudes to relationships and violence, as well as behavioural, cognitive and emotional functioning, social development, and – through a process of ‘negative chain effects’ – education and later employment prospects.

Intimate partner violence contributes to more premature death, disability and illness in women aged 15 to 44 than any other preventable risk factor. Intimate partner violence has wide-ranging and persistent effects on women’s physical and mental health. The greatest of these is mental illness – anxiety and depression – which make up 58% of the disease burden resulting from violence.
Family violence against women is the single largest driver of homelessness for women, a common factor in child protection notifications, and results in a police call-out on average once every two minutes across the country. One-third (34%) of the clients seeking support from homeless services reported they had experienced family violence.

Above all, violence against women is a fundamental violation of human rights, and one that Australia has an obligation to prevent under international law.

**Economic costs of violence against women**

The combined health, administration and social welfare costs of violence against women have been estimated to be $21.7 billion per year, with projections suggesting that if no further action is taken to prevent violence against women, costs will accumulate to $323.4 billion over a thirty year period from 2014 - 15 to 2044 - 45.

**Causes of violence against women**

Although violence against women has no single cause, there is substantial evidence that higher levels of violence against women are consistently associated with lower levels of gender equality in both public life and personal relationships.

Within this broader context, Our Watch’s national evidence based primary prevention framework titled - Change the Story: A shared framework for the primary prevention of violence against women and their children in Australia - identifies four specific, gendered drivers of violence against women including:

1. **condoning violence**, particularly by excusing or trivialising it, or ‘blaming the victim’;
2. **men’s control of decision-making**, and limits to women’s independence in public life and relationships;
3. **rigid gender roles** and stereotyped constructions of masculinity and femininity; and
4. **male peer relations** that emphasise aggression and disrespect towards women.

Given the evidence, Victorian councils are increasingly acknowledging their role in the prevention of violence against women, particularly given their involvement in creating healthy and safe communities. Our Watch advocates for addressing the deep seated drivers of inequality, including rigid stereotypes and the unequal value afforded to women and men, as key to preventing men’s violence against women.

Other factors such as harmful use of alcohol or condoning of violence in general interact with or reinforce gender inequality to make violence against women worse, but do not drive violence against women in and of themselves.

**Violence against men**

All violence is wrong, regardless of the gender of the victim or perpetrator. But there are distinct gendered patterns in the perpetration and impact of violence. For example, both women and men are more likely to experience violence at the hands of men, with around 95% of all victims of violence in Australia reporting a male perpetrator. While men are more likely to experience violence by other men in public places, women are more likely to experience violence from men they know, often in the home.

The Australian Bureau of Statistics’ Personal Safety Survey estimates that 5.3 per cent of men (that is, one in 19) have experienced physical or sexual violence perpetrated by a current or previous partner since the age of 15.

The overwhelming majority of acts of family violence and sexual assault are perpetrated by men against women, and this violence is likely to have more severe impacts on female than male victims.
Prevalence of violence against women
Violence against women is now recognised to be a serious and widespread problem in Australia, with enormous individual and community impacts and social costs.

This significant social problem is preventable. To prevent violence against women we first need to understand it.

National Context
The following basic statistics help demonstrate the prevalence and severity of violence against women:

▲ On average, at least one woman a week is killed by a partner or former partner in Australia and the majority of homicides (58%) are classified as intimate partner.21

▲ One in three Australian women has experienced physical violence, since the age of 15.22

▲ One in four Australian women has experienced physical or sexual violence by an intimate partner.23

▲ One in four Australian women has experienced emotional abuse by a current or former partner.24 One in five Australian women has experienced sexual violence.25

▲ Women are at least three times more likely than men to experience violence from an intimate partner.26

▲ Women are five times more likely than men to require medical attention or hospitalisation as a result of intimate partner violence, and five times more likely to report fearing for their lives.27

▲ Of those women who experience violence, more than half have children in their care.28

▲ Violence against women is not limited to the home or intimate relationships. Every year in Australia, over 300,000 women experience violence – often sexual violence – from someone other than a partner.29

▲ Eight out of ten women aged 18 to 24 were harassed on the street in the past year.30

▲ Young women (18 – 24 years) experience significantly higher rates of physical and sexual violence than women in older age groups.31

▲ There is growing evidence that women with disabilities are more likely to experience violence.32

▲ Aboriginal and Torres Strait Islander women experience both far higher rates and more severe forms of violence compared to other women.33

State Context
In Victoria in 2017-2018, police responded to 76,124 family violence incidents with children present in 23,595 of these cases. Charges were laid in 33,204 incidences. Almost 80% of reported family violence victims in Victoria are women.34

In 2015, the Victorian Government recognised the impacts that family violence has on the Victorian community and instigated a Royal Commission into Family Violence, the first in Australia (and worldwide). The Royal Commission into Family Violence found that gender inequality is one of the key drivers behind family violence.35

It identified that the large majority of victims are women and that to effectively address and end violence against women, then we must begin by addressing gender inequality.36

Action on gender inequality is urgent. Family violence costs the Victorian economy more than $3.4 billion per year. Closing Australia’s gender employment gap – including the pay gap and number of women in the paid workforce – would boost the GDP by 11 per cent.37
SAFE & RESPECTFUL – 10. Feeling Safe

Local Context

Monash City Council 2021 And Beyond Survey: What the community said:

▲ Respondents were asked to rank their six most important health and wellbeing issues/concerns from a list. One of the most highly ranked issues was “preventing violence against women and encouraging respectful relationships” with a score of 2.7 out of 6;

▲ An overwhelming majority (83.8%) of respondents reported that they were very (57.2%) or somewhat (26.6%) likely to intervene in some way if they became aware that a family member or close friend had become a victim of family violence;

▲ 282 respondents (33.9%) suggested at least one thing that Council could do to foster gender equity and more respectful relationships within our community. The most common actions identified by respondents related to education and awareness such as forums and workshops (6.8%) and communication, promotions and advertisements (5.3%); and

▲ “Feeling Safe & Being treated with care and respect is the basis of any true civilised community”. (Anonymous respondent)

Sexual Assaults

Sexual assault is both a consequence and a reinforcer of the power disparity existing between men and women and children. One in five women have experienced sexual violence since the age of 15 years. The impact of sexual assault and family violence on the lives of victim/survivors is multi-faceted and complex. It includes emotional, social, psychological, legal, health, spiritual, economic and political consequences.

The data in the table below shows that while Monash has a relatively lower rate of sexual offences when compared to the Metro East Average and the State Average, the number of female victims is more than three times greater than males.

Refer to Table 1: Monash Sexual Offences Reported Incidences for a summary of the number of victim reports received in 2018.

<table>
<thead>
<tr>
<th>TABLE 1: SEXUAL OFFENCES 2018 RATE (PER 10,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monash</td>
</tr>
<tr>
<td>--------</td>
</tr>
<tr>
<td>F 7.2</td>
</tr>
<tr>
<td>M 2.3</td>
</tr>
<tr>
<td>ALL 8.5</td>
</tr>
</tbody>
</table>
Monash City Council

Monash City Council has a strong and long-term commitment to the prevention of violence against women and the promotion of gender equity.

Monash Council was the lead partner in the Generating Equality and Respect Program, an innovative three year prevention of violence against women partnership program. The program was implemented from 2012 - 2015 with a partnership between Council, Link Health and Community and Vic Health. This program aimed to prevent violence against women before it occurs by building communities, cultures and organisations that are gender equitable and promote equal and respectful relationships between men and women through addressing the underlying drivers of violence against women.40

Further information about the Generating Equality and Respect program can be found at: https://www.vichealth.vic.gov.au/search/generating-equality-and-respect-resources

In November 2015, Monash Council endorsed Monash’s Gender Equity Strategy (2015-2020). This Strategy builds upon and formalises Council’s longstanding commitment to promoting gender equity and preventing violence against women. Achieving gender equity is critical to improving the health and wellbeing of individuals, families and communities and is a core principle of a fair, safe and inclusive community.

Safeguarding Children

Monash Council’s Safeguarding Children and Young People Policy Statement (2019)41 articulates Council’s strong commitment to keeping children and young people safe and having practices in place to protect their wellbeing. Likewise, the Victorian Government is committed to the safety and wellbeing of all children and young people.

As part of the Victorian Government’s commitment to implementing the recommendations of the Betrayal of Trust report which found that more must be done to prevent and respond to child abuse in the community, there is a new regulatory landscape surrounding child safety, underpinned by the Child Safe Standards.42

The Child Safe Standards 43 are compulsory minimum standards for all Victorian early childhood services and schools, to ensure they are well prepared to protect children from abuse and neglect. They apply to all organizations (including Monash Council) with a duty of care to children and young people whilst delivering a service or activity to them and/or their families. The Child Safe Standards are designed to systematically build the capacity of organisations to keep children and young people safe from abuse and exploitation by staff, volunteers or other relevant related individuals.

Monash Council received the Australian Children’s Foundation (ACF) Safeguarding Children Certification in 2017.44 ACF provides the resources to support organisations including Monash Council to meet evidence based standards that ultimately reduce the risk of abuse of children and young people by employees and volunteers. It achieves this through facilitating organisations to:

- recognise the factors that increase a child’s vulnerability to maltreatment;
- be aware of the vulnerabilities which may indicate a need to assess, monitor or curtail the behaviour of individuals in relation to children and young people within organisations;
- create an environment which limits the opportunity for children to be maltreated;
- develop and maintain a culture that is child-focused, transparent and respectful; and,
- implement a comprehensive framework that ensures appropriate policies and guidelines for all individuals associated with an organisation.
In complying with the child safe standards an applicable entity to which the standards apply must include the following principles as part of their response to each standard:

- **promoting the cultural safety of Aboriginal children**
- **promoting the cultural safety of children from culturally and/or linguistically diverse backgrounds**
- **promoting the safety of children with a disability.**

To create and maintain a child safe organisation, an applicable entity to which the standards apply must have:

**Standard 1:** Strategies to embed an organisational culture of child safety, including through effective leadership arrangements.

**Standard 2:** A child safe policy or statement of commitment to child safety.

**Standard 3:** A code of conduct that establishes clear expectations for appropriate behaviour with children.

**Standard 4:** Screening, supervision, training and other human resources practices that reduce the risk of child abuse by new and existing personnel.

**Standard 5:** Processes for responding to and reporting suspected child abuse.

**Standard 6:** Strategies to identify and reduce or remove risks of child abuse.

**Standard 7:** Strategies to promote the participation and empowerment of children.

**General Community Safety**

A safe community is one in which all sectors of the community work together in a coordinated and collaborative way, forming partnerships to promote safety, manage risk, increase the overall safety of all its members and reduce the fear of harm.

**Perceptions of Safety**

More recent data detailed in VicHealth’s Health Indicators Survey 2015 confirmed that most (93.3%) Monash residents agreed that they felt safe walking alone during the day, which was higher than the Victorian estimate (92.5%). Just under six out of 10 (58.2%) Monash residents agreed that they felt safe walking alone in their local area after dark, which was higher than the Victorian estimate (55.1%), also indicating that Monash residents feel slightly safer. There were no significant changes in perceptions of safety for Monash between the 2007, 2011 and 2015 surveys.

**Crime in Monash**

Crime rates in Monash are below average. Monash continues to be a relatively safe municipality with below average crime. Monash is ranked 58th out of the 79 local government areas for the rate of reported criminal offences in the year ending June 2018, when ranked highest (1) to lowest (79).

In 2017/2018 crime rates fell, when compared with the previous year ending in June. In Monash the rate of criminal offences went down by 10 per cent. The most common crimes occurring in Monash are property crimes and the most common incident of crime is ‘steal from a motor vehicle’, the rate of which dropped 12% when compared with the previous year.

When compared to other Victorian LGA areas:

- **Monash ranked 69th** out of the 79 for reported violent offences (per 100,000 population).
- **Monash ranked 59th** out of the 79 for reported drug offences (per 100,000 population).
- **Monash ranked 38th** out of the 79 for reported property offences (per 100,000 population).
State Government Community Safety Statement

On 7 December 2016, The State Government launched Victoria’s first ever Community Safety Statement – a plan to keep Victorians safe, prevent harm in our communities and hold criminals to account. The Community Safety Statement recognises that all Victorians have the right to feel safe and be safe – in their homes, workplaces and businesses, on transport, in public and in their neighbourhoods. The measures outlined in the plan are being backed by an additional $2 billion in investment, and increased Police powers to fight crime.

Council and Community Safety

Monash Council is committed to working with our community, Victoria Police and agency partners to continue to create safe neighbourhoods and places and spaces where people feel happy and empowered to lead fulfilling lives. Safety is a fundamental human right and is essential to health and wellbeing and enjoyment of community life.

Monash residents have identified that feeling safe is a high priority for the community. In the municipal-wide planning survey Monash Community Survey “2021 & beyond”, feeling safe and being treated with respect was the second most important health and wellbeing issue identified by residents, as listed below according to community ranking.

1. Getting outdoors to use parklands, reserves or playgrounds (67%)
2. Feeling safe & being treated with care & respect (58%)  
   Significantly more females (60%) than males (53%) selected this as a personal priority.
3. Healthy eating (48%)
4. Staying active or participating in sport or recreation activities (48%)
5. Getting the right health care or support services (47%)
6. Participating in community activities or accessing the local library (36%)
7. Achieving work/life balance (34%)

This is consistent with previous surveys that found community safety is given high priority by the community, and is considered to be fundamental to health and wellbeing and the enjoyment of community life in Monash.

The Monash community identified the top three most important aspects of community safety below:

▲ Feeling safe in the community/local neighbourhood is of high importance;
▲ Feeling safe generally is important to health and wellbeing; and
▲ Respect is an important component of feeling safe.
Through community consultation, research and partnership collaboration, Monash Council has developed a community safety framework with three single strategic community safety priorities to guide the implementation of community safety activity in Monash over the next five years. These priorities are:

- **Community Strength and Resilience**;
- **Leadership**; and
- **Prevention and Positive Solutions**.  

It is the intent of this Framework that Council will strive towards an integrated, whole-of-Council approach to community safety. Through the application of this Framework, it is the expectation that community safety is prioritised in all current and future planning, strategies and activity. The framework has now been incorporated into A Healthy and Resilient Monash: Integrated Plan.

### Environmental Design

Monash Council has committed to leading the way in creating safe physical, urban and natural environments through adherence to Safer Design principles including Crime Prevention Through Environmental Design (CPTED), where residents feel inspired to actively participate in community life and to go about their daily activities.

Council is committed to and has been highly successful in securing funding opportunities through the State and Federal governments to implement community safety, public safety infrastructure and crime prevention programs in partnership with Victoria Police and other leading partner agencies.
Monash City Council 2021 And Beyond Survey

WHAT THE COMMUNITY SAID:

Respondents were asked to rank their six most important health and promotion priorities from a list. One of the most highly ranked issues was “preventing violence against women and encouraging respectful relationships” with a score of 2.7 out of 6.

An overwhelming majority (83.8%) of respondents reported that they were very (57.2%) or somewhat (26.6%) likely to intervene in some way if they became aware that a family member or close friend had become a victim of family violence.

282 respondents (33.9%) suggested at least one thing that Council could do to foster gender equity and more respectful relationships within our community. The most common actions identified by respondents related to education and awareness such as forums and workshops (6.8%) and communication, promotions and advertisements (5.3%).

In relation to general community safety, an overwhelming majority of respondents felt safe or very safe in their homes during the daytime (88.3%) or in the local area during the day (85.0%). A significantly different picture emerges regarding perception of safety while walking in the local area at night. Less than one third (31.7%) felt safe or very safe with one third (32.3%) feeling neither safe nor unsafe, and more than one third (35.9%) feeling unsafe or very unsafe.

The two most commonly identified actions that respondents felt would make them feel safer in public places in the City of Monash was (i) better lighting of streets, car parks and public areas and (ii) increased Police/Council Officer presence.

“Feeling Safe & Being treated with care and respect is the basis of any true civilised community” (Anonymous respondent)

May 2017

REFERENCE LIST


20. Around 95% of all victims of violence (both male and female) reported experiencing acts of violence—physical or sexual assault, or threats—from a male perpetrator. Australian Bureau of Statistics (2013), Personal Safety, Australia 2012, Cat. No. 4906.0, Australian Bureau of Statistics (ABS), Canberra. Survey extrapolated to population figures on the basis of 3.8% of all women surveyed reporting having experienced physical or sexual violence from a non-partner in the past 12 months (and approximately 9 million women over the age of 18 in Australia) as cited at Our Watch, Understanding Violence Facts and Figures retrieved 15 August 2017 http://www.ourwatch.org.au/


