



CITY OF
MONASH



MONASH HEALTH AND WELLBEING PLAN 2021-2025

Our Community:
A Snapshot 2020/21

Note: Some statistics were taken from datasets that were released prior to the COVID-19 pandemic.

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Introduction to Our Community a Snapshot

This annual update of our Our Community: A Snapshot (2020/21) is a companion document to Council's current *A Healthy & Resilient Monash: Integrated Plan 2017 – 2021* (due for completion in October) as well as Council's new draft *Monash Health and Wellbeing Plan 2021-2025*.

The Our Community: A Snapshot provides key community evidence which assists Council to shape its health and wellbeing priorities and actions. It is a document that is updated and released each year based on new statistics, research and evidence.

Our Community: A Snapshot has ten sections or snapshots. 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:

PRIORITY COMMUNITY SNAPSHOTS

1. Monash Community Profile

ACTIVE & HEALTHY

2. Healthy Lifestyles
3. Healthy Minds
4. Healthy Environments

ENGAGED, CONFIDENT & CONNECTED

5. Participation
6. Belonging and Loneliness
7. Supported

SAFE & RESPECTFUL

8. Life Journey
9. Fair for All
10. Feeling Safe

Snapshot 1: Monash Population Profile

The Monash Population Profile provides a snapshot of population characteristics that includes information from the most recent Census (2016) and Victorian Population Health Survey (2018) available at the time of writing. Data will be progressively updated as it becomes available.

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 (ERP) for the City of Monash in 2016 was 190,234 and for 2020 the ERP was 204,936. 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 2.7.¹ This is an increase of 12,899 people from 2011, when the ERP was recorded as 177,345.²

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.³

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%).⁴

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% of Monash residents identified as being born in another country, compared with 33.8% of Metropolitan Melbourne.⁵

The top three overseas countries of birth are China (12.5%), India (5.3%), and Sri Lanka (3.6%).⁶

Half of Monash residents speak a language other than English at home. The most frequently spoken languages are Mandarin, Greek, Cantonese and Sinhalese.⁷

Monash has a relatively larger proportion of overseas arrivals who arrived between 2011 and August 2016 (28.9%) compared with Metropolitan Melbourne (23.5%).⁸

Snapshot 1: Monash Population Profile

The percentage of humanitarian arrivals in Monash is relatively low. Monash has less than 40 asylum seekers, which is less than 1% of all asylum seekers in Victoria.⁹

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

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 2020 quarter, Monash recorded an unemployment rate of 3.7%. This was lower than the rate for Metropolitan Melbourne (5.7%) and Victoria (5.4%). The unemployment rate had increased from 2.5% in June 2019. It should be noted that Melbourne was experiencing the COVID-19 pandemic in June 2020.¹¹

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 in the 2016 Census there were 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.

Aboriginal and/or Torres Strait Islander Australians

The traditional owners of the land now known as Monash were part of the Kulin Nation, who lived in what was to become Melbourne and surrounding areas.

In 2016, 0.2% of the Monash population identified as Aboriginal and/or Torres Strait Islanders, or around 414 people. The proportion of Aboriginal and/or Torres Strait Islander people in Greater Melbourne is higher, at 0.5%.¹⁴

Snapshot 2: Healthy Lifestyles

A city dedicated to optimal health and wellbeing for its community

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

Physical Health

The following Tables 1 and 2 over the next two pages summarise the latest data provided by the Victorian Department of Health and Human Services (DHHS) from Victorian Population Health Survey 2017.

While the survey is conducted each year, local government level data is only available every three years. The 2017 survey is the most recent survey that includes Monash specific data. The LGA rank in the tables below is the relative ranking of Monash compared with the 79 Victoria Local Government Areas (1 being the highest occurrence).

Monash has, on average, less people reporting chronic health conditions however there are some conditions where Monash is slightly higher than the Victorian average.

Monash characteristics that are statistically significantly different to Victoria are noted in the tables.

Snapshot 2: Table One on the following page describes self-reported health statuses for health conditions and wellbeing for Monash and compares that against Victoria, and ranked against other Victorian local government areas. The data will be updated when the 2020 Victorian Population Health Survey data, with Monash level data, is released (expected release date late 2021).

Snapshot 2: Table One Health Conditions and Wellbeing – Monash and Victoria 2017¹⁵

Health conditions and wellbeing	Monash %	Rank out of the 79 Victorian local government areas (LGAs) (highest to lowest)	Victoria %	% compared with the Victorian average
People reporting asthma (ever diagnosed)	19.2%	52	20.0%	Lower
People reporting type 2 diabetes	5.6%	31	5.5%	Higher
People reporting stroke	2%	63	2%	Similar
People reporting heart disease	6.4%	44	6.7%	Lower
People reporting osteoporosis	6.8%	17	5.7%	Higher
People reporting arthritis	19.4%	61	20.6%	Lower
Doctor diagnosed hypertension	24%	55	25%	Lower
People reporting being obese	13.1%	73	19.3%	Lower
People reporting being pre-obese	29.5%	74	31.5%	Lower
Cancer ever diagnosed	8.9%	37	8.1%	Higher
Anxiety or depression (ever diagnosed)	16%	79	27%	Statistically significantly lower
Osteoporosis	6.8%	17	5.7%	Statistically significantly higher
Chronic disease 2 or more diseases	22.6%	65	25.5%	Lower
No chronic diseases	50.0%	-	42.2%	Statistically significantly higher
People reporting fair or poor health status	21.0%	38	20.3%	Higher
People reporting high/very high psychological distress	15%	40	15%	Similar
People reporting low/medium life satisfaction	19%	47	20%	Lower

Snapshot 2: Active & Healthy – Healthy Lifestyles

Snapshot 2: Table Two below describes gender differences in obesity and self-reported health status for Monash and compares that against Victoria. Data at a Monash level is only available from 2017, and will be updated when the 2020 Victorian Population Health Survey data is released (the expected release date is late 2021).

*Snapshot 2: Table Two Gender differences in obesity and self-reported health status, 2017*¹⁶

Health condition and wellbeing	Monash %	Rank out of the 79 Vic LGAs (highest to lowest)	Victoria %	% Higher, lower or similar to the Victoria average
Females reporting being obese	15.1%	65	19.5%	Lower
Males reporting being obese	10.8%	76	19%	Lower
Females reporting being pre-obese	26.6%	29	24.2%	Higher
Males reporting being pre-obese	32.4%	62	39.3%	Lower
Females reporting fair or poor health status	23.0%	27	20.8%	Higher
Males reporting fair or poor health status	18.5%	48	19.7%	Lower
Females reporting very high satisfaction with life	20.5%	72	27.4%	Lower
Males reporting very high satisfaction with life	26.0%	44	26.6%	Lower
Females reporting insufficient physical activity	50.8%	9	45.4%	Higher
Males reporting insufficient physical activity	48.3%	18	42.8%	Higher

Snapshot 2: Table Three below describes the expected life expectancy of people born 2011-15.

*Snapshot 2: Table Three Life Expectancy*¹⁷

Life expectancy	Monash %	Victoria %	Higher, lower or similar to the Victoria average
Female life expectancy at birth 2011-2015	86.7 years	85.2	Higher
Male life expectancy at birth 2011-2015	83.9 years	81.3	Higher

Snapshot 2: Active & Healthy – Healthy Lifestyles

Snapshot 2: Table Four below compiles statistics of injury and avoidable death for Monash, the relative ranking of Monash compared with other Victorian local governments and Victoria and indicates if Monash is higher or lower than the Victorian average.

Snapshot 2: Table Four Injury and Avoidable Death¹⁸

Injury and avoidable death	Monash %	Rank out of the 79 Vic LGAs (highest to lowest)	Victoria %	Higher, lower or similar to the Victoria average
Unintentional injuries treated in hospital per 1,000 population	38.8	67	56.0	Lower
Intentional injuries treated in hospital per 1,000 population	1.6	70	2.9	Lower
Unintentional injuries due to falls	45.5	4	38.4	Higher
Indirect standardised death rate per 1,000 population	4.6	71	5.3	Lower
Avoidable deaths among people aged less than 75 years, all causes, per 100,000 population	158.8	74	219.9	Lower
Avoidable deaths among people aged less than 75 years, cancer, per 100,000 population	21.1	73	28.6	Lower
Avoidable deaths among people aged less than 75 years, cardiovascular diseases, per 100,000 population	20.4	76	33.7	Lower
Avoidable deaths among people aged less than 75 years, respiratory diseases, per 100,000 population	3.4	68	15.6	Lower

Cancer

The five most frequently diagnosed cancers in Victoria are prostate, breast, bowel, lung and melanoma, together accounting for 57% of new cancers and 46% of cancer deaths in 2019.¹⁹ In 2018, the Monash cancer incidence per 1,000 population was 4.9, which was lower than the Victorian measure of 5.²⁰

Avoidable death

The incidence of avoidable deaths among people aged less than 75 years per 100,000 population in Monash was 21.1 and was much lower than the Victorian measure of 28 (refer Snapshot 2: Table Four).

Diabetes

Diabetes is the fastest growing chronic condition in Australia. Around 1.7 million Australians are estimated to have diabetes including up to half a million people with undiagnosed type 2 diabetes.²¹ In 2020 around 11,300 people in Monash were registered with the National Diabetes Service Scheme or 5.5% of people living in Monash, slightly higher than 5.3% of Victorians and 5.4% of

Snapshot 2: Active & Healthy – Healthy Lifestyles

Australians. Of these, in Monash 89.7% were type 2 diabetes, higher than Victoria (86.9%) and Australia (87.2%).²²

Stroke

Stroke is one of Australia's biggest killers and a leading cause of disability. In 2020 an estimated 445,000 Australians were living with stroke, this is expected to increase to 820,000 by 2050. The number of first time strokes in 2020 was 27,000, and is expected to increase to 50,600 in 2050.²³

Stroke data is available at Federal Electorate level. The City of Monash is partly in the electorates of Chisholm, Hotham and Higgins, along with nearby suburbs. Both Chisholm and Hotham are among the highest in Australia for the proportion of people who have the stroke risk factors of:

- being overweight or obese (Hotham 13th, Chisholm 16th).
- having high blood pressure (Hotham 14th, Chisholm 13th).
- having high cholesterol (Hotham 14th, Chisholm 9th).²⁴

Chisholm and Higgins Federal electorates also have a slightly higher than average rate of incidence of stroke and of people living with stroke, compared with the rate for metropolitan Australia.²⁵

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 the major cause of death in Australia.

In 2018 around 48 Australians died of CVD each day. CVD can have many different causes, and there are several risk factors, some which cannot be changed (eg. family history, age etc) and some that can be changed. The risk factors that can be changed to reduce the risk of CVD include: "unhealthy eating, being physically inactive, being overweight or obese, smoking, diabetes, high blood pressure, high cholesterol".²⁶

Birth weight, breastfeeding and immunisation

In 2018 the Department of Health and Human Services reported that in Monash 6.4% of babies are recorded as having low birth weights, compared to 6.6% state-wide.²⁷ In 2019/2020, 63% of babies born in 2019/2020 were fully breast fed at 3 months.²⁸ Data from 2018 shows the state average at 51.8%.²⁹

As at 30 September 2020 Monash LGA achieved 91.02% full immunisation of children in the 24-27 months cohort. The State average was 93%.³⁰

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.³¹ For more detailed analysis of mental health please refer to Snapshot 3 Healthy Minds.

Physical Activity and Health Behaviours

The following table summarises lifestyle and behaviour data provided by the Victorian Department of Health and Human Services 2017 Victorian Population Health Survey.

Snapshot 2: Table Five Monash self-reported lifestyle and behaviour health data aged 18 and over (2017)³²

Health Behaviours	Monash	Rank out of the 79 Vic LGAs Highest to lowest	Victoria	Higher, lower or similar to Victoria
Sedentary	3.1%	15	2.5%	Higher
Insufficient physical activity	49.5%	9	44.1%	Higher
Physical activity – met guidelines	44.9%	69	50.9%	Lower
Adults at increased lifetime risk of alcohol-related harm	45.1%	77	59.5%	Lower
People aged over 18 who are current smokers	13.6%	66	16.7%	Lower
Adults who did not meet dietary guidelines for either fruit or vegetable consumption	52.6%	44	51.7%	Higher
Adults who met dietary guidelines for fruit consumption only	41.2%	41	43.2%	Lower
Adults who met dietary guidelines for vegetable consumption only	4.2%	66	5.4%	Lower
Adults who drink sugar-sweetened soft drink every day	6.5%	67	10.1%	Lower
Adults who ate take away food more than once per week	14.5%	43	15.3%	Lower
Adults who are overweight (obese or pre-obese)	42.5%	74	50.8%	Statistically significantly lower
Adults who are obese	13.1%	73	19.3%	Statistically significantly lower
Blood pressure test (last two years)	72.0%	75	79.6%	Lower
Breast cancer screening participation (last two years)	88.6%	4	79.2%	Higher
Blood glucose check	50.8%	32	50.7%	Similar
Bowel cancer screening participation	60.4%	50	60.1%	Similar

Snapshot 2: Active & Healthy – Healthy Lifestyles

Snapshot2: Table Six below describes the rates in the Inner Eastern Region (which includes the local government areas of Monash, Boroondara, Manningham and Whitehorse) in 2018 of self-reported weight and eating habits, compared with the metropolitan average and Victoria. Data from 2018 is only available at a regional level.

Snapshot 2: Table Six Inner Eastern Region self-reported health data aged 18 and weight and eating habits (2018)³³

Self-reported health status, weight and eating habits	Inner Eastern Melbourne	Metropolitan areas in Victoria	Victoria	Higher, lower or similar to the Victoria average
Physical activity – meets guidelines	50.2	51.8	52.9	Lower
Sedentary	45.3	43.4	42.4	Higher
Insufficient physical activity	1.4	2.0	2.0	Lower
Overweight but not obese	32.1	29.4	29.9	Higher
Obese	15.5	20.8	21.3	Lower
Never eats savoury or salty snacks	7.7	10.6	10.9	Lower
Eats salty or savoury snacks 3+ day/week	25.4	22.1	22.0	Higher
Take away food never	10.6	12.0	11.6	Lower
Take away food ≥ 1 day/week	13.8	18.1	17.4	Lower
Met fruit and vegetable guidelines	3.6	3.5	3.6	Similar
Met vegetable guidelines only	5.5	5.6	5.9	Lower
Met fruit guidelines only	42.9	42.6	43.1	Lower
Did not meet fruit and vegetable eating guidelines	51.4	51.4	50.8	Higher
Adults who drink alcohol either yearly, monthly or weekly at a level that increased lifetime risk of alcohol-related harm	58.1	60.5	61.1	Lower
Risk of alcohol-related injury from a single occasion of drinking (drinking weekly, monthly or yearly)	41.1	43.6	44.4	Lower
Current Smoker	10.8	17.6	17.6	Statistically significantly lower
Daily Smoker	6.6	12.5	12.6	Statistically significantly lower
Blood pressure check	74.6	79.8	79.9	Lower
Blood glucose check	56.2	56.2	55.1	Higher
Blood lipids check	47.2	49.1	48.2	Lower
Bowel cancer screening	64.9	73.1	73.0	Lower
High blood pressure	24.6	25.9	26.3	Lower

Snapshot 2: Active & Healthy – Healthy Lifestyles

Regular physical exercise and activity can have both immediate and long-term benefits to health, improve quality of life and reduce the risk of many diseases. Physical exercise and activity may:

- reduce heart attack risk
- help manage weight
- lower blood cholesterol level
- lower the risk of type 2 diabetes and some cancers
- lower blood pressure
- help strengthen bones, muscles and joints and lower the risk of developing osteoporosis
- lower the risk of falls
- improve recovery from periods of hospitalisation or bed rest
- help people feel better by improving energy, moods, relaxation and sleep
- Help with depression by blocking negative thoughts and worries; increasing opportunities for social contact; and change levels of chemicals in your brain, such as serotonin, endorphins and stress hormones to improve moods and sleep³⁴

Australian Physical Activity and Sedentary Guidelines

The Australian Government has Physical Activity and Sedentary Guidelines for different life stages.

Australia's Physical Activity and Sedentary Behaviour Guidelines for adults (18-64 years)³⁵ states the following:

- *Doing any physical activity is better than doing none. If you currently do no physical activity, start by doing some, and gradually build up to the recommended amount.*
- *Be active on most, preferably all, days every week.*
- *Accumulate 150 to 300 minutes (2 ½ to 5 hours) of moderate intensity physical activity or 75 to 150 minutes (1 ¼ to 2 ½ hours) of vigorous intensity physical activity, or an equivalent combination of both moderate and vigorous activities, each week.*
- *Do muscle strengthening activities on at least 2 days each week.*

Australia's Physical Activity Recommendations for Older Australians (65 years and older)³⁶ states the following:

- *Older people should do some form of physical activity, no matter what their age, weight, health problems or abilities.*
- *Older people should be active every day in as many ways as possible, doing a range of physical activities that incorporate fitness, strength, balance and flexibility.*
- *Older people should accumulate at least 30 minutes of moderate intensity physical activity on most, preferably all, days.*
- *Older people who have stopped physical activity, or who are starting a new physical activity, should start at a level that is easily manageable and gradually build up the recommended amount, type and frequency of activity.*
- *Older people who continue to enjoy a lifetime of vigorous physical activity should carry on doing so in a manner suited to their capability into later life, provided recommended safety procedures and guidelines are adhered to.*

Snapshot 2: Active & Healthy – Healthy Lifestyles

The Australian Physical Activity, Sedentary Behaviour and Sleep guidelines for Young People (5-17 years)³⁷ includes the following:

Physical Activity

- *Accumulating 60 minutes or more of moderate to vigorous physical activity per day involving mainly aerobic activities.*
- *Activities that are vigorous, as well as those that strengthen muscle and bone should be incorporated at least 3 days per week.*

Sedentary Behaviour

- *Limit sedentary recreational screen time to no more than 2 hours per day.*

The Australian 24-Hour Movement Guidelines for the Early Years (birth to 5 years): An Integration of Physical Activity, Sedentary Behaviour, and Sleep³⁸ includes the following:

Physical Activity Recommendations

For healthy growth and development in:

- *Infants (Birth to one year) physical activity particularly through supervised interactive floor-based play in safe environments should be encouraged from birth.*
- *Toddlers (1 to 2 years) and Pre-schoolers (3 to 5 years) should spend at least 180 minutes a day doing a variety of physical activities.*

Sedentary Behaviour Recommendations

- *Infants (Birth to one year), Toddlers (aged 1-2 years) and Pre-schoolers (aged 3-5 years) should not be restrained for more than 1 hour at a time (e.g. in a stroller, car seat or high chair). Infants should also not spend any time watching television or using other electronic media..... For those aged 2 years, screen time should be no more than 1 hour in total throughout the 24-hour period- less is better.*

Physical Activity in Monash

The latest Monash level data from the Victorian Population Health Survey 2017 (refer Snapshot 2: Table Five) notes that Monash has more adults with insufficient physical activity (49.5%), when compared with both the East Division of Melbourne (43.9%) and the Victorian average (44.1%).

The more recent 2018 Victorian Population Health Survey shows that in Inner Eastern Melbourne Region data (Monash, Boroondara, Manningham and Whitehorse) reported only 50.2% of the population met the physical activity guidelines, a similar rate to Metropolitan Melbourne which was 51.8% (refer Snapshot 2: Table Six).

Overweight and Obesity

Overweight and obesity refers to excess body weight. Excess body weight, especially obesity, is a major risk factor for many health conditions and associated with higher rates of premature death. Chronic health conditions that excess weight is a risk factor for include: cardiovascular disease, type 2 diabetes, high blood pressure, asthma, back pain and some cancers.³⁹

Classification of weight in adults (there is a separate measure for children) is calculated using the internationally recognised standard of the Body Mass Index (weight of a person in kilograms divided by the square of their height in metres).

According to the Australian Institute of Health and Wellbeing:

- Australia had the 6th highest proportion of overweight or obese people aged 15+ among 22 OECD (Organisation for Economic Co-operation and Development) member countries in 2019 (67% up from 63.4% in 2014-15).
- In Australian in 2017-2018, 38% of people living in the lowest socioeconomic areas were obese, compared with 24% of people living in the highest socioeconomic areas. (Socioeconomic factors such as income, education and occupation are recognised determinants of health.)
- One in four (25%) children and adolescents aged 2–17 were overweight or obese in 2017–18
- In Victoria, by the time children are two years old almost one-quarter are at an unhealthy weight and close to 50 per cent of Australia’s young adults 18-24 years of age are overweight or obese.
- By middle age, approximately three-quarters of Victorians are at an unhealthy weight.⁴⁰

Obesity & Overweight in Monash

In 2017 the latest Monash level data available indicated that 13.1% of adults within the City of Monash were obese, less than the Victorian measure of 19.3% (refer Snapshot 2: Table One Health Conditions and Wellbeing – Monash and Victoria). The proportion of adults in Monash who were overweight but not obese (pre-obese) in the same year was 29.5%, while for Victoria it was 31.5%.⁴¹ However the proportion of women who are overweight and not obese is slightly higher in Monash (26.6%) compared to Victoria (24.2%) (refer Snapshot 1: Table Two).

The 2018 Victorian Population Health Survey reports that the Inner Eastern Region (consisting of four local governments including Monash) has a higher proportion of people who are overweight but not obese (32.1%), and a lower proportion of people who are obese (15.5%), when compared with Metropolitan areas (29.4% overweight but not obese and 20.8% obese) and Victoria (29.9% overweight but not obese and 21.3% obese) (refer Snapshot 2: Table Six).

Even though Monash and the Inner East has less people who self-report that they are obese compared to the Victorian average, it is important to note that nearly half of the population is considered to be heavier than a healthy weight range (overweight and obese combined).

Additionally a study from Victoria University’s Australian Health Policy Collaboration in 2017, found that Clayton had the highest rate of children with weight problems with 42.4% being overweight or obese.⁴²

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 2017 more than half of the Monash population did not meet intake guidelines for both fruit and vegetables (52.6%), comparable with the Victorian measure of 51.7%.⁴³

In 2018 the latest Victorian Population Health Survey found that 51.4% of people, in both the Inner Eastern Metropolitan Region, and the metropolitan areas of Victoria, did not meet the fruit and vegetable guidelines.⁴⁴

Daily consumption of sugary drinks was lower in Monash (6.5%) compared with Victoria (10.1%).⁴⁵

In a 2015 Vic Health survey, on average, Monash residents drank 5.5 cups of water per day. This is similar to the Victorian average of 5.4%.⁴⁶

Food Insecurity

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%.⁴⁷ In 2018 the Victorian Population Health Survey found that 5.0% of people in Monash, Boroondara, Manningham and Whitehorse ran out of food and couldn't afford to buy anymore, and for Victoria is was 6.8%, both were at a higher rate than found in the 2015 survey.⁴⁸

Alcohol, Tobacco and other Drugs

The consumption of alcohol, tobacco and other drugs is a major cause of preventable disease and illness in Australia. Direct and/or indirect social, health and economic harms caused by alcohol, tobacco and other drugs affect not only the individual but also the community more broadly. The harms include disease and injury, road trauma, mental health conditions, family and domestic violence, crime and the preventable burden on the health system.⁴⁹

Alcohol

Alcohol is one of the top ten avoidable causes of disease and death in Victoria. The Victorian Population Health Survey 2017, 28.6% of Monash adult respondents were at increased risk of injury from a single occasion of drinking and 45.1% were at an increased lifetime risk of alcohol related harm.⁵⁰ This was substantially less than for Victoria, where 43.0% of adults were at increased risk of injury from a single occasion of drinking and 59.5% were at an increased lifetime risk of alcohol related harm. While the Monash population's risk of alcohol related harm is significantly lower than for Victoria, it still represents a sizeable proportion of the population.

The 2018 Victorian Population Health Survey found that for the Inner Eastern Region of Melbourne, that while the rates for alcohol related harm in the Inner East were slightly lower than for metropolitan area or Victoria, it was still a substantial proportion of the population. Over half of adults drank alcohol either yearly, monthly or weekly at a level that increased the lifetime risk of alcohol-related harm (58.1%) and 41.1% had an increased risk of alcohol-related injury from a single occasion of drinking (drinking weekly, monthly or yearly).

Alcohol related injuries often result in preventable emergency department presentations. Reducing preventable emergency department presentations could substantially increase the ability of emergency departments to meet demand and reduce ambulance bypass rates and waiting times. Monash Council is part of the Eastern Region Local Drug Action Team and the Monash Kingston Local Drug Action team (a partnership of local government, community and health organisations, partly funded by the Alcohol and Drug Foundation) that works towards reducing harm from alcohol in the local community.

The Australian Institute of Health and Wellbeing found in the 2019 National Drug Strategy Household Survey that the current trend is that more Australians are reducing their alcohol intake and that younger people are less likely to smoke, drink or use illicit drugs.⁵¹

Alcohol Related Hospitalisation and Ambulance Attendances Alcohol-only related ambulance attendances have been increasing in Monash since 2014/2015 from 156.7 per 10,000 population, to 218.4 per 10,000 population in 2018/19.⁴⁶ Hospital admissions due to alcohol have also increased from 46.7 per 10,000 population in 2014/15 to 63.2 in 2018/2019 (most recent figure available).⁵²

Tobacco

Tobacco smoking is one of the largest causes of preventable illness and death in Australia. While tobacco use in Australia has more than halved since 1992, mostly due to falling rates of younger people taking up smoking, tobacco smoking still accounts for 9.3% of the burden of disease and more than 1

in every 20 deaths, more than for alcohol and illicit drugs combined.⁵³ 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.⁵⁴ In 2017, 13.6% of Monash residents aged over age 18 years were current smokers, less than for Victoria (16.7%).⁵⁵

Illicit Drugs

In 2019, the most commonly used illicit drug, either recent or lifetime use, for people aged 14+ in Australia is cannabis, with more than one in ten using cannabis in the past 12 months. The 2019 National Drug Strategy Household Survey found that: the majority of deaths (excluding alcohol and tobacco) involved opioids; non-medical pharmaceutical use is declining largely due to a fall in the use of pain killers; cocaine use has more than doubled in Victoria between 2016 and 2019; and higher psychological distress is found in drug users compared with non-drug users.⁵⁶

Drug possession incidents recorded by Police have risen by about 50% since 2015.⁵⁷ Connections have been made with the misuse of alcohol/drugs and the impact on families, including family violence.⁵⁸

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 2018/19. The rate per 10,000 population for hospitalisation went from 6.3 in 2010/2011, to 19.9 in 2018/19, while the rate of ambulance attendance increased from 43.3 to 117.5 in the same time period.⁵⁹

Monash Health and Wellbeing Survey (2021)

WHAT THE MONASH COMMUNITY SAID:

Health and wellbeing priorities

The ten **top health and wellbeing priorities** selected by the 375 survey respondents were:

- **being physically active** (60% of respondents)
- **walkable and accessible** communities (52%)
- **preventing family violence and violence against women** (42%)
- accessing the local **library's programs and services** (42%)
- **community activities, events and festivals** (42%)
- **addressing** all forms of **discrimination** (63% of respondents) (41%)
- healthy **active ageing** (39%)
- community **safety** (38%)
- loneliness and **feeling connected** to my community (37%)
- affordable sport or recreation opportunities (35%)

Barriers to physical activity

The biggest **barriers to exercise** were (more than one answer possible):

- other **priorities** (40%)
- lack of **time** (39%)
- **motivation** (34%)
- **cost** (30%)
- the need to **cater** more for **different** ages and abilities (20%).

Snapshot 3: Healthy Minds

Positive experiences at key life transition points impact on 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
- For older residents as they age.

Mental health is a key component of health and goes beyond mental disorders and disability. Mental ill-health is a significant issue for the community and affects everyone, either directly or indirectly.

The World Health Organisation describes mental health as “a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community”.⁶⁰ The definition of mental health recognises good mental health, not just the absence of mental disorders.

Mental Health Disorders

- 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.
- Mental health disorders have a higher prevalence in young adults - around a one third of young women and about one quarter of young men have a mental health disorder.
- Additionally drug use, such as tobacco use, alcohol dependence, misuse of illicit or prescription drugs are all linked with higher incidence of mental health disorders.⁶¹
- Mental health disorders cost Australian workplaces over \$11 billion every year in absenteeism, reduced productivity and compensation claims.⁶²

The Royal Commission into Victoria’s Mental Health System estimated that in each year in Victoria:

- approximately 205,000 people who will experience a severe mental illness
- approximately 302,000 people who will experience a moderate mental illness
- approximately 596,000 people who will experience a mild mental illness
- approximately 1.5 million people may be at risk of developing a mental illness (showing early symptoms of, or have previously experienced, a mental illness).⁶³

Some of the things that may contribute to mental health issues are:

- Genetic factors: having a close relative may increase the risk of developing a disorder, but does not mean that someone will develop a disorder.
- Drug and alcohol use.
- 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.
- Trauma and stress: there are many events that can impact mental health, such as resettlement in a new community, persistent stress from study or work, birth of a child, loss of a loved one; social isolation, relationship breakdown, family violence, financial or work problems, living in a war zone.

Snapshot 3: Healthy Minds

- Personality factors: such as perfectionism and low self-esteem.
- Social determinants such as discrimination (gender, race etc), social disadvantage (such as poverty, homelessness), family violence, low social status and intergenerational trauma.
- Caring for someone with a mental illness. ^{64,65}

Many people with mental health disorders do not receive the treatment and support they need and they then can experience the following *preventable* consequences:

- physical and mental distress
- disruptions in education and employment
- relationship breakdown
- stigma, and
- loss of life satisfaction and opportunities. ⁶⁶

In 2020, for the fourth year in a row, the most common issue managed by General Practitioners (GPs) in Australia was mental ill health, with 64% of GPs reporting psychological issues in their top three reasons for patient presentations (up from 61% in 2017).

During 2020, the COVID pandemic and national shutdown appeared to have a greater impact on younger people and women. During the shutdown in 2020 the proportion of younger people in Australia experiencing severe psychological distress increased much more than for older people, and more women than men had a 'moderate to severe' psychological impact. ⁶⁷

Addressing the social determinants of mental ill health requires a society that is safe, equitable, respectful and inclusive. ⁶⁸ Mental health support involves community and social supports, primary care and general counselling, and clinical treatment and psychosocial supports.

Mental Health in Monash

Snapshot 3: Table One - Self reported mental health status ⁶⁹

Mental health % of the population who self-reported the following:	Monash	Victoria	Monash - Higher or lower than Victoria
Mild psychological distress	57.5%	53.9%	Higher
Moderate psychological distress	21.3%	24.7%	Lower
High psychological distress	9.7%	10.6%	Lower
Very high psychological distress	5.5%	4.9%	Higher
Ever diagnosed with anxiety or depression	16.4%	27.4%	Statistically significantly lower
Sought help for a mental health problem in the past 12 months	15.1%	17.6%	Lower
Low or medium feelings of life satisfaction	19.1%	20.5%	Lower
High life feelings of life satisfaction	55.5%	50.9%	Higher
Very high feelings of life satisfaction	23.5%	27.0%	Lower
Low or medium feelings of life being worthwhile	15.1%	16.7%	Lower
High feelings of life being worthwhile	48.9%	46.2%	Higher
Very high feelings of life being worthwhile	30.3%	34.0%	Lower

Snapshot 3: Healthy Minds

The latest Victorian Population Health Survey data (with Monash specific results from 2017) show that Monash has similar levels of psychological distress to Melbourne in adults, however despite this, significantly less people have ever been diagnosed with anxiety or depression (refer Snapshot 3: Table One). Monash residents also had a similar but slighter lower proportion of people with low or medium feelings of “life satisfaction”, and of low or medium feelings of life “being worthwhile” (refer Snapshot 3: Table One).

Monash plays a role in providing direct mental health support and referrals through Monash Council’s:

- Early Childhood and Family Services
- Maternal and Child Health
- Youth Services
- Early Childhood Education and Care

Monash Council also supports the local community through providing community places that support mental wellbeing, such as:

- Libraries (including activities run at the library)
- Sports club (providing sports facilities and sports fields and support to clubs)
- Early child and parenting groups
- Local communities, places and facilities (eg. parks)
- Supporting and/or funding community and cultural groups, art and community groups etc through the Monash Community Grants Program
- Providing a range of social, creative, informative, community development and/or physical activities through Arts and Culture, Monash Public Library Service, Active Monash, Children, Youth and Family Services, Age Friendly Monash and Community Strengthening (intercultural development, disability access and inclusion, place making, gender equity, health promotion).

Consultations undertaken by VicHealth in 2015 utilised mental wellbeing indicators. These indicators 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%.⁷⁰

Indicators of Social Capital and Resilience

More recently in 2019, the Monash Annual Community Satisfaction Survey measured indicators of social capital that can be an indicator of community resilience. Monash residents rated that ‘the Monash community is accepting of people from diverse cultures’ more highly than for Metropolitan Melbourne. While still indicating strong overall agreement with the following statements, Monash was slightly lower than Metropolitan Melbourne for feeling a sense of connection with the local community and neighbours, and opportunities to socialise:

- ‘The Monash community is accepting of people from diverse cultures’ (Monash 8.12, and Metro Melbourne 7.80)
- ‘I / we feel part of the local community’ (Monash 7.11, Metro Melbourne 7.37)
- ‘I / we feel connected to our neighbours’ (Monash 6.94, Metro Melbourne 7.61)

- 'There are adequate opportunities to socialise and meet people' (Monash 7.82, Metro Melbourne 7.15).⁷¹

Maternal and Child Health

Transition to parenthood can have both positive and negative impacts on emotional wellbeing and mental health for individuals and families.

Perinatal anxiety and depression, during pregnancy or following child birth and during early parenthood, is a serious illness affecting up to one in five expecting or new mums and one in ten expecting or new dads.⁷² Research also suggests that perinatal anxiety and depression can be higher in parents identifying as LGBTIQ+, where stress may often be compounded by discrimination.⁷³

Postnatal psychosis is serious mental illness that affects 1-2 in every thousand women after birth and is potentially life threatening.⁷⁴

Monash Maternal and Child Health supports the health and wellbeing of parents, carers and babies as a free health service offering information, guidance and support for: child health and development; maternal and family health; infant feeding; community information and local supports; sleep and settling; infant and child behaviour; child and parent relationships. Monash also runs breastfeeding support services; new parents groups (including in languages other than English), and a sleep and settling program.

See also Snapshot 8: Life Journey.

Early Years and Family Services

Children's experiences in their earliest years are vital to their ongoing development. Experiences in the early years have a major impact on future achievements at school and later in life. Supporting children's learning and health and wellbeing before they begin school will give them a greater chance of positive future. For children learning through play alongside the people that mean the most to them is a really positive experience for children.

Monash Council provides support that may assist parents, carers (including grandparents) to be the best parent/carer they can be through warm and friendly flexible playgroup hours run by Council at Child and Family Centres.

Additionally Monash Family Services provides counselling and casework to parents/ carers and families who live in the City of Monash and have dependent children 0–17 years, as well as providing information, advocacy, and referral to other agencies and specialist services.

The City of Monash is committed to being a *Child and Young People Friendly City* (CYPFC) and has endorsed the Victorian Charter for Child Friendly Cities and Communities. We have put in place a number of strategies to ensure that we view and interact with children as active citizens of Monash, such as through the Junior Advisory Group and the Monash Student Space Newsletter.

See also Snapshot 8: Life Journey.

Young People

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.

Parents, caregivers and family have the most significant influence on a child and young person's learning, development and wellbeing.⁷⁵ 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 increasingly important for the developing young person.

Vulnerabilities can emerge which include social disengagement, mental health issues and extreme risk taking behaviours.⁷⁶ 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.⁷⁷

The Royal Commission into Victoria's Mental Health System noted that youth are highly represented in the presentation of:

- Anxiety, mood, impulse-control and substance use disorders - about half of all lifetime cases manifest by the age of 14, and 75 per cent emerge by the age of 24.
- Diagnosed mental illness – every year around one in seven children and young people aged 4–17 years of age and one in three females or one in five males aged 15–24 years will experience a mental illness.
- Psychological distress – with one in eight 18–24-year-olds experiencing high to very high levels.
- Mental health-related emergency department presentations - people aged under 25 years accounted for around a quarter of all presentations in 2017–18 in Victoria.⁷⁸

The Mission Australia survey of young people aged 15-19, distributed nationally to over 25,000 young people and aims to identify the values and issues of concern to young people. In 2020, the top three 'issues of personal concern' of Australian youth were education (34.2%), mental health (17.2%) and COVID-19 (9.3%).⁷⁹ It is clear the COVID-19 pandemic had an impact on the top issues as identified by young people. In 2019, the top three 'issues of personal concern', and were coping with stress (44.7%), school or study problems (34.3%) and mental health (33.2%). In 2018 the top three 'issues of personal concern' were the same as for 2019. In 2017, the top three issues of personal concern were coping with stress, school or study problems and body image.

In 2020, the top three issues 'facing Australia' were equity and discrimination, COVID-19 and mental health. Around four out of every ten young people identified equity and discrimination (40.2%) and COVID-19 (38.8%) as the most important issues in Australia today. Just under a third of respondents also reported mental health (30.6%) and the environment (29.8%) as the top issues facing Australia. Since 2019, the proportion of young people reporting equity and discrimination as a key issue facing Australia has increased (from 24.8% to 40.2%). At the same time, concerns about alcohol and drugs and mental health have decreased.⁸⁰

Snapshot 3: Healthy Minds

Gender differences in identifying the top three issues facing Australia by Victoria respondents were:

- More females than males identified equity and discrimination as the top issue 'facing Australia' (43.4% compared with 34.0%), mental health (36.3% compared with 28.3%) and the environment (32.6% compared with 26.2%).
- More males than females identified COVID-19 (47.6% compared with 39.1%) and the economy and financial matters (19.3% compared with 12.1%) as key issues in Australia⁸¹

Young People in Monash

Through consultations associated with the development of the City of Monash Youth Plan 2016-2017 (which was incorporated into A Healthy and Resilient Monash: Integrated Plan 2017-2021), Monash young people identified five key focus areas: public safety, libraries, mental health, public transport and young people's constructed environment.⁸²

Safety and Health was a key strategic direction arising from this consultation - 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.

In 2019 Monash Youth Services consulted with over 2500 young people and found that mental health and the environment were key topics of concern affecting young people in the Monash community. During further focus group research, it was clear that the impacts of climate change, pollution and waste for the future are very real concerns for young people in Monash.

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

- Individual Youth Worker Support for young people aged 10-25 years with a significant connection with the City of Monash.
- Information and supported referrals to free counselling and specialist support services.
- 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
- Capacity building workshops such as Teen Mental Health First Aid.
- Advocacy - Monash Youth Services and Monash's Youth Committee successfully advocated for the provision of additional mental health services in Monash, resulting in the establishment of a Headspace service in Syndal.

Monash Youth Services offer many other programs that support young people. ***See also Snapshot 8: Life Journey.***

LGBTIQA+

While most people who identify as LGBTIQA+ (Lesbian, Gay, Bisexual, Transgender, Intersex and Queer/Questioning) live happy, healthy lives, people who identify as LGBTIQA+ are also overrepresented in mental health statistics.

The LGBTIQA+ Health Alliance reports that compared to the general population, LGBTIQA+ people are more likely to attempt suicide in their lifetime, specifically:

- LGBTIQA+ young people aged 16 to 27 are five times more likely to attempt suicide.

Snapshot 3: Healthy Minds

- Transgender people aged 18 and over are nearly eleven times more likely to attempt suicide.
- People with an intersex variation aged 16 and over are nearly six times more likely to attempt suicide.
- LGBTIQ+ young people are more likely to attempt suicide if they have experienced abuse and harassment.

Other statistics for LGBTIQ+ populations include:

- 16% of LGBTIQ+ young people aged 16 to 27 reported that they had attempted suicide
- 27.8% of bisexual people aged 18 and over reported having attempted suicide
- 48.1% of transgender and gender diverse people aged 14 to 25 have attempted suicide in their lifetime
- 19% of people with an intersex variation aged 16 and over had attempted suicide on the basis of issues related to their intersex status
- 8% of Same-Gender Attracted and Gender Diverse young people between 14 and 21 years had attempted suicide, 18% had experienced verbal abuse, and 37% of those who experienced physical abuse.”⁸³

LGBTIQ+ youth frequently report facing discriminatory barriers and “can experience issues that impact their health, such as difficulty coming out, finding support and services, managing housing and homelessness, finding sexual health information, managing alcohol and other drug use and maintaining good mental health.”⁸⁴

Monash Health and Wellbeing Survey (2021)

What young people said about mental health and loneliness

- 72% of young people thought the arts and culture in community life/for was “very important” or “somewhat important” for their mental wellbeing.
- 72% of young people were “very confident” (30%) or “somewhat confident” (43%) to have a conversation with a family or friend about mental health, however 28% were ‘not confident’.
- 76% know where to seek further information and support if they needed help for a friend or family member with mental health concerns, while 20% were “unsure” and 4% “did not know”.
- 54% of young people said they felt lonely “some of the time” and 22% felt lonely “often”.

Words young people used when describing feeling lonely

- “isolating”
- “embarrassed”
- “depressing”
- “difficult”
- “empty”
- “the world around me no longer has any colour or sound to it”
- “don’t feel as if I belong”
- “isolating and debilitating”
- “worthlessness and low self-esteem”
- “anxious”
- “hard to breathe”

Monash Health and Wellbeing Survey (2021)

What young people said about mental health and loneliness

- “inside a box you can't get out”

Healthy Minds and Older People

Monash Council 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.⁸⁵

Monash Council plays an important role in supporting the mental health and wellbeing of older residents through:

- Providing in-home support services funded by the Commonwealth Government
- Coordinating the Positive Ageing Lifestyles Program
- Providing Positive Ageing Centres, with day programs for people with dementia
- Combating ageism

As an Age Friendly Community, Monash has been working toward the recommendations as identified in The Commission for Victorians 'Ageing is everyone's business - a report on isolation and loneliness amongst senior Victorians'.⁸⁶ Part of this process is to be aware of and respond to the changing needs and emerging issues that impact our older residents.

Over the next four years social isolation, loneliness, ageism, technology and Dementia Friendly will be priority areas of our Age Friendly journey as we aspire to keep building on our seniors' access to services and involvement in their local community.

See also Snapshot 8: Life Journey

Dementia

Dementia describe a collection of symptoms caused by many different disorders that affect the brain. It is not a normal part of ageing, however most people with dementia are older.⁸⁷

Dementia is the leading cause of death in Australian females and the second leading cause of death of Australians.⁸⁸ 118,000 Victorians were estimated to be living with dementia in 2020, which is expected to increase to 301,000 people by 2058.⁸⁹

The most recently available data at local government level shows the number of people in the City of Monash with dementia in 2016 was nearly 3,800 people, the third highest of Victorian municipalities. The number of Monash residents estimated to have dementia by 2050 is estimated at almost 7,700, more than double the rate in 2016.⁹⁰

Depression

While there is no evidence that ageing itself is a risk factor for depression, and no precise data on rates of depression in older people, the cumulative challenges of risk factors such as chronic illness, decreased mobility and social isolation, increase the risk of depression for older people. It is estimated that 10 to 15% of older people may have depression, and it is even higher for people living in aged care (around 30%).⁹¹

Monash Health and Wellbeing Survey (2021)

What older people said about mental health and loneliness

Mental health

- 94% of older people who answered the survey were “very confident” (45%) or “somewhat confident” (49%) to have a conversation with a friend or family member about mental health.
- 65% know where to seek further information or support if they needed help for a friend or family member with mental health concerns, while 11% did not and 23% were “unsure”.
- 81% thought that the importance of the arts and culture in community life/for their mental wellbeing was “very important” (39%) or “somewhat important” (42%).

Loneliness

- 55% “hardly ever” or “never” felt lonely.
- 40% felt lonely “some of the time”
- 5% felt lonely “often”

Words older people used to describe loneliness

- “wanting people talk to”
- “not being welcomed”
- “difficult”
- “abandoned”
- “Daunting”
- “lost and unconnected to the rest of the world”
- “very lonely”
- “not being able to share happy events and activities with others”
- “isolation”
- “irrelevance to others”
- “worthless and un-needed”
- “unimportant”
- “having no where to go”
- “lack of motivation and interest”
- “sad”
- “feeling alien”
- “anxious”
- “overwhelmed”
- “lonely”
- “hard”
- “Left out”
- “I didn't feel comfortable”
- “feeling down”
- “depressed and unhappy”
- “questioning the point of living”
- “vulnerability”
- “isolation”

Snapshot 4: Healthy Environments

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 Department of Health, in partnership with the Municipal Association of Victoria, Victorian Local Governance Association, local governments and other stakeholders, developed the “Environments for Health” framework. The Environments for Health framework for municipal public health planning incorporates an awareness of the social, economic, natural and built environments and their impact on health and wellbeing. The framework encourages municipal public health planning of a high standard and consistency in scope and approach across the State, while still valuing diversity.⁹²

Social Environment and Health

Monash General Wellbeing

Monash residents reported similar wellbeing to all Victorians in the most recent VicHealth Indicators Survey. Residents gave their wellbeing an average score of 77.2 out of 100, compared to the Victorian average of 77.3.⁹³ There has been no significant change in subjective wellbeing for Monash between the 2007, 2011 and 2015 surveys.

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 7.8.⁹⁴

Respondents of the Monash City Council 2019 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 strongly out of ten:

- Monash community is accepting of people from diverse cultures and backgrounds (weighted average score for agreement out of ten - 8.12)
- Monash community has access to adequate community services (7.46)
- It's easy to find out what services are available for me/us (7.46)
- It's easy to find out about local activities and events available locally (7.25)
- I/we feel part of the local community (7.11)
- I/we feel connected to our neighbours (6.94)
- There are adequate opportunities to socialise and meet people (6.82).⁹⁵

Community Safety – feeling safe

Most (93.3%) Monash residents in the most recent Vic Health 2015 Indicators survey agreed that they felt safe walking alone during the day, which is similar to the Victorian estimate (92.5%).⁹⁶ 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.⁹⁷ There has been no significant change in perceptions of safety for Monash between the 2007, 2011 and 2015 Vic Health Indicators surveys.⁹⁸

Similar results have been found in Monash's Community Satisfaction Survey. In 2019, respondents were asked how safe they felt in public areas both during the day and at night, on a scale of 0 "very unsafe" to 10 "very safe". During the day Monash scored a weighted average score out of ten of 8.26 during the day and 6.90 at night for feelings of safety, compared with metropolitan Melbourne which scored a very similar 8.25 during the day and 6.84 at night.⁹⁹

Refer to Snapshot 10: Feeling Safe for more information about Community Safety.

Mental/Emotional Wellbeing and Social Capital (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. This is similar to Victorian residents, who reported an average resilience score of 6.4.¹⁰⁰ The proportion of Monash residents who agreed that people in their neighbourhood are willing to help each other out was 69.0%, which is higher than the Victorian estimate (61.0%).¹⁰¹

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%).¹⁰²

The 2018 Victorian Population Health Survey¹⁰³ asked several questions about social capital, with data available at a regional level. Monash is in the Inner Eastern Region, together with Boroondara, Manningham and Whitehorse local government areas. The Inner Eastern Region scored similarly to Melbourne and Victoria for the following:

- 77% had spoken with 'more than five people' in the previous 24 hours' while 2.3% had spoken to no one.
- Most people said that they have 'family, friends and /or neighbours as social source of support', while 1.9% said they had no source of support.
- 73.6% felt 'social and emotional support was available', while 8.5% said they 'rarely or never' had social support available.
- 5% said that they had 'ran out of food, and couldn't afford to buy more in the previous year'.
- One in five were a member of a sports group, one in five were a member of a religious group and one in five were a member of a professional group.
- 57.7% said they "yes definitely" had 'feelings of safety while walking down their street at night'.
- Just over one in five felt that they "never" 'had an opportunity to have a real say on issues important to them', while one in four Victorians felt the same.

Snapshot 4: Healthy Environments

In the following categories, the Inner Eastern Melbourne area scored statistically significant and measurably higher than for Victoria, indicating higher levels of social capital.

- 35.4% felt that *'most people could be trusted'*, compared with 26.4% of Victorians.
- 61.8% agreed that *'multiculturalism made life in their area better'* compared with 54.3% of Victorians
- 54.6% felt that "yes definitely" felt *'valued by society'*, compared with 45.8% of Victorians.
- 89.3% said they had the *'ability to raise \$2,000 within two days in an emergency'*, while 83.1% of Victorians said the same.

Refer also Snapshot 3: Healthy minds for more information

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 disadvantage, and has an impact on health and wellbeing.

Food insecurity in Melbourne is generally due to financial hardship linked to rising house costs, rising cost of utilities, burden of gambling losses, insufficient storage (ie if homeless, in crisis accommodation or overcrowded housing), illness and disability (particularly seen in older people).¹⁰⁴

It is estimated that one in 20 Australians runs out of food in a 12-month period due to financial constraints and that a further 13% of Victorian adults had 'food insecurity without hunger' (the fear of running out of food).¹⁰⁵ Food insecurity with hunger is strongly linked to a lower social and economic indicator for areas of disadvantage. While Monash has both relatively less disadvantage and less food insecurity with hunger compared to other municipalities in the metropolitan area,¹⁰⁶ people do experience food insecurity.

In the Inner Eastern Region of Melbourne, consisting of the local government areas of Monash, Boroondara, Manningham and Whitehorse, 5% of Victorian Population Health Survey respondents said that they had experienced food insecurity (ran out of food, and couldn't afford to buy more) in the previous year.¹⁰⁷

Certain groups are noted to be overrepresented in food insecurity and dietary insufficiency, including: "refugees and asylum-seekers; sole-parent families; younger and older people; occupants of rental households; young mothers; homeless people; those with alcohol or other drug problems; people with HIV or other chronic conditions; and students."¹⁰⁸

In the City of Monash, Council provides community transport to the shops for Commonwealth Home Support Programme clients and older residents with a disability. Several organisations also provide material aid and food relief for people experiencing food insecurity.

Economic Environment

Employment

The industry that generated the most jobs in Monash in 2018/19 is Health Care and Social Assistance, with 18,624 local jobs. The next two largest industry employers are Education & Training, and Retail Trade.¹⁰⁹

In the year ending 2019, the City of Monash's Gross Regional Product represented 4.18% of the Victoria's Gross State Product¹¹⁰ and local jobs contributed to 4.37% of Victoria's employment.¹¹¹

Snapshot 4: Healthy Environments

City of Monash resident workers top three industry employers are Health Care & Social Assistance, Education & Training, and Retail Trade.¹¹² The top three professions are Professionals, Clerical & Administrative Workers, and Managers.¹¹³

Income

The City of Monash local labour force has a higher proportion of people with medium high and high incomes than Victoria. In 2016, 29.8% of the local Monash labour force income was in the highest quartile of income, compared with 25% for Victoria.¹¹⁴ City of Monash resident workers are also more likely to have a higher income with 28.3% earning in the top quartile (25%) of income distribution in Victoria.¹¹⁵

Housing Valuation in Monash

At June 2018 the median house value in the City of Monash was \$1,244,926, substantially higher than that for Victoria (\$670,061).¹¹⁶

Transport Access and Use

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.

The State Government has announced their intent to build a new suburban rail loop, with the first stop starting near Southland in Cheltenham and connecting to Box Hill, passing through the City of Monash, with stations at Glen Waverley, Monash University and a super hub at Clayton.¹¹⁷

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%).¹¹⁸

In 2017 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.¹¹⁹

Natural Environment and Health

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. Monash is known for its 'garden city' character. In total around 14% of land in Monash is open space. This includes Council land and other public land owned or managed by other authorities such as Parks Victoria, VicRoads and Melbourne Water, as well as private open space used by the public (such as golf courses).¹²⁰ Monash also has committed to increasing canopy vegetation coverage to 30% of the municipality on both public and private land by 2030.¹²¹

Open Space and Recreational Precincts

There are numerous bike paths including: Scotchman's Creek Trail, Waverley Rail Trail, Gardiner's Creek Trail, The Djerring Trail and Dandenong Creek Trail.¹²²

Walking Trails

Walking is one of the most vital 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.¹²³

Monash offers local parks, bushland areas and reserves for residents to enjoy the sights, physical and psychological benefits of walking and spending time in nature. 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, Dandenong Creek trail, Oakleigh Historical Walk, Scotchman’s Creek Trail, Valley Reserve Path and other walks in Monash.¹²⁴

Environmental Sustainability, Climate Change and Health

Climate Change

Victoria is already experiencing the impacts of a changing climate. This has been validated by long-term scientifically measured records, and is impacting us in the following ways:

- The average temperature across Victoria has warmed by just over 1.0°C since 1910.
- Victoria’s cool season rainfall has declined over the last 30 years
- The average sea level has risen by approximately 2mm per year since 1966 for Melbourne.
- Both dangerous fire weather and the length of the fire season across southern Australia has increased.¹²⁵

If the current rate of climate change continues, by the 2050’s Victoria is likely to experience “double the number of very hot days each year compared to the 1986–2005 average”¹²⁶ (refer figure one).

In some areas of Monash, temperatures are up to 10 degrees hotter due to a lack of vegetation and predominance of heat absorbing artificial surfaces.¹²⁷

The health impacts of Climate Change relate to mitigating effects and community adaptation to the effects of climate change. There are both direct and indirect effects of climate change on health. Direct effects of climate change that affect health include an increase in extreme heat days, bushfires, floods and drought. Indirect effects of climate change that affect health include incidents of poorer air and water quality or hardship disproportionately felt by those lower socio-economic resources, age and other factors, such as less ability to mitigate heat effects (refer Snapshot Four: Figure 2).

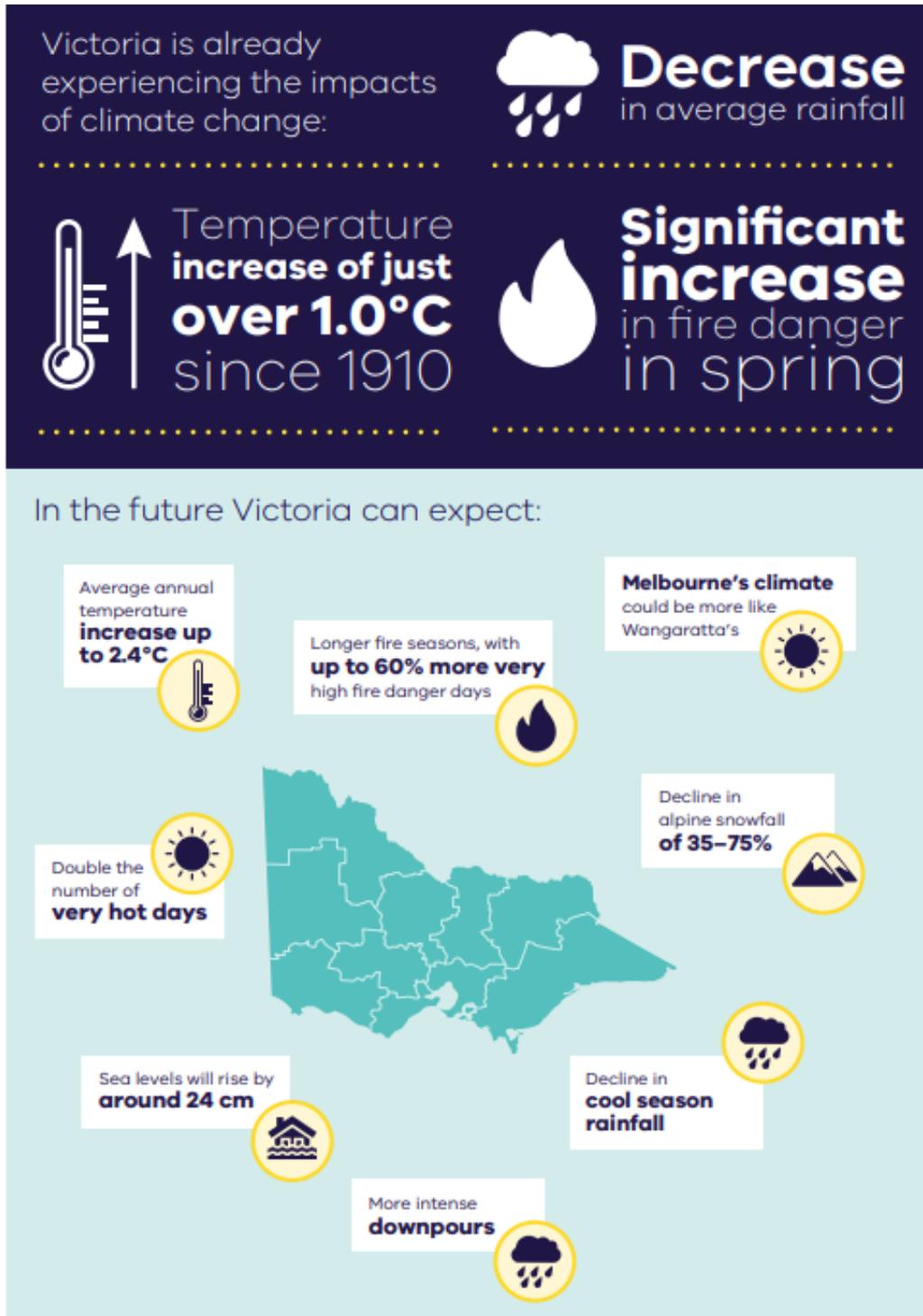
Snapshot 4: Figure 2 describes the range of health conditions that can be exacerbated by climate change:

- respiratory diseases
- cardiovascular diseases
- infectious diseases
- mental illness
- allergies
- injuries
- poisoning
- undernutrition

Snapshot 4: Healthy Environments

For example, the most significant health impact likely to occur is an increase in deaths and strokes due to heatwaves.

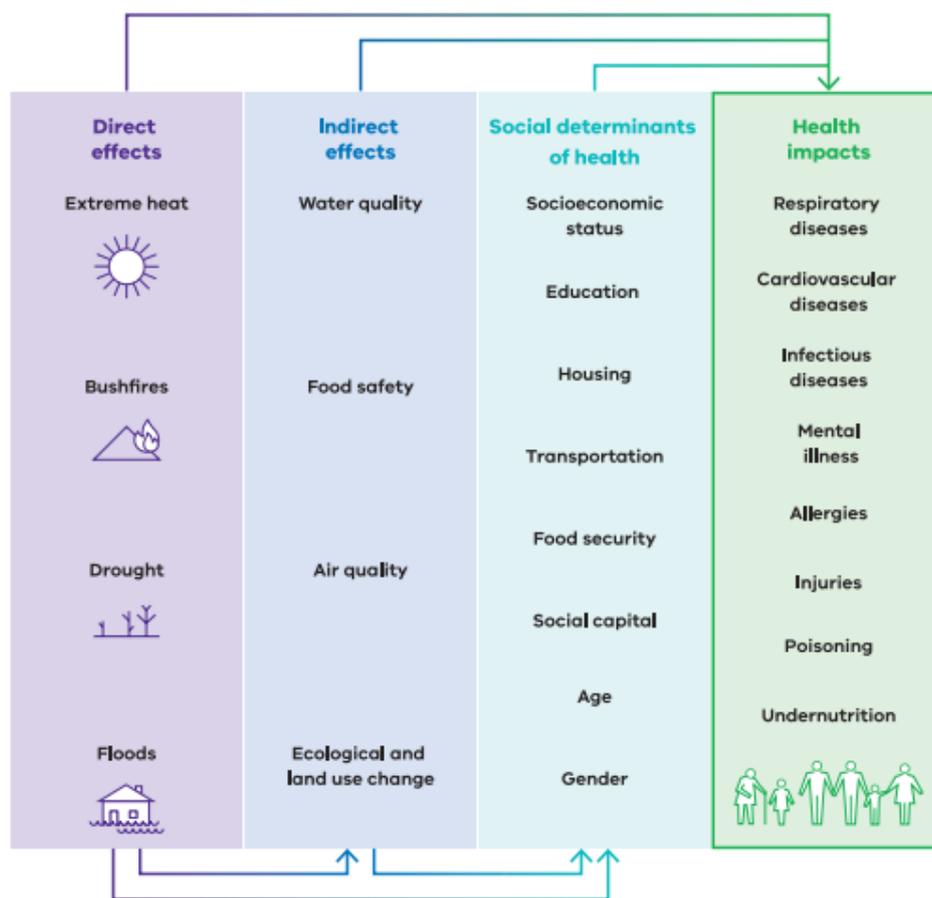
“In Victoria during the heatwave of 2009, there were 374 excess deaths* and a 12 per cent increase in public hospital emergency department presentations.”¹²⁸



By 2050s under high emissions, compared to 1986–2005

Snapshot 4: Figure 1 Victoria's Climate Science Report 2019 expected climate change¹²⁹

Snapshot 4: Healthy Environments



Adapted from Watts et al. 2015, *The Lancet, Health and climate change: policy responses to protect public health*²

Snapshot 4: Figure 2 Direct and indirect effects of climate change on health¹³⁰

Heat waves particularly affect groups who are less able to regulate their temperature, such as babies and children, older people and people with cardiovascular and chronic respiratory diseases. Possible health impacts of heatwaves include heatstroke, stroke, exacerbation of existing medical conditions and death. It is estimated that there may be around 400 deaths each year due to heatwaves by 2050.¹³¹

Mental health impacts can be a result of social, economic and environmental disruptions due to climate change, such as stress from: physical health impacts, bushfires, floods, drought, financial and relationship stress, food and water shortages, changes to employment, damage to infrastructure, displacement of communities. Bushfire survivors report experiencing post-traumatic stress disorder.

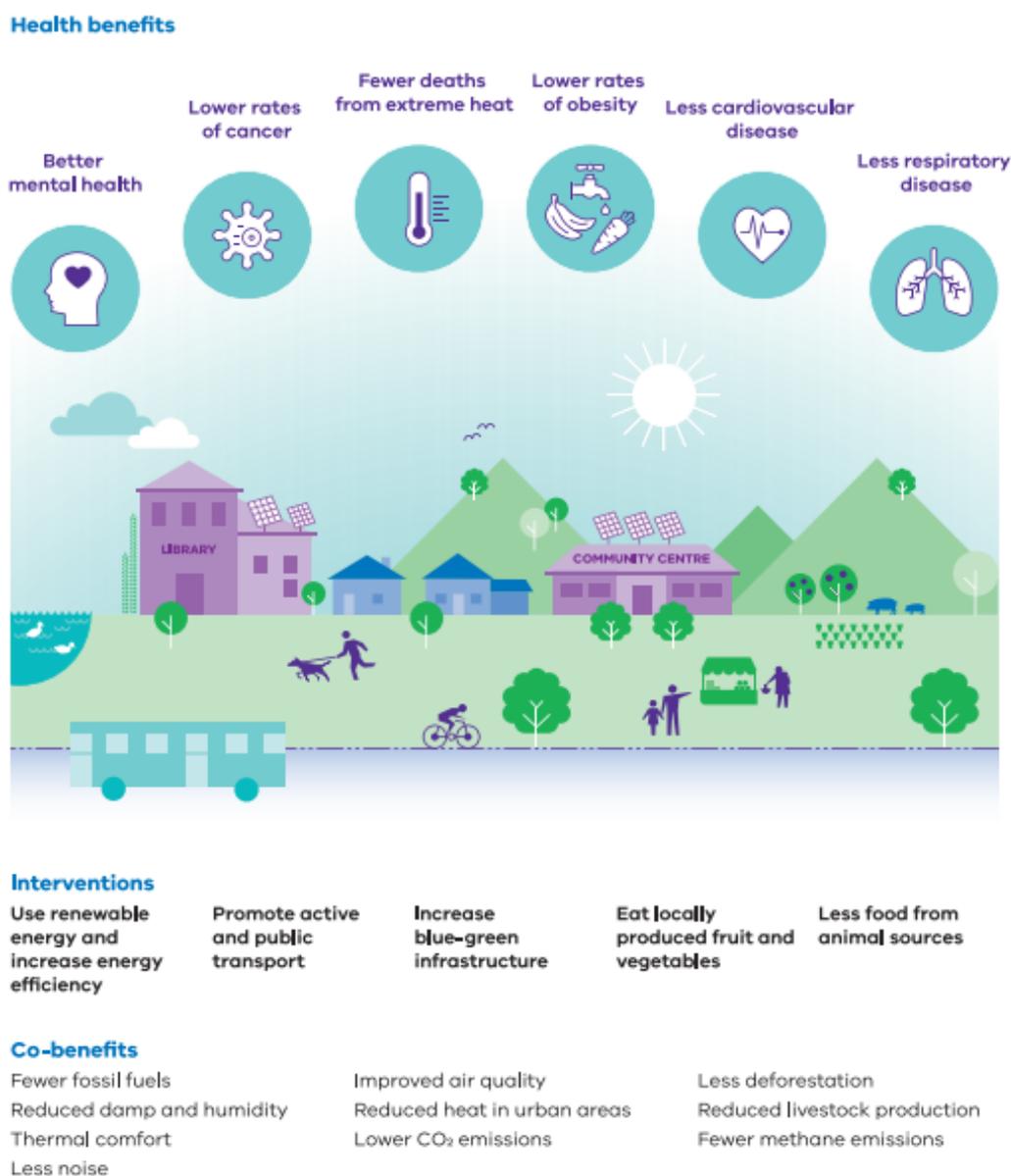
Research conducted by Monash Council found that nearly two thirds of local community members worry about climate change “always” or “often”.

Health benefits of adapting to and/or mitigating climate change

There are many health benefits to adapting to climate change and in behaviours that mitigate climate change.

Snapshot 4: Healthy Environments

Snapshot 4: Figure 3 describes how healthy behaviours such as increasing physical activity and eating more nutritious food is also good for the environment. Behaviours that reduce fossil fuel use, improve air quality and increase plant shade are also good for physical and mental health.



Snapshot 4: Figure 3 Climate change and health co-benefits¹³²

The following behaviours are both good for physical health, mental health and wellbeing, and are beneficial to the environment:

- eating more fruit and vegetables and less foods from animal sources
- eating less packaged foods and more local foods
- using renewable energy and increasing energy efficiency
- using your car less and walking and cycling more, and
- spending more time in natural environments (including gardening, planting more vegetation, especially canopy trees, and valuing nature) (Refer Figure 3).

Increasing these healthy behaviours above will likely *improve* mental health and *decrease* respiratory and cardiovascular diseases, heat related deaths, rates of some cancers and obesity (refer Figure 3).

Nature, Health, Wellbeing and Children

Spending time nature has many benefits for children (refer Snapshot 4: Figure 4) including:

- better growth
- better eyesight
- increased Vitamin D levels
- increased physical activity
- reduced stress.



Figure 4: Nature, Health, Wellbeing and Children¹³³

Monash Council

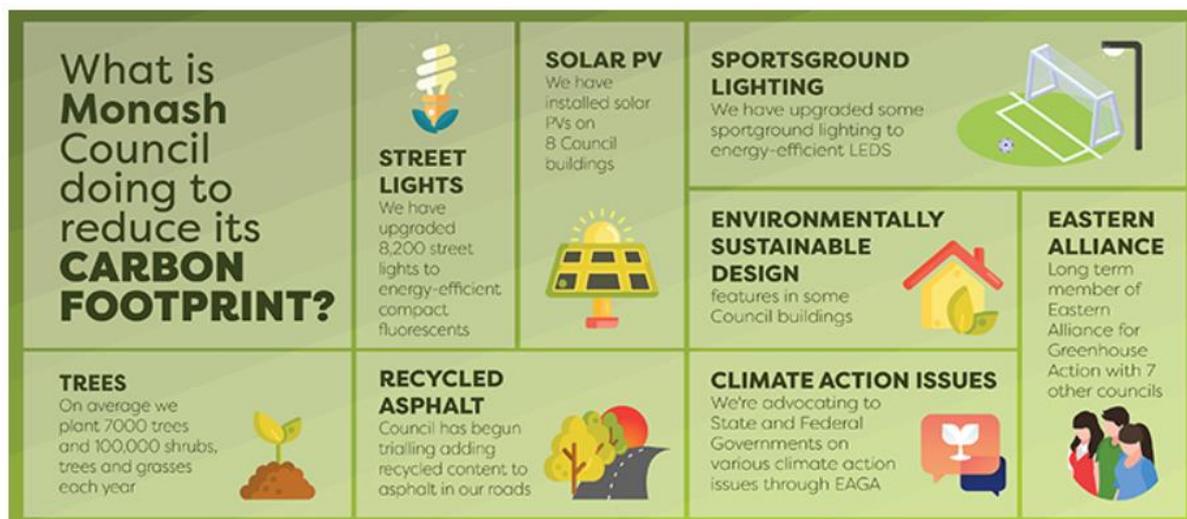
The Climate Change Act requires local government to have regard to climate change when preparing statutory municipal public health and wellbeing plans under the Public Health and Wellbeing Act.¹³⁴

Council has set strategic directions related to climate change through **Monash Council's Environmental Sustainability Strategy 2016-2026**, that explores the current and emerging sustainability issues facing the City of Monash and its residents. The strategy sets Council's environmental goals for the future and proposes actions that will help to reach these goals. The ten-year Strategy provides direction and actions required to integrate sustainability practices into Council operations, as well as its community programs and services.¹³⁵ The Strategy's seven priority areas are:

1. Built Environment
2. Urban Ecology
3. Climate Change
4. Waste and Resource Management
5. Integrated Water Management
6. Partnerships and Leadership
7. Education, Engagement and Reporting

Some actions from this strategy (refer Snapshot 4: Figure 5) include:

- Maintaining and improving the municipality's tree canopy cover and ecological health, on average we plant 7,000 trees and 100,000 shrubs, trees and grasses each year.
- Reducing the amount of waste sent to landfill through recycling of food and packaging and use of recycled content materials.
- Reducing Council's use of fresh water through storm water capture and reuse.
- Appointment of Water Sensitive Urban Design Officer to improve how water is managed across Monash.
- Business Resilience program to assist businesses to reduce costs through low or no cost energy efficiency measures.
- Increasing knowledge of (and encouraging) Council staff and our community to understand environmental sustainability concepts and to implement solutions and integrate in to strategic documents
- **The Environmental Upgrade Finance** program to assist Monash businesses to save money and improve their economic and environmental performance. Six business to date have invested in 1.5MW of solar and other energy efficiency measures.
- Monash Gardens for Wildlife and Green Shoots program
- Actively addressing dumped rubbish (part of a Council performance measure)
- Composting (discounted compost bins or worm farms)
- Energy Projects – we have installed solar on 8 Council buildings
- Rain gardens.
- Sustainable lighting – we have upgraded 8,200 street lights to environmentally efficient lighting plus upgraded lighting on some sportsgrounds to environmentally efficient LEDs.
- Advocating – we advocate to state and federal governments on climate change issues through the Eastern Alliance for Greenhouse Action with seven other Councils.



Snapshot 4: Figure 5 What is Monash Council doing to reduce its carbon footprint?

In 2020 Monash Council pledged to **achieving net zero carbon emissions by 2025** as part of a raft of strategies to tackle climate change. A clear path to achieving net zero carbon is set out in the Monash Zero Net Carbon Action Plan. The Action plan also addresses community greenhouse gas emissions and adaptation as well as urban forestry.

Other key Monash plans relating to environmental sustainability include the:

- Monash Urban Biodiversity Strategy – a ten year plan for increasing biodiversity, particularly in Council’s 260ha of bushland reserves, and wetlands and waterways. Actions include the Greenshoots program.
- Monash Open Space Strategy
- Urban Landscape and Canopy Vegetation Strategy
- Zero Net Carbon Action Plan

Monash Council has an Environmental Advisory Committee and also works in partnership with: Department of Environment, Land, Water and Planning (DELWP); Eastern Alliance for Greenhouse Action (EAGA); LG Pro Behaviour Change Network (BCN); Melbourne Water; Metropolitan Waste and Resource Recovery Group (MWRRG); Monash University; Municipal Association of Victoria (MAV); Parks Victoria; Port Phillip and Western Port Catchment Management Authority; Sustainability Victoria; and The University of Melbourne.

Climate change poses a challenge and an opportunity for improving the health and wellbeing of Monash residents. A healthy environment is essential to the health of the Monash community.

Monash Health and Wellbeing Survey (2021)

What the community said.

In the Monash Health and Wellbeing Survey (2021) 86% of the 375 survey respondents said that they worry about climate change 'always', 'often' or 'sometimes'.

The most important priorities for Council to do to support residents in addressing climate change, as deemed by the survey respondents, were:

- More green spaces, supporting a rich biodiverse environment to enjoy (82%)
- More tree canopy cover to provide cleaner air and shade (76%)

What primary school children said when asked 'do you worry about climate change?' as part of the Monash Health and Wellbeing Plan 2021-2025 consultation.

- "I am a bit worried about climate change, like if it causes droughts or floods."
- "Yes because the animals are dying."
- "I'm not that worried about climate change, but it is getting more hot."
- "I'm worried about climate change because it impacts us and others, plants and animals."
- "Yes I am worried about it, it affects many people. And affects animals too!"
- "Yes because I don't want the polar bears to DIE!"
- "Yes because of the polar bears."
- "Yes, because it will eventually change the world, and impacts our everyday lives."
- "Yes because I don't like earth getting hotter and hotter. We need cold weather sometimes."
- "Yes because people who are in poverty can get cold if they have no shelter."
- "Yes I am worried about climate change because it can affect peoples and animals lives."
- "Yes I do, there is no planet B! And I don't want Antarctica to melt."
- "No because I think the grownups will think of something."

Comments from Monash residents about trees from "National Tree Day 2020, Residents share their favourite local trees":

"We must not destroy nature with too much concrete, buildings or roads. The birds, butterflies and insects need the trees to survive. People need nature so that they can enjoy walking and

Monash Health and Wellbeing Survey (2021)

What the community said.

relaxing. To view flowers, nests in trees and raindrops on the leaves is more pleasant, compared to watching road signs, poles and traffic lights, as these are more stressful.” - Deborah

“...In summer, the difference between walking or sitting under a tree when it is really hot is just amazing, and always a great reminder of how much more bearable the temperature is when you are in the shade. It never ceases to surprise me.” - Veronica

Snapshot 5: Participation

A community where everyone has opportunities to lead socially engaged and fulfilling lives.

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. Being part of a community can have a positive effect on mental health and emotional wellbeing and can provide a sense of belonging and social connectedness. There is a strong link between inclusion and mental health.¹³⁶

"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".¹³⁷

Participation is also strongly linked to belonging and loneliness.

For more information about belonging and loneliness, refer to Snapshot 6: Belonging.

Monash Community Engagement

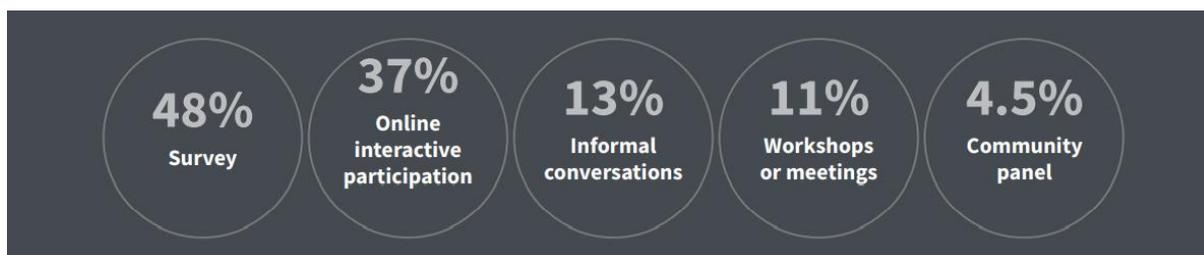
Monash Council recognises that the involvement of the community in making decisions and plans is fundamental to good governance. The Monash community is culturally diverse and engaged, rich with experience and expertise. Community participation in the democratic process is important. An empowered community is one that contributes to and actively participates in decisions that affect their lives.

Monash Council is committed to providing opportunities for our community to influence the decisions, policies and plans of Council by their participation in the community engagement process, lending us their experience and expertise. Community engagement describes the range of activities aimed at increasing community awareness and participation. Monash Council has both a Community Engagement Policy¹³⁸ and a Community Engagement Framework¹³⁹.

The Community Engagement framework applies to the projects and decisions you find on Council's Shape Monash webpage¹⁴⁰. Shape Monash is Council's website for the community to tell us what they think to help shape our city and is guided by the Monash Community Engagement Policy and section 55 of the Local Government Act 2020.

When creating the Community Engagement Framework, the community told us that they prefer to participate by survey (48%), online interactive participation (37%), informal conversations (13%), workshops or meetings (11%) and a community panel (4.5%) (refer Snapshot 5: Figure 1). The community also told us that they are most interested in participating in decisions on the physical environment (26%), Council plans and policies (20%), community wellbeing services (20%), research and evaluation (15%) and Council regulations (12%) (refer Snapshot 5: Figure 2).

Snapshot 5: Participation



Snapshot 5: Figure 1 How the Monash community like to participate in Council community engagement



Snapshot 5: Figure 2 What the community is willing to participate in engagement on

Engaging with different groups in Monash

The City of Monash has programs to specifically engage and consult with different groups.

Council's Multicultural Ambassadors (as part of the Hello Neighbour Project, part funded by the Victorian Government), Youth Ambassadors and Age Friendly Ambassadors are volunteers that are trained and supported to specifically seek the views of people from culturally and linguistically diverse backgrounds, young people and seniors.

Monash has a number of advisory committees that are an important link between Council and community interest groups, to provide feedback on local projects and a way for Council to engage with the local community. Advisory committees and reference groups that support the implantation of Council's Municipal Public Health and Wellbeing Plan include:

- Monash Disability Consultative Committee
- Gender Equity Advisory Committee
- Monash Youth Committee
- Multicultural Advisory Committee
- Positive Ageing Network Forum
- Positive Ageing Reference Group
- Monash Gallery of Art Community Asset Committee
- LGBTIQ+ Advisory Committee

Snapshot 5: Participation

As part of the 2017–2021 *A Healthy & Resilient Monash: Integrated Plan*, the City of Monash is committed to being a Child and Young People Friendly City (CYPFC) and has endorsed the Victorian Charter for Child Friendly Cities and Communities. As a result, we have put in place a number of strategies to ensure that we view and interact with children as active citizens of Monash, including:

- Junior Advisory Group - Council undertook an 18 month trial of a Junior Advisory Group giving primary school students the opportunity to be active citizens and engage with Council. The idea for the Junior Advisory Group came from consultation on the Child and Young People Friendly City project. The aim is to allow all residents of Monash, regardless of their age, to be included and participate in decision making and the future vision for Monash.
- Monash Student Space Newsletter - content for each newsletter is selected and written by children, and most of the decisions regarding the look and feel of the bulletin are made by the committee of students that oversee the publication of each newsletter. All primary school and high school students from the Monash community are welcome to submit content.

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.

There are a number of measures that can help provide an understanding of the level of engagement in our community, such as the level of volunteerism, attendance at community events, membership of a group and Library visitation (refer to Snapshot 5: Tables One and Two below).

Snapshot 5: Table One Type of engagement^{141,142}

TYPE OF ENGAGEMENT	Monash %	Victoria %
Volunteers	19.3%	17.6%
Attended a local community event	44.2%	55.7%
Are members of a sports group	23.4%	26.5%
Are members of a religious group	22.5%	17.9%

Monash City Council client data provides some insight into Monash resident participation in these types of activities. Note the data below was taken from 2018/19 to give insight into usual participation. Due to the COVID-19 pandemic restrictions in 2020, numbers were different to a normal year.

Snapshot 5: Table Two: Participation in selected Council services and programs¹⁴³

ACTIVITY	VISITS
Leisure and Aquatic Facilities	1,658,685
Library visits	975,596
Library events and programs	75,000+
Arts and Cultural Development events and festivals	45,000+
Monash Youth Service Events	3,800+

The positive impacts of artistic, creative and cultural activity/participation

There are many proven health and wellbeing benefits of engaging in cultural and creative activities, including improved physical and mental health and developing social connection to others.

A range of studies have found that access to cultural and creative experiences helps to build social cohesion and results in multiple positive outcomes: “community, belonging, and trust; enhances empathy and inclusion; helps combat the growing issues of loneliness and isolation; assists individuals and communities to recover from disasters and trauma; and makes cities, suburbs and regions more liveable.”¹⁴⁴

There is substantial evidence that arts and culture improve the health and wellbeing of communities and act positively on the social determinants of health. Furthermore, active involvement in arts and cultural programs has been found to mitigate the risks of dementia.¹⁴⁵

Used in education, arts and culture have been shown to mitigate disadvantage, particularly with students who are socio-economically disadvantaged and/or at risk of disengaging from school or expressing behavioural difficulties.¹⁴⁶

Australians value culture and creativity. More than four in five Australians attended cultural venues in 2017-18. Research shows that nearly a third of Australians are active in personal creative pursuits. Involvement with arts and culture, either through actively participating or more passive appreciation, has been found to “increase feelings of wellbeing, belonging and happiness; help individuals process trauma and overcome conflicts with others; and help develop intellectual and social skills, as well as building social and cultural capital.”¹⁴⁷

Monash Gallery of Art (MGA)

An initiative of the City of Monash, MGA opened in 1990. Located in Wheelers Hill, MGA is a key cultural facility and a popular destination for those interested in art and photography from across Melbourne.

MGA is the Australian home of photography and inspires audiences to embrace, explore and value photography. MGA is the only cultural institution in the country whose collection is focussed solely on Australian photography and MGA engages local, national and international audiences in arts and cultural experiences.

MGA holds a collection of almost 3400 nationally significant Australian photographic works.

On average, MGA stages four large exhibition seasons and one art prize each year. The William and Winifred Bowness Photography Prize aims to promote excellence in photography.

A range of innovative and stimulating public programs and special events are held in conjunction with exhibitions, including artist talks, guided tours for schools and community groups, a dementia friendly program in partnership with a local aged care facility and concerts.

MGA also presents works from its important collection to a national audience through travelling exhibitions.

Cultural Development and Events

Monash's Cultural Development Events unit delivers a variety of cultural services and events to the Monash community, including community arts funding, community projects, festivals and events.

Council arts and cultural development projects celebrate cultural diversity, encouraging artistic expression and providing opportunities for both individuals and groups to participate in activities that enhance understanding and appreciation of arts and promote community cohesion.

Our Community Arts Projects include:

- Community Animation with Kutcha Edwards
- Corporate Portraits: Caregivers Mural
- Flavours of Monash Community Cookbook, podcast series and cook-along video
- Bunjil paper animation video
- Post your Postcard
- Street Art Project
- Digital Stories Project
- Euneva Art Project

Council also holds several festivals and events each year for the community to participate in, including opportunities to showcase local talent or be a stall holder at Clayton Festival. Other events include: Carols by Candlelight, Live at Warrawee, Winter Concert Series, Australia Day activities and the Monash Arts Expo.

In addition to MGA, Monash also has several arts venues and facilities, including:

- The Track Gallery at Mount Waverley Community Centre, providing exhibition opportunities to local artists and community groups.
- The Clayton Theatrette at Clayton Community Centre, that is available to hire for small theatre and dance productions, movie screenings and community events.

Neighbourhood houses

Neighbourhood Houses have a key role in providing inclusive programs and activities in their local community. In 2019/20, in the most recent survey data available from Neighbourhood Houses Victoria, 184,900 Victorians visit Neighbourhood Houses across the state in an average week. In 2019, 457,000 people attended events run by neighbourhood houses, including markets and festivals.¹⁴⁸ During the COVID crisis of 2020, a number of the Neighbourhood Houses provided food relief to their local communities. They responded to requests for food parcels and other support materials across the municipality.

Our ten Monash Neighbourhood Houses, currently provide more than 250 different courses, activities and events each term for residents to participate in. The statistics demonstrate that while participation in Monash is high, there are still opportunities to facilitate greater participation in our community.

What the Monash Community Ambassadors said about their participation (April 2021)

“Serving the community and empowering vulnerable members of Monash public gives immense satisfaction and sense of belonging to this great community.”

“Participating in the Community Ambassador and Hello Neighbour project has provided me with immense opportunity to learn about and to contribute to other communities in Monash. The program enabled me to apply my professional skills and knowledge to the benefits of our local community. I feel privileged to work with other community contributors through whom I have learned about diverse cultural communities living in Monash.”

“Becoming a Community Ambassador has afforded me the wonderful opportunity of experiencing the richness each culture brings to this municipality, while also helping others gain greater insight into my cultural background. I truly believe celebrating cultural diversity is a gift in and of itself!”

"I feel pride when I see our valuable efforts bring happiness and have a positive impact in our community".

"I feel valued to have the opportunity to contribute to my local community."

Snapshot 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 the community and reduce social isolation. By fostering cohesive neighbourhoods and communities, we offer a place for all residents to feel valued and connected to others.

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 that may contribute to social isolation and disconnection in a community. Some of the strongest factors include living alone, age, language skills and access to opportunities to connect with others.

Around 18.9% of Monash residents live alone.¹⁴⁹ Monash has an ageing population and, according to the 2016 Census data, 17.2% of Monash residents were aged 65 years and over.¹⁵⁰ Monash also has very culturally and linguistically diverse community, with 44% of people coming from countries where English was not their first language.¹⁵¹ Around 15,000 people in the City of Monash (8.4%) report difficulty in speaking English up from 6.8% in 2011.¹⁵²

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.

Loneliness

Addressing Loneliness in the Community

A strong and connected community provides meaningful relationships and networks which offer support, happiness and resilience, all of which add to an individual's overall wellbeing.

Social inclusion and loneliness are two different things. Loneliness is one of the most prominent risk factors that prevents social inclusion and connectedness.

The antidote to loneliness is social connections. Our *social health* is now being recognised as a fundamental predictor of overall health and wellbeing. So much so that the World Health Organisation has now included social connections as a key determinant of health.

Council is well-placed to offer opportunities for positive social networks and to connect people.

Council has developed an ['Australia-first' \(Monash\) Loneliness Framework](#) which outlines Council's approach to loneliness and how we will work in partnership with our community, to respond positively, focusing on the impact that loneliness has on the overall health and wellbeing of the community

The term *loneliness* is often interchanged with *isolation* but these are not the same. A person can be isolated but not lonely, and conversely they can be around others and still feel lonely. Loneliness is also different to depression. Long-term loneliness can be linked with depression, anxiety and a range of other mental and physical health diagnoses, but they remain distinctly different.

Snapshot 6: Belonging

Monash uses the following, widely accepted definition of Loneliness:

'A subjective, unwelcome feeling of lack or loss of companionship. It happens when we have a mismatch between quantity and quality of social relationships that we have and those that we want' (Perlman and Peplau)

Research on Loneliness

The research in Australia on the public health impact of loneliness is still emerging.

Much research to date has focused on loneliness in older age groups¹⁵³, but what we are learning now is that loneliness is profoundly affecting many, across all age groups and backgrounds, from young to old.¹⁵⁴ Those who experience chronic loneliness, which is experiencing loneliness *most or all* of the time, are at risk of serious health harm.¹⁵⁵

One in four Australians reported feeling lonely each week, the 2018 Australian Loneliness Report revealed.¹⁵⁶ One in two sometimes or always feel alone and 30 per cent of people say they don't belong to a friendship group, the report found.

One in 10 Australians currently lack social support, a recent Relationships Australia study found.¹⁵⁷ Earlier studies found that somewhere between 17 and 60 per cent of Australians say they are lonely.

Exact figures on loneliness and isolation can be hard to obtain because respondents are sometimes reticent to name their loneliness due to stigma.

VicHealth commissioned a survey in 2015 which found that 1 in 8 young people aged 16-25 reported a very high intensity of loneliness.¹⁵⁸

The health implications of loneliness are stark and far-reaching. Loneliness has been found to trigger a response in the brain akin to physical pain.¹⁵⁹ The long-term stress of feeling lonely all the time is linked to ill health outcomes. Loneliness significantly increases a person's likelihood of experiencing depression, social anxiety and poor self-esteem.¹⁶⁰ The physical impact of loneliness can include reduced physical activity, an increased stress response, problems with sleep, poorer cardiovascular health and a faster rate of cognitive decline and dementia in old age.¹⁶¹

Loneliness and the lack of social integration and social support increases the risk of early death more than such things as poor diet, obesity, alcohol consumption, and lack of exercise, and is as harmful as smoking 15 cigarettes a day.¹⁶²

Given that one in four Australians are estimated to experience loneliness, in Monash this represents roughly 38,000 people over the age of 15. We will continue to survey and collect relevant data to increase our understanding and build upon our support to the community.

Why are so many people lonely?

Dr Michelle Lim, Swinburne University Academic and the scientific chair of the Australian Coalition to End Loneliness, states that 'chronic loneliness' is increasing in Australia. Reasons for this growing rise of loneliness in Australians across all age groups, relate to:

- quality of relationships
- long commuting distance to work
- living alone / social isolation due to geography, mobility or life circumstance
- discrimination

Snapshot 6: Belonging

- social media
- major life events and transitional stages¹⁶³

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. 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 that encourage residents to engage with their community and support those around them.

Council developed community action plans and continues to implement these plans, together with the local community, for:

- Oakleigh¹⁶⁴
- Ashwood Chadstone¹⁶⁵
- Mulgrave¹⁶⁶
- Notting Hill¹⁶⁷

Although delayed by COVID-19, Council is also in the process of developing a Glen Waverley Community Action Plan.

These are all place-based plans, developed in consultation with the community, for implementation through Council and community partnerships including local leadership groups in Oakleigh and Mulgrave. 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, particularly those that may feel socially isolated. Neighbourhood houses welcome people from all walks of life, all abilities and all ages to create connections they may not otherwise have made.¹⁶⁸ Neighbourhood houses bring people together to connect, learn and contribute in their local community, using a community development approach.

Monash's 10 neighbourhood houses provide supportive and friendly spaces where people can come together to share mutual interests, learn new skills, and support one another. They each offer a unique and broad range of social, educational, recreational and support programs and activities.¹⁶⁹

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 through the Monash Community Grants Program (MCGP).

Snapshot 6: Belonging

These funds enable groups to provide projects, services, regular activities and events to reduce social isolation and strengthen community to foster a sense of belonging.

The overall MCGP¹⁷⁰ objectives are focused on bringing people together and creating opportunities for positive outcomes that reduce social isolation, encourage cohesion and local participation.

Funding categories are:

- Active Projects
- Arts & Cultural Projects
- Community Events
- Community Strengthening
- Community Strengthening - Hall Only
- Major Festivals
- Positive Ageing
- Neighbourhood House
- Specialist Services

The MCGP is highly competitive and there is a very strong demand for community funding each round. In 2020/21 MCGP Council allocated \$2.43 million of cash and in-kind support to provide 199 projects, services, programs or events to the Monash community.

In addition to the annual community grants program, Council has provided funding through the Quick Response Grant Program (QRG). The QRG Program commenced in July 2020 to support the adaptation and continuation of local community groups and individual creative efforts to help build community resilience and unity during and after the pandemic. \$135,000 was available for one-off projects with grants valued at up to \$5,000 through QRG provided to individual artists, sports clubs, theatre groups and other community groups throughout the 20/21 funding year.

Community Participation

Our residents participate in the community in a range of ways that do not necessarily involve Council. The 2016 Census found that nearly one in five who live in the City of Monash volunteer (19.3% of Monash residents, 17.6% of Greater Melbourne residents).

The 2019 Victorian Population Health Survey found that in the Inner Eastern Region (the lowest level that data is available at and includes City of Monash) shows that membership of a group is higher than for Metropolitan Melbourne (refer Table One).

Snapshot 6: Table One Membership of an organised group, inner eastern Melbourne¹⁷¹

Membership of an organised group	Inner Eastern Melbourne* %	Metropolitan Melbourne %
Sports	23.2	22.4
Religious	20.1	15.8
School	14.7	11.3
Professional	23.8	19.5
Other	17.8	17.0

* Note: Inner Eastern Melbourne comprises of the Cities of Monash, Boroondara, Manningham and Whitehorse.

For more information about community participation in Monash refer to Our Community Snapshot 5: Participation.

Homelessness

At the time of the 2016 census, Monash had 755 people recorded as homeless. This was the highest number of people recorded in the Eastern metropolitan region.¹⁷²

In addition to people who are without a home, there are also people who are in housing stress and are at risk of losing their home, or living in severely overcrowded conditions. Housing stress is when the cost of housing is a large proportion of a lower income and there is little money left over after rent to pay for basic needs such as food and utilities. Lack of affordable housing supply is due to low wages, lack of low cost private rental stock and the undersupply of social housing.

Homelessness is more likely to affect certain groups within our community. Groups that are overrepresented in homelessness data include, but is not limited to:

- people experiencing family violence (especially women and children)
- children and young people
- asylum seekers and refugees
- people who identify as LGBTIQ+ (particularly youth)
- indigenous Australians
- older people, particularly women
- people who have a disability
- people living with a mental illness
- people experiencing repeated homelessness
- people exiting from care or institutions into homelessness

Many people experience several of these risk factors to homelessness at the same time. This compound disadvantage requires an intersectional approach, which acknowledges the intersection of a series of determinants that create disadvantage.¹⁷³

The definition of homelessness according to the Australian Bureau of Statistics is when a person does not have suitable accommodation alternatives they are considered homeless if their current living arrangement has any of the following attributes:

- is in a dwelling that is inadequate
- has no tenure
- if their initial tenure is short and not extendable
- does not allow them to have control of, and access to, space for social relations.¹⁷⁴

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.

Snapshot 6: Belonging

The Monash Social Housing Framework 2020-2025¹⁷⁵ is part of a suite of three key documents which detail Council's commitment to addressing homelessness, the housing affordability crisis and advocacy for social housing as a solution to ending homelessness. The framework sits alongside the Regional Local Government Homelessness & Social Housing Charter and the Draft Monash Affordable Housing Strategy.

There are 14 organisations that provide financial and material aid or meals within 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.¹⁷⁶

It is estimated in 2016 there were at least 6,460 International Students living in Monash who attend a tertiary institution¹⁷⁷ 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.

Snapshot 7: Supported

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.

Monash regular seeks feedback from service users and engages the community to shape service delivery and respond to local needs, through a range of evaluation methods, surveys, ongoing communication and partnerships to ensure that while supporting the community we are actively listening, engaging and valuing community wisdom in shaping our community.

Refer also to Snapshot 5: Participation.

Monash Council

Each year Council Council's Community Services directorate delivers services and activities that support the health and wellbeing of thousands of residents.

The **Aged and Community Support** 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.

The Monash Public Library Service supports the community by encouraging lifelong learning, increased literacy and building strong resilient communities across the City of Monash. The library had 30,052 active borrowers in 2019/20. Activities and services include:

- an extensive library collection with specialist collections in 21 languages and a website, which provides 24/7 access to our online catalogue and databases
- a Home Library Service for vulnerable community members
- story time both online and in person, including CALD languages and AUSLAN
- outreach programs with cultural and community organisation that increase digital literacy competencies, reduce loneliness and build social connection.
- lifelong learning and creative programs – Maternal and Child Health Baby Book Program, 1,000 Books Before School, Digital Mentors Program, Financial Literacy, Skills for Work, MonashFlix, book groups, Monash Writers Group, online health and wellbeing programs, , Cyber Safety Week initiatives, Creative Monash, WordFest, Creative Spaces Exhibition Program, local history learning and STEAM workshops and initiatives that inspire new thinking, creativity and enhance knowledge.

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, such as:

- **Maternal and Child Health Service** – Provides support to families with young children and is located 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.
- **Brine St Childcare and Kindergarten** – A centre based early learning & child care centre operated by Council.
- **Monash Youth Services (MYS)** – Provides generalist individual youth support, supported referrals, opportunities for youth voice and civic participation, as well as capacity building and skill development programs 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.

Active Monash

Monash owns and operates three aquatic and recreation facilities: Clayton Aquatics & Health Club, the Monash Aquatic & Recreation Centre in Glen Waverley and the Oakleigh Recreation Centre. Each facility provides a range of health, fitness, wellbeing and recreational opportunities for everyone, including: splash and play areas for young children, adult and children’s swimming lessons, court sports competitions, health club memberships, personal training, group exercise classes, aqua aerobics, massage and osteopathic services.

The following table is a snapshot of the annual support Council provides to various groups of service users throughout Monash in 2018/19 and 2019/20.

Snapshot 7: Table One Indicative service use¹⁷⁸

Service Area	2018/19	2019/20
Aged and Community Support clients	3,600	3,744
Young people supported (Youth Worker support and supported referrals)	110	110
Youth Development Program Participants	2,236	1,515
Children Supported at Brine Street Child Care	115	114
Families Supported (Counselling)	40	40

Snapshot 7: Supported

Service Area	2018/19	2019/20
Families Supported by Maternal & Child Health (MCH)	6,600	6,000
MCH Ages and Stages appointments	15,300	15,000
Inclusion Support for Children (plus their Families and Educators)	128	128
Families Supported in Playgroups	1,000	1,200
Early Years Educators Supported in a Community of Practice	30	30
Schools involved in School-based Civic Program	8	7
Young People Contributing to/Editing the 'Monash Student Space'	15	43
Children Immunised (between 6 weeks & 19 years)	16,000	15,200

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 and organisations to deliver services and activities to the community. In doing so, we enter into a partnership to benefit the whole Monash community. This program extends Council's reach further into the community so that more people are supported.

For more details of the Monash Community Grants Program, refer to Snapshot 6: Belonging.

Recently arrived residents

One group of people who might require more support than others in accessing services in their community are recently arrived residents. For Monash, in 2019 there were 4,357 newly arrived migrants. This was the 6th highest number of recently arrived residents in the state.¹⁷⁹ This additional implications for how we ensure that this group of residents get the support services they require.

Partnerships

Partnerships are crucial to supporting our 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 organisations we work in partnership with include:

- 10 Neighbourhood Houses
- Alcohol and Drug Foundation

Snapshot 7: Supported

- Bestchance Child and Family Care
- Clayton Traders Association
- Department of Health
- Department of Families, Fairness and Housing
- Eastern Metropolitan Region Councils
- KOGO (knit one, Get one)
- Link Health and Community
- Inner and Outer Eastern Metropolitan Region Primary Care Partnerships
- MiCare
- Monash Health
- Monash Multicultural & Settlement services Network
- Monash University
- Municipal Association of Victoria
- PRONIA
- Salesian College
- South East Volunteers
- State Library Victoria
- The Glen
- Victoria Police
- Victoria University
- Wavecare
- Women's Health East

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

Snapshot 8: Life Journey

Every stage of life brings its own unique opportunities and challenges.

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 at Monash our goal is to support them all.

In this snapshot we explore how Monash residents experience the life journey. We are interested to understand the different ways our community is supported, the types of programs and activities they participate in, and the contributions they make.

Monash Children, Young People 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 (45.6% of all households)¹⁸⁰. 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 from the time that they are born until early adulthood.

Council 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. We aim to provide Monash families with access to services that are family centred and responsive to their needs

In Monash, around 2050 new babies are born each year.

In 2021, there were 650 children enrolled in three year old kindergarten, and 1150 enrolled in four year old kindergarten.

In 2020 in the City of Monash around 13,500 students are enrolled in state primary school, 400 students enrolled in state special schools, 11,000 enrolled in state secondary schools, another 7,400 enrolled in Catholic schools and 4,150 in Independent schools.¹⁸¹ The last Census of Population and Housing showed 24,500 Monash residents were enrolled at University or TAFE.¹⁸²

Council supports children, young people and families during key life transition points through services such as:

- Maternal and Child Health
- Enhanced Maternal and Child Health
- Supported Playgroups
- Monash Family Services
- Brine Street Childcare and Kindergarten
- Monash Youth Services

Snapshot 8: Life Journey

Monash Council also facilitates the Monash Youth Committee (formerly Monash Young Persons Reference Group) and Youth Ambassadors and Junior Advisory Group.

Monash Maternal and Child Health supports the health and wellbeing of parents, carers and babies as a free health service offering information, guidance and support for:

- child health and development
- maternal and family health
- infant feeding including breast feeding and transition to solids
- community information and local supports
- safety and injury prevention
- sleep and settling
- toilet training
- infant and child behaviour
- child and parent relationships

as well as running:

- breastfeeding support services
- new parents groups (including in languages other than English)
- a sleep and settling program

Early Years and Family Services

Children's experiences in their earliest years are vital to their ongoing development. Experiences in the early years have a major impact on future achievements at school and later in life. Supporting children's learning and health and wellbeing before they begin school will give them a greater chance of positive future. For children learning through play alongside the people that mean the most to them is a really positive experience for children.

Monash Council provides support that may assist parents, carers (including grandparents) to be the best parent/carer they can be through warm and friendly flexible playgroup hours run by Council at Child and Family Centres.

Council also offers supported playgroups and maintains the kindergarten registry for the City of Monash.

Additionally Monash Family Services provides counselling and casework to parents/ carers and families who live in the City of Monash and have dependent children 0–17 years, as well as providing information, advocacy, and referral to other agencies and specialist services.

Child and Young People Friendly City of Monash

As part of the **2017–2021 A Healthy & Resilient Monash: Integrated Plan**, the City of Monash is committed to being a *Child and Young People Friendly City (CYPFC)* and has endorsed the Victorian Charter for Child Friendly Cities and Communities.

As a result, we have put in place a number of strategies to ensure that we view and interact with children as active citizens of Monash, such as:

- Monash Student Space Newsletter
- Junior Advisory Group

Snapshot 8: Life Journey

- Volunteering opportunities for children
- The Victorian Charter for Child Friendly Cities and Communities

Council also has a Safeguarding Children and Young People Policy Statement and implemented Child Safe Standards. **Refer to Snapshot 10: Community Safety, Safeguarding Children.**

Monash Youth Services

In 2021 it is estimated there are 43,000 Monash young people aged 10-25 years, accounting for in nearly a quarter (23.5%) of all Monash residents.¹⁸³ In the last Census Monash had a much larger proportion of 15-24 year olds (16.6%) compared with Greater Melbourne (13.4%).¹⁸⁴

Monash young people aged over the age of 15 are more likely to have completed year 12 or equivalent (67.9%) when compared to Greater Melbourne (59.4%).¹⁸⁵

Monash Youth Services provides generalist youth support, available to young people aged 10-25 years with a significant connection with the City of Monash.

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

- Youth worker support, information and supported referral.
- School Focused 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 that create opportunities for young people to be involved in activities that matter to them and showcase their talents including: Activate, Monash Youth Committee, Quiksound Productions, Youth Ambassadors and Monash Young Woman's/Men's Leadership Programs.
- Running capacity building workshops such as Teen Mental Health First Aid to students, parents, school staff and in community settings for people who want to be better placed to support young people who are experiencing a mental health problem or crisis.
- Coordination of the Monash Youth Workers Network for youth workers in schools and community agencies.
- Power Neighbourhood House in Chadstone delivers a 'Connecting Teens' program for young people seeking to build confidence and social network.
- Coordination of the Monash Youth Committee and Youth Ambassadors Program.
- Provision of civic facilities that support children, families and young people to be healthy and active.
- Advocacy.

Monash Positive Ageing

Ageing in Australia

Like most developed countries, Australia's population is ageing due to sustained low birth rates and increasing life expectancy. In Australia:

- 15% of people are aged 65 years and over
- around half of older people are women
- three in ten people aged over 65 years were born overseas (the majority in a non-English speaking country)
- one in eight older people were engaged in education, training or employment in 2016

Snapshot 8: Life Journey

- men and women who were aged 65 years in 2014 were statistically likely to live another 20 (20 years for men and 22 years for women).¹⁸⁶

Ageing in Monash

Monash has a relatively ageing population. In Monash in the 2016 Census:

- 17% of Monash residents were aged 65 years and over which is slightly higher than for Melbourne (14%) and Victoria (15%)¹⁸⁷. (In 2021 it is estimated that 16.4% of people in Monash, or 33,500 people, are aged 65 years and over, compared with 16.8% of Victorians).¹⁸⁸
- Many Monash residents aged 65 years and over were from a non-English speaking background (44%).¹⁸⁹
- Nearly one in every five people aged over 65 in Monash lives alone. The 2016 Census of Population and Housing found that, of approximately 31,200 people aged 65 and over living in a private dwelling in Monash, 5,900 lived alone (12% of men and 24% of women).¹⁹⁰
- Of older people who lived alone, 18%, or over 1000 people, also had a disability status.¹⁹¹
- Compared with other Victorian Local Government areas, in 2016 Monash had the second highest number of people aged 85 years and over and the third highest number of people aged 65 years and over.¹⁹²

Monash residents have significantly higher life expectancy than the state average. The life expectancy of people born in 2007 is 85.8 years for females and 81.5 years for males, compared to 80.3 years (males) and 84.4 years (females) for Victorians.¹⁹³

In 2016, the City of Monash had one of the highest prevalence in dementia numbers (refer Snapshot 3: Healthy Minds).

In the 2019/2020 financial year, Monash Council delivered community based aged care services to around 3,600 residents. The largest service in terms of funding and demand was for domestic assistance.

Positive Ageing

Monash Council values the importance of maximising opportunities for older residents to participate in healthy activities and develop and maintain healthy lifestyles. A Positive ageing Plan was developed in 2015, outlining a wide range of social, cultural, health promotion and intergenerational actions and initiatives that Council will undertake. The Plan was incorporated into A Healthy and Resilient Monash: Integrated Plan 2017-2021.

Seniors from Monash have described 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.¹⁹⁴

Monash Council plays an important role in supporting the health and wellbeing of older residents through:

- Providing in-home support services funded by the Commonwealth Government
- Coordinating the Positive Ageing Lifestyles Program

Snapshot 8: Life Journey

- Coordinating the Age Friendly Volunteers and activities, such as the increasing Places to Rest project
- Supporting The Positive Ageing Reference Group
- Providing Positive Ageing Centres, with day programs for people with dementia
- Running Age Friendly health, wellbeing and capacity building workshops and activities, and
- Advocacy
- Supporting healthy ageing in all policies
- Combating ageism

Age Friendly Cities

The City of Monash is an Age Friendly City. The World Health Organisation defines active ageing as the process of optimising 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. Community and Health Care
2. Transportation
3. Housing
4. Social Participation
5. Outdoor Spaces and Buildings
6. Respect and Social Inclusion
7. Civic Participation and Employment
8. Communication and Information¹⁹⁵

As an Age Friendly Community, Monash has been working toward the recommendations as identified in The Commission for Victorians 'Ageing is everyone's business - a report on isolation and loneliness amongst senior Victorians'.¹⁹⁶

Part of this process is to be aware of and respond to the changing needs and emerging issues that impact our older residents.

Over the next four years social isolation, loneliness and ageism will be priority areas of our Age Friendly journey as we aspire to building on our seniors' access to services and involvement in their local community.

See also Snapshot 3: Healthy Minds.

Lifelong Learning

The City of Monash is host to a vast array of learning opportunities for all ages.

Monash Public Library Services

Libraries make a significant contribution to the social cohesion and wellbeing of the community.

They are safe, welcoming and non-judgemental spaces that provide free access to services, programs and technology as well as opportunities for social interaction, reducing loneliness and inclusivity. They

Snapshot 8: Life Journey

are also creative places that generate curiosity and play, learning and discovery and access to knowledge, ideas and connection.

“As part of the health and well-being support they offer, libraries also provide a safe place to maintain good mental health, recover from mental illness and find respite”.¹⁹⁷

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

Library collections are available in traditional print, audio visual and online formats. Programs focus on breaking down the digital divide, supporting diversity and building social connections. Refer to www.monlib.vic.gov.au/Home.

Education

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 and 2 state special schools.

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 City of Monash is well supported by 10 Neighbourhood houses that provide a range of formal and informal learning opportunities. For more information refer www.monash.vic.gov.au/Leisure/Neighbourhood-Houses.

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: www.u3aonline.org.au/home

Snapshot 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 people of all genders. We recognise that people may not identify with binary definitions of male and female, and that gender is a socially constructed idea about what it means to be a man or a woman, regardless of biological sex.

Gender equity recognises that within all communities, women, men and people who identify as non-binary 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:

On average, Australian women earn \$242.90 less per week than men¹⁹⁸ and retire with just under half the superannuation savings of men.¹⁹⁹

Fifty percent of women report experiencing discrimination due to pregnancy, parental leave, or return to work.²⁰⁰

Low levels of female representation in elected positions and executive leadership;

There are cultural and structural barriers to women participating in sport. The Victorian participation rate in sport for females (10%) is nearly half of that for males (17%).²⁰¹

Boys receive 11% more pocket money and 8 times more attention in classrooms than girls.²⁰²

Gender inequality in Monash

In 2015 (the time of the last VicHealth survey), 35.7% of Victorians and 45.4% of Monash residents expressed low support for gender equality in relationships.²⁰³ Monash residents were more likely than Victorians to have low support for gender equity in relationships.

Monash City Council

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

The priorities of the Monash Council Gender Equity Strategy (2015-2020) and its Action Plan are incorporated into the A Healthy and Resilient Monash Integrated Plan 2017– 2021. The implementation of these priorities are supported by our Gender Equity Advisory Committee.

In 2020 Monash was one of 10 Local Governments to pilot Gender Impact Assessment in preparation for the inaugural Gender Equality Act, to commence in 2021. This historical legislation aims to improve gender equality in Victoria.

Gender, sexuality, physiological sex characteristics and health

'LGBTIQA+' is an evolving acronym that stands for lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual and many other terms (such as non-binary and pansexual) that people use to describe their experiences of their gender, sexuality, and physiological sex characteristics.

While there are common health and inclusion issues within the LGBTIQA+ communities, LGBTIQA+ is an umbrella term that encompasses many distinct communities with different experiences, needs and priorities. It is reported that when LGBTIQA+ individuals require health and wellbeing services, there can be access and inclusion issues, resulting in a barrier to using critical services. As a result, they can experience poorer health and wellbeing outcomes than their non-LGBTIQA+ peers.²⁰⁴

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/or Torres Strait Islander origin.²⁰⁵
- 50.1% speak a language other than English at home with most frequently spoken languages being Mandarin, Greek, Cantonese and Sinhalese and Italian. 8.4% of population have low English proficiency.²⁰⁶
- Around half of residents have been born in another country. 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%).²⁰⁷
- Monash residents agree strongly with the statement that “the Monash community is accepting from diverse cultures” scoring 8.12 out of 10, above the metropolitan Melbourne score of 7.80.²⁰⁸
- 58.2% of the population believe multiculturalism makes life better.²⁰⁹

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.²¹⁰

This includes a disability that:

- Presently exists

Snapshot 9: Fair For All

- 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).²¹¹

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.²¹²

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
- Immunological - the presence of organisms causing disease in the body²¹³

Demographics

In Monash, 5.1% of people have a disability, while 53% of people over the age of 85 have a disability.²¹⁴

In the 2016 Census, in Monash 16,996 carers were providing unpaid assistance to a person with a disability, long term illness or old age. This represents 11.1% of the population aged 15 and over.²¹⁵

In 2020 3,211 Monash residents received the disability support payment, 3,516 received a carer allowance and 1,159 received a carer payment from the Centrelink.²¹⁶

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.²¹⁷

Snapshot 10: Feeling Safe

A safe community is one where 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.²¹⁸ 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.²¹⁹

Violence against women occurs across the whole community, though women with disabilities, Aboriginal and/or Torres Strait Islander women, women in rural and remote areas, and culturally and linguistically diverse (CALD) women experience much higher rates of male violence than others.²²⁰

Furthermore, these risks increase when women experience additional forms of inequality and discrimination related to their identity (e.g. racism, ableism, colonialism, homophobia). This concept is known as intersectionality, recognising that not all women's experiences of violence are the same.²²¹

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. Exposing children to violence against women is a recognised form of child abuse that causes significant harm to them, with potential impacts on their 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.²²²

Intimate partner violence contributes to more premature death, disability and illness in women aged 15 to 44 than any other preventable risk factor.²²³ Intimate partner violence has wide-ranging and persistent effects on women's physical and mental health.²²⁴ The greatest of these is mental illness - anxiety and depression - which make up 58% of the disease burden resulting from violence.²²⁵

Family violence against women is the single largest driver of homelessness for women, with 55% of women with children presenting to specialist homelessness services nominated escaping violence as their main reason for seeking help.²²⁶ Family violence is also a common factor in child protection notifications. Children exposed to family violence are classified as experiencing 'emotional abuse', a broader category, that is the most commonly substantiated type of harm (39%) in child protection notifications across Australia.²²⁷ Violence against women results in a police call-out on average once every two minutes across the country.²²⁸

In Victoria 44% of the clients seeking support from homeless services reported they had experienced family violence.²²⁹

Above all, violence against women is a fundamental violation of human rights, and one that Australia has an obligation to prevent under international law.²³⁰

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 2044-45.²³¹

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.²³²

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.²³³

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.²³⁴

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.²³⁵

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 15.²³⁶

The overwhelming majority of acts of family violence and sexual assault are perpetrated by men against women.

Violence against people with a disability

Violence can affect anyone, but some people, such as those with disability, may be especially overrepresented in having experienced violence. One in two (47%) adults with disability have experienced violence after the age of 15.²³⁷

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.²³⁸
- One in three Australian women has experienced physical violence, since the age of 15.²³⁹
- One in four Australian women has experienced physical or sexual violence by an intimate partner.²⁴⁰
- One in four Australian women has experienced emotional abuse by a current or former partner.²⁴¹
- One in five Australian women has experienced sexual violence.²⁴²
- Women are at least three times more likely than men to experience violence from an intimate partner.²⁴³
- 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.²⁴⁴
- Of those women who experience violence, more than half have children in their care.²⁴⁵
- 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.²⁴⁶

Snapshot 10: Feeling Safe

- Eight out of ten women aged 18 to 24 were harassed on the street in the past year.²⁴⁷
- Young women (18 – 24 years) experience significantly higher rates of physical and sexual violence than women in older age groups.²⁴⁸
- Women with disabilities are at a greater risk of experiencing violence compared to both women without disabilities and men with disabilities.²⁴⁹
- Aboriginal and/or Torres Strait Islander women experience both far higher rates and more severe forms of violence compared to other women.²⁵⁰

State Context

In Victoria in 2019-20, police responded to 88,214 family violence incidents with over 7,000 children aged under 18 years directly affected. Charges were laid in 22,159 incidences. Around three quarters of reported family violence victims in Victoria are female.²⁵¹

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. 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.²⁵²

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.²⁵³

Local Context

In Monash in 2019-20, there were 1,446 family violence incidents recorded by Victoria Police. The rate was 710.4 per 100,000 population, compared with the Victorian rate of 1315.4.²⁵⁴

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.²⁵⁵

The impact of sexual assault and family violence on the lives of survivors is multi-faceted and complex. It includes emotional, social, psychological, legal, health, spiritual, economic and political consequences.

There were 142 reports made to Police in the City of Monash in the year ending June 2020. The data in the table below shows that while Monash has a relatively lower rate of sexual offences when compared to the State Average with around 70 reported sexual offences per 100,000 people compared with 132 for Victoria. Monash was similar, but slightly higher, to the Metro Inner Eastern Region which had 67 reported offences per 100,000 people in the same year.

Refer to Snapshot 10: Table One Monash Sexual Offences Reported Incidences for a summary of the number of victim reports received in the year ending June 2020.

Snapshot 10: Table One Sexual Offences Report, Year ending June 2020 Rate (per 100,000 population)²⁵⁶

Area	Females	Males	Total
Monash	111.0*	35.9*	69.8
Metro Inner East Average	** Not available	** Not available	66.6
Victorian State Average	217.6	41.5	131.6

*approximate rate not supplied from Crime Statistics Victoria, based on a different population source (Source: Population and household forecasts, 2016 to 2041, prepared by .id (informed decisions), February 2019)

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.²⁵⁷

Further information about the Generating Equality and Respect program can be found at:

www.vichealth.vic.gov.au/search/generating-equality-and-respect-resources

Since then, Monash Council has continued its commitment to promoting gender equity and preventing violence against women through its Gender Equity Strategy, embedding Gender Equity within the Municipal Health and Wellbeing Plan, Gender Equity Advisory Committee, and other initiatives. 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)²⁵⁸ 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 that 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.²⁵⁹

The Child Safe Standards 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.

Snapshot 10: Feeling Safe

Monash Council received the Australian Childhood Foundation's (ACF) Safeguarding Children Certification in 2017.²⁶⁰ 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.

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.²⁶¹

Perceptions of Safety

VicHealth's most recent comprehensive Health Indicators Survey 2015 confirmed that most Monash residents (93.3%) agreed that they felt safe walking alone during the day, which was higher than the

Snapshot 10: Feeling Safe

Victorian estimate of 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%), indicating that Monash residents feel relatively safer. There were no significant changes in perceptions of safety for Monash between the 2007, 2011 and 2015 surveys.²⁶²

More recently in Monash's 2019 Annual Customer Satisfaction Survey, questions about safety were asked, "On a scale of 0 (lowest) to 10 (highest), how safe do you feel in public areas in the City of Monash?" during the day and at night. (These questions were not included in the same survey in 2020, therefore this data is Council's most up-to-date information.)

Almost four-fifths (79.4%) of respondents felt "very safe" in the public areas of the municipality during the day and only 2.4% felt "unsafe". At night just under half (45.5%) felt "very safe" at night, with 10.6% feeling "unsafe" in public areas at night.²⁶³

Crime in Monash

Monash continues to be a relatively safe municipality with below average crime. Monash is ranked 50th out of the 79 local government areas for the rate of reported criminal incidents in the year ending December 2020, when ranked from highest to lowest crime rate.²⁶⁴

The most common crimes occurring in Monash are property and deception crimes. The most common incident of crime is 'steal from a motor vehicle', which has more than double the number of incidents compared with the second most common crime of 'other theft'. 'Public health and safety offences' was the next most common crime in 2020 (due to pandemic relevant offences), followed by 'obtain benefit by deception' and 'residential non-aggravated burglary'.²⁶⁵

Council and Community Safety

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

Monash residents have identified that feeling safe is a high priority for the community. 'Safety, policing and crime' was the sixth most frequently selected issue in responses to 'what you consider to be the top three issues for the City of Monash at the moment?', selected by 6.7% of respondents in 2019. In 2020 the responses were halved at 3.2%. Note: responses may have been influenced by both the pandemic restrictions and the change of survey engagement to telephone interviews rather than in person interviews.²⁶⁶

In the municipal-wide planning survey the Monash Health and Wellbeing Survey (2021), community safety was the eighth most important health and wellbeing priority as deemed by survey participants.²⁶⁷

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

During the development of the Monash Community Safety Framework, 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

Snapshot 10: Feeling Safe

- respect is an important component of feeling safe²⁶⁸

The Community Safety Framework is due to be updated in 2021.

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.²⁶⁹

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 Health and Wellbeing Survey 2021

WHAT THE COMMUNITY SAID

Respondents were asked to rank their three most important health and promotion priorities from each of three lists under the headings 'Active and Healthy', 'Engaged, Confident and Connected' and 'Safe and Respectful'.

'Preventing family violence and violence against women' was the top priority selected under 'Safe and Respectful' and the third highest priority overall, chosen by 159 people or 42% of respondents.

The 375 survey respondents were asked to prioritise gender equity priorities for Council.

The most important priority for Council in supporting gender equity, as selected by survey respondents, was in "health, family and community organisations" (65%) followed by "education and care settings for children and young people" (59%).

Almost half of respondents deemed "sports, recreation, social and leisure spaces" (48%) to be important, followed closely by "public spaces, transport, infrastructure and facilities" (46%).

Around a quarter selected "Universities, TAFEs and other tertiary educational settings" and "Monash Council as a workplace".

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