

City of Casey

HEALTH AND SOCIAL PROFILE 2024





ACKNOWLEDGEMENT OF COUNTRY

The City of Casey proudly acknowledges the traditional owners, Casey's Aboriginal communities and their rich culture and pays respect to their Elders past, present and future. We acknowledge Aboriginal people as Australia's first peoples and as the traditional owners and custodians of the land on which we work and live.

COMMITMENT TO RECONCILIATION

The City of Casey is committed to reconciliation, guided by Casey's Reconciliation Action Plan (RAP) and the Casey Aboriginal Gathering Place. These initiatives support cultural connection, strengthen community capacity, and work towards better outcomes for the Aboriginal and Torres Strait Islander community.

DIVERSITY STATEMENT

The City of Casey is home to a remarkable diversity of cultures, languages, faiths, identities, landscapes, and stories. From our first Australians to our most recent arrivals and every wave between, the City of Casey welcomes and represents all community members and their respective ambitions to live healthy, rewarding, and happy lives.

These intersecting and overlapping community stories form Casey's collective identity and contribute to its evolving, rich history.

We recognise this diversity as our strength and we aim to share, nurture, and celebrate it.

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PURPOSE

This Health and Social Profile summarises the available evidence and data on health and social conditions within the City of Casey. The purpose of the profile is to inform the development of Council's Municipal Public Health and Wellbeing Plan and provide a platform to share research and evidence with our stakeholder and partner organisations who lead and support this important work.

The Health and Social profile serves the following functions:

1. **Assessment of Population Health:** examination of available data relating to population health status, social determinants, and the systems that enable and inhibit health and wellbeing.
2. **Priority Populations:** consideration of groups or areas within Casey experiencing poorer social, health and wellbeing outcomes, that may benefit from targeted programs.
3. **Resource Allocation:** making informed decisions about the allocation of resources and funding of services, and advocacy based on identified needs.
4. **Policy Development:** guides the development of health policies, programs and advocacy campaigns tailored to address identified community need.
5. **Public Awareness:** raises awareness amongst Casey staff, stakeholders and community about health issues, emerging themes and opportunities to improve health and wellbeing.
6. **Collaboration:** partnerships between government, healthcare providers, and community organisations to address health challenges and community need collaboratively.
7. **Monitoring and Evaluation:** enables tracking of health indicators and outcomes over time, allowing for evaluation of the effectiveness of policies, programs and interventions.

The profile will be updated annually throughout the life of the Municipal Public Health and Wellbeing Plan as new data and social and health needs emerge.

BACKGROUND

Victorian councils have a statutory responsibility to protect and promote public health and wellbeing within their communities. They do this by creating a supportive local environment, managing public health processes, developing policies and programs, and collaborating with local agencies. Council utilises a prevention-focused approach to public health by addressing the root causes of health issues before they arise, rather than simply responding to problems after they occur.

This approach aims to reduce health issues and improve overall community wellbeing in the long term and includes:

1. **Health promotion:** councils promote healthy lifestyles through programs encouraging physical activity, healthy eating, social connection and improved mental wellbeing.
2. **Early intervention:** providing services such as childhood immunisation, early learning, and maternal health to promote long-term health outcomes.
3. **Built environment design:** ensuring urban planning and transport systems create safe, walkable, and accessible environments that support physical activity and reduce risks.
4. **Education and awareness:** raising awareness about public health risks, such as smoking and vaping laws, food safety, and sanitation.
5. **Community engagement and co-design:** working with local agencies and communities to build social connections, support mental health, and address health disparities.

SOCIAL DETERMINANTS OF HEALTH

The social determinants of health refer to non-medical factors that influence health outcomes, such as living conditions, socioeconomic position, employment and work, housing and homelessness, and the built environment.

These can strengthen or undermine the health of individuals and communities. Research suggests social determinants can be more influential to one's health than their level of health care or lifestyle choices, accounting for an estimated 30 to 55 per cent of health outcomes [1].

This demonstrates the need for all sectors to be thinking about, and contributing to, improved health outcomes for communities.

COMMERCIAL DETERMINANTS OF HEALTH

An emerging focus are commercial determinants of health, which refer to the ways commercial organisations influence health and wellbeing in communities.

Commercial activities shape the physical and social environments and can have both beneficial and detrimental impacts on health. These can range from small, locally owned businesses to major multinational corporations.

The practices and products of some commercial organisations are responsible for escalating levels of preventable ill health, social and health inequity and environmental damage. Alarming, industries that produce just four harmful products – tobacco, alcohol, unhealthy food and fossil fuels – cause a third of preventable deaths globally each year [2].

DATA

The following data sources have been used within the health and social profile that provide localised data across a range of topics. It is important to note however that while there is a lot of data available, there is still data at a local level that does not exist or that we do not have access to, particularly for priority population groups.

This health and social profile utilises various data sources (Table 1) to provide localised insights across multiple topics. However, it's important to note that despite there being a lot of available data, there are still many gaps. For many topics local-level information is not available, especially when looking at particular cohorts or priority population groups.

Data source	Description
Casey Health and Wellbeing Household survey (CHWS)	A randomised and representative sample of households in Casey, collecting data on a range of topics relating to health and wellbeing. The survey had a sample size of n=1,071, with an individual household member section covering health behaviours for a total of n=2,613 individuals of all ages.
Census (ABS)	A 5-yearly survey of every person in Australia, collecting data on the economic, social, cultural and health conditions in the country.
Victorian Population Health Survey (VPHS)	A 3-yearly survey of approximately 34,000 Victorians that collects data on the health and wellbeing of Victorian adults aged 18 and over.
Forecast.ID	Local population forecasts including how age structure and household types will change between now and the future.
Housing.ID	Local housing needs and evidence base to understand housing supply and demand, housing diversity, affordability and availability.
Casey Safety Survey (CSS)	A randomised and representative sample of households in Casey, collecting data on a range of topics relating to safety, in both 2021 and 2023.
InjuryAtlas	A dataset that provides information on hospital-treated unintentional injury data in Victoria.
AODStats (AOD)	A dataset that provides information on alcohol, illicit and pharmaceutical drug use and related harms in Victoria. The database draws on sources such as hospital admissions, service use, crime, deaths and injuries.
Crimestats	A dataset providing statistics for different types of crime in Victoria by time and area, from Victorian Police records.
Australian Urban Observatory (AUO)	A dataset that provides spatial data across liveability measures across walkability, social infrastructure, transport, food, alcohol, public open space, employment, housing and demographics.
Public Health Information Development Unit (PHIDU)	Provides information on a broad range of health and other determinants across the lifespan. A comprehensive range of current (and some historical) data at national, jurisdictional, regional and small area levels for Australia.

Table 1: Data Sources

DEMOGRAPHICS

Demographics are used as a snapshot of the people, outlining the various characteristics within a population. This section provides a snapshot of the Casey municipality and our local population to inform how we plan for and with the community now and into the future.

OUR SUBURBS

The City of Casey is located in Melbourne’s South Eastern fringe and covers an area of 409 square kilometres. It is known as both a growth Council – rapidly growing population – and an interface Council, positioned on the outer ring of Greater Melbourne. While well known for recent growth and development, Casey also has significant well established urban areas and townships, making Casey a vibrant and diverse city.

There are 30 suburbs in the City of Casey (Figure 2). For analysis of Casey data the below regions have been identified based on similar characteristics, and geographic proximity for well-established areas.



Figure 1: City of Casey Map

- | | | |
|---|-----|---------------------|
|  | 1. | Beaconsfield (part) |
|  | 2. | Botanic Ridge |
|  | 3. | Berwick |
|  | 4. | Blind Bight |
|  | 5. | Cannons Creek |
|  | 6. | Clyde |
|  | 7. | Clyde North |
|  | 8. | Cranbourne |
|  | 9. | Cranbourne North |
|  | 10. | Cranbourne East |
|  | 11. | Cranbourne South |
|  | 12. | Cranbourne West |
|  | 13. | Devon Meadows |
|  | 14. | Doveton |
|  | 15. | Endeavour Hills |
|  | 16. | Eumemmerring |
|  | 17. | Five Ways |
|  | 18. | Hallam |
|  | 19. | Hampton Park |
|  | 20. | Harkaway |
|  | 21. | Junction Village |
|  | 22. | Lynbrook |
|  | 23. | Lyndhurst |
|  | 24. | Lysterfield South |
|  | 25. | Narre Warren |
|  | 26. | Narre Warren North |
|  | 27. | Narre Warren South |
|  | 28. | Pearcedale |
|  | 29. | Tooradin |
|  | 30. | Warneet |

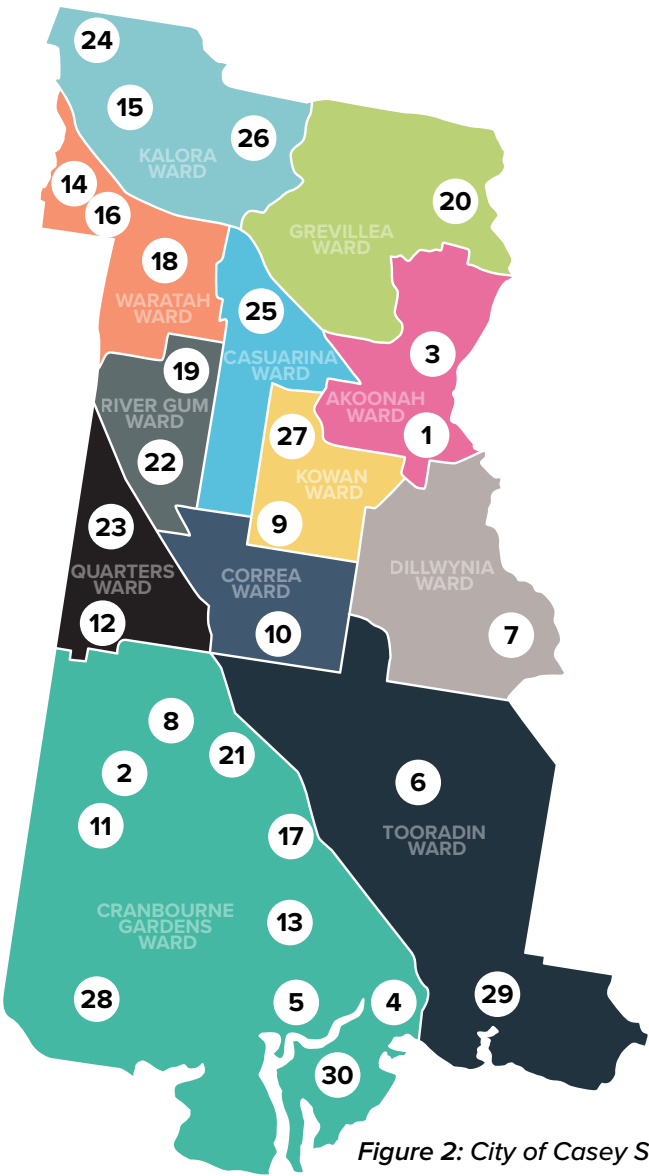


Figure 2: City of Casey Suburbs

DATA

Region	Suburbs	Region Characteristics
Well Established 1	Beaconsfield, Berwick, Narre Warren	Mostly located in the North of Casey, these are suburbs that have been long-standing, generally have a greater population density and are largely at development capacity.
Well Established 2	Cranbourne, Cranbourne North	
Well Established 3	Doveton, Endeavour Hills, Eumemmering, Hallam, Hampton Park	
Moderately Established	Cranbourne East, Lynbrook, Lyndhurst, Narre Warren South	Largely located in the mid-west of Casey, these suburbs were more recently developed with a substantial part of the development over the last two decades.
New Growth Areas	Botanic Ridge, Clyde, Clyde North, Cranbourne West, Junction Village	Located in the middle to south of Casey. Development started over the last decade is ongoing, with infrastructure still currently being built to adequately service these areas.
Rural & Costal	Blind Bight, Cannons Creek, Cranbourne South, Devon Meadows, Harkaway, Lysterfield South, Narre Warren North, Pearcedale, Tooradin, Warneet	Located to the south and north-east of Casey, these areas are established but have smaller populations and have many greenfield areas.

Table 2: Regions of Casey

OUR FAMILIES AND HOUSEHOLDS

Of the 118,000 households in Casey, over half (57%) were households with children (Table 3). While the proportion of households with children has declined over the last 30 years (↓6%), it is expected to remain the majority of households over the next two decades. However, over the same period the proportion of lone person households has grown (↑5%) (Forecast.id).

Compared to Greater Melbourne, Casey has a higher proportion of households that own their homes with a mortgage (Table 3). This is likely due to Casey being a growth Council, where there is a focus on greenfield development, and lower house prices than areas closer to the city, making it more affordable for first home buyers and young families.

*The proportion of single parent household by gender was a male 18% to female 82% split.

Household snapshot	Casey (N=117,961)	Greater Melbourne (N=2m)
Couples with children	45%	33%
Single parents with children*	12%	10%
Couples without children	21%	24%
Lone person	15%	24%
Group households	2.4%	4.1%
Own outright	22%	29%
Mortgage	49%	36%
Renting	22%	29%
Renting social housing	1.4%	2.3%

Table 3: Households and families (ABS)

OUR PEOPLE

Casey is the most populous Local Government Area (LGA) in Victoria with an estimated population of 413,786, which is projected to grow by over a third in the next two decades reaching 614,075 by 2046 (Forecast.id). This growth will be experienced differently across the municipality with growth areas such as Clyde & Clyde North predicted to almost triple in population size, whilst more established areas such as Berwick seeing little to no growth [3].

Casey residents are younger compared to Greater Melbourne with a median age of 34 compared to 37 (Table 4). However, Casey also has an ageing population with the number of residents 75 years old and over expected to double by 2046 (Forecast.id).

Casey has the second largest Aboriginal and Torres Strait Islander population in Greater Melbourne, with approximately 2,845 residents [4]. Our local Aboriginal and Torres Strait Islander population is relatively young with a median age of 22, compared to 25 across Greater Melbourne (ABS, 2021).

Population snapshot				
Age Groups	Female (N=182,041)	Male (N=183,095)	All persons (N=365,239)	All persons (N=4.9m)
Median age	34	33	34	37
Ages 0-14	22%	24%	23%	18%
Ages 15-24	13%	13%	13%	12%
Ages 25-54	44%	43%	44%	44%
Ages 55+	22%	20%	21%	26%
Community diversity				
Aboriginal & Torres Strait Islander	0.7%	0.6%	0.7%	0.7%
Born overseas	42%	42%	42%	36%
Language other than English at home	42%	42%	42%	34%
Low English skills	6.8%	5.2%	6%	5.4%
Religious affiliation	67%	64%	66%	57%
LGBTIQA+ communities	*	*	9.4%	11.8%
Residents with disability [^]	5.5%	4.9%	5.2%	5.5%
Provide unpaid care	14%	9.4%	12%	13%

Table 4: Casey demographics (ABS)

*gender disaggregated data is unavailable.

[^]only captures population with severe or profound disability and derived from Census question if the person ever needs someone to help with self-care activities/core daily activities.

Casey is one of the most culturally diverse LGAs nationally, and is also one of eight destinations for with high refugee settlement across Australia [5].

Over the past two decades, a significant demographic shift has seen the rate of those who speak a language other than English at home double from 21 per cent to 42 per cent, and the rate of those who have low English proficiency increase from 3 per cent to 6 per cent.

From the 2021 Census, more than two thirds of Casey residents have at least one parent born overseas, with two in five born overseas themselves.

Casey is home to residents from more than 150 different countries, with the top birthplaces being India, Sri Lanka and Afghanistan (ABS) 16 per cent of the population are recent arrivals, having immigrated from overseas between 2016-2021. Casey has the largest Afghan-born population in Australia with 14,679 residents.

WELLBEING

Wellbeing is a complex combination of a person’s physical, mental, and emotional health, incorporating concepts such as happiness, satisfaction, and worthwhileness of life. Good health and positive feelings about life are directly related to a person’s wellbeing. This section includes both subjective and objective measures of wellbeing, including data on physical and mental health and how local environments, settings, and systems support wellbeing.

LIFE SATISFACTION

Life satisfaction is a subjective wellbeing measure of how people evaluate their life as a whole. Individual life satisfaction measures have demonstrated consistently high correlations with a broad range of much more complex measures of wellbeing, including objective measures [6]. People who report high life satisfaction are mentally and physically healthier; more cooperative, prosocial and charitable; have greater coping abilities; and live four to 10 years longer than those with low life satisfaction [7].



**no metro data available for 2017*

Figure 3: Life Satisfaction (VPHS)

The Casey community has shown higher life satisfaction levels compared to Victoria and Metro Melbourne over successive Victorian Population Health Surveys (Figure 3). However, this is in contrast to Casey residents reported life satisfaction mean score of 7.19 (scale from 0 to 10) (CHWS, 2024) which is lower compared to recent scores for Australia of 7.5 (ABS General Social Survey 2019). 7.9 (HILDA Survey 2022) and 7.5 (Australian Unity Wellbeing Index 2023).

Additionally in Casey men were more likely to have higher satisfaction scores than women (7.33 compared to 7.08, respectively) and over 55’s were higher compared to <34 year olds and 35-54 year olds (7.53, 7.13 and 6.87, respectively) (CHWS, 2024).

MENTAL WELLBEING

Mental health refers to a state of mental wellbeing that enables people manage stress, learn and work well, and to contribute to their community. It is an essential part of overall health and wellbeing and supports both individuals and the community to make decisions, build relationships and contribute to society [8]. Good mental health is linked to improved learning, better social relationships, good physical health and increased life expectancy [9].

Mental illnesses are health conditions involving changes in emotion, thinking or behavior (or a combination of these) and include conditions such as anxiety, depression and schizophrenia. Mental illness can be associated with distress and/or problems functioning in social, work or family activities [10].

In Casey, it is estimated that seven per cent of residents have a long-term mental health conditions (including anxiety or depression) but this does not factor in residents that may be experiencing acute mental ill-health or have not been able to get a diagnosis or adequate support (ABS). More than one in four households (26%) in Casey reported that mental health conditions had a negative impact within the household in the previous 12 months and 19 per cent had needed but not used a mental health service in the 12 months prior to interview (CHWS, 2024).

Approximately one in five adult residents in Casey reported being in high or very high psychological distress, with similar rates across Victoria. Across age ranges, Victorian adults between the ages of 18-34 years had significantly higher per centages experiencing high or very high levels of psychological distress (VPHS, 2023).

Satisfaction with mental health varied across groups. People aged 55 years and over were more satisfied with their mental health, with significantly higher satisfaction levels than people under 35 years, men were more likely to have higher satisfaction with their mental health than women and residents in more established areas generally had higher satisfaction levels than rural, coastal or growth areas (Table 5).

Indicator	Satisfaction with mental health (mean rating / 10)
Average	7.01
Gender	
Women	6.68
Men	7.38
Age	
<35 year olds	6.40
35-54 year olds	6.96
55+ year olds	7.58
Language	
Speaks a language other than English	7.29
English only	6.92
Regions	
Rural and Coastal	6.88
New Growth	6.68
Moderately Established	7.07
Well Established 1	7.43
Well Established 2	6.78
Well Established 3	6.99

Table 5: Mean mental health satisfaction score by selected demographics and region (CHWS, 2024)

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Table 5: Mean mental health satisfaction score by selected demographics and region (CHWS, 2024)

When considering actions that could have a positive impact on their mental wellbeing, the most common things residents undertook were listening to music, spending time with family and friends, participating in hobbies such as gardening or reading (Figure 4). The most common activities that residents wanted to do more were meditation, arts or creative activities, eating a balanced diet and exercising, women were far more likely than men to indicate that they want to do more of these things (Figure 5).

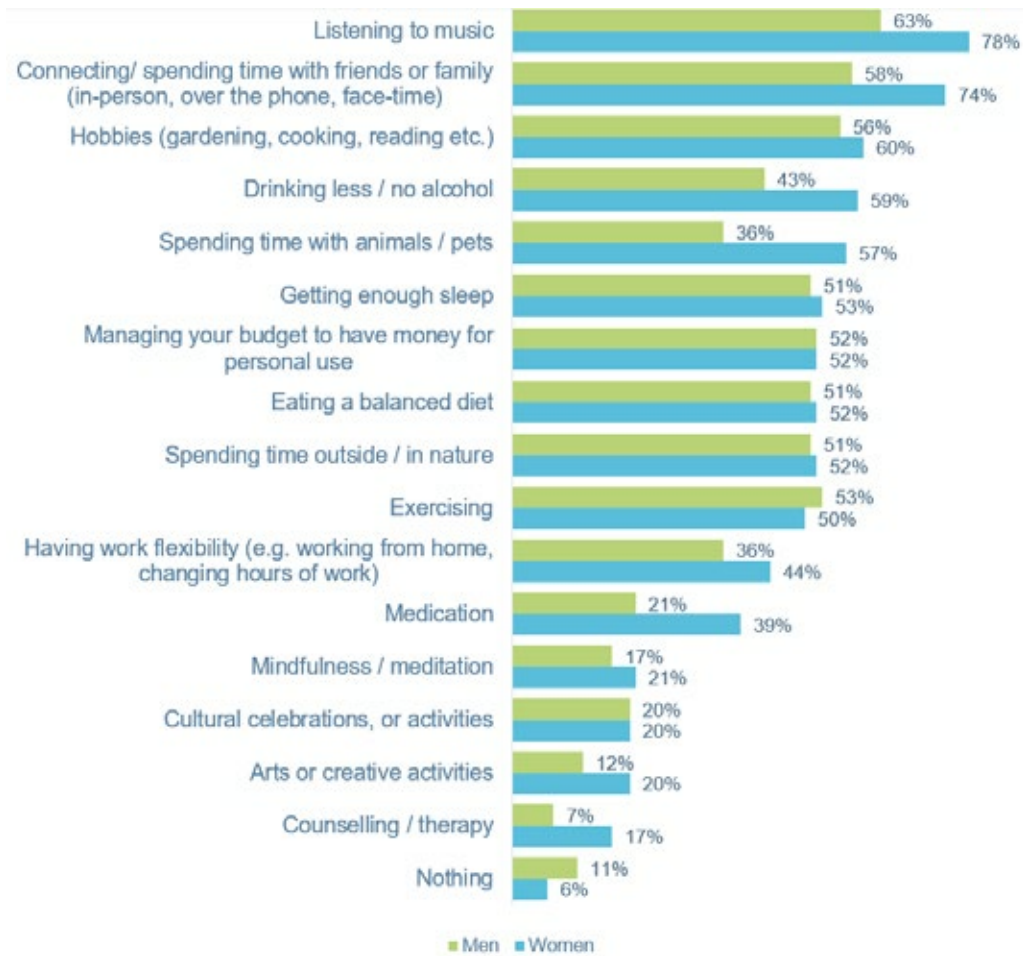


Figure 4: Activities Casey residents currently do to support their mental wellbeing by gender (CHWS, 2024)

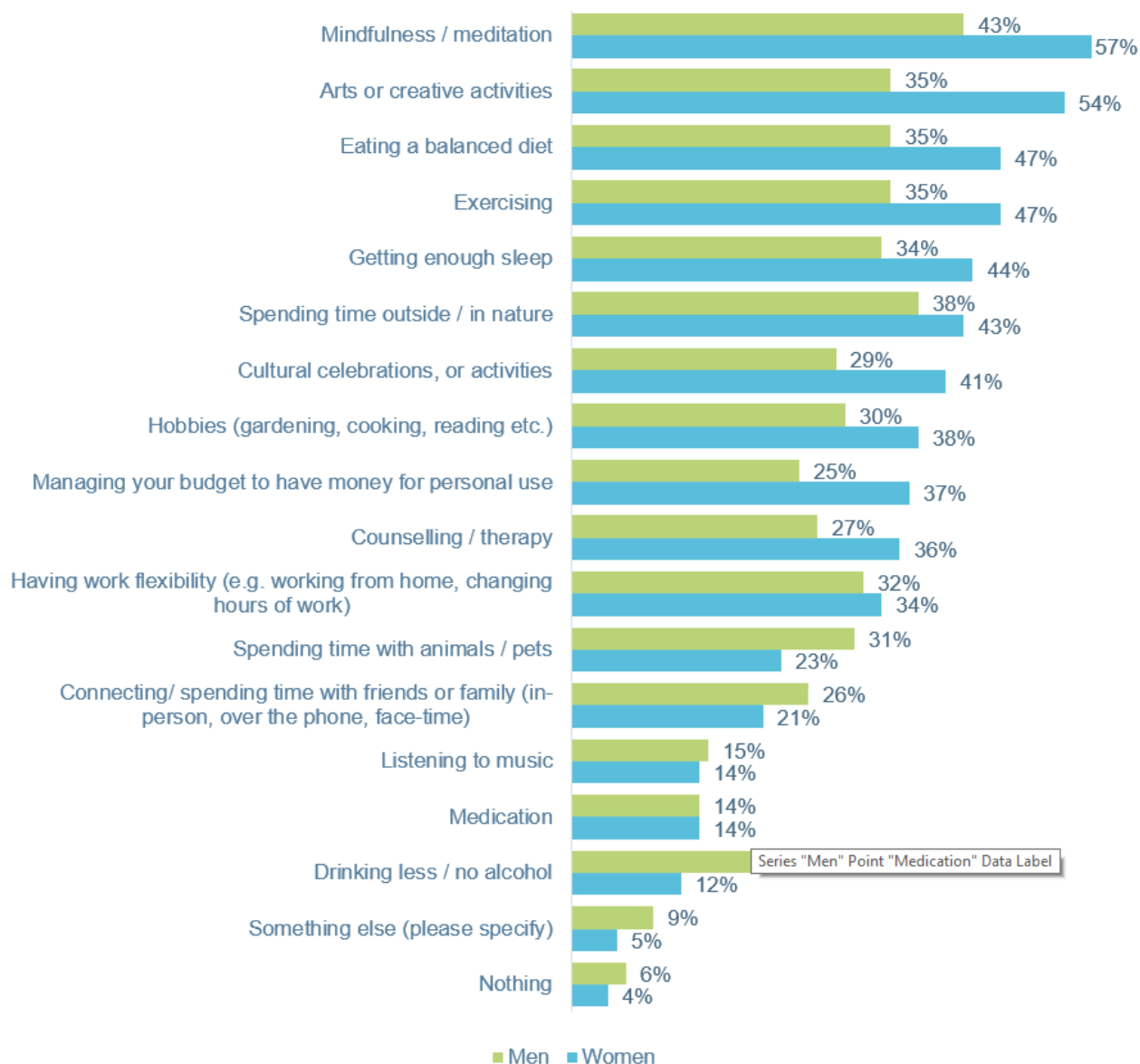


Figure 5: Activities Casey residents want to do more of to support their mental wellbeing by gender (CHWS, 2024)

For more information:

Victorian Women's Health Atlas - Mental Health Casey factsheet

SELF-ASSESSED HEALTH

Self-assessed health status reflects a person's perception of their own health. It is commonly used as a proxy measure for actual health status as it is a strong predictor of illness [11]. Historically, Casey residents have rated their health lower than the Victorian average. However, in 2023, 40 per cent of Casey residents report their health as very good to excellent, which was comparable to the state average (Figure 6).



Figure 6: Self-reported health status (VPHS)

When asked about satisfaction with their physical health residents on average rates it 6.8 out of 10. with men rating it significantly higher than women (7.1 compared to 6.5), people that spoke a language other than English rating it higher than English only speakers (7 and 6.7 respectively) and well established 1 areas higher than new growth areas (7.3 and 6.6 respectively) (CHWS 2024).

MORTALITY

Life expectancy is the most commonly used objective measure of overall health of a population [12]. At the LGA level, recent life expectancy figures are unavailable, but an available proxy is median age at death. Whilst life expectancy is a projection, predicting how long, on average, a person will live, median age at death is retrospective, taking recent deaths for an area and finding the middle data point. Death data is a vital measure of a population's health and provides information on patterns of diseases that cause death, by population groups and over time. Examining death patterns can help explain differences and changes in health status, evaluate health strategies, and guide planning and policy-making [13].

Of the 7,508 deaths in Casey between 2018-2022, the median age was 79 years (82 for females and 76 for males). This places Casey in the lowest quintile (bottom 20%) of Victorian LGA's for longevity over this period. Casey was similarly in the lowest quintile between 2013-2017. The urban fringe of Greater Melbourne stands out here with eight of ten interface LGAs in the lowest three deciles (bottom 30%) for Victorian LGAs (ABS Deaths, 2023).

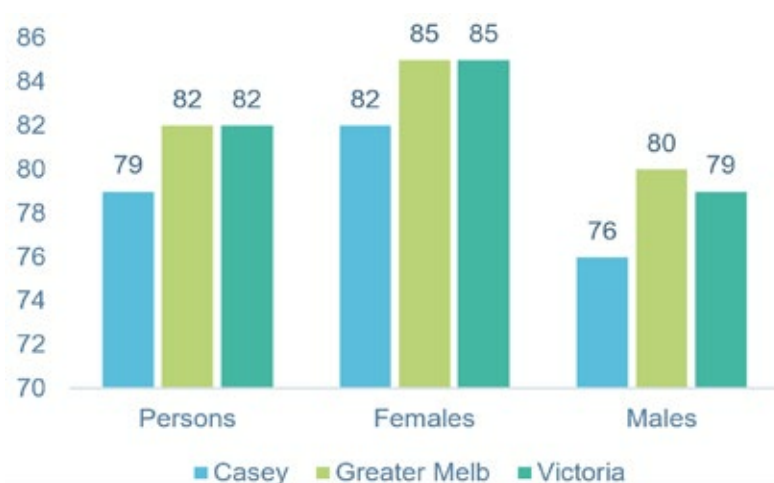


Figure 7: Median age of death, 2018–2022, by sex (ABS)

Rank	Persons	Females	Males
1	Dementia including Alzheimer disease	Dementia including Alzheimer disease	Coronary heart disease
2	Coronary heart disease	Coronary heart disease	Dementia including Alzheimer disease
3	Lung cancer	Cerebrovascular disease	Lung cancer
4	Cerebrovascular disease	Lung cancer	Chronic obstructive pulmonary disease
5	Chronic obstructive pulmonary disease	Chronic obstructive pulmonary disease	Diabetes
6	Diabetes	Breast cancer	Cerebrovascular disease
7	Colorectal cancer	Colorectal cancer	Prostate cancer
8	Accidental falls	Diabetes	Colorectal cancer
9	Heart failure and complications and ill-defined heart disease	Accidental falls	Suicide
10	Coronavirus disease 2019 (COVID-19)	Heart failure and complications and ill-defined heart disease	Accidental falls

*Causes in pink and green indicate age-standardised rates significantly higher (pink) or lower (green) than Victorian rates.

CHRONIC CONDITIONS

Chronic conditions are an ongoing cause of ill-health characterised by their long-lasting and persistent effects. In 2023, chronic conditions accounted for 85 per cent of total burden of disease in Australia [14] and are an ongoing leading cause of illness, disability and death, with the ten conditions represented in Figure 8 and Figure 9 below accounting for 60 per cent of deaths [15]. Addressing risk factors such as smoking and alcohol intake, healthy eating and increasing movement can prevent or minimise the impact of chronic conditions.

More than one in four Casey residents (27.1%) live with one or more long-term health conditions, lower than across Greater Melbourne (29.5%). A likely reason for lower prevalence in Casey is a comparatively younger population with a median age of 34 compared to 37. However, there is a higher prevalence of diabetes amongst Casey residents (5.2%) compared to Greater Melbourne (4.5%).

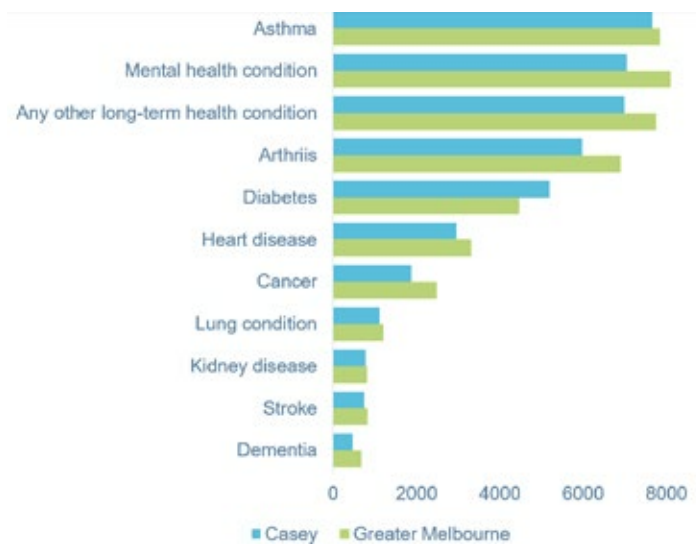


Figure 8: Rate of long-term health conditions per 100,000 (ABS, 2021)

Amongst Casey residents the most prevalent health conditions were asthma, mental health conditions (including anxiety and depression) and arthritis. Mental health conditions, asthma and arthritis were more prevalent amongst females, while diabetes and heart disease were more prevalent in males. Older people were more likely to have multiple long-term health conditions compared to younger people (ABS, 2021).

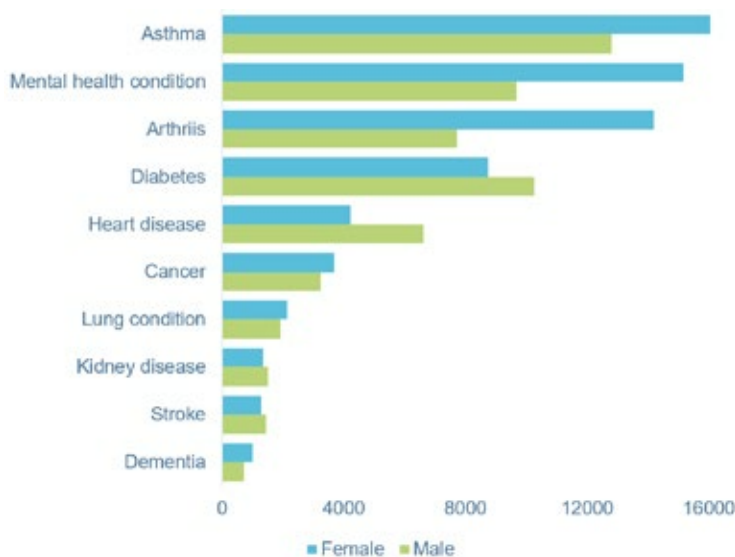


Figure 9: Long-term health conditions by gender (ABS, 2021)

PHYSICAL WELLBEING

Physical wellbeing is the ability to maintain a healthy quality of life that allows us to get the most out of our daily activities without undue fatigue or physical stress. It includes taking care of our bodies and health and recognising that our daily habits and behaviours have a significant impact on our overall health, wellbeing and quality of life [16].

Of Casey residents interviewed, the physical health satisfaction score was 6.8 out of 10. This was significantly higher for men (7.13) than women (6.58) (CHWS 2024).

Allied health services, which include services that support physical wellbeing such as physiotherapy and occupational therapy, were the third most common used services by Casey residents (45%). Women were significantly more likely to access these services compared to men (51%, 39%, respectively) (CHWS, 2024).

ALCOHOL AND DRUGS

ALCOHOL

Alcohol consumption is strongly linked to a range of health and social harms. Excessive drinking increases the risk of liver disease, cancers, cardiovascular issues, and mental health disorders including depression and anxiety [17]. Alcohol consumption also contributes to increased rates of injury, including car accidents, falls, and drowning [18], and is also associated with increased rates of sexual assault, domestic violence and suicide [17].

In Victoria, it is estimated that alcohol consumption causes more than 1,200 deaths and nearly 40,000 hospitalisations per year [19]. While overall alcohol consumption appears to be declining, 13.1 per cent of Victorians are at an increased risk of alcohol-related disease or injury. In Casey, only 7.8 per cent of residents are at an increased risk as we have a significantly higher per cent of residents that do not consume alcohol (36.7%) compared to Victoria (21.2%) (VPHS, 2023). Casey has a lower alcohol-related death rate and alcohol-related hospitalisation rate than Victoria (Figure 10).



Figure 10: Alcohol-related deaths per 100,000 population by year (AODstats)

There has been an overall decrease in alcohol-related hospital admissions over time, (AOD) perhaps in reflection of lower rates of alcohol consumption in Casey (Figure 11).

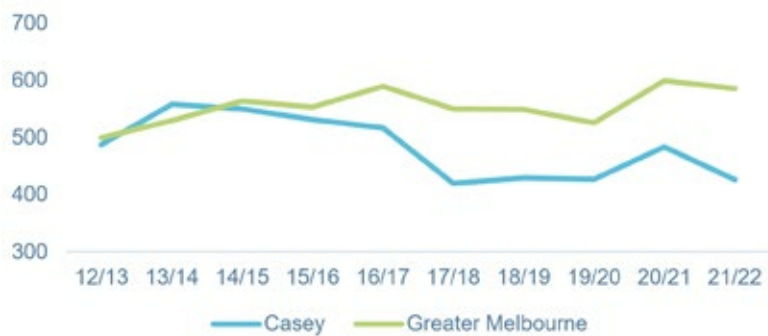


Figure 11: Alcohol-related hospital admissions per 100,000 people by financial year (AODstats)

Of Casey residents who consumed alcohol, six per cent drink more than the Australian recommended alcohol guidelines. Seven per cent of residents reported consuming alcohol daily or on most days, this was higher in men compared to women (10% and 4% respectively) and higher in people aged 55 years and over compared to 55 years and under (14% and 5% respectively).

When asked what they would like to do more of to support their mental wellbeing, significantly more men than women reported wanting to drink less or no alcohol (21% compared to 12%), this was also higher in people aged 35-54 than other age groups and in English only speakers than people that spoke a language other than English (CHWS, 2024).

When looking at alcohol related hospitalisations and deaths, the rate of hospitalisations for women has mostly remained lower than for men over the last decade. Conversely, rates of alcohol-related deaths for women have mostly remained higher than for men over the same time period (Figure 12).

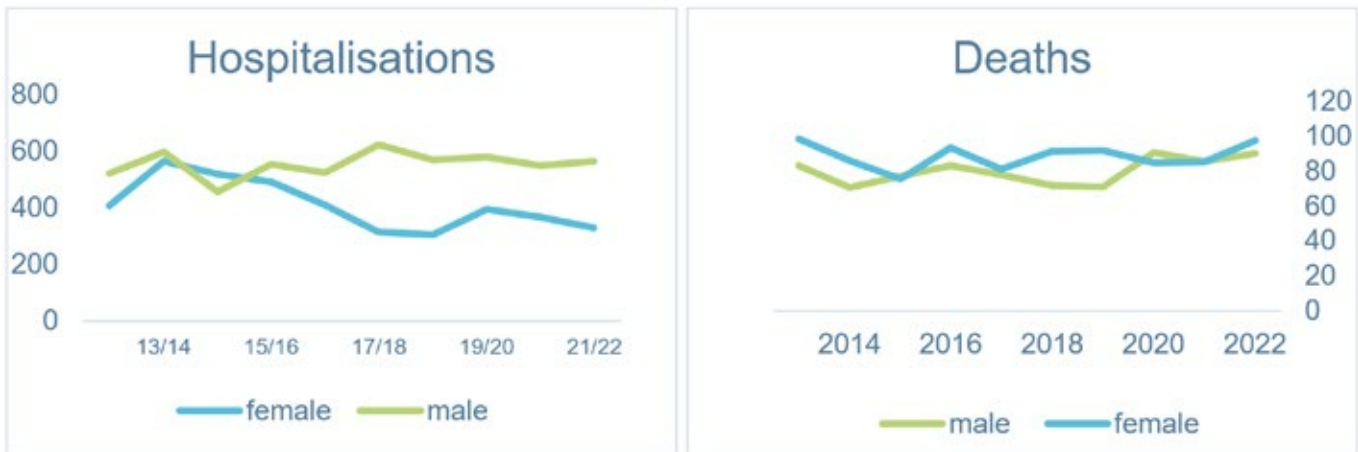


Figure 12: Alcohol-related hospitalisations and deaths per 100,000 by gender and year (AODstats)

For more information:
Alcohol factsheet - World Health Organization
Alcohol Change Vic

DRUGS

Drug usage can be a significant preventable cause of disease and death, and are linked to a wide range of health and wellbeing impacts including increased risk of exposure to infectious diseases; negative mental health impacts [20]; and chronic disease. More broadly, drug usage is linked to risk-taking behaviors which may increase participation in criminal activity, injury and road trauma [21]. The drivers of drug dependency are complex and it is usually linked to multiple factors, however, factors such as trauma, neglect and abuse; poverty; unstable housing; lack of economic opportunities; and mental health problems can contribute [22].

In the five years to 2022, Casey had lower rates of drug-related hospitalisations compared to Victoria. However, in the same time period, illicit drug-related hospitalisations surpassed and remained higher than pharmaceutical drug-related hospitalisations within Casey (Figure 13).

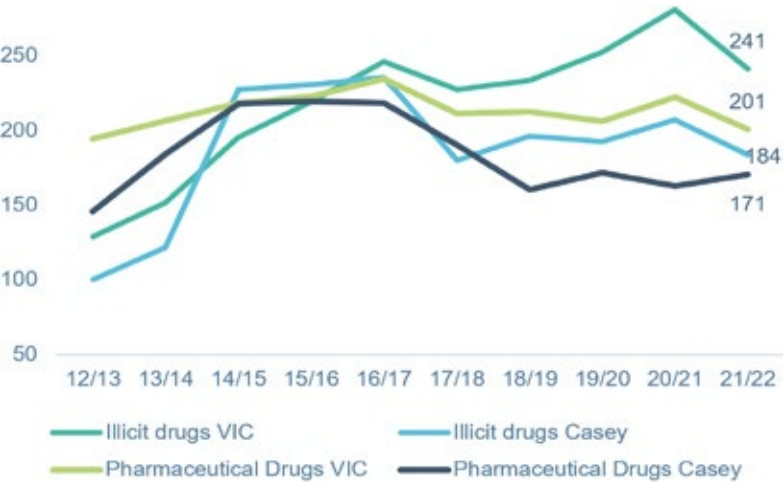


Figure 13: Drug-related hospitalisations per 100,000 by financial year (AODstats)

Two per cent of residents reported that drug use had had a negative impact on their household in the 12-months prior, this was higher in women than men (3% and 1% respectively) (CHWS 2024).

For more information:
Identifying risk factors - Alcohol and Drug Foundation
Alcohol and drug research and data - Department of Health

INFECTIOUS DISEASES AND IMMUNISATION

Immunisation is considered to be the most effective medical intervention to prevent deaths and reduce disease in our communities. Immunisation programs prevent about 2.5 million deaths globally every year, by protecting people against life-threatening diseases including tetanus, influenza, COVID-19, measles, cervical cancer and Hepatitis B [23].

Widespread vaccination coverage of around 95 per cent can lead to herd immunity, meaning there are enough people immunised in the community to slow or stop the spread of disease. Herd immunity helps protect people who are more at risk of getting the disease. This includes people who are too young or too sick to get vaccinated [24].

Overall vaccination coverage of children aged five has dropped since 2018/19, with a greater reduction in Casey-North (92.5%) compared to Casey-South (95.5%). Casey-North has fallen below the 95 per cent threshold for the past three financial years, whilst Casey-South rates have remained relatively stable (Figure 14).



Figure 14: Percentage of children fully vaccinated at 5 years in Casey (Department of Health and Aged Care)

There is no data available at a local level on rates of adult immunisation. However, as an indication of trends, Victorians opting to get a flu vaccination has seen a steady decline over the last three years [25].

As for rates of infectious disease at the local level, Casey has the second highest rate of influenza events for Victorian LGAs in a 12-month period [26]. One in four Casey households reported being negatively impacted by illnesses from bacteria or viruses, including influenza, in the 12 months prior to interview (CHWS, 2024).

For more information:

National Centre for Immunisation Research and Surveillance (NCIRS) Australia
Vaccination coverage rates for Victoria - Department of Health

SERVICES

The service system refers to a broad range of services available to the community. These include health services such as GPs, dentists, allied health and mental health; and support services such as disability and aged care services, family and/or domestic violence support, alcohol and drug rehabilitation, housing and homelessness, employment and financial support services. Access to these plays an important role in providing crisis support, building community resilience, supporting independence and improving mental and physical wellbeing.

Most people had used one or more health or support services within the past 12-months with the most commonly used services being doctors/GPs (87%), dentists (54%) and allied health services (45%). However, despite this, almost half indicated that they had not used a service when needed, with dental (32%), allied health (22%) and mental health services (19%) being most frequently reported (Figure 15).

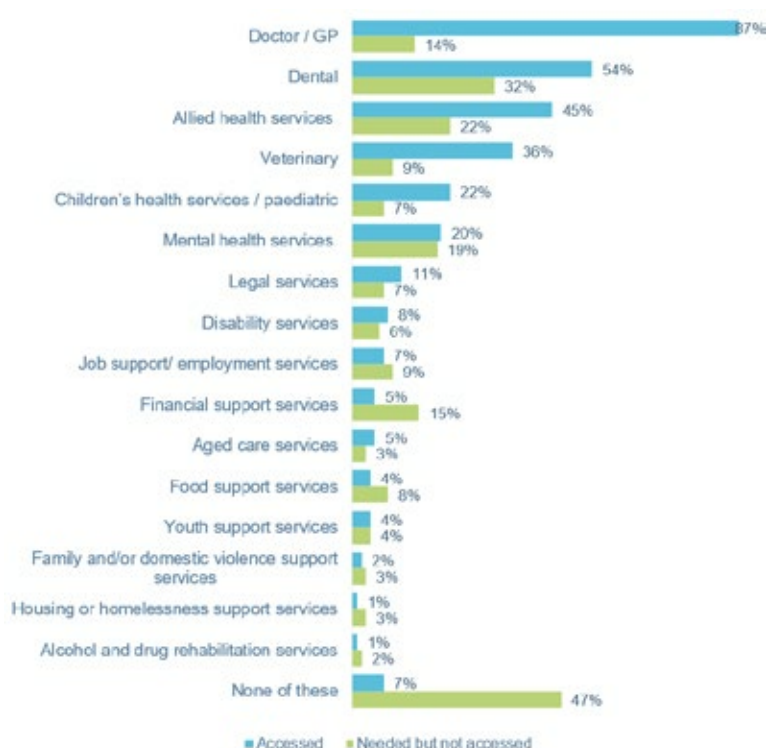


Figure 15: Services accessed, or needed but not accessed by Casey residents (CHWS, 2024)

Women were more likely to use services than men across most services. While under 35-year-olds and people who spoke a language other than English at home were more likely to indicate they needed a service but didn't use one (CHWS 2024).

For many the reason for not accessing services is likely due to financial stress, with one in three households indicating they had to skip one or more appointments with doctors or health specialists due to cost (CHWS 2024).

Aged care services were used by 19 per cent of those aged 65 years or over, with 13 per cent of this age group indicating there was an instance in the 12 months when they needed an aged care service but didn't use one (CHWS 2024).

Trust in health care professionals was relatively high, with 63 per cent of people said they trusted doctors/GPs mostly or a lot, while 53 per cent of people said they trusted allied health professions. While the number of residents that had no trust in doctors/GPs and allied health professions was only two per cent and six per cent respectively (CHWS 2024).

ORAL HEALTH

Oral health is integral to overall health and wellbeing. Poor oral health can cause pain and discomfort and can affect a person's quality of life through impacting their ability to eat, speak and socialise. Most oral diseases are largely preventable and associated with modifiable risk factors such as poor oral hygiene, tobacco use, alcohol consumption and excess sugar intake. Communities that are particularly impacted by poor oral health include people on low incomes, older people, people at risk of homelessness, some Aboriginal and Torres Strait Islander peoples, people living in rural and regional areas, people with disability and people from cultural communities, particularly refugees and asylum seekers [27]. Casey has a significantly higher rate of tooth decay in children 3-5 year olds than the Victorian average, and other interface councils (Figure 16 Figure 17).

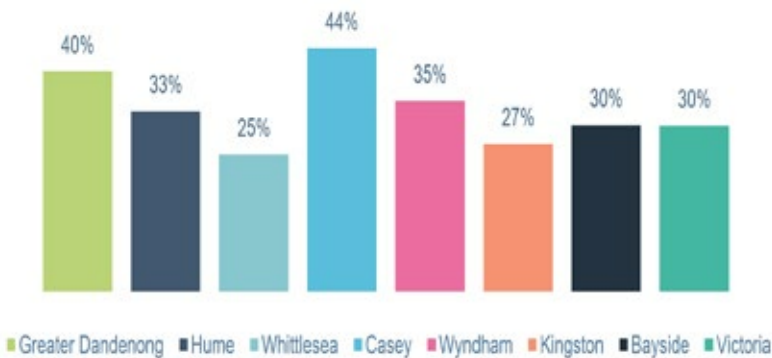


Figure 16: % of 3–5-year-olds with at least one decayed, missing or filled baby or adult tooth (Dental Health Services Victoria)



Figure 17: Average number of decayed, missing or filled baby or adult teeth in 3–5-year-olds (Dental Health Services Victoria)

Results in older age groups are comparable to Victorian rates and averages, whilst hospitalisations due to dental issues are very low in Casey when compared to Victoria [28].

Twenty seven per cent of adults in Casey self-report their dental health as 'fair or poor' and 32 per cent avoided or delayed visiting a dental professional due to the cost compared to 23 per cent across Victoria (VPHS, 2023).

This current data suggests that there may be opportunities to undertake preventative work to increase oral hygiene within Casey's younger populations through Council services (e.g. Maternal Child Health).

For more information:

Oral health planning

Research at Dental Health Services Victoria

Missed opportunities for improving oral health in rural Victoria: The role of municipal public health planning in improving oral health

HEALTHY EATING

The food and beverages we consume are strongly linked to our overall health and wellbeing. Food provides energy, nutrients and other components that, if provided in insufficient or excess amounts can result in ill health. Many health conditions are linked to diet; however, some common ones include heart disease, stroke, high blood pressure, some forms of cancer, type 2 diabetes, and dental caries [29]. Diet also supports general wellbeing, with balanced diets supporting immune function, energy levels, mood and mental health [30].

There are many factors that influence poor diet including affordability of healthy food products, marketing and convenience of unhealthy food products, and local food environments including access to healthy food outlets over fast or processed foods [31].

In 2022, only 4.2 per cent of Australians were eating both the recommended fruit and vegetable intake. With less than half meeting the fruit intake and less than 10 per cent meeting the vegetable intake [32].

In Casey more than one in three residents consumed sugar-sweetened beverage on most days, similar to Victoria (Table 7). Frequent consumption of sugar-sweetened beverages is associated with a poor diet and is used as an indicator to assess this.

Frequency	Casey	Vic
Daily or several times per week	36.1%	34.4%
About once a week	18.7%	17.6%
Less than once a week	22.9%	24.7%
Never	22.3%	23.2%

Table 7: Frequency of sugar-sweetened beverage consumption (VPHS)

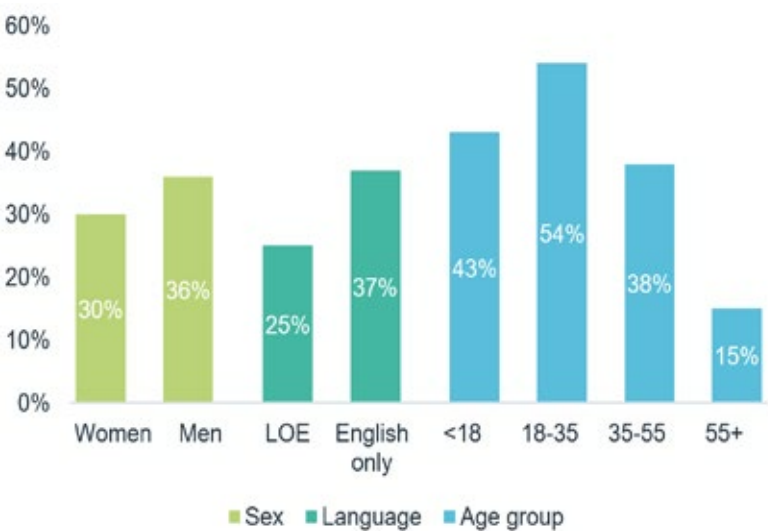


Figure 18 Consumes fast food once a week or more by sex, language and age group (CHWS, 2024)

One in three residents (32%) consumed fast food once a week or more, being more common amongst people under the age of 55, those that only speak English and those in growth areas (CHWS, 2024).

For more information:
Addressing the social determinants of inequities in healthy eating - VicHealth

FOOD SAFETY

Access to safe food is critical for health. Food that has been improperly handled or stored can be contaminated with harmful microorganisms or substances e.g. bacteria, viruses, toxins or chemicals, which can lead to foodborne disease and in some cases death.

There are an estimated 4.1 million cases of foodborne illness in Australia per year with the most common verified cause due to infection by the bacteria campylobacter and salmonella [33]. One in four Casey households reported illness from either food poisoning or from bacterial infection or viruses in the last 12 months (CHWS, 2024).

MOVEMENT

Physical inactivity is one of the leading risk factors for noncommunicable diseases and mortality worldwide. People who are insufficiently active have a 20 per cent to 30 per cent increased risk of death compared to people who are sufficiently active [34]. Physical inactivity is associated with a higher risk of cardiovascular disease, type two diabetes, some cancers, dementia, falls and depression. Physical activity can also be used to manage chronic health conditions and can increase energy and improve physical and mental health.

Physical activity can include both structured and planned exercise sessions, sports or muscle training, and also incidental activity such as household chores, gardening, walking to the bus or the shops, or reducing sitting times in workplaces and schools.

Active transport is defined as physical activity undertaken as a means of transport and not purely as a form of recreation and includes walking and cycling for travel or incidental activity associated with the use of public transport.

Casey had a significantly higher proportion of residents who did not partake in any physical activity compared to Victoria (Table 8). However, 42 per cent of Casey residents indicated wanting to start or do more exercise, with women more commonly indicating this than men (47% and 35% respectively) (CHWS, 2024).

Less than one per cent of Casey residents said they only walked or cycled to work (0.7%) compared to 2.6 per cent across Greater Melbourne. There is no data on commutes outside of work. However, 48 per cent of people reported using walking trails and footpaths weekly and 11 per cent on-road bike paths, which suggests some level of participation in active transport options (CHWS, 2024). There is little evidence on emerging forms of active transport such as e-bikes and scooter use.

Physical Activity Level	Casey	Victoria
Did not do any moderate to vigorous physical activity	22.4%	16.8%
Less than 150 minutes per week	43.7%	47.1%
At least 150 minutes per week	32.4%	35.1%

Table 8: Physical Activity Level

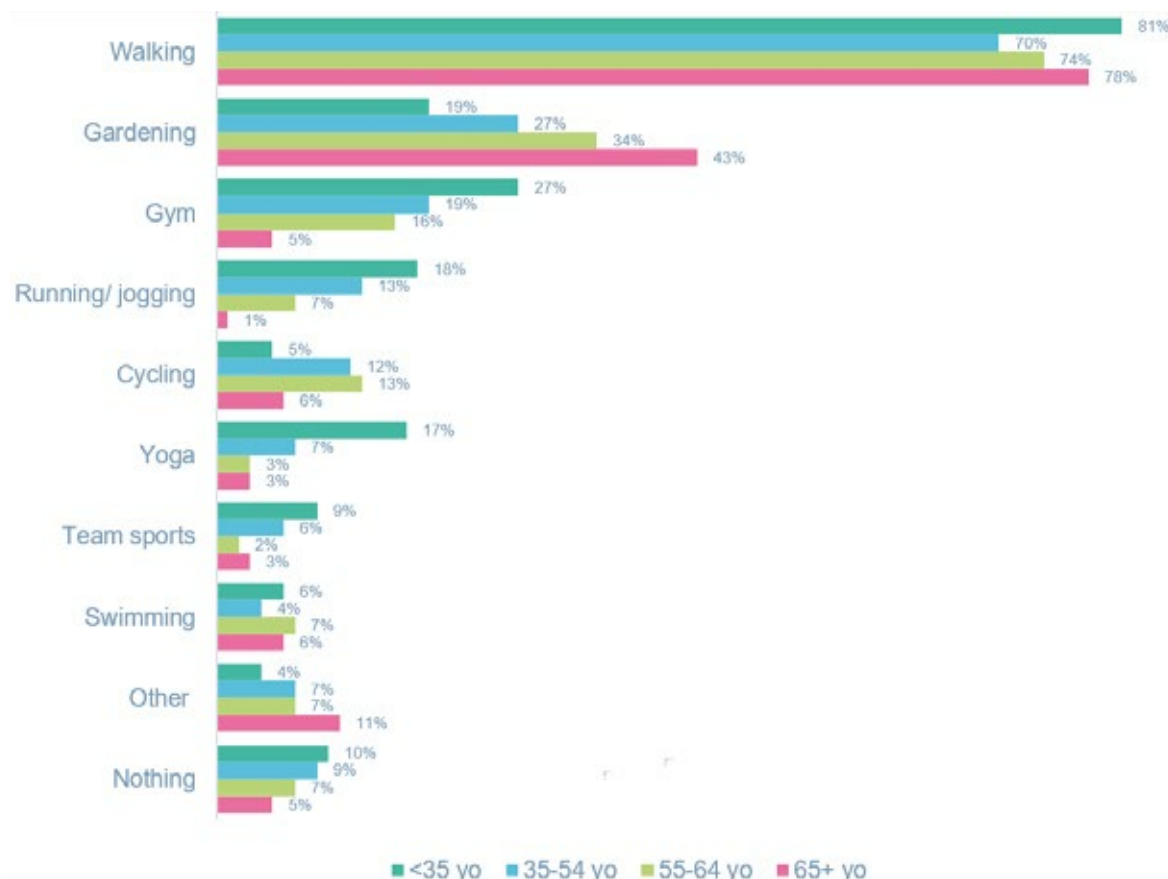


Figure 19: Main forms of exercise for Casey residents by age group (CHWS, 2024)

For more information:

About physical activity and exercise - Department of Health and Aged Care

Increasing active living - Department of Health

TOBACCO AND E-CIGARETTES

Despite significant progress in reducing smoking rates, tobacco is still the leading contributor to the burden of disease and premature deaths in Victoria, contributing to 9.3 per cent of disease burden and 13.3 per cent of deaths in Australia [35]. Smoking increases the risk of chronic diseases such as heart disease, diabetes, kidney disease, eye disease, stroke, dementia, a range of cancers (e.g. oral, bladder, oesophagus, lung cancer), gum disease and respiratory diseases such as asthma, emphysema and bronchitis [35].

E-cigarettes (also known as vapes) are also a health risk and even those that don’t contain nicotine can contain dangerous chemicals. Prolonged, or even short-term use of vapes can result in poisoning, acute lung injury, injuries and burns, toxicity and death, and neurological conditions, including seizures [35]. The use of nicotine containing vapes in children can harm brain development, impact attention, learning, memory and cause changes in mood [36].

Data from the 2023 VPHS shows that Casey has lower rates of smoking and vaping when compared to Greater Melbourne (Table 9), however data from a Cancer Council survey in 2022 found Casey’s smoking prevalence was in the top ten of local government areas across Greater Melbourne with 15 per cent of Casey residents smoking tobacco currently (i.e., residents that smoke daily, weekly or less than weekly) [37].

While vaping prevalence in Casey was lower compared to Greater Melbourne and tobacco smoking, (VPHS) two per cent of Casey residents aged 12-17 years reported vaping with nicotine, and four per cent of households with children were aware or suspected a child under 18 years in their household was vaping. Use of vapes increased amongst residents aged 18-34 years (8%) (CHWS, 2024).

Overall, more smokers used cigarettes as opposed to e-cigarettes but when compared by age ranges, there is a higher proportion of people vaping from the ages of 12-24 years and a higher proportion of people smoking cigarettes from the age of 25 years onwards (CHWS, 2024).

	Frequency	Casey	Greater Melbourne
Vaping	Daily	4.7%	5.7%
Smoking	Daily	8.7%	10.9%
Smoking and/or vaping	Any frequency	17.3%	22.4%

Table 9: Prevalence of smoking and/or vaping in Casey (VPHS)

For more information:
About vaping and e-cigarettes - Australian Government Department of Health and Aged Care
Smoking and tobacco - Cancer Council
Australia’s national health council delivers assessment on electronic cigarettes - NHMRC

GAMBLING HARM

Gambling harm refers to any negative consequence directly or indirectly experienced by an individual or those around them due to participation in gambling. For each individual experiencing gambling harm, it is estimated that between seven to ten people are adversely impacted, most commonly family, friends and employers. Gambling harm can impact the individual and their social network in relationships, health, emotional/psychological, financial and work/study [38].

Australians spend more on gambling than any other risky activity, including alcohol, tobacco and illicit drugs, and lose more to gambling per capita than any country in the world [38].

In 2022/23, it is estimated that across all platforms of gambling \$7 billion was lost in Victoria. Platforms include electronic gaming machines (EGMs), sports betting, casino losses and lotteries [39].

ONLINE GAMBLING

Online gambling is of growing concern with the ease of access to online platforms and the pervasive promotion within mainstream media encouraging the normalisation of gambling, which is a particular risk to younger people and children. There is also a lack of regulation and consumer protections.

It is estimated that over 70 per cent of sport and race betting is conducted online and estimated that 19 per cent of Victorians participate in online gambling [40]. It is difficult to capture the impact at a local level with no current ability to track local online gambling losses in its entirety.

ELECTRONIC GAMING MACHINES (EGMS)

EGMs are a sizable gambling platform and product in the Casey community. A total of \$158 million was lost to EGMs within Casey in the 2023/24 financial year (one of the highest losses on record and second highest for Victorian LGAs). Per Casey adult, this translates to \$544 lost annually to EGMs in Casey (compared to \$548 in Metro Melb). These per capita losses were in a downward trend pre-COVID-19 but have returned to its highest levels in a decade [41].



Figure 20: EGM losses in Casey (VGCCC)

For more information:

Gambling harm is a health issue - RACGP

Gambling in Australia - AIHW

Understanding Gambling Harm - AIFS

How many Victorians gamble online? - Victorian Responsible Gambling Foundation

RESILIENCE

Resilience refers to the ability of a system to resist, absorb and recover from shocks or crises, such as natural disasters [42]. Community resilience generally refers to a community's ability to withstand, adapt and permit growth in the face of challenges due to social structure, networks and interdependencies within the community [43]. Elements that contribute to community resilience include local knowledge, resources, communication, preparedness and mental outlook [44].

Community resilience has been shown to be beneficial in strengthening social support and protection of mental health and wellbeing [43].

SOCIOECONOMIC DISADVANTAGE

Socioeconomic disadvantage refers to people's access to material and social resources, and their ability to participate in society. Characteristics such as income, education, employment, occupation are used to determine the relative level of socioeconomic advantage or disadvantage [45].

Socioeconomic disadvantage limits one's access to material and social resources, and as a result, capacity to participate in society. Generally, people in lower socioeconomic groups are at greater risk of poor health, have higher rates of illness, disability and death, and live shorter lives than people from higher socioeconomic groups [46]. The most commonly utilised measure of socioeconomic disadvantage in Australia is the Australian Bureau of Statistics' (ABS) Index of Relative Socioeconomic Disadvantage (IRSD), part of the suite of Socioeconomic Indexes for Areas (SEIFA). The IRSD analysis is conducted every five years based on Census data, combining a number of variables that indicate disadvantage, most prominently low household income.

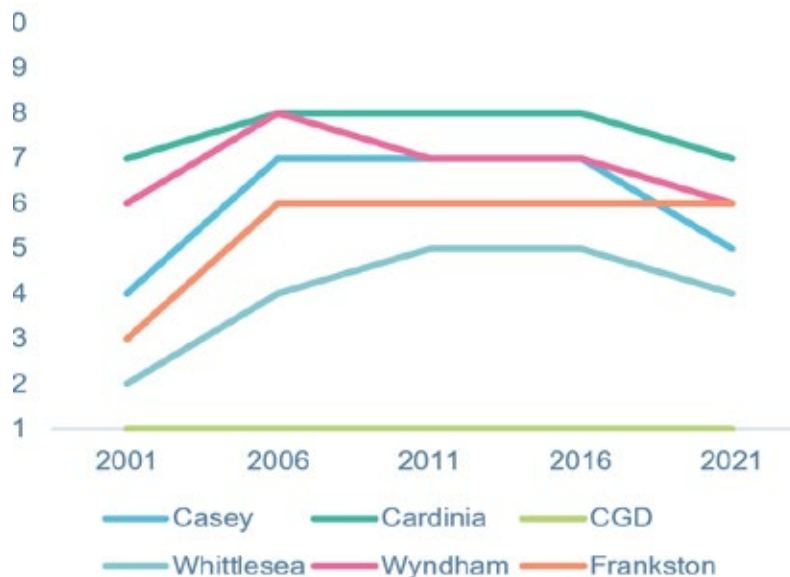


Figure 22: Socio-Economic Indexes for Areas (SEIFA) deciles across neighbouring and growth LGAs (1 – most disadvantaged to 10 – least disadvantaged) (ABS, 2021)

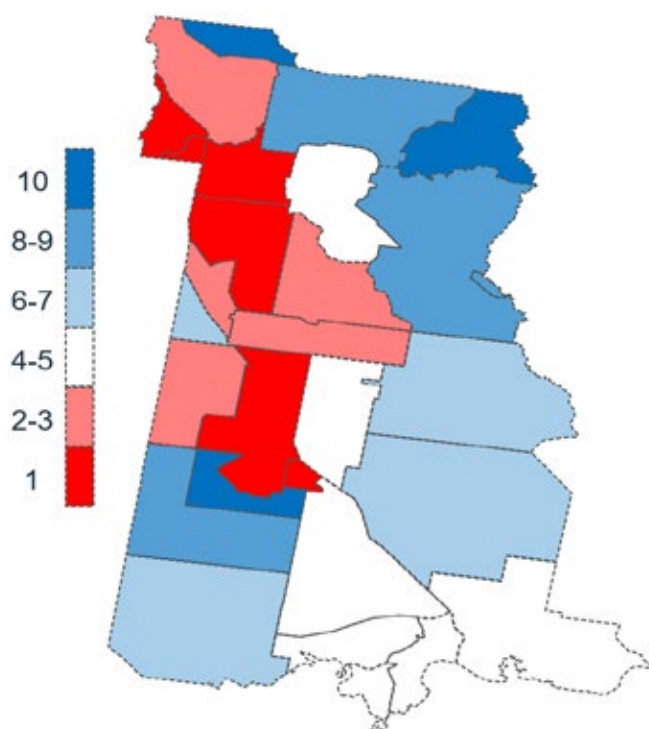


Figure 23: SEIFA IRSD deciles for Victorian suburbs (1=most disadvantaged - 10=least disadvantaged) (ABS, 2021)

Breaking down LGA IRSD scores into deciles across Victoria, Casey's socioeconomic status has fallen in comparison to other Victorian local governments, from 7th decile (relatively high) to 5th decile (average). This represents a fall from 49th most disadvantaged Victorian LGA in 2016 to 36th most disadvantaged in 2021 (of 80 LGAs). This change is largely due to a relative increase in populations with lower educational attainment, lower skilled occupations, higher unemployment, and lower English skills, comparative to other Victorian LGAs over the same period as the variables used in IRSD (ABS). It is important to note that the index in question is relative, positioning or ranking an area in comparison to other areas. SEIFA should only ever be used as a starting point in tracking socio-economic disadvantage within an area. Further investigation with experts and communities on the ground is essential in determining the specific needs of a population.

At the local level, there is a wide range of relative socioeconomic disadvantage and advantage felt across Casey. Doveton, Eumemmerring, Hallam, Hampton Park, Cranbourne and Junction Village are in the highest decile (top 10%) of socioeconomic disadvantage for Victorian suburbs; whilst Botanic Ridge, Harkaway, and Lysterfield South are in the lowest decile (bottom 10%) of socioeconomic disadvantage for suburbs in Victoria.

COST OF LIVING

Over recent years, inflation and subsequent attempts to curtail it through interest rate increases have resulted in significant cost-of-living pressures on households. People are experiencing significant increases in the prices of essentials such as food, utilities, housing, and healthcare, which is impacting physical and mental wellbeing. For many the increased cost of living is leading to financial stress which can have ongoing psychosocial effects (e.g. psychological distress, reducing productivity and relationship strain), and material hardship (e.g. food insecurity, energy poverty, deferred healthcare and housing insecurity) and behavioural impacts (e.g., eating a healthy diet or undertaking physical activity) [47]. Unsurprisingly, low-income households are most impacted by inflation and cost of living pressures, as a result of having less resources at hand to absorb the financial shocks.



Figure 24: Housing costs as a proportion of gross household income, Victoria (%) (Housing.id)

Whilst recent macroeconomic conditions have exacerbated cost of living pressures for most households, a trend of increasing inequality has seen low-income households in a relatively worsened position over a number of decades. Across Victoria, housing costs as a proportion of household income have increased in every income bracket over 25 years, however, those in the lowest quintile (20%) of household incomes have experienced a far sharper increase from 21.5 per cent in 1994/95 to 29.2 per cent in 2019/20 (Figure 24) [48]. This increasing pressure on those least able to afford it results in dire circumstances for residents such as food insecurity, housing insecurity and homelessness, delayed healthcare, and reduced social participation.

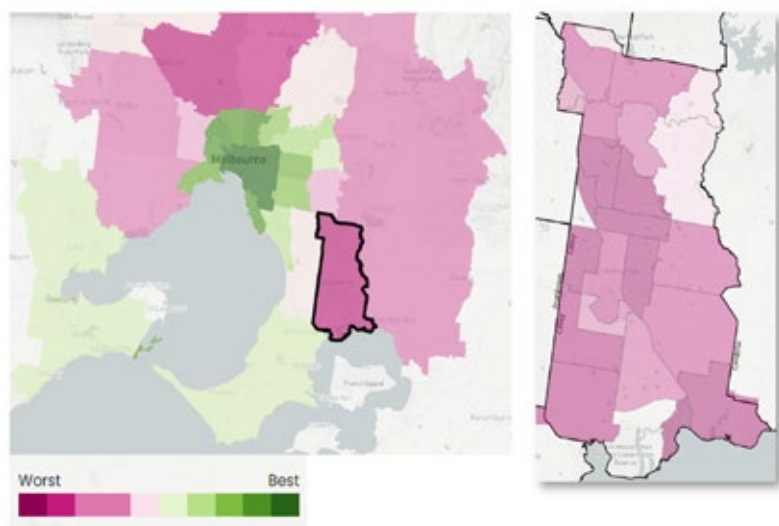


Figure 25: VAMPIRE index Greater Melbourne and Casey, 2021 (AUO)

At a local level, Casey consistently scores highly on the VAMPIRE index (Vulnerability Assessment for Mortgage, Petroleum, Inflation Risks and Expenditure), which measures relative vulnerability to increased petrol prices, interest rates and inflation in an area (AUO). The most recent VAMPIRE analysis had Casey with the equal highest vulnerability score of Greater Melbourne LGAs (26 out of 30) along with Hume and Mitchell (Figure 25). Peri-urban communities such as Casey are particularly vulnerable due to a reliance on private vehicles for commuting, a high proportion of households with mortgages, and modest household incomes.

For more information:
 High inflation and implications for health - VicHealth

FOOD SECURITY

Food security is broadly defined as access by all people at all times to enough food for an active, healthy life [49]. Factors such as transportation, access to safe and affordable food and knowledge to store and prepare food influence food security. Food insecurity is associated with reliance on cheaper food products, which are typically of poorer nutritional quality and can lead to malnutrition. Food insecurity impacts both physical and mental health, with people experiencing food insecurity having higher rates of dietary-related diseases [50].

The proportion of people who are experiencing food insecurity currently in Casey (ran out of food and couldn't afford more) is comparable to Victorian rates, however, Casey has a significantly higher per centage of people who worry about running out of money to buy food, indicating a higher risk of food insecurity in the community (VPHS).

Casey's Health and Wellbeing Household Survey found in the 12 months prior to interview many residents experienced one of more forms of food insecurity, including:

- 11 per cent had run out of food and couldn't afford to buy more;
- 22 per cent had reduced the size of meals or skipped meals because there wasn't enough money for food;
- 23 per cent had been unable to afford fresh produce; and
- 30 per cent were worried that they would run out of money to buy food.

When combining the statements ran out of food, worried would run out of food, reduced the size of meals, and unable to access affordable fresh produce, 40% of the sample had experienced some form of food insecurity (includes multiples). This increased to 52% amongst <35 year olds, 44% amongst households with children, 48% in the New Growth region and 45% in the Moderately Established region. Rates of food insecurity were comparable between people that only spoke English and people that spoke a language other than English across all measures, except reducing the size of or skipping meals, which was far more common in English only speakers (26% compared to 14%). Food insecurity was significantly higher in women than men (Figure 25).

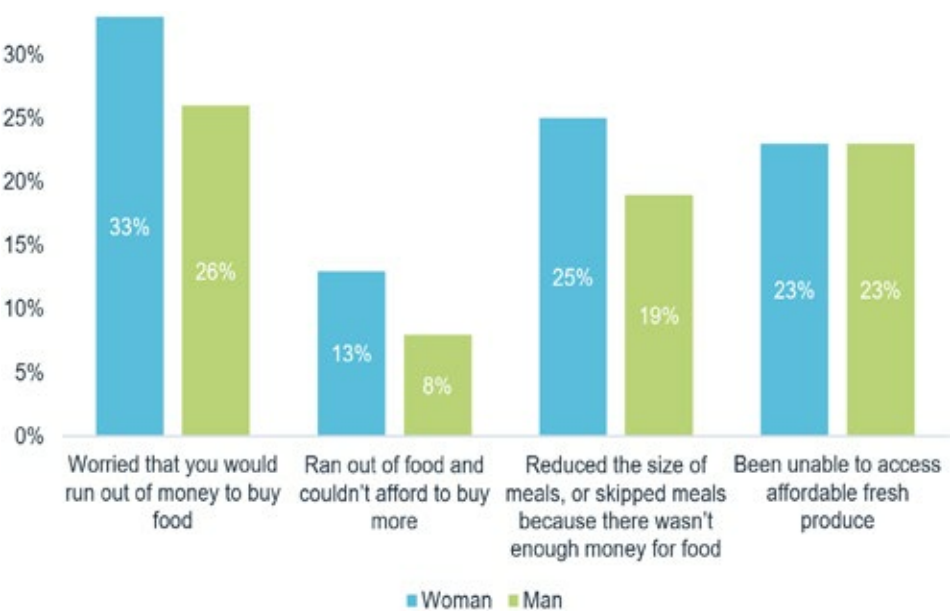


Figure 25 Food insecurity in Casey by gender (CHWS, 2024)

For more information:
Food insecurity in Australia: What is it, who experiences it and how can child and family services support families experiencing it? - AIFS

HOUSING & HOMELESSNESS

Housing is one of the social determinants of health. Access to good quality, affordable housing that is located close to jobs, services and amenities is protective of health. Conversely, poor quality, insecure or unaffordable housing can lead to significant impacts on both physical health and mental wellbeing.

Poor housing quality impacts health by putting residents in danger from extreme heat events during summer, heat stress, cold in winter and dampness worsening chronic conditions and existing mental health conditions. Insecure housing impacts mental health, particularly among young people and parents [51, 52].

At the pointy end of the housing continuum and affordability crisis are those experiencing, or at risk of, homelessness. Homelessness is not just living on the street, rough sleeping makes up around 7 per cent of homelessness while the remainder is 'hidden homelessness', living in rooming houses, on couches or in overcrowded dwellings. Homelessness is housing deprivation in its most severe form. Given the chronic shortage of social housing and an increasingly unaffordable private rental market, more and more community members are finding that they are unable to secure an affordable place to live in Casey.

AFFORDABLE HOUSING

Affordable housing is often used in an informal sense and is often how houses on the urban fringe are categorised, given their relative cost to properties closer to the city. However, in Victoria, it is defined by the Planning and Environment Act as housing, both private and social housing, that is affordable to the housing needs of very low, low and moderate income households [53]. When that definition is used, it is evident that there is an increasing need for affordable housing in Casey. From 2016 to 2021 the number of households in Casey that had an unmet need for affordable housing increased from 5,655 to 7,421, affecting 2,007 families with children (Housing.id).

Unaffordable housing creates financial strain, forcing people to choose between food, heating, regularly accessing medical care and other basic needs, and also increases risk of homelessness. Families experiencing this financial strain are more likely to have relationship issues and children more behavioral problems [54].

Mortgage stress' and rental stress' are terms often used to describe people experiencing financial strain but don't necessarily relate to an affordable house need. Mortgage and rental stress may for example be experienced by a higher income household aspiring to meet their housing desires but experiencing financial strain by doing so [55]. However, this does not mean that these stresses can't relate to some of the same negative health incomes.

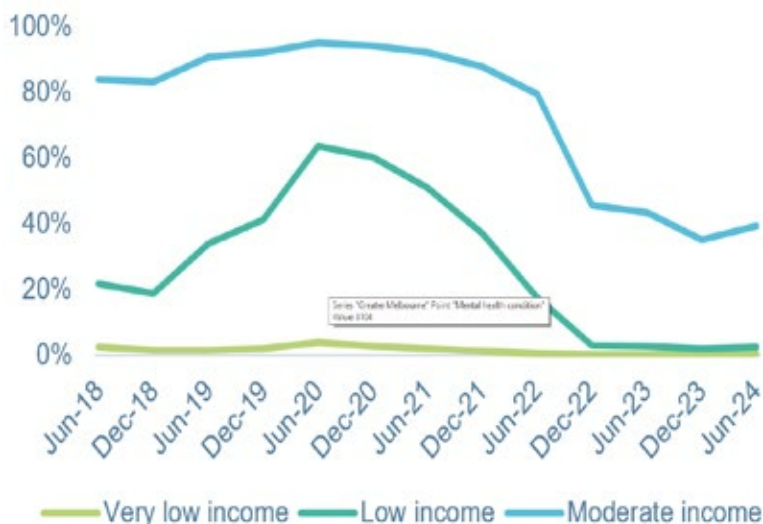


Figure 26 Affordable purchases in Casey by income bands (Housing.id)

Recent trends in housing affordability across Casey indicate that households in very low, low, and moderate-income bands face increasingly limited options in purchasing property. Whilst very low-income households are perpetually limited in affordable options (near 0%), rising interest rates have resulted in reduced purchasing prospects for both low and moderate-income households. The number of affordable properties available to low-income households reached 64 per cent in June 2020, but has rapidly declined since then falling to under 3 per cent end of 2022 and remaining at this level. Moderate income households experienced a high in June 2020 of 95 per cent, falling to 39 per cent in June 2024 (Figure 26). Those that have entered the market with a mortgage are also feeling the pressure with 26 per cent of the aforementioned income bands classified as in mortgage stress (Figure 27).

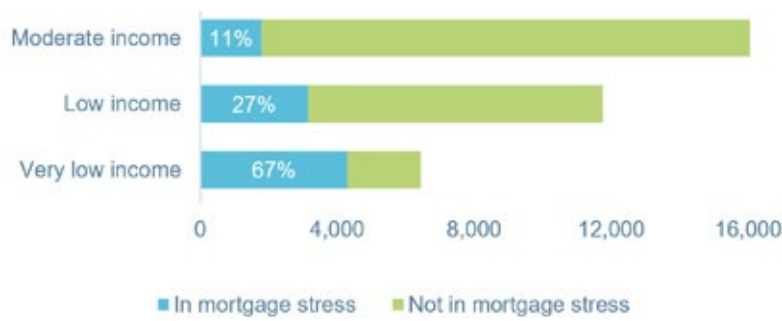


Figure 27: Mortgage stress in Casey by income bands (Housing.id)



Figure 28: Rental affordability by income group in Casey (Housing.id)

Where affordable rentals are concerned, very low-income households are largely priced out of the private market and moderate-income households have near 100 per cent of rental properties available to them. Low-income households have experienced a significant drop in available properties from a high of 90 per cent in June 2020 to a low of 45 per cent in June 2024 (Figure 28). The impact of this drop in property availability means more families are experiencing housing insecurity, with narrowing options forcing many into suboptimal housing outcomes (e.g. overcrowding, limited access to social infrastructure).

Rental affordability for low income households (defined here as those receiving Centrelink and rent not exceeding 30% of income plus rent assistance) in Casey has similarly plummeted over the last two decades, where previously, three quarters of new lettings were affordable to Centrelink recipients – akin to rates in non-metro Victoria – where current rate is 3.2 per cent - significantly lower than metropolitan rates (6.3%) (Figure 29) [56]. Rental affordability has effectively shifted from one resembling the experience in regional Victoria, to resembling a more constrained market than the metropolitan average.



Figure 29: Rental affordability for Centrelink recipients in Victoria (Department of Families, Fairness and Housing)

To support those receiving a social security payment renting in either the private market or community housing, Commonwealth Rent Assistance is provided to 16,635 income units (individuals or group of related persons) across Casey (June 2024). With approximately 28,000 households renting in Casey, this represents around 60 per cent of rental households receiving some government rental support [57]

SOCIAL HOUSING

For those not able to enter market housing, social housing provides below-market rentals to those on very low incomes, particularly those with complex needs. Social housing can be either public housing (owned by the Victorian Government) or community housing (owned and/or managed by a not-for-profit agency). Social housing as a share of the national housing stock has fallen by a third over the past 30 years. Victoria trails behind all states and territories with social housing making up just 2.8 per cent of the state's housing stock [58]. In Casey the rate of social housing almost halved over the 20 years between 2001 to 2021, from 2.7 per cent to 1.4 per cent of housing stock (Figure). This represents a reduction in the availability of adequate housing for lower-income and disadvantaged households.



Figure : Percentage of social housing compared to total housing stock in Casey (Housing.id)

A social housing needs assessment undertaken in 2022 estimated that there was a shortfall of 2,490 social housing dwellings as of 2021 in Casey. This was forecast to almost double by 2041 to a shortfall of 5,000 social housing dwellings [59]. These affordability and supply challenges lead to a range of issues such as overcrowding (a significant issue within Casey), family violence, long commutes, and homelessness.

For more information:

Housing assistance in Australia 2024: Social housing dwellings - AIHW

HOMELESSNESS

There is a range of factors that can contribute to individuals and families being at-risk of, or experiencing homelessness, including: housing affordability, availability and rental durations, domestic violence, unemployment and health conditions. People experiencing homelessness are some of Australia's most socially and economically disadvantaged and are at significantly higher risk of adverse health and wellbeing outcomes, including: violence; malnutrition; dental problems; chronic illnesses; and death [60].

There are two main sources of information relating to homelessness. One is the Census, and the other is the Specialist Homelessness Services Collection (SHSC). The first provides a snapshot of homelessness on Census night, the second counts service users across each year.

The number of homeless people in Casey on the 2021 census night was 1,855 and while it includes all defined categories of homelessness it is likely an underrepresentation due to complexities in counting this cohort (ABS). In 2022/23, 4,078 people accessed specialist homelessness services across Casey. The vast majority are women and children (Figure 31). Family violence is the main reason given by clients accessing SHS in Casey, around 40 per cent of cases, followed by financial difficulties and the housing crisis

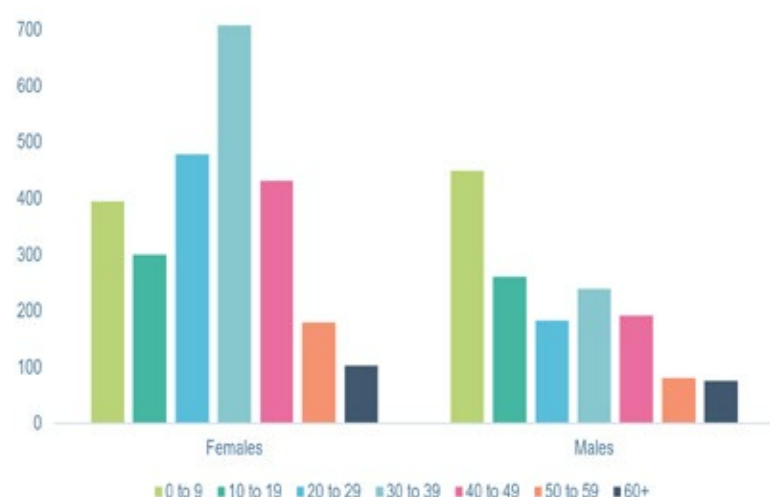


Figure 31: Specialist Homelessness Services Collection clients by age group and gender in Casey (2022/23) (AIHW)

Casey has the highest number of children aged 0 to 9 years accessing specialist homelessness services in Victoria and the third highest across Australia (behind Brisbane and Mackay). The rate of 0 to 9 year olds accessing services has doubled going from 73 per 100,000 people to 144, between 2014-15 and 2022-23 (Figure 32). This age group has seen the most growth in rate of clients over the past decade

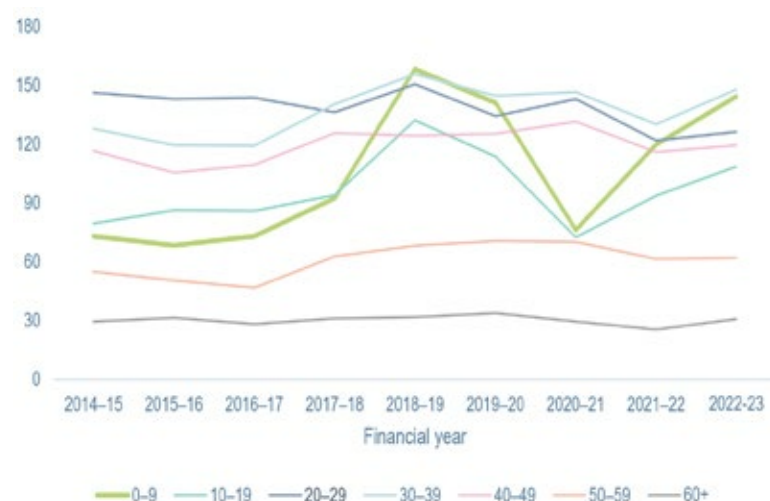


Figure 32: Rate of Specialist Homelessness Services Collection clients per 100,000 people by age group and year in Casey (AIHW)(2022/23) (AIHW)

EMPLOYMENT

Being employed not only provides an income, but it also has important benefits for a person's health, social and emotional wellbeing. Additionally, local employment supports enhanced work-life balance for residents, reduced stress, and increased performance and productivity. People that are unemployed have significantly poorer mental and physical health outcomes than people that are employed and can affect their feelings of self-worth, lead to psychological distress and poorer health outcomes for them and their family [61]. Unemployment also increases an individual's risk of financial insecurity, food insecurity, and homelessness.

65.2 per cent of Casey residents aged 15 and over are in the labour force, which equates to 183,980 people. In Casey, more women are unemployed compared to men (5.9% and 5.4% respectively) and women were more likely to be employed part-time compared to men (43% and 20.1% respectively) (profile.id).

	Females		Males	
	Number	%	Number	%
Employed (total)	79,692	94.1	93,874	94.6
Full-time	37,236	43.9	68,960	69.5
Part-time	36,402	43.0	9,920	20.1
Away from work	6,054	7.1	4,994	5.0
Unemployed	5,039	5.9	5,385	5.4
Looking for full-time work	1,940	2.3	3,304	3.3
Looking for part-time work	3,099	3.7	2,081	2.1

Table 10: Casey Residents Employment by Gender (ABS 2021)

Unemployment rates follow the same trend over time compared to across Victoria, where unemployment rates have decreased over the last three years. The unemployment rate in Casey (4.6%) remains higher than across Victoria (4.1%) as of March 2024 and 4% as of June 2024 [62].

Within Casey there are 98,955 local jobs and 33,805 local businesses, with the largest industry by employment being health care and social assistance. The top three industries that Casey residents work in are health care and social assistance, construction and manufacturing (economy.id, 2024).

A significantly higher percentage of Casey residents who spoke another language reported being negatively impacted by unemployment and/or underemployment (15%), compared to residents who speak English only (9%) (CHWS, 2024).



Figure 33: Unemployment rates in Casey compared to greater Melbourne and Victoria (Department of Employment and Workplace Relations)

EDUCATION

Higher levels of education have been linked with better health outcomes. The relationship is multifaceted, with education having a variety of protective effects including: improved health literacy and problem-solving skills to prevent, recognise and handle ill-health; and access to higher paid work, which provides income for healthcare, adequate housing and nutrition [63].

Currently there are close to 100,000 students in pre-school to tertiary education in Casey.

When comparing Casey to greater Melbourne, Casey has a higher per centage of residents that have completed a trade, fewer people with a university qualification and a higher per centage with no post-school qualifications at all (Table 11); Despite this, the percentage that have a trade or university qualification has continued to rise over time, increasing from 50 per cent of residents aged 15 years and over in 2011, to 60 per cent in 2021 (ABS).

	Casey			Greater Melbourne
	Female	Male	All persons	All persons
Did not go to school	2.5%	2.2%	2.3%	1.5%
No vocational or higher qualification	41%	40%	41%	35%
Trade qualification	15%	23%	19%	15%
University qualification	25%	19%	22%	33%

Table 11: Educational attainment of Casey residents (ABS, 2021)

CLIMATE CHANGE AND EMERGENCY PREPAREDNESS

The world is experiencing rising temperatures, shifts in the seasons, and an increasing frequency of extreme weather events. The number and intensity of extreme weather events, such as heatwaves, floods, storms, and bushfires in Casey is expected to increase significantly by 2090. These can have both direct impacts on health, such as heat stress and heat stroke, respiratory issues, injury and death, and indirect impacts such as damage to essential infrastructure, increased financial stress, supply chain disruption, and increases in insect, water, and food borne pathogens [64]. These risks can be reduced by adapting and building community resilience to the climate hazards.

Of Casey residents surveyed 17 per cent had experienced poor health due to an extreme weather event in the past 12 months. This was higher in women than men (21% and 13%, respectively) (CHWS, 2024).

In terms of emergency preparedness: only 43 per cent of people felt their household was prepared for an extreme weather event; 61 per cent have the ability to access \$2000 in the case of an unexpected emergency and; four out of five had adequate heating and colling to remain comfortable during extreme temperatures. Despite this, there are still a significant number of households that do not have access to these measures, and four per cent of households reported not having access or undertaking any of the seven emergency preparedness measures in the survey. People who spoke a language other than English were significantly less prepared for an emergency than English only speakers, with five per cent not having access to any emergency preparedness measures compared to only one per cent of English only speakers, putting them at far greater risk of negative outcomes in an emergency (Table 12).

	Casey		
	Total	Language other than English	English only
Have the ability to access \$2,000 within a week for an unexpected emergency	61%	55%	67%
Have somewhere your household can go to stay for multiple days in an emergency	53%	39%	65%
Have someone outside your household you can rely on to care for you or your children in an emergency	56%	50%	61%
Feel your household is prepared for extreme weather events such as bushfires, floods, storms and heatwaves	43%	32%	53%
Have adequate heating and cooling to remain comfortable during extreme temperatures	79%	76%	85%
Have home and/or contents insurance that covers extreme weather events (bushfires, floods, severe storms, heatwaves)	64%	58%	70%
Check VicEmergency app or website for updates when there is an extreme weather event	57%	48%	64%
None of these	4%	5%	1%

Table 12: Casey residents emergency preparedness (CHWS)

LIVEABILITY

Liveability refers to the quality of life in a specific area, encompassing various factors that contribute to residents' wellbeing and satisfaction. Key elements of liveability include spatial elements such as access to essential and health care services, access to public transport, walkability, affordable housing, local employment, access to green spaces and fresh food. It can also include safety, community and social engagement. A high level of liveability often correlates with strong social cohesion and economic opportunities, making a place attractive and suitable for individuals and families [65].

Compared to 21 highly populated local government areas across Australia, Casey is in the lowest quartile indicating lower levels of liveability, with an index of 95 where the average is 100. Casey faces unique challenges as an outer-metro growth area and covering a large geographical area. There are areas across the municipality that have limited access to regular transport, little social infrastructure and open spaces or access to health services nearby. Compared to other growth or neighbouring councils, Casey has the lowest scores in overall liveability, walkability and local employment (Table 13) (AUO).

Council	Liveability index (100 average)	Social infrastructure (out of 16)	Walkability index (0 average)	Distance to transport (m)	Employment (% locally employed)
Bayside (Vic.)	101.0	7.5	1.1	246.8	29.0
Casey	95.0	3.7	-1.2	548.5	22.2
Greater Dandenong	99.1	6.0	0.4	330.5	37.5
Hume	96.5	3.9	-1.0	453.0	39.0
Kingston (Vic.)	99.9	6.0	0.1	313.8	30.2
Whittlesea	97.0	4.2	-1.0	979.5	33.8
Wyndham	96.3	3.2	-0.9	571.8	39.0

Table 13: Livability Index (AUO).

CONNECTEDNESS

Connectedness refers to a person or an organisation having a large number of relatively strong social network connections. Connectedness is important for the wellbeing of individuals and communities, and is positively associated with outcomes such as employment, health and social cohesion at a neighbourhood level [66].

SOCIAL CONNECTION

Social isolation and loneliness can harm both mental and physical health and may affect life satisfaction. They are related concepts but are distinctly different. Social isolation is a lack of social contact or having few people that you interact with regularly, while loneliness is the distressing feeling of being alone. Both social isolation and loneliness are concerning issues in Australia due to the impact they have on peoples' lives and wellbeing.

Social isolation has been linked to mental illness, emotional distress, suicide, the development of dementia, premature death and poor health behaviours (smoking, physical inactivity and poor sleep) – as well as biological effects, including high blood pressure and impaired immune function. Conversely, more frequent social contact is associated with better overall health [67]. While loneliness has been linked to premature death, poor physical and mental health, greater psychological distress and general dissatisfaction with life [67].

The proportion of adults experiencing loneliness in Casey was comparable to the Victorian average (26% and 23%, respectively). Across Victoria results showed that there is a significantly higher percentage of reported loneliness in younger age groups and significantly lower percentage amongst older age groups (Table 14). There is no data by age breakdown available for Casey (VPHS, 2023).

Age range	Lonely (%)
18-24	32.1↑
25-34	26.0↑
35-44	24.8
45-54	22.7
55-64	22.0↓
65-74	17.7↓
75-84	11.7↓
85+	17.8↓
All adults	23.3

*↑/↓ represents a statistical significance in comparison to percentage all adults

Table 14: Social isolation and loneliness in Victoria (VPHA, 2023)

When residents were asked about their subjective wellbeing score, they scored their personal relationships the highest of all measures and over half of Casey residents felt satisfied to extremely satisfied with their levels of social connection. This factored in the number of people in their social networks, number of interactions, and how connected, supported and positive their relationships were (CHWS, 2024).

For more information on social connection visit:

Social connection: Knowledge Hub - The Activating Social Connection project

SOCIAL COHESION

BELONGING

Belonging is a subjective experience that relates to the desire for connection with others, the need for positive regard and interpersonal connection. A sense of belonging does not necessarily depend on quantity of connection with others or groups but rather the perception of quality, and satisfaction with social connections. Belonging can also relate to a sense of belonging to a place or event, and is therefore a complex and dynamic process unique to each person [68]. Belonging plays an important role in psychological and physical health and can influence the way we think and interact with the world [68].

In the past three years, there has been a declining sense of belonging in Victoria [69] and when Casey residents were asked about their subjective wellbeing score, feeling part of their community scored the lowest across the 10 domains that were measured, with an average rating of 5.79 out of 10. This was lower among women than men (5.56 and 6.08 respectively), in people under the age of 35 (5.25 compared to 5.84 for 35-54 year olds and 6.24 for over 55 year old) and in people that only spoke English compared to people who spoke another language (5.57 and 6.35 respectively) (CHWS, 2024).

CONNECTION TO PLACE

Connection to place refers to the emotional, cultural, or spiritual bond that individuals or communities develop with a specific location or place. This connection often stems from personal experiences, memories, and the significance of that place in shaping identity and belonging.

Only 16 per cent of Casey residents indicated they feel completely or mostly connected to people in their local community (within 20 minutes walking distance of their house), 24 per cent of people said they felt somewhat connected and 55 per cent of people said they felt no connection or only a slight connection (CHWS, 2024). People under the age of 35 were more likely to report that they only slight connection to their local community.

TRUST

Trust in local community and government plays a vital role in promoting wellbeing and social cohesion. It fosters a sense of security and belonging, which enhances cooperation and mutual support within communities. High levels of trust in others is linked to optimism about the future, greater social engagement, and lower levels of social isolation. Additionally, communities with higher levels of trust tend to demonstrate higher resilience during crises [70]. While people that trust their government are more likely to support policy measures, adhere to laws and participate in programs such as vaccination campaigns [71].

In Casey only 34 per cent of people trust people in their local community mostly or a lot, this was lower in women (31%), people under 35 years (25%) and in some established areas (26%) (Doveton, Endeavour Hills, Eumemmerring, Hallam, Hampton Park). In Casey 25 per cent of people have no trust in Council to act in the best interest of residents, and a further 24 per cent only slightly trust Council. This was lower compared to national figures with 39 per cent having low to no trust in the national government. Across Casey, trust in Council was higher in people that spoke a language other than English with 29 per cent saying they trust Council a lot or mostly, compared to 13 per cent of people who only spoke English (CHWS, 2024).

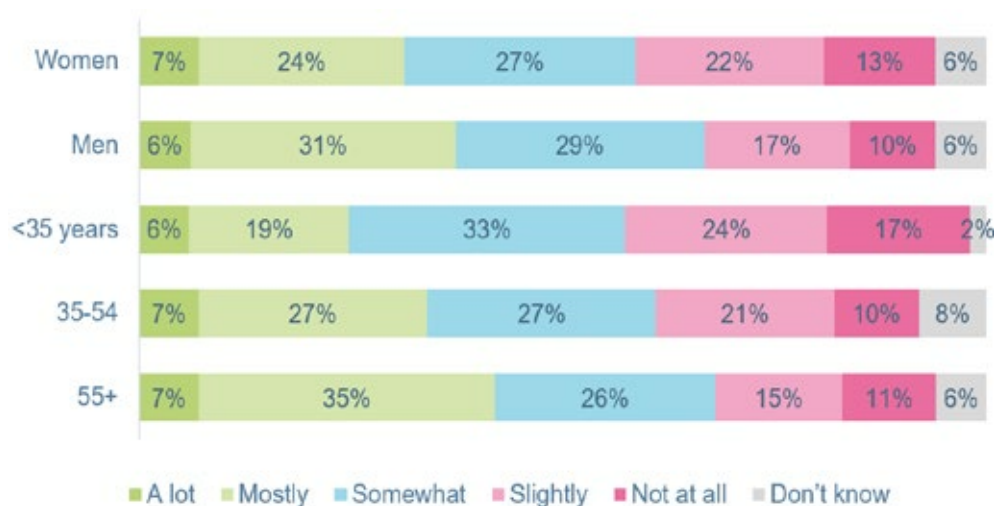


Figure 34: Trust in people in local neighbourhood (within a 20-minute walk of house) in Casey (CHWS 2024)

For more information:

Mapping Social Cohesion - Scanlon Foundation Research Institute
Sense of Belonging, Meaningful Daily Life Participation, and Well-Being: Integrated Investigation

PARTICIPATION AND FACILITIES USE

COMMUNITY PARTICIPATION

Community participation and access refer to the ways in which individuals and groups engage in and contribute to their communities, as well as the barriers or opportunities they face in doing so. Effective community participation involves inclusive processes that empower residents to have a voice in decision-making, project planning, and their local community. Access pertains to the ability of all community members, particularly marginalised groups, to engage fully in these activities. This includes access to information, resources, spaces, services and opportunities for involvement and contribution. When both participation and access are prioritised, communities can foster greater social cohesion, improve local conditions, and enhance the overall quality of life.

Across Australia, nearly one in three people (32%) and almost all children aged 5-14 years (94%) participated in cultural or creative activities in 2022. Participation is likely higher when factoring in social and community events and activities. Participation was generally higher in women than men, both across Australia and in Casey [72].

In Casey four in five households had participated in community, social or cultural activities in the last 12 months (Figure 35), but there were significant differences between some demographic groups such as:

- Residents under the age of 35 years are more likely to attend arts events or performances, and hands-on creative activities than residents aged 35-54 years.
- Men were more likely to participate in sporting events, religious or faith-based events or civic participation, while women were more likely to participate in arts events and/or creative activities.
- Significantly more residents from rural and coastal areas were involved in heritage events or groups than residents in established areas.

Almost half (47%) of people who spoke a language other than English participated in religious or faith-based events (17% in English only speakers). This reflects Casey’s high percentage of residents with a religious affiliation (66% compared to 55 per cent across Victoria (ABS, 2021).

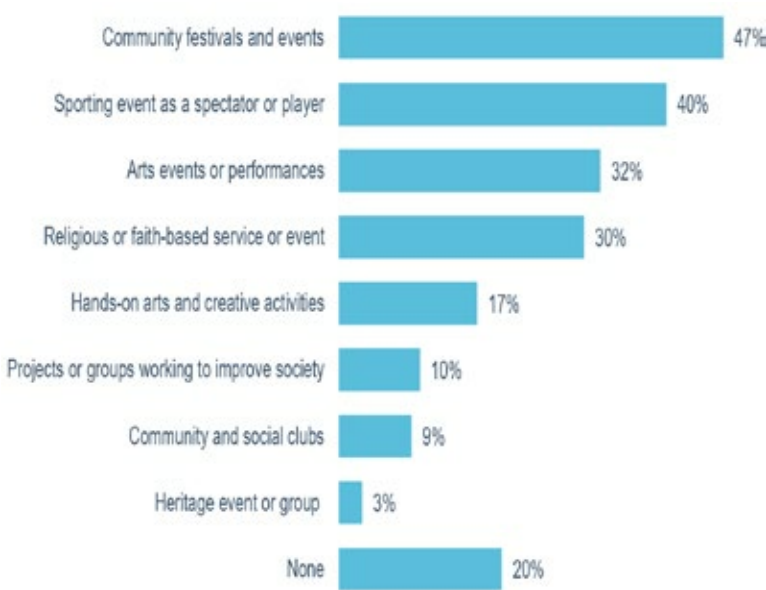


Figure 35: Types of social, cultural and community participation Casey residents participated in the last 12 months. (CHWS, 2024)

FACILITIES USE

When looking at community infrastructure and facilities, the most used on a weekly basis were walking trails, local parks and sports reserves. However, there were high percentages of people that at some point in time used arts venues, libraries and aquatic/leisure centers (Figure 36)

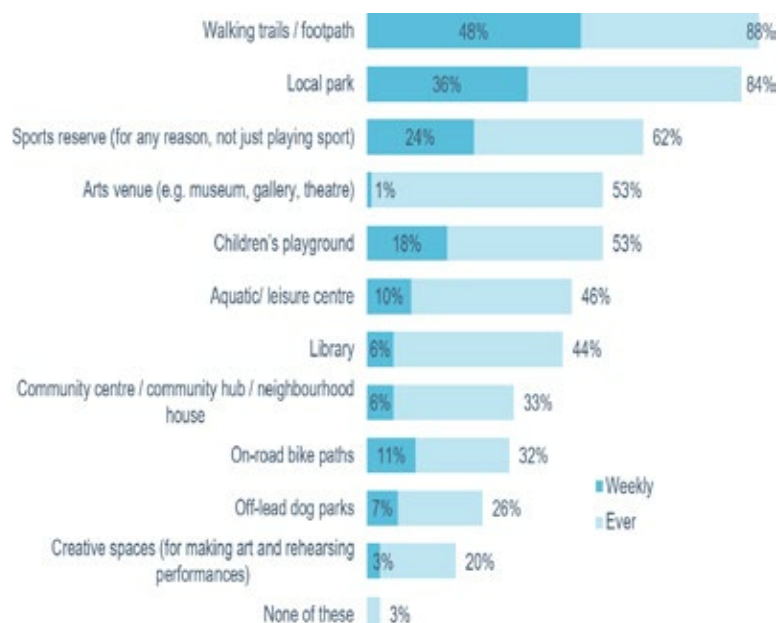


Figure 36: Use of community facilities and infrastructure by Casey residents (CHWS, 2024)

Of the different types of infrastructure and facilities, some groups were more likely than others to use certain types on a weekly basis, including:

- Men were more likely than women to use sporting reserves and on-road bike paths, while women were more likely than men to report not using any of the types of infrastructure.
- People that spoke a language other than English were more likely to use local parks, sports reserves, children's playgrounds, walking trails and footpaths and on road bike paths.
- People over the age of 55 were more likely to regularly use community centres, community hubs, and/or neighbourhood houses

CREATIVE PARTICIPATION

Creative participation is the engagement in arts and culture that encompass a wide range of activities that connect individuals and communities with artistic expression and cultural heritage. This participation can take various forms, from attending performances and exhibitions to actively creating art or engaging in cultural events. This involvement fosters social cohesion, enhances individual wellbeing, and promotes a deeper understanding of diverse perspectives. By encouraging dialogue and collaboration, engagement in arts and culture not only enriches personal experiences but also strengthens community bonds. Ultimately, it plays a vital role in shaping vibrant, inclusive communities.

Over 80 per cent of Australians agree that engaging with arts, cultural and creative activities can have a positive impact on their social health, including their connection to community, sense of belonging, and feelings of loneliness [73].

Younger people aged 35 years and under in Casey were significantly more likely to participate in arts and creative activities, such as playing an instrument, drawing, painting, dancing (Figure 37). One in three Casey households participated in arts events or performances in the twelve months prior to interview. While almost half of Casey residents (45%) wanted to start doing or do more arts and creative activities to support their mental wellbeing (CHWS, 2024).

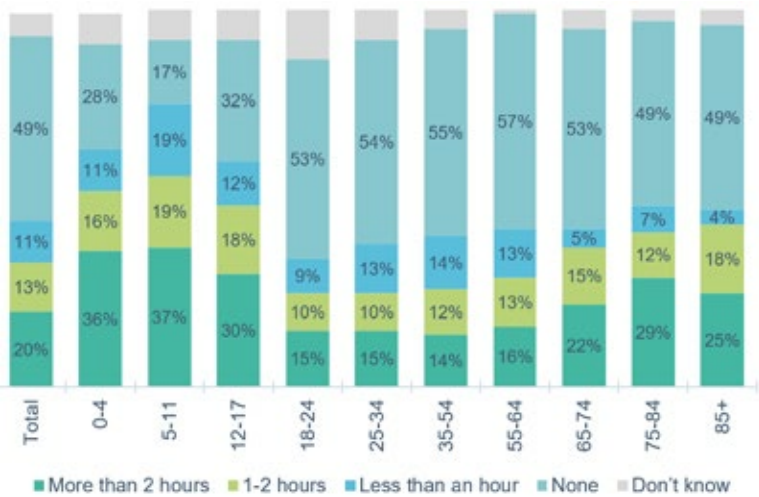


Figure 37: Frequency of creative activities participation by age (CHWS 2024)

VOLUNTEERING

Volunteering has many benefits for volunteers, the organisation they volunteer for and the broader community. For individuals, volunteering offers a sense of purpose and opportunities for social connection, leading to better mental health outcomes. It also builds social capital by building networks and relationships within the community and contributes to important projects that support community health and wellbeing [74].

While Census data showed volunteer rates declining in Casey (from 14% in 2016 to 9% in 2021), recent survey data showed a quarter (25%) of Casey households had volunteered for an organisation in the last 12 months. While not directly comparable this brings us more in line with volunteering participation in Victoria (24% formal, 31% informal volunteering), partly due to similar phrasing of the questions while also outlining common types of volunteering [74]. The most common types of volunteering were for: religious or faith-based groups (28%); community or cultural group (27%); sports clubs (26%); social services, health or welfare (18%); and/or education or literacy (13%) (CHWS, 2024).

There were no major differences in volunteering rates between men and women or different age groups. However, people that only spoke English were more likely to volunteer than people who spoke a language other than English (29% and 22% respectively) and people in well established 1 suburbs were more likely to volunteer (36%) while people in well established 3 suburbs were less likely to (20%).

For more information:

Volunteering and mental health - Volunteering Australia

CONNECTION TO CULTURE

Connection to culture refers to the relationship individuals have with the beliefs, practices, values, and traditions that shape their identity and community. It influences how people express themselves, interact with others, and perceive the world. This connection can manifest through language, art, food, music, and rituals, creating a sense of belonging and continuity. Engaging with one's culture can foster pride, resilience, and understanding, while also allowing for the exploration of diverse perspectives and experiences.

In Casey 27 per cent of people said they felt mostly or completely connected to their cultural ancestry and family heritage, and 31 per cent of people said they felt no connection. Connection to cultural ancestry was significantly higher for those that spoke a language other than English compared to those who spoke English only (40% and 20%, respectively).

70 per cent of people said they felt no connection to Aboriginal and Torres Strait Islander culture and only 9 per cent of people indicated they felt at least somewhat connected (CHWS, 2024).

DIGITAL CONNECTION

While Australia has good internet coverage, many people suffer digital inequity due to a lack of or the quality of access to technology or internet, digital ability, or affordability. Older adults, migrants with low proficiency in English, and people from lower socioeconomic backgrounds are at a higher-than-average risk of digital exclusion. Consequences range from social isolation to reduced employment opportunities, a lack of access to health information and services [75] and lower educational attainment in children [76].

The majority of Casey households indicated having some form of internet connection (98%), which was significantly lower in older residents with six per cent of people over 65 years reporting they had no internet connection. Despite most households reporting they have some form of internet, one in three households had experienced poor connection or reception throughout a twelve-month period, which was significantly higher for people under the age of 35 years (48%) and for those living in growth areas like Clyde and Clyde North (55%) (CHWS, 2024).

COMMUNITY SAFETY

Both actual and perceived levels of public safety can have a meaningful impact on people's engagement with the community. People who feel safe in local settings are more likely to be active, socially connected, and use social infrastructure, public spaces and businesses. This, in turn, leads to increased levels of mental wellbeing, neighbourhood trust, and overall life satisfaction.

PERCEPTIONS OF SAFETY

An individual's wellbeing can be influenced not only by how safe they are, but their perceptions of how safe they are. Perception of safety is complex and dependent on several factors including the physical environment, media, gender, age and socioeconomic status. While to some extent fear of crime can be protective, high levels of fear or fear disproportionate to the actual level of crime can impact wellbeing through avoidance of going out reducing levels of social interaction and physical activity [77, 78]. Perceptions of safety measures can be used to understand how different groups feel when interacting with their environments and gauge the level of avoidance due to fear.

Perceptions of safety in Casey have decreased over time, with the percentage of people who felt safe or very safe in Casey dropping from 62 per cent in 2021 to 54 per cent in 2023. Additionally, those who felt Casey was less safe than 12 months before increased from 17 per cent to 27 per cent (CSS 2021 and 2023).

Women were more likely to report feeling unsafe or very unsafe than men (17% compared to 12%), while people that spoke a language other than English were more likely to report feeling safe or very safe compared to English only speakers (62% and 50% respectively) (Figure 38). People in growth areas were more likely to report feeling unsafe than people in other areas (18% and 12-14% respectively) (CSS 2023).

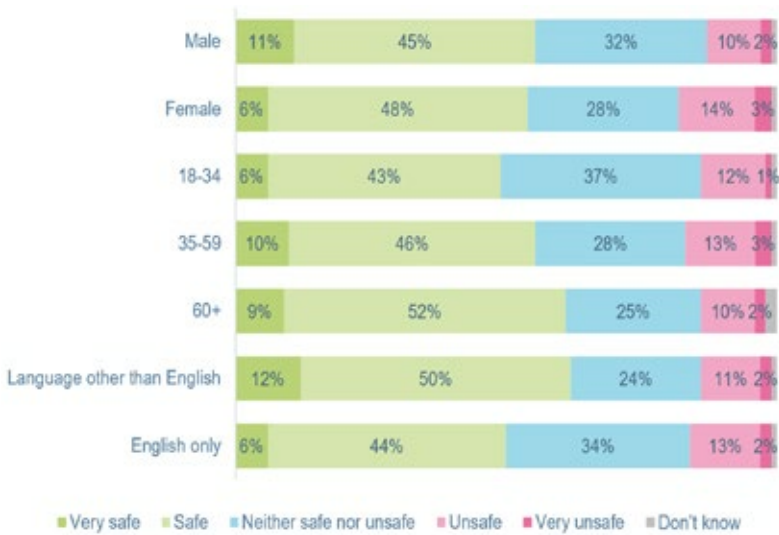


Figure 38: Perceptions of safety in Casey by demographic group (CSS 2023)

When asked about specific circumstances that they feel unsafe, people most commonly reported feeling unsafe or very unsafe when they were out and about in their local neighbourhood at night (26%) and at home by themselves at night (16%) (CSS 2023).

Levels of trust between the public and police can influence sense of safety, greater collaboration and enhance social cohesion [79]. Fifty two per cent of people indicated that they trusted the police a lot or mostly, although people who speak a language other than English more often indicated no trust at all in police (12% compared to 7% English only speakers) (CHWS 2024).

For more information:
A survey tool for measuring feelings of safety in Victoria - Community Crime Prevention Victoria

REPORTED CRIME

The relationship between reported crime levels and community wellbeing is complex. Firstly, victims of crime and their families can experience financial, physical, social and emotional impacts that lead to poorer physical and mental health. Secondly, people who witness crimes, or evidence of crime in their community, can suffer anxiety and fear. This may result in a loss of confidence, resulting in people exercising less, reducing how often they socialise and avoiding going out at night, which can lead to broader impacts on health and wellbeing [80].

Criminal incidents, offences, and victim reports recorded through the justice system offer some indication as to the safety of an area. As the City of Casey is the most populous LGA in Victoria, raw numbers are often high, so both the numbers and rates of crime per population are used for a more accurate reflection of the problem.

To demonstrate this point, Casey has the second highest number of criminal incidents and offences of Victorian LGAs, behind only City of Melbourne, and the highest number of family violence incidents. However, as a rate (or proportion) of the population, Casey ranks 51st for criminal incidents and 37th for family violence incidents of the 80 Victorian LGAs.

Within the context of rapid population growth, Casey's overall rate of crime has fallen slightly over the decade from 2015. Casey's rate of criminal incidents trails rates at the State, Greater Melbourne, and Regional Victoria levels. It closely resembles the rates found across Interface Councils - a group of 10 municipalities that form a ring around metropolitan Melbourne, known for high growth and new communities (Figure 39).



Figure 39: Rate of criminal incidents per 100,000 population (Crimestats)

There is a clear gender division when it comes to victims of crime in Casey. Whilst overall victim reports see more males represented, when harm is categorised into low, medium, and high impact, females are more frequently victims of medium and high impact crimes. In other words, males are overrepresented in low harm impact crimes, whereas females are overrepresented in high and medium harm impact crimes (Crimestats).



Figure 40: Victims of crime in Casey by crime impact category (Crimestats)

For more information:
Crime Statistics Agency Victoria

FAMILY VIOLENCE

Family and domestic violence is any violent, threatening, coercive or controlling behaviour that occurs in current or past family, domestic or intimate relationships [81]. It is characterised by a continuous pattern of abuse and can occur between intimate partners, caregivers, or in culturally recognised family-like relationships. Examples include intimate partner abuse, child abuse, elder abuse, and parental abuse [82]. Family violence is a complex issue, with no single cause. However, gender inequality is strongly linked to family violence. Family violence is gendered in nature and is overwhelmingly perpetrated by men.

Besides the safety concerns associated with family violence, it is also associated with long-lasting impacts on victim survivors' emotional, psychological, financial, physical, sexual and reproductive health and wellbeing [83].

Across population groups, experiences of family violence differ. Aboriginal women are 33 times more likely to be hospitalised by family violence than non-Aboriginal women [84], women with disabilities are almost 40 per cent more likely to experience family violence than other women, [80] it is estimated that up to 14 per cent of older people may experience abuse [85] Additionally, family violence is the leading cause of homelessness for women and children [86]

In Casey, three per cent of residents indicated that they or a family member had encountered an issue with family violence in the 12 months prior to interview, which increased to five per cent amongst women. Casey has the highest number of reported family violence incidents of all LGAs in Victoria, but similar rates per 100,000 population when compared to the Victorian average. The rates of family violence incidents have increased across Casey and Victoria since 2021-22 (Table 15).

Financial year	Total incidents – Casey	Rate per 100,000 – Casey	Rate per 100,000 - Victoria
2021-22	5,007	1,321	1,365
2022-23	5,428	1,384	1,366
2023-24	5,738	1,425	1,418

Table 15: Family and domestic violence incidents (CSAV)

The proportion of crime (and harm) that relates to family violence is of significant concern in the Casey community. This is particularly significant when looking at high and medium impact. Around a quarter (24%) of total victim reports are related to a family violence incident, this increases to a third (34%) in the high impact category and almost half (47%) in the medium impact category. This is in stark contrast to only eight per cent of low impact harm relating to a family violence incident.

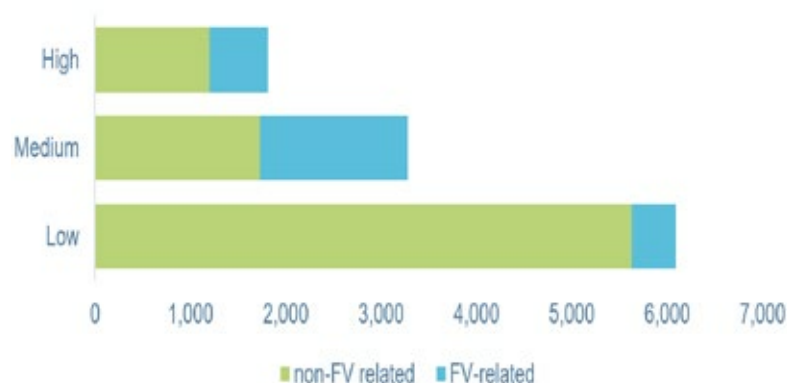


Figure 41: Victim reports by harm caused for family violence and non-family violence related incidents 2023/24

To further illustrate the significant proportion of crime that is family violence related, listed below are a selection of offence subdivisions and the proportion that are related to family violence.

Offence subdivisions (2023/24)	Total victim reports	Victim reports related to FV	% of victim reports related to FV
A20 Assault and related offences	2,485	1,523	61%
A30 Sexual offences	532	242	45%
A70 Stalking, harassment and threatening behaviour	509	356	70%

Table 16: Victim reports related to family violence by offence subdivision (Crimestats)

For more information:

Family Violence - AODstats

Family Violence Dashboard - Crime Statistics Agency Victoria

FDSV summary - Australian Institute of Health and Welfare

Impacts of family violence - Safe and Equal

CYBERCRIME

Cybercrime is a growing concern and with ongoing advances in technology there are increasing opportunities for cybercrime. Some common forms of cybercrime include data breaches and identity theft, online abuse and harassment, cyberbullying, and fraud and scams [87]. These can lead to victims suffering stress, anxiety or fear of being victimised again, impact on work and study, financial stress and more broadly contribute to a lack of trust in others and social polarisation [88, 87].

The issue continues to grow with 94,000 reported instances of cybercrime across Australia in 2023, an increase of 23 per cent from the previous year [89]. It is estimated that two in three Australians have been impacted by cybercrime at some point [87].

In Casey, 13 per cent of households had been impacted by scams in the last 12 months alone (CHWS, 2024). In addition, seven per cent of people reported feeling unsafe or very unsafe when using the internet, which increased to 13 per cent for residents over the age of 55 (CSS, 2023). Nine per cent of households with children were concerned they were having unsafe online interactions/behaviours (CHWS, 2024)

DISCRIMINATION AND BULLYING

Discrimination is the unjust or prejudicial treatment of someone based on the group, class or other categories to which they belong. Discrimination can be outright; in the form of more subtle microaggressions; or structurally embedded in policies or cultural norms [90]. Discrimination leads to higher levels of stress, poorer access to, or quality of services such as healthcare, or may increase difficulties in obtaining housing or employment. In turn this leads to poorer physical and mental health outcomes. Some groups at higher risk of discrimination include cultural communities, Aboriginal and Torres Strait Islanders, people with disability, LGBTQIA+, and older people.

Bullying is when people repeatedly and intentionally use words or actions against someone or a group of people to cause distress and risk to their wellbeing. Bullying can have large impacts on mental wellbeing and is associated with anxiety, depression, and loneliness [91].

While Casey had similar proportion of residents who experienced discrimination in the previous 12 months compared to across Victoria (18% and 16%, respectively), there were significantly more experiences of racism in Casey compared to Victoria (10% and 7%, respectively). Across Victoria, younger adults (18-44 years) were significantly more likely to experience racism (VPHS). In addition, 12 per cent of those with children reported that their child had been bullied in the 12 months prior to interview (CHWS, 2024).

For more information:

Discrimination: What it is and how to cope - American Psychological Association
What is bullying? - Australian Human Rights Commission

INJURY

Road Safety

Transport is a major part of our daily lives and households in Casey are particularly reliant on personal transport. Every year thousands of Australians are injured or die in road and other transport accidents, with 1,400 deaths nationally in 2020-21. Overall, transport related injuries represent 11 per cent of hospitalisations and 10 per cent of deaths [92].

From 2017 to 2022 there was a total of 4,963 transport related injury hospitalisations in Casey, with a rate of 233.3 hospitalisations per 100,000 population per year, which was higher than the Victorian average of 222.3. The majority of injuries occurred in car drivers (56.6%), motorcycle riders (19%), cyclists (13.8%) and pedestrians (6.2%) (Injury Atlas).

The highest rate of injuries occurred in the 15-24 year bracket. Males accounted for 61.2 per cent of the injuries (Figure 42).

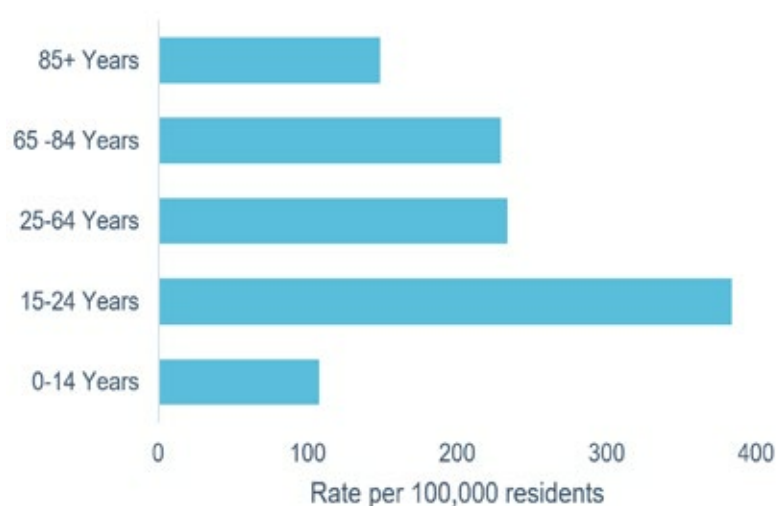


Figure 42: Rate of transport injury hospitalisations per 100,000 residents in Casey by age group (Injury Atlas)

Falls

Falls are Australia's leading cause of injury-related hospitalisations and death. Older adults are at higher risk of falls which can lead to reduced quality of life, injury and disability, reduced physical activity, social isolation, functional decline, triggers a need for residential care and death [93]. Falls can be prevented through exercise, dietary interventions and home modifications.

Across a 5-year period from 2018/19-2022/23 there was an average of 2,549 falls per year in Casey. Casey's rate of falls-related hospitalisations was 699.1 per 100,000 residents, lower than the Victorian average of 866.4. However, in the 50+ year population Casey has a higher falls rate 1,822.2 than the Victorian average (Figure 43).

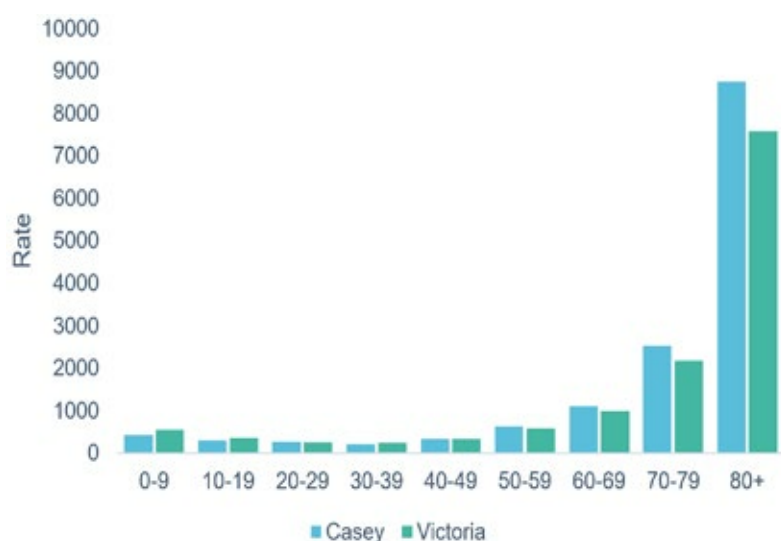


Figure 43: Rate of falls related hospital presentations per 100,000 residents by age group (Injury Atlas)

Falls were more likely to occur in females (55.2%), which increases in the 50+ year age bracket to 62.9 per cent. 68 per cent of falls occurred in people over the age of 50 years, with the 80+ year age bracket accounting for the highest number of falls (28.8%) (Injury Atlas).

For people over the age of 50 years the majority of falls occurred within the home (48.2%) or in a residential institution (19.2%). While for people under the age of 19 years they occurred at home (34.2%) or at school (20.6%).

All falls related deaths occurred within the 50+ year age bracket, with 94 per cent occurring within the 70+ year age bracket. 9.6 per cent of falls in 50+ year olds resulted in death, which was higher than the Victorian average of 6.5 per cent (Injury Atlas).

For more information:

Falls Prevention - Department of Health
Falls - World Health Organization

EQUITY

Equity is the absence of unfair or avoidable differences among groups of people, whether those groups are social, economic, geographic or by other dimensions of inequality (e.g. sex, gender, age, ethnicity, disability, or sexual orientation). While health equity is the ability for everyone to attain their full health and wellbeing potential [94].

Unfortunately, many of the groups listed above have significantly poorer health and wellbeing, due to discrimination, stereotyping and prejudice's that are both overt and embedded in institutional systems, policies and processes, leading to poorer access or exclusion from the resources, opportunities, or knowledge that supports wellbeing. Health inequities are seen through disproportionate burden of disease, chronic conditions and impacts on life expectancy.

PRIORITY POPULATIONS

Priority populations are specific groups within our population that experience health inequities, that is disadvantages, illness, and even premature death at higher rates than the general population. This can be due to a range of complex factors such as sex, gender, age, ethnicity, disability, or sexual orientation. This section refers to local population-level data where possible but the lack of local data continues to be a challenge.

ABORIGINAL & TORRES STRAIT ISLANDER PEOPLE

For Aboriginal and Torres Strait Islander people, factors such as cultural identity, family and kinship, country and caring for country, knowledge and beliefs, language and participation in cultural activities and access to traditional lands are key determinants of health and wellbeing [95].

Colonisation has had a devastating impact on Aboriginal and Torres Strait Islander communities and culture, with historical occupation, violence and policies that have led to intergenerational trauma [95]. Aboriginal & Torres Strait Islander communities experience poorer health and wellbeing across a variety of measures, with a life expectancy eight to nine years less than non-indigenous people [96].

Casey has approximately 2,845 Aboriginal and Torres Strait Islander residents, the second largest in Greater Melbourne. This equates to 0.7 per cent of Casey's total population.

In Casey, a higher percentage of Aboriginal and Torres Strait Islander residents have one or more long-term health conditions (56.4%) compared to all Casey residents (34.2%). Of those with long-term health conditions, rates of asthma are twice as high and mental health conditions over 2.5 times higher in Aboriginal and Torres Strait Islander populations (Figure 44) (ABS, 2021).

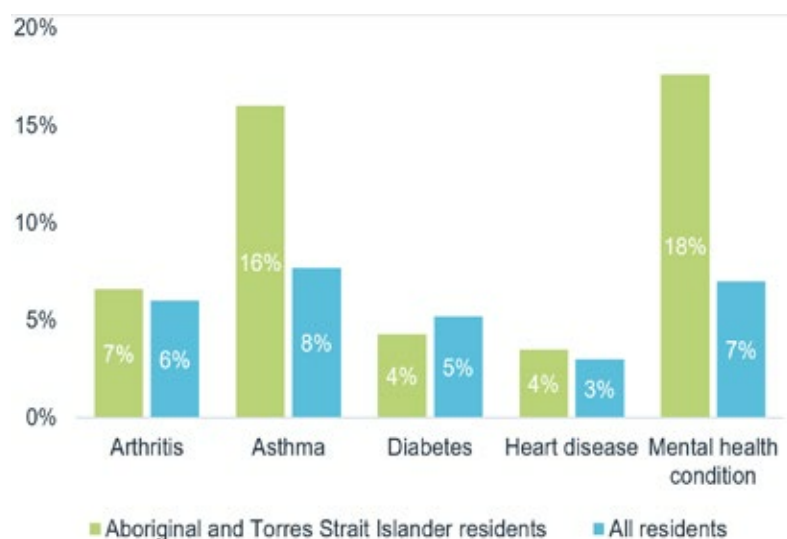


Figure 44: Long-term health conditions for Aboriginal and Torres Strait Islander Casey residents (ABS 2021)

In Casey, a higher proportion of Aboriginal and Torres Strait Islander residents were unemployed (9.8%) compared to Greater Melbourne (8.6%) and all Casey residents (5.7%). While completion of year 12 percentages were relatively comparable, Casey Aboriginal and Torres Strait Islander residents.

A higher percentage of Aboriginal and Torres Strait Islanders also have carer responsibilities (18.1%) compared to all Casey residents (11.7%) (ABS, 2021).

Education, skills and employment	Aboriginal & Torres Strait Islander residents		All residents
	Casey	Greater Melbourne	Casey
Completed year 12	15.9%	16.2%	17.3%
Bachelor degree or higher	8.1%	14.7%	22.0%
Employed	89.9%	91.4%	94.3%
Work full-time	53.2%	54.0%	57.7%
Work part time	29.6%	29.0%	30.6%
Unemployed	9.8%	8.6%	5.7%

Table 17: Education, skills and employment for Aboriginal Torres Strait Islander residents (ABS 2021)

For more information on Aboriginal and Torres Strait Islander people:
Indigenous Australians: Aboriginal and Torres Strait Islander people | AIATSIS
Status and determinants of Aboriginal and Torres Strait Islander health | Australian
Government Department of Health and Aged Care

CULTURALLY AND LINGUISTICALLY DIVERSE PEOPLE

Australia is one of the most culturally and linguistically diverse (CALD) countries in the world. However, people with CALD backgrounds experience health inequities and poorer health outcomes due to language barriers, lower health literacy, and difficulties navigating unfamiliar systems [97].

Casey is one of the most culturally diverse LGAs in Australia, with 42 per cent of residents born overseas, 42 per cent of residents speaking a language other than English at home and six per cent having low English skills (ABS, 2021). These factors may contribute to reduced emergency preparedness and increased risk of scams in this group. With people that spoke a language other than English reporting they were significantly less prepared for an emergency across seven measures (Table 12) and more likely to be scammed compared to those that spoke English at home (18% and 9%, respectively) (CHWS 2024).

Findings from Casey's Household Survey, using language other than English (LOE) spoken as a CALD indicator, found that CALD residents rated higher for feeling part of their community (with an average score of 6.35/10 compared to 5.57 of English only speakers, with 39 per cent of LOE respondents giving it an 8/10 or higher, compared to 26% of English only speakers).

Residents from a CALD background were more likely to report using community infrastructure such as, libraries, community centres, local parks, creative spaces, playgrounds, walking trails and bike paths, with 54 per cent having attended a library in the last 12-months and 43 per cent having attended a community centre. However, they were less likely to participate in arts events, creative activities (e.g. playing an instrument, dancing, painting), sporting events as a spectator or player, and community and social clubs (e.g., Rotary, Lions Club). They also tended to be less satisfied with the amount of social activities they participate in (32% compared to 47% for English only speakers) (CHWS, 2024).

There was little difference to English only speakers on measures of food security compared to LOE speakers, however LOE speakers reported higher levels of rent or mortgage stress (49% compared to 32%), were more likely to work more than one job to cover expenses (27% compared to 18%), miss out on social or cultural activities due to cost (47% compared to 37%), or have children or dependents miss out on social or cultural activities due to cost (26% compared to 16%). There was also a higher per centage that reported needing but not using the following services in the last 12 months: allied health; children's health; dental; family and/or domestic violence support; financial support; legal services; and job support. In addition, 10 per cent reported that a lack of culturally appropriate services had a negative impact on their household in the last 12 months (CHWS, 2024).

For more information on culturally and linguistically diverse communities:

*Culturally and linguistically diverse Australians Overview - Australian Institute of Health and Welfare
People from culturally and linguistically diverse backgrounds - State Government of Victoria*

LGBTIQA+ PEOPLE

The term LGBTIQA+ is used to refer to lesbian, gay, bisexual, transgender, intersex, queer, asexual people, or people otherwise diverse in gender, sexual orientation and/or innate variations of sex characteristics. LGBTIQA+ communities are diverse but share a history of discrimination, and are still subject to prejudice, discrimination and violence which contribute to poorer health and wellbeing outcomes [98]. LGBTIQA+ populations have increased risk of alcohol, tobacco and other drug problems, domestic violence and higher rates of mental ill-health, suicide and self-harm nationally [98]. There is limited data available on LGBTIQA+ communities nationally, and on a local scale. This section provides an overview of what is available.

Three per cent of residents identified as LGBTIQA+ with the majority of LGBTIQA+ people falling in the 12-34 year age bracket (Figure 45).

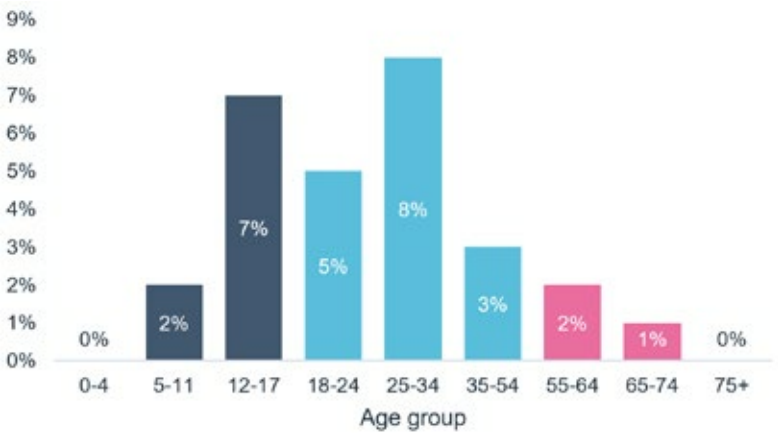


Figure 45: Proportion of residents that identify as LGBTIQA+ by gender and age (CHWS 2024)

Most LGBTIQA+ people reported engaging with some form of physical activity, with only 12 per cent reporting they do nothing. The most frequent types of exercise were walking (66%), gym (28%) and gardening (28%).

LGBTIQA+ people were more likely to consume fast food between once a week and daily (58) than non-LGBTIQA+ (33%). In terms of alcohol consumption 36 per cent reported not drinking, compared to 47 per cent of non-LGBTIQA+ people, 16 per cent drink 1-3 times a week and 4 per cent drink daily. Given that many of the people that identified as LGBTIQA+ were under 18 years, this may have impacted the data on risky alcohol consumption.

LGBTIQA+ people were more likely to vape compared to non-LGBTIQA+ (14% compared to 2%) but were less likely to smoke (1% compared to 7%), which is likely due to the younger demographic of this population.

44 per cent reported having a long-term disability, which was significantly higher than non-LGBTIQA+ people (18%), most frequently they reported their disability made it difficult for them to remember or concentrate, walk, communicate or something else (CHWS, 2024).

For more information:
LGBTIQ+ Health Australia
LGBTIQA+ people’s health | Australian Government Department of Health and Aged Care

PEOPLE WITH DISABILITY

Disability is a broad term and people with disability may have different types and levels of impairment. Disability and health have a complex relationship. Long-term health conditions might cause disability, or a disability may be unrelated to health conditions, regardless of whether a person's disability is caused by disease, it can contribute to health problems. The nature and extent of a person's disability can also influence their health experiences. For example, it may limit their access to, and participation in, social and physical activities.

Knowing how many people have disability, and their characteristics, can help us to plan and provide the supports, services and environments that enable people with disability to participate how they want to in everyday life.

Disability increases exponentially with age, with people over the age of 55 years significantly more likely to have a disability than younger age groups (Figure 46). In addition, people that only speak English are more likely to have a disability than people that speak a LOE at home (22% compared to 13%), and LGBTIQ+ people are more likely to have a disability than non-LGBTIQ+ people (44% compared to 18%) (CHWS 2024).

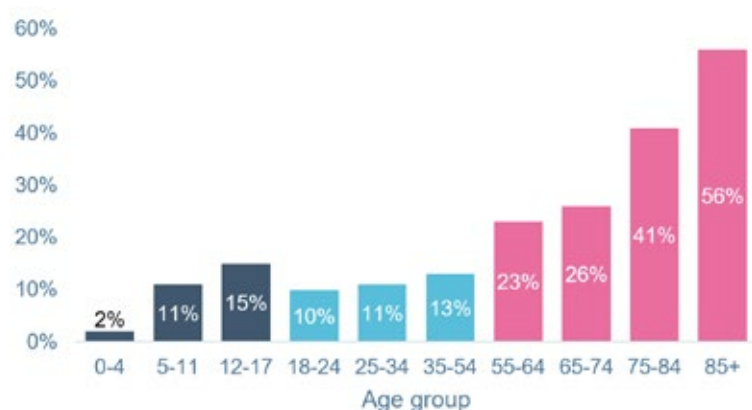


Figure 46: Disability by age group in Casey (CHWS 2024)

Most commonly people reported that their disability made it difficult for them to walk, remember/concentrate, pick up objects or something else (Table 18).

Do you have a long-term disability that makes it difficult to do any of the following:	
Walk	9%
Remember / concentrate	6%
Pick up objects	5%
See (even with glasses)	3%
Hear (even with hearing aid)	3%
Communicate	2%
Wash	2%
Something else	5%
None	82%
Total Disability	19%

Table 18: People with disability by impact on activities of daily living (CHWS 2024)

For more information:
Health of people with disability - Australian Institute of Health and Welfare

CHILDREN AND YOUNG PEOPLE

The early years of a child's life help to build the foundation for future health, development and wellbeing. Early childhood factors such as parenting, nutrition, family relationships, school performance, whether they are safe from harm, and where they live can influence lifelong wellbeing. Targeting risk factors in children can reduce preventable chronic diseases later in life [99].

Among children and young people, seven percent of 12–17-year-olds and five percent of 18-24-year-olds identified as LGBTIQ+, making these age groups the second and third highest in identification behind 25-34-year-olds. Additionally, 11 percent of individuals under 18 were living with a long-term disability.

Nine percent of 18–24-year-olds vape, and a further three percent smoke. Among 12-17-year-olds, two percent reported vaping, though this is likely an underrepresentation, as four percent of parents reported knowing or suspecting their child was vaping.

Fast food consumption was high amongst young people, with between 42 per cent and 50 per cent of 5–24-year-olds consuming fast food one to three times per week.

Despite this, under 18-year-olds were more likely than other ages to participate in organised sport (30% compared to 9% for all ages) and cycling (17% compared to 8%). While there is no local data for levels of physical activity amongst children and young people in Casey; across Southern Melbourne region 45.7 per cent per cent of parents surveyed through the Victorian Child Health and Wellbeing survey reported their children were physically active for more than an hour every day and met the recommended physical activity guidelines, slightly higher than across Greater Melbourne (46%). However, there has been a decline in levels of physical activity across Victoria over time, with reported levels in 2013 at 59.6% in Southern Melbourne region [100].

12 per cent of people with children reported their child had been bullied and nine per cent that their child was having unsafe interactions online.

Data is not available for many measures for under 25's only. However, when looking at under 35's this cohort is worse off than other age groups across many measures including: lower satisfaction with life; higher rates of mental health disorders; lower feelings of connection with community and trust in others; and higher rates of financial and food insecurity.

As an indicator of mental health, the Census reported on long-term mental health conditions (including anxiety and depression) this is based on conditions that have been present for six months or longer and have been diagnosed by a health professional. For Casey residents aged 0-24 years old, 4.6% reported a long-term mental health condition, this increased across age groups with highest being 7.3% of young people aged 18-24 years old reported a long-term mental health condition, comparable to across all age groups in Casey (7%) (ABS, 2021).

For more information:

*Children & youth Overview - Australian Institute of Health and Welfare
Australian Child and Youth Wellbeing Atlas*

OLDER PEOPLE

As people age, they often experience reduced mobility, and conditions such as hearing and vision loss, chronic illnesses, and disability become increasingly common. These factors can limit older people's ability to access essential services, participate in the community, and maintain independence. Many older adults also experience digital exclusion, which can lead to isolation from information, resources, and decrease social participation. If unaddressed these factors can lead to poorer health outcomes.

For many measures the over 55 year old population in Casey experience better outcomes than other age groups, including financial and food security, higher trust and connection to community and life satisfaction. However, there were a few areas where older people experienced worse outcomes. Chronic health conditions become more prevalent with age (Table 19) with 29 per cent of over 55-year-olds in Casey living with one long-term health condition and a further 22 per cent are living with two or more (ABS, 2021). There are an estimated 3,792 residents with dementia and this is projected to grow to 7,096 residents by 2054, an 87% increase.

Common long-term health conditions	Casey (55+)	Greater Melbourne (55+)	Casey (all ages)
Arthritis	22%	22%	6%
Diabetes	16%	13%	5%
Heart disease	12%	11%	3%
Mental health condition	9%	9%	7%
Asthma	9%	8%	8%
Unemployed	9.8%	8.6%	5.7%

Table 19: Common long-term health conditions for over 55's in Casey compared to the general population and greater Melbourne (ABS 2021)

In addition, disability increases *9+**with age and overall, 40 per cent of 71–84-year-old residents and 56 per cent of 85+ year old residents are living with a disability. Of these, people most commonly reported that their disability made it difficult for them to walk, remember or concentrate, hear (even with hearing aids) and/or pick up objects (Casey Household Survey 2024). The higher prevalence of disability in older people, make aged care services integral for supporting them with daily tasks and to age in place. However, only 19 per cent of over 65-year olds in Casey reported using aged care services, with a further 12 per cent reporting that they needed aged care services but haven't used them, indicating many people may be experiencing barriers to accessing services (CHWS, 2024).

Older people also face digital exclusion and may be more vulnerable to scams. With 16 per cent of over-55's reporting they had lost money to scams in the past 12-months compared to 13 per cent for all ages (CHWS, 2024) and 13 per cent reporting they feel unsafe or very unsafe when using the internet compared to seven per cent for all age groups (CSS, 2023). In addition, five per cent reporting they do not have internet at home compared to none in other age groups (CHWS, 2024).

For dietary measures, older people were less likely than other age groups to consume fast food however between 10-16 per cent of 55+ year olds consumed alcohol daily, which was the highest of all age groups (CHWS, 2024).

For more information:

*Older Australians, Health – status and functioning - Australian Institute of Health and Welfare
Positive ageing is ageing well | Australian Government Department of Health and Aged Care*

MOTHERS AND BABIES

The health of both mothers throughout pregnancy and both mothers and babies throughout the early stages of life can have important lifelong implications for wellbeing. Maintaining a healthy lifestyle including adequate nutrition, avoidance of tobacco, alcohol and other drugs throughout pregnancy and attending routine medical check-ups contributes to positive health outcomes [101]. In addition, attending routine checkups and vaccination appointments throughout the early stages of life prevents avoidable diseases.

Birth rates are higher in Casey compared to Greater Melbourne, rates in 2023 were 1.87 and 1.42 respectively [102] with more than 5,000 babies born in Casey per year. Over a three-year period, 8.8% of Casey residents were smoking during pregnancy compared to 6% across Greater Melbourne (PHIDU).

Casey has a slightly higher average infant mortality rate per 1,000 births (3.3 per annum) compared to Greater Melbourne (3.1) (PHIDU). Similarly, slightly higher percentages of babies born with a low birth weight (6.8%) compared to Greater Melbourne (6.3%) (PHIDU).

For more information:

Maternal health - World Health Organization

PEOPLE EXPERIENCING SOCIOECONOMIC DISADVANTAGE

Please refer to the section on socioeconomic disadvantage in the resilience chapter.

CARERS

The term carers refers to anyone who provides unpaid informal care to family or friends due to older age, disability, mental illness, chronic condition or terminal illness. Care may include support with daily activities and providing emotional and social support. Carers play an integral role in Australia, but often suffer poorer physical and mental health as a result, with 58.3 per cent of carers reporting low wellbeing compared to 30.3 per cent of non-carers in Australia [103]. Many carers have to reduce their work hours to accommodate their caring responsibilities, with a national survey finding 37.3 per cent of carers reported reducing their work hours and a further 34.6 per cent giving up work completely [104].

In Casey, 12 per cent of residents (60.1% female, 39.9% male) provide unpaid assistance to a person with a disability, health condition or due to old age (ABS, 2021).

For more information:

Carer Wellbeing - Carers Australia

KEY TERMS

Key term	Definition
Burden of disease	Considers the impact of living with illness or injury and dying prematurely and measures the years of healthy life lost from death and illness through the 'disability-adjusted life years' (DALY) measure
Growth council	A council where planned development, for example of greenfield areas that have previously been vacant or used for agriculture, is expected to see a growth in population.
Long-term health conditions	Also known as chronic conditions or non-communicable diseases. These are any health conditions that last longer than 6 months and are generally characterised as having long lasting and persistent effects.
Premature deaths	Situations where part of a lifespan is lost due to an event that shortens life expectancy.
Public health	The preventing of disease, prolonging life and improving quality of life through organised efforts of society, organisations, communities and individuals.

APPENDIX 1. CASEY HEALTH & WELLBEING HOUSEHOLD SURVEY

The Casey Health and Wellbeing household survey was developed in 2024 in order to capture baseline data of current health and wellbeing conditions of Casey residents.

Year 1 of the survey was undertaken from August 16 to September 17, 2024.

To ensure research results can be used to accurately represent the broader community the research was conducted using stratified random representative sampling as explained below.

Sample:	n=1,071 households, covering n=2,613 individuals
Sampling method:	Proportional stratified sampling using the rates database. Households were randomly drawn to be representative of the broader community by region. This method ensures coverage of all Casey residents, including renters and mobile-only households.

Participation by area

		Count	Per cent
Region	Rural and Coastal (Blind blight, Cannons Creek, Cranbourne South, Devon Meadows, Harkaway, Lysterfield South, Narre Warren North, Pearcedale, Tooradin, Warneet)	212	20%
	New Growth (Botanic Ridge, Clyde, Clyde North, Cranbourne West, Junction Village)	153	14%
	Moderately Established (Cranbourne East, Lynbrook, Lyndhurst, Narre Warren South)	173	16%
	Well Established 1 (Beaconsfield, Berwick, Narre Warren)	195	18%
	Well Established 2 (Cranbourne, Cranbourne North)	168	16%
	Well Established 3 (Doveton, Endeavour Hills, Eumemmerring, Hallam, Hampton Park)	170	16%
Ward	Akoonah	77	7%
	Casuarina	78	7%
	Correa	117	11%
	Cranbourne Gardens	157	15%
	Dillwynia	55	5%
	Grevillea	115	11%
	Kalora	104	10%
	Kowan	75	7%
	Quarters	78	7%
	River Gum	69	6%
	Tooradin	69	6%
	Waratah	77	7%

Participation results by demographics

		Count	Per cent	
Gender	Woman	594	56%	50%
	Man	442	42%	50%
	I self-identify as...	3	0%	-
	I'd prefer not to say	22	2%	-
Age	18-34	88	9%	33%
	35-54	377	36%	39%
	55-64	219	21%	14%
	65-74	188	18%	9%
	75-84	134	13%	4%
	85+	40	4%	2%
	I'd prefer not to say	12	1%	-
Diversity	Aboriginal or Torres Strait Islander	8	1%	1%
	LGBTIQA+	26	2%	-
	Language other than English	261	24%	42%
	Born overseas	414	39%	54%

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