Yarra's Health and Wellbeing Profile

October 2020

Contents

Introduction

Health and wellbeing is attained, influenced and sustained by a variety of factors that are significantly broader and more complex than a person's individual lifestyle choices. Such factors include the social, economic, physical and natural environments in which we are born, grow, learn, work, live and play. This Health and Wellbeing Profile (2020) presents a snapshot of data relating to health and wellbeing in Yarra. It presents demographic data as well as specific indicators related to health and to the wider social determinants of health. This profile will be used to inform the development of Council's next Municipal Public Health and Wellbeing Plan (MPHWP) integrated into the 2021–2025 Council Plan (and Community Vision). The MPHWP will guide Council when considering matters related to health. In this way, the Health and Wellbeing Profile (2020) represents an evidence base for the purposes of planning, implementation and evaluation for Council and other organisations in Yarra.

Impacts of COVID-19

It is important to acknowledge the COVID-19 pandemic which is ongoing at the time of publication of this document. The pandemic has had and will continue to have serious impacts on health and wellbeing. A separate COVID-19 impact supplement has been prepared to complement this document.

What is Council's role in influencing health and wellbeing in Yarra?

Local government is uniquely situated to understand the community's needs, and plays an important role in influencing health and wellbeing outcomes locally. While Commonwealth and State governments also develop and implement policy and legislation that influences health and wellbeing, this is at the national or state population level and it is uncommon to be tailored for localised, place-based approaches. Local government can influence the natural, built and social environments to better promote health and wellbeing within a neighbourhood setting.[1] In undertaking these actions, councils are guided by the health priorities and strategies outlined in each Municipal Public Health and Wellbeing Plan' (MPHWP), which Yarra City Council (Council) integrates into the 2021–2025 Council Plan.

In terms of its specific role, Council delivers a variety of core services relate to community health and wellbeing, including, but not limited to:

- Maternal child and health services
- Age and disability services
- Recreation and leisure services
- Art and cultural events
- Needle and syringe disposal
- Youth and family services
- Cleansing services (public amenity)
- Library services
- Health protection (including food safety)
- Immunisation services

Council also provides and maintains infrastructure and facilities for the community that are essential for health and wellbeing, including:

- Urban design, planning and place-making
- Strategic transport and planning

- Open space and parks, including community gardens and urban agriculture
- Building and asset management, including footpaths, bike paths and roads
- Waste management and minimisation
- Sustainability and biodiversity

Council also provides a considerable amount of funding to the community, including in the form of various grants. This funding is focused on supporting local groups and community initiatives, and can have a positive influence on health and wellbeing. Areas supported include community development (including community celebrations and social enterprise), neighbourhood houses, arts and culture, environment and sustainability, sport and recreation, and youth and families.

Council works closely with a variety of stakeholders in the City of Yarra (Yarra) to collaborate on the delivery of initiatives that will lead to health and wellbeing outcomes for the community. This includes council officer attendance at a variety of networks, and convening multiple advisory and consultative committees, reference groups and forums. Council also regularly acts as an advocate on behalf of our community to seek improved health and wellbeing outcomes where we may not hold primary responsibility or authority, such as to State and Commonwealth governments.

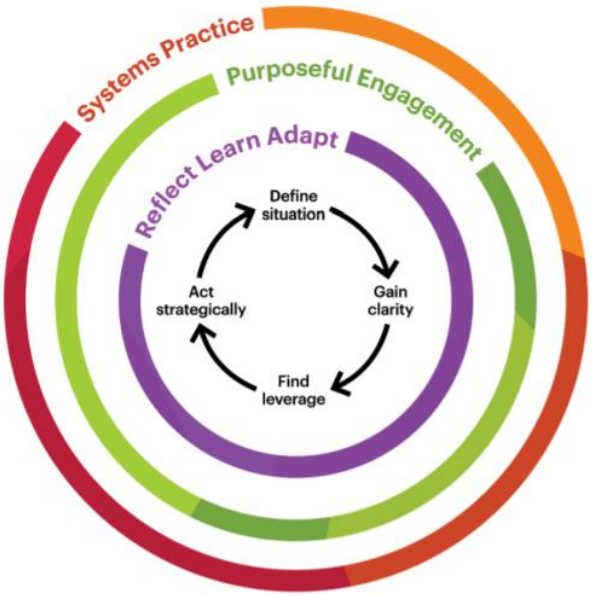
Yarra's approach to health and wellbeing

Council is committed to supporting an environment for our residents that promotes and sustains long-term health equity and advocates for the attainment and sustainability of positive health and wellbeing for all. Council recognizes that more than one third of the total burden of disease experienced by Australians could be prevented through addressing modifiable risk factors.[2] While generally not the main policy-makers with responsibility and authority, Council is committed to positively influencing health and wellbeing outcomes in Yarra, and acknowledges that to address these complex, varied and multi-faceted risk factors, a comprehensive approach is required. This profile provides the evidence base to support Council in addressing these risk factors and promoting health and wellbeing in Yarra.

Systems thinking

The lens of systems thinking is broadly applied to Council's health and wellbeing approach. A complex systems thinking lens allows us to identify opportunities and develop strategies to influence and shift the system around us. This approach takes a strategic 'birds-eye' view of the system and aims to consider the many interrelated variables that result in health and wellbeing outcomes. This approach is applied to this profile, and results in representation of a variety of data sources that represent the multiple factors that influence health, rather than only the outcomes of health and wellbeing. Figure 1, 'Systems Change Framework' illustrates the structure, process and set of practices necessary for systems change.

Figure 1: Systems Change Framework



Source: The Australian Prevention Partnership Centre and the Tasmania Department of Health, 2018.

Health equity

Taking a systems thinking approach ensures that broader perspectives are considered and applied, including intersectionality and health equity. Council aims to include health equity and intersectionality in our approach to health and wellbeing. Health equity is the notion that everyone should have the opportunity to attain their full health potential and that no one should be disadvantaged in achieving this.[3] Health inequities manifest where there are differences in health status between population groups, and where these differences are socially produced, systematic in their unequal distribution, avoidable and unfair.[3] To achieve health equity, it is important to ensure it is considered at all levels and embedded into structures and environments to ensure systemic change. In practice for Council, this could mean identifying and working to influence the socioeconomic and political context, norms and/or values that create social hierarchies, which subsequently create inequitable vulnerability in daily life.

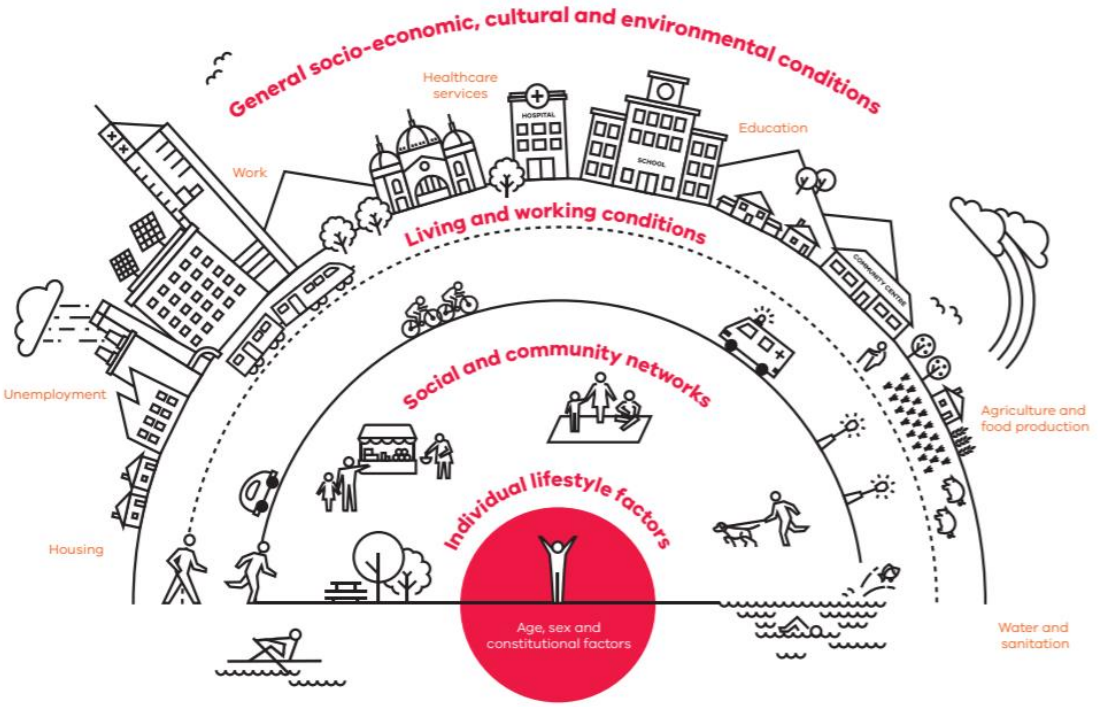
In addition to health equity, another important lens Yarra applies is intersectionality. Intersectionality highlights the intersections of individuals multiple identities within social systems of power that compound and exacerbate experiences of ill health'.[4] This approach acknowledges that people can be disadvantaged by more than one source of oppression, such as race, gender or socioeconomic status, and that these characteristics can 'intersect' to create further disadvantage (or privilege) for an individual. By proactively acknowledging this, an awareness of health equity alongside possible intersections provides a more comprehensive understanding for Yarra as to why some subsets of our population experience poorer health outcomes than others. This comprehension can be applied throughout planning for health and wellbeing for Yarra. In working towards better health for all members of our community, Council constantly strives to recognise, understand and address (where possible and appropriate), all the factors that might promote or impede one's ability to achieve positive health and wellbeing outcomes.

Social determinants of health

Consideration of the wider determinants of health, sometimes known as the social determinants of health (SDOH), is essential to understand and attain sustainable, long-term improvements to health and wellbeing. The SDOH have been integrated into this profile, and have shaped the data collected. The SDOH are explain most of the health inequities seen in communities across the world.[5] Understanding the data relating to the SDOH and targeting change at this level is key to successful public health interventions. Figure 2 'Social Determinants of Health' provides a visual representation of the conditions, networks and factors that influence people's health and wellbeing. The SDOH include factors such as income, education, conditions of employment, socioeconomic position and social support, which can act to strengthen or undermine the health of individuals and communities.[6] The social conditions in which people are born, live and work are the most important determinants of health. As factors that influence health, social determinants are the 'causes of the causes'; providing the foundation for other health determinants.[7]

For further detail, please refer to the Social Determinants section of this report.

Figure 2: Social determinants of health



Source: VPHWP 2017–2021, adapted from Dahlgren & Whitehead 1991[8]

Key legislative and policy context

This section outlines the relevant legislative and policy contexts for this profile, and for the related MPHWP to be developed.

Commonwealth legislation and policy

Australia's Long Term National Health Plan 2019

The Commonwealth Government published Australia's Long Term National Health Plan in 2019.[9] It includes a commitment to develop a *National Preventative Health Strategy*, which would provide guidance for all organisations working to promote health and wellbeing across Australia. At the time of writing, the *National Preventative Health Strategy* remained in development, and therefore it could not provide guidance for this report.

State legislation and policy

Public Health and Wellbeing Act 2008

Under section 26 of the *Public Health and Wellbeing Act 2008* (PHWA), local governments in Victoria are required to take responsibility for public health and wellbeing planning on behalf of their community. As part of this, Councils must develop a Municipal Public Health and Wellbeing Plan (MPHWP).

As part of the PHWA, in developing the MPHWP, councils must 'include an examination of data about health status and health determinants in the municipal district'.[10] This Health and Wellbeing Profile fulfils this legislative requirement and acts as a companion document to the next MPHWP (2021 – 2025) that will be used to inform health planning priorities. It provides an evidence base, and can assist in identifying indicators to use for measurement of progress.

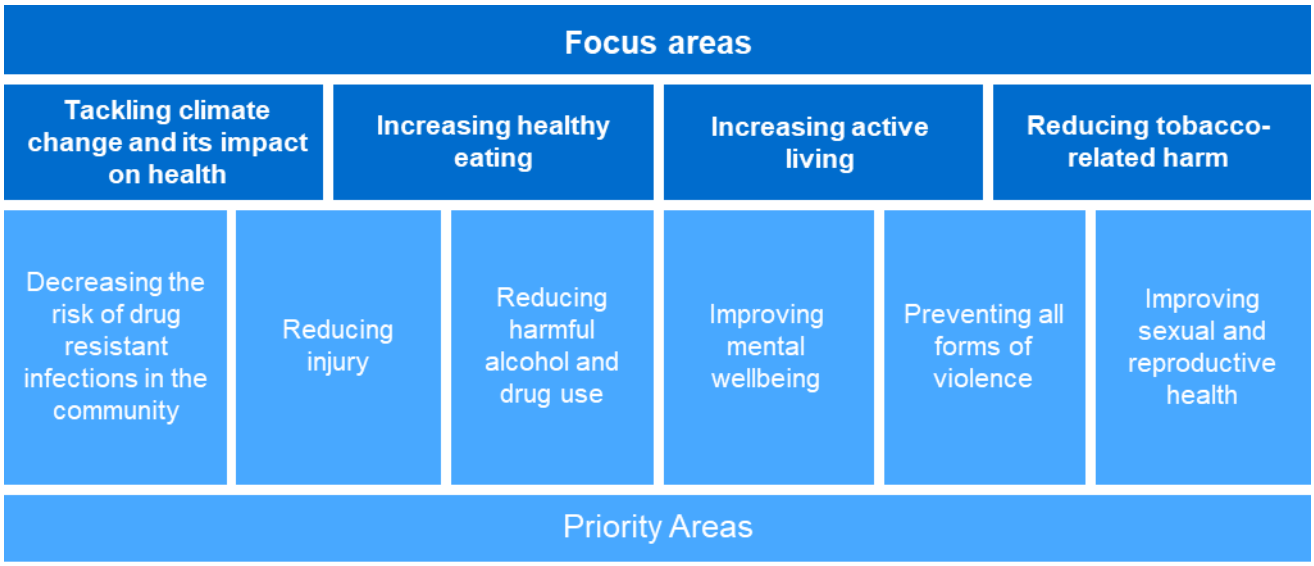
Additional specifications from section 26 of the PHWA about what must be included in a MPHWP are:

- Identify goals and strategies based on available evidence for creating a local community in which people can achieve maximum health and wellbeing.
- Specify measures to prevent family violence and respond to the needs of victims of family violence in the local community.
- Provide for the involvement of people in the local community in the development, implementation and evaluation of the public health and wellbeing plan.
- Specify how the council will work in partnership with the Department of Health and Human Services and other agencies undertaking public health initiatives, projects and programs to accomplish the goals and strategies identified in the public health and wellbeing plan.

Victorian Public Health and Wellbeing Plan 2019–23

The Victorian Public Health and Wellbeing Plan (VPHWP) sets out the state level plan for improvement of public health and wellbeing outcomes for all Victorians. This document provides line of sight for local government to utilise to ensure a consistent approach occurs on a local level. The priorities detailed in the VPHWP 2019 – 23 are reflected in the data collected in this report. The priorities in the VPHWP 2019 – 23 are outlined in Figure 3.

Figure 3: VPHWP 2019 – 2023 priority and focus areas



Gender Equality Act 2020

On commencement, in March 2021, the Gender Equality Act will require defined entities that employ 50 or more staff – including councils – to undertake Gender Impact Assessments when developing or reviewing any policy, program or service that has a direct and significant impact on the public. Under the Act, Local Governments have a range of obligations in relation to both workplace gender equality and the promotion, advancement and achievement of gender equality in the community.

Each organisation that qualifies as a defined entity under the Act will be required to conduct workplace gender audits based on a series of indicators outlined in the Act, the results of which will inform Gender Equality Action Plans (GEAPs). Defined entities must submit GEAPs to the office of the newly established Commission for Gender Equality in the Public Sector every four years, and display the GEAP on the organisation's public website/s. Defined entities are required to report to the Commission every two years on the material progress they' are making in relation to their GEAPs, the application of GIAs to policies, programs and services – and the ways in which these address, promote and meet the needs of persons of different genders – and other matters as prescribed in regulations.

In line with these obligations, gender equality is represented as a stand-alone subsection in the Health and Wellbeing section of this profile, and the relevant data has been represented where possible.

Climate Change Act 2017

The Climate Change Act requires councils to have regard to climate change in preparation of the MPHWP. This can include the public health impacts of climate change, and mitigation, adaptation and health co-benefits of action on climate change. To assist in preparing the MPHWP, evidence has been gathered related to climate change and health, and is represented in the subsection 'The climate change crisis and health'.

Other state-level strategic documents

There are other strategic documents at the state level that should be taken into consideration at the local level. This has formed part of the evidence gathering for this profile, will form part of future health planning processes. These include:

- Tobacco Act 1987
- Sport and Recreation Act 1972
- Charter of Human Rights and Responsibilities Act 2006
- Ending Family Violence: Victoria's plan for change

- Women's Sexual and Reproductive Health: Key priorities 2017–2020
- Safe and Strong: A Victorian gender equality strategy
- Victorian Aboriginal Affairs Framework 2018–2023
- Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027
- Health 2040: Advancing health, access and care
- Plan Melbourne
- VicHealth Action Agenda (2019–23)

Local plans, policies, and strategies

Yarra's Social Justice Charter

Yarra's Social Justice Charter is intended to provide a human rights based approach for all Council plans, polices and frameworks, including this profile and the future health planning process. It provides four guiding social justice principles for Yarra:

1. *Access* – All services, programs and facilities should be available for use by all people, free from any form of discrimination;
2. *Equity* – Economic, social and political resources should be distributed in ways that are not restricted by age, gender, sex, sexuality, race, ethnicity, religion, ability, or income;
3. *Rights* – Everyone is entitled to equal effective legal, industrial and political rights; and,
4. *Participation* – There should be opportunities for real participation by all in the decisions which govern their lives.

Yarra Council Plan 2017–21 and 2021–25

Council's current Council Plan (2017–2021) incorporates the MPHWP. The next iteration of the MPHWP (2021 – 2025) will also be incorporated into the Council Plan (2021–2025).

Figure 4 visualises the relationship between this Health & Wellbeing Profile and other key Council strategic documents:

Figure 4: Relationship of Health & Wellbeing Profile with relevant council documents

In addition, there are other strategic documents that should be taken into consideration at the local level. This profile has considered the focuses of these documents in its development. These documents include:

- 0–25 Years Plan 2018–2022
- Access and Inclusion Plan 2018–2024

- Active and Healthy Ageing Strategy 2018–2024
- Arts and Culture Strategy
- Bike Strategy Refresh 2016
- Climate Emergency Plan 2020–24
- Community Infrastructure Plan
- Economic Development Strategy 2015–2020
- Encouraging Walking Strategy
- Environmentally Sustainable Design (ESD) Buildings Policy
- Graffiti Management Framework 2015–2019
- Yarra Libraries Strategic Plan 2017–2020
- Multicultural Partnerships Plan 2019–2023
- Neighbourhood Houses Partnership Strategy and Action Plan 2018–2021
- Night Time Economy Strategy 2014–2018
- Public Art Policy 2015–2020
- Safe Travel Strategy 2016–2026
- Social and Affordable Housing Strategy
- Strategic Community Infrastructure Framework
- Urban Agriculture Strategy 2019–2023
- Urban Design Strategy
- Urban Forest Strategy
- Volunteer Strategy 2019–2023
- Waste Minimisation and Resource Recovery Strategy 2018–2022
- Yana Ngargna Plan 2020–2023
- Yarra Environment Strategy 2013–2017
- Yarra Housing Strategy

Scope of this document

The aim of this document is to provide an examination of data about health status and health determinants in Yarra. Within scope was the collection and analysis of data relating to demographics, health priorities (with particular regard to the priorities identified by the VPHWP 2019-2023) and the wider social determinants of health. The purpose of this report was to obtain data local to Yarra where possible, to assist with future planning and priority setting for our municipality.

Outside of the scope of this document was detailed collection and analysis of the varied age groups in Yarra, including infants, youth and older people. Selected other council documents address this evidence need, primarily the *0–25 Years Plan 2018–2022* and the *Active and Healthy Ageing Strategy 2018–2024.*

The data included in this report was the most recent available at the time of writing. It is acknowledged that the currency of these datasets is a limitation that is experienced generally in population health research. In addition to this, data relating to all aspects of our diverse population (such as our culturally and linguistically diverse, Aboriginal and Torres Strait Islander, and LGBTIQ+ communities) was not able to be sourced on a local level for many measures in this document. It is important to acknowledge and consider the results presented in this profile in the context of current local, informal evidence such as expert opinions from stakeholders and reliable quantitative and qualitative reporting from services and community organisations.

How to use this document

This Health and Wellbeing Profile is divided into three sections which represent the main considerations for Council when reviewing health and wellbeing needs in Yarra. The three sections are:

1. **Yarra's Demographic Profile**

   This demographic profile reports on the current status of Yarra's population and projections for the future, as well as trends in the diversity of the community

2. **Health and Wellbeing in Yarra**

   This section looks at indicators of health and wellbeing in Yarra, with a focus on data relating to individuals.

3. **Social Determinants of Health**

   This section reports on the social determinants of health (the social conditions in which people are born, live and work) that influence health outcomes for the individual indicators of health and wellbeing discussed in section two.

Yarra's demographic profile

Yarra has a population of 103,700 and continued strong population growth is expected in the coming 15 years. Our vibrancy and inner-city location attract new residents, particularly in early adulthood ages. While the age structure is not expected to change dramatically, the increase in number of people at key ages will inform future service needs in our community. The educational attainment and employment patterns of residents are entwined with household earnings, and health outcomes. While a large proportion of our population is economically advantaged, there are pockets of disadvantage concentrated particularly in public housing estates across the municipality. Within our community there are groups who are more likely to face barriers to achieving optimum health and wellbeing outcomes including culturally and linguistically diverse community members, Aboriginal and Torres Strait Islander community members, LGBTIQ+ people, and those living with disability.

Key demographic statistics

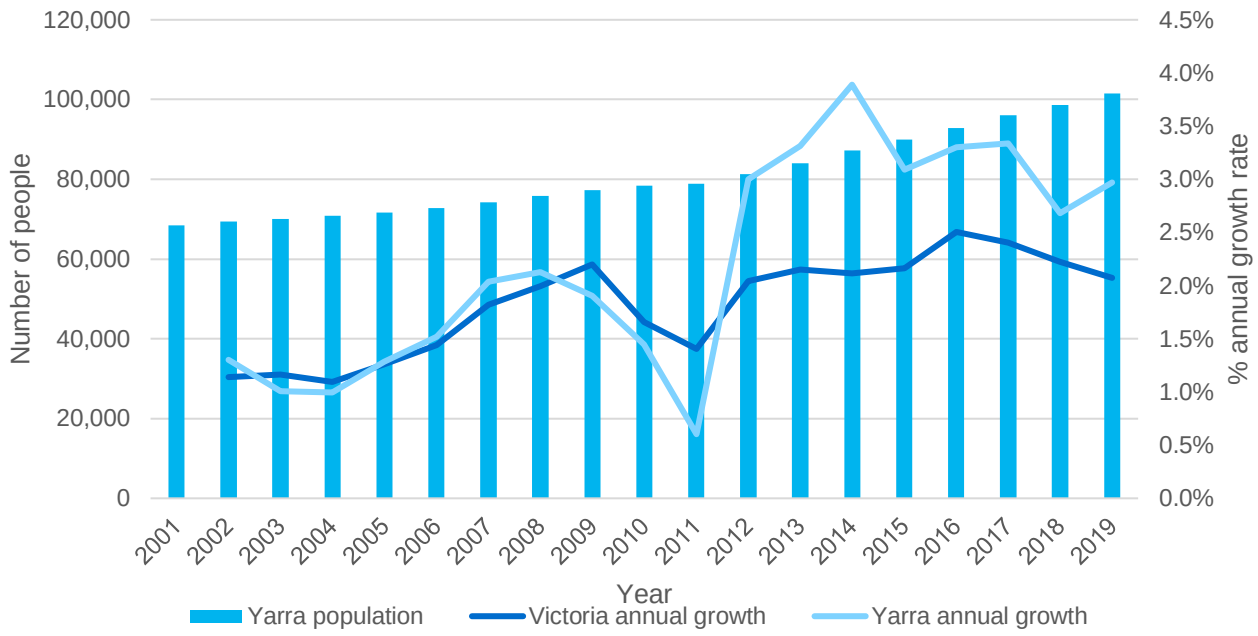
- Yarra's population will reach 103,700 in 2020
- Yarra's population will grow by 37% between 2020 and 2035, to reach 142,000
- The average age in Yarra is 33, younger than Greater Melbourne's average age (36)
- Yarra has a highly educated population. Almost half of residents have a bachelor or higher degree (compared to less than 30% for Greater Melbourne)
- There are around 40,000 households in Yarra
- The average household size is 2.1 people
- Half of households rent their home, well above the Greater Melbourne average (29%)
- 10% of Yarra's residents live in public housing, well above the Greater Melbourne average (2.6%)
- Almost 4 in 10 Yarra households are in the highest income quartile earning over $2395 per week
- 1 in 5 households are in the lowest quartile group earning up to $740 per week
- 29% of Yarra's residents were born overseas.

Demographic statistics (aside from population forecasts) are sourced from the Australian Bureau of Statistics 5-yearly census, the most recent collection was in 2016. The results of the 2021 Census will be made available progressively from early 2022.

Population

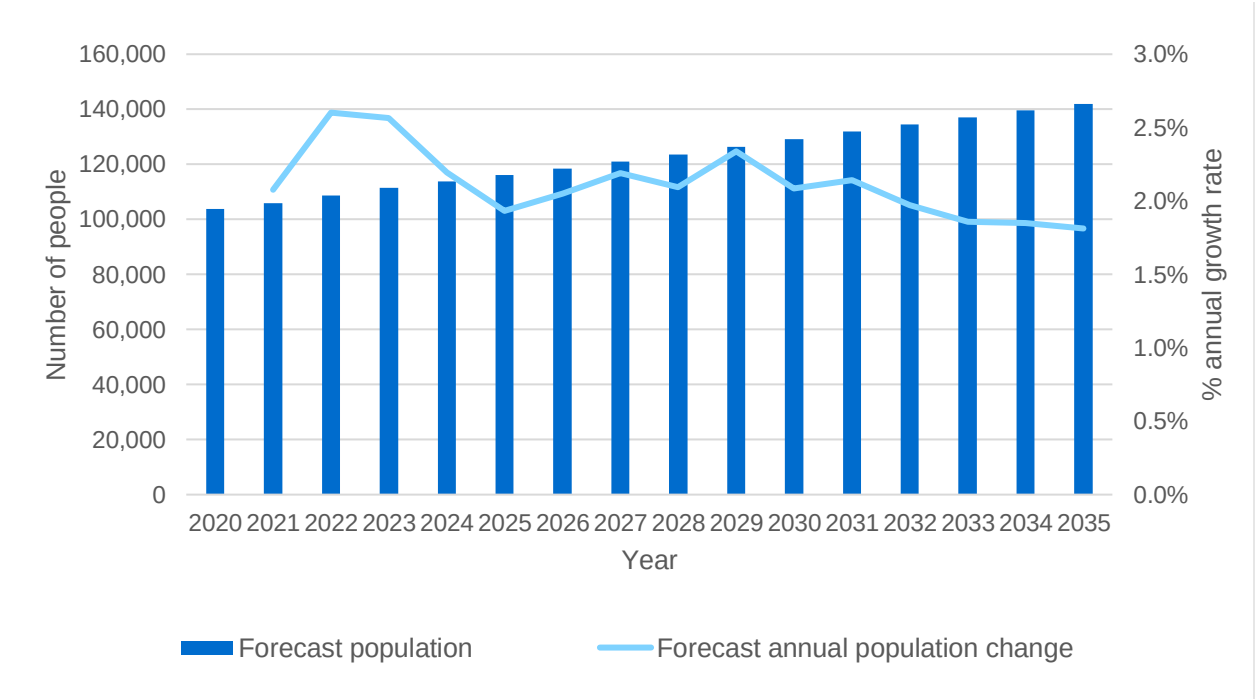
Yarra's population is forecast to reach 103,700 in 2020 (Figure 6), following an extended period of strong population growth (Figure 5). Population growth in Yarra has been well above the Victorian average since 2012 (Figure 5) and is expected to grow by 37% in the coming fifteen years to reach 142,000 in 2035 (Figure 6).

Figure 5: Yarra's historical population and annual growth rate, 2001–2019



Source: Australian Bureau Statistics, catalogue 3218.0 Regional Population Growth, Australia, 2018–19

Figure 6: Yarra's forecast population and growth rate, 2020–2035



Source: Population and household forecasts, 2016 to 2041, prepared by .id, the population experts, August 2018

It is projected that Yarra's population will grow by 37% between 2020 and 2035, to reach 142,000. This growth is projected to be concentrated in Fitzroy, Collingwood, North Richmond and Cremorne and Burnley – Richmond South. Although not the greatest increase in number, the parts of Fairfield and Alphington that are located in Yarra are due to be experiencing the biggest proportional increase in this period (Table 1). This is due to the large residential development currently underway at the Alphington Paper Mill site.

Table 1: Current and projected population change, by suburb

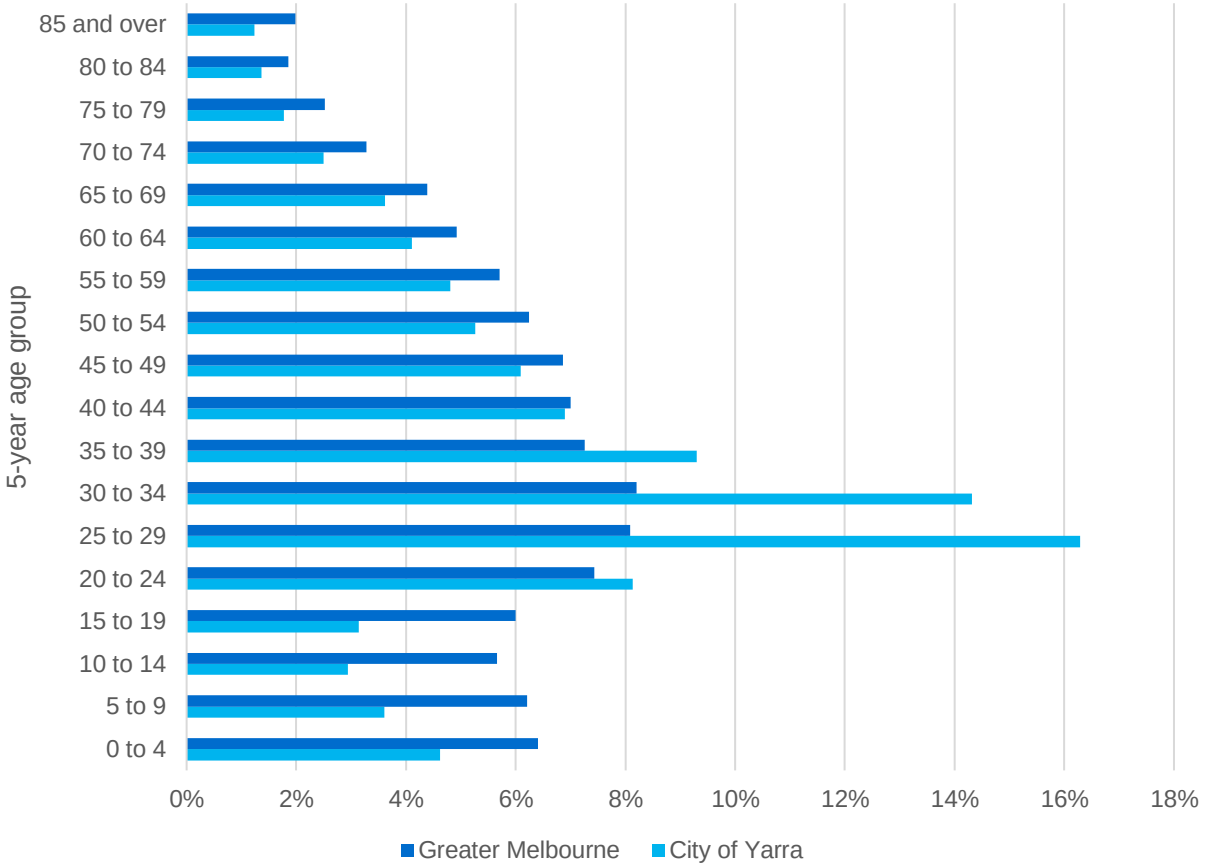
Yarra neighbourhood	Total population		Change 2020-35	
	2020	2035	n	%
Abbotsford	11,220	14,410	3,190	28%
Carlton North - Princes Hill	8,940	8,910	-30	-0.3%
Central Richmond	14,800	18,040	3,240	22%
Clifton Hill	7,290	7,540	250	3.4%
Collingwood	10,680	15,830	5,150	48%
Cremorne and Burnley - Richmond South	4,870	11,140	6,270	129%
Fairfield - Alphington	3,260	9,660	6,400	196%
Fitzroy	12,480	17,480	5,000	40%
Fitzroy North	13,090	15,680	2,590	20%
North Richmond	17,090	23,340	6,250	37%
City of Yarra	**103,720**	**142,030**	**38,310**	**37%**

Source: Population and household forecasts, 2016 to 2041, prepared by .id, the population experts, August 2018

Age

Yarra's population is relatively young, with half of residents aged between 25 and 49 years old. The average age is 33, lower than that of Greater Melbourne (36). Yarra has a very different age profile to Greater Melbourne with fewer children and older people and more young and working age people. Figure 7 shows the age structure of Yarra compared with Greater Melbourne by five-year age groups.

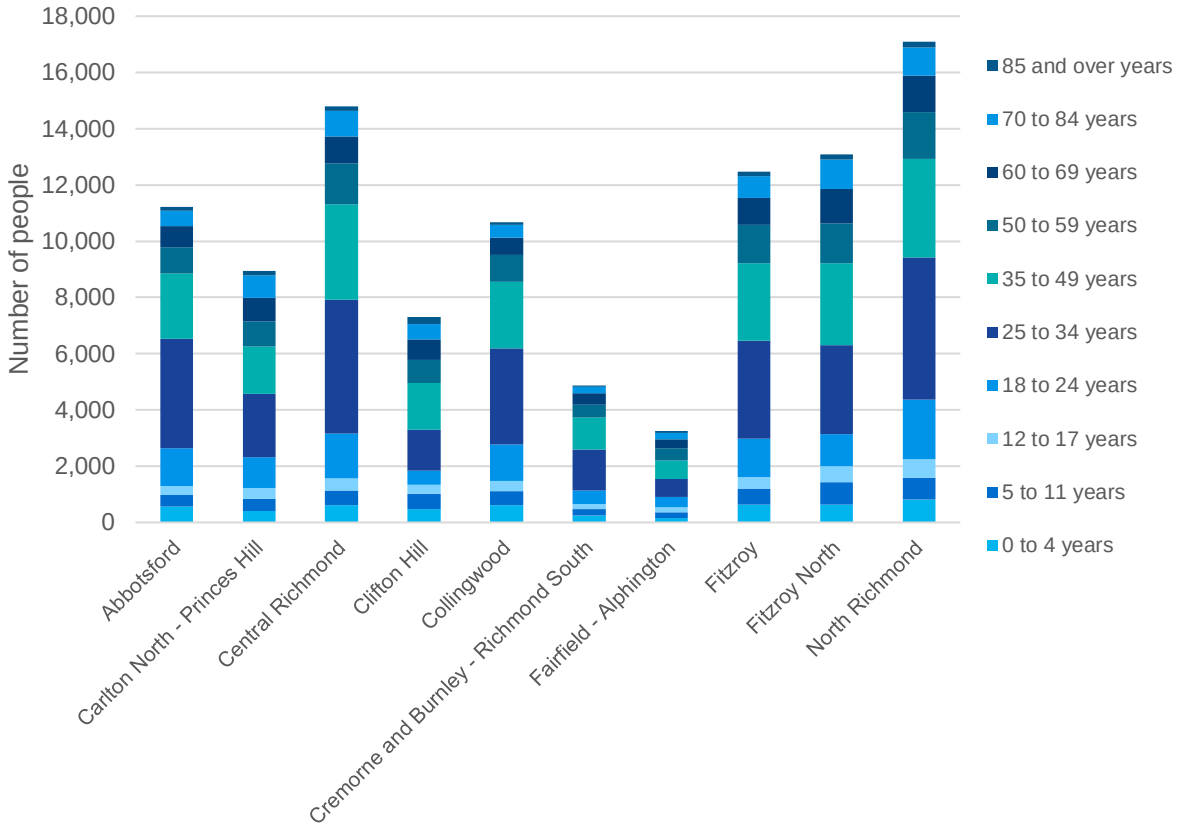
Figure 7: Age profile of Yarra and Greater Melbourne, five-year age groups, 2016



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

Age structure varies within the municipality (Figure 8). The populations of Clifton Hill and Fairfield-Alphington have around a third of residents aged 50 years and over, which is above the municipal average (26%). There is also a greater proportion of younger people aged under 25 years living in Fairfield-Alphington, Collingwood, North Richmond and Princes Hill-Carlton North neighbourhoods compared with Yarra as a whole. Figure 8 shows the total population and age profile of each neighbourhood in Yarra.

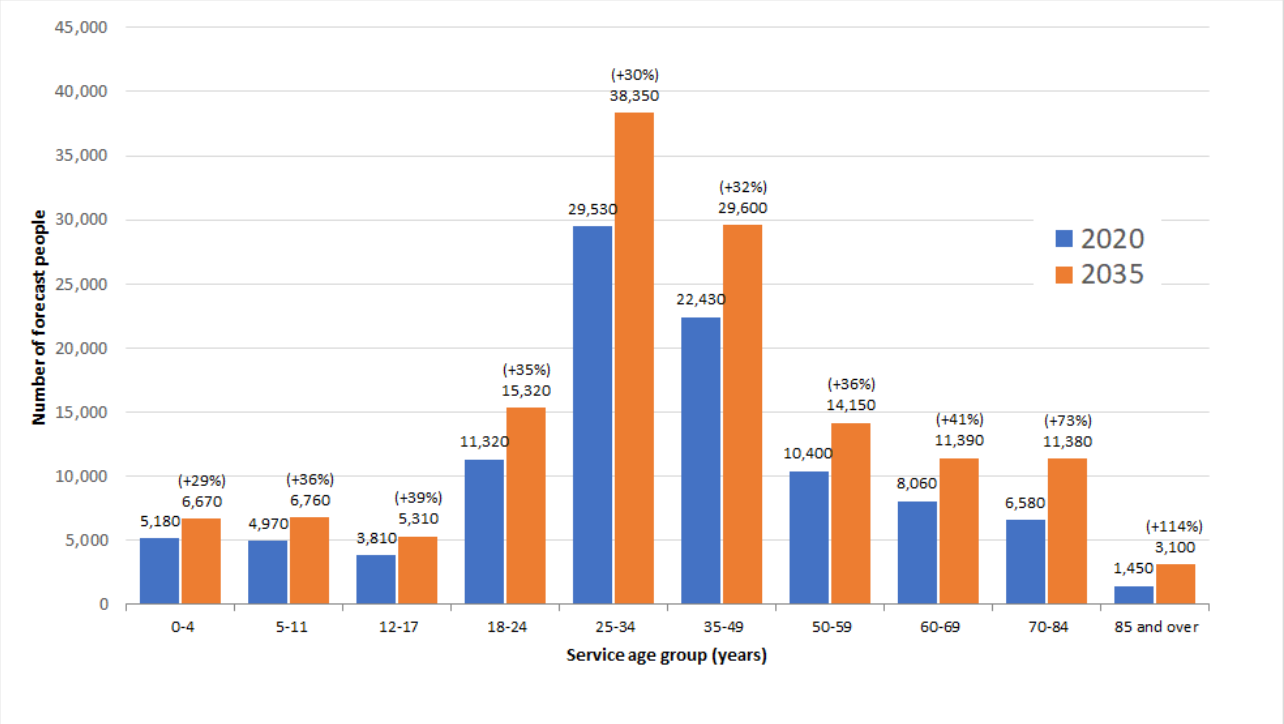
Figure 8: Total population and age structure of Yarra's neighbourhoods, 2020



Source: Population and household forecasts, 2016 to 2041, prepared by .id, the population experts, August 2018

Comparing Yarra's current service age profile with the one projected for 2035 gives us an indication of the future service needs of our community. Although the profile remains similar in terms of proportions, there is considerable growth in some service age groups that will have an impact on Council's service provision. For instance, the population aged over 70 years is forecast to increase by about 6,500 people in the next 15 years (Figure 9).

Figure 9: Yarra's service age groups, 2020 and 2035



Note: Population change (%) between 2020 and 2035 is shown in brackets above the 2035 population bar.

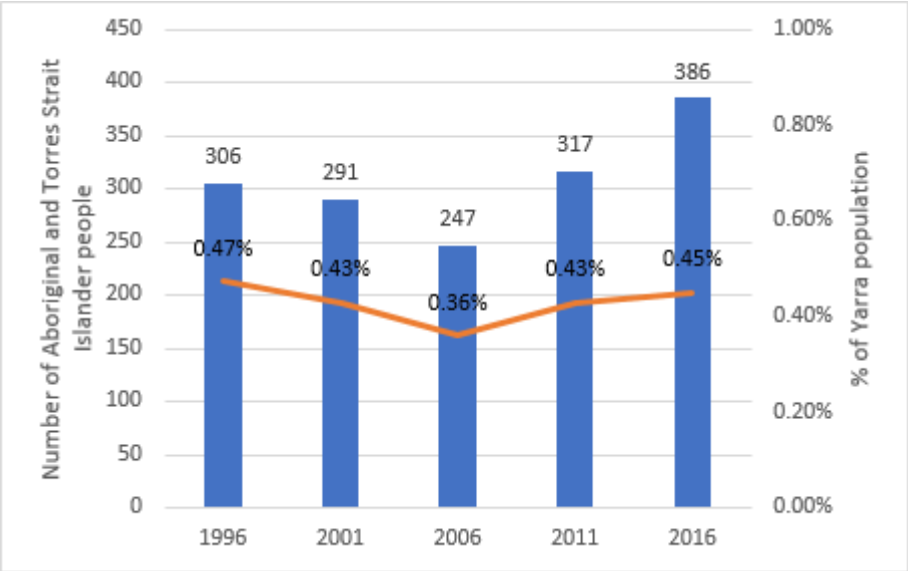
Source: Population and household forecasts, 2016 to 2041, prepared by .id, the population experts, August 2018

Aboriginal and Torres Strait Islander Population

The City of Yarra, especially the suburbs of Fitzroy and Collingwood, hold special historical significance for the Aboriginal community. These areas were a major hub of social and political activity for the Aboriginal community in the past and today remain a critical centre for Aboriginal services and organisations e.g. Victorian Aboriginal Health Services.[11]

There were 386 Aboriginal and Torres Strait Islander people in Yarra at the time of the last census. This is the highest number recorded over a 20-year period and amounts to 0.4% of the population in Yarra (Figure 10).

Figure 10: Aboriginal and Torres Strait Islander people in Yarra



Source: Australian Bureau Statistics, Censuses of Population and Housing, 1996 – 2016

As is evident across Australia, Aboriginal and Torres Strait Islander people in Yarra are more likely to have poorer economic and health outcomes than the population as a whole.[11] In Yarra, Aboriginal and Torres Strait Islanders had a lower labour force participation and income compared to the broader population – 36% earn less than $500 per week, compared with 25% for the total population. Aboriginal and Torres Strait Islanders were twice as likely to have a disability as the Yarra population as a whole (7% as compared to 3.5%) and 1 in 4 Aboriginal and Torres Strait Islanders in Yarra live in social housing.

In Victoria, Aboriginal Australians experience poorer health outcomes than non-Aboriginal Australians in almost every measure of health, which results in a significant gap in life expectancy.

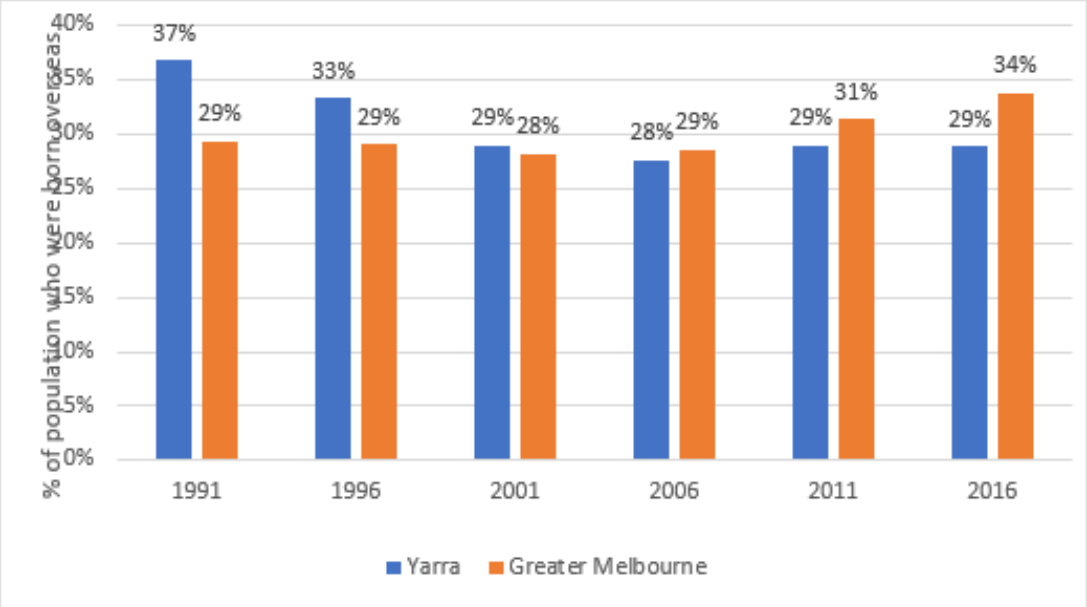
Comments on interpreting Aboriginal and Torres Strait Islander data

Because of the small number of people in Yarra who identify as Aboriginal and Torres Strait Islander in the Census, findings need to be interpreted with caution. It is also worth noting that the available quantitative data on Aboriginal and Torres Strait Islander people living in Yarra is somewhat at odds with the qualitative data conveyed to us by those who participated in the community consultation for Council's *Yana Ngargna* Plan 2020–2023.

Cultural and linguistic diversity

In 2016, 29% of Yarra's population were born overseas, compared with 34% in Greater Melbourne. This is a reversal of the longer-term share of overseas born residents within Yarra (Figure 11). The top five countries of birth in Yarra were the United Kingdom (4.6%), New Zealand (3.1%), Vietnam (3%), China (1.8%) and Greece (1.3%).

Figure 11: Share of population who were born overseas, Yarra and Greater Melbourne, 1991–2016



Source: Australian Bureau Statistics, Census of Population and Housing, 1991-2016

Yarra's rich multicultural heritage is illustrated by the volume and variety of overseas countries of birth in Table 2.

The top overseas country of birth in 2016 was the United Kingdom in 2016, with 4.6% of residents reporting that on their census form. A slightly greater proportion of Yarra's residents born in the UK compared with Greater Melbourne (3.6%). A greater proportion of residents were born in Vietnam (3.0%) compared with Greater Melbourne (1.8%) as well. This is a big drop from the proportion recorded in the 1996 Census when Vietnam was the leading overseas country of birth (7.4%), at that time Yarra had a far greater share of Vietnamese born residents compared with Greater Melbourne (1.7%).

Table 2: Top 5 overseas countries of birth, 1996 and 2016

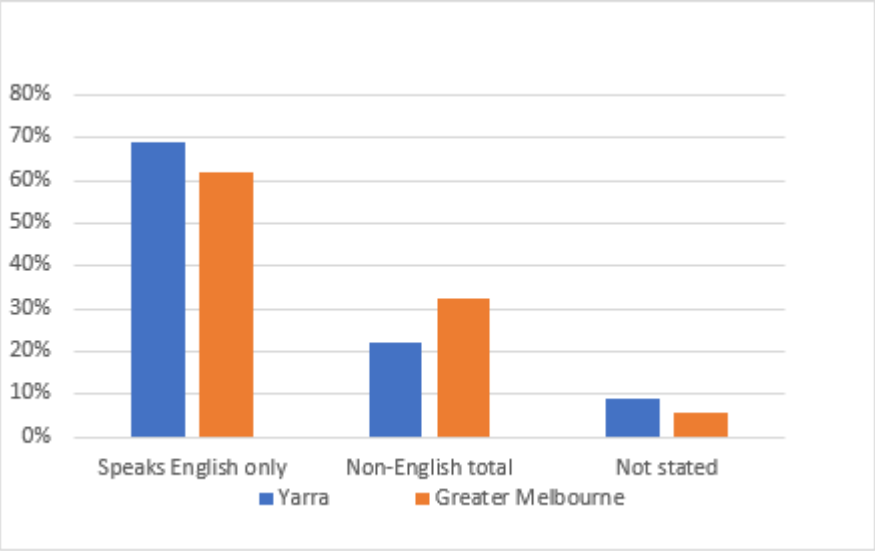
Top 5 overseas countries of birth, 1996 and 2016					
Overseas born, 2016					
Rank	Yarra	%	Comparison with GM	Greater Melbourne (GM)	%
1	United Kingdom	4.6	↑	India	3.6
2	New Zealand	3.0	↑	United Kingdom	3.6
3	Vietnam	3.0	↑	China	3.5
4	China	1.8	↓	Vietnam	1.8
5	Greece	1.3	↑	New Zealand	1.8

Top 5 overseas countries of birth, 1996 and 2016					
Overseas born, 1996					
Rank	Yarra	%	Comparison with GM	Greater Melbourne (GM)	%
1	Vietnam	7.4	↑	United Kingdom	5.4
2	United Kingdom	3.9	↑	Italy	2.8
3	Greece	3.5	↓	Greece	1.9
4	Italy	2.3	↓	Vietnam	1.7
6	New Zealand	1.5	↑	China	0.9

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

A greater proportion of the population speak English at home in Yarra (69%), compared with metropolitan Melbourne (62%) (Figure 12). Vietnamese is the most common non-English language spoken at home (3.9%), followed by Greek (2.6%), and Mandarin (2.2%) (Table 3), which is consistent with the top five countries of birth where English is not the primary language spoken.

Figure 12: Language spoken at home, Yarra and Greater Melbourne, 2016



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

Table 3: Languages spoken at home, comparison Yarra and Greater Melbourne

Language spoken at home (excludes English)					
Rank	**Yarra**	**%**	**Comparison to GM**	**Greater Melbourne**	**%**
1	Vietnamese	3.9	↑	Mandarin	4.1
2	Greek	2.6	↑	Greek	2.4
3	Mandarin	2.2	↓	Italian	2.3
4	Italian	1.8	↓	Vietnamese	2.3
5	Cantonese	1.4	↓	Cantonese	1.7

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

Of the more than 19,000 people who speak another language at home, 4,451 do not speak English well or at all.

In 2016, 38% of the population affiliated with a religion, a majority of whom identified as Christian. A total of 4% identified as Buddhist and 2.3% as Muslims. Almost half, 49%, said they had no religion. By comparison, 60% of the population of Greater Melbourne nominated a religion and only 31% said they had no religion.

LQBTIQ+ population

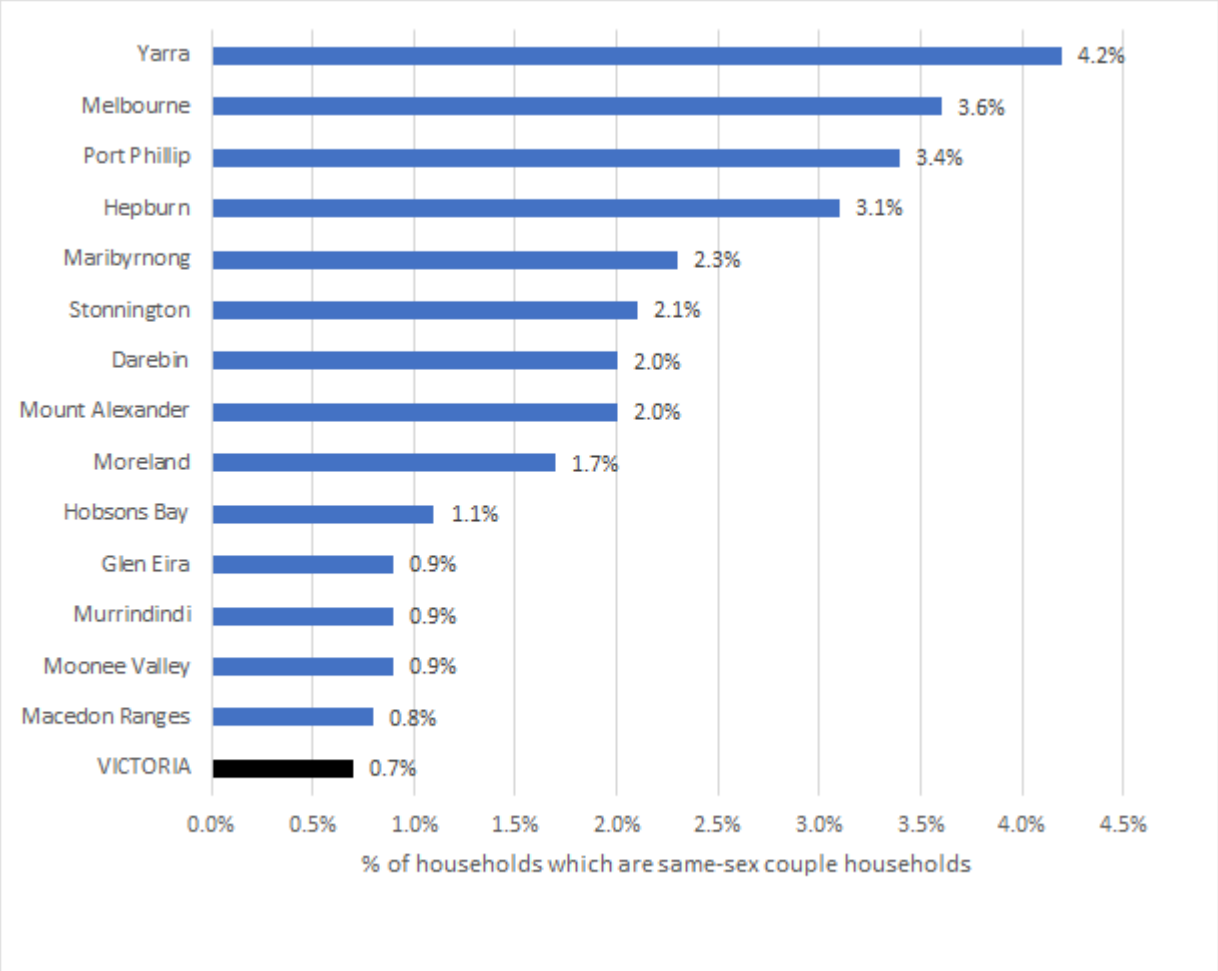
The LGBTIQ+ population is not a homogenous group, though many community members who are lesbian, gay, bisexual, trans-sexual, intersex, queer and other may share some common experiences based on shared history of discrimination based on changing social awareness and acceptance of diversity in gender and sexual identities. There is very little statistical data on people who identify as LGBTIQ+ which limits evidence-based priority setting and decision making to enhance LGBTIQ+ health and wellbeing.

A number of national health and wellbeing policies, strategies and programs identify LGBTIQ+ people as a priority population for action. This is due to the ongoing significant health and wellbeing disparities experienced across and within LGBTIQ+ communities. This includes, for example, disproportionate rates of mental health diagnoses, suicidal behaviours, as well as elevated rates of drug and alcohol use, higher rates of HIV and STIs, and a significantly higher cancer [incidence]. Discrimination and stigma have a negative impact on accessing high quality and culturally safe community and residential services, for example in aged care, domestic and family violence, homelessness and disability.[12]

As of the most recent Census (2016), the questions posed enabled reporting on same-sex couples who live together in a de facto relationship only and did not capture information about relationships for those who are living in separate households.

Yarra has the highest number and proportion of same-sex couple households in Victoria, with 4.2% or 1,735 recorded in the latest Census (Figure 13). There were more than twice as many male same-sex couples in Yarra as female same-sex couples. This is a significantly higher proportion that the state figure and also higher than the figure for inner metropolitan LGAs.

Figure 13: Proportion same-sex couple households, LGAs above Victorian average, 2016



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

Living with disability in our community

In 2015, almost one in five Australians reported living with disability (18.3% or 4.3 million people). A further 22.1% of Australians had a long-term health condition but no disability, while the remaining 59.5% had neither disability nor a long-term health condition.[13] Disability covers a range of experiences and should not be seen as a fixed concept. Quantifying disability in our community is not straightforward as there are different definitions of disability. Surveys rely on self-identification and government disability benefit figures to report on recipients who meet eligibility criteria.

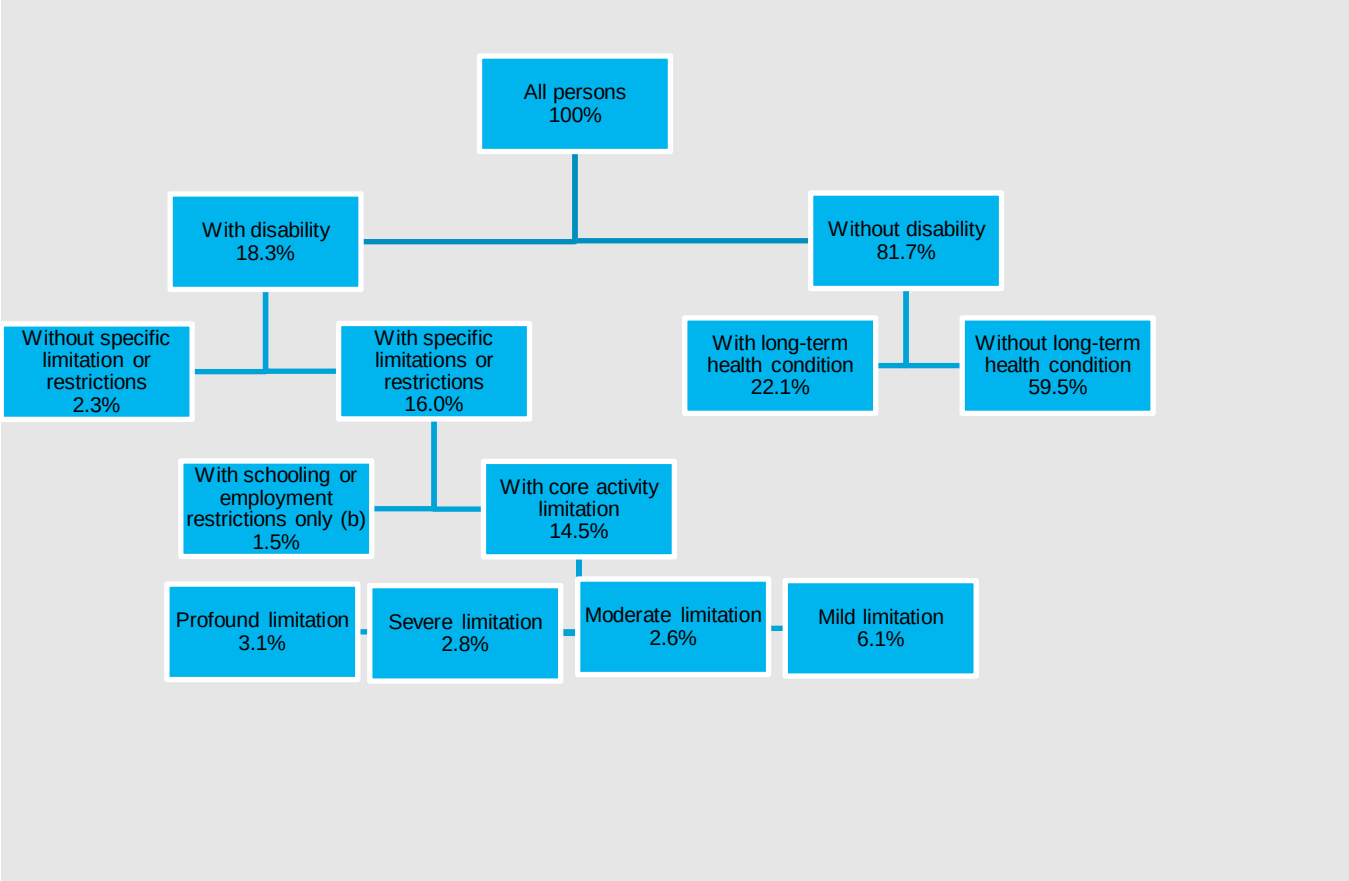
As a group, Australians living with disability experience significantly poorer health than people without disability. This includes poorer self-rated health, higher rates of long-term health conditions and higher prevalence of risk factors for health conditions.[14] There are a variety of reasons for this, some of which may be directly related to a person's disability. People with disability also achieve lower levels of labour force participation, educational achievement and income than people without disability.[15]

In the analysis which follows, two data sources provide insight into living with disability in our community. Both surveys were conducted by the Australian Bureau of Statistics, but use different definitions of disability, resulting in very different pictures of the extent of disability within Australia. Data at the local level is available only from the census at the time of preparing this report.

The Survey of Disability, Ageing and Carers (SDAC) collects information about the wellbeing, functioning and social and economic participation of people with disability in Australia. The survey defines disability as any limitation, restriction or impairment which restricts everyday activities and has lasted, or is likely to last, for at least six months. The survey differentiates between those who have long-term health conditions that limit

their activities (that is, those with disability) and those who have long-term conditions without restrictions and limitations.

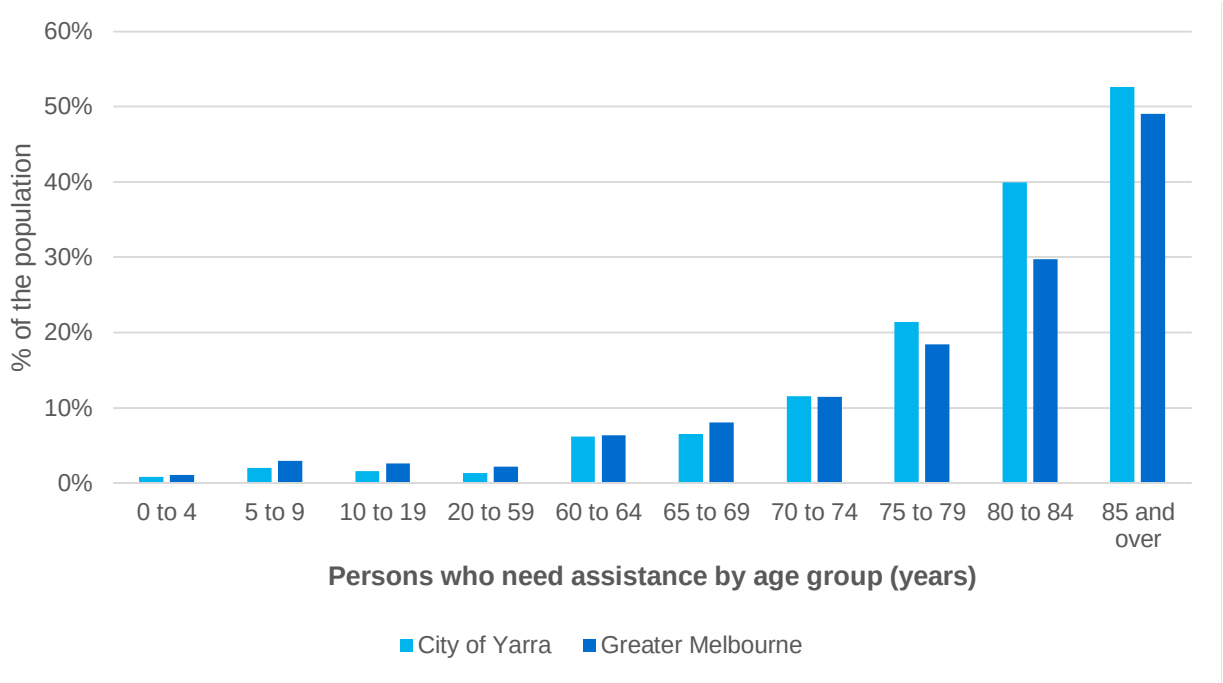
Figure 14: Conceptual Framework: All persons, by disability status, Australia, 2015



Source: Australian Bureau of Statistics, Survey of Disability, Ageing and Carers, Australia: Summary of Findings – 2015

The five-yearly census frames disability based on respondents reported need for assistance with core activities. In the 2016 Census, 3,043 people (3.5% of the population) in Yarra reported needing help in their day-to-day lives due to disability. This was lower than the proportion recorded for Greater Melbourne (4.9%). Disability correlates strongly with age, 40% of people aged between 80 and 84 in Yarra identified as needing assistance with day-to-day activities, and over 50% of those aged 85 years and over. Compared with Greater Melbourne there are greater proportions of people who require assistance in the ages above 70 years (Figure 15).

Figure 15: Need for assistance with core activities, Yarra and Greater Melbourne, 2016



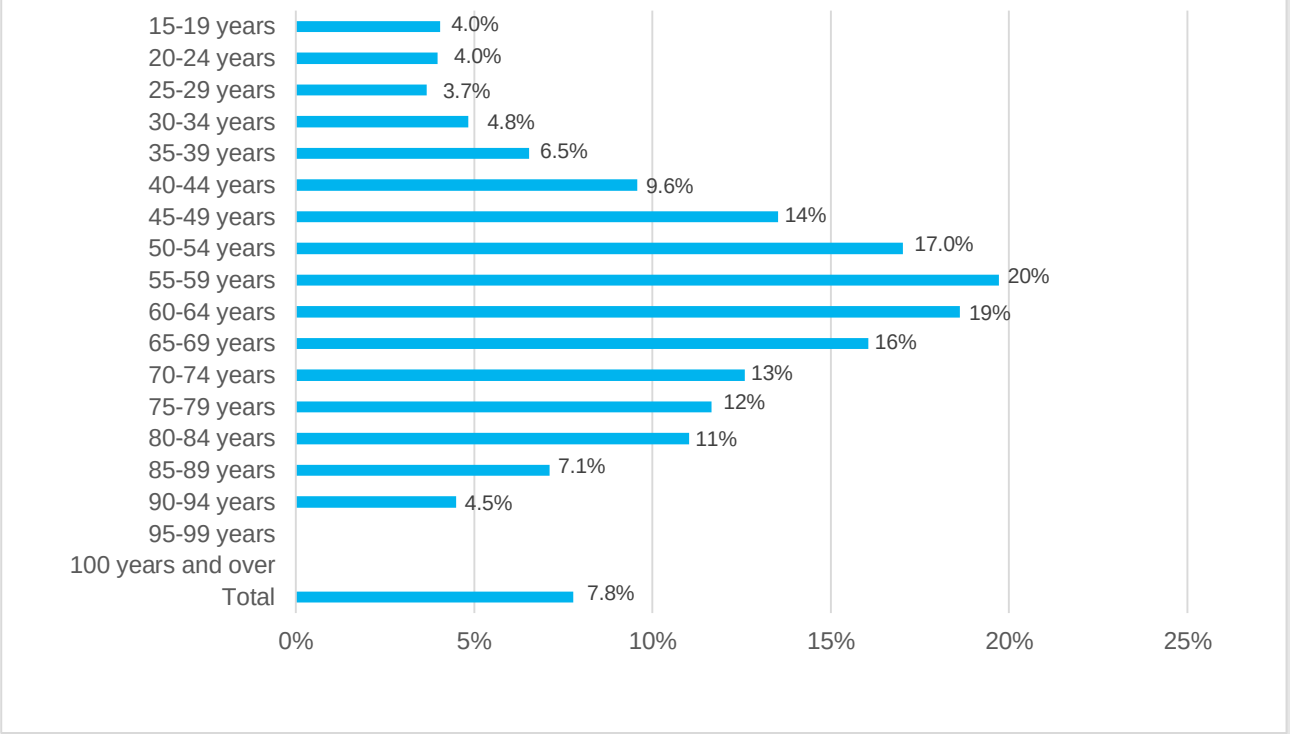
Source: Australian Bureau of Statistics, Census of Population and Housing, 2016

Caring within our community

Carers provide unpaid assistance to our residents living with a disability to support their daily activities. A total of 6,739 people in Yarra provided unpaid assistance at the time of the 2016 Census, representing 7.8% of the total population. This was a little below Greater Melbourne at 9.2%. A distinction between being a primary or secondary carer is not available from this data source. The ABS defines the unpaid assistance category as consisting of “unpaid help or supervision given in the previous two weeks to another person to assist them with daily activities because of a disability, a long-term illness or problems related to old age”.

A greater proportion of the population aged between 40 and 84 years provided unpaid assistance, compared with other age groups.

Figure 16: Provided unpaid assistance, Yarra, 2016

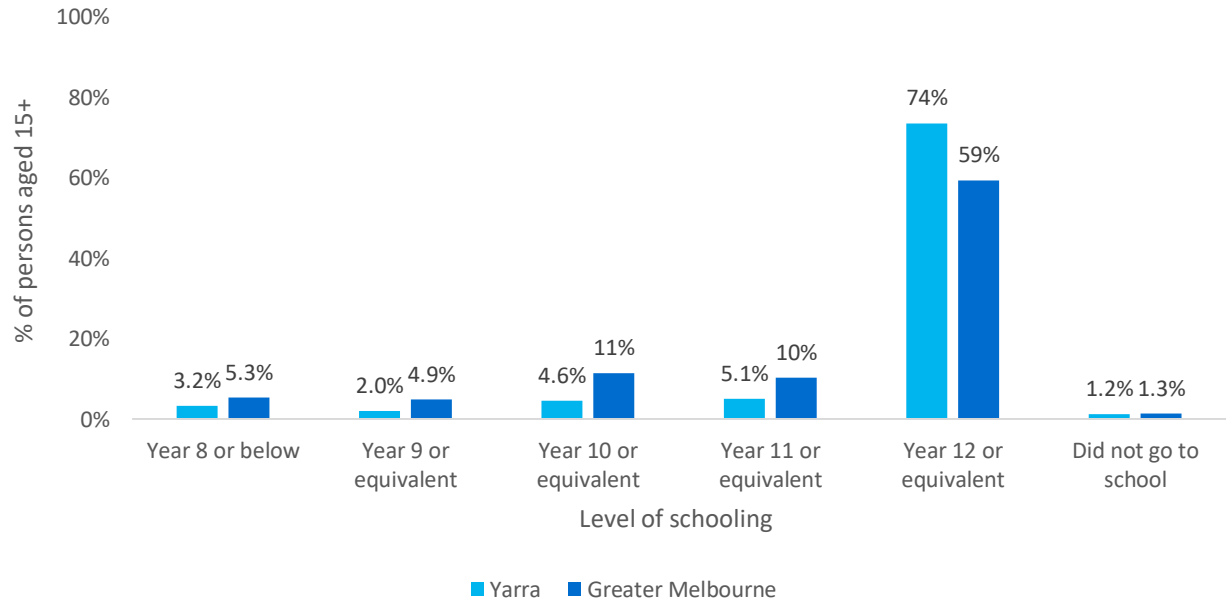


Source: Australian Bureau of Statistics, Census of Population and Housing, 2016

Education

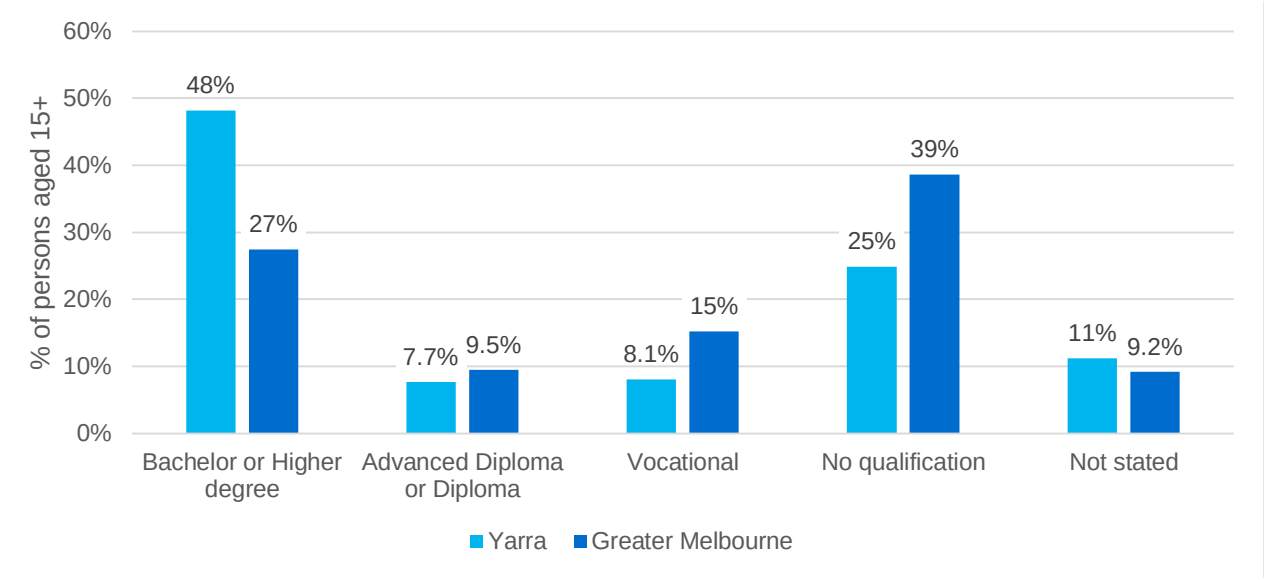
Yarra has a highly educated population. A total of 74% of people aged over 15 years had completed Year 12 schooling (or equivalent) as of 2016 (Figure 17). This was significantly higher than Greater Melbourne at 59%. Yarra also has a very high proportion of residents who have a bachelor or higher degree at 48%, as compared to 28% for Greater Melbourne. A large group of our residents (25%) have no qualification at all, reflecting Yarra's socioeconomic polarisation (Figure 18).

Figure 17: Highest level of schooling completed, 2016



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

Figure 18: Highest qualification achieved, Yarra and Greater Melbourne, 2016



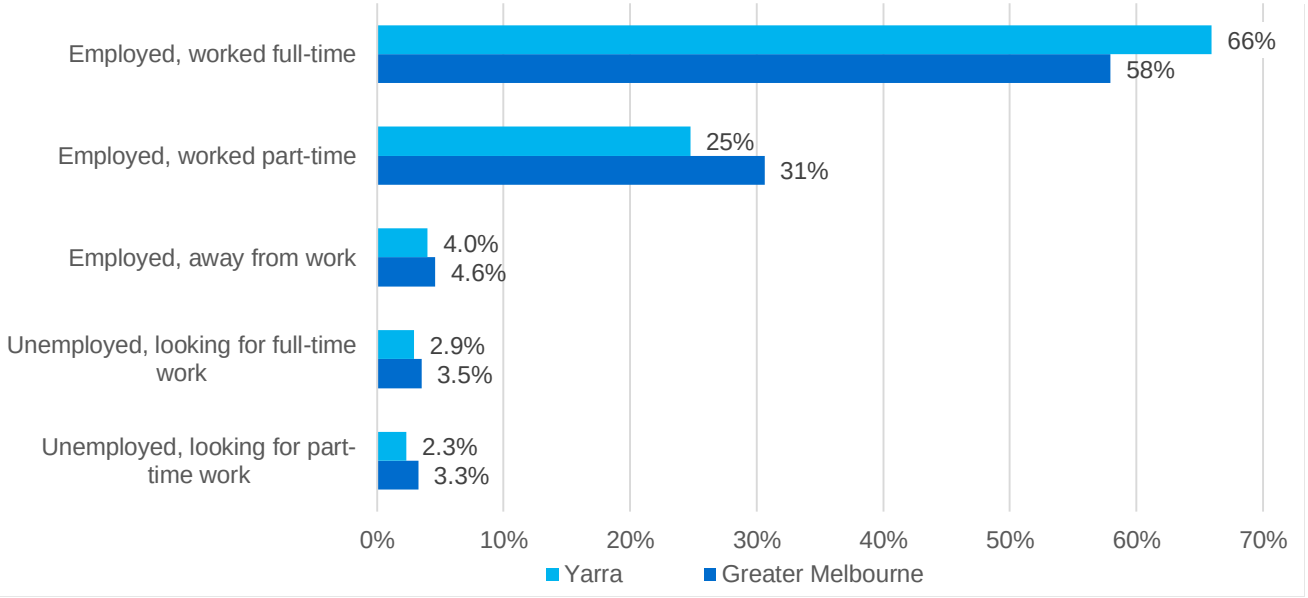
Source: Australian Bureau of Statistics, Census of Population and Housing, 2016

Employment

In 2016, 70% of residents aged 15 years and over were in the labour force, higher than Greater Melbourne at 62% (Figure 19). At the same time Yarra's unemployment rate was 5.3%, as compared to 6.8% for Greater Melbourne.

By June 2020, the quarterly unemployment rate for Yarra LGA was 6.1%, comparable to that of Maribyrnong LGA, and above the rate of other inner metropolitan municipalities (Figure 22).

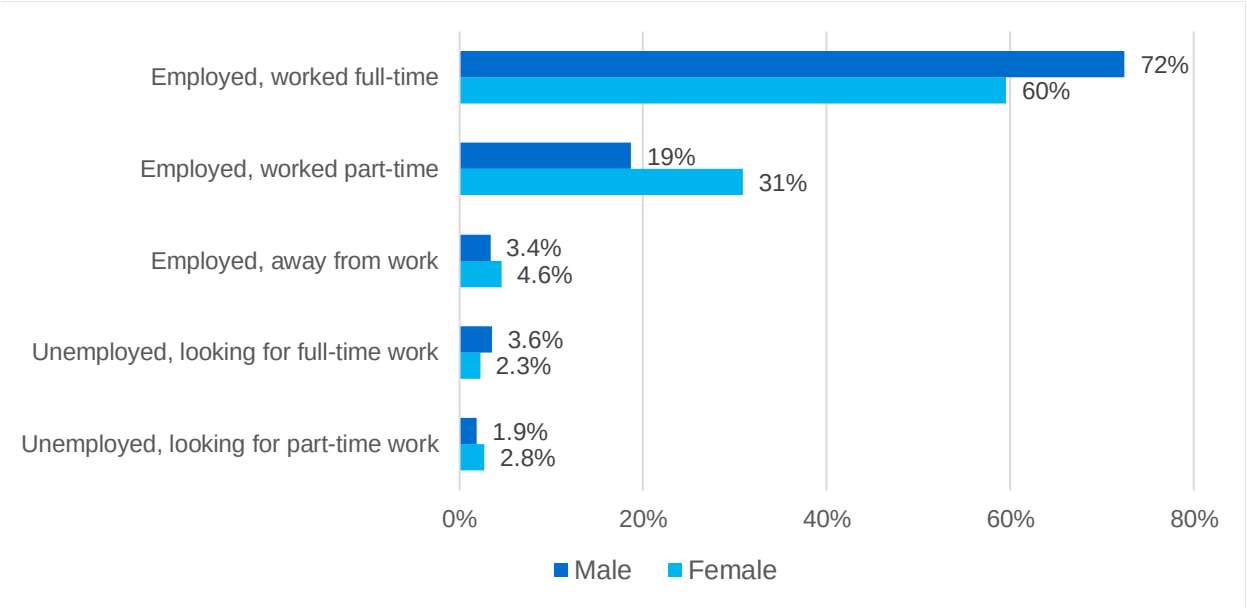
Figure 19: Employment status, Yarra and Greater Melbourne, 2016



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

The labour force population includes all people who are available to work, whether they are employed or unemployed. Of Yarra's labour force, a comparable percentage of men and women were employed (95%), though men were more likely to be employed on a full-time basis (72% compared with 60%). Conversely, women were more likely to be employed on a part-time basis (31% compared with 19%) (Figure 20).

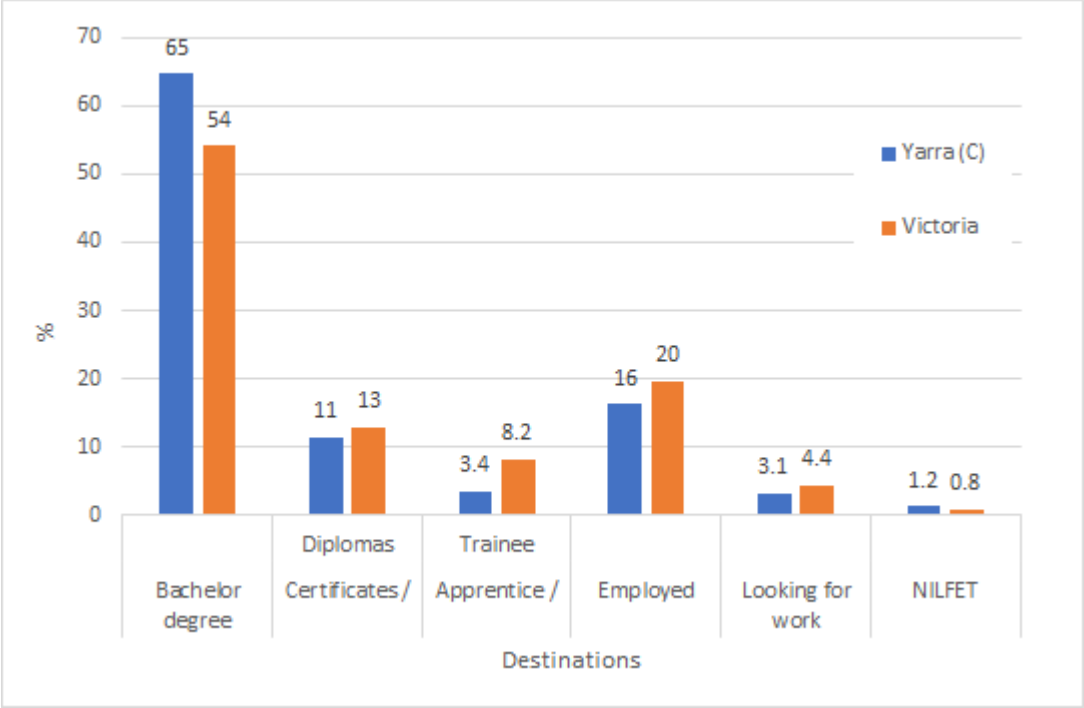
Figure 20: Yarra residents in labour force, by sex, 2016



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

For young people, six months after leaving school, a greater proportion were undertaking a bachelor degree (65%), compared with the Victorian average (54%) (Figure 21). A slightly greater proportion were not in the labour force, employment or training (1.2%), compared to Victoria as a whole (0.8%).

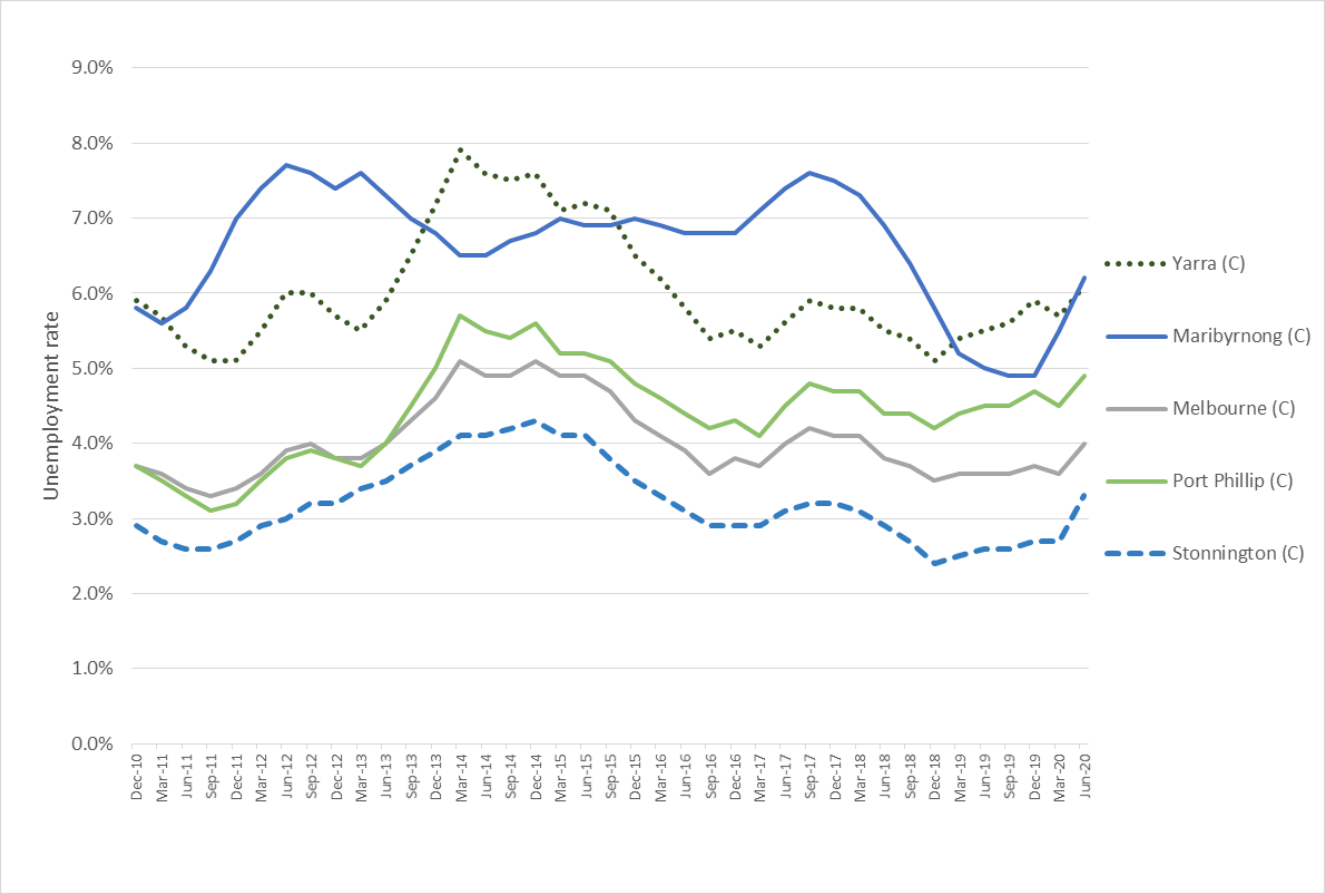
Figure 21: Destinations of Year 12 or equivalent completers six months after leaving school, Yarra and Victoria, 2019



Note: NILFET = Not in the labour force, employment or training

Source: Department of Education and Training, On Track survey, 2019

Figure 22: Quarterly unemployment rate, IMAP Councils, 2010–2020



Source: Department of Education, Skills and Employment, LGA Data tables – Small Area Labour Markets – June quarter 2020

Yarra residents are employed in a variety of industries, both within and beyond our municipal boundaries. The leading industries of employment for Yarra residents are Professional Services (11.4%), Hospitals (9.2%), and Other Store-based Retailing (8.3%) (Table 4).

Table 4: Top 5 industries of employment for Yarra residents

Industry	(n)	(%)
Professional, Scientific and Technical Services (except Computer System Design and Related Services)	9,241	11.4%
Hospitals	7,430	9.2%
Other Store-based Retailing	6,723	8.3%
Food and Beverage Services	6,327	7.8%
Medical and Other Health Care Services	3,851	4.7%

Source: Australian Bureau of Statistics, Census of Population and Housing, 201

Dwellings

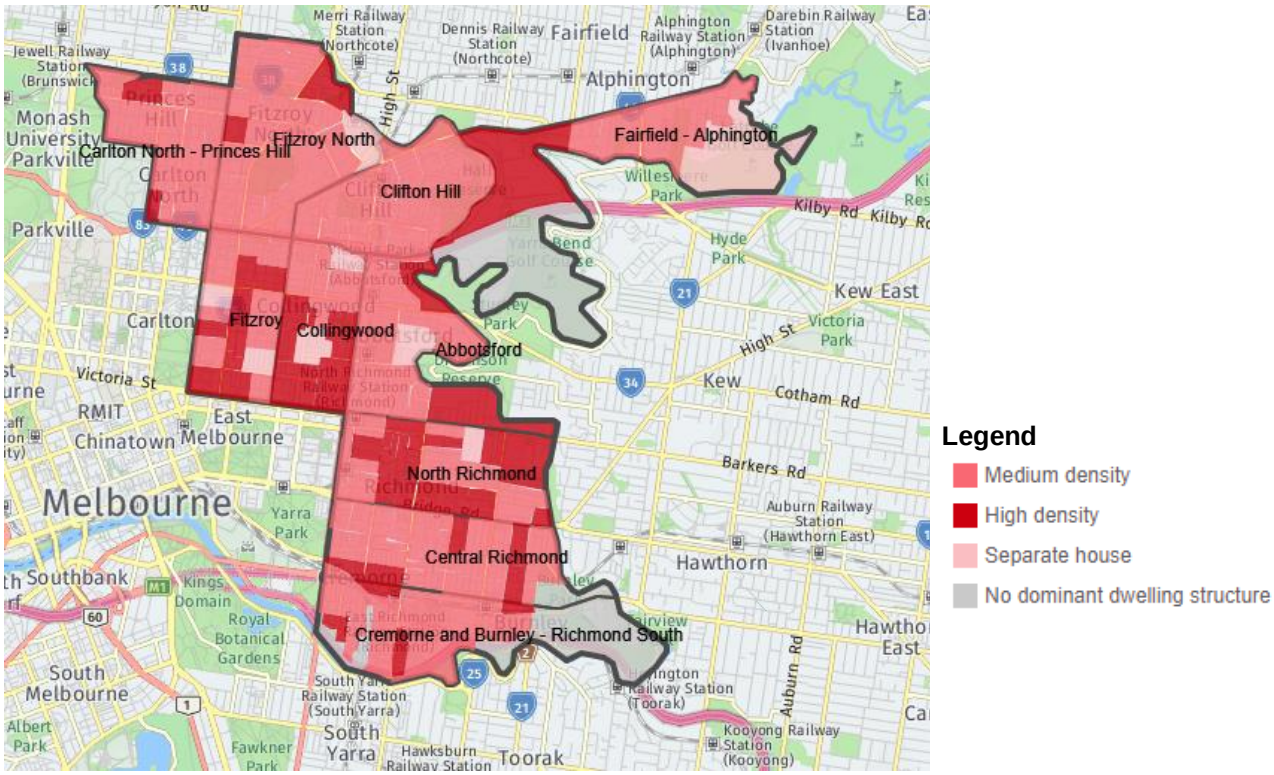
The residential built form often reflects planning policy, such as the building of denser forms of housing around public transport nodes or employment centres. It also reflects the role and function the City of Yarra plays in the housing market. A greater concentration of high density housing e.g. flats, units and apartments, is likely to attract more young adults and smaller households.

Dominant dwelling structure describes the types of dwellings which are most prevalent in a particular area and include the following:

- Low density (separate house)
- Medium density (units and small blocks of flats)
- High density (high-rise flats)

As an inner city municipality, Yarra's housing stock has been in high demand. Density has been increasing over time. The dominant dwelling structure in 2016 was 'medium density' (**Figure 23**), in contrast to both Greater Melbourne (separate house), and the IMAP region (high density).

Figure 23: Dominant dwelling structure, 2016



Source: Australian Bureau of Statistics, Census of Population and Housing, 2016 (Enumerated data). Compiled and presented in atlas.id by .id, the population experts

The strong population growth in recent years have been enabled by large increases in dwelling stock. This is expected to continue. It is projected that the number of dwellings in Yarra will increase by 42% between 2020 and 2035, to reach 70,230 (

Table 5). As noted above, this growth is projected to be concentrated in Fitzroy, Collingwood, North Richmond and Cremorne and Burnley – Richmond South. The number of dwellings in Fairfield-Alphington are expected to more than double through the Alphington Paper Mill redevelopment.

Table 5: Current and projected dwelling change, by suburb

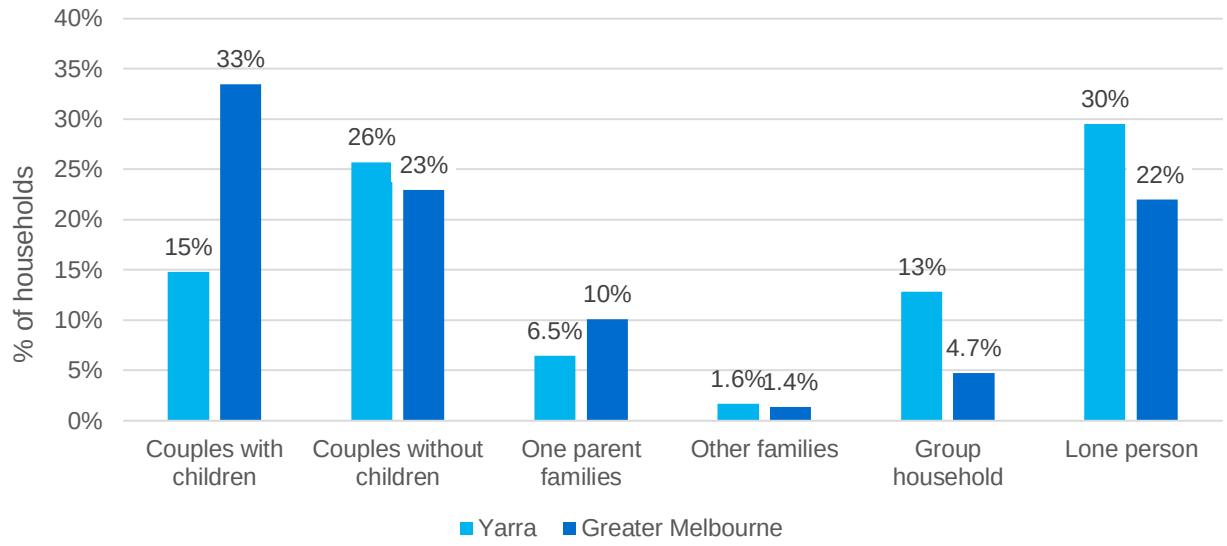
Yarra neighbourhood	Total dwellings		Change 2020-35	
	2020	2035	n	%
Abbotsford	5,570	7,400	1,830	33%
Carlton North - Princes Hill	4,140	4,350	210	4.9%
Central Richmond	7,460	9,340	1,880	25%
Clifton Hill	3,080	3,370	290	9.4%
Collingwood	5,560	8,510	2,950	53%
Cremorne and Burnley - Richmond South	2,330	5,500	3,180	137%
Fairfield - Alphington	1,320	4,040	2,720	207%
Fitzroy	5,780	8,330	2,550	44%
Fitzroy North	6,100	7,500	1,390	23%
North Richmond	8,270	11,900	3,640	44%
City of Yarra	**49,600**	**70,230**	**20,630**	**42%**

Source: Population and household forecasts, 2016 to 2041, prepared by .id, the population experts, August 2018

Households

In 2016, there were almost 40,000 households in Yarra. The average household size in 2016 was 2.1. This is reflective of the majority smaller household types in Yarra with 30% in lone person households and 26% living in couples without children. By contrast Greater Melbourne's dominant household type is couples with children. Yarra also has a considerably higher proportion of group households (13%) as compared to Greater Melbourne as a whole (4.7%) (Figure 24).

Figure 24: Household types in Yarra and Greater Melbourne, 2016



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

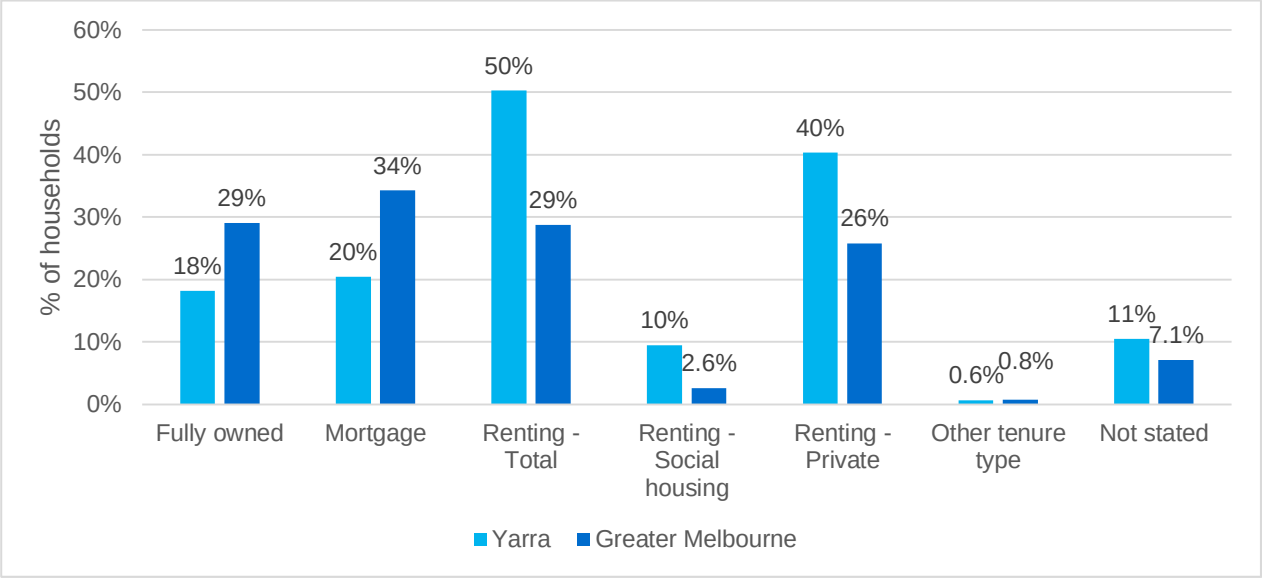
Household types	2020	2035	Change
Couple families with dependents	7,480	10,390	2,910
Couples without dependents	12,940	17,260	4,320
Group households	6,550	8,470	1,920
Lone person households	15,980	23,470	7,490
One parent family	3,280	4,860	1,580
Other families	1,140	1,650	510
Total households	**47,360**	**66,090**	**18,730**

Source: Population and household forecasts, 2016 to 2041, prepared by .id, the population experts, August 2018

Household tenure

Yarra has a very high proportion of renters, with 50% of households living in a rental property compared to Greater Melbourne with 29% (Figure 25). Yarra also has the highest proportion of social housing residents in Victoria (10%, compared with 2.6% in Greater Melbourne).

Figure 25: Household tenure Yarra and Greater Melbourne, 2016



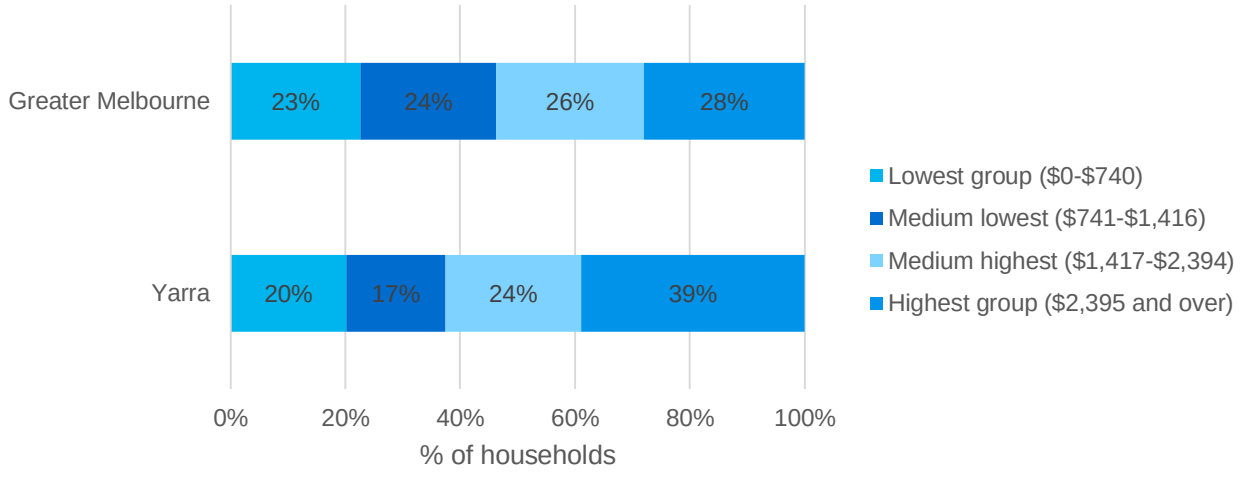
Source: Australian Bureau of Statistics, Census of Population and Housing, 2016

The proportion of rental households is increasing – between 2011 and 2016 the proportion of people renting privately increased from 37% to 40%, whilst all other tenure categories decreased proportionally.

Household income

Yarra is economically polarised. Almost 4 in 10 Yarra households are in the highest income quartile (39%), however there is still a significant number of households in the lower income brackets and about 1 in 5 households are in the lowest quartile group (Figure 26).

Figure 26: Weekly household income quartiles, Yarra and Greater Melbourne, 2016



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

Disadvantage

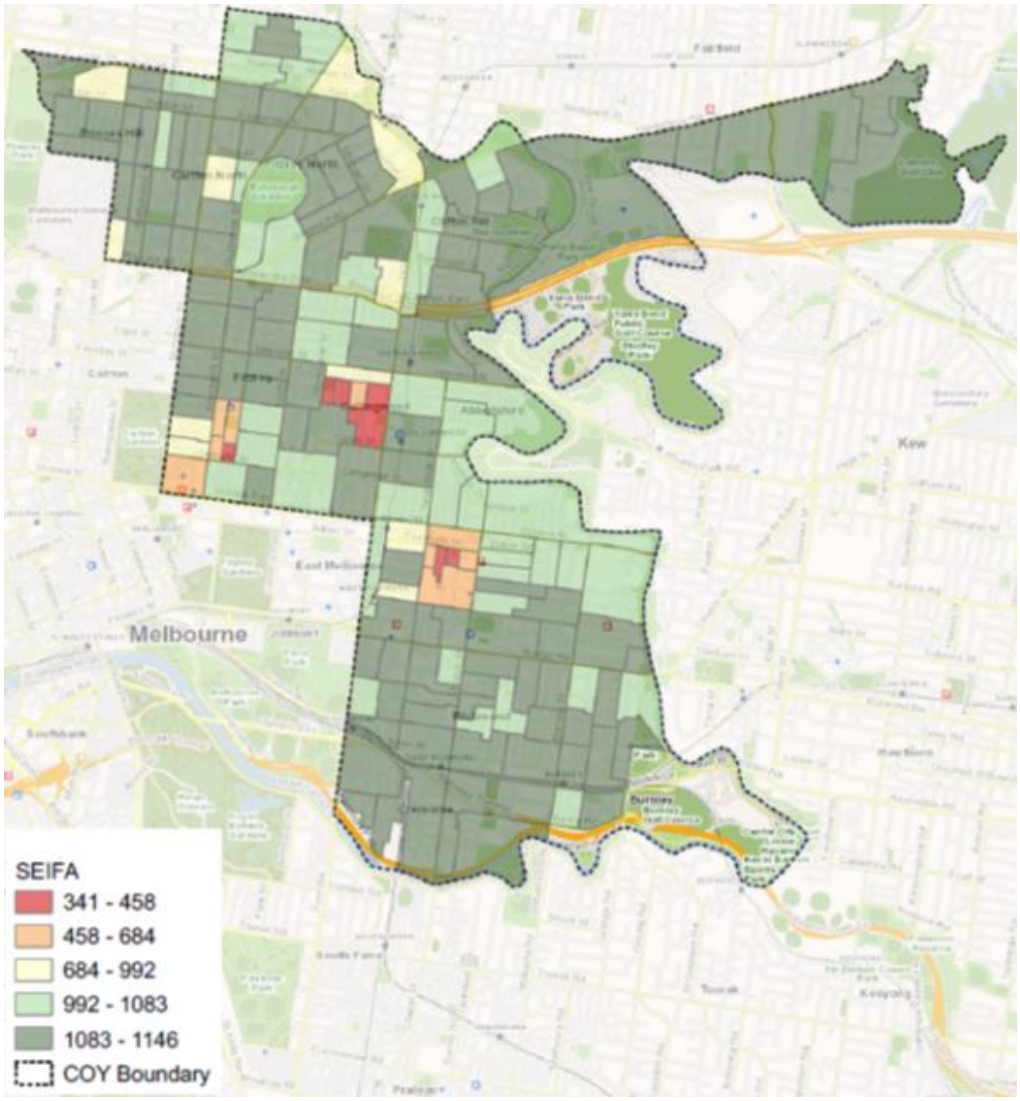
The Socio-Economic Indexes for Areas (SEIFA) is an ABS product that ranks areas in Australia according to relative socio-economic advantage and disadvantage.

Of the four SEIFA indexes, the Index of Relative Socio-Economic Disadvantage measures the relative level of socio-economic disadvantage based on a range of 2016 Census information including low income, low educational attainment, high unemployment, and jobs in relatively unskilled occupations. A higher score on the index means a lower level of disadvantage. A lower score on the index means a higher level of disadvantage.

For Statistical Areas Level 1 (SA1s) across Australia, the average (population weighted) SEIFA score on the index of disadvantage is 1,000. Areas with an index above 1,000 are above the Australian average and are considered to be relatively less disadvantaged, while index figures below 1,000 indicate areas of relatively greater disadvantage when compared to the Australian average.

Figure 27 illustrates that levels of disadvantage in Yarra are highly concentrated in the main public housing areas within Richmond, Collingwood and Fitzroy.

Figure 27: Map of small area SEIFA scores, Yarra



Source: Australian Bureau of Statistics, Census of Population and Housing, 2016 (Usual residence data)

Health and wellbeing in Yarra

Victorians and Yarra residents enjoy a quality of life and wellbeing that is relatively high by national and international standards. Yarra is home to many diverse populations and neighbourhoods, within which there is a wide variety of disparate health statuses. Parts of Yarra's population are more vulnerable to poorer health and wellbeing outcomes, including those who are experiencing socio-economic disadvantage and suffering disproportionately from ill health and a higher burden of disease.

Key health and wellbeing issues that have been identified through examining relevant indicators are outlined in this section of the profile, along with groups who are vulnerable to poorer health and wellbeing outcomes. The data represented in this section is designed to be relevant for the Yarra municipality and population. The headings within this section are guided by the VPHWP 2019 – 2023 identified priorities and focus areas[8], with some variations which reflect the unique attributes of Yarra and its population. The data focuses mainly on adults aged 18 years and older. It is noted that many of the results presented in this section are from the 2016 Census and the 2017 Victorian Population Health Survey.

Key health statistics

These selected health statistics represent a high-level picture of health status and chronic illness in Yarra:

Chronic Disease

- In 2017-18, Yarra had an estimated rate of 4.3 people per 100 population (age-standardised) with diabetes mellitus, slightly lower than the Victorian average (4.8 people per 100 population)[16]
- In 2017-18, the estimated proportion of people in Yarra with heart, stroke and vascular disease was 4 people per 100 population, lower compared to the Victorian average (4.9 per 100 population)[16]
- In 2017-18, the estimated proportion of people in Yarra with chronic obstructive pulmonary disease was 2.3 people per 100 population, similar compared to the Victorian average (2.1 per 100 population)[16]
- In 2017-18, Yarra had a similar proportion of people with high blood pressure compared to the Victorian average (21.9 people compared 22.7 people per 100 population)[16]
- In 2019, 5.6% of Yarra children had been told they had asthma by a doctor, lower than the Victorian average of 11%[17]

General Health

- In 2018-19, Yarra children aged 0–9 years had a rate of 8 per 1,000 population of potentially preventable hospitalisations due to dental conditions, higher than the Victorian rate of 6 per 1,000[18]
- In 2019, 17% of Yarra parents were concerned about their child's oral health, similar to the Victorian average of 15%[19]
- In 2017-18, the estimated proportion of people in Yarra who were admitted to hospital for a fall was 855.6 people per 100,000 population, lower compared to the Victorian average (893.7 per 100,000)[16]

Screening

- In 2017-18, 50% of females in Yarra aged between 50–74 participated in breast cancer screening[20]
- In 2017-18, 43.5% of people in Yarra aged between 50–74 participated in bowel cancer screening[20]

Healthy eating

Healthy eating means consuming more of the foods that keep us well (such as vegetables, fruits and wholegrains), and less discretionary foods that are often high in energy, saturated fats, added sugars and salt. Healthy eating is a protective factor for health (including mental wellbeing) and can reduce the risk of many chronic diseases such as heart disease, diabetes type 2, tooth decay, and some cancers.[28] Healthy eating is one of four focus areas of the VPHWP.

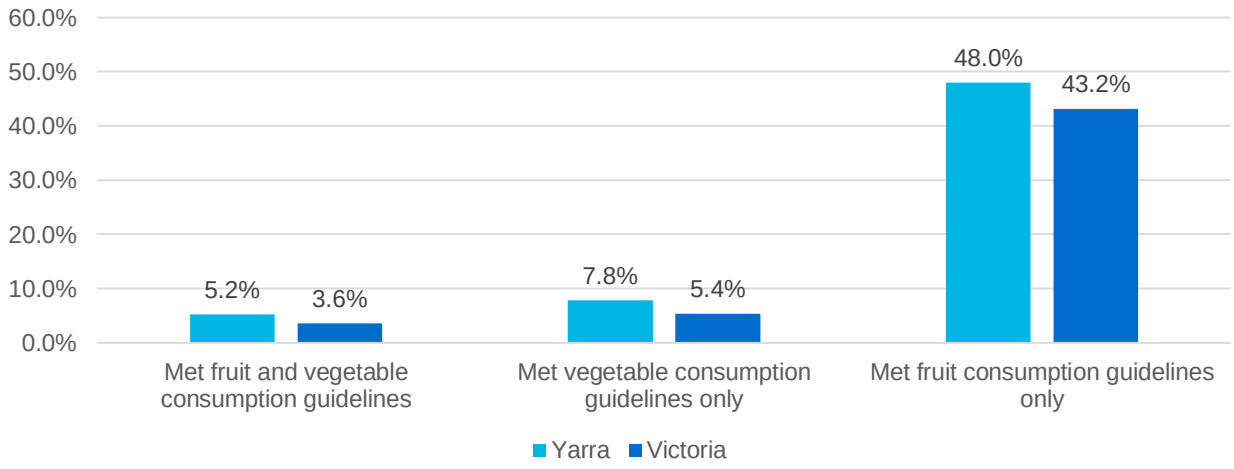
Key data

- In 2017 5.2% of Yarra residents over the age of 18 achieved the recommended fruit and vegetable intake, compared with 3.6% of Victorians[25]
- In 2017 23.8 % of Yarra residents over the age of 18 reported that they never ate takeaway meals or snacks, compared with 14.9% of Victorians[25]
- In 2017 4.7% of Yarra residents over the age of 18 consumed sugar-sweetened beverages daily, compared with 10.1% of Victorians[25]
- In 2014 7.2% of Yarra residents over the age of 18 indicated they were food insecure with hunger, compared with 3.6% of Victorians[21]
- In 2018–19, 66.7% of Yarra infants were fully breastfed at 3 months. The rate of infants fully breastfed dropped to 22.5% at 6 months[22]

Fruit and vegetable intake

It is well established that adequate consumption of fruit and vegetables supports mental wellbeing and is a protective factor against a variety of chronic illnesses.[23,24] The daily recommended intake of fruit and vegetables for adults aged over 18 years is two servings of fruit and five servings of vegetables.[23] Findings from the Victorian Population Health Survey (VPHS) 2017 show that Yarra residents were slightly higher than the Victorian average in meeting their recommended fruit and vegetable intake. However, most Yarra residents were still not meeting both the fruit and vegetable guidelines. Only 5.2% of Yarra residents consumed the recommended five serves of vegetables and two serves of fruit per day. Fruit consumption tracked better than vegetable consumption, with just under half of Yarra residents consuming the recommended amount.

Figure 28: Fruit and vegetable consumption



Source: Victoria Population Health Survey 2017[25]

From a gendered perspective, more women in Yarra ate the recommended amount of vegetables than men (9% compared to 6.5%). However, more men in Yarra ate the recommended amount of vegetables when compared to the rest of Victoria (6.5% compared to 2.2%). Men in Yarra were also more likely to meet the fruit consumption guidelines (48.6%) compared to the rest of Victoria (39.3%).

Table 6: Gender breakdown of fruit and vegetable consumption

Indicator	Yarra	Victoria
Met vegetable guidelines only		
Women	9.0%	8.4%
Men	6.5%	2.2%
Met fruit consumption guidelines only		
Women	46.9%	46.8%
Men	48.6%	39.3%

Source: Victoria Population Health Survey 2017[26]

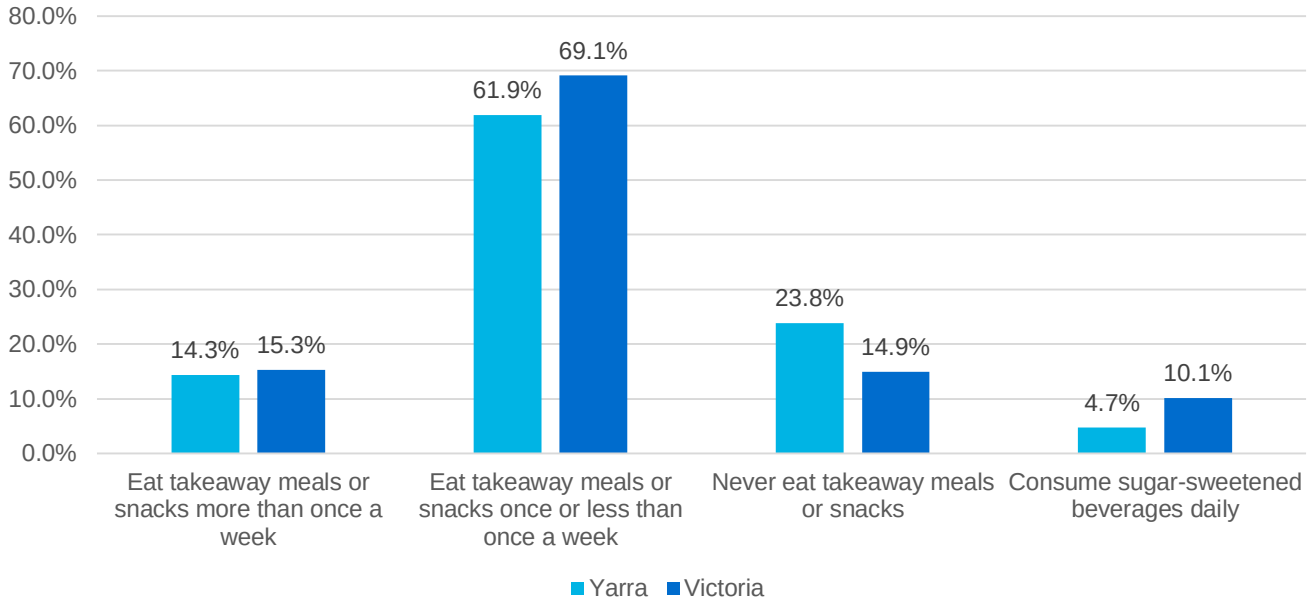
The Communities That Care Youth 2019 survey conducted in Yarra investigated the rate of youth fruit and vegetable consumption.[27] The proportion of students who ate the recommended amount of fruit and vegetables decreased with age, from 23% in year 6 to 13% in year 10. The proportion of students who meet the guidelines has tended to decrease since 2015 as follows: Year 6 decreased from 29% in 2015 to 23% in 2019, and Year 8 decreased from 19% in 2015 to 16% in 2019.

Takeaway meals and Sugar Sweetened Beverages

Takeaway meals and snacks are often energy dense and low in nutrients such as fibre. Similarly, Sugar Sweetened Beverages (SSBs) are high in energy and sugar, and do not offer any useful nutrients. Excess consumption of each of these products can contribute to an overall poor quality diet, which increases a person's risk of developing chronic diseases.[28]

Findings from the VPHS 2017 show that Yarra residents aged 18 years and over consumed slightly fewer takeaway meals, snacks, and SSBs than the Victorian average. Yarra had a significantly higher rate of residents who never eat takeaway (23.8%), compared with Victoria (14.9%). Yarra residents consumed significantly fewer sugar sweetened drinks daily than Victoria (4.7% compared to 10.10%). This is a positive indicator for Yarra, however there is still a significant number of Yarra residents who consume SSBs daily, or takeaway meals or snacks.

Figure 29: Takeaway and sugar sweetened beverage rates



Source: Victoria Population Health Survey 2017[25]

Food security

Food security is defined as 'when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life'.[29] Food insecurity is associated with poorer general health, depression, and can lead to increased levels of anxiety. It has been shown to increase the risk of developing chronic diseases.

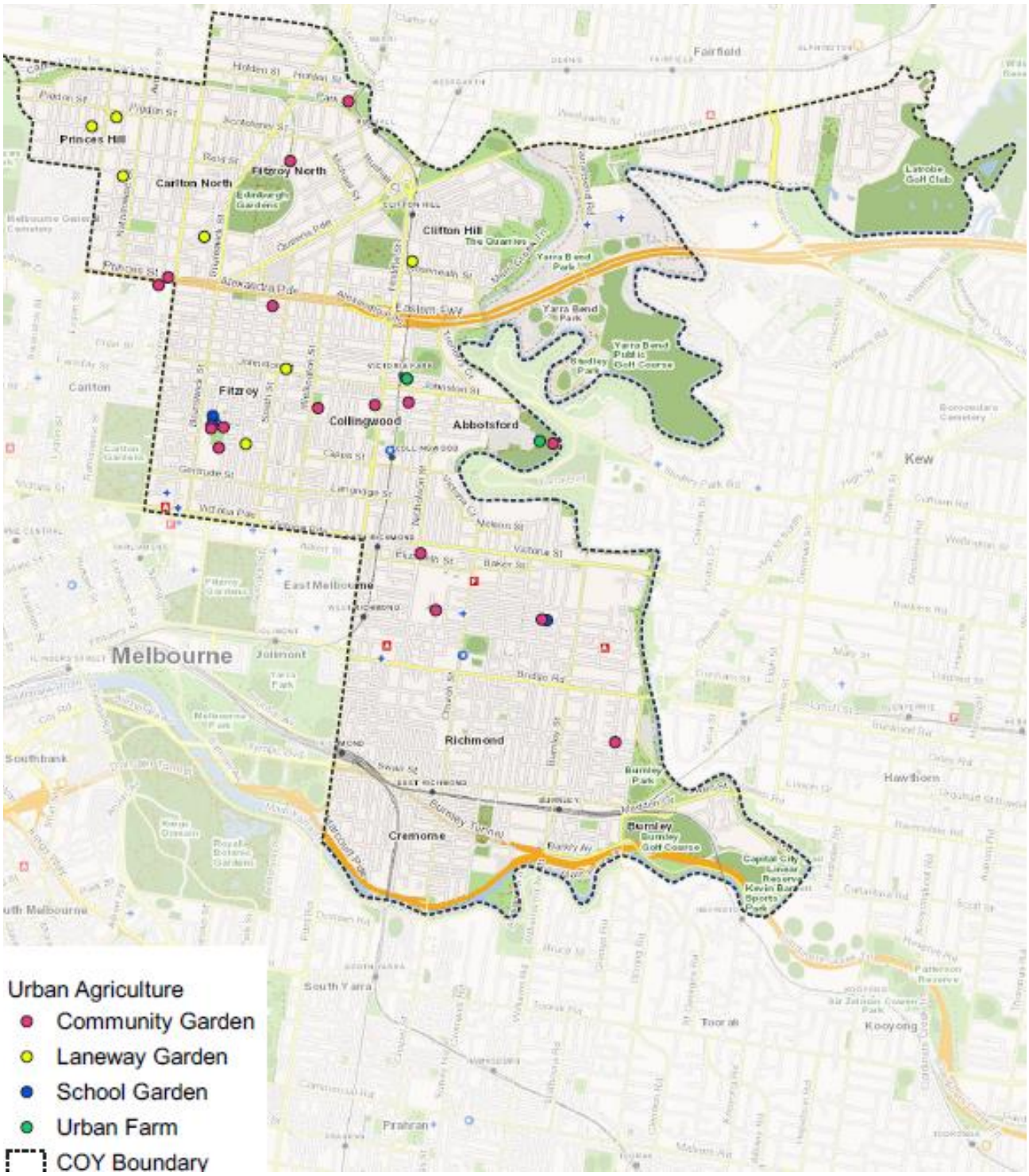
There is a lack of current evidence in Victoria and Yarra regarding the level of food insecurity experienced within our community. The most recent data available is from the VPHS conducted in 2014, where 7.2% of Yarra residents indicated they were food insecure with hunger, compared with 3.6% of Victorians. Food insecure with hunger means that the individual ran out of food in the previous 12 months and could not afford to buy more. This was a higher rate than the rest of Victoria, indicating food security is an area of concern for Yarra. It should be noted that some groups are more likely to be at risk of food insecurity, and by association consume fewer fruits and vegetables, and more discretionary foods. These include unemployed people, single parent households, low-income earners, rental households and young people.[30] Aboriginal and Torres Strait Islander people, people who are culturally linguistically diverse and social isolated people are also at higher risk.[30]

The impact of COVID-19 has seen increased demand on the emergency food relief sector. Yarra food relief organisations have reported significantly increased demand to council, which was mirrored by research undertaken by Deakin University in March – May 2020.[31] Deakin surveyed 101 emergency food relief providers, where more than half those surveyed indicated they were providing more services to people during the pandemic than ever before. This included an increase in demand from international students, people on temporary visas and people ineligible for government support. This was further compounded by many organisations having to change their services or cease operating due to COVID-19 related restrictions.

Community growing spaces

Community growing spaces provide local food growing opportunities to the community, which have the potential to increase access to healthy food, as well as providing mental health benefits through increased social connections.[32] Yarra has a total of 33 community growing spaces, and at least 185 planter boxes. Figure 30 visually demonstrates the location of community growing spaces in Yarra. Access to community growing spaces is generally well distributed across Yarra, and in addition to the large number of planter boxes requested, is reflective of high community demand for these services.

Figure 30: Community growing spaces



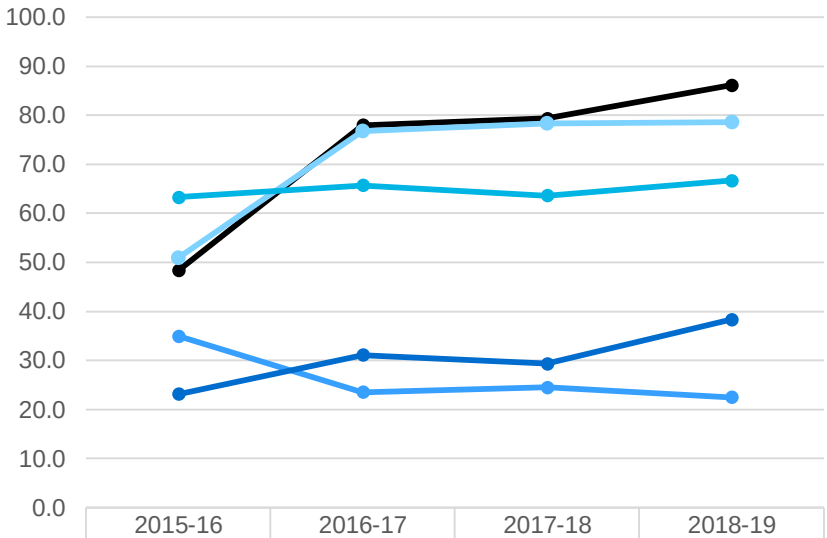
Breastfeeding

Breastfeeding provides many benefits and contributes to health and wellbeing for mum and baby. Australia's infant feeding guidelines recommend exclusive breastfeeding of infants to around six months of age when solid foods are introduced and continued breastfeeding until the age of 12 months and beyond.[33] There are many factors that influence initiation and duration of breastfeeding, including the amount of support available from health workers, family and social supports, physical capabilities of mum and baby, and access to a workplace that supports breastfeeding.[34]

Breastfeeding rates in Australia were most recently measured in the 2010 Australian National Infant Feeding Survey.[35] The results indicated that while 96% of mothers initiate breastfeeding, less than half (39%) of babies were still being exclusively breastfed to three months (less than four months) and less than one quarter (15%) to five months (less than six months). These results are consistent with Yarra's Maternal and Child Health breastfeeding data (Figure 31). In 2018–19, 22.5% of Yarra infants were fully breastfed at six months. This is a drop from the rate of fully breast feeding at three months (66.7%). This is consistent with trends from the past five years, where a drop between the three-month and six-month fully breastfed rate has occurred consistently, indicating that most Yarra mothers stop fully breastfeeding their children by six months. In 2018–19, 38.3% of Yarra infants were partly breastfed at six months.

The latest data for rates of breastfeeding across Victoria was only available for the year 2014–15. A total of 51.8% of Victorian infants were breastfed at three months, and 34.9% were breastfed at six months.[36]

Figure 31: Breastfeeding rates in Yarra



	2015-16	2016-17	2017-18	2018-19
Fully breastfed on discharge (%)	48.3	78.0	79.4	86.1
Fully breastfed at 2 weeks (%)	51.0	76.8	78.3	78.6
Fully breastfed at 3 months (%)	63.3	65.7	63.6	66.7
Fully breastfed at 6 months (%)	34.9	23.6	24.5	22.5
Partly breastfed at 6 months (%)	23.2	31.1	29.4	38.3

Source: Yarra City Council, Maternal Child and Health breastfeeding data years 2015–2019[22]

Active living

Active living means moving more and incorporating physical activity into your daily routine. Regular physical activity can include incidental activity or planned activity. Incidental activity is any unstructured activity that accumulates through the day, like walking rather than driving, or choosing the stairs instead of the lift. Planned activity refers to either active recreation (such as going jogging) or structured sport (such as playing a game of basketball). Both incidental and planned activity are beneficial to health and wellbeing, and can be protective against heart disease, diabetes and some cancers.[37] Regular physical activity promotes wellbeing by alleviating feelings of stress, anxiety and depression, and has been shown to improve and maintain cognitive function.[37] Participation in structured sport has also been shown to reduce social isolation and strengthen social connections, as well as providing positive economic contributions.[38] Active living is one of four focus areas of the VPHWP.

Key data

- In 2017 54.9% of Yarra residents met the physical activity guidelines, compared to 50.9% of Victorians[25]
- In 2017 40.8% of Yarra residents reported sedentary behaviour (sitting*) for more than seven+ hours per day, compared to 26.6% of Victorians[25]
- In organised community sport in 2017, Yarra had a participation rate of 10.3 (per 100 residents), ranked 20 out of 25 metropolitan LGAs[25]
- Yarra is ranked as the most walkable LGA in the Victorian Metropolitan area[39] (Walkscore)

Note: Sitting is used in the VPHS surveys as a health indicator. To ensure inclusive representation, the term sedentary is used to describe inactive behaviours that pose health risks.*

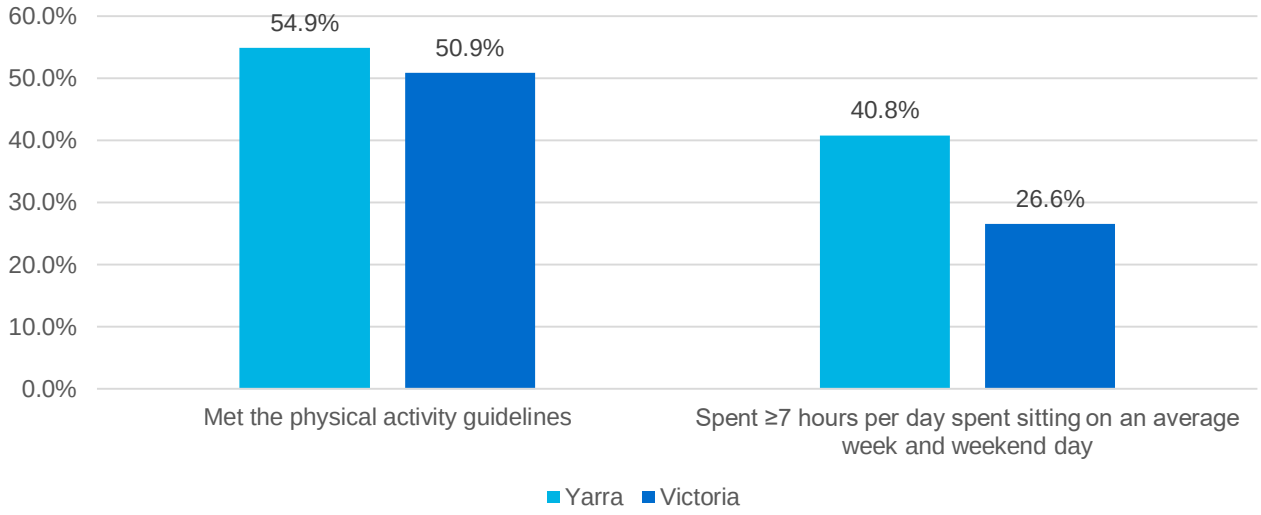
Physical activity

The currently recommended amount of physical activity for adults over the age of 18 is at least 150 minutes of moderate-intensity physical activity or 75 or more minutes of vigorous physical activity per week.[40] The guidelines recommend minimising the amount of time spent in prolonged sedentary behaviour (i.e. sitting). In 2017, the VPHS found that more Yarra residents met the physical activity guidelines (55%), when compared to all Victorians (51%).

Although Yarra performed slightly above the Victorian average in overall physical activity, Yarra underperformed in the amount of time spent engaging in sedentary behaviour (i.e. sitting). More than 40% of Yarra residents spent more than seven hours undertaking prolonged sedentary behaviour, compared to 26.6% of Victorians. This likely reflects that the majority of Yarra's residents are employed in jobs that are sedentary in nature, with more professionals residing in the City of Yarra in 2016 than any other occupation (43%).[64]

Long periods of being sedentary (i.e. sitting) is associated with negative health consequences such as increased insulin resistance, independent of physical activity levels.[41] Further evidence is emerging of the detrimental health and wellbeing outcomes affected by sedentary behaviours, particularly sitting.[42]

Figure 32: Physical activity & sedentary behaviour



Source: Victoria Population Health Survey 2017[25]

Men in Yarra were slightly more active than women, with 59% of men meeting the physical activity guidelines, compared with 51% of women (Table 6).

Table 7: Physical activity status by gender

Indicator	Yarra	Victoria
Met physical activity guidelines		
Women	51%	49%
Men	59%	53%

Source: Victoria Population Health Survey 2017[25]

While no data is available at the local level about specific populations of interest and their levels of physical activity, it is widely known that some of these groups experience more barriers to physical activity, and as a result are less likely to meet the physical activity guidelines.[42] These include people living with a disability, culturally and linguistically diverse communities, and Aboriginal and Torres Strait Islander communities.[42] There are a variety of additional barriers these groups can face, such as different cultural norms around exercise, barriers to participation either economically or structurally, and peer pressure.[42]

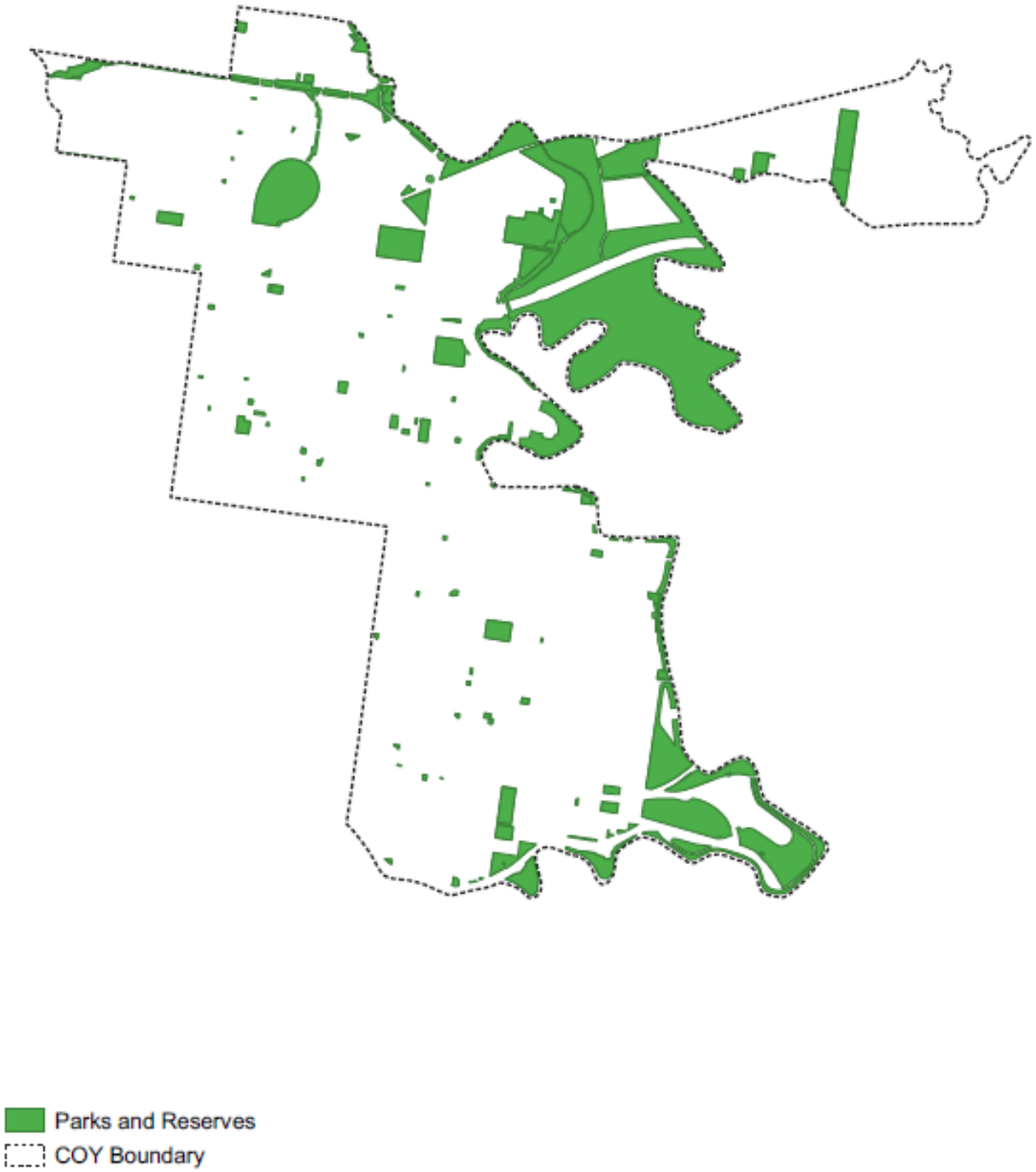
The Physical Activity and Sedentary Behaviour Guidelines for Children and Young People (5 – 17 years) recommend that young people should accumulate at least 60 minutes (and up to several hours) of moderate to vigorous intensity physical activity every day.[40]

The 2019 Communities That Care Youth Survey found that the majority of young people in Yarra do not participate in enough physical activity, and that the amount decreased with age.[27] In Year 6, one-third of students participate in sufficient physical activity, and this decreased to approximately 1 in 6 Year 8 students, and just over 1 in 10 students in Year 10. Since 2015 the proportion of Year 6 students participating in sufficient physical activity has tended to increase from 27% to 33% in 2019, however this change is not statistically significant.

Open space

People who visit parks are more likely to be physically active, and are more likely to meet the physical activity guidelines.[43] A total of 24% of the Yarra municipality is zoned for public open space and community use.[44] This includes the many parks and gardens in Yarra as well as community and education facilities. Figure 33 visually shows the parks and reserves in Yarra.

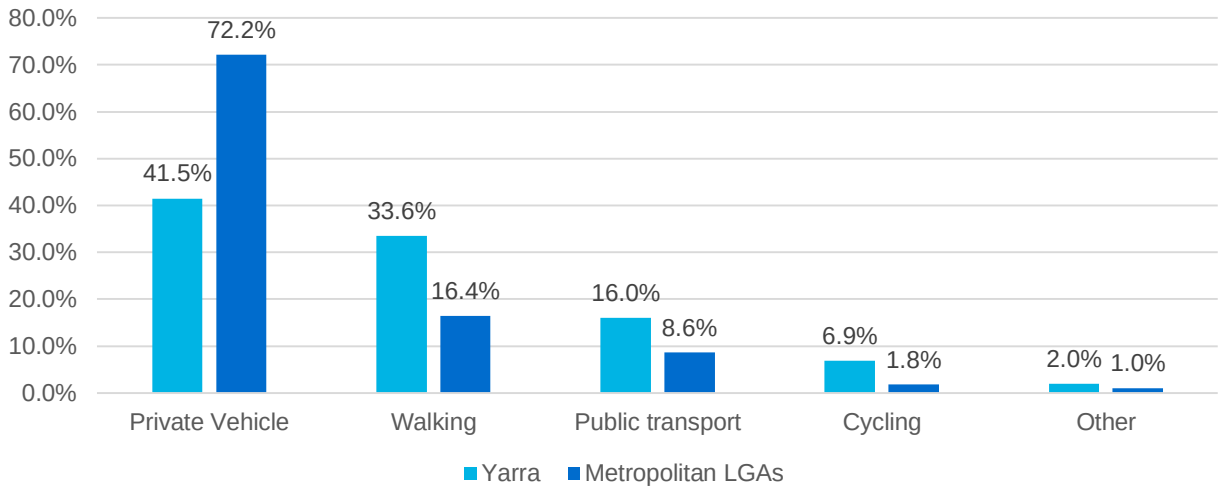
Figure 33: Public open space and community use in Yarra



Transport mode

Active transport includes walking, cycling, scooting, skating and incidental activity associated with public transport use. Active transport is beneficial as it increases the amount of physical activity undertaken. Yarra residents are more likely to walk, take public transport, or cycle when choosing a transport mode than residents in other metropolitan LGAS, as demonstrated in Figure 34. Yarra residents used private vehicles less, with 41.5% using a private vehicle for trips, compared to 72% of residents in other metro LGAs.

Figure 34: Transport mode

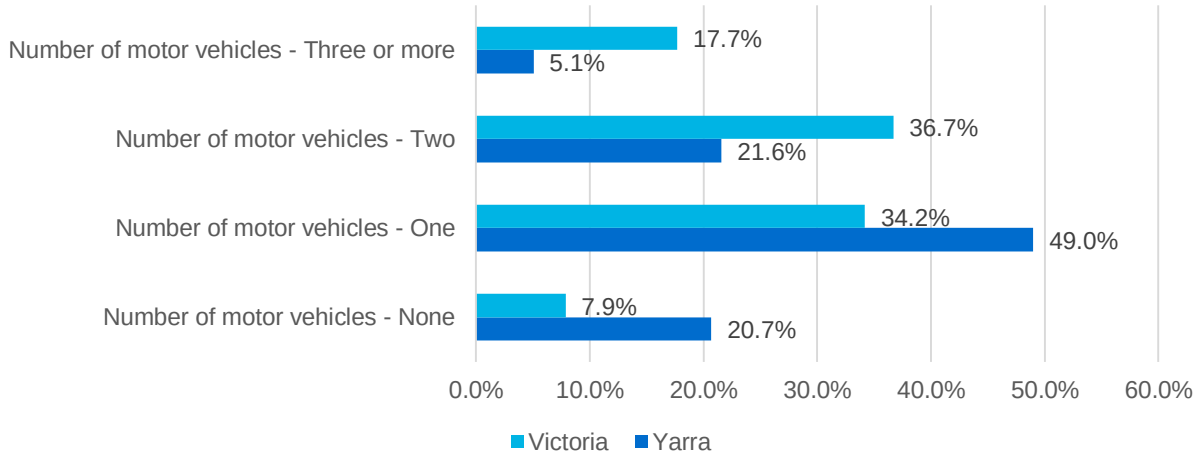


Source: Victorian Integrated Survey of Travel & Activity, Department of Transport (2018)[45]

Motor vehicle registration

Motor vehicle registration levels are often indicators of a municipality having good access to public transport and walking/cycling routes. In 2016, Yarra had a lower level of car ownership than Victoria broadly. A total of 20.7% of Yarra residents reported no motor vehicle, compared to 7.9% of Victorians. The highest proportion of Yarra residents had one car (49%), compared to the highest proportion of Victorians who had two cars (36.7%).

Figure 35: Motor vehicle registration



Source: Australian Bureau of Statistics Census 2016[64]

Vulnerable road users

Cycling and walking are popular modes of travel in Yarra. While road fatalities are relatively low, the proportion of injuries for vulnerable road users including cyclists and pedestrians are significantly higher than our neighbouring councils such as Moreland, Darebin and Stonnington. In particular, Yarra has higher numbers of crashes involving bicyclists when compared to neighbouring municipalities, but generally less when compared to metropolitan Melbourne.

Table 8: Road crashes for pedestrians/bicyclists

Indicator		2014	2015	2016	2017	2018
Number of crashes						
Yarra	Pedestrians	24	17	23	12	13
	Bicyclists	34	26	31	34	16
Moreland	Pedestrians	22	22	20	12	14
	Bicyclists	20	14	13	9	3
Darebin	Pedestrians	22	22	12	13	14
	Bicyclists	14	10	10	13	9
Stonnington	Pedestrians	20	12	17	9	13
	Bicyclists	26	14	12	10	8
Melbourne	Pedestrians	39	44	46	49	29
	Bicyclists	67	59	28	37	27

Source: Crash Statistics VicRoads[46]

Alcohol, tobacco and other drugs

The use of alcohol, tobacco and other drugs is associated with a variety of negative health, social and safety impacts. Alcohol and drug use is a complex issue, and can have negative impacts on mental and physical health and socio-economic wellbeing. Alcohol and drug use can impact upon not only the individual but also their family, friends and the wider community. The National Health and Medical Research Council (NHMRC) recommend in their draft 2019 that adults over the age of 18 should drink no more than 10 standard drinks per week and no more than four standard drinks on any one day.[47]

Use of tobacco is the leading contributor to disease and death burden in Australia, responsible for 9.3% of disease burden and 13.3% of deaths in Australia.[48] Tobacco use increases the risk of lung cancer, heart disease, respiratory illnesses and many other illnesses. Tobacco use also impacts on family and friends who reside in a smoking household, through inhalation of second-hand smoke, which can increase the risk of developing respiratory conditions. Reducing tobacco-related harm is one of four focus areas of the VPHWP.

Key data

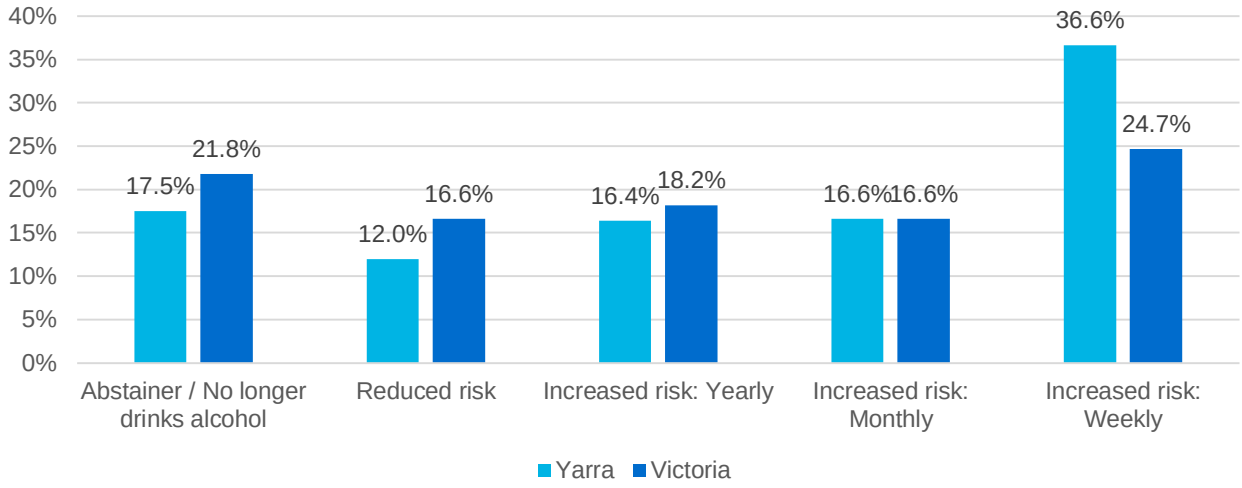
- When compared to Victoria, in 2017, Yarra residents had a higher rate of increased weekly risk of both lifetime risk of alcohol-related harm and risk of alcohol-related injury from a single occasion of drinking[25]
- In 2017, 53% of men in Yarra reported an increased lifetime risk of alcohol related harm on a weekly basis, which was significantly higher than the Victoria average for men[25]
- In 2018, Yarra had a higher rate of liquor licence outlet density (107.2 per 10,000 population), compared to the average of metropolitan Victoria (44.2 per 10,000 population)[49]
- Yarra has a higher rate of alcohol-related ambulance attendance and alcohol assault when compared to metropolitan Melbourne[49, 50]
- In 2020 (year ending March), Yarra had a significantly higher number of reported drug offences per 100,000 population (1052.9), compared to metropolitan Melbourne (505.6)[51]

Alcohol consumption

The lifetime risk of alcohol-related harm attempts to measure the risk associated with developing illnesses such as cirrhosis of the liver, dementia, various cancers, and alcohol dependence. Lifetime risk of alcohol-related harm refers to how often a person exceeds two standard drinks per day.

Figure 36 demonstrates that Yarra had a higher proportion of increased weekly risk of lifetime risk (37%) compared with Victoria (25%), indicating that in 2017 Yarra had more residents who exceed two drinks per day on a weekly basis.

Figure 36: Lifetime risk of alcohol-related harm



Source: Victoria Population Health Survey 2017[25]

Table 9 shows the breakdown of lifetime risk of alcohol-related harm by gender. In 2017, fewer women in Yarra had a reduced risk of lifetime harm (14%) when compared to Victoria (21%), while more women in Yarra had an increased risk of monthly harm (23%), compared to Victoria (16%). Men in Yarra were significantly more likely to have increased risk of weekly harm (53%) when compared to both women in Yarra, and men in Victoria. It is clear from these results that Yarra residents, in particular men, were more at risk of alcohol related harm when compared to the balance of Victoria.

Age-related data related to increased risk of lifetime alcohol-related harm was not available on a local Yarra level. Victorian wide data from the VPHS 2017 indicates that 72% of men aged 18–54 had an increased risk of lifetime alcohol-related harm. For men aged 55–74, 66% had an increased risk of lifetime alcohol-related harm. Women had less risk, with their highest increased risk of lifetime alcohol-related harm occurring aged 18–24 (64%). At age 25–54, around 55% of women had an increased risk of lifetime alcohol–related harm.

Table 9: Lifetime risk of alcohol-related harm by gender

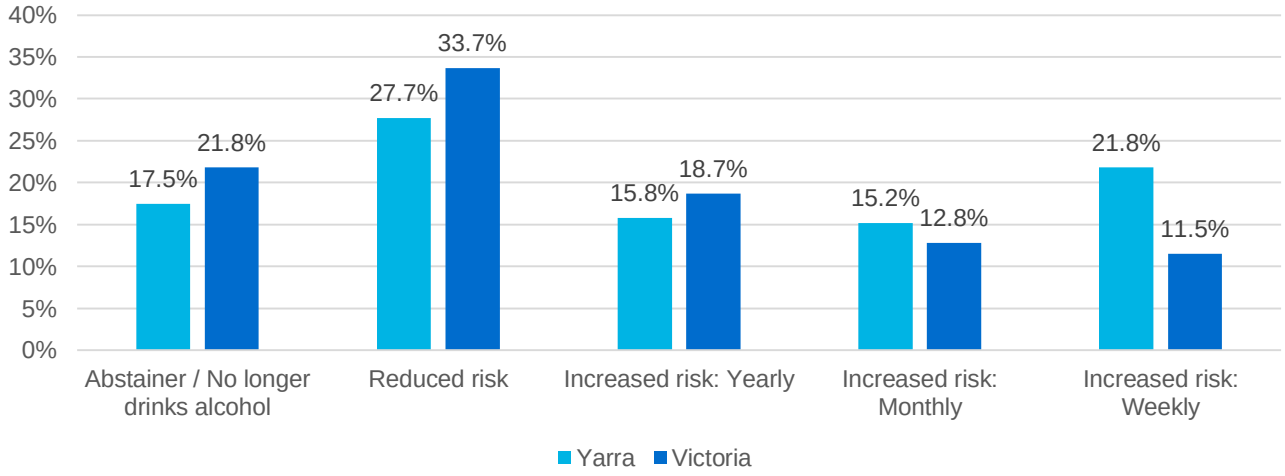
Indicator	Yarra	Victoria
Proportion of adult population, by lifetime risk of alcohol-related harm		
Women	24.4%	26.4%
Men	11.1%	16.8%
Reduced risk		
Women	13.7%	21%
Men	9.6%	12%

Indicator	Yarra	Victoria
Increased risk: Yearly		
Women	17.3%	19.5%
Men	16%	16.9%
Increased risk: Monthly		
Women	23.2%	15.7%
Men	10.4%	17.6%
Increased risk: Weekly		
Women	20%	15.4%
Men	52.9%	34.5%

Source: Victoria Population Health Survey 2017[25]

Risk of alcohol-related injury from a single occasion of drinking refers to how often a person exceeds four standard drinks on a single occasion, and the increased risk that can result from this, including death or injury due to road accidents, falls, drowning, assault, suicide and acute alcohol toxicity. In 2017, Yarra had a higher proportion of increased weekly risk of alcohol related injury (22%) compared with Victoria (11%), indicating Yarra had more residents who exceed four drinks on a single occasion, on a weekly basis.

Figure 37: Risk of alcohol-related injury from a single occasion of drinking



Source: Victoria Population Health Survey 2017[25]

Table 10 shows the breakdown of alcohol-related injury risk from a single occasion of drinking, by gender.

Both women and men in Yarra had a higher increased weekly risk of alcohol related injury risk compared to Victoria. Men in particular reported a significantly higher percentage (34%) compared to Victoria (18%).

These results show that Yarra residents in 2017 were likely to drink in risky amounts, endangering their health and wellbeing as a result.

Table 10: Risk of alcohol-related injury from a single occasion of drinking, by gender

Indicator	Yarra	Victoria
Proportion of adult population, by risk of alcohol-related injury from a single occasion of drinking		
Abstainer/No longer drinks alcohol		
Women	24.4%	26.4%
Men	11.1%	16.8%
Reduced risk		
Women	31.7%	40%
Men	22.9%	27.3%
Increased risk: Yearly		
Women	22.3%	17.7%
Men	9.7%	19.7%
Increased risk: Monthly		
Women	11%	9.3%
Men	19.2%	16.4%
Increased risk: Weekly		
Women	9.5%	5.2%
Men	34.3%	18.1%

Source: Victoria Population Health Survey 2017[25]

Table 11 provides more detail on the amount of days per week people exceeded four standard drinks in 2017. Yarra residents were more likely to exceed four drinks once or twice a week (75%). This provides an insight into how often Yarra residents are undertaking risky drinking behaviours.

The Communities That Care Youth 2019 survey conducted in Yarra found that the rate of youth alcohol use was prevalent across all year levels surveyed.[27] Approximately one-fifth of Year 6 students (21%) and almost two-fifths of Year 8 students (38%) in Yarra have consumed alcohol at some time in their life (lifetime use), and this increases to almost 3 in 5 students (57%) by Year 10. Since 2015, there has been no significant change in lifetime alcohol consumption for Year 6 and 8 students, although Year 8 prevalence estimates are tending to decrease (2015: 46%; 2019: 38%).

Rates of past month alcohol use and binge drinking also trend upward with each year level increase from 7% in Year 6 to 34% in Year 10 for alcohol use and from 1.2% in Year 6 to 12% in Year 10 for binge drinking. Prevalence estimates for past month alcohol use and binge drinking have remained stable in Year 6, whereas there has been a statistically significant decrease in Year 8 prevalence estimates between 2015 and 2019 for past month alcohol use (2015: 23% to 2019: 13%) and also for binge drinking (2015: 10%; 2019: 2.3%). Across all year levels, the main source of alcohol for youths was parents.

Table 11: Frequency of risky drinking (four or more drinks on a single occasion), weekly

Indicator	Yarra	Victoria
Frequency of exceeding four (4) drinks on a single occasion, among people who exceed 4 standard drinks on a single occasion weekly		
1 – 2 days per week	74.6%	60.2%
3 – 4 days per week	13.1%	13.1%
5 – 7 days per week	7.4%	13.8%

Source: Victoria Population Health Survey 2017[25]

Age-related data for risky drinking was not available at a Yarra-specific level. Victorian-wide data from the VPHWS 2017 indicates that 77% of men aged 18–34 were drinking at risky levels 1–2 days a week, a higher proportion than the other age groups for men. For women, 77% of 25–34-year-olds were drinking at risky levels 1–2 days a week, a higher proportion than the other age groups for women.

Certain alcohol cultures can encourage risky drinking, such as masculine social norms and their impact on men's risky drinking.[52] Alcohol cultures are the way a group of people drink, including their shared understanding of formal rules, social norms, practices, values and beliefs around what is and is not socially acceptable when they are together. There is no Yarra or Victoria-specific data identified for this report about the proportion of alcohol cultures in our community that lead to risky drinking. VicHealth have prepared the Alcohol Culture Change framework, which details the types of groups that may share a drinking culture, such as university students, gamer social groups, and music fans.[53] This framework details how to influence and transform drinking norms, expectations and practices within identified social groups, to promote healthier drinking habits.

Liquor licences

The municipality of Yarra has multiple significant nightlife precincts, including Collingwood and Fitzroy (Smith, Gertrude, Brunswick and Johnston Streets) and Richmond (Victoria, Church and Swan Streets and

Bridge Road). These precincts are made up of many businesses, including those holding liquor licences, such as bars, pubs and clubs.

From Table 12, Yarra has a significantly higher rate of liquor licence density per 10,000 people (107.2), compared to metropolitan Melbourne (44.2). This is reflective of the large amount of nightlife in Yarra, which leads to high availability and accessibility to alcohol for Yarra residents.

The Annual Alcohol Poll conducted by the Foundation for Alcohol Research and Education (FARE) found 73% of Australians used alcohol most frequently at home in the past 12 months (their home or someone else's).[54] This was followed by 15% in pubs, bars or clubs, and 8% in restaurants. Further to this, 67% of Australians said that the location where they drank the most alcohol was in the home.[54] There is no Yarra specific data available, however it is likely that the trends identified in this survey is continued in our community, indicating that drinking in the home is the location where most risky drinking behaviour occurs.

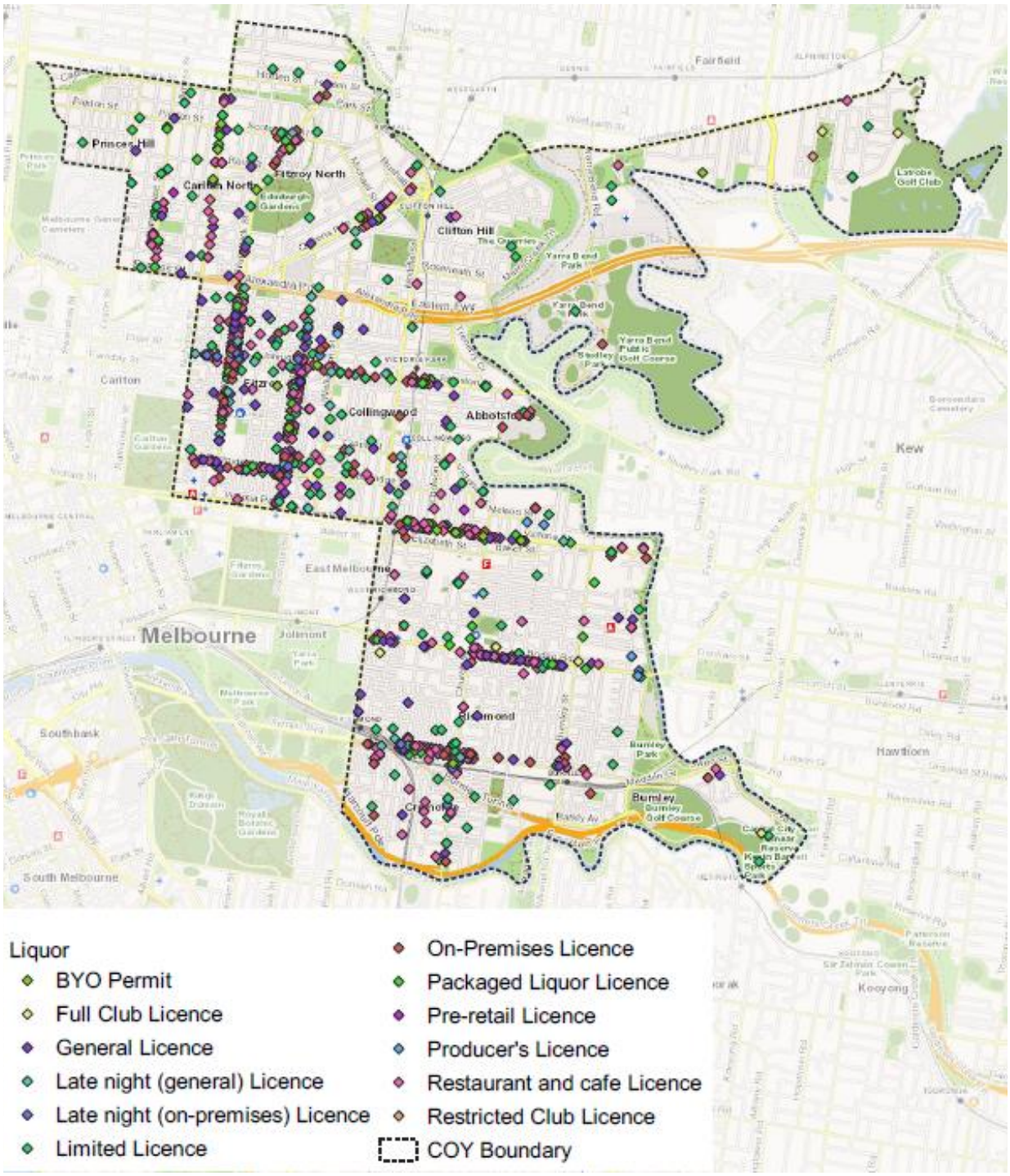
Table 12: Liquor Licences

Indicator	Yarra	Greater Melbourne
Liquor Licences (Total Number)	929	7208
Liquor Licences (Outlet Density per 10,000 population 15+ years)	107.2	44.2

Source: VCGLR (2020),[55] AODStats Victoria by Turning Point (2018)[46]

Figure 38 visually demonstrates the density and location of liquor licences in Yarra. As expected, liquor licences are clustered around the nightlife precincts of Collingwood, Fitzroy and Richmond.

Figure 38: Liquor Licence Locations in Yarra



Alcohol related injury and assaults

Yarra had a higher rate of alcohol-related ambulance attendance, hospital admissions, death, and assault when compared to metropolitan Melbourne (Table 13). Yarra also had a higher rate of alcohol treatment episodes of care (37.3) than metropolitan Melbourne (25.4). Yarra's thriving night-time economy attracts large numbers of local tourists, which would be a significant factor when considering these statistics which represent presentations that occur in the Yarra precinct, rather than resident numbers.

Table 13: Alcohol related hospital admissions, death and injury

Indicator	Yarra	Metro Melbourne
Alcohol related Hospital Admission 2018-2019 (rate per 10,000)	76.6	66.9
Alcohol related ambulance attendance 2018-2019 (rate per 100,000)	756.2	439.9
Alcohol Death 2017 (rate per 10,000)	1.7	1.5
Serious Road Injury – High Alcohol Hours 2017-2018 (rate per 10,000)	2.5	2.4
Alcohol Assault – High Alcohol Hours 2017-2018 (rate per 10,000)	21.3	10.8
Alcohol Assault – Medium Alcohol Hours 2017-2018 (rate per 10,000)	16.6	14.9
Alcohol treatment episodes of care 2018-2019 (rate per 10,000)	37.3	25.4

Source: AODStats Victoria by Turning Point (2018–2019)[50] AODStats Victoria by Turning Point (2017)[49] AODStats Victoria by Turning Point (2017–2018) [49]

Drugs

The 2019 National Strategy Household Survey report found that 43% of Australians had illicitly used a drug in their life and 16.4% had used one in the last 12 months.[56] While there is lack of prevalence data available on a local level for Yarra, this report's data can provide an indication of drug use in our community.

Yarra has certain precincts that have long-term active street-based drug markets, such as Victoria Street in North Richmond. To reduce the harms from heroin use, the Victorian Government established a trial Medically Supervised Injection Room (MSIR) located at the site of North Richmond Community Health. A transitional facility become operational in mid-2018 and a larger purpose-built facility was completed and operating by mid-2019. This trial has been extended for an additional three years until mid-2023.

In 2018-2019, Yarra had a significantly higher rate of ambulance attendances for illicit drugs (989.6) compared to metropolitan Melbourne (269.6). Yarra also reported slightly higher rates of illicit drug related hospital admissions and treatment episodes of care. Specifically, hospital admissions related to heroin in 2018–2019 were higher in Yarra (1.5) compared to metropolitan Melbourne (0.8). It is important to note that these figures do not necessarily present Yarra residents but rather those that have utilised/accessed these services within Yarra.

Table 14: Drug-related hospital admissions, death and injury

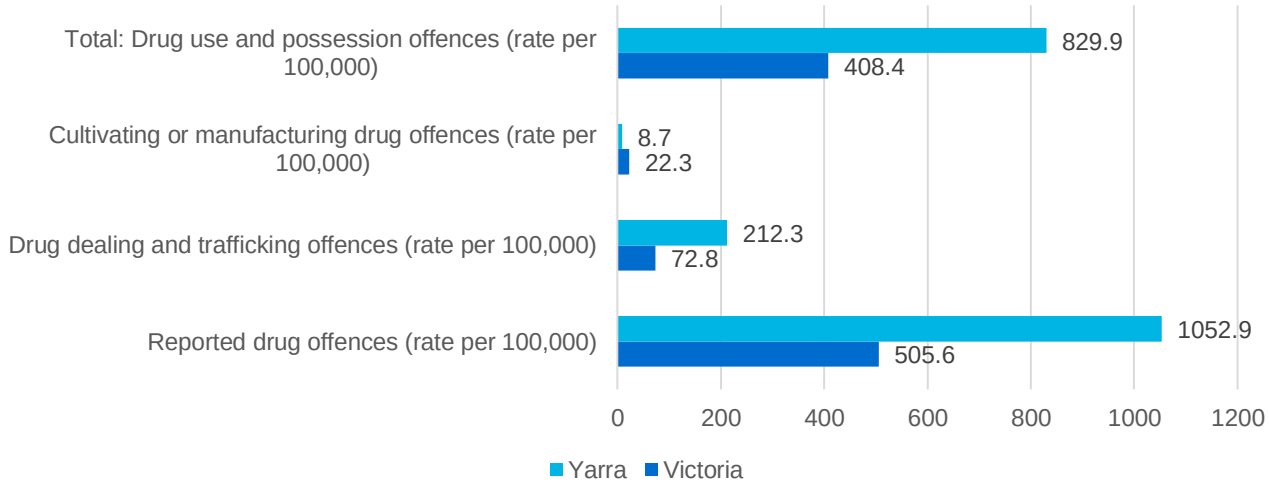
Indicator	Yarra	Metro Melbourne
Illicit drugs Hospital Admission (rate per 10,000)	34.9	33.6
Illicit drugs ambulance attendance (rate per 100,000)	989.6	269.6
Illicit drugs treatment episodes of care (rate per 10,000)	46.8	40.5
Heroin Hospital Admission (rate per 10,000)	1.5	0.8
Illicit drugs death (rate per 10,000)	0	0.12
Number of heroin related deaths in Yarra (2018-2019)	19	-

Source: AODStats Victoria by Turning Point (2018–2019)[50] AODStats Victoria by Turning Point (2017)[49] MSIR - Review panel full report (2020)[57]

With regard to drug-related offences, Yarra reported a higher total rate per 100,000 people of reported drug offences (1052.9) compared to Victoria (505.6). The most common offence reported in Yarra was drug use and possession offences (829.9 per 100,000 people). Yarra also reported a higher rate of drug trafficking offences (212.3) compared to Victoria (72.8). However, Yarra reported a lower rate of cultivating or manufacturing drug offences (8.7) compared to Victoria (22.3), indicating this type of offence is less common in Yarra. It is important to note that criminal offences occurring with Yarra are not necessarily committed solely by Yarra residents and must be considered as such.

Yarra had higher than average levels of drug related offences and harm overall, compared with Victoria.

Figure 39: Drug related offences



Source: Crime Statistics Agency (2020)[51]

The 2019 Communities That Care Youth Survey investigated drug use among students in Yarra.[27] Prevalence estimates of marijuana use show that Year 6 students report no use, however rates increase significantly between Year 8 and Year 10, with 6.5% of Year 8 students and 34% of Year 10 students reporting having used marijuana at some time in their life. Prevalence estimates of current marijuana use also indicate no use in Year 6, with a significant increase between Year 8 (3.3%) and Year 10 (17%). A small proportion of Year 8 (0.3%) and Year 10 (4.4%) students have used other illegal drugs at some time in their life.

Tobacco

Current smokers are defined as those who report smoking on a daily or occasional basis, including those who would describe themselves as 'social smokers'.

In 2017, Yarra had a slightly lower rate of current smokers (15.8%) compared to Victoria (16.7%), and a higher rate of non-smokers (63.2%) compared to Victoria (58.1%). In particular, fewer Yarra residents reported as daily smokers (10%), compared to the Victorian average (12.4%).

Overall, Yarra has a lower proportion of smokers compared to Victoria, however there is still a significant proportion of the community who smoke and are therefore at risk of the negative health impacts associated with tobacco use.

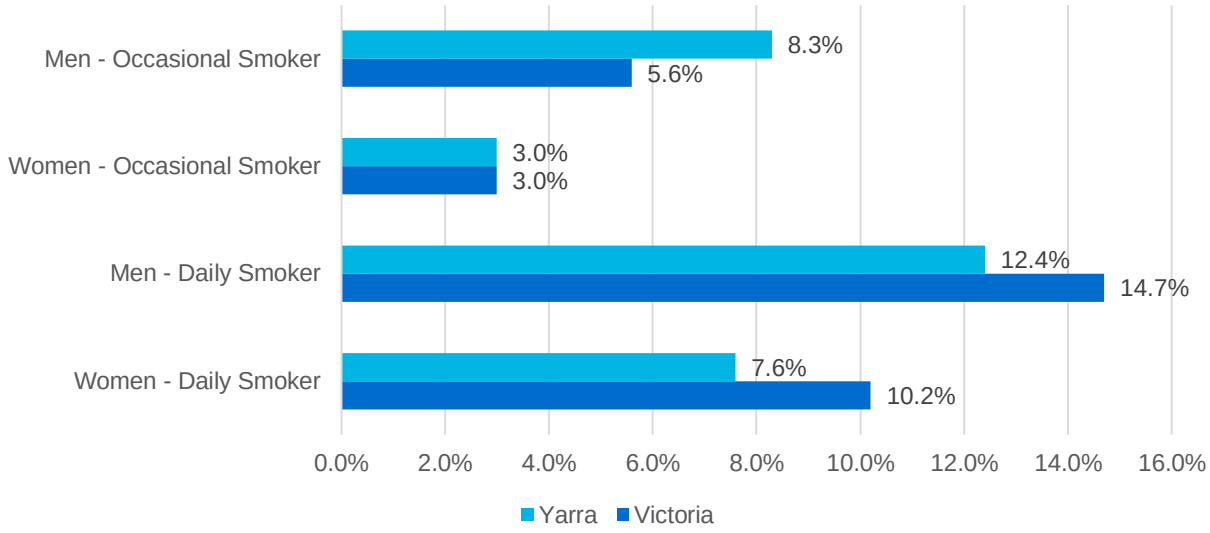
Table 15: Smoking status and frequency

Indicator	Yarra	Victoria
Proportion of adult population, by smoking status		
Current smoker	15.8%	16.7%
Ex-smoker	20.8%	24.4%
Non-smoker	63.2%	58.1%
Proportion of adult population, by smoking frequency		
Daily smoker	10%	12.4%
Occasional smoker	5.8%	4.3%

Source: Victorian Population Health Survey[25]

Men are more likely to smoke than women, in Yarra and in Victoria, as is evident in Figure 40. Yarra had a higher proportion of men who were occasional smokers (8.3%) compared to Victoria (5.6%) but a smaller proportion of both men and women who were current smokers compared to the Victorian averages.

Figure 40: Smoking frequency by gender



Source: VPHS 2017[25]

The Communities That Care Youth 2019 survey investigated the rate of youth tobacco use.[27] They found that prevalence estimates for lifetime tobacco use in Yarra increase with increasing age, from 1.2% in Year 6 to 26.2% in Year 10. Prevalence of past-month tobacco use also increased with increasing year level from 0.2% in Year 6 to 17.3% in Year 10. For Year 8 students there was a statistically significant reduction in prevalence of lifetime tobacco use (2015: 20.1%; 2019: 7.5%) and past month tobacco use (2015: 11.5%; 2019: 3.9%) since 2015.

Mental wellbeing & social inclusion

Positive mental health or wellbeing is a dynamic state in which people enjoy life, are able to develop to their potential and contribute to the community. At some point in their life, approximately half of all Australians will experience a diagnosable mental illness.[58] Adolescence and early adulthood are peak periods during which mental health conditions first emerge; 75% of mental health conditions first occur between the ages of 12 and 25 years.[59] Poor mental wellbeing and mental illness can increase the risk of developing chronic diseases such as diabetes, cardiovascular disease and cancers, alcohol and substance misuse, and problem gambling.[60,61,62] Feeling connected to people, being able to cope with life demands and having the opportunity and capacity to contribute to community are essential to an optimal state of mental wellbeing. Resilience is a protective factor for mental wellbeing and can be defined as how someone copes in the face of adversity.

Related to mental wellbeing, social inclusion is a multidimensional concept that has been defined and applied in various ways, but broadly relates to equality, human rights, diversity, civic participation and social justice. Social inclusion is a means by with people have the resources, opportunities and capabilities they need to learn, work, engage and have a voice in society. It is an important protective factor for mental wellbeing.[63] Feeling connected to the community, having social networks and being able to participate economically, politically and socially are all examples of social inclusion.

Key data

- In 2017 12% of Yarra residents over the age of 18 reported high or very high levels of psychological distress, lower than the Victorian average of 15%[25]
- In 2017 women in Yarra reported higher rates of high/very high psychological distress (16%) compared to men in Yarra (8.1%)[25]
- In 2017 32% of women in Yarra had been diagnosed with anxiety or depression, compared with 22% of men[25]
- Yarra residents track similarly to Victoria when reporting on their feeling of life being worthwhile[25]
- In 2016 Yarra had a higher rate of single-person households when compared to Victoria (32% compared to 25%)[64]
- In 2016 Yarra residents had a higher rate of volunteering than Greater Melbourne (22% compared to 18%)[64]

Mental wellbeing

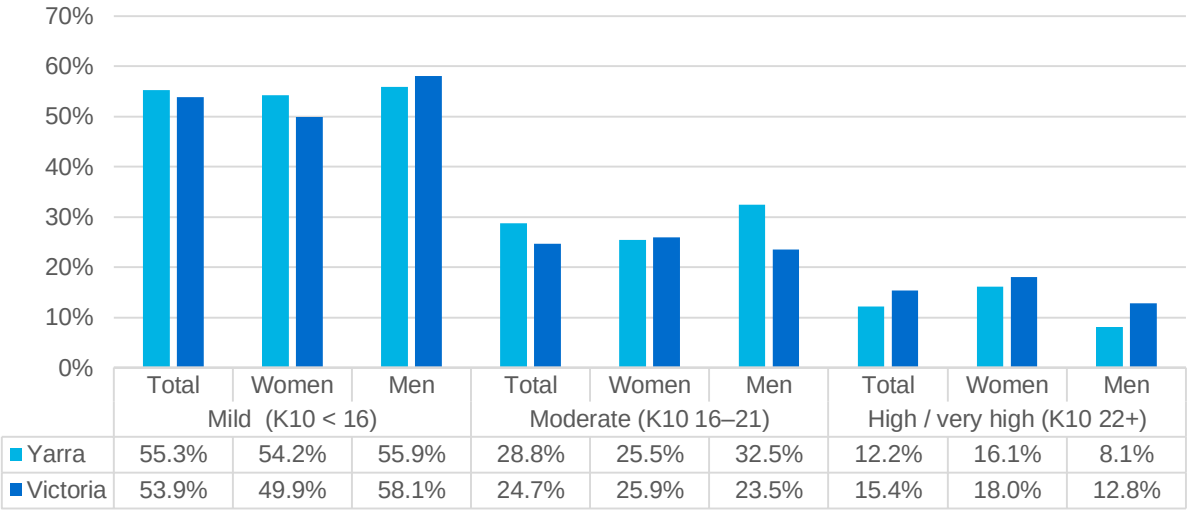
Psychological distress is a risk factor for a number of diseases and conditions including fatigue, cardiovascular disease, chronic obstructive pulmonary disease, injury, obesity, depression and anxiety.

The Kessler Psychological Distress Scale (K10) is a set of 10 questions designed to categorise the level of an individual's psychological distress over four weeks. It covers dimensions of nervousness, hopelessness, restlessness, sadness and worthlessness. Responses are then categorised into four levels: Low, Moderate, High and Very High.

Yarra's results showed lower levels of psychological distress than the Victorian average. Men in Yarra had a higher proportion of moderate psychological distress (32.5%) compared to Victorian men (23%).

Women in Yarra reported almost double the rate of high/very high psychological distress (16%) compared to men in Yarra (8%).

Figure 41: Psychological distress levels



Source: VPHS 2017[25]

In the 2017 VPHS, respondents were asked whether they had ever been diagnosed with depression or anxiety by a doctor. This is a measure of the lifetime prevalence of these two disorders and does not necessarily indicate that the respondent was experiencing symptoms at the time of the survey.

Yarra had similar proportions of diagnosed mental illness and seeking professional help as the Victorian average. Women in Yarra (and Victoria) were more likely to be diagnosed with anxiety or depression, and to have sought help for a mental health problem in the previous year.

Men in Yarra reported higher levels of seeking professional help for a mental health problem (18%) compared to the Victorian average (14%).

Table 16: Mental illness and professional help rates

Indicator	Yarra	Victoria
Diagnosed with anxiety or depression		
Total	27.0%	27.4%
Women	31.6%	33.6%
Men	21.9%	21.0%
Sought professional help for a mental health problem in the previous year		
Women	24.9%	21.2%
Men	18.1%	14.1%

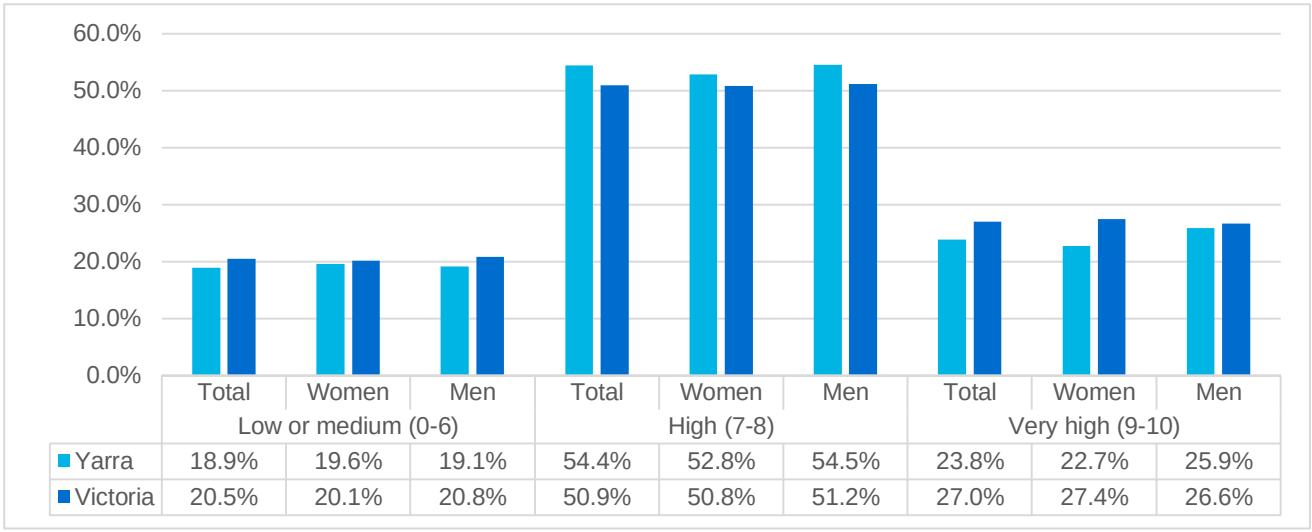
Source: VPHS 2017[25]

The 2019 Communities That Care Youth Survey investigated depressive symptoms in school-aged students, and found that the prevalence of depressive symptoms in Yarra trends upwards with each increasing year level from 18% in Year 6 to 45% in Year 10.[27] The proportion of students reporting depressive symptoms has remained stable between 2015 and 2019 for Year 6 (2015: 20%; 2019: 18%) and Year 8 (2015: 42%; 2019: 38%).

Life satisfaction refers to a person's self-reported level of satisfaction with their life, reported on a 10-point scale (where 0 is not at all satisfied and 10 is completely satisfied).

Yarra reported similar proportions of reported life-satisfaction as the Victorian average. Yarra scored slightly higher in the 'high' life-satisfaction category. There were no significant differences between men and women.

Figure 42: Proportion of adult population by life-satisfaction



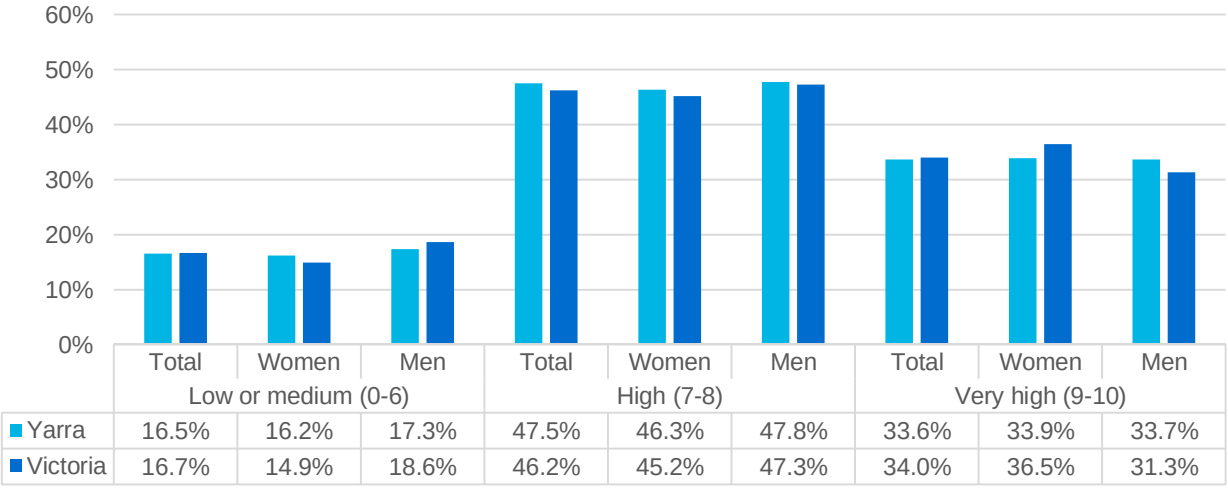
	Low or medium (0-6)			High (7-8)			Very high (9-10)		
	Total	Women	Men	Total	Women	Men	Total	Women	Men
Yarra	18.9%	19.6%	19.1%	54.4%	52.8%	54.5%	23.8%	22.7%	25.9%
Victoria	20.5%	20.1%	20.8%	50.9%	50.8%	51.2%	27.0%	27.4%	26.6%

Source: VPHS 2017[25]

Feeling of life being worthwhile refers to a person's self-reported feeling of their life being worthwhile, reported on a 10 point scale (where 0 is not at all worthwhile and 10 is completely worthwhile).

Yarra reported similar proportions of reported feeling of life being worthwhile as the Victorian average. There were no significant differences in between men and women.

Figure 43: Feeling of life being worthwhile



	Low or medium (0-6)			High (7-8)			Very high (9-10)		
	Total	Women	Men	Total	Women	Men	Total	Women	Men
Yarra	16.5%	16.2%	17.3%	47.5%	46.3%	47.8%	33.6%	33.9%	33.7%
Victoria	16.7%	14.9%	18.6%	46.2%	45.2%	47.3%	34.0%	36.5%	31.3%

Source: VPHS 2017[25]

In 2017, 50.8% Yarra residents self-reported either 'excellent or very good' health status, higher than the average for Victoria (41.6%).[23] 19.2% of Yarra residents reported 'fair' or 'poor' health status, which was on par with the Victorian average of 19.6%.[23]

Suicide

Of the leading causes of death in Australia in 2019, intentional self-harm (suicide) accounted for the highest number of years of potential life lost (115,221), with a particularly low median age at death (43.9) being a key contributing factor[65]. Years of potential life lost is a measure of premature mortality which weights age at death to gain an estimate of how many years a person would have lived had they not died prematurely. Data from the Victorian Coroners Court indicates that there has been no increase in the number of suicides this year, showing 530 people have died from suicide at 30 September 2020 compared to 534 people for the same period in 2019[66].

Social Inclusion

Measuring social inclusion is complex due to the multidimensional and context-dependent nature of the concept. Social inclusion occurs across social, economic, political, civic and geographic spheres, many of which are discussed in other sections of this report, including the gender equity and social determinants of health sections. The Inclusive Australia Social Inclusion Index collected data in 2018 on a national level, but this data does not disaggregate to a local government level.[67] The index found that nearly one in four Australians had recently experienced a major form of discrimination, and that experiencing discrimination is associated with lower wellbeing.[67] Australia's social inclusion index score was 62 out of 100, indicating that Australia has room for improvement in relation to social inclusion.[67] There is limited data available on a local government level that measures social inclusion in Yarra.

In 2015, VicHealth Indicators Survey found:

- The proportion of Yarra residents who agreed that people in their neighbourhood were willing to help each other out was 64%, significantly less than the Victorian average (74%)[68]
- Only 46% of Yarra residents felt that they lived in a close-knit neighbourhood, significantly less than the Victorian average (61%)[68]
- Significantly less Yarra residents agreed that people in their neighbourhood can be trusted (59%), compared to the proportion of Victorians who agreed (72%)[68]

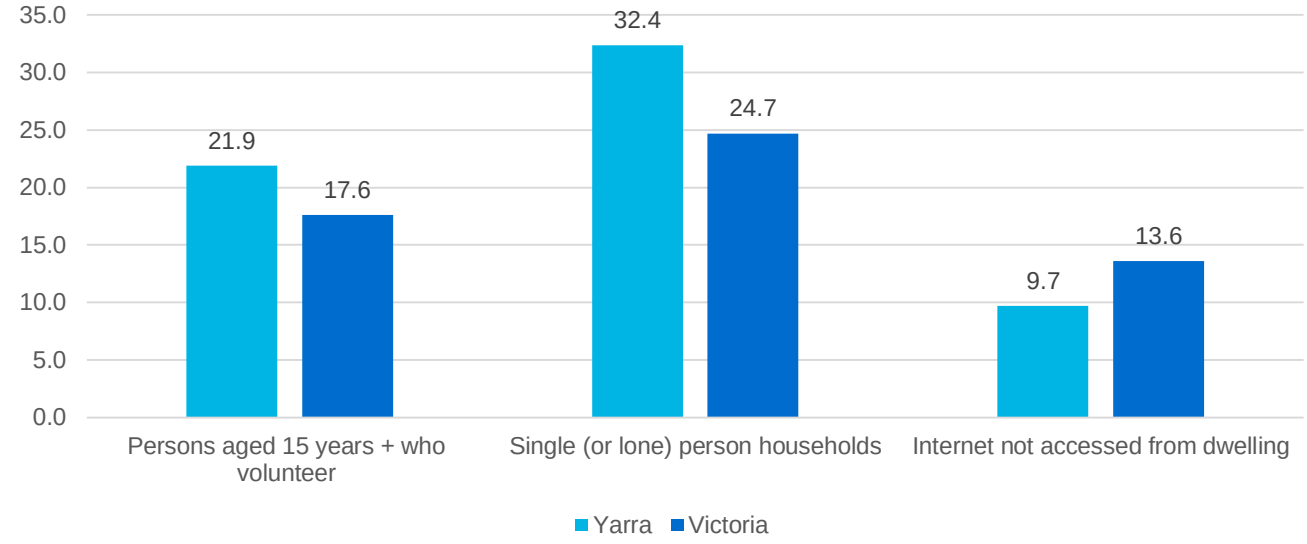
Yarra had a higher proportion of people who volunteer (21.9%) compared to the Victorian average in 2016 (17.6%). Volunteering is an indicator of participation in the community, and can support community connectedness.

In 2016 Yarra had a higher percentage of single person households (32.4%) compared to the Victorian average (24.7%). This is not necessarily an indicator that people living in single person households are more socially excluded.

Digital inclusion refers to having access to information and communications technology. One indicator that can reflect this is if a household is connected to the internet. In 2016 9.7% of Yarra households did not have internet accessible in their dwelling, which is a lower proportion than the Victorian average of 13.6%. However this does mean that there is a significant proportion of Yarra households without access to the internet, putting their digital inclusion at risk.

Opportunities to participate in social activities can reduce the risk of social exclusion.[69] Religion can offer opportunities to participate in activities that increase social interactions, including participation in charitable organisations and attendance at social functions. As discussed in the demographics section, 38% of Yarra residents identify as being affiliated with a religion, while 49% said they had no religion. This rate of religious affiliation is a lower proportion compared to Greater Melbourne, where 60% identified as being affiliated with a religion, while a higher proportion compared to Greater Melbourne (31%) said they had no religion.

Figure 44: Percentage of volunteers, single person households and internet access



Source: ABS 2016[64]

The 2019 Communities That Care Youth Survey investigated neighbourhood attachment, which is an indicator of bonding to the neighbourhood[27]. Prevalence estimates for low community attachment tended to increase between 2015 and 2019 for Year 6 (2015: 18%; 2019: 22%) and Year 8 students (2015: 25%; 2019: 33%), although the changes were not statistically significant.

Community safety

Community safety is a key influence on health and wellbeing outcomes. Feelings of safety, whether real or perceived, can influence how much a community will engage and participate in their local area.[70] Feelings of safety can be influenced by proximity to threatening behaviours or crime, by information portrayed in the media and by personal experience. Feelings of safety are also influenced by the care and appearance of public places, including urban design, lighting and opportunities for natural surveillance.[71] Neighbourhoods and areas which are viewed as safe can promote more community use, including increased physical activity and community connectedness, which in turn leads to better health and wellbeing outcomes. One approach to increasing community safety is through the prevention of crime. Crime prevention involves activities that seek to prevent crime and offending before it occurs.[72] This includes acknowledging that the built and natural environments play a key role in shaping the safety and wellbeing of our communities. Responding to and improving community safety is a complex issue which requires coordination, communication and strong partnerships with a wide range of government services, agencies and the community. When people feel safe within their communities, they are more likely to become involved in community life which is critical to increase mental and physical wellbeing.

Key data

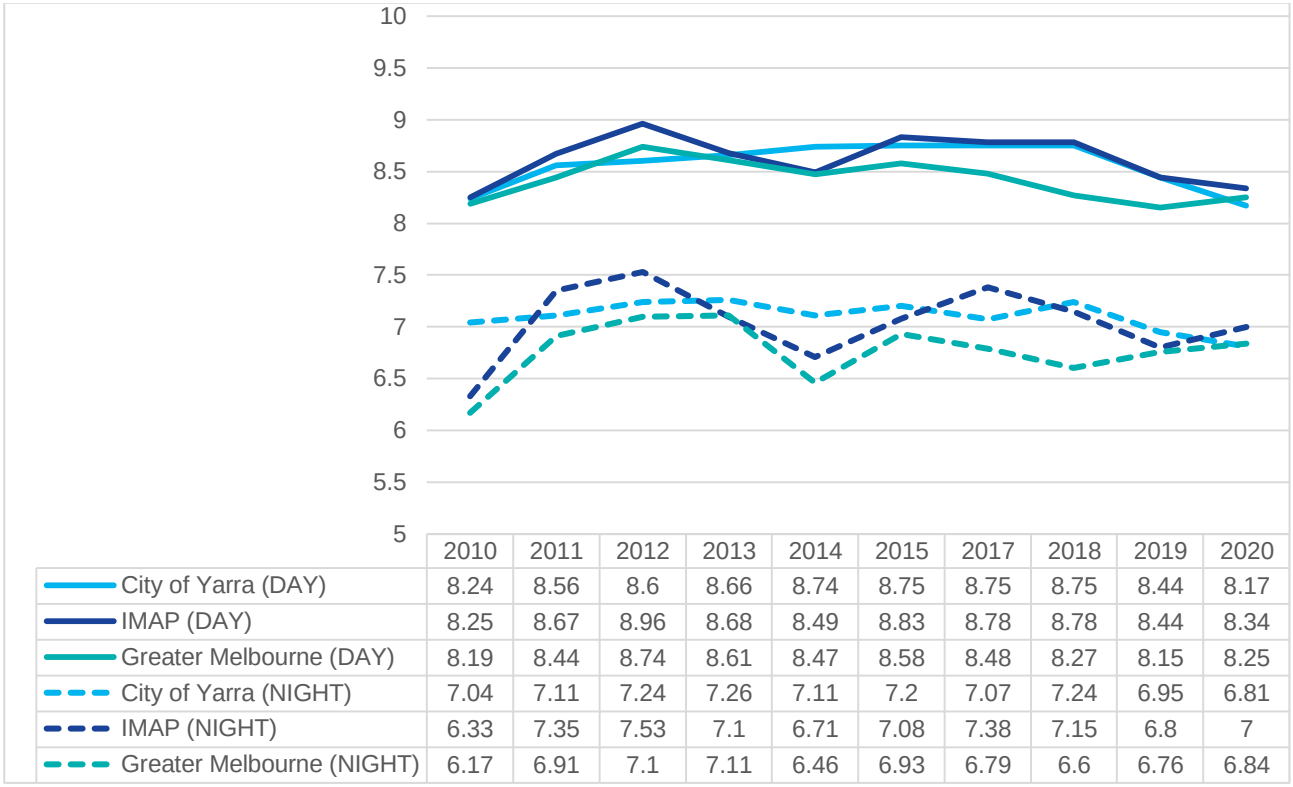
- Yarra residents' perception of safety during the day in 2020 was 8.17 out of a possible 10 (where 0 is very unsafe and 10 is very safe), a decline of 3.1% from 2019, but still classified as 'excellent'[73]
- Yarra residents' perception of safety at night in 2020 was 6.81, a decline of 2.0% from 2019, but still classified as 'good'[73]
- In 2020 women residents in Yarra reported lower perceptions of safety (6.21) compared to men (7.12), a decrease from 2019 (Women: 6.47, Men: 7.39)[73]
- In 2020 Yarra had a significantly higher number of reported offences per 100,000 population (13,715), compared to Victoria (8115.6)[51]

Perceptions of safety

The 2020 Annual Customer Satisfaction Survey asked respondents to rate how safe they felt in public areas in Yarra during the day and at night, using a 10-point scale (where 0 is very unsafe and 10 is very safe).

Perception of safety in public areas of Yarra both during the day and at night was reported as being relatively high, despite small declines seen since the 2019 survey. The perception of safety in the public areas of Yarra both during the day and at night are slightly lower than both the Inner Melbourne Action Plan (IMAP) councils and the metropolitan Melbourne averages. IMAP councils are Port Phillip, Melbourne, Stonnington, Maribynong and Yarra.

Figure 45: Perception of safety, day and night, 2010–2020, Yarra*



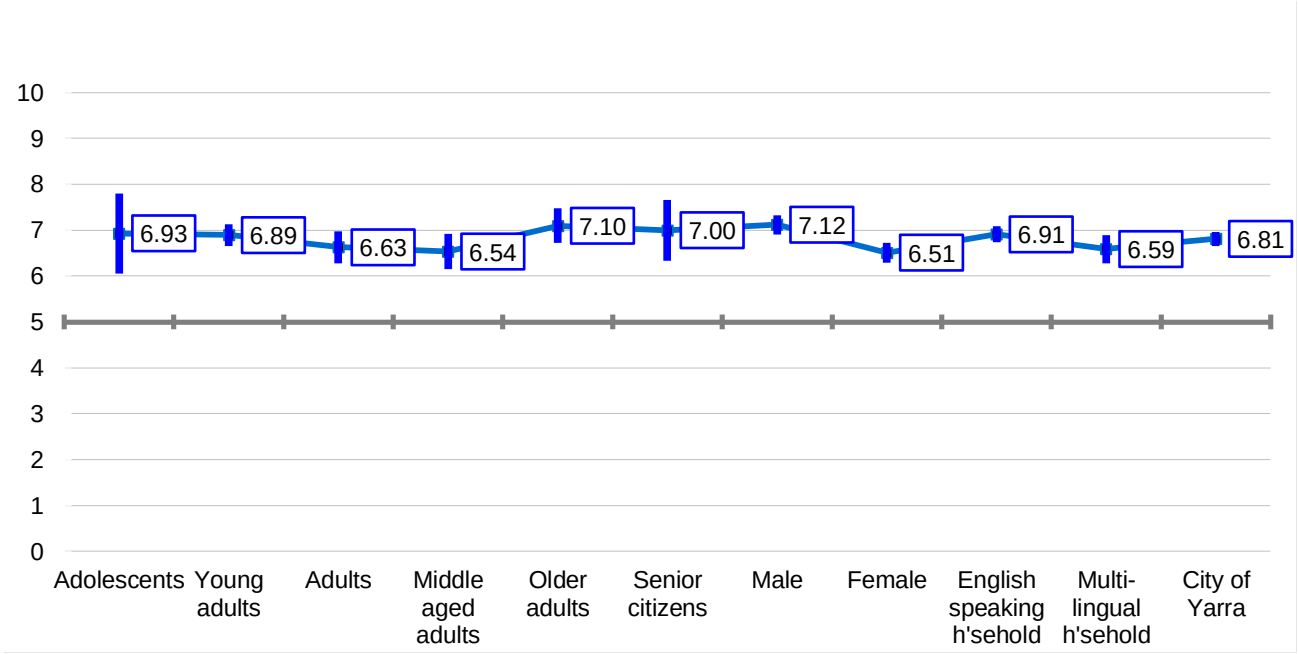
	2010	2011	2012	2013	2014	2015	2017	2018	2019	2020
City of Yarra (DAY)	8.24	8.56	8.6	8.66	8.74	8.75	8.75	8.75	8.44	8.17
IMAP (DAY)	8.25	8.67	8.96	8.68	8.49	8.83	8.78	8.78	8.44	8.34
Greater Melbourne (DAY)	8.19	8.44	8.74	8.61	8.47	8.58	8.48	8.27	8.15	8.25
City of Yarra (NIGHT)	7.04	7.11	7.24	7.26	7.11	7.2	7.07	7.24	6.95	6.81
IMAP (NIGHT)	6.33	7.35	7.53	7.1	6.71	7.08	7.38	7.15	6.8	7
Greater Melbourne (NIGHT)	6.17	6.91	7.1	7.11	6.46	6.93	6.79	6.6	6.76	6.84

*scale from 0 (very unsafe) to 10 (very safe)

Source: Yarra City Council – 2020 Annual Customer Satisfaction Survey[73]

Women, middle-aged adults, and respondents from multi-lingual households reported a lower perception of safety at night, compared with the Yarra average, though all at levels were categorised as 'good'.[73]

Figure 46: Perceptions of safety at night by respondent profile



*scale from 0 (very unsafe) to 10 (very safe)

Source: Yarra City Council – 2020 Annual Customer Satisfaction Survey

Figure 47 and Figure 48 visually depict the perceptions of safety across Yarra's neighbourhoods. During the day, Figure 47 shows that all Yarra neighbourhoods are generally perceived as having an 'excellent' level of safety.

Figure 47: Perception of Safety Yarra Neighbourhoods - Day

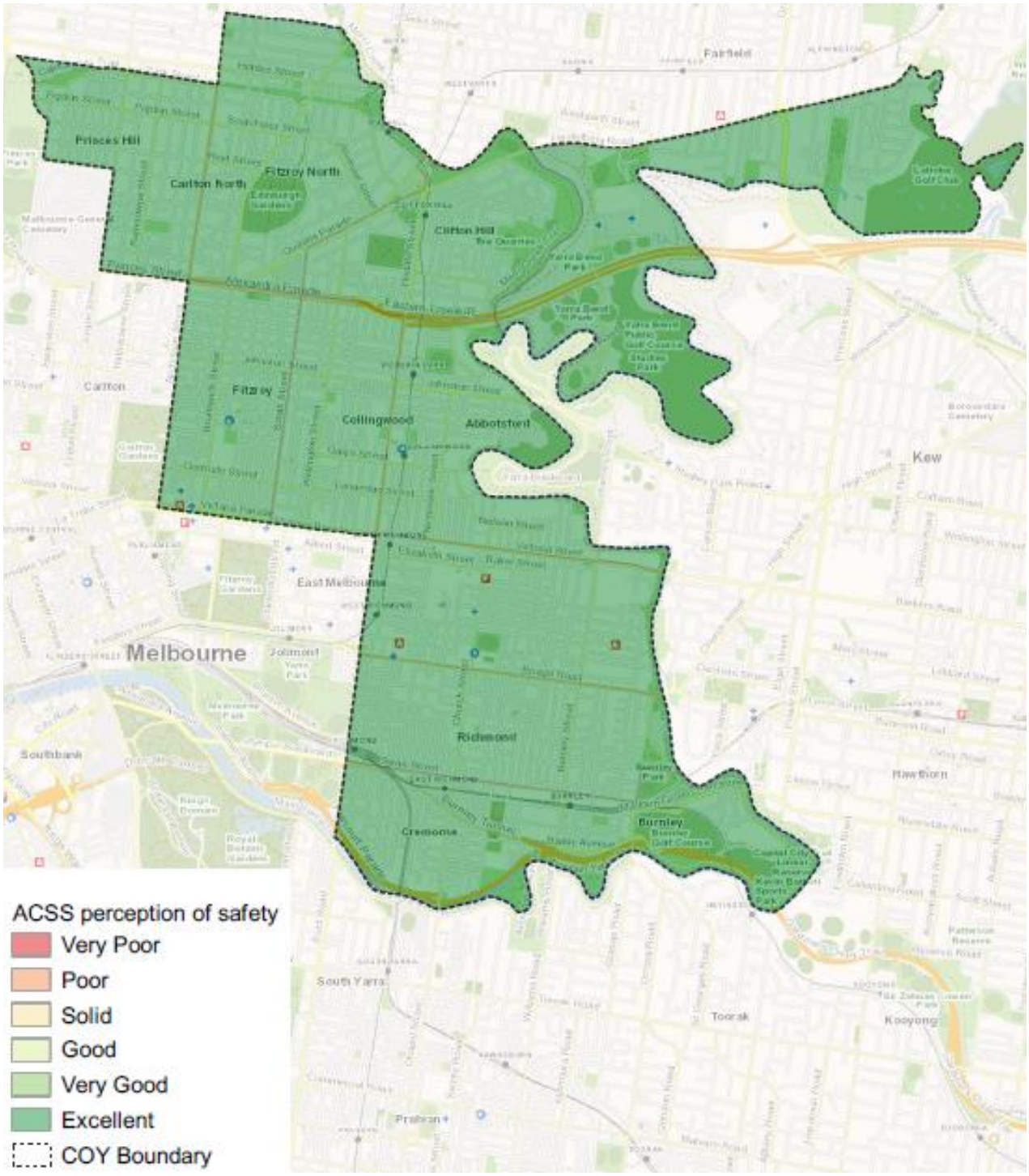
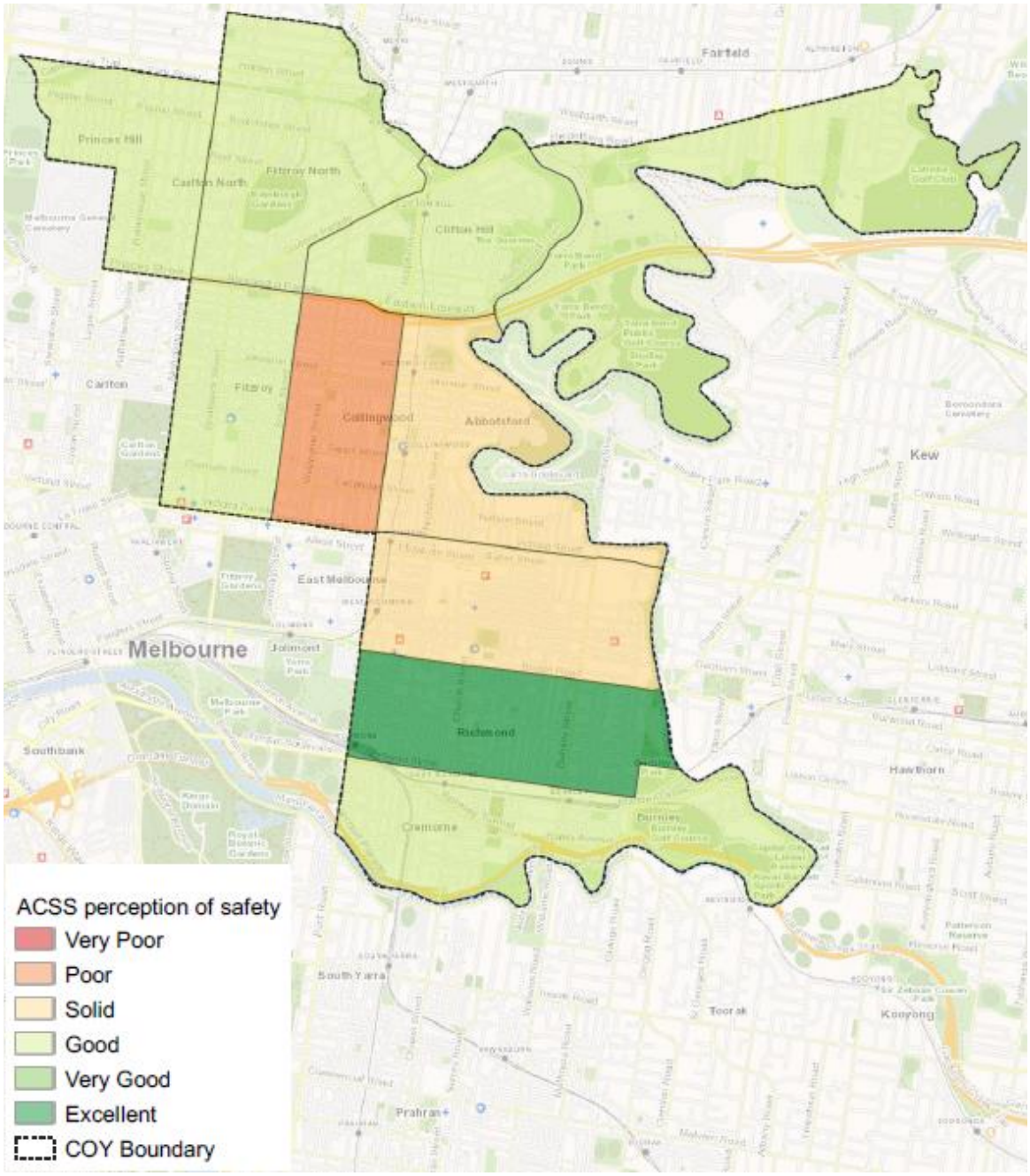


Figure 48 shows that there is a varied perception of safety across Yarra neighbourhoods at night. The neighbourhoods of Abbotsford, Collingwood and North Richmond are perceived as less safe than other neighbourhoods in Yarra. Collingwood had the lowest perception of safety, with a rating of 'poor'. Collingwood and North Richmond were both rated as 'solid' which is lower that the 'good' rating.

Figure 48: Perception of Safety Yarra Neighbourhoods - Night

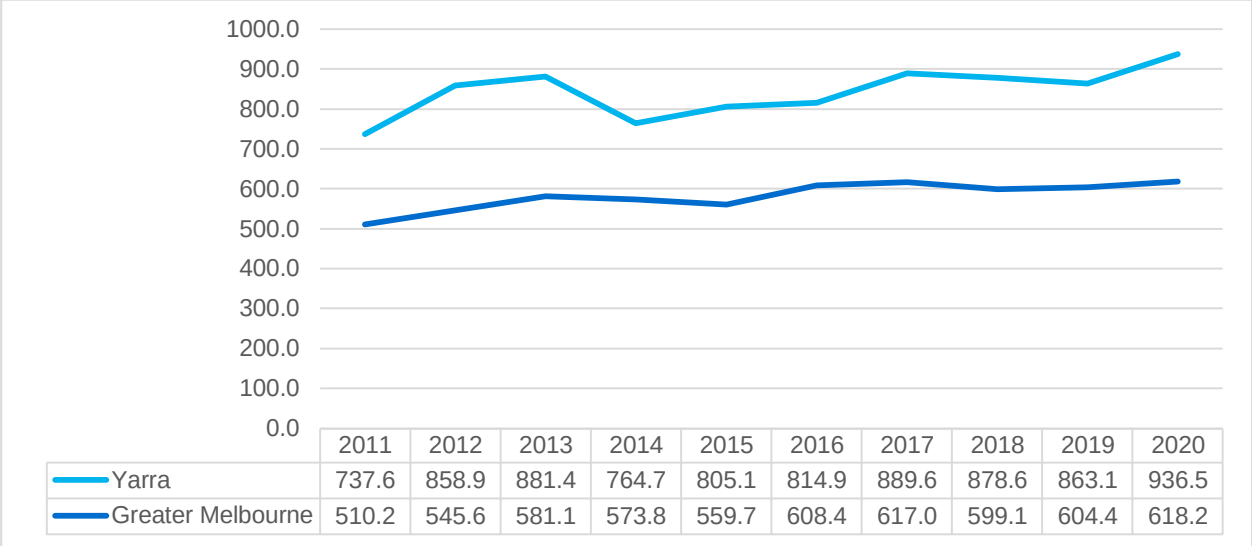


Criminal offences

Yarra had a higher proportion of total offences per 100,000 people (13,715) compared with the Victorian average (8115). Most offences in Yarra were either crimes against person (1618.1) or reported drug offences (1174.1). Yarra had a higher rate of offences in every category as listed in Table 17. As noted previously, Yarra's thriving night-time economy attracts large numbers of local tourists, which would be a significant factor when considering these statistics which represent presentations that occur in the Yarra precinct, rather than resident numbers.

Figure 49 shows that while Yarra has a higher number of total assault offences compared to Victoria, over time this has remained relatively stable. The slight increase over time from 2011 to 2020 is similar between Yarra and the Victorian average.

Figure 49: Assault and related offences, year ending 30 June, rate per 100,000 population



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Yarra	737.6	858.9	881.4	764.7	805.1	814.9	889.6	878.6	863.1	936.5
Greater Melbourne	510.2	545.6	581.1	573.8	559.7	608.4	617.0	599.1	604.4	618.2

Source: Crime Statistics Agency (2020)[51]

Table 17: Recorded offences and criminal incidents

Indicator	Yarra	Victoria
Total offences* 2020 (rate per 100,000) **Offences include any criminal act or omission by a person or organisation for which a penalty could be imposed by the Victorian legal system*	13,715	8115.6
Crimes against person 2020 (rate per 100,000)	1618.1	1239.4
Reported drug offences 2020 (rate per 100,000)	1174.1	551
Property and deception offences 2020 (rate per 100,000)	8822.5	4532.2
Public order and security offences 2020 (rate per 100,000)	842.5	467.3

Source: Crime Statistics Agency (2020)[51]

Antisocial behaviour

The 2019 Communities That Care Youth Survey investigated antisocial behaviours in students, such as carrying a weapon, school suspension, stealing something worth more than $10 and threatening someone with a weapon.[27]

- The most prevalent antisocial behaviour across all year levels was stealing, which trended upward with each increasing year level from Year 6 (7.3%) to Year 10 (24%)
- Rates of stealing have significantly increased in Year 6 between 2015 (2.8%) and 2019 (7.3%)
- Carrying a weapon was the second most prevalent antisocial behaviour in Year 6 (6.6%) and Year 10 (12%), and the third most prevalent antisocial behaviour in Year 8 (9.8%)
- The prevalence of Year 6 students who report carrying a weapon has increased significantly from 2015 (2.5%) to 2019 (6.6%)
- Rates of school suspension increased between Year 6 (3.9%) and Year 8 (10%)

Gender equality

Gender equality refers to the equal rights, responsibilities and opportunities of women, men, trans and gender diverse people. Equality does not mean that everyone will become the same; rather that people's rights, responsibilities and opportunities will not depend on their gender. Women, trans and gender diverse people often experience inequality based on their gender, which is then compounded by the interaction of other forms of disadvantage and discrimination. This can affect their life opportunities and experiences, and subsequently their health and wellbeing in a multitude of ways. Gender intersects with other factors such as socio-economic status, age or ethnicity. Gender inequality can be compounded by the intersection of gender-based discrimination with other forms of diversity, including disability, cultural diversity, and sexual orientation. These intersections can impact on an individual's safety, economic security, and work prospects.

Key data

- In 2016 more women in Yarra earnt over the minimum wage (49%) when compared to the Victorian average (29%)[64]
- However, in 2016 fewer women in Yarra earnt over the minimum wage when compared to men in Yarra (49% compared to 55%)[64]
- In 2016 more women in Yarra performed 15 hours or more of unpaid domestic work (14%) compared to men in Yarra (5.4%)[64]
- In 2016 men in Yarra were more likely to hold a leadership position (chief executive, general manager or legislator) than women in Yarra (rate of 70.4 per 10,000 people, compared to 39.1 per 10,000 people)[64]

Note: It is acknowledged that Yarra's trans and queer population are not represented in the data in this section, due to a lack of LGA specific data on these population groups. This is representative of the lack of data available on an LGA level, as well as at a national level. This is a consequence of the way in which data is currently collected by the Australian Bureau of Statistics. It should be noted that an absence of data is not reflective of an absence of population.

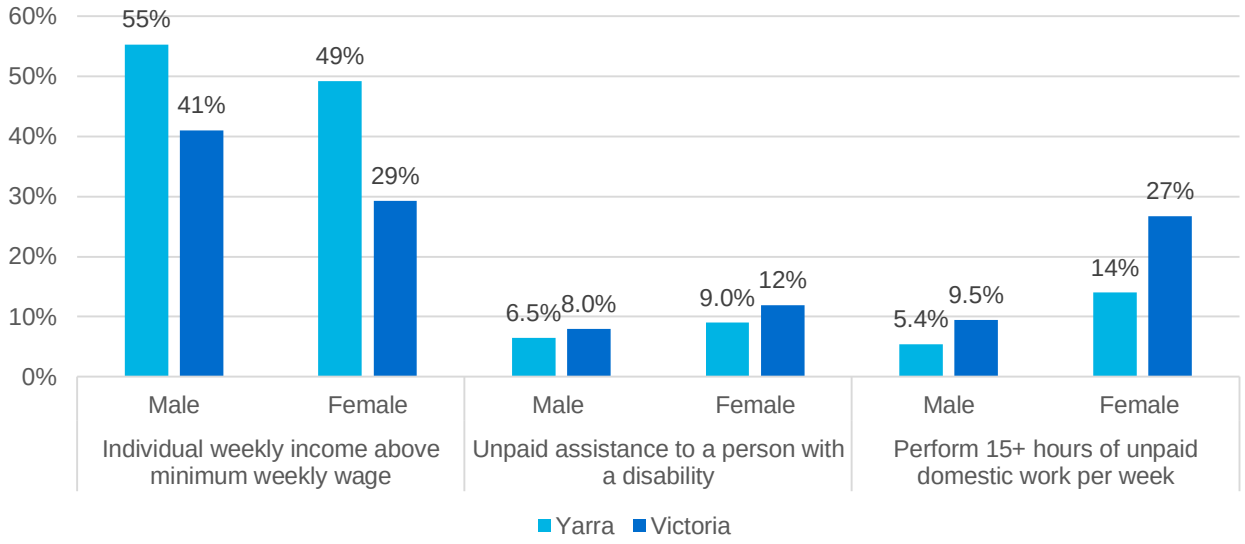
Income and unpaid work

It is widely acknowledged that women typically earn less income than men.[74] This gap is the result of a variety of factors including hiring and pay discrimination, female-dominated sectors attracting lower wages, women's disproportionate share of unpaid caring and domestic work, limited workplace flexibility to accommodate women's non-work responsibilities, and women's greater time out of the workforce impacting career progression. The gender pay gap, combined with women's higher likelihood of part-time work, impacts on their lifetime economic security, and as a result, a variety of health and wellbeing outcomes.

The current gender pay gap for Australia is 13.9%.[74] In 2016 in Yarra, 49% of females had an individual weekly income above the minimum weekly wage, compared to 55% of males. Compared to Victoria, there was a smaller difference between male and females earning weekly income over the minimum wage in Yarra (6% compared to 12%). However, 6% is still a gap between male and females, and represents an evident inequality.

Females in Yarra were more likely to perform 15 hours or more or unpaid domestic work (14%) compared to males (5.4%) (Figure 50). The unequal distribution of unpaid care and domestic work can result in reinforced gender stereotypes, such as the male breadwinner/female caregiver model, which does not adequately reflect the diversity of our community.

Figure 50: Income and unpaid work/assistance rates



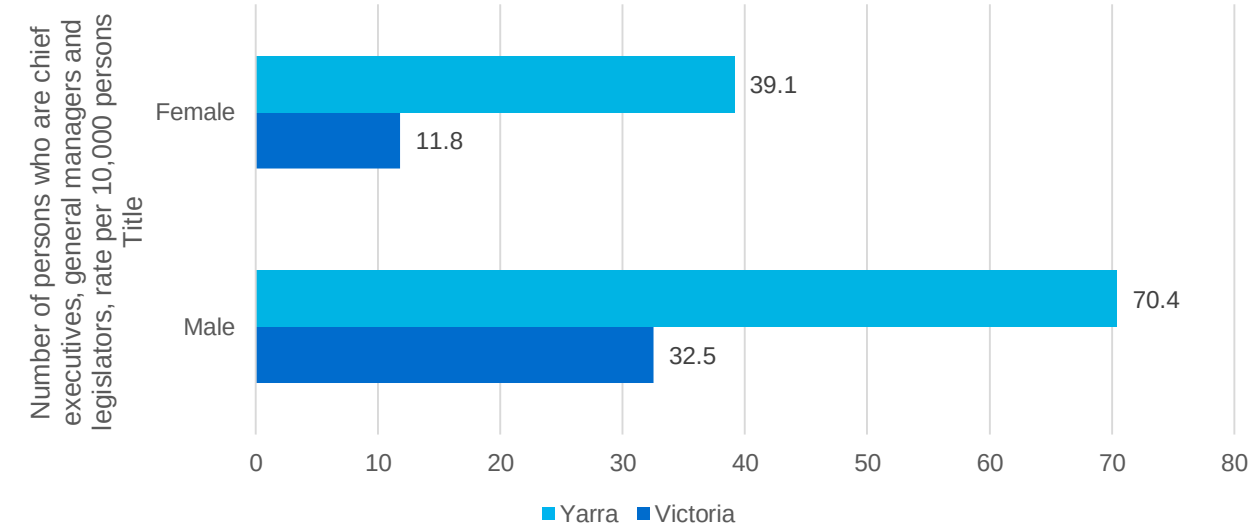
Source: ABS 2016[64]

Leadership roles

Gender disparity in workplaces, such as the gap between men and women in leadership roles, perpetuates existing stereotypes about the role of women at work and in wider society, and exacerbates gender pay inequity. Increasing the representation of women in leadership roles would contribute to gender equality which is a key determinant for women's health and empowerment.

Overall, Yarra had higher rates of people in leadership roles (chief executives, general managers and legislators) compared to the rest of Victoria. However, males were much more likely to be in a leadership role than women, with 70.4 males per 10,000 in a leadership role compared to 39.1 females.

Figure 51: Number of persons who are chief executives, general managers and legislators, rate per 10,000 persons



Source: ABS 2016[64]

Parenthood

Women are more likely to be single parents than men.[82] Single mothers typically experience more economic disadvantage. This is due to the gender pay gap, high representation of women in casual or part time work (and lower paid work), and taking time out of the work force due to child bearing. These factors can all contribute to single mothers having limited financial resources. In Yarra in 2016, 83% of lone parents were female, with 17% being male. Yarra has a slightly higher proportion of single mothers than the Victorian average (83% compared to 81%).

The idea of a Mothers Index has been developed and used by Save the Children globally for 15 years and is informed by in-depth literature review, and consultation with international and local experts.[75] The Mothers' Index measures indicators that matter most to a mother: her health, the wellbeing of her children, her own education attainment, the family's economic status and her relative socio-economic status. These indicators are used as proxies to indicate a mother's wellbeing. These Yarra ranks 13 out of the 79 local government areas in Victoria. This is a relatively high score, however there is still room for improvement in this space.

Table 18: Lone parent status & Mothers' Index rank

Indicator	Yarra	Victoria
Lone parent status by sex (percentage)		
Female	83%	81%
Male	17%	19%
Mothers' index rank* **Rank is derived from indicators relating to maternal wellbeing*	13	39.8

Source: Save the Children (2016)[75] ABS (2016) [64]

Family violence

Family violence is a gendered issue, stemming from the structural inequalities and imbalance of power that exists between men and women. Gender norms are not biological, but socially constructed, learnt, and subject to cultural and historical variation.[76] Experiencing family violence can have a negative impact on health and wellbeing, including poor physical or mental health, loss of housing or employment, isolation from social supports, reduced financial security and in extreme circumstances, permanent disability and death. We know that LGBTIQ+ communities experience similar levels of violence, perpetuated by similar drivers of violence as violence against women. Though there is less data available, several studies have found that intimate partner violence is reported at similar rates in same-gender relationships to heterosexual relationships, while some studies have found higher rates.[77]

It is important to also consider the concept of intersectionality, where overlapping systems of inequality and discrimination can influence peoples' experiences of intimate partner and family violence. This can include inequality and discrimination based on culture, Aboriginality, ethnicity, socio-economic status, ability, geography, age, migration status and religion. These factors can compound and ultimately increase the risk of gendered violence.[77]

Key data

- In Yarra (and Victoria), women were more likely than men to experience all of the measures of family violence and sexual offences listed in Table 19
- In 2019 women in Yarra reported experiencing a higher rate of sexual offences (15.2 per 10,000) compared to women in Victoria (13.9 per 10,000)[82]
- In 2019 women in Yarra experienced a higher rate of stalking, harassment and threatening behaviours (10.3 per 10,000) compared to women in Victoria (8.7 per 10,000)[82]
- In 2017/2018 women in Yarra experienced a higher rate of alcohol-related family violence incidents (31.1 per 10,000) compared to women in Victoria (24.6 per 10,000)[82]

Note: It is acknowledged that Yarra's trans and queer population are not represented in the data in this section, due to a lack of LGA specific data on these population group. This is representative of the lack of data available on an LGA level, as well as on a national level. This is a consequence of the way in which data is currently collected by the Australian Bureau of Statistics and Crime Statistics Victoria. It should be noted that an absence of data is not reflective of an absence of population or experiences.

Family violence and sexual offences

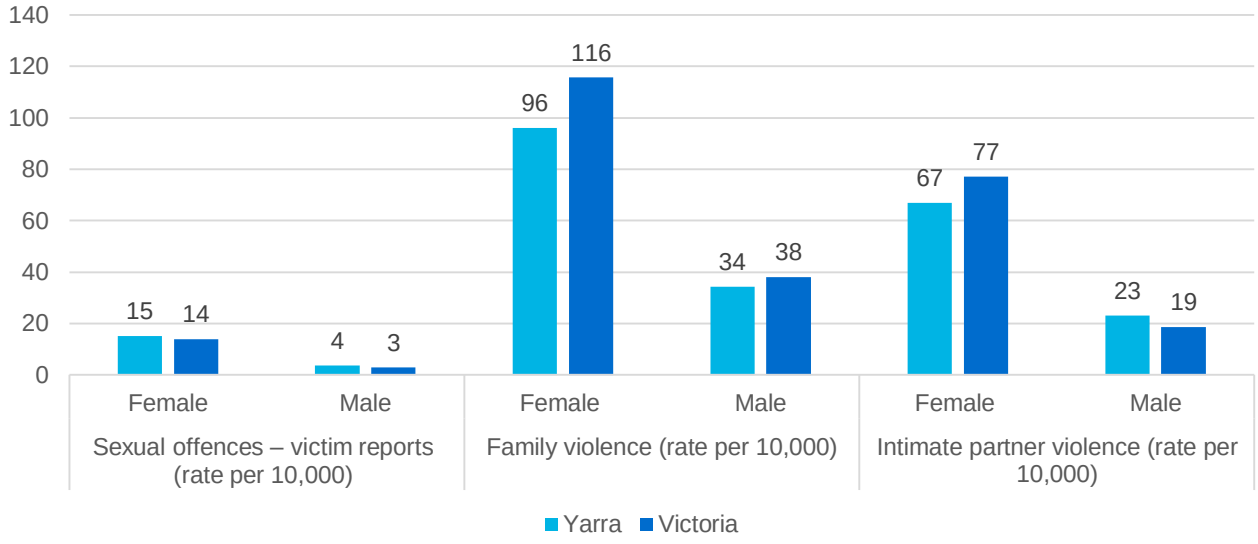
Family violence includes violent or threatening behaviour, or any other form of behaviour that coerces or controls a family member, or that causes that family member to be fearful. The rates detailed in Table 19 equal the number of victim reports in 2019 per 10,000 people, where incidents were attended by Victoria Police and a Victoria Police Risk Assessment and Risk Management Report was completed. These incidents do not capture other kinds of family violence, such as psychological or financial abuse. In line with national and state statistical trends, females in Yarra reported a much higher proportion of family violence when compared to males (96 compared to 34 per 10,000 people). Yarra trended slightly below the Victorian average for family violence.

Family violence carried out against a current or former partner is known as intimate partner violence. Due to under-reporting, the true incidence is likely to be much higher than what is reported in Figure 52. Men's violence against female partners is more likely to inflict severe injury and to result from attempts to control, coerce, intimidate and dominate than women's violence against male partners which is more likely to be in self-defence.[82] Yarra reports similar rates of intimate partner violence as the Victorian average. Females are

more likely than males to experience intimate partner violence (67 compared to 23 per 10,000 people). Yarra also had a slightly higher rate of males experiencing intimate partner violence compared to the Victorian average (23 compared to 19 per 10,000 people).

Sexual offences include rape, indecent assault, and other acts of a sexual nature against another person, which are non-consensual or where the person is deemed incapable of giving consent. Sexual assault has profound effects on the wellbeing of victim/survivors, including emotional, psychological, legal, health, spiritual, and socioeconomic impacts. The rate reported in Figure 52 equals the number of victim reports received in 2019 per 10,000 people. Yarra reports similar rates of sexual offences as the Victorian average. Females in Yarra (15 per 10,000) are more likely to be subjected to a sexual offence than males (4 per 10,000).

Figure 52: Measures of family violence and sexual offences



Source: Women's Health Atlas 2019

Other offences

Cases of sexual assault are often committed by a perpetrator who is connected to their victim as a family member, partner, or friend.[78] As a result, sexual violence can often go unreported due to many factors, including the victim's fear of reprisal.[79] Women are more likely to report sexual assault by a stranger than to report sexual assault from a current partner.[78, 79] Yarra had a much lower proportion of sexual offences where there was a relationship to victim when compared to the Victorian average. This is an interesting result, and it is difficult to pinpoint the exact cause. Literature suggests though that that the most likely reason is that there is a level of underreporting of sexual offences when there is a relationship to the victim.

In Table 19 the section 'Stalking, harassment and threatening behaviours' refers to repeated acts of unreasonable conduct intended to: cause physical or mental harm; arouse apprehension or fear; threaten or invade privacy; or create nuisance.[51] Due to the likelihood of under-reporting, the true incidence of stalking, harassment and threatening behaviour may be much higher. Stalking and harassment are highly gendered experiences with women overwhelmingly as the survivor/victims and men as the perpetrators. Yarra had a higher proportion of stalking, harassment and threatening behaviours compared to the Victorian average. Females in Yarra experienced these behaviours at rate of 10.3 per 10,000 people, compared to Victorian females at 8.7 per 10,000 people.

The section 'Possible or definite alcohol related family violence incident' refers to incidents attended by Victoria Police where a Risk Assessment and Risk Management Report was completed, and alcohol use was flagged as definite or possible. While factors associated with gender inequality are the most consistent predictors of violence against women; a range of reinforcing factors, including alcohol, can interact to

increase the probability, frequency or severity of such violence.[80] Yarra had a higher proportion of possible or definite alcohol related family violence incidents compared to the Victorian average. Females in Yarra experienced these behaviours at much higher rate of 31.1 per 10,000 people, compared to Victorian females at 17.3 per 10,000 people. This indicates that consumption of alcohol as an intensifier of family violence incidents is a concern in Yarra.

Table 19: Measures of family violence and sexual offences

Indicator	Yarra	Victoria
Sexual offences where there was a relationship to victim 2019 (percentage)		
Women	46%	75%
Men	41%	72%
Stalking, Harassment And Threatening Behaviours 2019 (rate per 10,000)		
Women	10.3	8.7
Men	5.9	4.3
Possible or definite alcohol related family violence incident 2017-2018 (rate per 10,000)		
All	21.4	17.3
Women	31.1	24.6
Men	11.2	9.8

Source: AODStats Victoria by Turning Point (2017–2018)[49] Women's Health Atlas (2019) [82]

Sexual and reproductive health

Sexual and reproductive health refers to physical wellbeing, healthy and respectful relationships, and appropriate access to inclusive and healthy information, testing, treatment and services. Practically, this means promoting safe sex and contraception, as well as reducing unplanned pregnancies and sexually transmitted infections. The impact of poor reproductive health is greater on women, due to both biological and social factors. Women have the right to experience optimal sexual and reproductive health at every life stage. Sexual and reproductive health is relevant throughout one's lifespan, not only during reproductive years, but also for those who are young or are older. Sexual and reproductive health is critically influenced by sex and gender norms, roles, expectations and power dynamics, and is expressed through diverse sexualities and forms of sexual expression.[76]

Key data

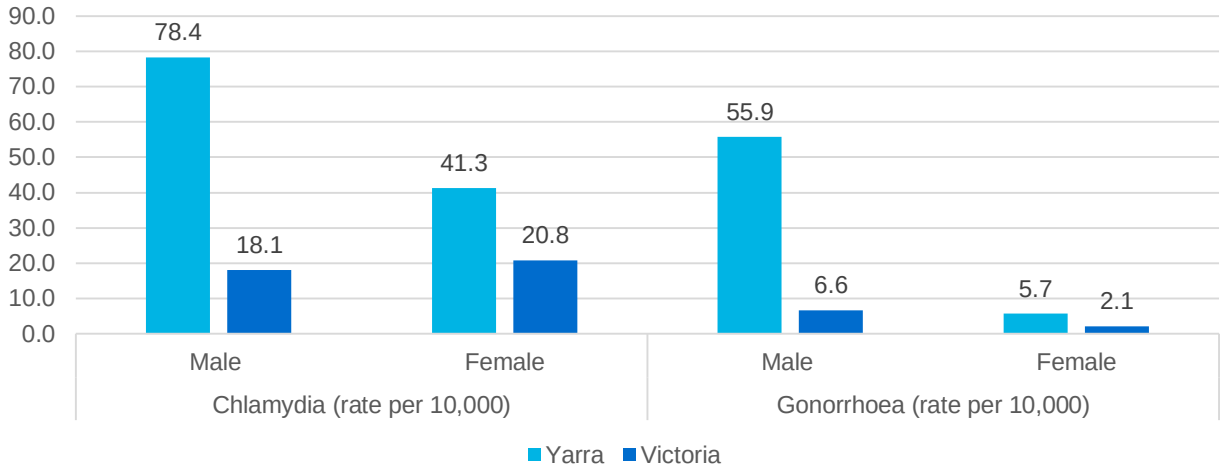
- In 2018 Yarra had a higher rate of chlamydia infections per 10,000 people for men (78.4) and women (41.3), compared to the Victorian averages for men (18.1) and women (20.8)[81]
- In 2018 men in Yarra had significantly higher rates of gonorrhoea (55.9) compared to men in Victoria (6.6)[81]
- In 2017 Yarra had a lower rate of teenage birth (5.2) compared to Victoria (10.6)[82]

Sexually transmitted infections

Chlamydia is a common sexually transmitted infection (STI) caused by bacteria. Chlamydia can have long-term consequences of infection, which are experienced predominantly by women. These relate mainly to the development of pelvic inflammatory disease (PID) and include chronic pelvic pain, ectopic pregnancy, infertility, and increased risk of pre-term labour. In 2018, chlamydia rates in Yarra were significantly higher than the Victorian average. Both sexes in Yarra experienced a high rate, however males in Yarra had a markedly higher rate (78.4 per 10,000) compared to the Victorian average (18.1 per 10,000). Risk factors for chlamydia include number of sexual partners, age of first intercourse, a new sexual partner and lack of use of barrier contraceptive measures.

Yarra also had higher rates of gonorrhoea when compared to the Victorian average. Gonorrhoea is an infectious, often symptomless disease that is predominantly transmitted via sexual contact. Males in Yarra had a significantly higher rate (55.9 per 10,000) compared to the Victorian average (6.6 per 10,000).

Figure 53: Sexually transmitted infection rates (Chlamydia & Gonorrhoea)

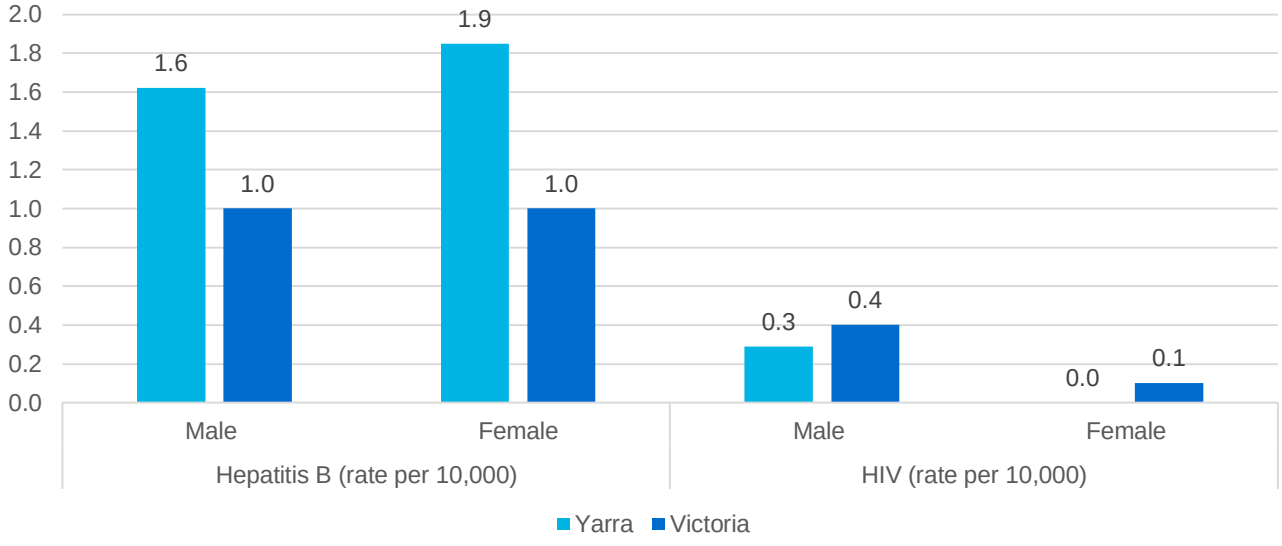


Source: DHHS 2018[81]

Hepatitis B is the most common blood-borne virus in Australia. Hepatitis B causes liver inflammation and can increase the risk of developing chronic liver disease or liver cancer later in life. The virus is spread via contact with infected blood or body fluids, which can include mother to baby transmission. Yarra had a slightly higher rate of hepatitis B in both sexes, when compared to the Victorian average.

Human Immunodeficiency Virus (HIV) is primarily acquired through sexual contact, and to a lesser extent via injection drug use. Yarra had slightly lower rates of HIV in both sexes, when compared to the Victorian average.

Figure 54: Sexually transmitted infection rates (Hepatitis B & HIV)



Source: DHHS 2018[81]

Fertility and contraception

Many young women plan to become pregnant and have a positive experience. However, compared with older women, teenage women are less likely to know how to access antenatal care services, more likely to experience complications during pregnancy and childbirth, less likely to be financially secure, and more likely to experience emotional distress.[82] The teenage birth aggregate two-year rate equals the number of live births to women aged 13–19 years in the two-year period Jan 2016–Dec 2017 per 1,000 women. According to this measure, Yarra had a lower proportion of teenage births (5.2 per 1,000), compared to the Victorian average (10.6 per 1,000).

The Total Fertility Rate (TFR) measures the average number of babies born to a woman throughout her reproductive lifetime. According to this measure, Yarra had a lower TFR (1.1) compared to the Victorian average (1.9).

The contraceptive implant and the contraceptive Intra Uterine Device (IUD) are both Long Acting Reversible Contraception (LARC) methods. For biological, cultural and social reasons, women often carry the responsibility for family planning and contraception. While oral contraception is the contraceptive method most commonly prescribed to Victorian women, health professionals see LARC (Long Acting Reversible Contraception) as best practice.[83] Yarra had a slightly higher uptake of the contraceptive implant (8.2 per 1,000) compared to the contraceptive IUD (7.5 per 1,000). Compared to the Victorian average, Yarra had a higher rate of contraceptive IUDs, and a slightly lower rate of the contraceptive implant.

Cervical screening helps protect women from cervical cancer by identifying any markers of risk for cervical cancer earlier, so they can be treated and have a better chance of recovery. In 2016 64.3% of women in Yarra participated in cervical screening, slightly higher than the Victorian average (57.8%).

Table 20: Fertility, contraception and screening rates

Indicator	Yarra	Victoria
Teenage birth aggregate two year (rate per 1,000)	5.2	10.6
Total Fertility Rate (lifetime)	1.1	1.9
Contraceptive Implant (rate per 1,000)	8.2	9.3
Contraceptive IUD (rate per 1,000)	7.5	5.7
Estimated two year cervical screening rates for women	61.4%	57.8%

Source: Women's Health Atlas (2016)[82] Women's Health Atlas (2017)[82] Women's Health Atlas (2018)[82]

Gambling

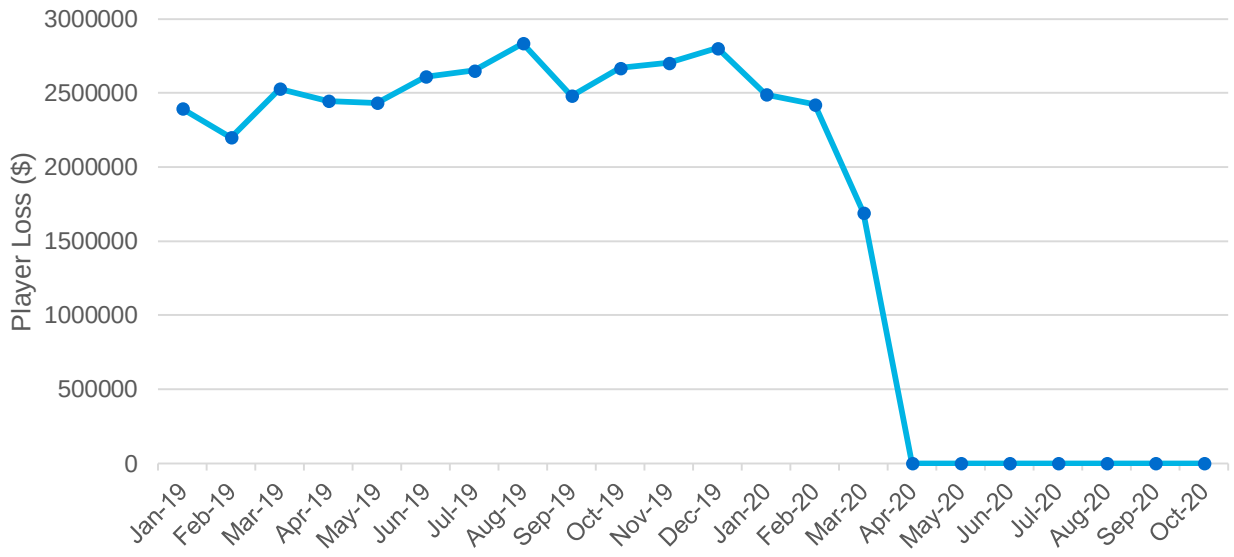
Community harm from gambling is widespread, and can impact on the health, wellbeing and financial security of those who gamble, as well as their families, friends and communities. Gamblers may experience mental health disorders and substance abuse, and they or their families may experience stress-related physical and psychological ill health as a consequence of gambling. Other impacts can include family breakdown, family violence, criminal activity, disruption to or loss of employment, and social isolation. In addition, gambling may compromise one's ability to afford necessities such as adequate nutrition, heating, shelter, transport, medications and health services. Harms related to gambling reflect social and health inequalities, with negative effects unequally distributed among economically and socially disadvantaged groups.[84]

Key data

- In 2019–2020, each adult in Yarra lost $256, compared to Victorian adults who lost $378, a difference of 33%[85]
- In 2019–2020, City of Yarra had 3.2 Electronic Gaming Machines (EGMs) per 1000 adults, which is 36% lower than the Victorian average (5 per 1000)[85]
- In Yarra, player loss dropped in March 2020, likely as a result of pandemic restrictions. In April 2020 and beyond, no player loss was recorded as venues with EGMs were closed[85]

Figure 55 demonstrates the amount of gaming expenditure in Yarra over January 2019 to October 2020. This figure visually shows the impact of the COVID-19 pandemic and associated restrictions, where venues with EGMs were shut from April to October 2020, resulting in savings in gaming expenditure Yarra, and reducing player loss for the community. In the year prior to February 2020, player loss in Yarra remained steadily around $2,500,000.

Figure 55: Player loss over time in Yarra, 2019 – 2020



Source: VCGLR (2019–2020)[85]

Yarra had a lower annual loss per adult ($256) when compared to Victoria ($378). Yarra also had a lower number of EGMs (3.2 per 1000 adults) compared to Victoria (5 per 1000 adults). Though Yarra has a lower proportion than Victoria as an average, a loss of $256 per Yarra adult remains detrimental for our community and likely to be associated with negative health and wellbeing impacts. There is limited data available about

other forms of gambling (such as online betting services and online gaming), but it is anticipated that these costs would increase the total gambling expenditure in Yarra.

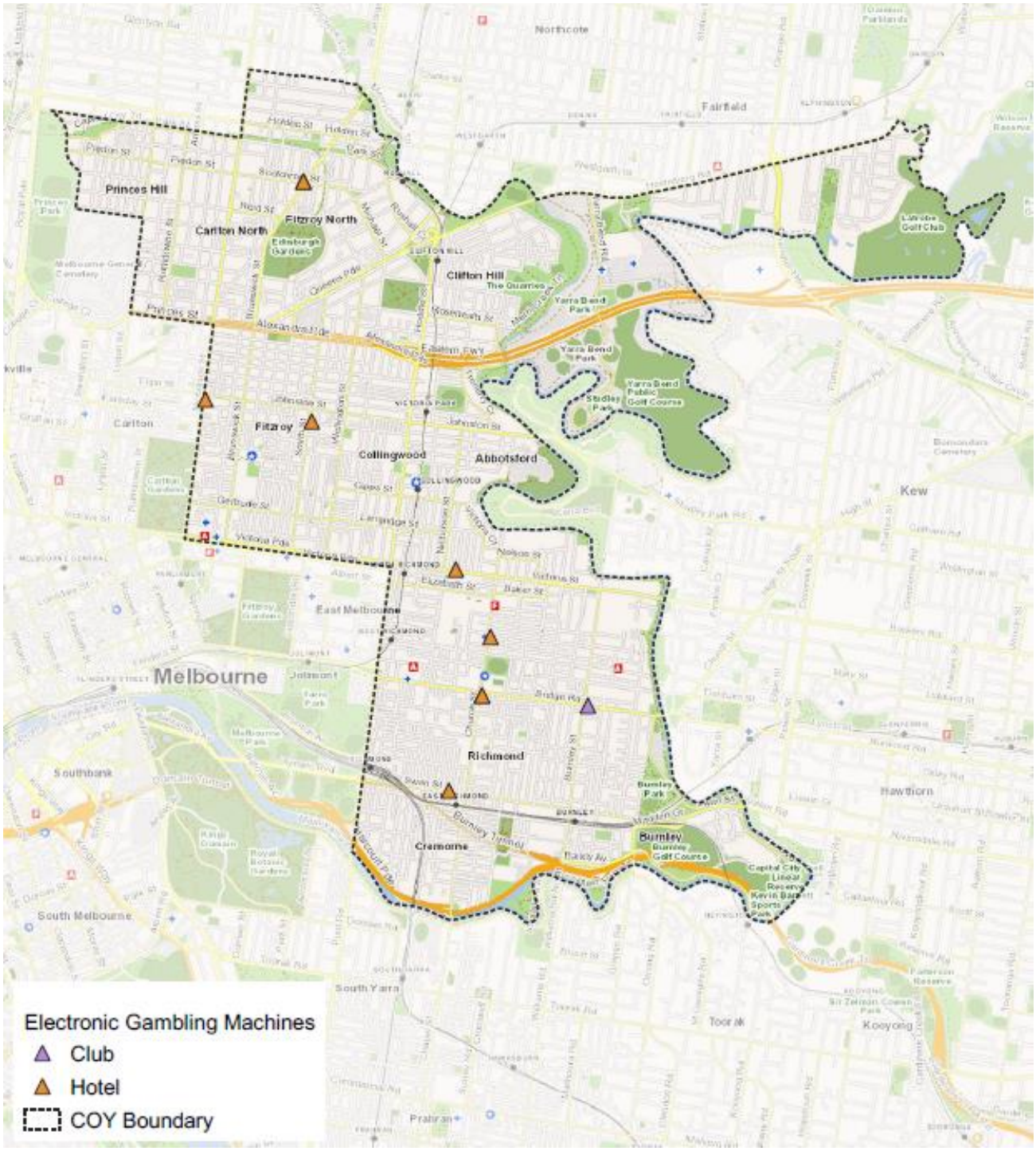
Table 21: Gambling losses in Yarra

Indicator	Yarra	Victoria
Losses per adult (annually)	$256	$378
EGMs per 1000 adults	3.2	5
EGMs gambling losses (annually)	$22.7 M	$1,988 M
EGMs gambling losses (per day)	$62,321	$5,447,098
Number of venues with EGMs (March 2020)	7	492
Number of EGMs (March 2020)	288	26,412

Source: VCGLR (2019–2020)

As of March 2020, Yarra had seven venues with EGMs, and a total of 288 EGMs in the whole municipality. Figure 56 illustrates the locations of poker machine venues (eight in this map, using data from January 2020). The locations of venues with EGMs mirror the locations of large pockets of social housing in Yarra. Besides these locations, many more poker machines are in surrounding municipalities of Darebin, Moreland and Melbourne. Council's Planning Scheme requires a planning permit to install or use a poker machine and the Local Gambling Policy (Clause 22.15) provides guidance for decisions in this area. It prohibits installation or use of poker machines in strip shopping centres and in the Richmond Plaza and Victoria Gardens Shopping Centres. It also discourages the location of gambling machines in nominated areas within 500 metres of areas of disadvantage as identified using SEIFA index of relative disadvantage. Council has adopted a Gambling Policy, which outlines the ways to minimise the social and economic harms caused by gambling through advocacy to other levels of government, planning controls, community education and by supporting gambling-free initiatives that increase community connectedness and inclusion.[86]

Figure 56: Map of venues with Electronic Gaming Machines in Yarra



The climate change emergency and health

Our changing climate impacts on health and wellbeing in many ways. The earth is rapidly warming as a result of increasing concentrations of greenhouse gases in the atmosphere. Victoria's climate has become hotter and drier and trends are expected to continue with worsening effects. The Victorian climate projections for 2019 shows the expected future changes in Victoria's climate, projected until 2090, under both moderate and high future emissions scenarios.[87]

The projections indicate that Victoria will continue to get hotter and drier and experience longer fire seasons, with increased severity and frequency of bushfires. It projects an overall decrease in total rainfall, leading to longer and more severe droughts. In conjunction with this, it is expected that individual rainfall events and storms will become more intense, leading to a greater risk of flash flooding.[87]

These extreme weather events will obviously have a direct impact on health in the immediate and acute sense, however there will also be a number of indirect impacts as well. The indirect impacts of climate change can be seen in the worsening of air quality, changes in the spread of infectious diseases, risks to food safety, food security and drinking water quality, and negative impacts on mental health.

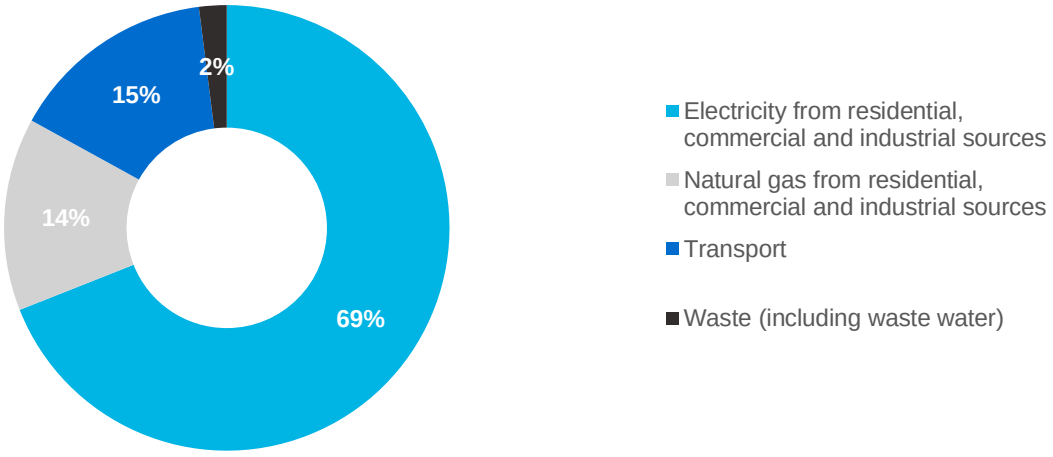
Key data

- By the 2050s (under a high carbon emissions scenario), Melbourne is expected to experience a yearly increase in daily temperatures over 35°C, to between 13 and 21 days on average[88]
- By 2050, Melbourne's average annual rainfall is expected to decrease by around 8% (under a high emissions scenario)[89]
- The Royal Commission into National Natural Disaster Arrangements heard that over the 2019-2020 summer period, 80% of Australians were affected by bushfire smoke, around 445 people died as a result of smoke and over 3,000 people were admitted to hospital for respiratory problems[90]
- Council operations are 100% powered by renewable electricity

Both globally and locally, the climate emergency will disproportionately impact the most vulnerable people in our communities, who often have far less capacity to respond and cope with the impacts.[91] The people who are unfairly impacted are typically those living on low incomes, the aged and very young, people who are chronically ill, Aboriginal and Torres Strait Islander people, people experiencing homelessness, and those from culturally and linguistically diverse backgrounds.[92] There is also likely to be more people experiencing climate-related anxiety and grief due to the ecological losses, immediate stresses or concern about future generations and their ability to live healthy lives.[92]

The majority of community carbon emissions in Yarra come from electricity from residential, commercial or industrial sources (Figure 57).

Figure 57: Yarra community emissions profile 2017–18 (total emissions 1,900kt CO2e)



Source: Yarra Climate Emergency Plan 2020–2024[93]

Heatwaves

On average between 1981 and 2010, Melbourne experienced 8.3 days per year when the temperature exceeded 35°C. By the 2050s, under a high carbon emissions scenario, this is expected to increase to between 13 and 21 days. A small shift to higher average temperatures leads to large increases in the number of extreme heat events, exacerbating the risk of heat-related illness and death.

In 2014, the Department of Health produced a report titled 'The health impacts of the January 2014 heatwave in Victoria'.[94]

Key findings were:

- There were 621 heat-related presentations during the week of the 2014 heatwave, higher than the 105 expected, representing a five-fold increase. A total of 40% of heat-related presentations were for people aged 75 years or more.
- There was a 25% increase in the Ambulance Victoria emergency caseload in the metropolitan region during the 2014 heatwave (14 – 17 January).

Air quality

The health impacts associated with bushfires are felt acutely in both cities and rural areas. The federal parliament's Royal Commission into National Natural Disaster Arrangements established in 2020 (commonly referred to as the bushfire royal commission), heard from health researchers that 80% of Australians were affected by bushfire smoke, around 445 people died as a result of smoke and over 3,000 people were admitted to hospital for respiratory problems.[90]

The National Environment Protection (Ambient Air Quality) Measure (PM) is the standard that the Environment Protection Authority (EPA) applies for measuring air quality. It states that air quality is considered unsafe if the concentration of small particles exceeds 25 µg/m3/day. Any exceedances above 25 µg/m3 averaged over 24 hours are rated by EPA's Air Watch as poor, very poor or hazardous, depending how high the exceedance is. For example, during the January 2020 bushfires, parts of Melbourne experienced PM2.5 levels of between 400 – 1000 µg/m3. At this stage, there is no current publicly available data on air quality in Yarra that could be sourced for this report.

Rainfall

Over the past 30 years, Victoria's cool season rainfall has declined compared to last century. Melbourne's average annual rainfall is expected to decrease by around 8% by 2050 under a high emissions scenario.[89] This has significant implications for our water supply, agricultural productivity and health of our ecosystems.

Adaptive capacity

Adaptive capacity in the context of climate change refers to the capability of communities to adjust to change and minimise harm from our changing climate.[92] Determinants of the adaptive capacity of a community include economic wealth, technology, information and skills, infrastructure, institutions and equity.[92]

Trees, plants and vegetated open spaces help moderate the local climate by shading our streets, parks and buildings. In 2017, the Yarra's Urban Forestry Strategy found that Yarra had a tree canopy cover of 17%, similar to other inner city municipalities.[95] Additional to this, according to Council's 2019 Draft Open Space Strategy, 13.5% of Yarra is public open space.[96]

The Heat Vulnerability Index is a rating determined by three components: heat exposure, sensitivity to heat (due to land cover, population density, and age), and adaptive capacity (SEIFA). The rating is scaled from 1 to 5 (1 = low vulnerability, 5 = high vulnerability). Yarra recorded a rating of 2/5, which indicates we are closer to low vulnerability, however we still have a level of vulnerability that we need to consider.

Table 22: Adaptive capacity measures

Indicator	Yarra
Heat vulnerability index 2018	2.0
Tree canopy cover 2017	17%
Percentage of the total area of the city that is public open space	13.5%

Source: Yarra Draft Open Space Strategy (2019) DELWP (2018) Yarra Urban Forest Strategy (2017)

Antimicrobial resistance

Drug-resistant infections are a serious threat to health and wellbeing. 'Antimicrobial resistance' is defined by the World Health Organization (2019) as the ability of an infection (caused by a bacterium, fungus or virus) to become resistant to the drugs we use to treat them, such as antibiotics. Resistant microorganisms are spread through the unnecessary or overuse of human and non-human antimicrobial drugs, such as antibiotics and antiviral drugs. Similarly, health protection from communicable disease remains a priority of the VPHWP and, in instances where prevention is not possible (such as the case of new and emerging communicable diseases or where an outbreak has already occurred), disease control remains an area of interest, particularly when considering wider health and wellbeing implications.

Research for this report was unable to uncover any local data available for Yarra regarding the level of antimicrobial resistance in our community, or the rate of antimicrobial drug use.

According to data from Antimicrobial Use and Resistance in Australia (AURA):

- In Australia in 2017, two in five people had at least one antimicrobial dispensed (AURA 2017)
- In Australian hospitals, 23.5% of antimicrobial prescriptions in hospitals were inappropriate (AURA 2017)
- In the Australian community, 50% of antibiotic prescriptions were ordered with repeats – and were half-filled within 10 days (AURA 2017)
- In Australian aged care in 2017, one in ten aged care home residents were prescribed at least one antimicrobial (AURA 2017).

Immunisation

Immunisation is one of the most effective ways to reduce the spread of preventable diseases. Immunisation protects both individuals and the wider community, including vulnerable community members who cannot be immunised for specific health reasons. For immunisation to provide the most benefit, a large proportion of the community must be fully immunised. In the past, target coverage rates have been around 90%. However, due to a higher level of vaccine coverage required to achieve community immunity for measles, a recent national aspirational immunisation target has been set at 95%.[6]

Immunisation records are kept for Australian residents, but are not reported on beyond early years. Children who are Australian residents are required to have vaccinations at designated ages. Most children who have not had the requisite vaccinations are not able to participate in early childhood services or school settings as part of the Federal Governments 'No jab, No play' legislation.[97] There are some legitimate circumstances for not being fully vaccinated including for people with some medical conditions, and recent migrants from countries with different requirements.

In Yarra 95.4% of children aged 12 months were fully vaccinated, a comparable level to the North Western Primary Health Network area (NWPHN) which encompasses Yarra and other north western municipalities. For 2-year olds the level was a little lower (94.2%) in Yarra, while the level for NWPHN area was 93.6%. 5-year olds in Yarra had the lowest level of these ages (91.8%), lower than the level for NWPHN area (94.9%).

Table 23: Percentage of children who are fully vaccinated, Yarra and NWPHN area

Age	Yarra	North Western Primary Health Network Area
	June 2020	**2018-19**
12-<15 Months	95.4	95.1
24-<27 Months	94.2	93.6
60-<63 Months	91.8	94.9

Source: Australian Immunisation Register - Coverage Report, Yarra, June 2020, Primary Health Network Immunisation Coverage Data 2018-19

Social Determinants of Health

The World Health Organization (WHO) describes the social determinants of health (SDOH) as the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries.[5] The SDOH recognises that these factors influence our health outcomes. This is further demonstrated in Figure 1 (introduction) which illustrates how our health and wellbeing is influenced by more than individual lifestyle choices. For the purposes of this report, employment, education and housing activities of Yarra residents have been reviewed to identify the extent of risk and protective factors in each of these domains.

Yarra is a municipality of social and economic extremes, with highly affluent households sitting side-by-side with disadvantaged households. The starkest example of this disparity is found in the suburbs with social housing towers (Collingwood, North Richmond and Fitzroy). Nearly 4 in 10 Yarra households are in the highest income quartile earning over $2395 per week, compared with 1 in 5 Yarra households which are in the lowest quartile group earning up to $740 per week. This is evidence of the spectrum of economic advantage and disadvantage experienced by Yarra residents.

Economic participation

Economic position plays a key role in health and wellbeing. Having access to more income and wealth generally enables more access to goods and services that provide health benefits, including better food and housing, additional health care options, and greater choices to obtain a healthier lifestyle.[6] In general, people from poorer economic circumstances are at greater risk of poor health, have higher rates of illness, disability and death, and live shorter lives than those who are more advantaged.[6]

Economic position also includes the concept of stability. Economic stability refers to how reliable a person's income is, its permanence and predictability. Employment and working conditions are, according to the World Health Organization (WHO), amongst the most important factors shaping people's social position, and by association, their health and wellbeing.[98] Stable, well-paid employment provides multiple benefits, including providing income which in turn can provide better access to many health variables including healthy food, health care and housing. Working conditions can influence health and wellbeing by providing a meaningful focus and satisfaction to people's lives. Work-related problems such as stress, injury or bullying can affect our physical, emotional and mental health.[99]

Key Data

- 4 in 10 Yarra households (38.9%) are in the highest income quartile[100]
- 2 in 10 Yarra households (20.2%) are in the lowest income quartile[100]
- Half of Yarra's population (50%) are employed[64]
- One fifth of Yarra's population (21.1%) are not part of the labour force (note that this includes people not of working age, such as children and retired people)[64]

Yarra is a municipality of economic and social extremes. Nearly four in ten Yarra households (38.9%) are in the highest income quartile, with a weekly income of more than $2,395 per week. In contrast, the next largest proportion of households, at 23.7%, is those on medium-high incomes of $1,417 to $2,394. This group is 15% smaller than those on the highest incomes, but it is worth noting that the group of households on the lowest income (less than $740 per week) is also a similar size, at 20.2%.[100]

Nearly one in ten Yarra households live in public housing, with figures showing that economic and social disadvantage in Yarra are largely clustered geographically around these areas, as shown by the SEIFA disadvantage index.[101] By contrast, high and medium incomes are more evenly spread throughout the municipality.[102] These figures at both ends of the income spectrum, and the notable gap between the amount of people in the highest quartile and all other income quartiles are indicative of the polarised socioeconomic nature of Yarra.

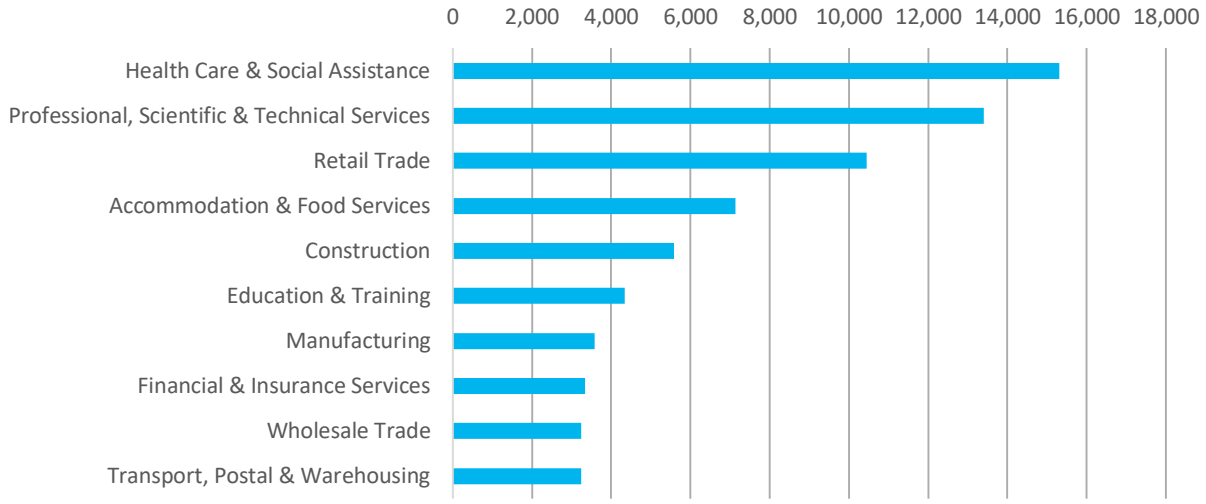
Adding to this picture is employment status, another significant indicator of socio-economic position. About 50% of Yarra's population were employed as at the 2016 ABS Census, with 70% of those people working full time, and 29% working part-time. A further 5.3% were looking for employment and 21.1% were not part of the labour force. Yarra's employment and labour force participation rates remained higher than that of Greater Melbourne across the last two ABS Censuses in 2011 and 2016, with figures also remaining fairly steady. In terms of occupation, Yarra has significantly more professionals than any other occupation (42.9%), and almost twice as many as Greater Melbourne (25%), a relationship that has remained steady between the 2011 and 2016 Censuses.

Yarra supports 84,359 jobs and has an employment rate above the state average. In 2016, 70% of people aged 15 and over were employed compared with 62% in Greater Melbourne and 61% in Victoria. Like elsewhere, employment rates in Yarra vary between age groups and are higher for men compared to women. Less than a quarter of employed Yarra residents work within Yarra. Although the employment rate is

relatively high in Yarra, the unemployment rate for most years has been above the average for Greater Melbourne and Victoria. In the period 2013–14, the unemployment rate in Yarra reached a high of 7.7 compared with 6.2 in Victoria and 6.4 in Greater Melbourne.

Of the 84,359 jobs supported in Yarra, many have a service industry focus, having shifted away from the area's history as a manufacturing hub. This is 11.76% of the employment in inner-metropolitan Melbourne, proportionally much greater than Yarra's small geographical footprint[103]. Yarra's top industries are based around the service and knowledge sectors, with health and social services being the number one employer:

Figure 58: Top ten employers in Yarra by industry sector, June 2020[104]



Source: Compelling Economics, Yarra REMPLAN, June 2020 (with data from ABS 2016 Census) [104]

Education

Educational attainment is associated with better health throughout life. Basic educational knowledge and skills, including reasoning ability, emotional self-regulation, and communication skills, are critical components of health.[105] These skills are key to achieving a level of social wellbeing, as part of the wider picture of health. Education equips people to achieve various elements of the social determinants of health, including stable employment, a secure income, adequate housing, being able to provide for families and cope with ill health, and by empowering people to make informed health care choices. An individual's education level affects not only their own health, but that of their family, particularly dependent children.[6]

Key Data

- Almost half of Yarra's population (42%) hold a Bachelor degree or higher, this is well above the Greater Melbourne average (27%)[64]
- Almost a quarter of Yarra's population (24.9%) have no educational qualification[64]
- A total of 113 Yarra children in their first year of schooling are vulnerable on one or more developmental domains[106]
- A total of 66 Yarra children are vulnerable on two or more developmental domains[106]

Yarra has a high proportion of residents who have completed their schooling as well as further tertiary qualifications. It also has over 8,000 people currently attending university, representing 9% of the population. This is considerably higher than for Greater Melbourne at 6%.[64]

This data confirms what has been discussed in previous sections – overall Yarra has a largely affluent population with high educational achievements, professional jobs and good incomes. However, not everyone in Yarra has the same outcomes. As many as 551 young people aged 15 to 24 are disengaged with employment and education and 10% of the population aged 15 and over did not progress past Year 10 schooling (Figure 21).

The VPHWP 19–23 states the importance of education in promoting and protecting the health and wellbeing of children by fostering educational and social skills that can have an impact across their lives.[8] Furthermore, the Australian Institute of Health and Welfare note that the different areas of early childhood development (physical, social and cognitive) have a strong impact on learning, school success, economic participation, social engagement and health. Investing in early childhood development therefore has potential to reduce health inequalities, particularly for vulnerable children.[115]

The Australian Early Development Census (AEDC) measures the development of children in Australia in their first year of school. Data is collected across five domains related to health, education and social outcomes every three years. In 2018, 613 children who live in Yarra were measured across 48 schools. The table below shows an overview of results for Yarra across the five domains since 2009.

Notably, Yarra shows a significant increase in children who are on track across all five areas in 2018 as compared to 2015. However it is important to note that 2015 yielded the poorest results across all four years measured, so the increases demonstrated in 2018 are bringing results back to those seen in 2009 and 2012, as opposed to increases over a longer time period.

Figure 59: Australian Early Development Census results over time for Yarra

		2009		2012		2015		2018		Significant change	
		n	%	n	%	n	%	n	%	2009 vs 2018	2015 vs 2018
Physical health and wellbeing	On track	438	81.1	462	80.2	452	72.4	472	80.4	No significant change	Significant increase
	At risk	57	10.6	67	11.6	100	16.0	59	10.1	No significant change	Significant decrease
	Vulnerable	45	8.3	47	8.2	72	11.5	56	9.5	No significant change	No significant change
Social competence	On track	422	78.1	459	79.7	455	72.9	469	79.9	No significant change	Significant increase
	At risk	74	13.7	83	14.4	87	13.9	59	10.1	Significant decrease	Significant decrease
	Vulnerable	44	8.1	34	5.9	82	13.1	59	10.1	Significant increase	Significant decrease
Emotional maturity	On track	412	77.2	454	79.9	463	74.2	476	81.1	Significant increase	Significant increase
	At risk	70	13.1	74	13.0	95	15.2	60	10.2	No significant change	Significant decrease
	Vulnerable	52	9.7	40	7.0	66	10.6	51	8.7	No significant change	Significant decrease
Language and cognitive skills (school-based)	On track	457	84.8	481	83.5	513	82.2	508	86.5	No significant change	Significant increase
	At risk	52	9.6	63	10.9	54	8.7	46	7.8	No significant change	No significant change
	Vulnerable	30	5.6	32	5.6	57	9.1	33	5.6	No significant change	Significant decrease
Communication skills and general knowledge	On track	418	77.4	430	74.7	445	71.3	490	83.5	Significant increase	Significant increase
	At risk	69	12.8	90	15.6	106	17.0	58	9.9	No significant change	Significant decrease
	Vulnerable	53	9.8	56	9.7	73	11.7	39	6.6	Significant decrease	Significant decrease

Source: AEDC, Yarra Community overview, 2018[106]

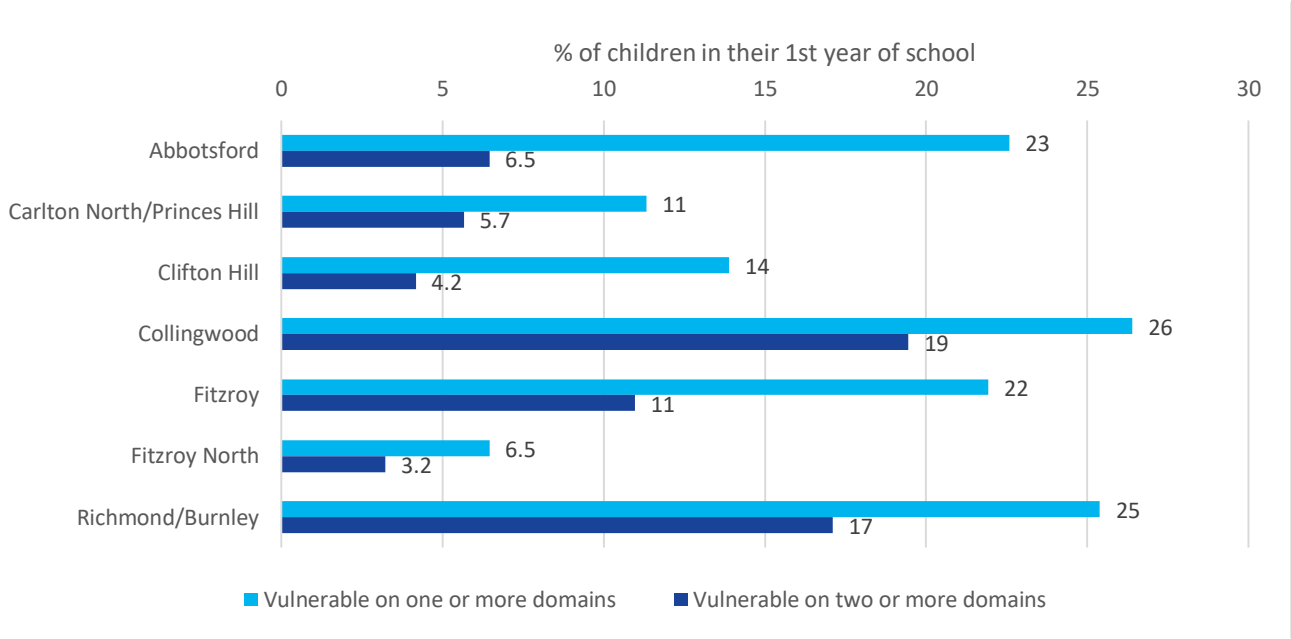
The AEDC also tracks children who are vulnerable on one or more domains, and two or more domains. Again, the proportion of children in Yarra who were vulnerable has come down since 2015, and is now more aligned to state and national averages. Notably, this equates to 113 children in their first year of schooling who are vulnerable on one or more developmental domains and 66 children who are vulnerable on two or more developmental domains, half of whom live in Richmond.

Figure 60: Children who are vulnerable one or more developmental domains or two or more development domains, Yarra, Victoria and Australia, 2018

Source: AEDC, Yarra Community overview, 2018

As in previous years there were considerable differences across the municipality with some areas showing significantly higher rates of vulnerability, notably Richmond, Collingwood, Fitzroy and Abbotsford. This is illustrated in Figure 61.

Figure 61: First year of school attendance & vulnerability by suburb



Source: AEDC, Yarra Community overview, 2018

The education environment has been recognised as a key intervention opportunity for health promotion, alongside other settings such as workplaces. One such intervention in Victoria is the Achievement Program (AP), which is a health promoting framework supported by the Victorian Government and delivered by Cancer Council Victoria.[107] The AP supports workplaces, schools and early childhood services to create healthy places for working, learning and living. Participating schools, early childhood services and workplaces are guided through a cycle of continuous planning, action and review to address eight health priority areas:

- Healthy eating and oral health
- Physical activity
- Mental health and wellbeing
- Safe environments
- Sun protection
- Sexual health and wellbeing
- Tobacco control
- Alcohol and other drug use

Yarra has 14 active AP registrations, indicating these organisations are actively working towards improving their environment for staff and students. Of these 14, the majority (9) are early childhood services. The remaining five active registrations are schools (2) and workplaces (3).

Housing

The provision of stable housing and having a place to call home is a basic human need. The World Health Organization states that: '[i]mproved housing conditions can save lives, prevent disease, increase quality of life, reduce poverty, and help mitigate climate change. Housing is becoming increasingly important to health in light of urban growth, ageing populations and climate change'.[108] Housing can have multiple and varied impacts on health. For example, unsafe housing can increase the risk of injury, while housing with poor accessibility can put elderly people or people with a disability at risk of injury, stress or isolation.[108]

Insecure housing (related to affordability or insecure tenure) can increase stress and impact on mental and physical wellbeing. Difficulty regulating indoor temperature in some houses can cause heat-related illnesses and increase risk of adverse cardiovascular outcomes.[108] Overcrowded housing can increase the risk of exposure to infectious diseases.[108] The importance of affordable, appropriate and secure housing is crucial for people's health and wellbeing outcomes and their ability to participate and contribute to the community. Poor housing conditions are a way in which social or environmental inequities can be translated into health inequities, impacting on a person's quality of life and wellbeing.

Key Data

- In 2016, 15.2% of Yarra households were in housing stress[64]
- In 2016, 25.9% of Yarra's rental households and 11.5% of mortgagees were in housing stress[64]
- Yarra has the highest rate of people living in social housing in Victoria[64]
- Yarra has the fourth highest rate of homelessness in the state[64]

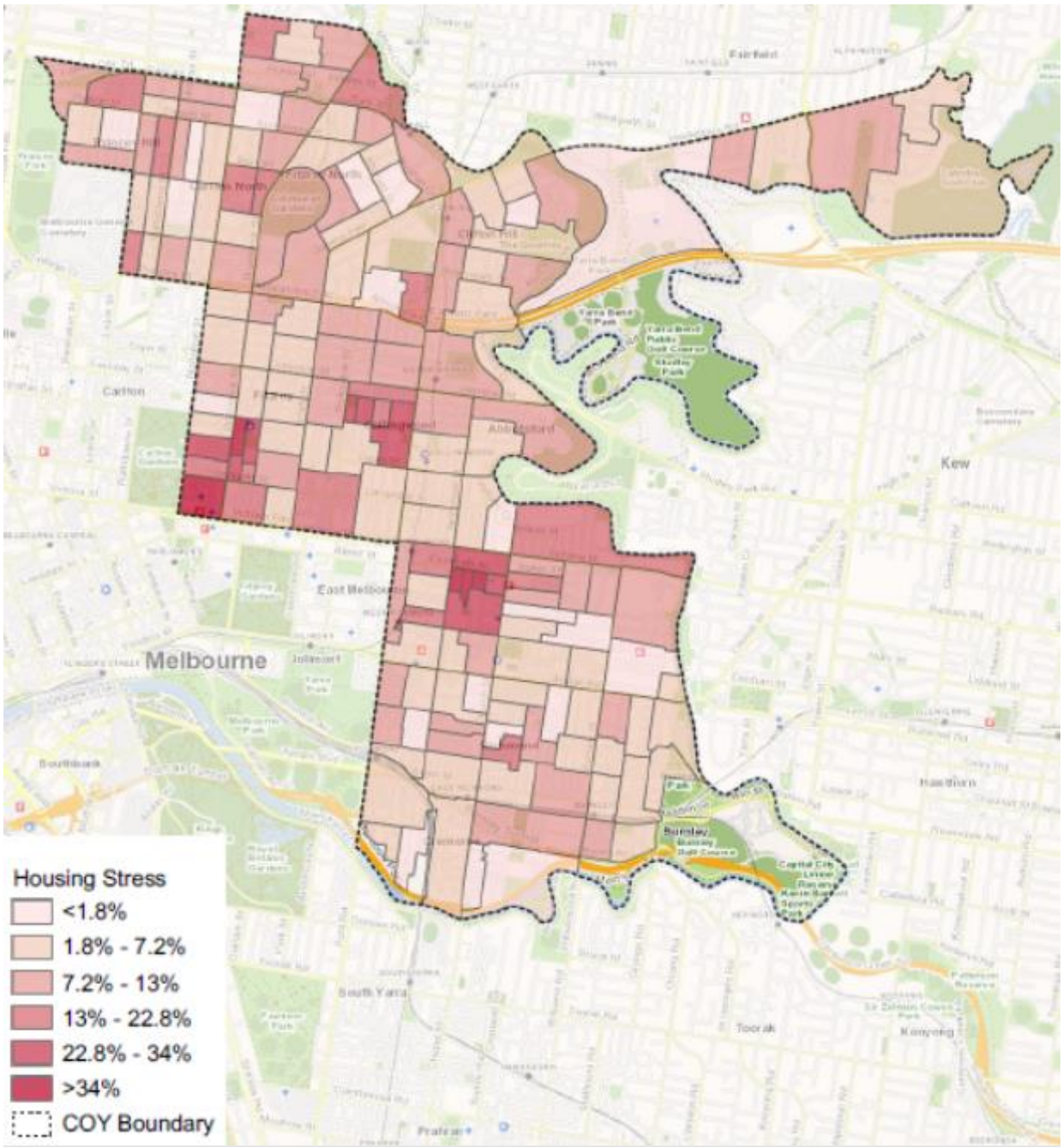
Yarra has a relatively affluent population with most people living in secure accommodation without housing stress. However, it also has the highest rate and number of people living in social housing of any Victorian municipality, the fourth highest rate of homelessness in the state (95 per 10,000) and an estimated 15% of households living in housing stress.[64]

Affordability and housing stress

Lack of affordability, although most apparent at the lowest incomes, impacts households on a range of incomes. Housing stress occurs when housing costs rise too far above incomes and households end up paying a large proportion (generally greater than 30%) of their income on housing. This reduces their capacity to spend on other household essentials, such as food and health.[109]

In 2016, 15.2% (or 6,065) of Yarra's households were in housing stress. This is based on very low, low and moderate income households spending more than 30% of their income on housing costs (mortgage or rent).[110] For renting households, this figure goes up to 25.9% as compared to 11.5% of households with a mortgage.

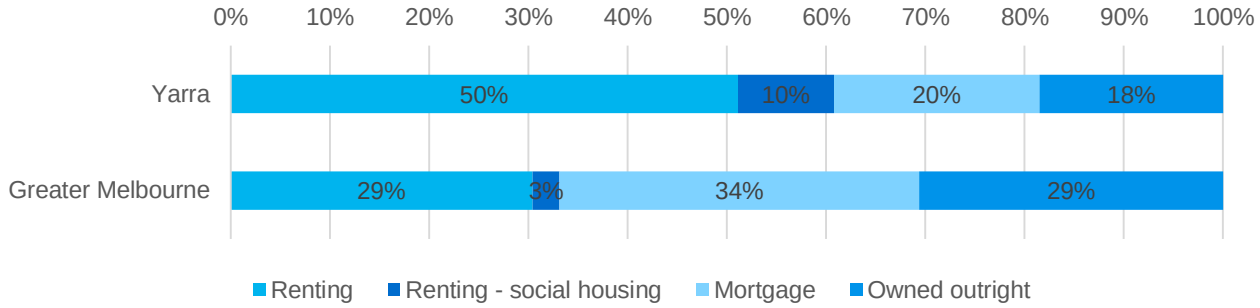
Figure 62: Housing Stress within Yarra, 2016



Source: ABS Census of Population and Housing, 2016

Of the 6,065 households spending more than 30% on housing, more than 5,000 were renting and more than 3,000 were rental households with very low income levels.[111] Based on these figures it is clear that private renters are more likely to be at risk of housing stress, particularly households on lower incomes. Certain groups are also more likely to be in housing stress in Yarra and Victoria. These include lone person households, single parents, younger and older people.

Figure 63: Household tenure proportions in Yarra and Greater Melbourne



Source: ABS Census of Population and Housing, 2016[64]

Yarra has a high proportion of households renting in the private market, many of whom have moderate to high incomes and are paying high rents. Median weekly household income, rent and monthly mortgage payments in Yarra as compared to Greater Melbourne illustrate this.

Table 24: Household income, rent and mortgage repayments for Yarra and Greater Melbourne

	Yarra	Greater Melbourne
Median weekly household income	$1,958	$1,542
Median weekly rent	$421	$350
Median monthly mortgage repayments	$2,167	$1,800

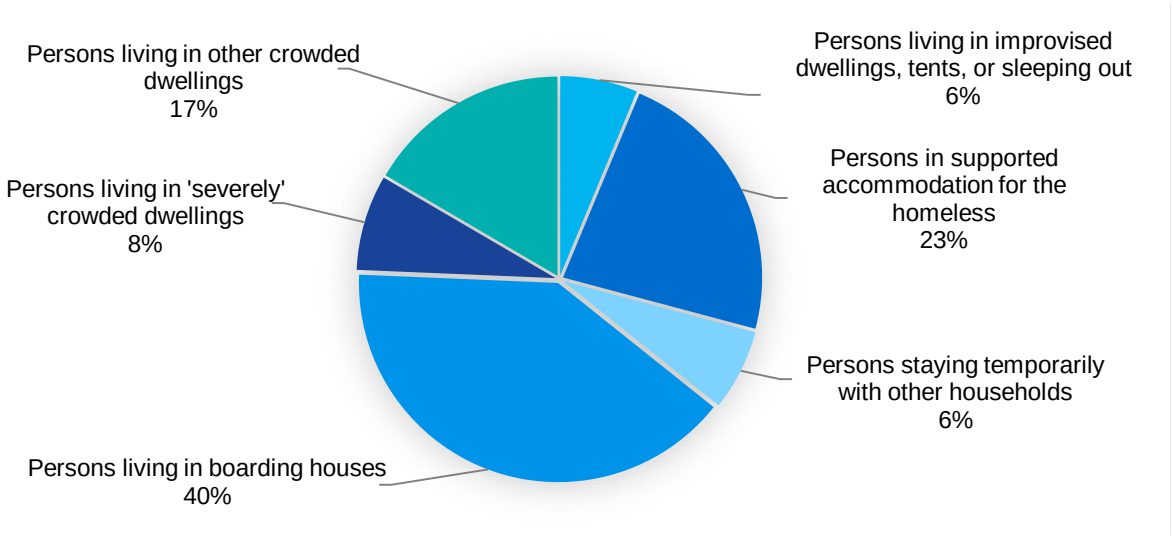
Source: ABS Census of Population and Housing, 2016

There are very few private rental properties in Yarra that are affordable to lower income households, and in particular households on Centrelink incomes.[112] What this means for lower income households in the municipality is that they are either pushed out of Yarra to live more affordably further out of the city, live in housing stress in the private market, or that they may already be residing in social housing. Although households in social housing should not be in financial stress related to housing, many have underlying chronic health issues, including mental health and disability, and face other inequalities that may impact their health.

Homelessness

The most severe form of housing stress is homelessness, which is the inability to maintain an adequate standard of shelter for day-to-day life. In 2016, the ABS estimated that there were a total of 1,008 homeless or marginally housed persons living in Yarra, most of whom were in over-crowded dwellings or boarding houses. Slightly more homeless and marginally housed people in Yarra were male (52%), however gender differences are more apparent for particular homeless cohorts – for instance, there were twice as many people in primary homeless (living in improvised dwellings, tents, or sleeping out) in Yarra who were male than female.

Figure 64: Proportion of homeless in Yarra by living situation, 2016



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

Family violence is a key driver of homelessness and was, along with financial difficulties, the number one cause for seeking homelessness assistance in Victoria in 2018–19[113].

Safe and appropriate housing

Housing and health intersect beyond affordability. Other factors include the safety of buildings and apartments, appropriateness to weather conditions and to the person(s) living there. This last factor disproportionately impacts people with a disability. There are more than 6,000 Australians with a disability under the age of 65 living in aged care facilities due to a lack of other options.[114] In Victoria, as of 30 June 2018, there were 1,585 people under the age of 65 living in permanent residential aged care (RAC), accounting for 3.3% of all permanent residents in RAC in Victoria.[115]

The Commonwealth Government recently committed to the National Action Plan for Younger People in Residential Aged Care which involves getting all young people under the age of 45 who wish to leave RAC out of nursing homes by 2022, and those under the age of 65 by 2025. The plan will be funded under the National Disability Insurance Scheme (NDIS) which, when fully rolled out, is estimated to provide more than $700 million annually in funding for Specialist Disability Accommodation (SDA).

A small proportion of NDIS participants with ‘extreme functional impairment’ or ‘very high support needs’ will be eligible for additional SDA funding (estimated at 6% or 28,000 NDIS participants nationally). The funding is allocated to the individual to enable them to either live in already existing SDA housing or to design or modify mainstream housing to suit their needs. It is intended that this funding stream will stimulate investment in the development of new high quality, accessible dwellings.

The 2016 Census recorded slightly more than 3,000 people or 3.5% of the population in Yarra who need help with their day-to-day lives due to disability (equating to a severe or profound disability).

Increasing the supply of accessible and affordable housing is crucial to addressing housing inequity, however it is important to note that although accessible housing is often equated with the needs of people with current disabilities, the benefits of designing new homes to universal design standards has broader application.

Accessible housing benefits a range of situations including:

- People with disability and their families,
- People who sustain a temporary injury that limits mobility,
- The future needs of Australia’s ageing population, and
- Families with young children.

International research suggests that there is a 60% chance that a new home will be occupied by a person with a disability over the course of its life.[116]

Housing and impact on health care access

Both the Australian Institute of Health and Welfare (AIHW) and the Royal Australian College of General Practitioners recognise that housing and homelessness are key social determinants of health, and that to be homeless, or to live in substandard conditions, will both impact on timely access to essential health care.[117] AIHW notes that there is a growing body of work demonstrating the substantial gaps in life expectancy between those who have stable long-term housing and those who do not, and that co-morbidities and complex health conditions are frequent amongst the homeless population, impacting substantially on and also emerging from their situation[117].

List of Figures

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