



*Final
Report V2*

City of Melbourne. Health and Wellbeing Profile – 2022 Mid-point Review.

KANTAR PUBLIC



CITY OF MELBOURNE

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Executive Summary – Research Background.

Introduction

All levels of government are responsible for the health and wellbeing of Australians. Under the *Victorian Public Health and Wellbeing Act 2008* (The Act), the City of Melbourne has specific responsibilities to contribute to protecting and enhancing the health and wellbeing of communities.

The City of Melbourne commissioned Kantar Public to conduct a midpoint review (for the period June 2020 - March 2022) to track progress against the six focus areas of health and wellbeing as specified in the current MPHWP 2021-25, and in particular to determine the impact of the COVID-19 pandemic. The pandemic is still in-progress as of August 2022, albeit at a perceived lower threat of severe complications and hospitalisations. Restrictions have been eased and the state has been out of lockdown since October 2021, allowing a transition to “COVID normal” where we live with the virus.

Background

The City of Melbourne developed a Health and Wellbeing Profile (The Profile); which collates and reports on trends of health data and determinants in the municipality, with comparisons to state-wide estimates where comparable data is available. There are six health and wellbeing focus areas within the MPHWP 2021-25, these are:



Public Health and Safety: This focus area recognises the importance of all people feeling safe and included when participating in community life, with zero tolerance of violence in our community including family violence, gender equality, violence against women, racism and discrimination in all forms.



Mental Wellbeing and Inclusion: This focus area recognises the importance of celebrating Melbourne’s diverse community, with our Aboriginal community and history central to our city. Bonds and social connections are strengthened, and all people have equal access to employment, arts, culture, nature and physical activity in the city and core services such as mental healthcare, lifelong learning and the internet.



Healthy and Sustainable Lifestyles: This focus area recognises the importance of supporting and encouraging people to make healthy and sustainable lifestyle decisions.



Housing and Homelessness: This focus area recognises the need for a fair, appropriate range of affordable housing for people of all backgrounds is available with special focus on people experiencing homelessness.



Food Security: This focus area recognises the importance of secure access to nutritious, safe, fair and culturally appropriate food for everyone in our community, especially the most vulnerable.



Health Impacts of Climate Change: This focus area recognises the importance of resilient and safe communities that are adapting to the public health impacts of climate change.

Interpretation of trends.

When base sizes were accessible, significance testing was conducted. Data trends noted in the commentary that aren’t able to be tested for significance are denoted in the heading with a lozenge (◇) symbol. Any changes described are referred to as a “drop”, “growth”, “rise” or “fall” to distinguish un-tested changes from significant changes. These trend comments are indicative only and should be interpreted with caution.

Where significance testing was able to be conducted, chart headings are noted with a section (§) symbol. Commentary refers to “increased” or “decreased” trends as appropriate.

Please note that the Estimated Resident Population (ERP) for City of Melbourne was updated in June 2022, however, not all agencies which use the ERP for their rate per 100,000 residents implemented this update at the time that data was collected. These rates are the official statistics at the time data was collated and may be updated at a later date.



Public Health and Safety – Summary.

This focus area recognises the importance of all people feeling safe and included when participating in community life, with zero tolerance of violence in our community including family violence, gender equality, violence against women, racism and discrimination in all forms.

Public Health and Safety - Headlines

- Over the course of 2020, 959 residents were confirmed as having COVID-19; however, this has grown to 48,069 cases in June 2022.
- COVID-19 vaccination rates in the municipality were below the Victorian average when data was extracted in June 2022 – only 78% of City of Melbourne residents had received their first vaccination compared to 96% of the Victorian population. This pattern continued with second vaccinations (74% of City of Melbourne residents, compared to 94% of Victorians) though third vaccinations are on par with the Victorian average (72% and 68% respectively).
- The rate of criminal offences recorded in the City of Melbourne increased between 2020 and 2021 – other theft was the most recorded offence in 2021, and the majority of offences in the City of Melbourne were recorded on the street, lane or footpath.
- Public health and safety offences dropped by 45% between 2020 and 2021, though other offence types simultaneously increased.
- The rate of alcohol-related assaults in the City of Melbourne dropped between FY2018 and FY2020, during low, medium and high alcohol hours.
- In 2021, rates of crimes against property per 100,000 residents rose from 2020, both when family violence was included or excluded from the calculation.
- Crimes against the person – excluding family violence – grew between 2020 and 2021, and family violence-related crime also grew during the same timeframe.
- The rate of family violence per 100,000 population increased between 2020 and 2021; similarly, the rate of sexual assaults against women also rose. Women and people aged 18-34 years old made up the majority of people affected by family violence in 2021 (75% and 37% of victims respectively).
- The rates of violent crimes rose between 2020 and 2021, and rates of stalking increased during the same period.
- Overall, 59% of residents in 2021 feel safe walking alone in the municipality at night, down 5 percentage points from 2020 (was 64%).
- Day-time safety was stable between 2020 and 2021 (86% to 84% respectively).
- Residents' perceived safety on public transport was stable between 2020 and 2021, whether during the day (81% and 83% respectively) or at night (54% and 52% respectively)
- Three-fifths (61%) of men walking alone in the municipality felt safe in 2021, compared to just 36% of women. A similar proportion (59%) of men felt safe on public transport, while fewer women felt safe in that situation (32%).

Areas for Improvement:

- Perceived safety in the City of Melbourne.
- Violent crimes – particularly stalking, sexual assaults and other crimes against women and children.
- Alcohol-related harm and violence.
- COVID-19 vaccination rates within the community.



Mental Wellbeing and Inclusion – Summary.

This focus area recognises the importance of celebrating Melbourne’s diverse community, with our Aboriginal community and history central to our city. Bonds and social connections are strengthened, and all people have equal access to employment, arts, culture, nature and physical activity in the city and core services such as mental healthcare, lifelong learning and the internet.

Mental Wellbeing and Inclusion - Headlines

- Self-reported sense of belonging to the community was stable between 2020 (66%) and 2021 (65%) and rates of subjective wellbeing were similarly stable during the same period (72% in 2020 and 70% in 2021).
- Reports of high or very high psychological distress in 2020 during the COVID-19 pandemic rose to 22% (up from 18% in 2017).
- The average annual rate of suicide in Melbourne City (SA3 area) was stable between 2019 and 2020.
- Overall unemployment rose from 3.9% in 2020 to 5.4% in 2021, possibly linked to the removal of JobKeeper and JobSeeker payments in 2021 for residents and businesses impacted by the COVID-19 pandemic. Youth unemployment also rose from 8.5% in 2019 to 11.8% in 2020, likely in response to COVID-19 restrictions disproportionately impacting industries this age group tends to work in, such as retail trade and food and beverage services. Both metrics were at their highest since 2015.
- Community engagement with arts and cultural activities, participation in decision making (such as attending town meetings) and sports was consistent from 2020 to 2021.
- Volunteering by City of Melbourne residents decreased between 2020 (37%) and 2021 (31%), and specifically within the City of Melbourne from 23% in 2020 to 18% in 2021.
- Participation in lifelong learning decreased between 2020 and 2021 (from 69% to 63%).
- Support for an inclusive and diverse City of Melbourne, which recognises the relationship between Aboriginal and Torres Strait Islander people, and other Australians, remained strong between 2020 and 2021. Despite this, the current level of understanding of Aboriginal heritage and culture among residents, students, workers and visitors in the City of Melbourne is low.
- Students were more likely than residents to demonstrate an understanding of the City of Melbourne’s Aboriginal heritage and culture in 2021, at 17% and 6% respectively. Students’ and residents’ belief that the relationship between Aboriginal and Torres Strait Islander people and other Australians is important increased between 2020 and 2021, from 95% to 98% for students, and 95% to 97% for residents.
- The proportion of Melbourne residents who needed help with core activities (such as eating, showering or dressing) was steady between 2016 and 2021 Censuses (from 1.7% to 2.3% respectively).

Areas for Improvement:

- Psychological distress.
- Youth unemployment levels.
- Participation in lifelong learning.
- Volunteering within the City of Melbourne.
- Understanding of Aboriginal history and culture in the region, among residents, students, workers, and visitors.



Healthy and Sustainable Lifestyles – Summary.

This focus area recognises the importance of supporting and encouraging people to make healthy and sustainable lifestyle decisions.

Healthy and Sustainable Lifestyles - Headlines

- Between 2019 and 2021, electronic gambling spending in the municipality fell 51%, likely due to electronic gambling facilities and casinos having limited trading across 2020 and 2021, reducing residents' abilities to use electronic gambling machines.
- Alcohol-or-other-drug-related (AOD) ambulance attendances dropped between FY2018 and FY2021. Hospital admissions between FY2018 and FY2020 also fell. Both could be related to alcohol serving venues having limited or no operations during the COVID-19 pandemic, reducing opportunities for overindulgence and negative health outcomes.
- The rates of chlamydia and syphilis notifications had dropped from 2019 to 2020 but picked back up in 2021, returning to pre-pandemic levels.
- In 2017, 74% of children living in the City of Melbourne attended kindergarten, while in 2021 this was true for only 29% of children. This could be due to parents removing their children from childcare and kindergarten to limit their exposure to COVID-19, as most kindergartens operated in limited capacity over the course of the pandemic.
- Only one in five children in the City of Melbourne were vulnerable in one or more developmental domains (21%) in 2021, suggesting minimal immediate impact on childhood development. More children are developmentally vulnerable in the physical health and wellbeing domain, while a higher proportion achieved their language and cognitive developmental benchmarks
- The proportion of residents in the City of Melbourne who would likely be overweight or obese was stable in 2020, compared to 2017 (39%).
- There was a significant decrease in residents reporting very good or excellent health in 2021 (48% vs. 61% in 2020).
- Half of residents got adequate exercise in 2021 (48%) and this is on par with 2020 (47%) – though residents were less likely to participate in an organised physical activity between 2020 and 2021 (down from 20% to 15%). Women's participation in sport was on par with 2020 (was 56%, 59% in 2021).
- In 2021, one in twenty (4%) City of Melbourne residents met the minimum recommended daily consumption of fruit and vegetables, a 3 percentage point decrease from 2020 (7%).

Areas for Improvement:

- Awareness of STDs, including chlamydia, syphilis and gonorrhoea.
- Child developmental standards.
- General health of City of Melbourne residents.
- Healthy eating and physical activity among residents.



Housing and Homelessness – Summary.

This focus area recognises the need for a fair, appropriate range of affordable housing for people of all backgrounds is available with special focus on people experiencing homelessness.

Housing and Homelessness - Headlines

- The number of people sleeping rough on the streets of the City of Melbourne was 74 in 2021 (based on the By-Name List).
- In 2019, prior to the COVID-19 pandemic, weekly rents in the City of Melbourne peaked at \$500 with only 1.5% of rental properties considered affordable*. During 2021, this dropped to \$365 and 2.6% were classed as affordable – however – one in five (21%) renters experienced housing stress at this time. This is almost four times the rate in 2016 (5%).
- Less than one in twenty (3.5%) of residents in the City of Melbourne lived in social housing in 2021 (on par with 4.9% in 2016).
- 144 projects providing affordable housing were planned in the City of Melbourne in 2021.

Areas for Improvement:

- Reduce the number of people who are homeless or sleeping rough within the City of Melbourne.
- Projects providing affordable housing.



Food Security – Summary.

This focus area recognises the importance of secure access to nutritious, safe, fair and culturally appropriate food for everyone in our community, especially the most vulnerable.

Food Security – Headlines

- Food security in the City of Melbourne was stable between 2020 and 2021, which indicates that the impact of the COVID-19 pandemic hasn't increased overtime.
- In 2021, one-third of residents reported food insecurity (33%) with one-quarter saying they were worried their food would run out (27%). One-fifth either skipped meals (22%) or actually ran out of food (19%) in that year. These indicators were on par with 2020 which suggests that the impacts of the pandemic continued into the next year.
- Reports of food insecurity increased 7 percentage points between 2019 and 2020 (from 26% to 33%), likely as a result of job losses and economic instability caused by restrictions on business operations during the COVID-19 pandemic.
- The impact of the COVID-19 pandemic was more extensive in this focus area than others, as employment was linked to food insecurity and 39,000 jobs were lost in the City of Melbourne between 2019 and 2020.
- People most likely to experience food insecurity (18-24 year olds, non-English speakers, part-time or casual employees, students and unemployed people) tended to have insecure or low-paying jobs, if they are employed. This means jobs lost in retail trade, administration and support, and food and beverage industries may be more likely to impact people in these demographics.

Areas for Improvement:

- Food insecurity within the municipality, particularly among the most vulnerable groups (18-24 year olds, non-English speakers, part-time or casual employees, students and unemployed people).



Health Impacts of Climate Change – Summary.

This focus area recognises the importance of resilient and safe communities that are adapting to the public health impacts of climate change.

Health Impacts of Climate Change – Headlines

- Greenhouse gas emissions per resident dropped between 2019 and 2020 (from 27.2 to 22.5 tonnes per resident), which aligns with international findings that the global slowdown caused by COVID-19 restrictions on business operations and travel likely contributed fewer emissions.
- Common human generated pollutants such as nitrogen dioxide, sulphur dioxide and ozone have dropped in concentration between 2017 and 2020. Despite rising levels of coarse dust between 2017 and 2020, the concentration of fine dust (PM_{2.5}) was stable.
- Fewer heat health alerts were issued in 2021 – only 2 were issued in 2021 compared to 8 in 2018. However, if another heatwave hits the City of Melbourne, up to 1.6% of residents may seek out safer temperatures on the streets, in public or private facilities.
- The number of trees planted in the municipality dropped from its peak in 2015. This may in-part be due to the COVID-19 pandemic, although the Melbourne City Council enacted the Greening the City Project in June 2020, employing people who lost their jobs to plant trees and understorey plants.
- Compared to 2020, the square-meterage of native understorey habitat in the City of Melbourne rose by 22% in 2021.

Areas for Improvement:

- Greenhouse gas emissions.
- Number of trees planted in the City of Melbourne.

Background & Methodology





Research background.

Introduction

All levels of government are responsible for the health and wellbeing of Australians. Under the *Victorian Public Health and Wellbeing Act 2008* (The Act), the City of Melbourne has specific responsibilities to contribute to protecting and enhancing the health and wellbeing of communities. The Act requires the development of the Municipal Public Health and Wellbeing Plan (MPHWP) and that this be updated every four years.

The COVID-19 pandemic hit Victoria on 25th January 2020, six months prior to the next review of the MPHWP, and generated dramatic social, economic, health and demographic shifts in the municipality.

The City of Melbourne commissioned Kantar Public to conduct a midpoint review (for the period June 2020 - March 2022) to track progress against the six focus areas of health and wellbeing as specified in the current MPHWP 2021-25, and in particular to determine the impact of the COVID-19 pandemic. The pandemic is still in-progress as of August 2022, albeit at a perceived lower threat of severe complications. Restrictions have been eased and the state has been out of lockdown since October 2021, allowing a transition to “COVID normal” where we live with the virus.

Background

The MPHWP is a strategic plan that sets the broad mission, goals and priorities to protect, improve and promote public health and wellbeing within the municipal district. The MPHWP is embedded into our Council Plan and shows a commitment to prioritising health and wellbeing issues at a high level. As part of the Act, Melbourne City Council is required to:

- 1 Engage people in the local community in the development, implementation and evaluation of the MPHWP and;
- 2 Include an examination of data on the health status and health determinants in the municipal district.

In order to meet requirement 2, the City of Melbourne developed a Health and Wellbeing Profile (The Profile); which collates and reports on trends of health data and determinants in the municipality, with comparisons to state-wide estimates where comparable data is available. There are six health and wellbeing focus areas within the MPHWP 2021-25, these are:



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Research objectives and methodology.

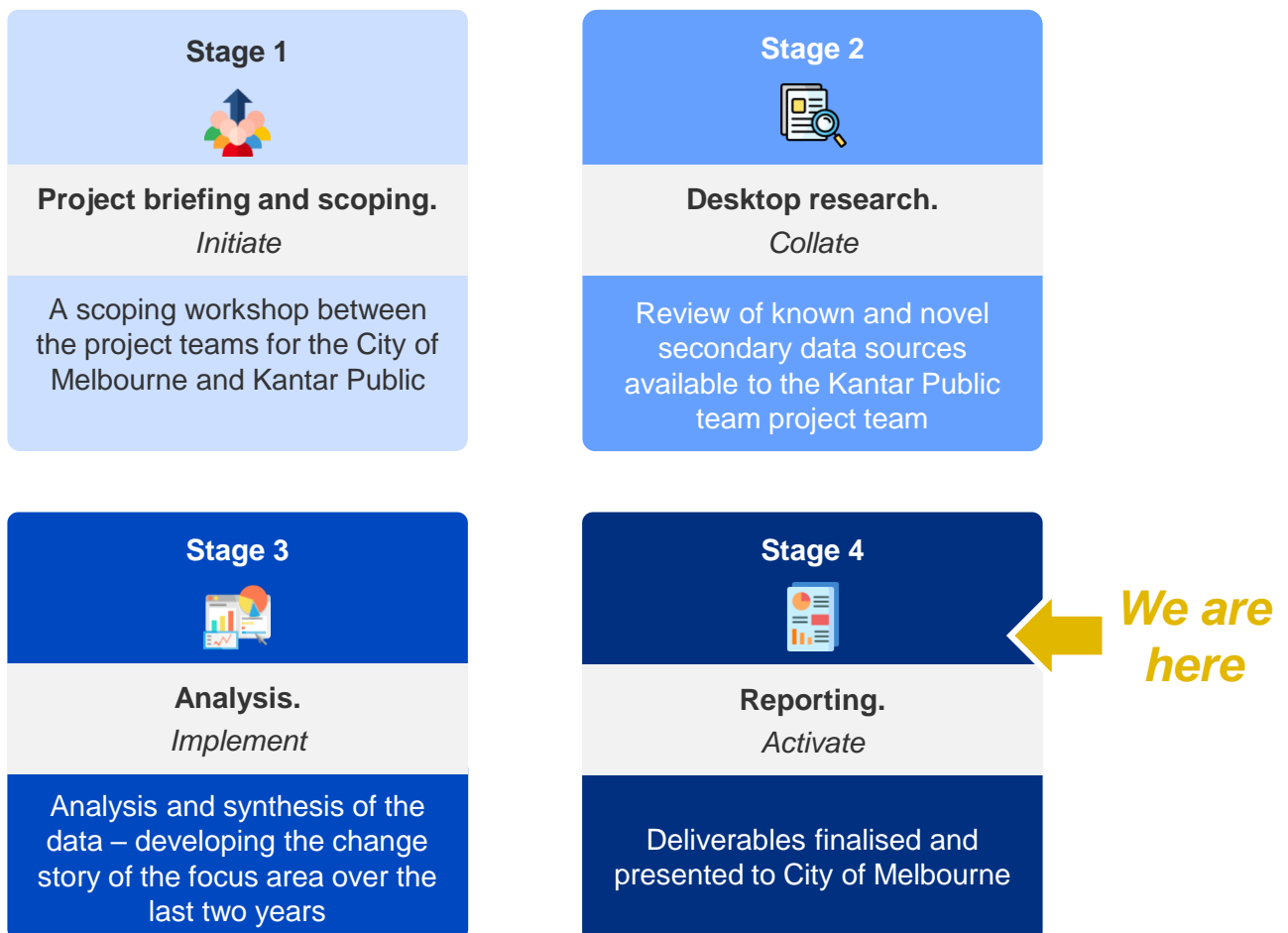
Research objectives.

The main objectives of the mid-point review are:

- 1 Update the key indicators and data sources to align with each of the six health and wellbeing focus areas.
- 2 Present the current health and wellbeing status of the City of Melbourne community and track how health and wellbeing has changed in the City of Melbourne community between 2020 and 2022, against the six focus areas.
- 3 Understand any demographic shifts in health and wellbeing between 2020 and the present, against the six focus areas.
- 4 Gain an in-depth understanding of the current health and wellbeing status of the City of Melbourne community, as per indicators against the six focus areas including the impact of COVID-19, and to highlight any health and wellbeing issues or pockets of vulnerability.
- 5 Provide a set of evidence-based recommendations that will inform Council's strategy in addressing health and wellbeing needs of the community (e.g. related to communications, programming or services).

Methodology.

The 2022 mid-point review of MPHWP had four key stages.





Interpreting this report.

Glossary of units.

Different units are used throughout the report as appropriate with the indicators discussed. A quick glossary of units is provided below.

Unit	Meaning
Number	Actual number of the indicator.
%	Percentage out of 100%.
Dollars or \$ million	Australian dollars.
Per 100,000 residents	Rate of indicator per 100,000
m ²	Square metres, measurement of area.
µg/m ³	Micrograms (one-millionth of a gram) per cubic metre.
ppb	Parts per billion, number of units of mass of a contaminant per 1,000 million units of total mass.
ppm	Parts per million, number of units of mass of a contaminant per 1 million units of total mass.
tonnes / resident	Metric unit of mass equal to 1,000 kilogram, per individual resident.
tCO _{2e} million	A million metric tonnes of carbon dioxide equivalents.
Average annual ASR per 100,000 residents	ASR is age-standardised rate which adjusts the crude rate (of 100,00 population) to eliminate the effect of differences in population age structures in a community.

Please note that the Estimated Resident Population (ERP) for City of Melbourne was updated in June 2022, however, not all agencies which use the ERP for their rate per 100,000 residents implemented this update at the time that data was collected. These rates are the official statistics at the time data was collated and may be updated at a later date.

Explanation blocks.

Occasionally, text providing further context to the indicators being discussed is provided in a shadowed box. An example is provided on the right.

Income inequality indicators

- **P80/20 Ratio** is a percentile ratio that summarises the relative distance between two points in a distribution. The P80/P20 ratio shows the proportion of residents who earn the top 80th percentile of income, compared to the top 20th percentile.

Interpretation of trends.

When base sizes were accessible, significance testing was conducted. Data trends noted in the commentary that aren't able to be tested for significance are denoted in the heading with a lozenge (◊) symbol. Any changes described are referred to as a "drop", "growth", "rise" or "fall" to distinguish un-tested changes from significant changes. These trend comments are indicative only and should be interpreted with caution.

Where significance testing was able to be conducted, chart headings are noted with a section (§) symbol. Commentary refers to "increased" or "decreased" trends as appropriate. Symbols have also been added to the chart to illustrate significant differences between the previous data point (e.g. 2020) and most current data point (e.g. 2021), as below.

▲ / ▼ indicates significantly higher/lower at 95% confidence.

↑ / ↓ indicates significantly higher/lower than other category at 95% confidence.



Interpreting this report (cont.).

Reading the summary tables.

Each focus area has an accompanying summary table with an overview of data shifts between the 2020 and 2022 Profile. Indicators included in the 2020 Profile, even if they haven't been updated in time for the 2022 Profile, have been included in the summary table.

Previous – what was reported in the 2020 Profile
Current – latest data available for 2022 Profile
Indicator – what was measured
Unit – how it's measured
Change – shift in indicator between 2020 and 2022 Profile
Tracking – we use a traffic light system to illustrate the data trend between 2020 and 2022 Profile:

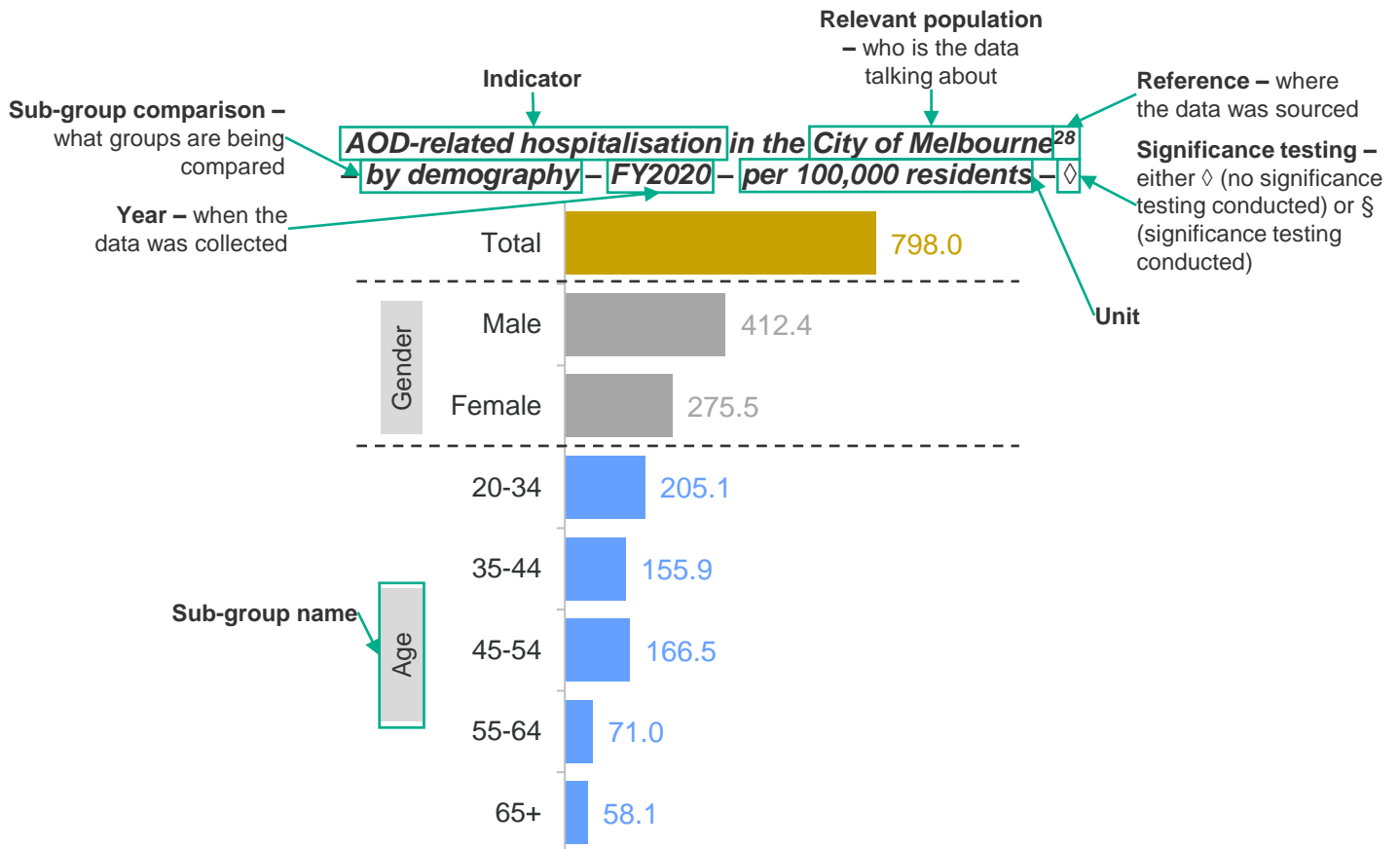
- Positive change
- No difference
- Negative change

The descriptors 'down/stable/up' refer to the direction of the change. Therefore an indicator with a tracking status of 'Up' and a red circle would be trending up, and this is a negative change.

Indicator	Unit	Previous	Current	Change	Tracking
CoM resident satisfaction with feeling part of the community – §	%	66% (2020)	65% (2021)	-1%	Stable ●
CoM resident subjective wellbeing – Personal Wellbeing Index – §	%	72 (2020)	70 (2021)	-2%	Stable ●
Total CoM Personal Wellbeing Index – §	%	69 (2020)	69 (2021)	0	Stable ●
CoM residents reporting high/very high psychological distress – ◊	%	18% (2017)	22% (2020)	+4%	Up ●
Suicide – Average ASR – ◊	Per 100,00 population	8.9 (2019)	9.2 (2020)	+0.3	Stable ●
CoM residents reporting high/very high psychological distress – ◊	%	18% (2017)	22% (2020)	+4%	Up ●

Reading the charts.

Multiple charts are provided on each page within the focus area to tell a story about the experiences of residents, students, visitors and workers in the City of Melbourne. Key sample and data collection information are provided on the charts and data call outs on the left.



Health and Wellbeing Profile 2022 Mid-point Review



City of Melbourne Community



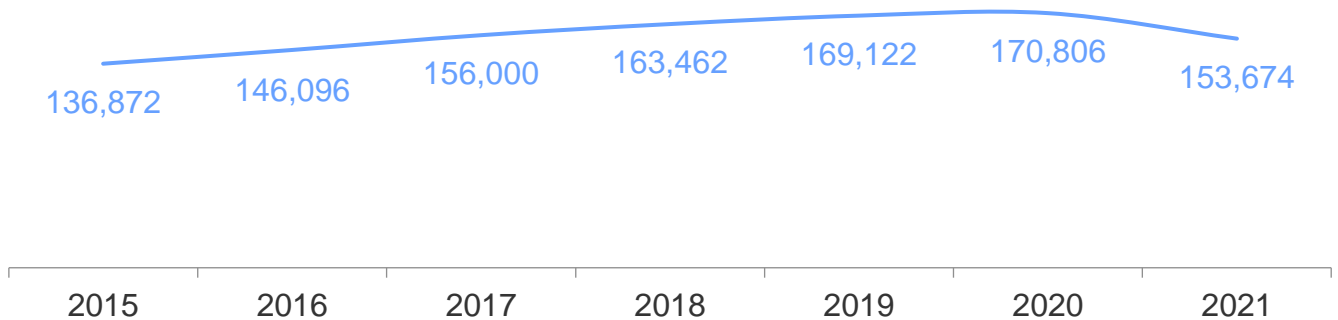
Our community.

The restrictions on businesses and activities during the COVID-19 pandemic and the reduced presence of international students have likely led to a drop in the estimated resident population between 2020 and 2021.

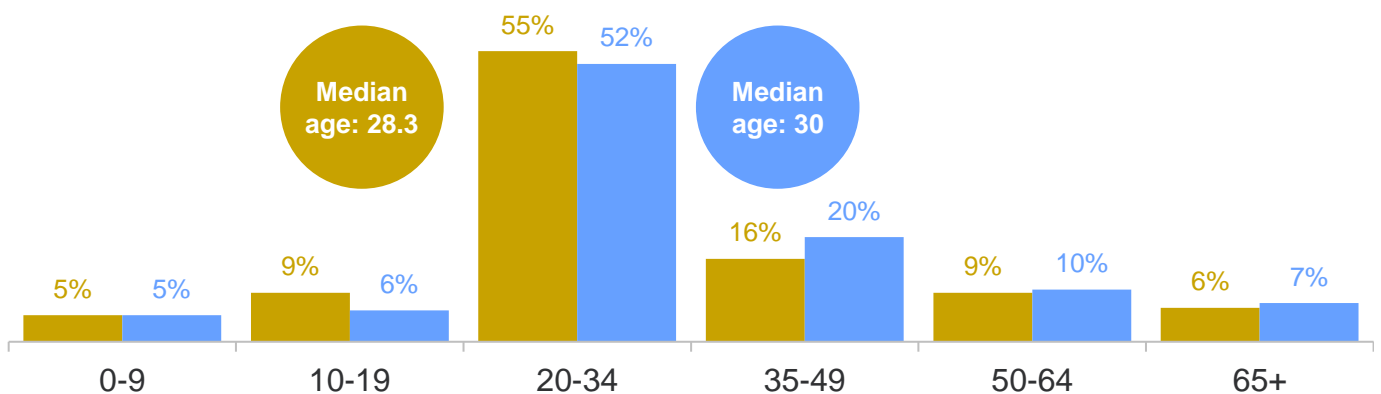
Between 2020 and 2021, the City of Melbourne lost 10% of its estimated population (was 170,806, now 153,674)¹. While the impact of the restrictions wasn't immediate, by 2021 extended business closures and/or limited operations and uncertainty about the road to "COVID-normal" may have encouraged some residents to leave the city. International students made up 38% of the Central Business District's population pre-pandemic, however, across Victoria the number of international students dropped 36% between March 2020 and 2022⁴⁶.

The median age of residents in the City of Melbourne in 2021 rose to 30¹ (higher compared to the pre-pandemic median of 28.3 in 2016³). This was driven by a declining proportion of 20-34 year olds (52% in 2021 vs 55% in 2016) and a growing proportion of 35-49 year olds (20% in 2021 vs 16% in 2016).

City of Melbourne population – number^{1,3} – ◇



City of Melbourne population age groups^{1,3} – % – ◇



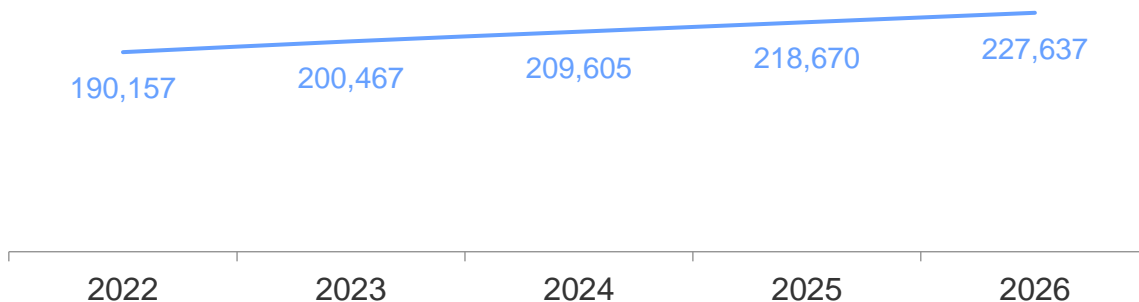


Our community.

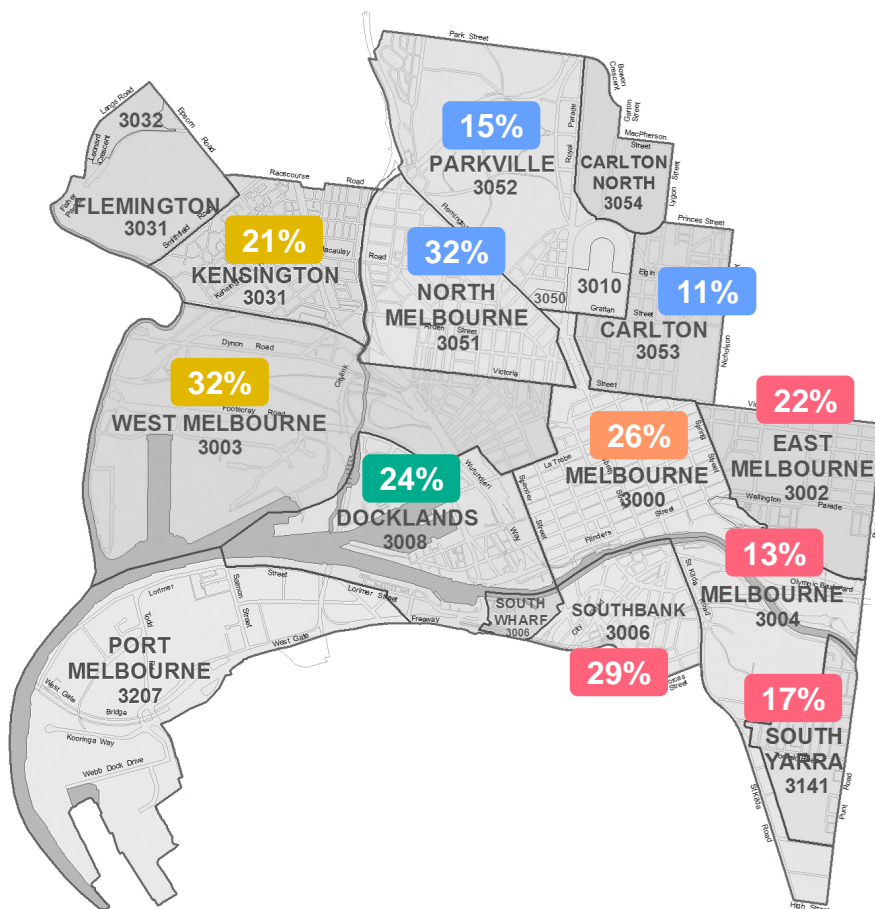
Based on the City of Melbourne Population and Jobs Forecast 2020-2040: Summary report 2021, the City of Melbourne population was forecast to grow by 34,480 people between 2022 and 2026⁵.

West Melbourne and North Melbourne populations are forecast to grow by 32% from 2020 to 2026. The lowest growth was forecasted for Carlton (11%). Note, this forecasting was conducted during the COVID-19 pandemic and doesn't account for the reduction in population seen since the onset of the pandemic.

City of Melbourne forecast population⁵ – 2016 – numbers – ◇



City of Melbourne forecasted increase in resident population between 2020 and 2026 – by CLUE small area – %



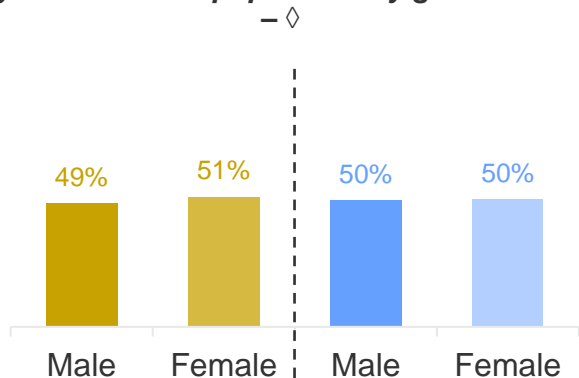


Our community.

The City of Melbourne has a diverse population, with half of residents speaking a language other than English (46%) and born overseas (55%). More than 1,000 same-sex couples are living in the municipality^{1,3}.

From the 2021 Census data, more residents are choosing to live alone than in group households (43% in lone person households in 2021 vs 37% in 2016; 14% group households in 2021 vs 21% in 2016).^{1,3}

City of Melbourne population by gender^{1,3} – %



City of Melbourne Aboriginal population

0.5%

City of Melbourne residents are Aboriginal or Torres Strait Islanders in 2021, up from 0.3% in 2016.^{1,3} – ◇

27

Median age of Aboriginal and Torres Strait Islander residents in the City of Melbourne in 2021, compared to 28 in 2016.^{1,3} – ◇

City of Melbourne residents with a disability

2.3%

City of Melbourne residents needing assistance with core activities in 2021.³

8.1%

City of Melbourne residents aged 65-74 years* needing assistance with core activities in 2021.³

54%

City of Melbourne residents aged 85+ years* needing assistance with core activities in 2021.³

City of Melbourne multicultural population

55%

City of Melbourne residents were born overseas in 2021 – compared to 56% in 2016.^{1,3} – ◇

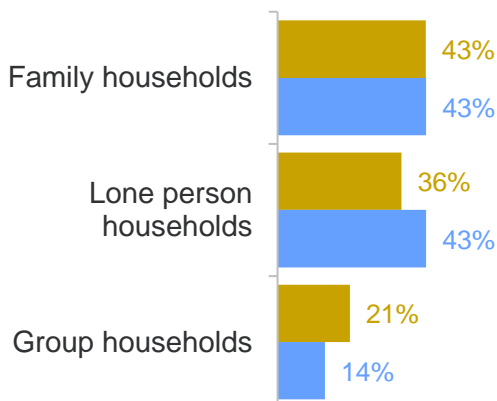
46%

City of Melbourne residents who speak a language other than English at home in 2021 – compared to 48% in 2016.^{1,3} – ◇

95%

City of Melbourne residents agree it is a good thing for society to be made up of different cultures.¹¹ (2021) – §

City of Melbourne household structure^{1,3} – % – ◇

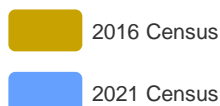


City of Melbourne LGBTQIA+ population^{1**}

1,653

Same-sex couples in the City of Melbourne (2016)

*Age ranges used for 'City of Melbourne residents with a disability' not comparable to those used in profile 2020.
**Updated data not available from 2021 Census.

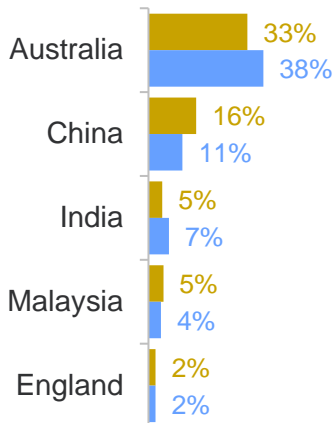




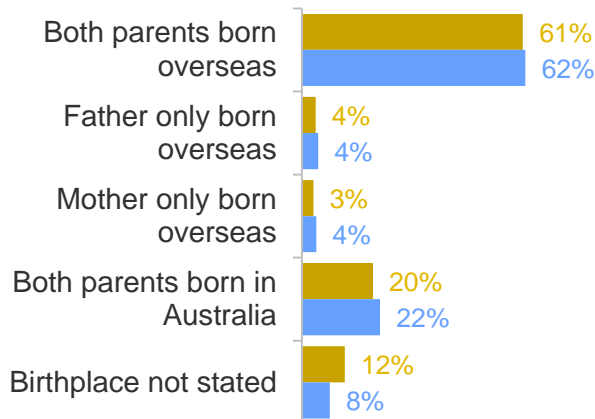
Our community.

Compared to the 2016 Census, the City of Melbourne saw an uptick in the proportion of residents born in Australia in 2021 (was 33% in 2016, now 38% in 2021).^{1,3}

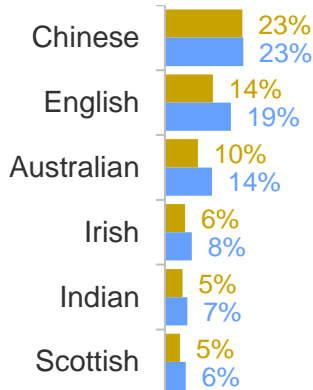
City of Melbourne resident country of birth^{1,3} – % – ◇



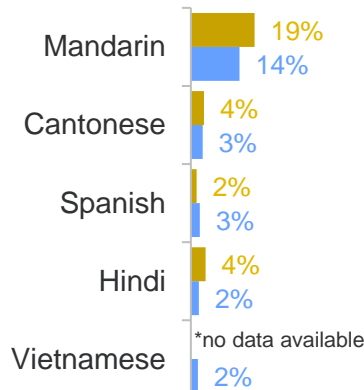
City of Melbourne resident parent place of birth^{1,3} – % – ◇



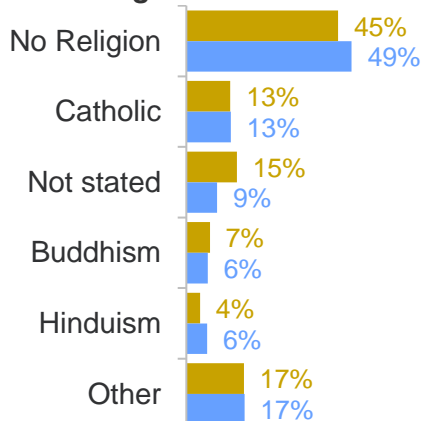
City of Melbourne top five resident ancestry^{1,3} – % – ◇



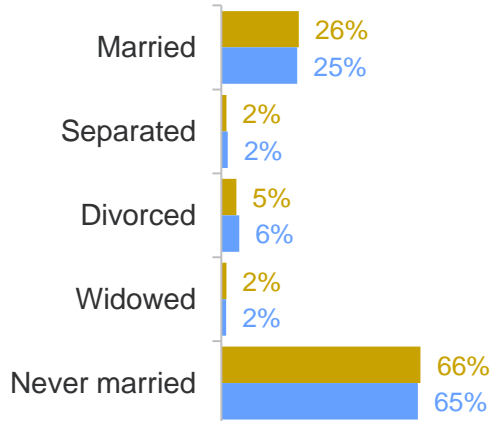
City of Melbourne top five non-English resident languages spoken^{1,3} – % – ◇



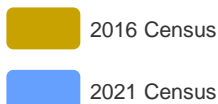
City of Melbourne resident religion^{1,3} – % – ◇



City of Melbourne resident marital status^{1,3} – % – ◇



*Number of residents who spoken Vietnamese not available in 2016 due to small cell size.

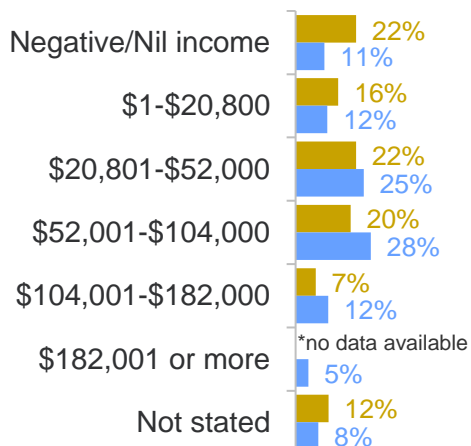




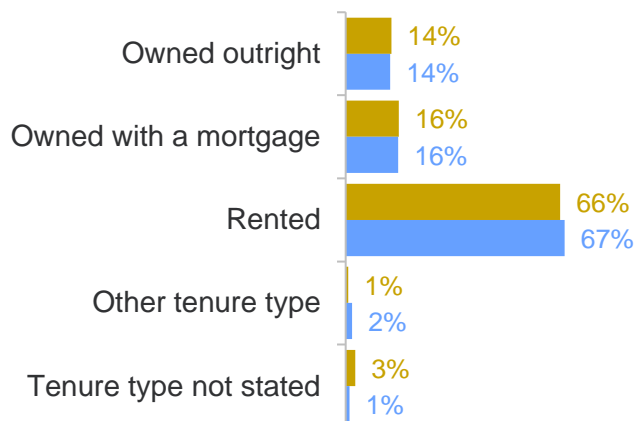
Our community (cont.).

Personal annual income grew in 2021, with 28% of residents reporting their annual income between \$52,001-\$104,000 in 2021, compared to 20% in 2016.^{1,3} However, more homeowners experienced mortgage stress in 2021 than in 2016 where mortgage payments are in excess of 30% of their household income (was 5%, now 21%).^{1,3}

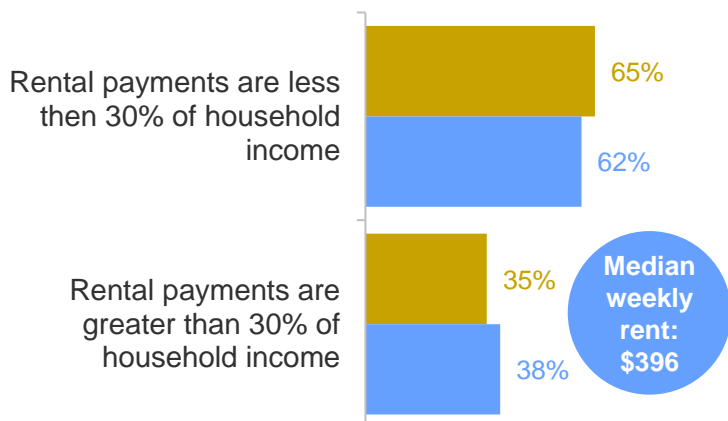
City of Melbourne resident person annual income^{1,3} – % – ◇



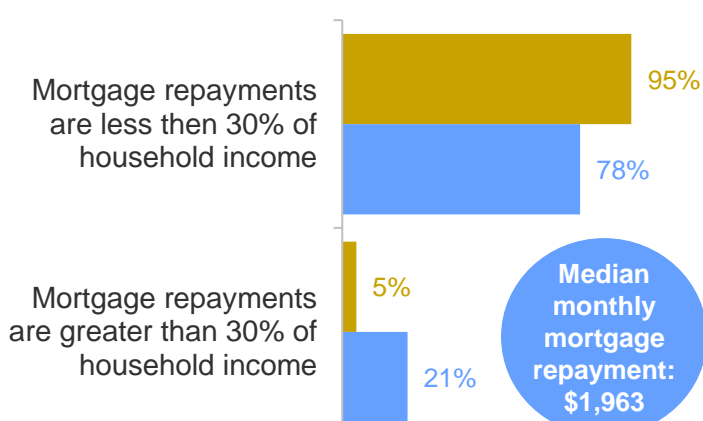
City of Melbourne resident homeownership^{1,3} – % – ◇



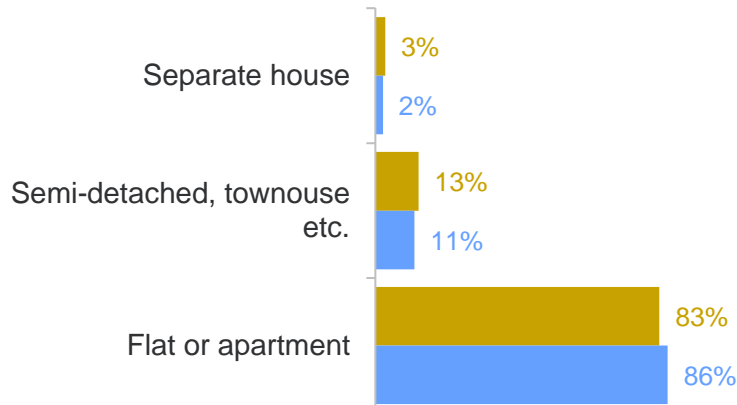
City of Melbourne residents experiencing rental housing stress^{1,3} – % – ◇



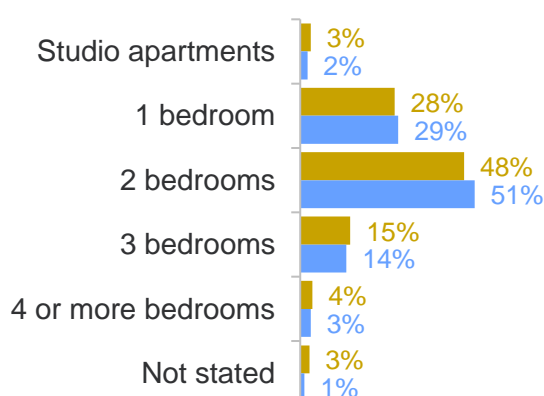
City of Melbourne residents experiencing mortgage housing stress^{1,3} – % – ◇



City of Melbourne residents type of housing^{1,3} – % – ◇



City of Melbourne number of rooms in resident housing^{1,3} – % – ◇

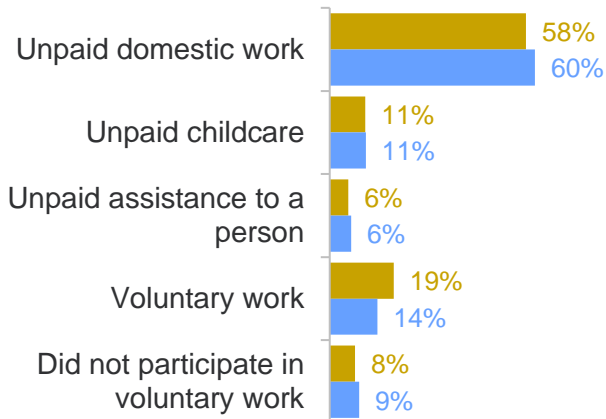




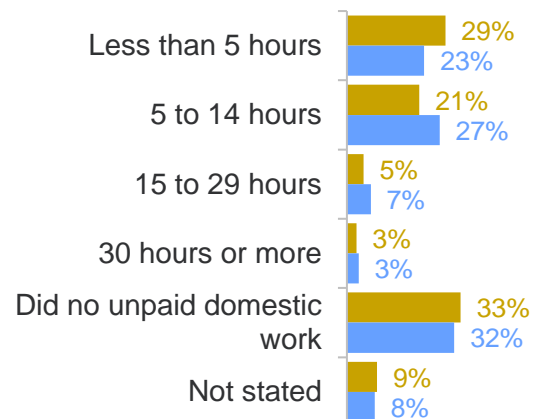
Our community (cont.).

Half of City of Melbourne residents (48%) studied a university degree according to the 2021 Census - lower than in 2016 (53%).^{1,3} The rate of Melbourne residents undertaking vocational studies has almost doubled (13% vs 7% in 2016).^{1,3}

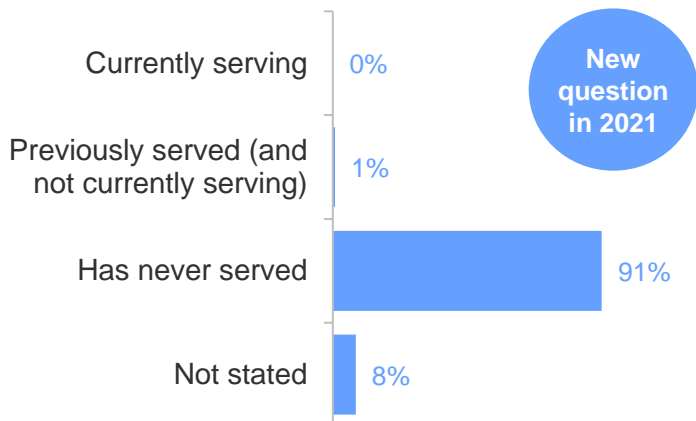
City of Melbourne resident unpaid work^{1,3} – % – ◇



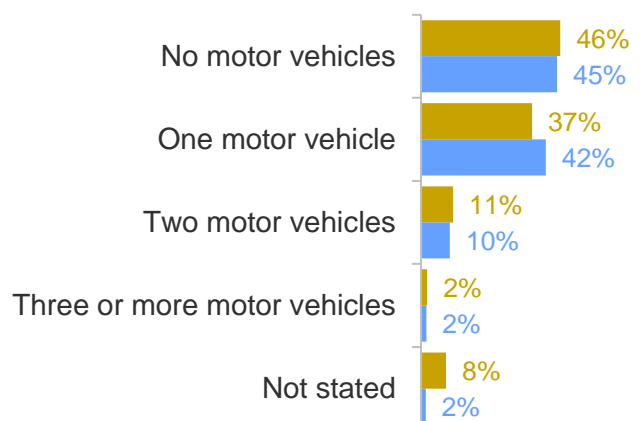
City of Melbourne resident unpaid domestic hours worked^{1,3} – % – ◇



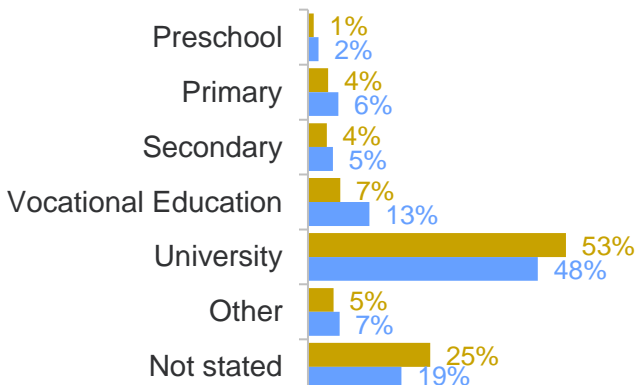
City of Melbourne resident Australian Defence Force Members³ – %



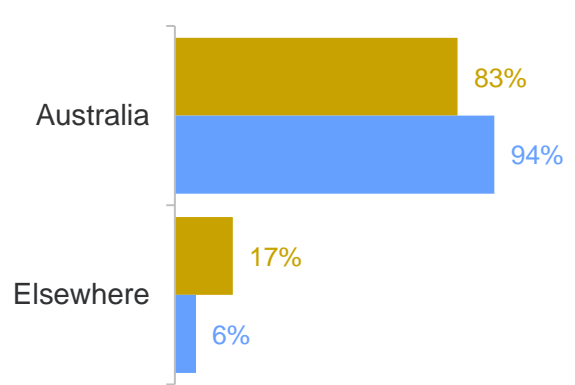
City of Melbourne resident private vehicle ownership^{1,3} – % – ◇



City of Melbourne students undertaking studies^{1,3} – % – ◇



City of Melbourne resident usual place of residence^{1,3} – % – ◇



Public Health and Safety

This focus area recognises the importance of all people feeling safe and included when participating in community life, with zero tolerance of violence in our community including family violence, gender equality, violence against women, racism and discrimination in all forms.

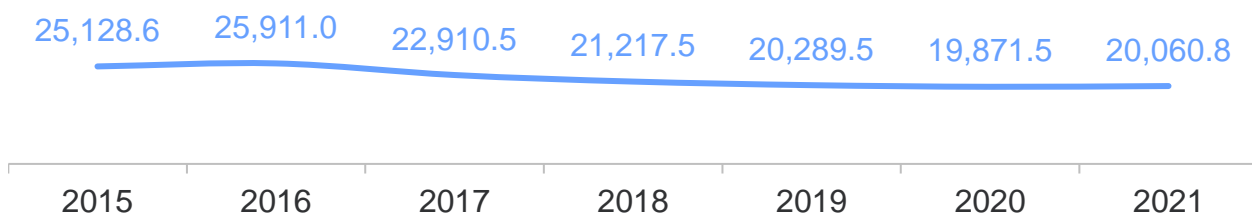


Overall offence details.

The rate of reported crimes between 2020 and 2021 rose by 189.3 offences per 100,000 residents.⁶

The rate of offences recorded in the City of Melbourne was 20,060.8 per 100,000 residents in 2021, up from 2020 (at 19,871.5) and on par with pre-pandemic levels (20,289.5 offences per 100,000 residents in 2019).⁶ Between 2016 and 2019 the crime rate gradually dropped from 25,911.0 to 20,289.5.⁶

Rate of offences in the City of Melbourne⁶ – per 100,000 residents – ◇



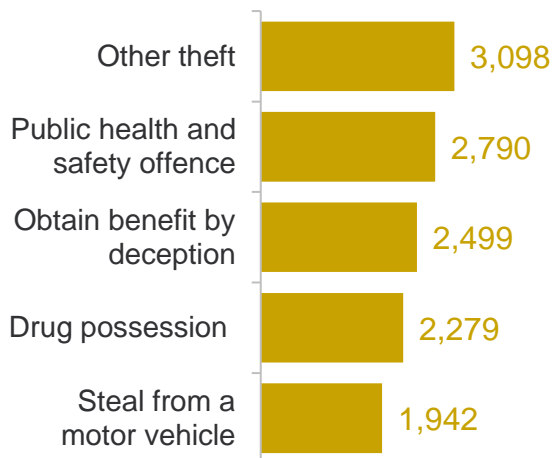
Public health and safety offences in the City of Melbourne dropped by 45% in 2021 compared to 2020.⁶

While public health and safety offences were the second most recorded type of offence in 2021 (at 2,790) this dropped by 45% from 2020 where 5,086 offences were recorded.⁶ Between 2015 and 2019, this offence didn't rank in the top five for any year.⁶

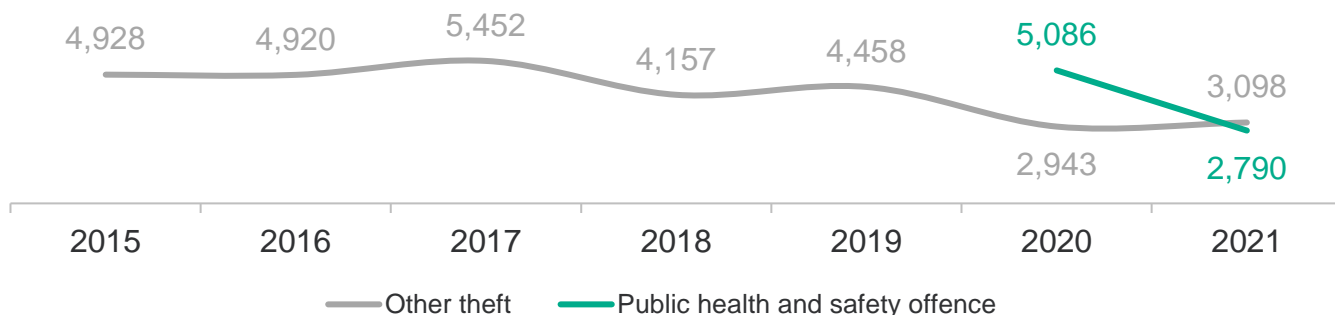
This may be an impact of the COVID-19 pandemic as not following state restrictions was classified as a public health and safety offence (e.g. being out of home during curfew hours).

Other theft was the most recorded offence in 2021 with 3,098 offences recorded; however, this is lower than in 2019 (4,458 offences recorded) and on par with 2,943 offences in 2020.⁶

Top five principal offences in the City of Melbourne⁶ – 2021 – number – ◇



Offence types recorded in City of Melbourne⁶ – number – ◇





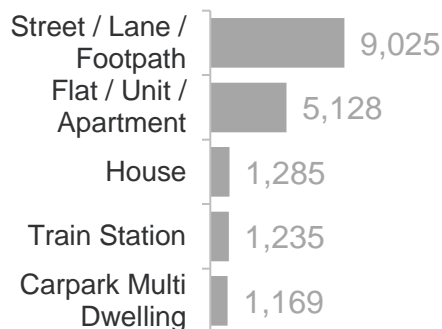
Overall offence details.

Most offences in the City of Melbourne occurred on a street, lane or footpath in 2021.⁶

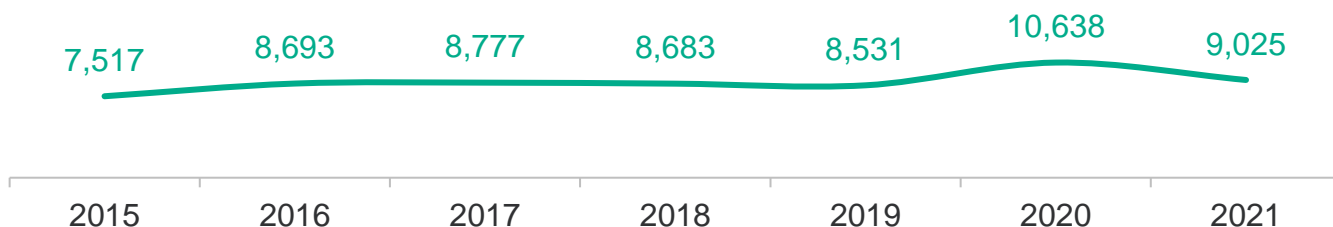
In 2021, the number of offences recorded on a street, lane or footpath was 9,025 down from 10,638 in 2020.⁶

Flats, units and apartments followed as the most common locations where offences were recorded in 2021, at 5,128 offences.⁶

Offences in the City of Melbourne by top five locations⁶ – 2021 – number – ◊



Offences recorded in City of Melbourne on street/lane/footpath⁶ – 2021 – number – ◊



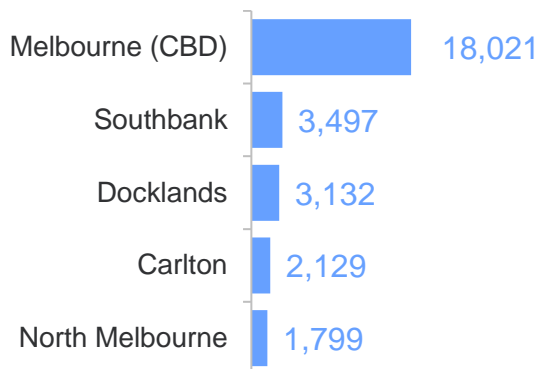
Though the highest number of offences is recorded in Melbourne CBD, since 2016 this has dropped.⁶

Since 2016, the number of offences recorded in the Melbourne CBD dropped from its peak of 22,297 offences in 2016 to 18,021 in 2021.⁶

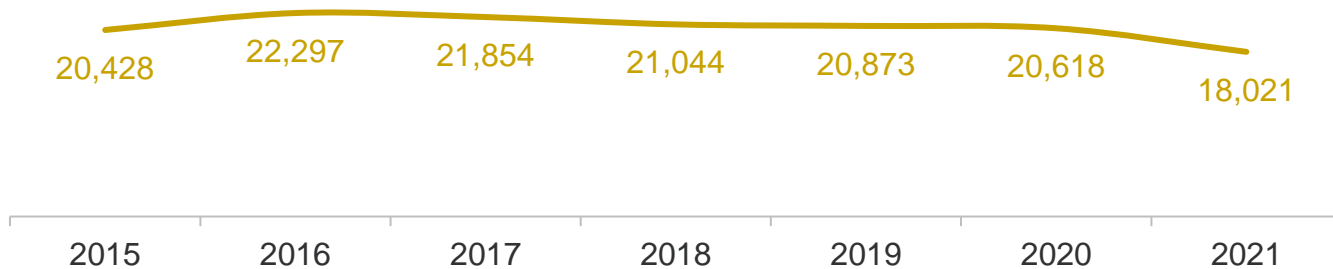
This may be connected to the 19% estimated population drop in the municipality between 2020 and 2021 discussed in the Community Profile.

Following Melbourne CBD, in 2021 Southbank and Docklands had the second and third most offences recorded at 3,497 and 3,132 respectively.⁶

Number of offences in City of Melbourne by top five suburbs⁶ – 2021 – number – ◊



Offences recorded in Melbourne CBD⁶ – number – ◊





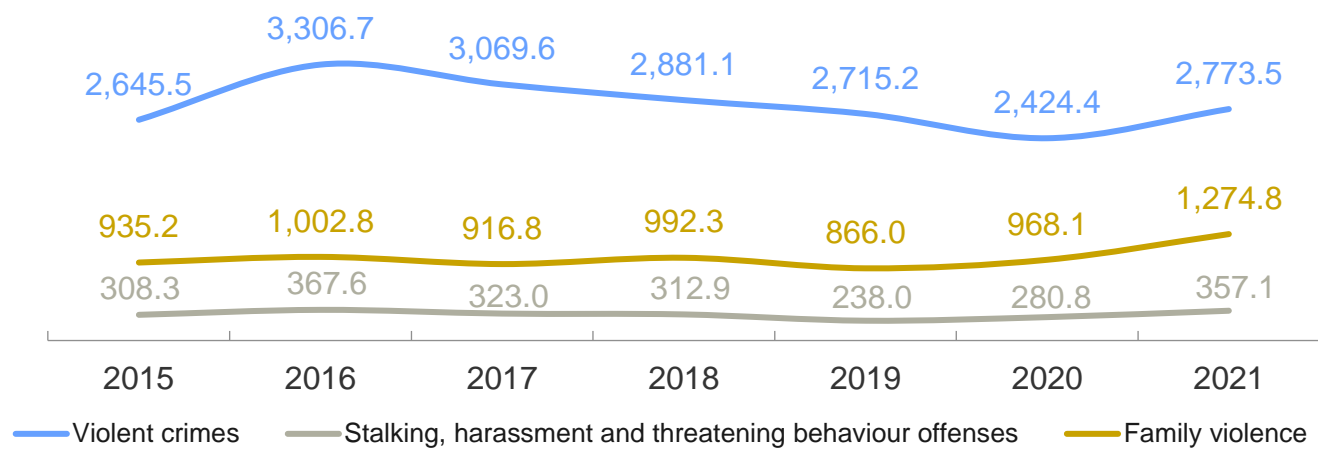
Rates of violent crime and alcohol-related assault.

The rate of violent crime in the City of Melbourne returned to pre-pandemic levels in 2021 (compared to 2019); however, rates of family violence were the highest in past 6 years.⁶

From 2016 until 2020, the rate of violent crime dropped over time, from 3,306.7 to 2,424.4 offences per 100,000 residents. However, in 2021 the rate rose to 2,773.5⁶

Stalking and family violence offences stabilised between 2016 and 2020, then rose in 2021.⁶ Stalking offences rose between 2020 and 2021 from 280.8 to 357.1 offences per 100,000 residents; and family violence from 968.1 to 1,274.8 respectively.⁶ The uplift in recorded incidences of family violence could be an effect of COVID-19 lockdowns intensifying domestic conflicts and also may reflect more social awareness of domestic violence issues in the community.

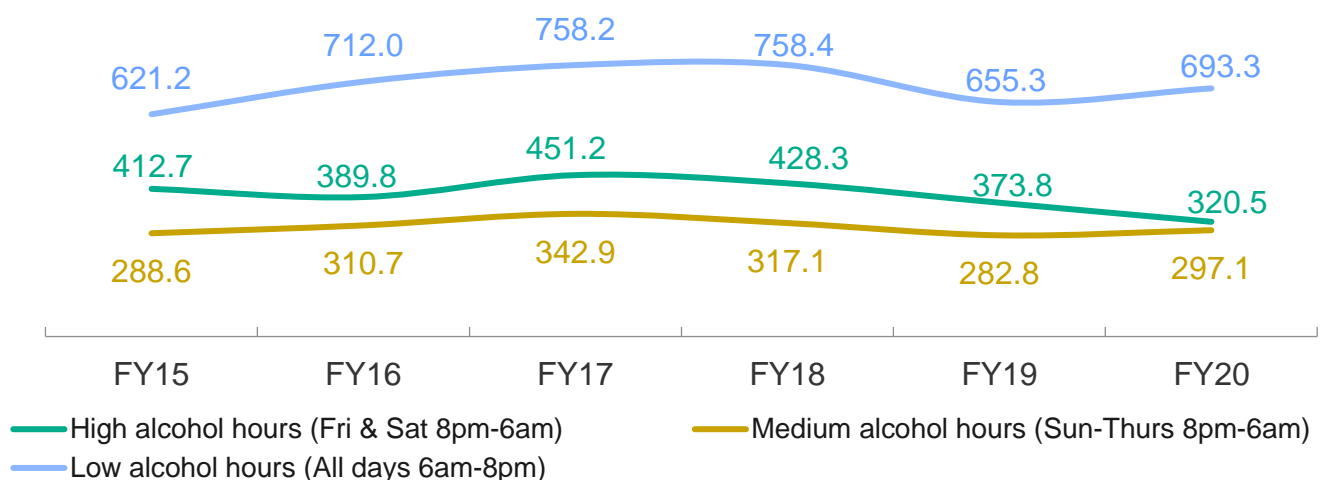
Offences recorded in the City of Melbourne⁶ – per 100,000 residents – ◇



The rate of alcohol-related assaults in the City of Melbourne dropped between FY2018 and FY2020, during low, medium and high alcohol hours.⁷

Alcohol-related assaults during low alcohol hours dropped between FY2018 to FY2020, from 758.4 to 693.3 offences per 100,000 residents; and medium alcohol hours saw a similar drop over the same time period (down from 317.1 to 297.1 in FY2020).⁷ Similarly, assaults during high alcohol hours dropped from 428.3 in FY2018 to 320.5 in FY2020, which could be connected to limitations and closures of alcohol serving venues in compliance with COVID-19 restrictions.⁷

Alcohol-related assaults in the City of Melbourne⁷ – per 100,000 residents – ◇



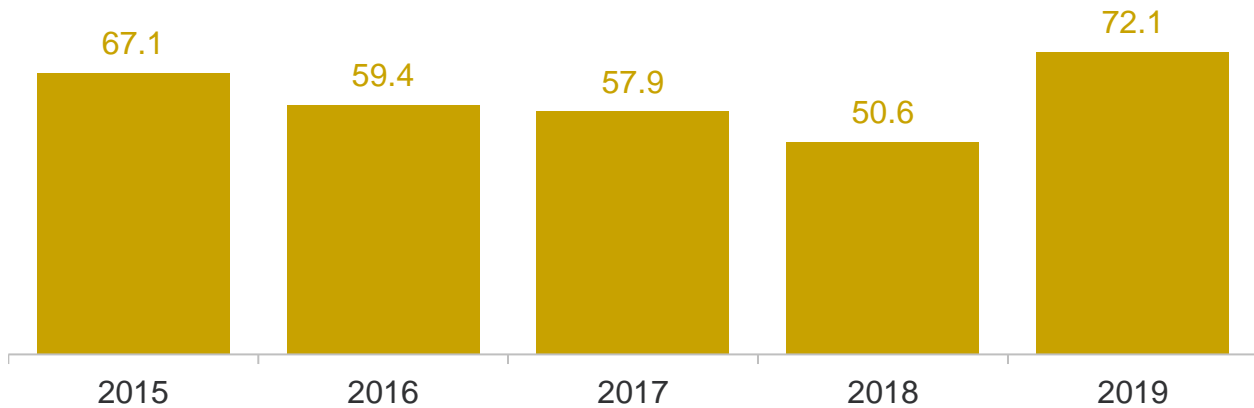


Alcohol and drug-related death and family violence.

In 2019, the rate of alcohol and drug-related deaths in the City of Melbourne was 72.1 per 100,000 residents.⁸

While the rate of alcohol and drug related deaths dropped from 67.1 in 2015 to 50.6 per 100,00 residents in 2018 – in 2019 the rate rose to 72.1. More recent data hasn't been released for this metric.⁸

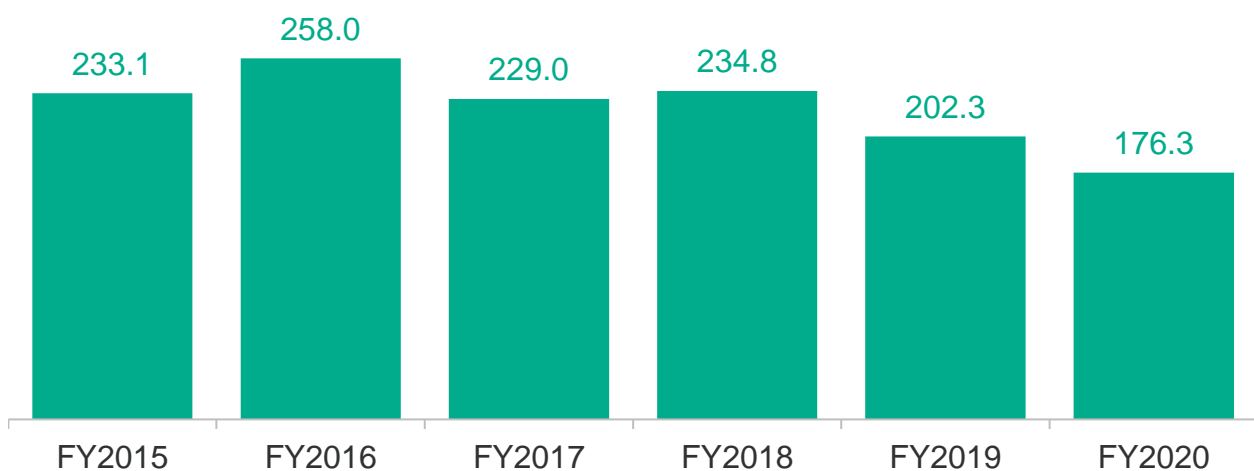
Rate of alcohol and other drugs related deaths in the City of Melbourne⁸ – per 100,000 residents – ◇



The rate of family violence in the City of Melbourne attributed to alcohol consumption dropped in FY2020 from a peak in FY2016 of 258.0 per 100,000 residents.⁹

In FY2020, the rate of family violence attributed to alcohol consumption dropped to 176.3 per 100,000 residents from 202.3 in FY2019.⁹ This continues a drop from the peak in FY2016 of 258.0.⁹

Rate of family violence in the City of Melbourne attributed to definite or possible alcohol consumption⁹ – per 100,000 residents – ◇





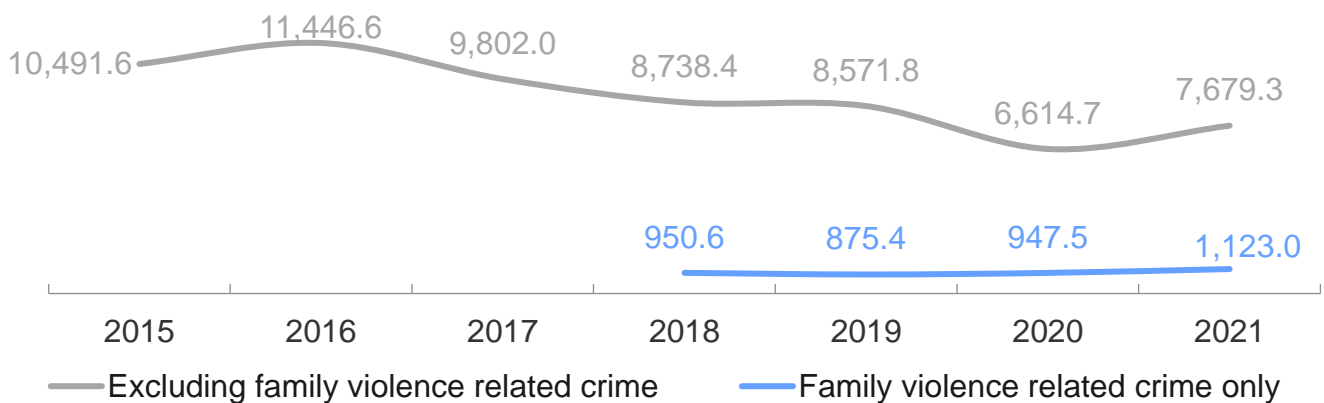
Rates of crime against property and the person.

Reports of crimes against property rose between 2020 and 2021 in the City of Melbourne.⁶

The rate of crimes against property (not including family violence) peaked in 2016 at 11,446.6 per 100,000 residents and then dropped to 6,614.7 in 2020.⁶ However, in 2021 the rate rose again to 7,679.3.⁶

Property crime related to family violence increased in 2021 to 1,123.0 per 100,000 residents: the highest rate recorded so far since tracking commenced in 2018.¹⁰

Crimes against property in the City of Melbourne^{6,10} – per 100,000 residents – ◇

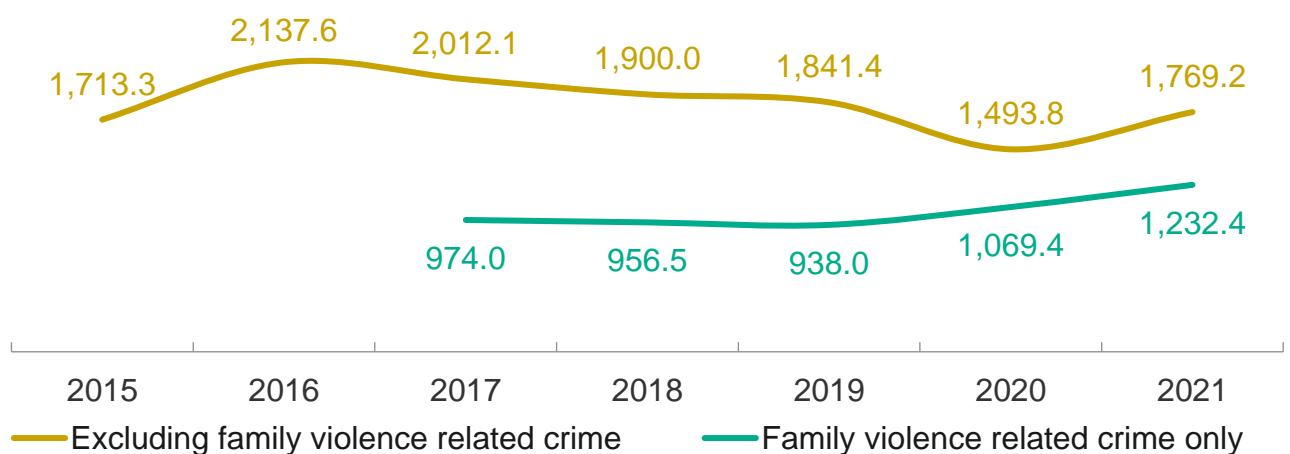


The rate of crimes against the person, excluding or including family violence, also rose between 2020 and 2021 in the City of Melbourne.^{6,10}

Rates of crimes against the person excluding family violence dropped between 2016 and 2020, from 2,137.6 to 1,493.8 per 100,000 residents.⁶ However, in 2021 this jumped by 275.4 to 1,769.2.⁶

The rate of family violence related crimes against the person was stable between 2017 and 2019.¹⁰ However, this rate rose over the last two years to 1,232.4 offences recorded per 100,000 residents in 2021 (up from 938.0 in 2019).¹⁰

Crimes against the person in the City of Melbourne^{6,10} – per 100,000 residents – ◇





Rates of family violence and assaults against women.

Women and young people were more likely to be affected by family violence in the City of Melbourne in 2021.

Since 2017, when tracking began, women consistently made up the majority of people affected by family violence. In 2021, they made up 75% of people affected by family violence.¹⁰

One in three people affected by family violence were 25-34 year olds (24%) in 2021.¹⁰ 18-24 year olds made up another 13% of people affected by family violence in 2021.¹⁰



75%

Of people affected by family violence offences in the City of Melbourne in 2021 were women.¹⁰



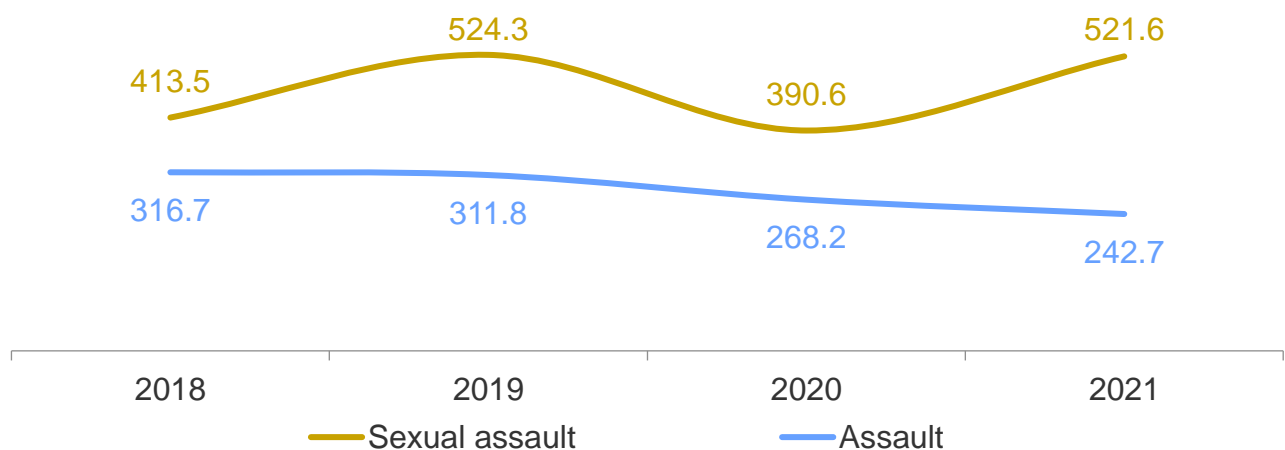
24%

Of people affected by family violence offences in the City of Melbourne in 2021 were 25-34 years old.¹⁰

While the rate of assaults against women dropped between 2018 and 2021 in the City of Melbourne, the rate of sexual assaults rose between 2020 and 2021.¹⁰

The rate of assault trended down since tracking started in 2018, from 316.7 per 100,000 residents to 242.7 in 2021.¹⁰ However, the rate of sexual assaults hasn't followed a similar pattern. In 2020, the rate of sexual assaults in the municipality hit a low of 390.6 and then rose to 521.6 in 2021.¹⁰ This indicator has been quite variable since tracking began in 2018, varying between 390.6 in 2020 and 524.3 in 2019.¹⁰

Sexual assaults and assaults against women¹⁰ – per 100,000 residents – ◇





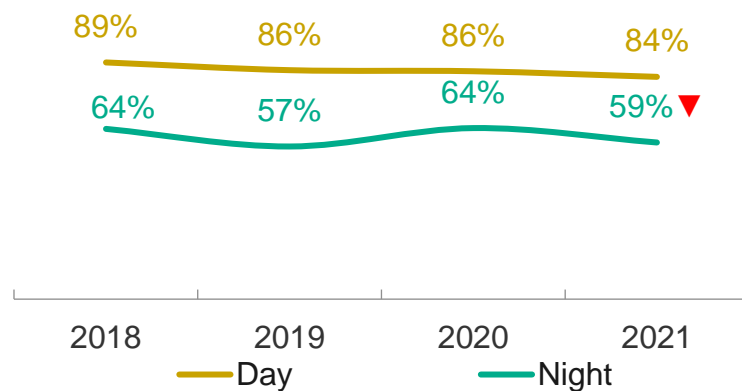
Feelings of safety in the municipality.

The majority of residents in the City of Melbourne felt safe walking alone during the day in 2021 (84%); however, only three in five (59%) felt safe walking alone at night.¹¹

Feeling safe at night has been quite variable since tracking began in 2018 (between 2019 at 57% and 64% in 2018 and 2020), but decreased in 2021 to 59% of residents.^{2,11} This indicator has been consistently lower than perceptions of safety during the day (25 percentage points lower in 2021). A consistent majority of residents felt safe walking alone during the day, varying only 5 percentage points between 2018 (at 89%) and 2021 (84%).^{2,11}

City of Melbourne qualitative data revealed that the primary challenge to perceived safety was alcohol and other drug affected people in public spaces.⁴⁵ Residents living near nightclubs and other late-night social venues reported concerns being out late at night.⁴⁵

Residents who feel safe walking alone in the municipality^{2,11} – % – §



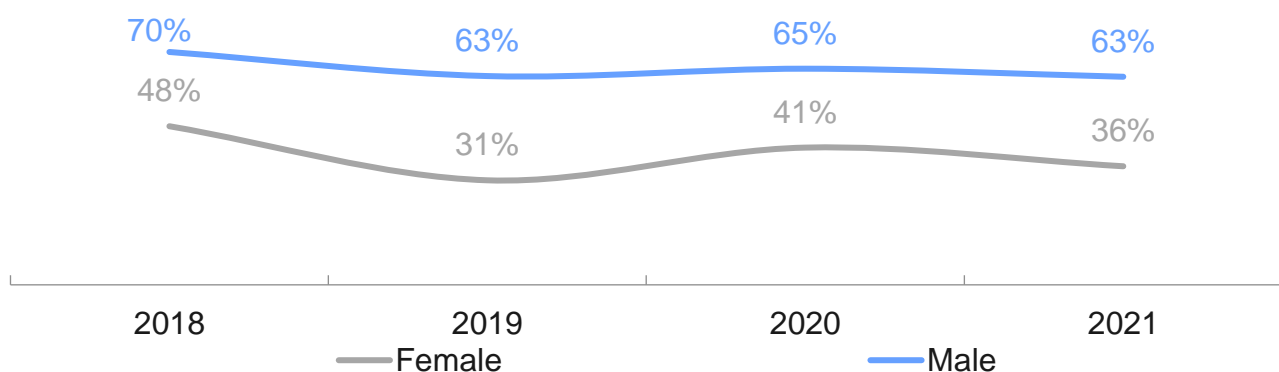
“Due to the ‘alcohol-fuelled recovery’ there are groups of rowdy inebriated people making a nuisance of themselves, with anti-social behaviour and crime on people’s doorsteps.” (Resident, CBD)⁴⁵

“Too many junkies in Carlton. Everyone is staying home and scared of being outside at night because of drug dealers and criminals. Some women don’t come out of their hole because of this. Carlton has to have more police walking around to make people feel safe and to catch the criminals.” (Resident, Carlton)⁴⁵

Since tracking began in 2018, men have consistently felt more safe walking alone in the City of Melbourne during the day and night than women do.

The proportion of men who felt safe walking alone in the municipality has been stable since 2018 (when tracking started), varying from 70% in 2018 to 63% in 2019 and 2021.² However, considerably fewer women felt safe with a difference between 22 percentage points in 2018 (70% of men felt safe, 48% of women) and 32 percentage points in 2019 (63% of men, 31% of women).² In 2021, only 36% of women felt safe walking alone in the municipality - 27 percentage points lower than men.²

Residents who report feeling safe walking alone in the municipality during the day and night² – by gender – % – §



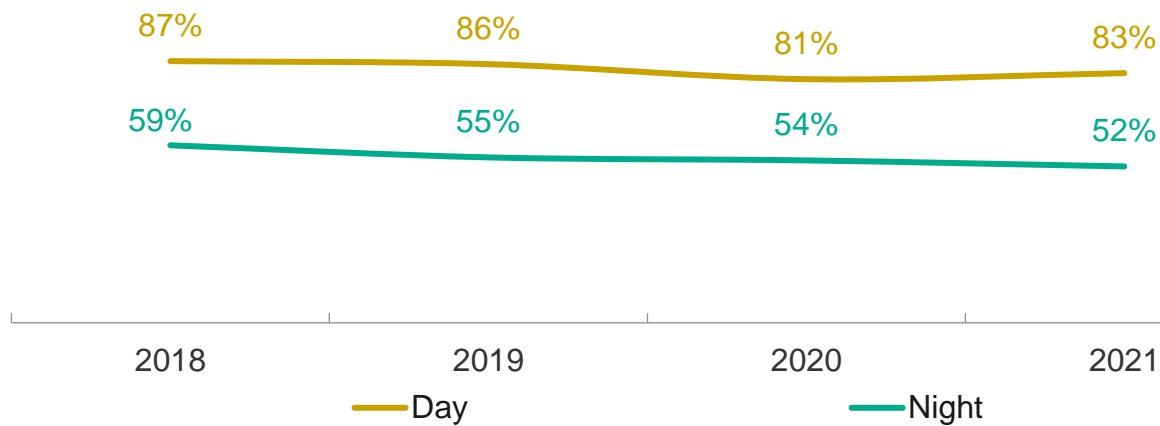


Feelings of safety on public transport.

Similarly, City of Melbourne residents felt more safe on public transport during the day (83%) than at night (52%) in 2021.¹¹

Residents consistently feel less safe at night on public transport than during the day, with a 31 percentage point difference in 2021 (83% feel safe during the day, versus 52% at night).¹¹ Perceptions of safety during both the day and at night on public transport have been stable between 2018 and 2021.

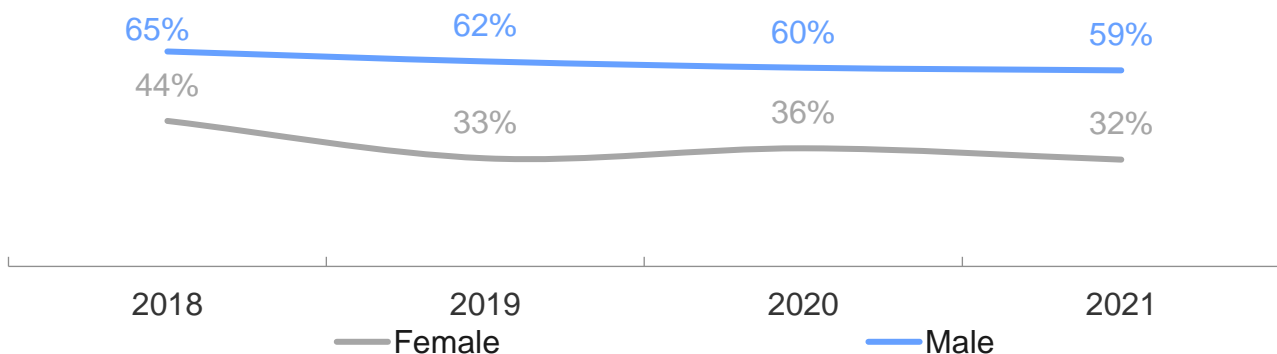
Residents who feel safe on public transport in the municipality^{2,11} – % – §



Women felt less safe on public transport (32%) regardless of the time of day, than men did (59%) in 2021.²

One-third (32%) of female residents felt safe on public transport in the City of Melbourne in 2021, which is 27 percentage points lower than the proportion of men who felt safe on public transport (59%).² Otherwise, perceptions of safety on public transport amongst men and women have been consistent between 2018 (65% and 44% respectively) and 2021.²

Percentage of residents who report feeling safe on public transport in and around the municipality during the day and night² – by gender – % – §





Noise complaints and transport-related injuries and fatalities.

Noise complaints in the City of Melbourne dropped between 2019 and 2021, likely due to COVID-19.¹²

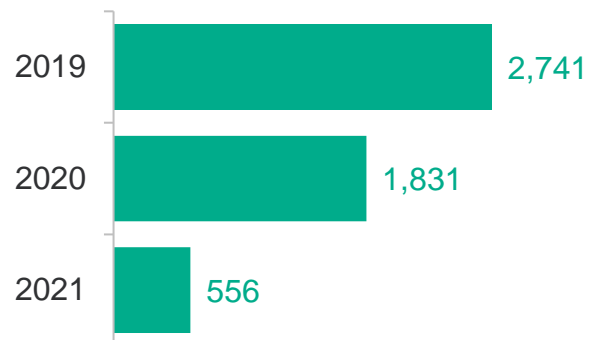
In 2019, 2,741 noise complaints were registered with the City of Melbourne, while in 2021 only 556 were registered.¹²

The restrictions implemented during the COVID-19 pandemic may have led some local businesses which operated late at night or hosted music events, to close down or severely limit their hours of operation, creating less noise at night.

Similarly, construction (and therefore construction noise) was limited in the municipality during this time, which may have also contributed to fewer construction noise complaints.

Qualitative data reveals that despite the drop in the incidence of noise complaints at a total level, the issue persists for some residents.⁴⁵

Noise complaints in the City of Melbourne¹²
– number – ◇



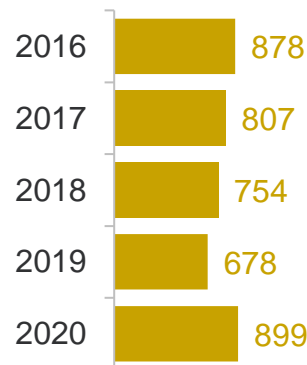
"[Name of Melbourne bar] - council can never ever fix this place to comply with noise limits - It's 2:42 am and I [don't] need to wake up by loop loud bass. The enforcement department never ever does anything about. Enough is enough." (Resident, CBD)⁴⁵

Transport-related injuries and fatalities in the City of Melbourne rose in 2020 despite COVID-19 travel restrictions.²

In 2020, there were 899 transport-related injuries and fatalities compared to 678 injuries and fatalities in 2019.²

This is despite COVID-19 pandemic lockdowns heavily restricting travel outside of someone's home. This number dropped between 2016 and 2019 (from 878 to 678 respectively).²

Transport-related injuries and fatalities in the City of Melbourne² – number – ◇





COVID-19 Cases.

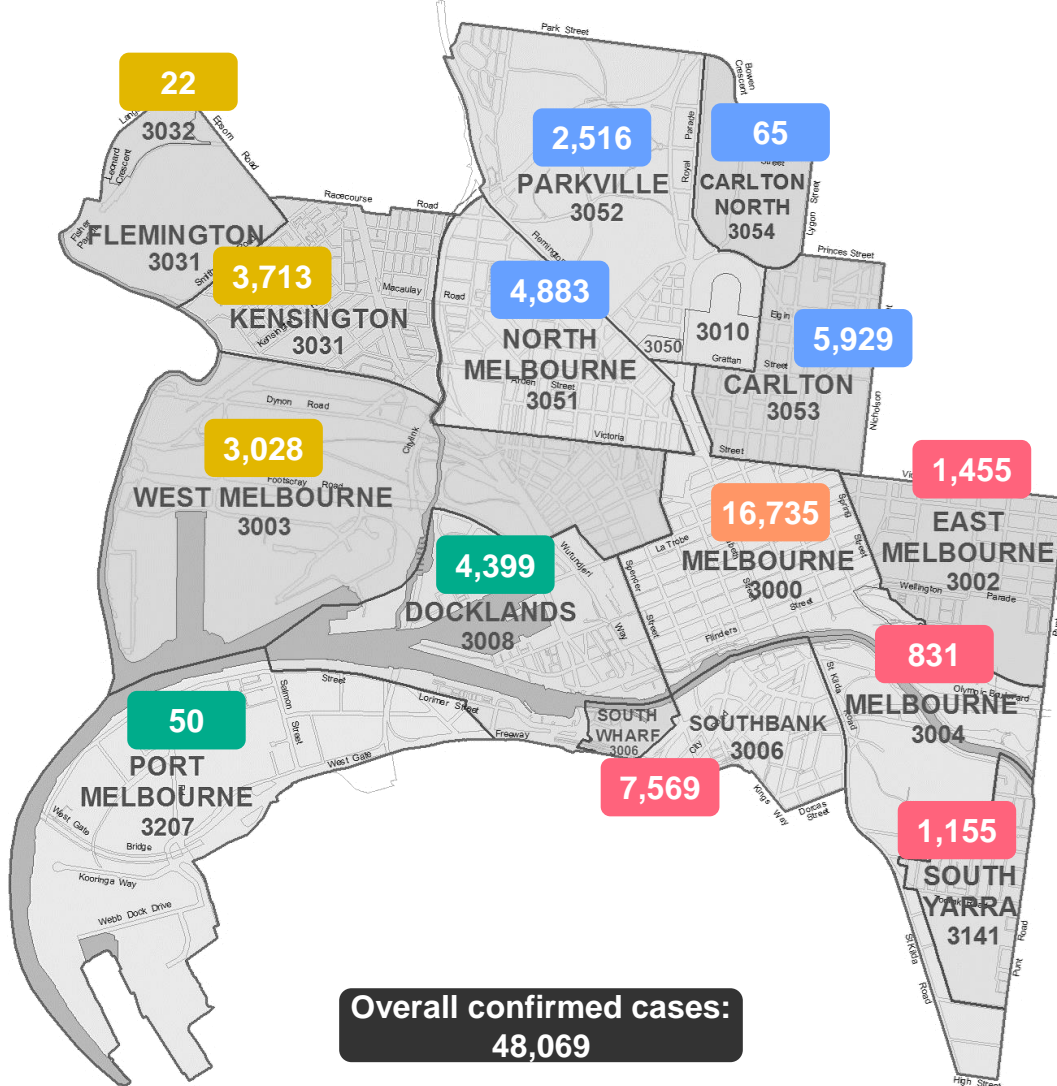
As COVID-19 restrictions have lifted around the state, the number of confirmed cases has risen considerably in 2022.

Over the course of 2020, 959 residents were confirmed to have COVID-19; however, as restrictions have been lifted, this has risen to 48,069 cases.¹³ The majority of cases have been reported in the most densely populated suburbs (such as Melbourne CBD at 16,735) with Port Melbourne only reporting 50 cases.¹³

City of Melbourne COVID-19 confirmed cases¹³ – overall – number* – ◇



City of Melbourne COVID-19 confirmed cases¹³ – by suburb – number* – ◇





COVID-19 Vaccinations.

The proportion of City of Melbourne residents who received their first and second dose of the COVID-19 vaccine is lower than the Victorian average.

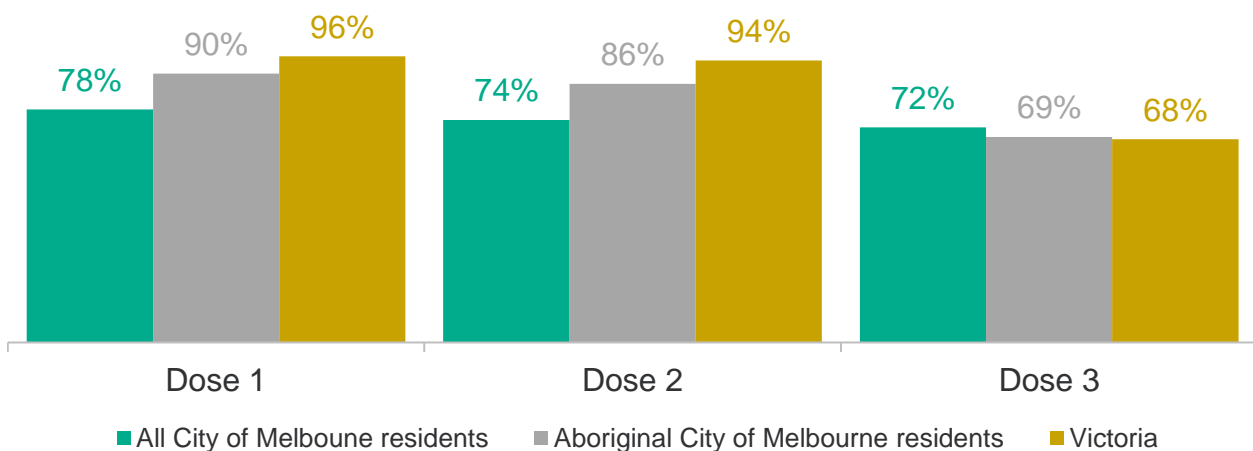
While 96% of eligible Victorians have received their first COVID-19 vaccination dose, only 78% of City of Melbourne residents have done so.¹⁴ City of Melbourne also lags behind the Victorian average in second doses as well, with only 74% (compared to 94%) having received their second dose.¹⁴ However, 72% of City of Melbourne residents have received their third dose, on par with the Victorian average (68%).¹⁴

Some of this discrepancy could be attributed to some residents leaving the municipality during the COVID-19 pandemic but not being removed from the eligible population of the municipality. The higher proportion of non-English speaking residents may also explain why there are lower rates in the City of Melbourne as people with lower English proficiency had challenges accessing information about the vaccine and also had lower vaccine uptake generally.

The consistent proportion of City of Melbourne residents who have received their first, second and third doses; suggests that another issue could be vaccine denial in the municipality. With a 4% drop in the proportion of residents receiving their second doses, and another 2% drop between second and third doses – this could signal vaccine denial as a greater issue in the municipality.¹⁴ Some of the qualitative feedback provided to City of Melbourne supports this.

The majority of Aboriginal residents in the City of Melbourne have received their first (90%) and second (86%) dose, though third dose proportions are considerably lower (69%).¹⁵

COVID-19 vaccination progress in City of Melbourne and Victoria^{14,15} – %* – ◇



“Unless you change the approach to a ‘vaccinated economy’ you can never truly be inclusive. The approach is divisive and automatically makes anyone who is unvaccinated (whether based on medical grounds or other) at an extreme disadvantage.” (Resident, Citywide)⁴⁵

“The one glaring omission are those who do not wish to be vaccinated, it seems expulsion of such individuals is practically lauded on society right now. It’s a truly horrible state of affairs that our freedoms are gated behind submission to an irreversible medical procedure, the frequency of and specifics being dictated by the government.” (Resident, Citywide)⁴⁵



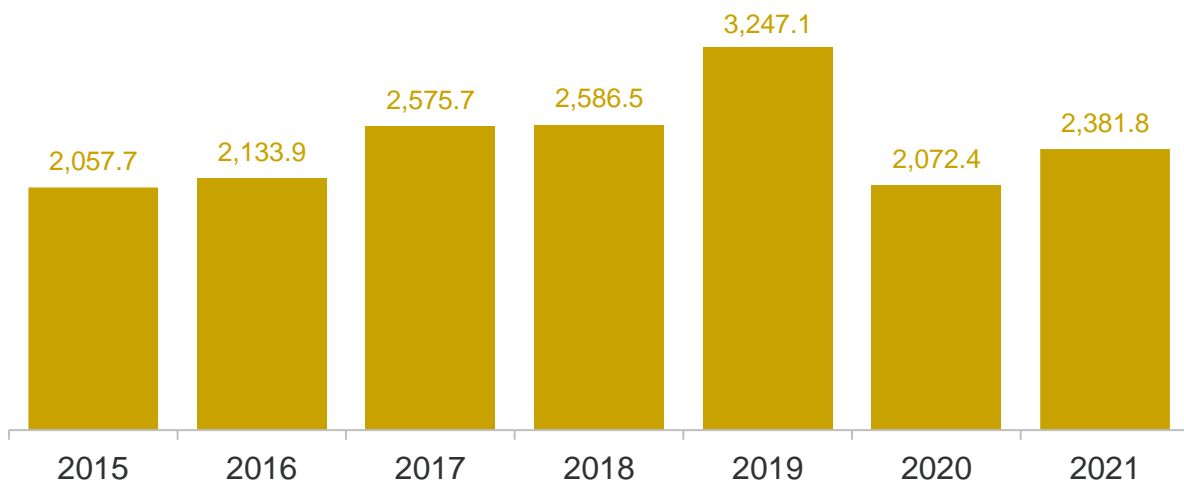
Infectious and sexually transmitted disease events.

The rate of infectious disease events dropped between 2019 and 2021, when COVID-19 is excluded from 2020 and 2021 calculations.¹⁶

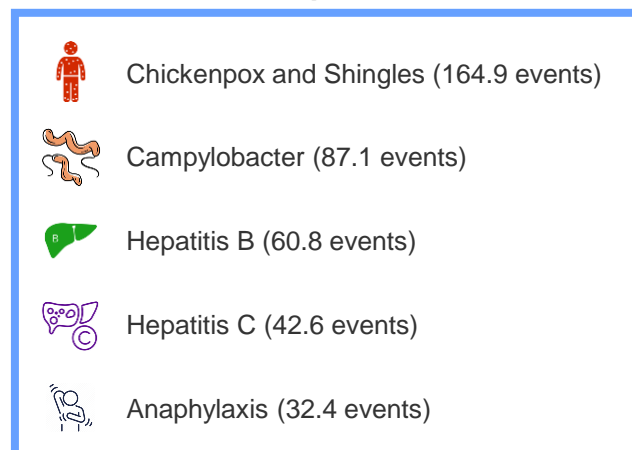
The rate of infectious disease events in 2021 dropped from its peak in 2019 (at 3,247.1 per 100,000 residents) to 2,381.8.¹⁶ The lower rate in 2020 could be explained by limitations on movements, socialising and other activities under the COVID-19 pandemic restrictions, leading to fewer opportunities for infection.

Chickenpox and shingles were the most commonly diagnosed events in 2021. The gastrointestinal bacteria (Campylobacter) followed next with 87.1 events.¹⁶

Infectious disease events in the City of Melbourne – per 100,000 residents – ◇



Top 5 non-sexually transmitted infections diseases in City of Melbourne – 2021 – per 100,000 residents – ◇



Mental Wellbeing and Inclusion

This focus area recognises the importance of celebrating Melbourne's diverse community, with our Aboriginal community and history central to our city. Bonds and social connections are strengthened, and all people have equal access to employment, arts, culture, nature and physical activity in the city and core services such as mental healthcare, lifelong learning and the internet.



Subjective wellbeing and community belonging.

Two in three City of Melbourne residents reported a sense of belonging to the community (65%) in 2021.¹¹

Self-reported sense of belonging to community has remained consistent since 2018 (was 66%, now 65% in 2021).¹¹

This indicates that social isolation and restrictions during COVID-19, haven't hampered people's sense of belonging despite being unable to partake in social and recreational activities.

Self-reported sense of belonging to community in the City of Melbourne¹¹ - % - §



Residents, students and workers in the City of Melbourne report Personal Wellbeing Index of 69.¹¹

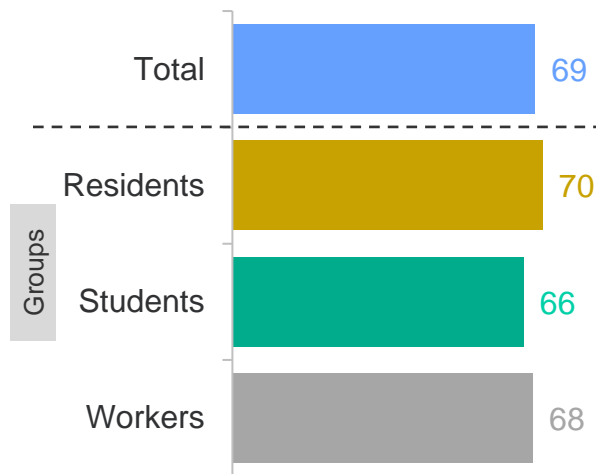
Similarly to community belonging, the personal wellbeing index has been stable since 2018, varying only 2 percentage points (from 71 in 2018 to 69 in 2021).^{2,11}

This was below the Australian national of 75 in 2021.

Residents, students and workers reported similar levels personal wellbeing index in 2021, with no significant differences between the groups.

Qualitative data revealed that residents felt there could be more support available for culturally and linguistically diverse communities and people with mental illnesses.⁴⁵

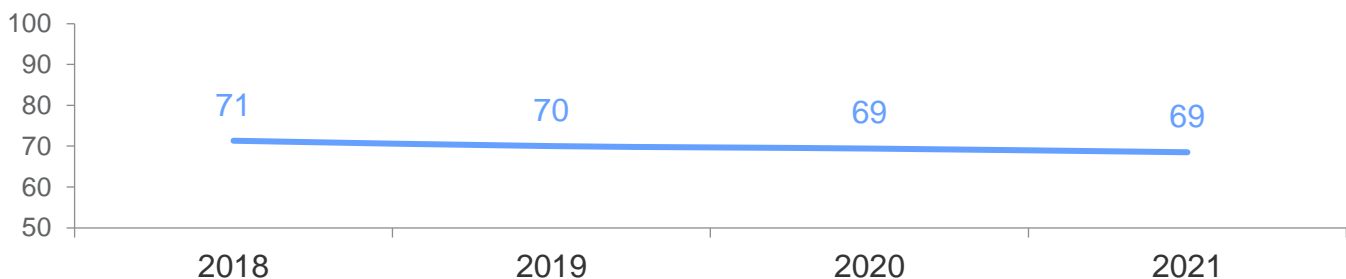
Personal Wellbeing Index – Residents, Students and Workers in the City of Melbourne¹¹ – 2021 – Index – §



“Mental health awareness for CALD communities. Many people are struggling especially after COVID lockdowns and need mental health care.” (Resident, Carlton)⁴⁵

“Long-term housing options for people who struggle with stable income and mental health problems.” (Resident, North Melbourne)⁴⁵

Personal Wellbeing Index in the City of Melbourne^{2,11} – Total – Index – §





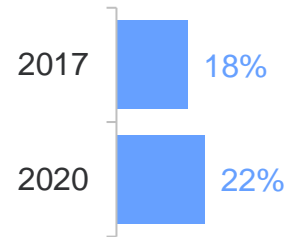
Mental health in the City of Melbourne.

One in five (22%) residents reported high or very high psychological distress in 2020.²

This has grown from 18% in 2017.²

This could be a result of the COVID-19 lockdowns and restrictions, which restricted social gatherings and in-person interactions during 2020 in Victoria.

High, or very high levels of psychological distress in the City of Melbourne² – % – ◇



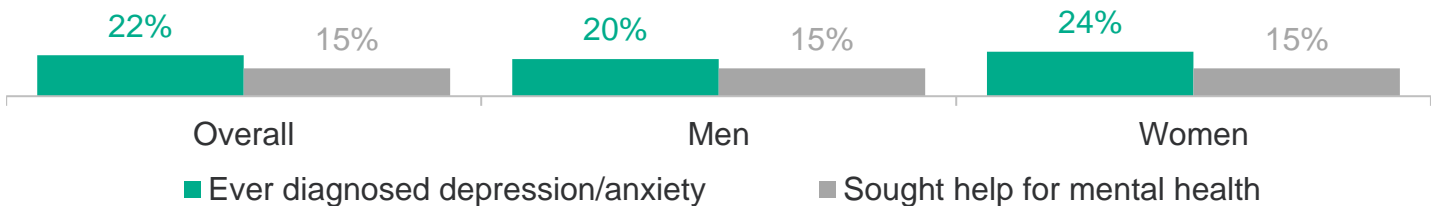
One in five residents of the City of Melbourne in 2017 had been diagnosed with depression or anxiety.²

Another 15% had sought help for a mental health issue in the year preceding 2017.² More recent data hasn't been released for this metric in 2020.

City of Melbourne residents ever diagnosed with depression/anxiety² – 2017 – % – ◇

City of Melbourne residents who sought help for a mental health issue in the previous year² – 2017 – % – ◇

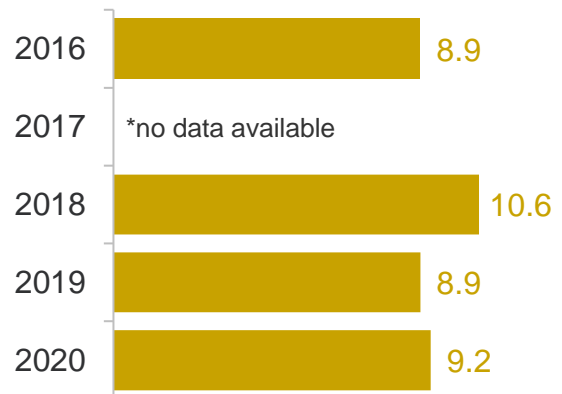
8% of residents in the City of Melbourne were experiencing a long-term mental health condition.³ (2021)



The suicide rate has remained stable between 2019 and 2020.¹⁸

The suicide rate was unchanged between 2019 and 2020 (was 8.9, now 9.2).¹⁸ This may partially be explained by a growth in the use of MBS-mental health services (834 services per 100,000 population in Victoria in Jan'2020 peaking at 1,445 in Sep'21) and contacts to Lifeline crisis support services (63 contacts per 100,000 Victorians in Jan'2020, peaking at 95 contacts in Sep'2021).¹⁹

Suicide in Melbourne City SA3 – Average annual ASR per 100,000 residents¹⁸ – ◇



*ASR is the age-standardised rate which adjusts the crude rate (of 100,00 population) to eliminate the effect of differences in population age structures
 Base: 2021 City of Melbourne population (n=2,684)
 ▲ / ▼ indicates significantly higher/lower than 2020 at 95% confidence.



Civil participation.

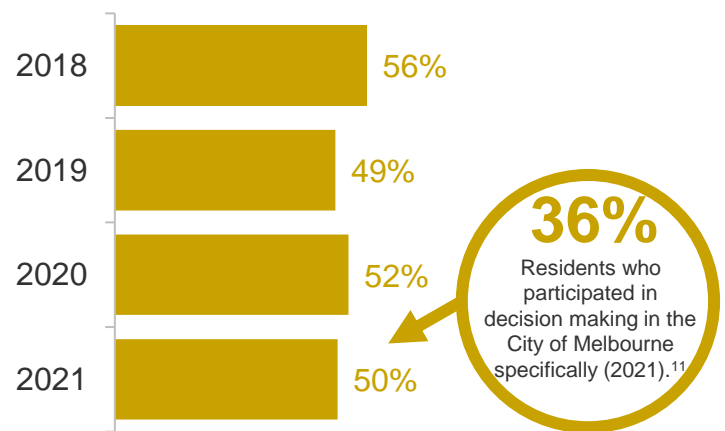
Resident participation in decision making, such as attending town hall meetings, has remained consistent between 2020 and 2021.

Half of residents reported participating in decision making in 2021 (50%) – this includes attending a town meeting, providing feedback to public servants or politicians through online channels, or participating in a workshop to give feedback to public servants in the preceding 12 months.¹¹

Resident participation in decision making has remained consistent since 2018 (was 56%).²

One in three residents have participated in decision making specifically in regard to the City of Melbourne (36%) in 2021.¹¹

City of Melbourne resident participation in decision making^{2,11} – % – §

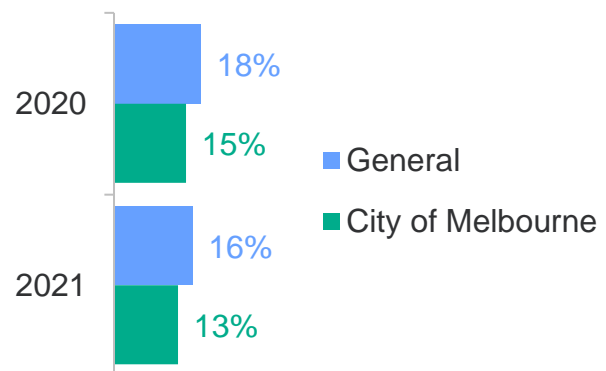


One in six City of Melbourne residents have participated in art and cultural activities in general in 2021 (16%).¹¹

A similar proportion (13%) of residents have participated in arts and cultural activities within the City of Melbourne in 2021.¹¹

The proportion of residents that have participated in art and cultural activities both in general and within the City of Melbourne is unchanged between 2020 (was 18% and 15%) and 2021.¹¹

City of Melbourne resident participation in arts and cultural activities¹¹ – % – ◇

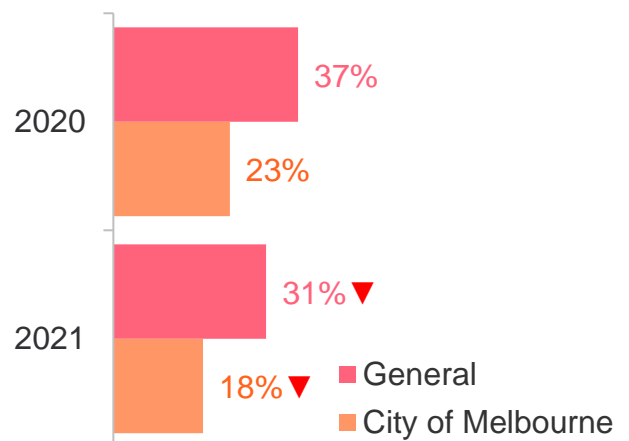


Significantly less residents, students and workers volunteered in general in 2021 (31%) than in 2020 (37%).¹¹

In 2021, 31% of students, workers and residents had volunteered in general, significantly less than in 2020 (37%).¹¹ One in six residents volunteered specifically in the City of Melbourne (18%) in 2021, which also decreased from 2020 (23%).¹¹

This could be due in part to businesses resuming their usual operations, decreasing the amount of time available for people to participate in volunteering efforts. Additionally, with restrictions loosening, the types of activities available to residents expanded beyond volunteering.

Volunteering in general by City of Melbourne residents¹¹ – % – §



Base: 2021 total CoMSIS sample (n=2,684); 2021 City of Melbourne residents (n=1,378)
 ▲ / ▼ indicates significantly higher/lower than 2020 at 95% confidence.



Civil participation (cont.).

More than three in five residents participated in lifelong learning in activities in the City of Melbourne (63%) in 2021.¹¹

This is a significant decrease from the proportion who participated in lifelong learning in 2020 (69%).² Between 2018 (68%) and 2020, participation in lifelong learning was stable.²

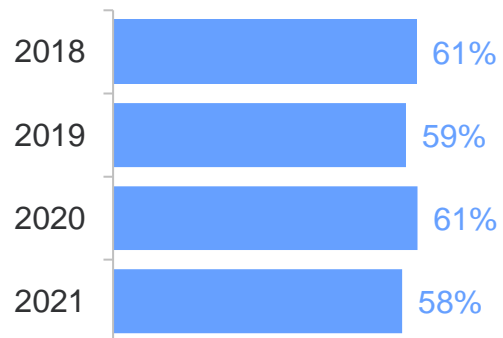
City of Melbourne resident participation in lifelong learning in activities in the municipality^{2,11} – % – §



Panel participation[^] in specific engagement activities to address city issues was stable between 2018 (61%) and 2021 (58%).²

In 2021, three-fifths (58%) of panel members participated in specific engagement activities on the municipality's panel, to address issues in the local government area.² This remained stable between 2018 and 2021.

Participation in specific engagement activities on panel to address issues in the City of Melbourne² – % – §



Two-thirds of residents voted in the 2019 local council election (67%).²⁰

This uptick in the proportion of voters who participated in the 2016 election (55%) could be due to legislative amendments to the City of Melbourne Act, whereby property owners residing overseas were no longer automatically enrolled to vote.²⁰ This may have led to fewer enrolments from non-citizens and disengaged people.

However, the 2019 voter turnout was still below the Victorian average local council voter turnout of 84% for 2019.²⁰

Voter participation in the City of Melbourne²⁰ – % – ◇



Base: 2021 City of Melbourne female residents (n=732)
 ▲ / ▼ indicates significantly higher/lower than 2020 at 95% confidence.

[^]This is Participate Melbourne – the City of Melbourne's online community where residents can have their say on the city's big issues and future plans.



Diversity in the City of Melbourne.

The majority of residents supported the City of Melbourne being made up of different cultures (95%) in 2021 – which has been consistent since 2018.^{2,11}

Resident support for the City of Melbourne being made up of different cultures^{2,11} – % agree – §

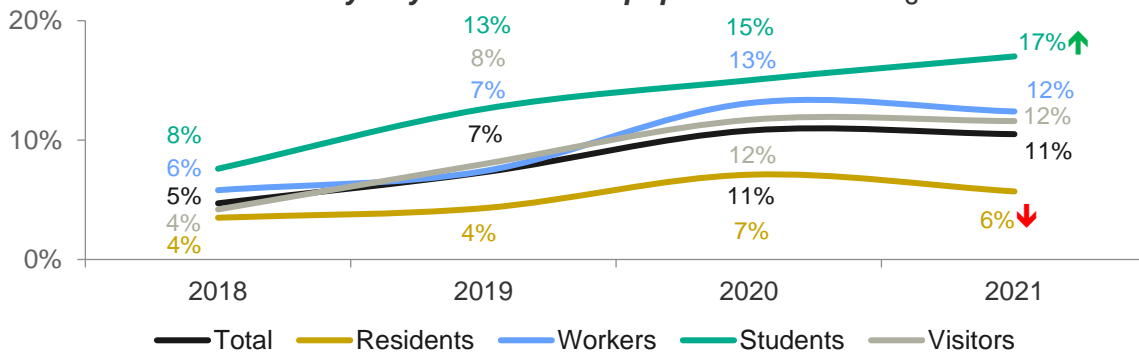


The level of understanding about Melbourne’s Aboriginal heritage was inadequate compared to the importance residents, students, workers and visitors place on the relationship between Aboriginal and Torres Strait Islander people and other Australians.

Overall, 11% of residents, workers, students and visitors demonstrated an understanding of Aboriginal heritage and culture in the municipality; where as, 96% believed that the relationship between Aboriginal and Torres Strait Islander people and other Australians was important.¹¹ This misalignment in importance versus knowledge, was also reflected in the qualitative feedback.⁴⁵

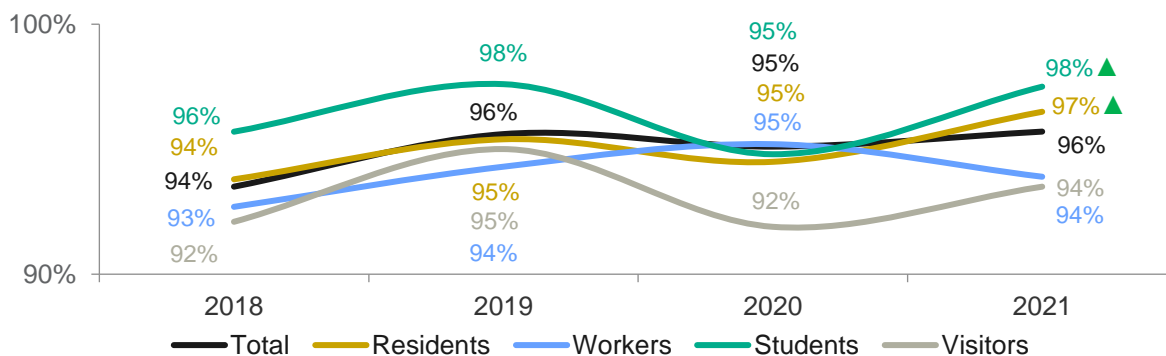
Students were more likely than residents to demonstrate an understanding of Melbourne’s Aboriginal heritage and culture by City of Melbourne population in 2021; with 17% of students and 6% of residents demonstrated this understanding.¹¹ One in eight workers (12%) and visitors (12%) demonstrated this understanding in 2021.¹¹ Agreement that the relationship between Aboriginal and Torres Strait Islander people and other Australians is important is virtually unanimous in the City of Melbourne – 96% of participants agreed overall.¹¹

Ability to demonstrate understanding of Melbourne’s Aboriginal heritage and culture by City of Melbourne population^{2,11} – % – §



“Name places by aboriginal names” (Resident, Southbank)⁴⁵

Belief the relationship between Aboriginal and Torres Strait Islander people and other Australians is important in the City of Melbourne^{2,11} – % agree – §



“Melbourne’s Aboriginal culture is pretty much ignored. I know it’s there, but I know very few Aboriginal people in North Melbourne.” (Resident, North Melbourne)⁴⁵

Base: 2021 City of Melbourne population (n=3,031-3173)
 ▲ / ▼ indicates significantly higher/lower than 2020 at 95% confidence.
 ▲ / ▼ indicates significantly higher/lower than other category at 95% confidence.

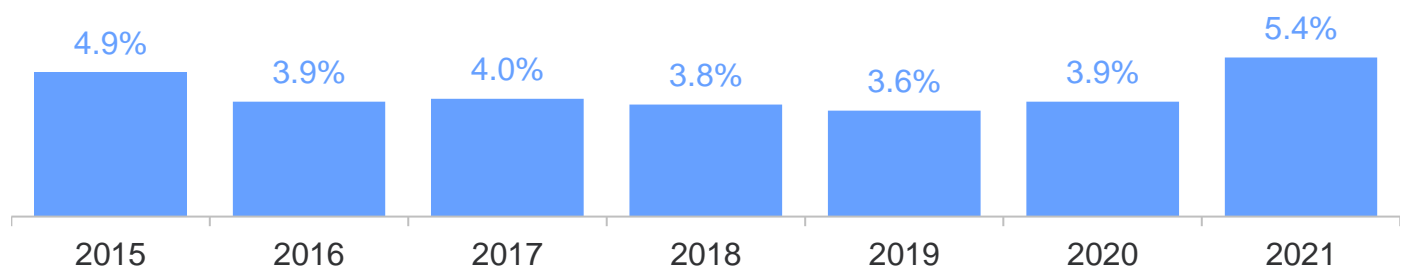


Employment.

The unemployment rate in the City of Melbourne rose in 2021 to 5.4% from 3.9% in 2020.²

The unemployment rate in 2021 (5.4%) was the highest since 2015 (4.9%) and may reflect the removal of JobKeeper and JobSeeker payments for residents and businesses impacted by the COVID-19 pandemic, leading to more people being unemployed.² From the qualitative data, unemployment was a reoccurring issue for residents in the City of Melbourne, who felt that workers in the municipality brought more economic activity and opportunities for development.⁴⁵

Unemployment rate in the City of Melbourne² – % – ◇

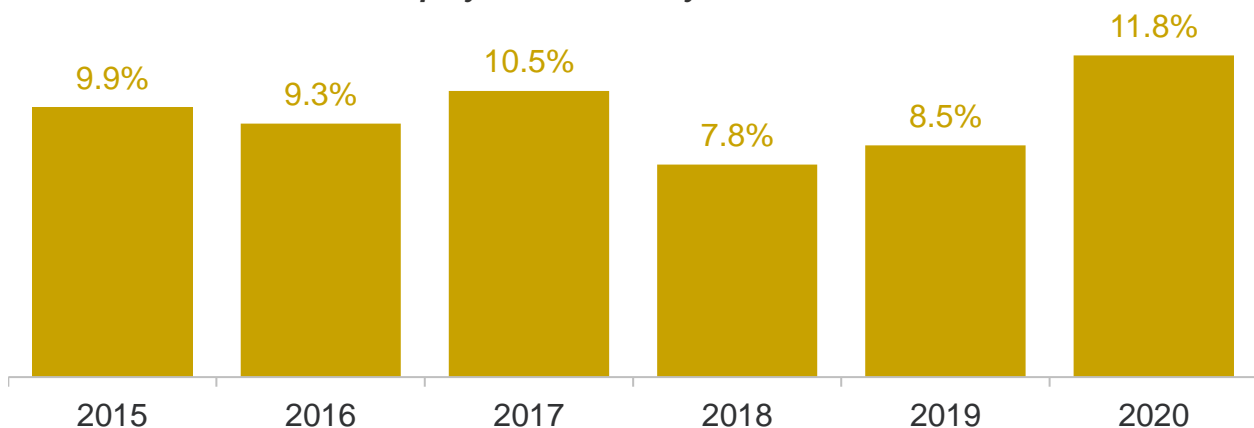


“Businesses are in need of the city to come back to how it used to be and better. There is a need for more events to attract people to Carlton and celebrate its diversity especially through food and culture.” (Resident, Carlton)⁴⁵

Youth unemployment in the City of Melbourne also rose to 11.8% in 2020, possibly due to the COVID-19 pandemic disproportionately impacting industries young people tend to work in.²

The rate of youth unemployment was the highest recorded in recent times, at 11.8% in 2020, up from 9.9% in 2015.² While this indicator rose from 2018 (7.8%), the COVID-19 restrictions disproportionately impacted industries this age group tends to work in which may have led to the 3.3 percentage point rise between 2019 (8.5%) and 2020 (11.8%).²

Youth unemployment in the City of Melbourne² – % – ◇





Disadvantage across the City of Melbourne.

Compared to the rest of Victoria, the City of Melbourne overall has a moderate level of disadvantage that varies considerably across suburbs.²¹

Broadly, this means that the City of Melbourne has relatively more households with low incomes, fewer people with no qualifications and fewer people in low skilled industries and jobs than the rest of Victoria.²¹

As shown on the map below, disadvantage varies by suburb throughout the municipality. Suburbs such as Carlton and Flemington have the highest levels of disadvantage, while Carlton North and South Wharf have the lowest levels.²¹

The socio-economic indicators weren't available for update in the first release of the 2021 Census data.

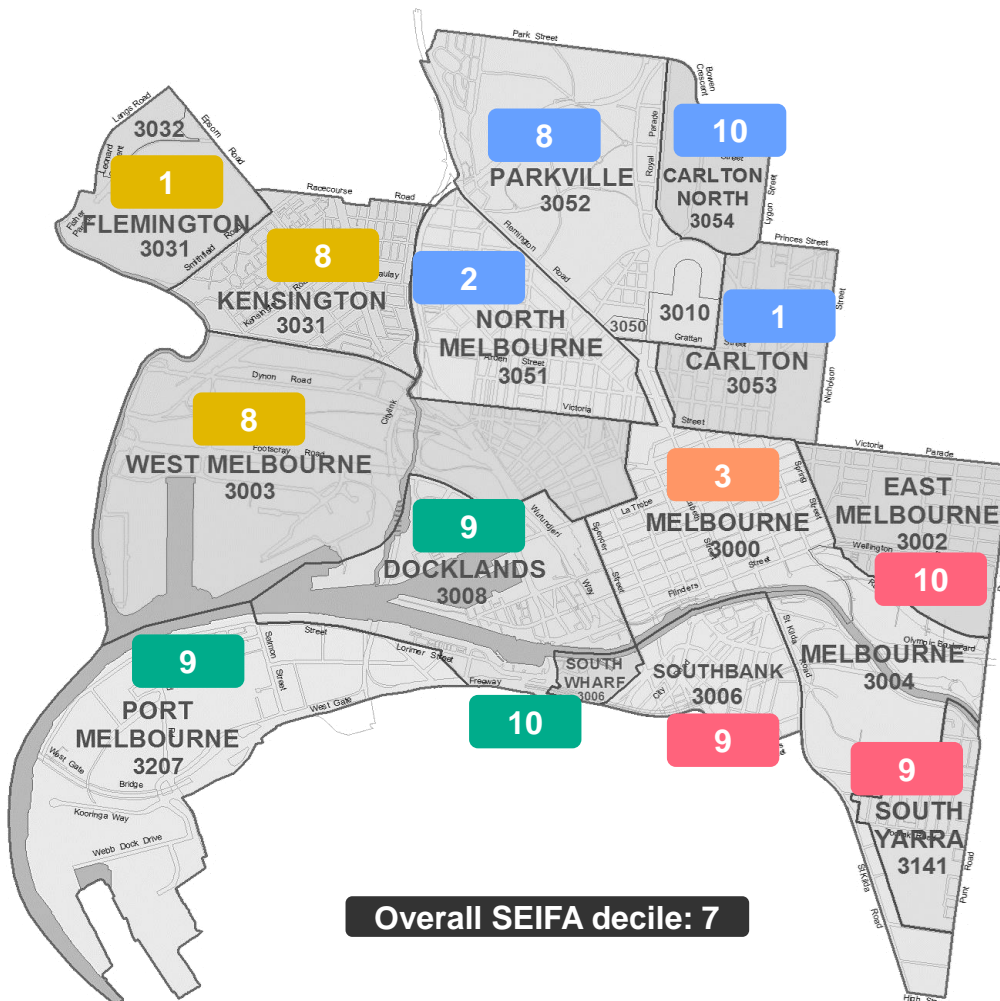
Socio-Economic Indexes for Areas (SEIFA)²¹

SEIFA was created from Census 2016 data and one of the indexes it produces is relative socio-economic disadvantage.

“Disadvantage” is defined based on annual household income, employment status, employment industry, lack of internet connection, educational attainment, older people with disability or long-term health conditions, vehicle ownership, overcrowding and English communication skills.

The index is converted into equally proportioned deciles (range 1 to 10) for analysis. The lowest scoring 10% of areas are given a decile number of 1 which has the highest level of disadvantage, the second-lowest 10% of areas are given a decile number of 2 and so on, up to the highest 10% of areas which are given a decile number of 10 or lowest disadvantage.

City of Melbourne's SEIFA decile by suburb²¹ – 2016 – number – ◇



2.7% of households in the City of Melbourne were low income, welfare dependent families with children.¹ (2016) – ◇

90% households where at least one person accessed the internet.¹ (2016)



Disability and growing older.

The proportion of Melbourne residents who needed help with core activities (such as eating, showering or dressing) was steady between 2016 and 2021 Censuses (from 1.7% to 2.3% respectively).^{1,3}

The proportion of residents over 65 years who needed assistance with core activities was also stable between 2016 and 2021 (18% and 17% respectively), which could suggest that there was some growth in 18-64 year olds who require assistance with core activities.^{1,3}

Qualitative feedback provided to the City of Melbourne suggested that wider footpaths, clear footpaths, more reserved parking, reductions in noisy or visually overwhelming advertising and inclusion of more brail signage would assist in making the municipality more accessible to people with disabilities or who need support with core activities.

"We have a lot of elderly residents and an aged care home. Footpaths flat and easy access if a resident needs to use an electric chair or wheelchair. More seats in parks to sit and watch the world go by and enjoy the outdoors." (Resident, Carlton)

The vast majority of residents over 65 were connected to the internet in 2016 (92%) and one in five of those over 65 years old lived in a lone household (19%).¹

2.3% City of

Melbourne residents needing assistance with core activities in 2021 – compared to 1.7% in 2016.^{1,3} – ◇

17% Residents aged

65+ years needed assistance with core activities in 2021 – compared to 18% in 2016.^{1,3} – ◇

92%

Residents aged 65+ years with internet access.¹ (2016)

19%

Residents aged 65+ years living in lone household.¹ (2016)

Healthy and Sustainable Lifestyles

This focus area recognises the importance of supporting and encouraging people to make healthy and sustainable lifestyle decisions.

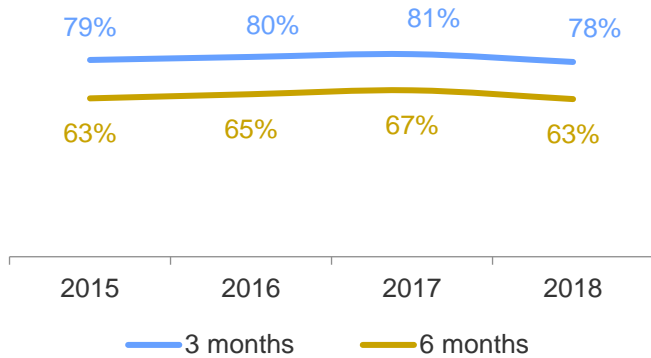


Pregnancy and childhood – breastfeeding, low-birth weight, smoking and vaccinations.

The majority of babies born in the City of Melbourne in 2018 were breastfed at 3 months (78%) and 6 months (63%).²

The proportion of three and six month old babies being breastfed in the City of Melbourne was consistent between 2015 and 2018. Only 6.1% of babies born had a low-birth weight in 2018.²² Smoking during pregnancy was reported by 3.6% of mothers in 2017²³. One suggestion from the qualitative data to improve healthcare in the municipality was to fund an emergency hospital south of the Yarra River.⁴⁵

Babies fully or partially breast feeding in the City of Melbourne at 3 and 6 months² – % – ◇



6.1%

Low-birth weight babies born in the City of Melbourne.²² (2018)

3.6%

Mothers smoked during pregnancy in the City of Melbourne.²³ (2017)

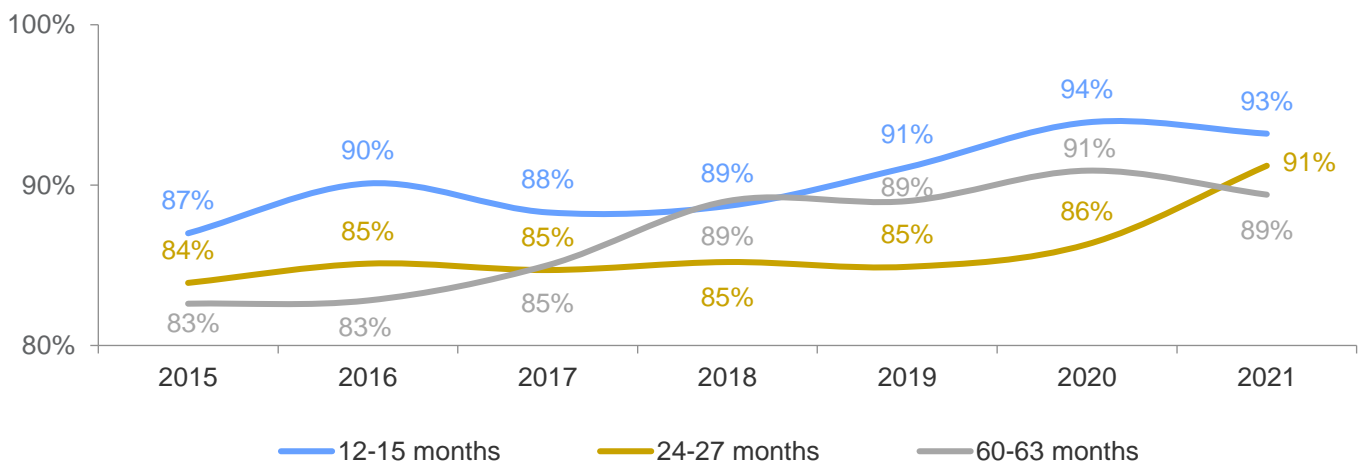
“Emergency hospital for children. The Alfred doesn’t take children. Have to wait 7 to 8 hours to see a doctor so we have to wait to see a GP instead.” (Resident, South Yarra)⁴⁵

The majority of children under six have received all required vaccinations in the City of Melbourne in 2021.²

The vast majority of children aged 12-15 months (93%), 24-27 months (91%) and 60-63 months (89%) were fully vaccinated in 2021.² This trend has been consistent since 2015 with 87%, 84% and 83% of children in their respective age groups vaccinated at that time.² Almost two-thirds of children in the City of Melbourne (64%) attended their 3.5 years and final stage maternal and child health visits.²⁴

64% of children attended their 3.5 years and final stage maternal and child health visits.²⁴ (2017)

Children who are fully vaccinated in the City of Melbourne² – % – ◇





Childhood – development and education.

In 2020, one in five children in the City of Melbourne were vulnerable in one or more developmental domains (21%).²⁵

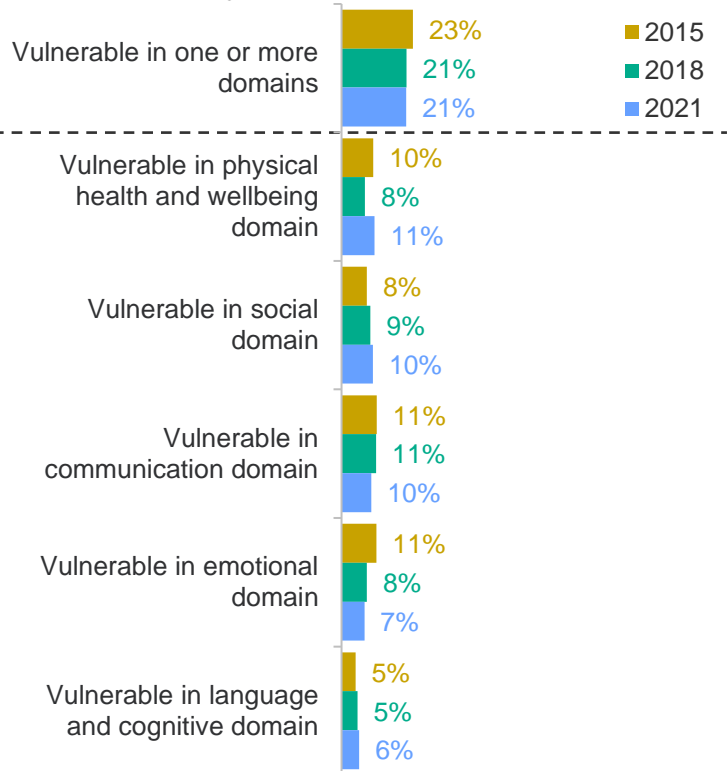
This trend has been consistent since 2015 when 23% of children were vulnerable in one or more developmental domains.²⁵ A higher proportion of children are vulnerable in the physical health and wellbeing domain (11% in 2021) than the language and cognitive domain (6%).²⁵

Three in ten children living in the City of Melbourne attended kindergarten in 2021³, a considerable drop from 2017 (74%) which could be partially due to parents removing their children from childcare and kindergarten, to limit their exposure to COVID-19.^{3,24}

29%

Children living in the City of Melbourne who attended kindergarten in 2021³, compared with 74% in 2017²⁴. – ◇

Childhood developmental vulnerability in the City of Melbourne²⁵ – % – ◇

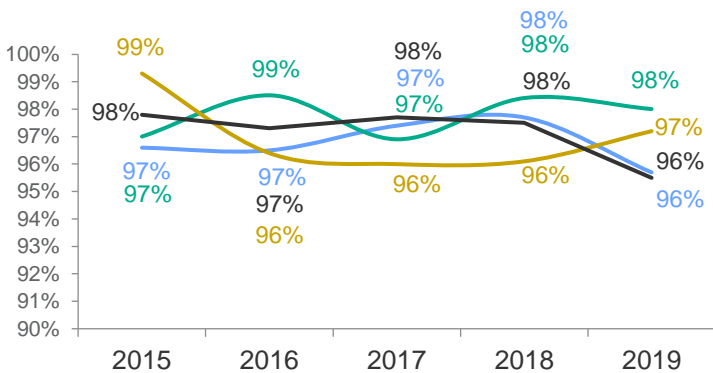


By the time children in the City of Melbourne reach Year 3, the vast majority are hitting benchmarks in literacy and numeracy – this continues into Year 9.²

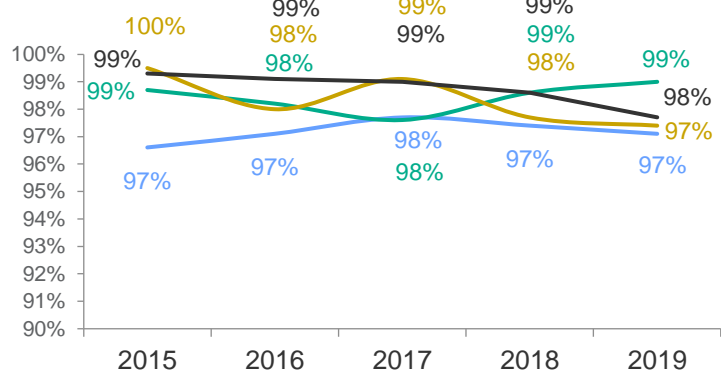
In 2019, 96% of children in Year 3 achieved the national benchmarks in literacy, and 97% met the numeracy benchmarks.² This was consistent across Year 5 (98% and 99% respectively), Year 7 (both 97%) and Year 9 (96% and 98%).²

Note that the NAPLAN tests weren't conducted in 2020 due to the COVID-19 pandemic, and the 2021 results haven't been released at the time of writing.

Students achieving national benchmark in literacy² – % – ◇



Students achieving national benchmark in numeracy² – % – ◇



— Year 3 — Year 5 — Year 7 — Year 9



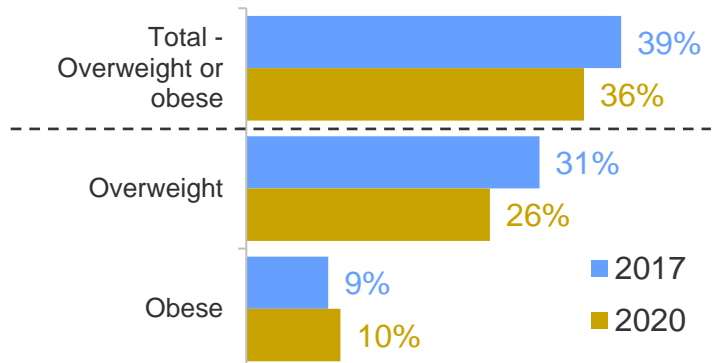
Young person and adult – weight and activity levels.

One in three City of Melbourne residents were likely overweight or obese in 2020 (36%).²

This was a similar proportion to those who were classified overweight or obese in 2017, at two in five (39%).²

While the proportion of overweight residents dropped between 2017 and 2020 (from 31% to 26%), the proportion of obese residents was stable (9% and 10% respectively).²

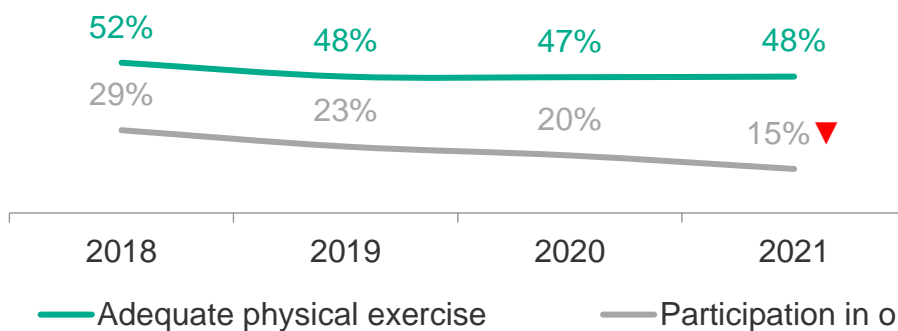
City of Melbourne residents who are likely obese or overweight² – % – ◇



Half of residents (48%) in the City of Melbourne got adequate physical exercise in 2021, but only one in six participated in organised physical activity* (15%).¹¹

The proportion of residents who partake in adequate physical exercise* has been consistent between 2018 (52%) and 2021 (48%).² However, the proportion participating in an organised physical activity decreased over the same period (from 29% in 2018 to 15% in 2021).^{2,11} This could be partially due to COVID-19 restrictions closing gyms and shutting down organised sport throughout 2020 and 2021. One in five residents (22%) spent more than 8 hours a day sitting in 2017.²⁶

City of Melbourne residents' physical activity^{2,11} – % – §



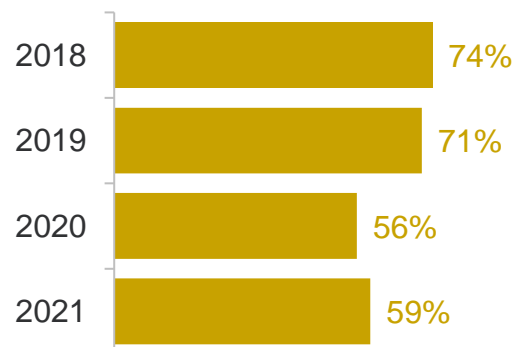
22% of residents spend more than 8 hours sitting in an average day in the City of Melbourne in 2017.²⁶

Three in five female residents participated in some form of sport or active recreation in 2021 (59%).²

This was unchanged from the proportion who participated in sports and active recreation in the previous year (56% in 2020).²

The COVID-19 restrictions likely impacted female participation in sports and active recreation, which saw a 15 percentage point decrease between 2019 (71%) and 2020 (56%).²

Women's participation in sports and active recreation in the City of Melbourne² – % – §



**Adequate physical exercise* is defined as at least 30 minutes of physical activity on four or more days in a usual week.
Base: 2021 City of Melbourne residents (n=1,378)
▲ / ▼ indicates significantly higher/lower than 2020 at 95% confidence.



Young person and adult – self-reported health, fruit and vegetable consumption and smoking status.

One in two residents self-reported very good or excellent health in 2021 (48%).¹¹

This has declined since 2020, when three in five residents reporting very good or excellent health (61%).²

Self-reported health is now on par with pre-pandemic levels (51% in 2018 and 53% in 2019).²

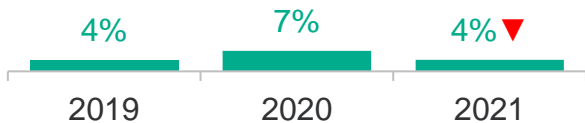
City of Melbourne residents self-reporting very good or excellent health^{2,11} – % – §



In 2021, one in twenty (4%) City of Melbourne residents met the minimum recommended daily consumption of fruit and vegetables.¹¹

This decreased between 2020 and 2021 (from 7% to 4%).^{2,11} In 2017, 17% of residents ate takeaway food more than once a week and another 12% consumed soft drinks daily.²

City of Melbourne residents who meet the minimum recommended daily consumption of fruit and vegetables^{2,11} – % – §



17%

City of Melbourne residents ate takeaway food more than once a week.²⁶ (2017)

12%

City of Melbourne residents consumed soft drinks daily.²⁶ (2017)

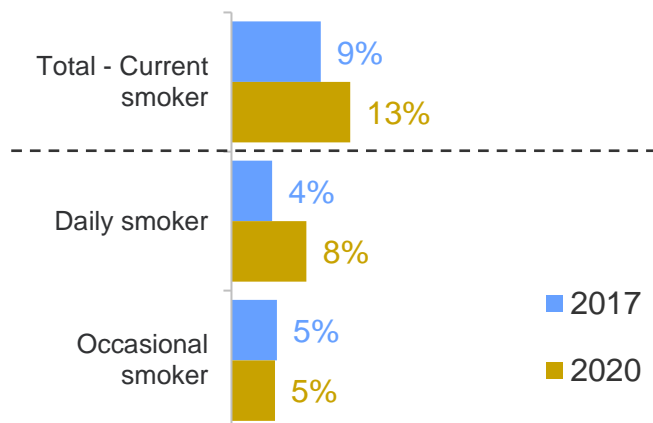
In 2020, one in eight City of Melbourne residents were current tobacco smokers (13%).²

The majority of these were daily smokers (8%) and one in twenty were occasional smokers (5%).² This measure doesn't include vaping or e-cigarette usage, only tobacco consumption.

Between 2017 and 2020, the proportion of current smokers rose 4 percentage points and could be linked to the rise in reports of high and very high psychological distress between 2017 (18%) and 2020 (22%).²

Qualitative feedback suggested that some residents were in favour of expanding the smoke free zones, increasing awareness of fines for smoking and littering or even making the CBD entirely smoke-free.⁴⁵

Current smokers in the City of Melbourne² – % – ◇



"I would like to see more signage and advertising about fines for littering and cigarette butts." (Resident, CBD)⁴⁵

"No smoking, why should non-smokers have their meal ruined by smokers. The outside should be for everyone, if smoking is allowed it means many others cannot enjoy the outside dining which is unfair and discriminatory." (Resident, Citywide)⁴⁵

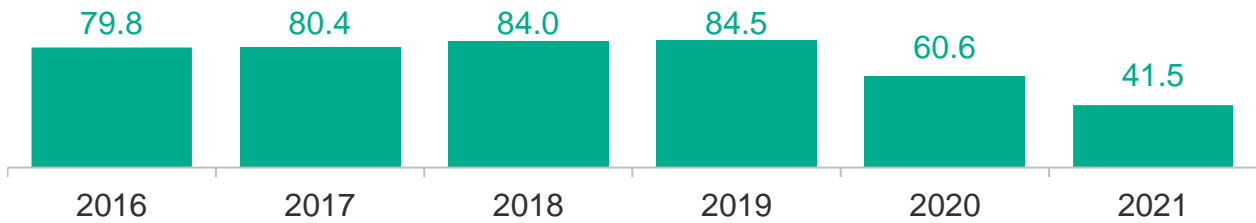


Young person and adult – gambling expenditure, chronic health conditions and dental health.

Spending on electronic gambling machines in the City of Melbourne hasn't returned to pre-pandemic levels (\$84.5 million in 2019) in 2021 (\$41.5 million).²

As electronic gambling facilities and casinos had limited trading across 2020 and 2021, this likely had an impact on spending on electronic gambling machines. Between 2019 and 2020, electronic gambling spending in the municipality dropped 28%, and then dropped a further 31% between 2020 and 2021.² Spending prior to the pandemic (between 2016 and 2019) rose from \$79.8 to \$84.5 million.²

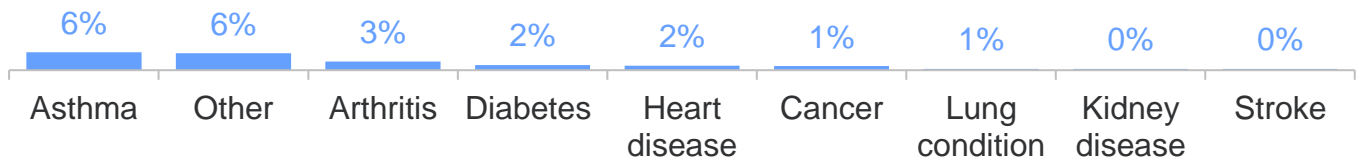
Spending on electronic gambling machines in the City of Melbourne² – \$ million – ◇



Residents were most likely to report they had been diagnosed with either asthma (6%), arthritis (3%), diabetes (2%) or heart disease (2%) in the 2021 Census.³

This data isn't able to be compared to the 2017 Victorian Population Health Survey, as the two methodologies used to collect the data are very different.

Resident chronic health conditions ever diagnosed³ – 2021 – % – ◇



One-quarter (23%) of residents in 2017 delayed visiting a dentist due to cost – recent qualitative data suggests this may still be a barrier for residents.²⁶

Two in five residents rated their dental health as excellent or very good that same year (42%), despite 23% saying they avoided or delayed visiting a dentist due to cost.²⁶ Qualitative feedback from City of Melbourne residents indicated one of the reasons for this may be due to a lack of affordable dentists in the municipality.⁴⁵

“Cheaper dental and vet services.” (Resident, Citywide)⁴⁵

42% of residents in the City of Melbourne rated their dental health as excellent or very good.²⁶ (2017)

23% of residents in the City of Melbourne avoided or delayed visiting a dentist due to cost.²⁶ (2017)

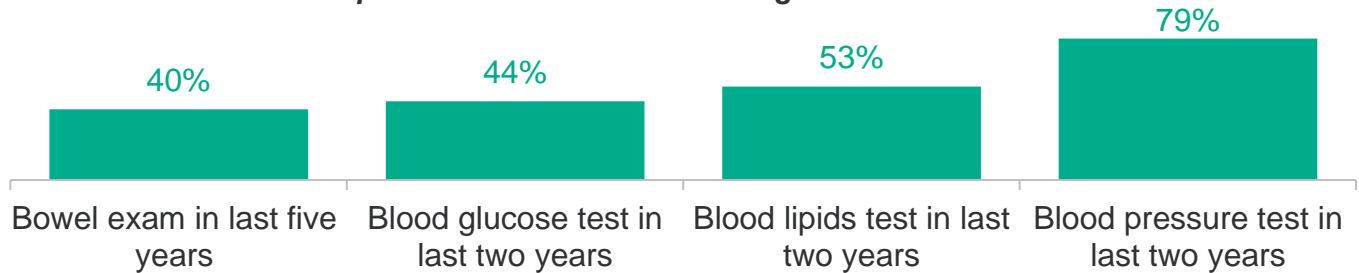


Young person and adult – preventative screening and sexual health

Four in five residents of the City of Melbourne reported having a blood pressure test in the two years prior to 2017 (79%).²⁶

Half of residents reported having a blood lipids test in the two years prior to 2017 (53%), 44% reported a blood glucose test and another two in five (40%) had a bowel exam in the previous five years.²⁶

Resident preventative disease screening tests²⁶ – 2017 – % – ◇

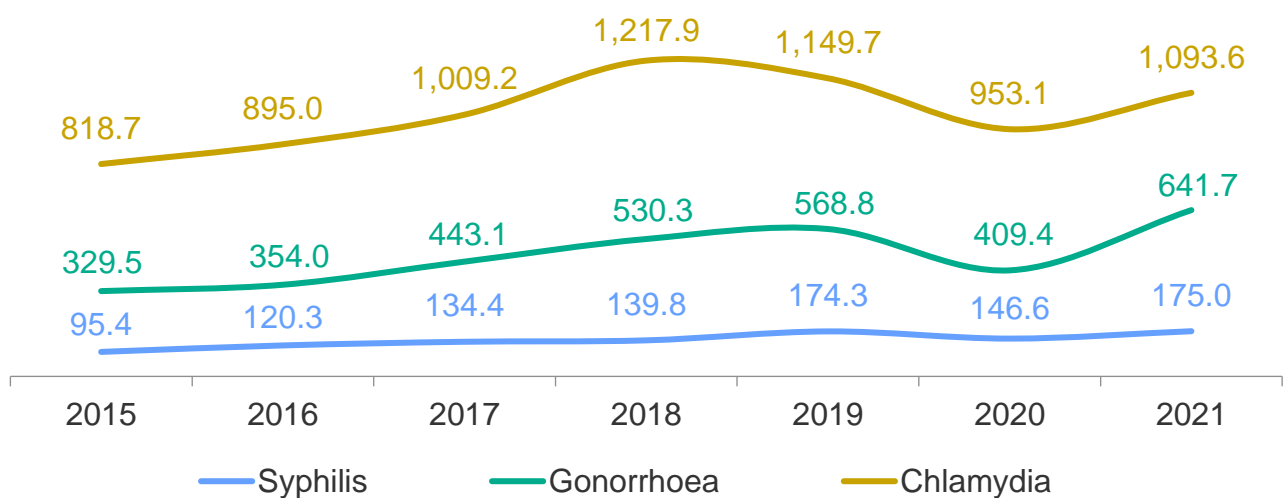


Notifications of gonorrhoea and chlamydia events rose in 2021 (now 641.7 and 1,093.6 respectively) from 2020, as COVID-19 restrictions lifted.¹⁶

The rates of chlamydia notifications rose between 2015 (818.7 events per 100,000 residents) and 2018 (at 1,217.9 events); before dropping in 2019 (to 1,149.7) and again in 2020 (to 953.1).¹⁶ This reduction could be explained by COVID-19 restrictions limiting social events and travel in 2020, with eased restrictions in 2021 causing notifications to rise to pre-pandemic levels (1,093.6).¹⁶

Notifications of gonorrhoea followed a similar trend, rising from 2015 (329.5 events per 100,000 residents) until a peak in 2019 (568.8), then dropping in 2020 (409.4) and rising above pre-pandemic levels in 2021 (to 641.7).¹⁶ Syphilis notifications followed a similar trend but rose only to pre-pandemic levels between 2019 and 2021 (reaching 174.3 in 2019 and to 175.0 in 2021).¹⁶

Top 3 sexually transmitted disease notifications in the City of Melbourne¹⁶ – per 100,000 residents – ◇

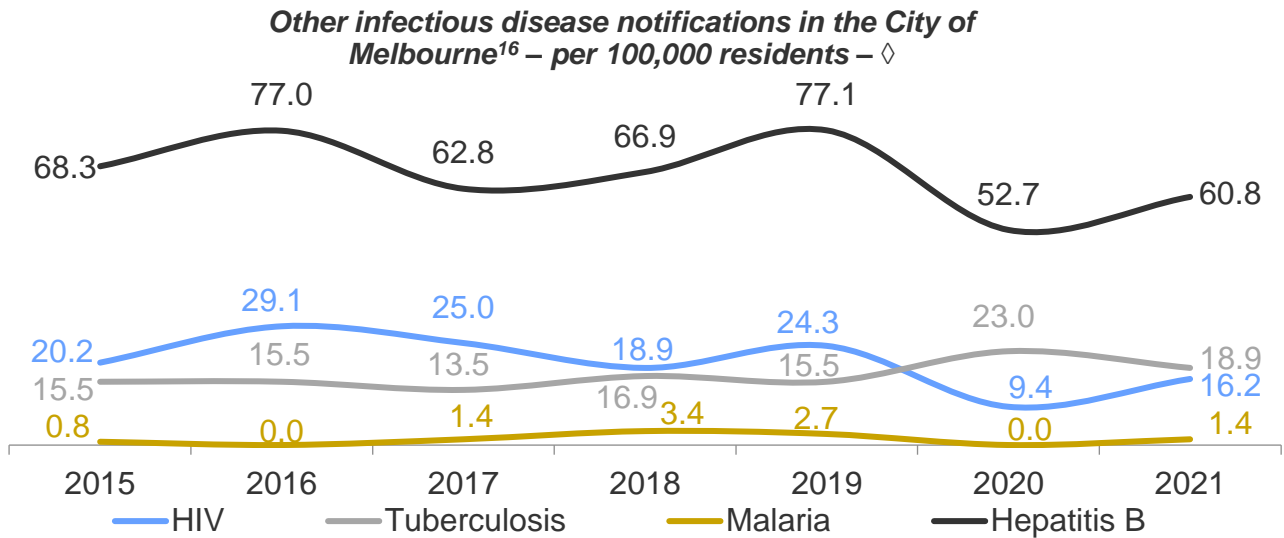




Young person and adult – infectious diseases.

The rates of notification for infectious diseases like hepatitis B, HIV, tuberculosis and malaria were stable between 2020 and 2021 in the City of Melbourne.¹⁶

Of these, hepatitis B had the highest notifications per 100,000 with 60.8 in 2021 - still lower than in 2019 (77.1).¹⁶





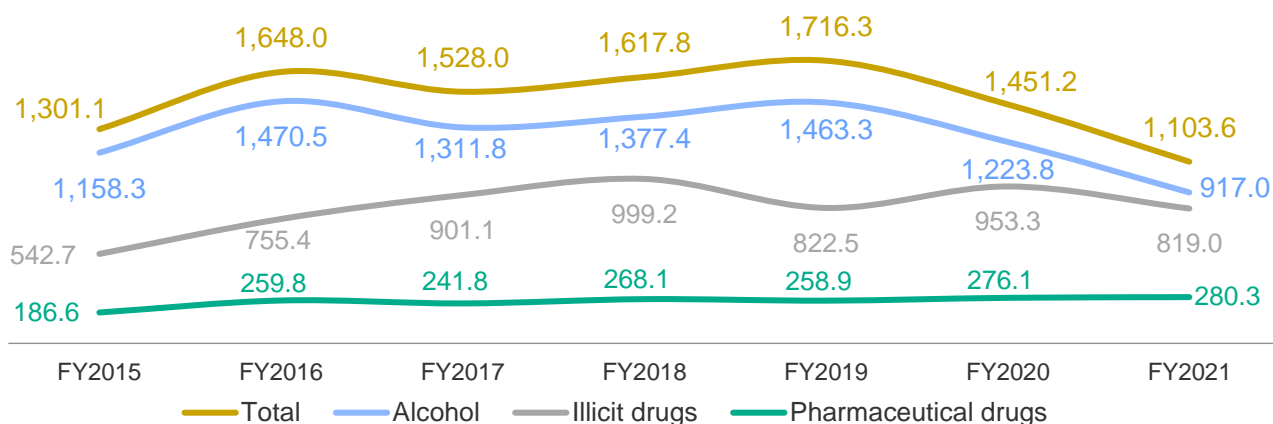
Young person and adult – AOD-related ambulance attendances.

Ambulance attendances for alcohol-or-other-drug-related (AOD-related) reasons dropped again in FY2021, after peaking in FY2018.²⁷

The total rate of ambulance attendances dropped between FY2018 and FY2021 by 514.2 per 100,000 residents (from 1,617.8 in FY2018 to 1,103.6 in FY2021).²⁷ This could largely be attributed to the drop in alcohol-related attendances (from 1,377.4 in FY2018 to 917.0 in FY2021) and related to alcohol serving venues having limited or no operations during the COVID-19 pandemic.²⁷

The rate of illicit drug-related attendances between FY2018 and FY2021 has fluctuated between a peak of 999.2 (in FY2018), down to 819.0 in FY2021.²⁷ The rate of pharmaceutical drug-related attendances remained consistent between FY2018 and FY2021 (from 268.1 to 280.3).²⁷

AOD-related ambulance attendance in the City of Melbourne²⁷
– per 100,000 residents – ◇

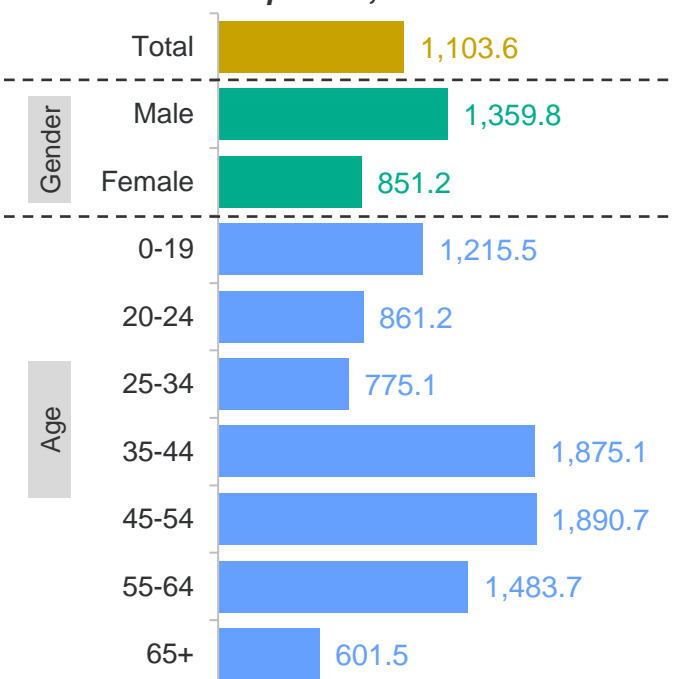


Men and 35-54 year old attendees had higher rates of AOD-related ambulance attendances in FY2021.²⁷

The rate of AOD-related ambulance attendances for men in 2021 was 1,359.8 per 100,000, 37% higher than for women (at 851.2).²⁷

The rate of AOD-related ambulance attendances was highest between the age groups of 35-44 (at 1,875.1) and 45-54 years old (1,890.7).²⁷ The rate of AOD-related ambulance attendances was lowest after 65 years old, down to 601.5.²⁷ Notably the rate of AOD-related ambulance attendances for 0-19 year olds in the City of Melbourne was higher than for 20-34 year olds (0-19 year old rate was 1,215.5, while 20-24 year old rate was 861.22 and 25-24 year old rate was 775.1).²⁷

AOD-related ambulance attendance in the City of Melbourne²⁷ – by demography – FY2021 – per 100,000 residents – ◇





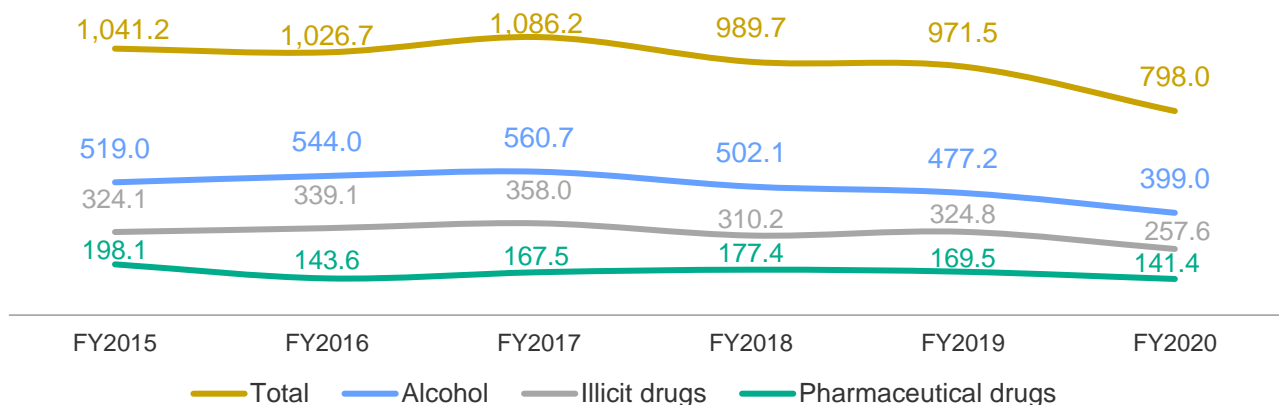
Young person and adult – AOD-related hospital admissions.

Total AOD-related hospital admissions dropped between FY2015 and FY2020.²⁸

The total rate of AOD-related hospital admissions dropped between FY2015 and FY2020 by 243.2 per 100,000 residents (from 1,041.2 in FY2015 to 798.0 in FY2020).²⁸ This change was largely due to the drop in alcohol-related hospital admissions (from 519 in FY2015 to 399 in FY2020).²⁸ Again, this could be related to alcohol serving venues having limited or no operations during the COVID-19 pandemic.²⁸

The rate of illicit and pharmaceutical drug-related hospital admissions similarly dropped during the same time period; from 324.1 in FY2015 to 257.6 in FY2020 for illicit drug-related hospital admissions and 198.1 in FY2015 and 141.4 in FY2020 for pharmaceutical drug-related hospital admissions.²⁸

AOD-related hospitalisation in the City of Melbourne²⁸ – per 100,000 residents – ◇

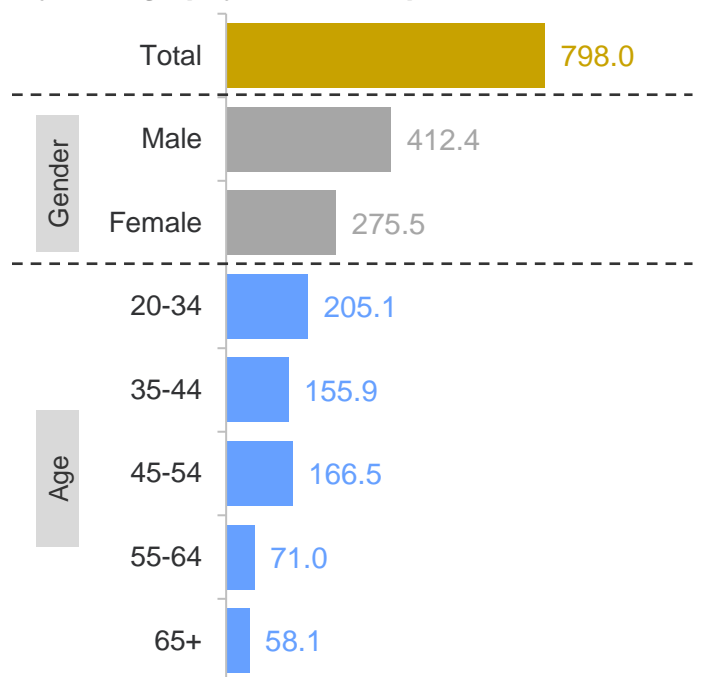


Similar to ambulance attendances, men experienced higher rates of AOD-related hospital admissions in FY2020.²⁸

The rate of AOD-related hospital admissions for men (412.4 per 100,000 residents) was 33% higher than for women (275.5).²⁸

However, unlike ambulance attendances, 20-34 year olds had the highest rate of AOD-related hospital admissions in FY2020 at 205.1, which trended downwards by resident age.²⁸ This hits a low of 58.1 for residents over 65 years old.²⁸

AOD-related hospitalisation in the City of Melbourne²⁸ – by demography – FY2020 – per 100,000 residents – ◇





Getting older – dementia, aged pension and life expectancy.

The number of residents living with dementia in the City of Melbourne rose 28% between 2017 and 2021.²⁹

In 2017, 971 residents were living with dementia in the City of Melbourne, but this rose to 1,243 in 2021.²⁹

In 2017, life expectancy in the City of Melbourne was 84.4 years.¹ Across the municipality, 3,510 residents received the aged pension in 2020.

City of Melbourne residents living with dementia²⁹ - number – ◇



84.4

Life expectancy of City of Melbourne residents.¹ (2017)

3,510

City of Melbourne residents received the aged pension²². (2020)

Housing and Homelessness

This focus area recognises the need for a fair, appropriate range of affordable housing for people of all backgrounds is available with special focus on people experiencing homelessness.



Experiences of homelessness and sleeping rough.

In 2021, at least 200 people were being supported through COVID-19, emergency and other accommodation in the City of Melbourne.³⁰

Based on the latest ByName List, at least 200 people were supported through emergency accommodation, 74 were sleeping rough and 23 had unknown support in the City of Melbourne.³⁰ The 2016 Census found that 404.5 people per 100,000 were homeless and 1,350.5 residents per 100,000 lived in overcrowded housing in the City of Melbourne.²

404.5

City of Melbourne residents experiencing homelessness per 100,000.² (2016)

200

City of Melbourne people in COVID-19 emergency housing, community rooming houses, transitional housing, or other accommodation.³⁰ (2021)

74

City of Melbourne people sleeping rough.³⁰ (2021)

23

City of Melbourne people with unknown housing support.³⁰ (2021)

1,350.5

City of Melbourne residents living in overcrowded housing per 100,000.² (2016)

Caring for people experiencing homelessness and prevention of homelessness were key themes mentioned across focus areas in the qualitative feedback provided to City of Melbourne.⁴⁵ While some supported initiatives to reduce homelessness by providing food, housing and other support services, others were more in favour of removing them from the streets without additional support.⁴⁵

“Whenever we are in the city, we always see people living and begging on the streets. We should not tolerate this. There should be the ability to offer these people a place to shelter safely and to offer food, and resources should also be devoted to employing people who can, on a daily basis, help homeless people find the resources they need.” (Resident, Citywide)⁴⁵

While the overall population of the City of Melbourne dropped due to the pandemic, the municipality may still be at-risk of a housing shortfall by 2036.

Estimates by SGS Economics in 2019, suggested that the City of Melbourne could see its population rise to 341,000 people and 157,000 households by 2036.³¹ Using Census data from 2016, they estimated that at minimum, there could be a shortfall of 16,900 homes depending on how much social and affordable housing is mandated in future developments.³¹

While the estimated population in the City of Melbourne dropped between 2020 to 2021 (now 169,860 from 178,955 in 2020), a housing shortfall is still a possibility. As of 2021 there are 144 projects with affordable housing units planned.³⁰

Social housing may be one option to address housing affordability in the future – in 2021 only 3.5% of residents lived in social housing.³ As shown on the next page, with income inequality growing, the need for affordable or social housing will become more pressing.

16,900 minimum

shortfall in affordable and social housing in the City of Melbourne projected by 2036.³¹ (2019)

144 City of Melbourne

projects have affordable housing units available.³⁰ (2021)

3.5% of residents in the

City of Melbourne live in social housing in 2021 – compared to 4.9% in 2016.^{2,3} – ◇



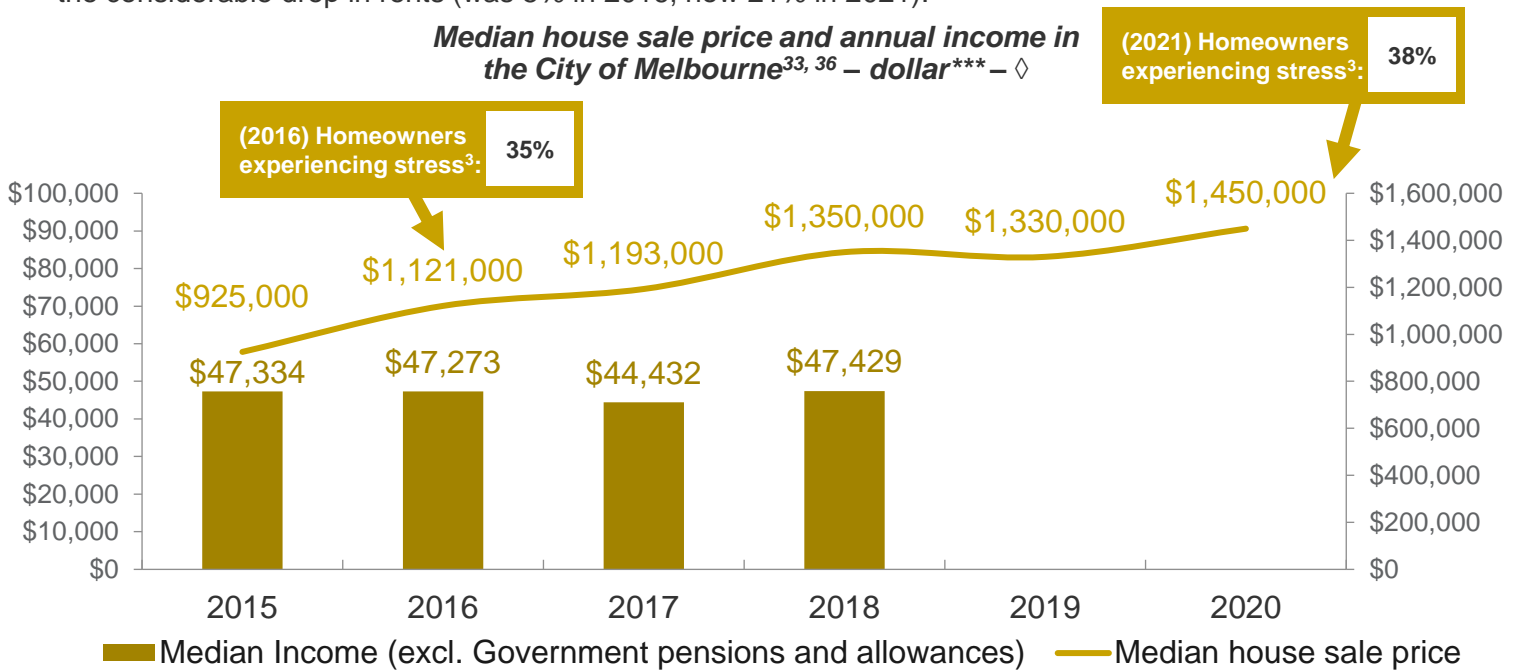
Housing affordability.

Housing affordability continues to be a challenge in the municipality, with only 2.6% of rentals in 2021 considered affordable.^{32,35}**

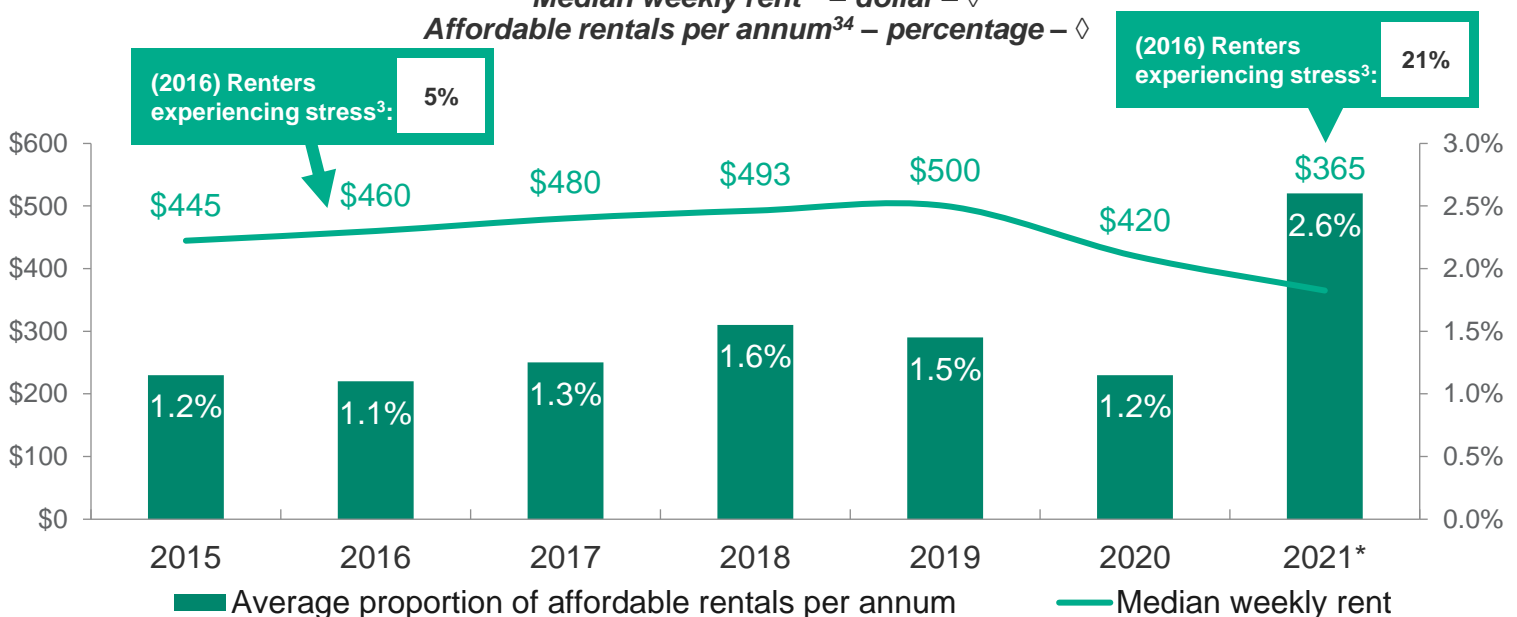
The price of renting or buying a home in the City of Melbourne has been an on-going challenge, with the median purchase price for a house hitting \$1.45 million in 2020, and rents peaking at \$500 weekly in 2019.^{33,35} This was despite the median income holding steady at \$47,429 in 2018 (compared with \$47,334 in 2015).³⁶

The COVID-19 pandemic impacted house prices and rents, with median house prices increasing 9% between 2019 and 2020 and weekly rents falling 27% from 2019 to 2021.³⁵ This change in weekly rent, grew the proportion of affordable rental properties by 50% during that time period (from 1.2% in 2020 and 2.6% in 2021).³⁴ However, renter's experiencing housing stress increased according to the 2021 Census, despite the considerable drop in rents (was 5% in 2016, now 21% in 2021).³

Median house sale price and annual income in the City of Melbourne^{33, 36} – dollar* – ◇**



**Median weekly rent³⁵ – dollar – ◇
Affordable rentals per annum³⁴ – percentage – ◇**



*Partial data through to Sep'21.

**Note: 'Affordable' is defined as no more than 30% of gross income being spent on rent.

***Note: ABS income data hasn't been released past 2018.



Income inequality.

Income inequality continued to be a challenge for the City of Melbourne, and could be further impacted by the COVID-19 pandemic.

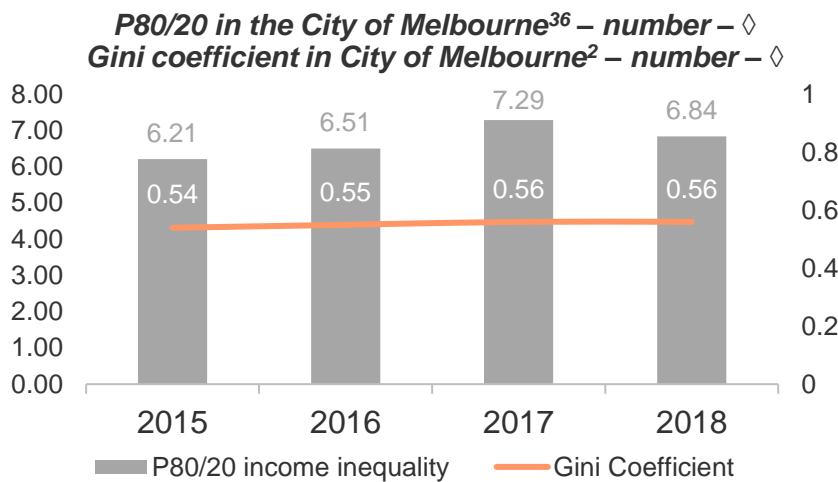
The ratio of residents earning in the top 80th percentile of income, compared to top 20th percentile in City of Melbourne dropped from 7.29 in 2017 to 6.84 in 2018.³⁶ Another measure of income inequality (the gini coefficient), remained stable at 0.56 between 2017 and 2018.²

In 2018, one-quarter of residents in the City of Melbourne lived below the poverty line (25%).³⁰

Income inequality indicators

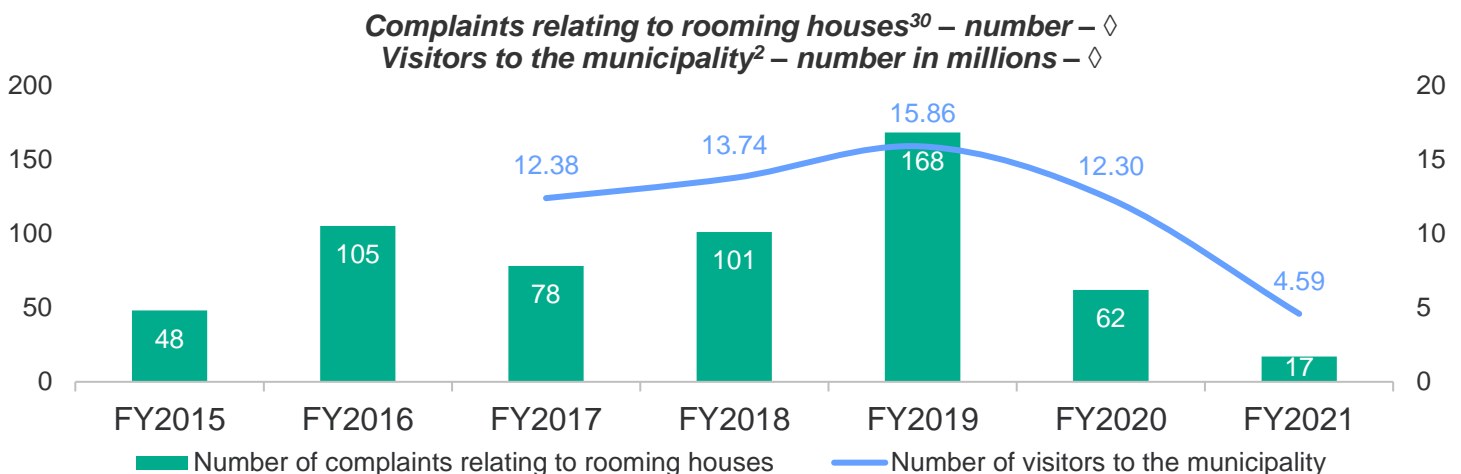
- P80/20 Ratio** is a percentile ratio that summarises the relative distance between two points in a distribution. The P80/P20 ratio shows the proportion of residents who earn the top 80th percentile of income, compared to the top 20th percentile.
- Gini coefficient** is a summary measure of inequality of income or wealth across the population. Gini coefficient values range between 0 and 1. Values closer to 0 represent higher equality and values closer to 1 represent higher inequality.

25% City of Melbourne residents estimated to live below the poverty line.³⁰ (2018)



Complaints relating to rooming houses dropped in-line with the drop in visitors between FY2019 and FY2021.³⁰

This could be a response to the COVID-19 pandemic and restrictions on movement and travel, limiting the number of visitors to City of Melbourne. From FY2019 to FY2021, the number of visitors dropped from 15.86 million to 4.59 million.² Similarly, the number of complaints about rooming houses peaked in FY2019 at 168 and dropped to only 17 in FY2021.³⁰



Food Security

This focus area recognises the importance of secure access to nutritious, safe, fair and culturally appropriate food for everyone in our community, especially the most vulnerable.



Experience with Food Insecurity.

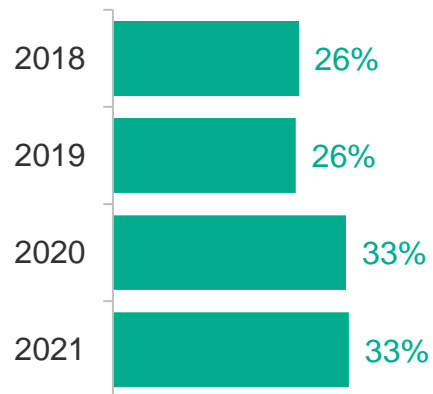
The proportion of residents reporting food insecurity has been stable between 2020 and 2021.^{2,11}

One in three residents in the City of Melbourne have reported they experienced food insecurity in 2021 (33%).¹¹

The proportion of residents facing food insecurity increased between 2019 and 2020, possibly due to the COVID-19 lockdowns and restrictions on business operations, meaning fewer jobs or less hours for residents.²

According to the latest CLUE summary report in 2020, 39,000 jobs in the City of Melbourne were lost between 2019 and 2020.³⁷ This loss of jobs in the municipality during this time was likely linked to the rise in food insecurity.

City of Melbourne residents reporting food insecurity^{2,11} – % – §



Half of 18-24 year olds and students (both 50%) experienced food insecurity in the City of Melbourne in 2021.¹¹

Residents aged 18-24 years old have the highest rate of food insecurity (50%) followed by 25-34 year olds (33%) and 55-64 (32%) year olds.¹¹ Whereas residents aged 65+ experience significantly lower levels of food insecurity (2%) than other age groups.¹¹

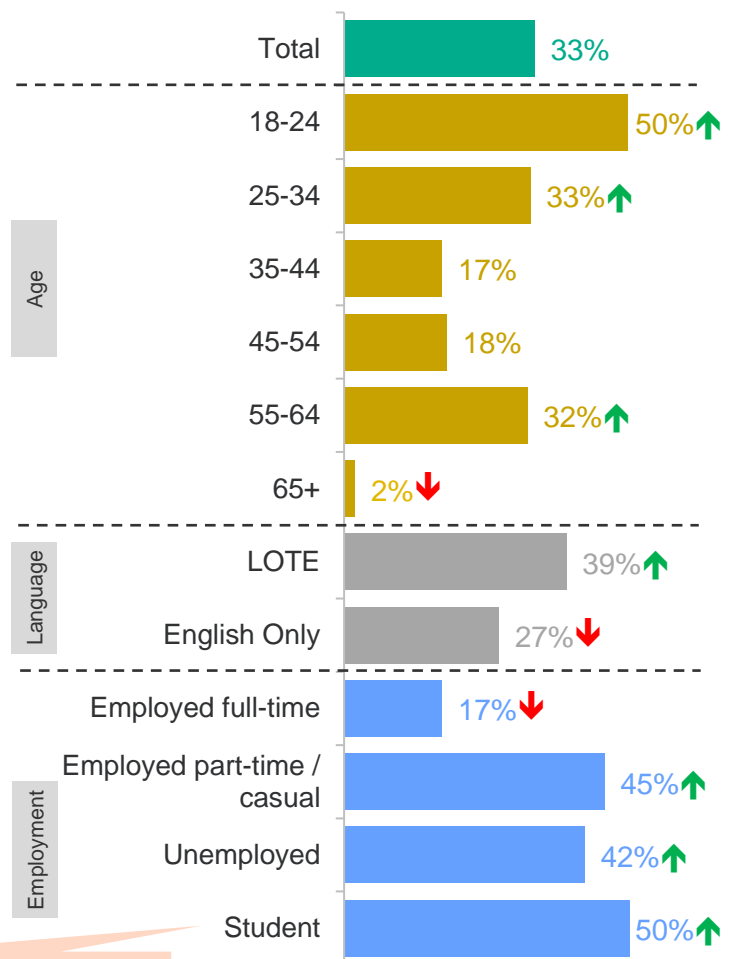
Residents who speak a language other than English at home are more likely to experience food insecurity than residents who only speak English at home (39% vs 27%).¹¹

Residents who aren't employed full-time are less at-risk of food insecurity, than residents in other employment statuses.

The industries which made up the majority of lost jobs due to the pandemic, also tend to employ those more at risk of food insecurity:

- Business services
- Retail trade
- Finance and insurance
- Admin and support
- Food and beverages

City of Melbourne residents reporting food insecurity¹¹ – by demography – 2021 – % – §



"Foodbank helped a lot, keep it going. Hard to find a job if you're an international student, would be good to get more support with that." (Resident, CBD)⁴⁵



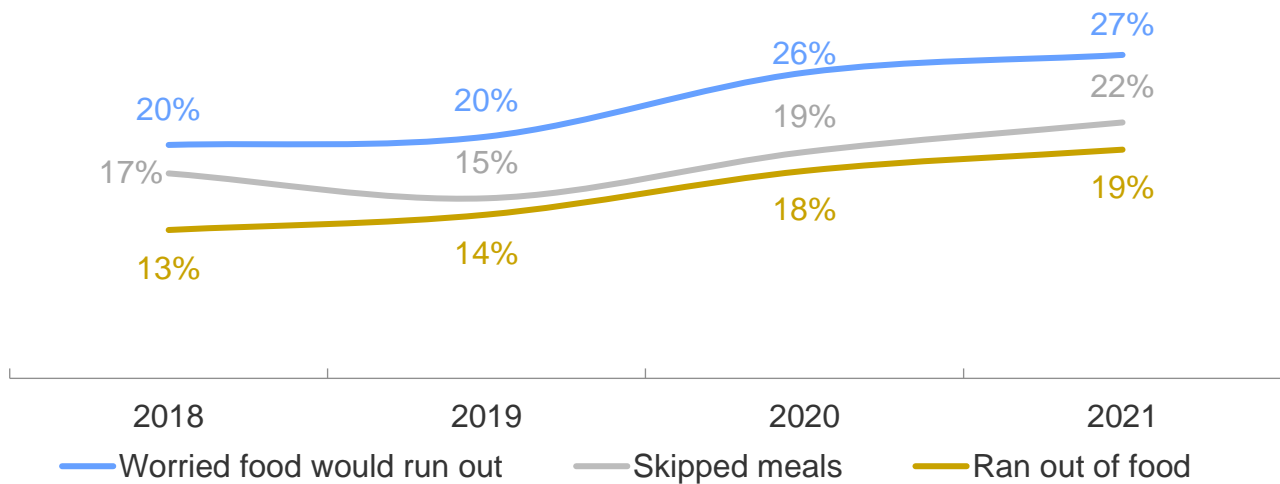
Experience with Food Insecurity.

The impact of the COVID-19 pandemic on experiences of food insecurity in City of Melbourne, persisted into 2021 from 2020.^{2,11}

One-quarter (27%) of residents experienced anxiety about running out of food, and one in five either skipped meals (22%) or ran out of food (19%) in 2021.¹¹ These results are stable compared to 2020.²

Following the rate of reported food insecurity, actual experiences increased in 2020 from 2019, possibly due to lack of food on store shelves, loss of jobs and unemployment due to the COVID-19 pandemic.

City of Melbourne residents experiencing food insecurity^{2,11} – % – §



Three in five residents of the City of Melbourne produce, preserve and consume their own food (62%) in 2021.¹¹

In 2021, the proportion of residents producing, preserving and consuming their own food was stable compared to pre-pandemic levels (61% in 2019).^{2,11}

Residents in the qualitative feedback were keen to see more affordable food in-stores, more fresh food markets and the introduction of community gardens into the municipality.⁴⁵

City of Melbourne residents produced and/or preserved and consumed own food^{2,11} – % – §



“Food gardens on all commercial buildings, ALL food waste is composted (including supermarkets).” (Resident, Citywide)⁴⁵

“Food sourcing needs to be prioritised. More markets like QVM are needed in Docklands/Fisherman’s Bend areas.” (Resident, CBD)⁴⁵

“Access to supplies and food options, like a general store would be a vital addition.” (Resident, West Melbourne)⁴⁵

Health Impacts of Climate Change

This focus area recognises the importance of resilient and safe communities that are adapting to the public health impacts of climate change.



Air quality.

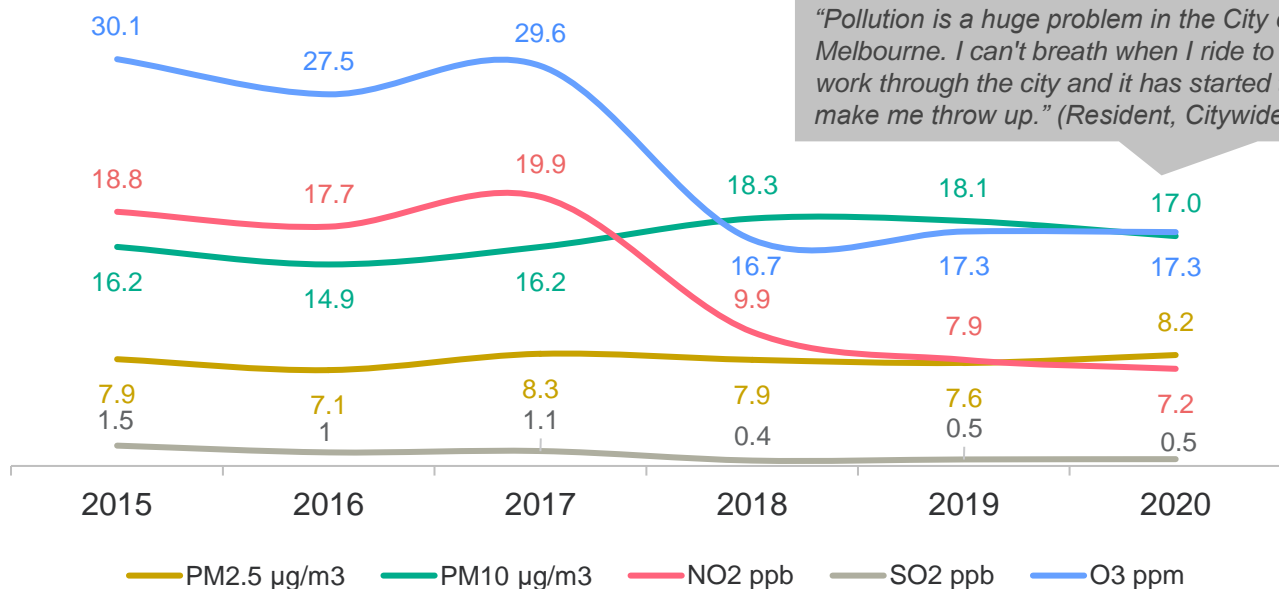
The concentration of most pollutants and fine particles in and around the City of Melbourne dropped between 2017 and 2018; and stabilised in 2020.³⁸

Around the City of Melbourne municipality, the concentrations of pollutants and fine particle matter seemed to drop between 2017 and 2018.³⁸ The five most commonly tracked pollutants, which have been linked to varying levels of breathing difficulties, lung irritation and long-term health impacts are shown below.

The greatest drops were for O₃ (down 12.9 parts per million) and NO₂ (down 10.0 parts per billion) between 2017 and 2018.³⁷ The concentration of PM₁₀ rose during the same period, up from 16.2 µg/m³ to 18.3 µg/m³.³⁸ Between 2019 and 2020, the rates of air pollutants and particle matter stabilised – aside from NO₂ which dropped (down from 9.9ppb in 2018 to 7.2 ppb).³⁸

However, there are still some residents who believed that there is too much pollution in the municipality.⁴⁵

Air pollutants and particle matter in Melbourne CBD and close neighbourhoods³⁸ – concentration* – ◇



Common Pollutants

- **Nitrogen dioxide (NO₂)** is the major source of this pollutant in Australia is the burning of fossil fuels such as coal, oil and gas. About 80 per cent of all NO₂ in cities comes from motor vehicle exhaust.
- **Ground-level ozone (O₃)** is formed when nitrogen oxides react with air pollutants known as ‘reactive organic substances’ in the presence of sunlight. Sources of the chemicals that react to form ozone include motor vehicle exhaust, printing, petrochemicals, lawn mowing, aviation, and bushfires.
- **Sulfur dioxide (SO₂)** is produced through industrial activity that processes sulfur e.g. electricity generation from coal, oil or gas that contains sulfur.
- **Particulate matter (PM_{2.5} and PM₁₀)** – particulate matter describes a mix of tiny solid particles and droplets found in the air. Particulate matter mainly comes from motor vehicle exhaust, wood burning heaters and industry. PM_{2.5} is often called ‘fine dust’ and PM₁₀ is ‘coarse dust’, both have been associated with lung irritation and breathing issues.

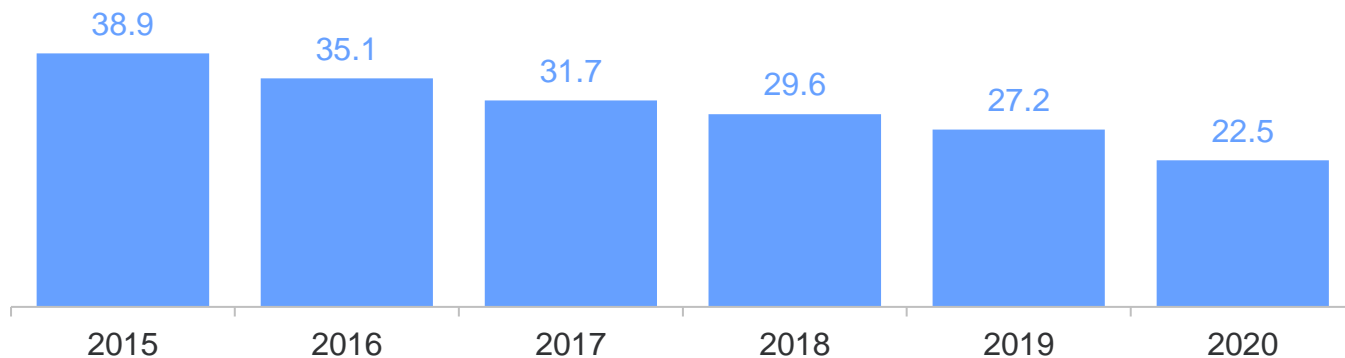


Greenhouse gases.

Greenhouse gas emissions in the City of Melbourne dropped between 2015 and 2020, dropping 4.7 tonnes per resident between 2019 and 2020.²

The tonnes per resident greenhouse gas emissions steadily dropped from 2015 to 2019, from a peak of 38.9 tonnes per resident in 2015 to 27.2 in 2019.² During the COVID-19 pandemic greenhouse gas emissions per resident dropped again (between 2019 to 2020), by 17% in 2020 to 22.5.²

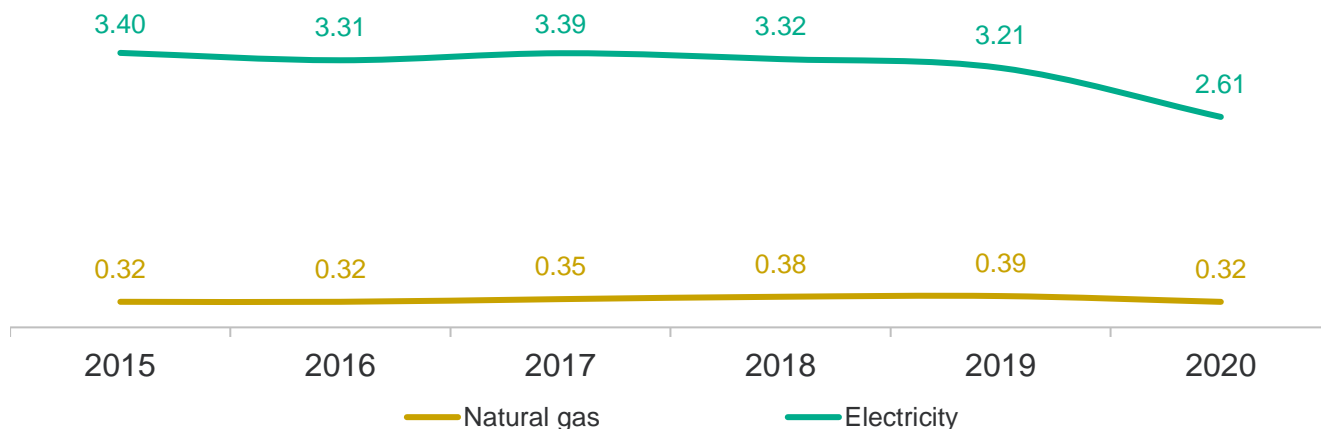
City of Melbourne greenhouse gas emissions² – tonnes per resident – ◇



Similarly, the proportion of carbon dioxide emissions from electricity in the municipality, fell 27% from 2019 to 2020.²

Between 2015 and 2019, carbon dioxide (CO₂) emissions from natural gas and electricity were stable, hovering between 0.32-0.39 metric tonnes for natural gas and 3.21-3.40 metric tonnes for electricity.² Emissions from both sources fell in 2020 (compared to 2019) likely due to reduced travel and industrial emissions brought on by the COVID-19 pandemic.² CO₂ emissions from electricity (2.61 in 2020) and natural gas (0.32 in 2020) dropped 19% and 27% respectively from 2019.²

City of Melbourne CO₂ emissions by source² – tCO₂e million – ◇





Trees and greenery.

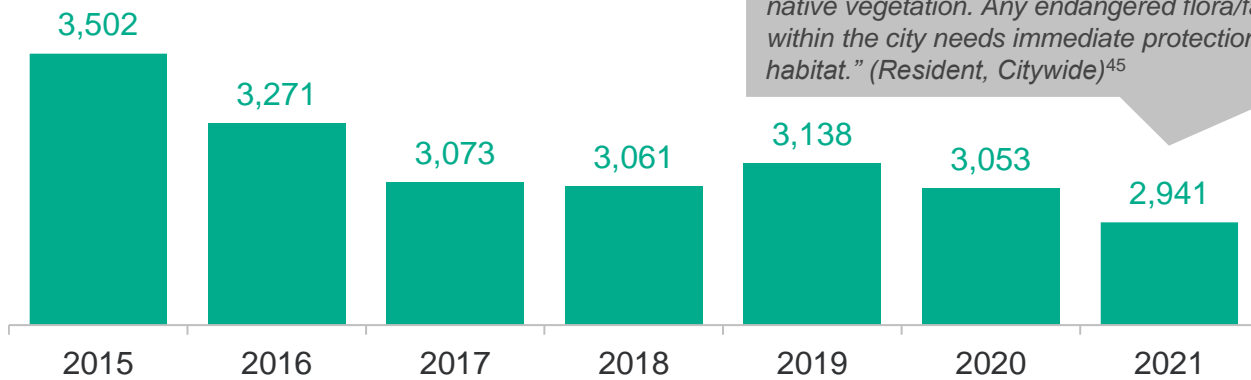
Despite a drop in tree planting in the municipality between 2020 and 2021, more square-metage of native understorey habitat was created in the public realm.²

The number of trees planted in the municipality dropped from a peak in 2015 (at 3,502) to 2,941 trees planted in 2021.² This drop may be due to fewer areas being available to plant new trees within council limits compared to the previous five years. Qualitative feedback provided by the City of Melbourne, indicated that residents agreed with the targets set for new tree planting, with some emphasising the importance of prioritising native species.⁴⁵

However, compared to 2020 the square-metage of native understorey habitat in the City of Melbourne grew by 22% to 472,899m² in 2021.² This is likely a result of the Greening the City Project, launched in June 2020 to aide unemployment in the municipality due to the COVID-19 pandemic and to address climate change.

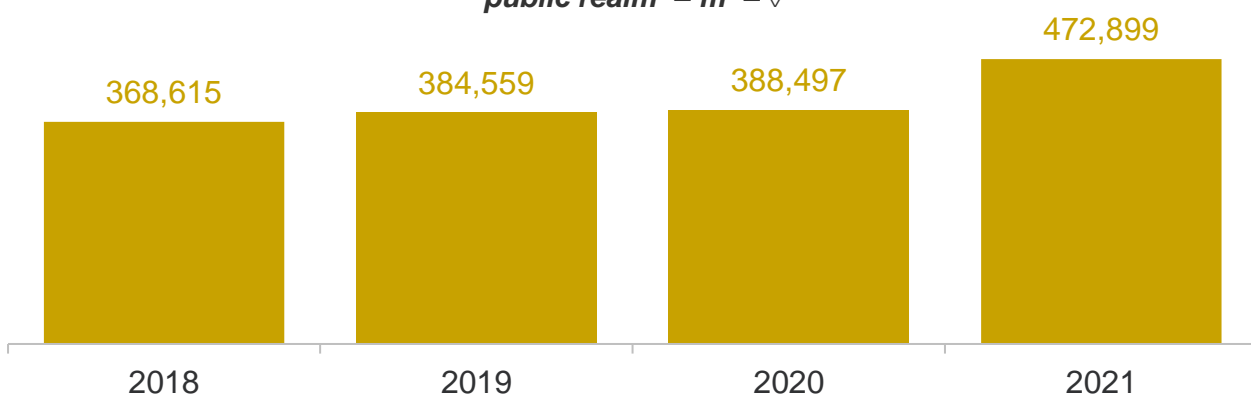
New indicators for the 2022 Profile were the proportion of protected terrestrial natural areas (8%), a drop in terrestrial native vegetation change from 2005 (-30%) and the proportion of invasive alien plant species of total plant pool (1%).²

Trees planted in City of Melbourne² – number – ◇



“The 3000 trees for canopy cover is a good goal, but these need to be NATIVE species, not exotic. Native wildlife need connections between parks via native vegetation. Any endangered flora/fauna within the city needs immediate protection and habitat.” (Resident, Citywide)⁴⁵

Area of native understorey habitat in the City of Melbourne public realm² – m² – ◇



8%

Protected terrestrial natural areas.² (2020)

-30%

Terrestrial native vegetation change from 2005.² (2020)

1%

Invasive alien plant species of total plant pool.² (2020)

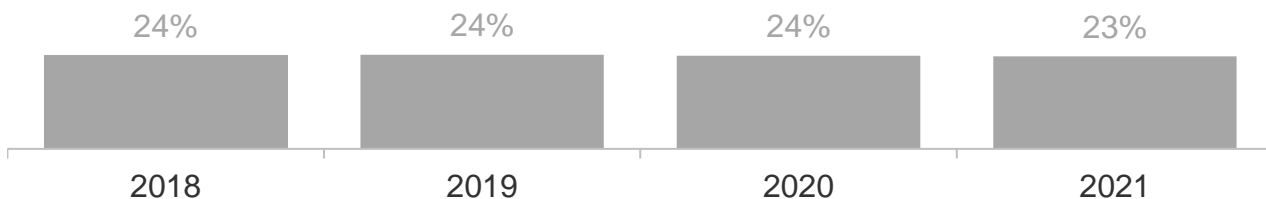


Tree canopy coverage.

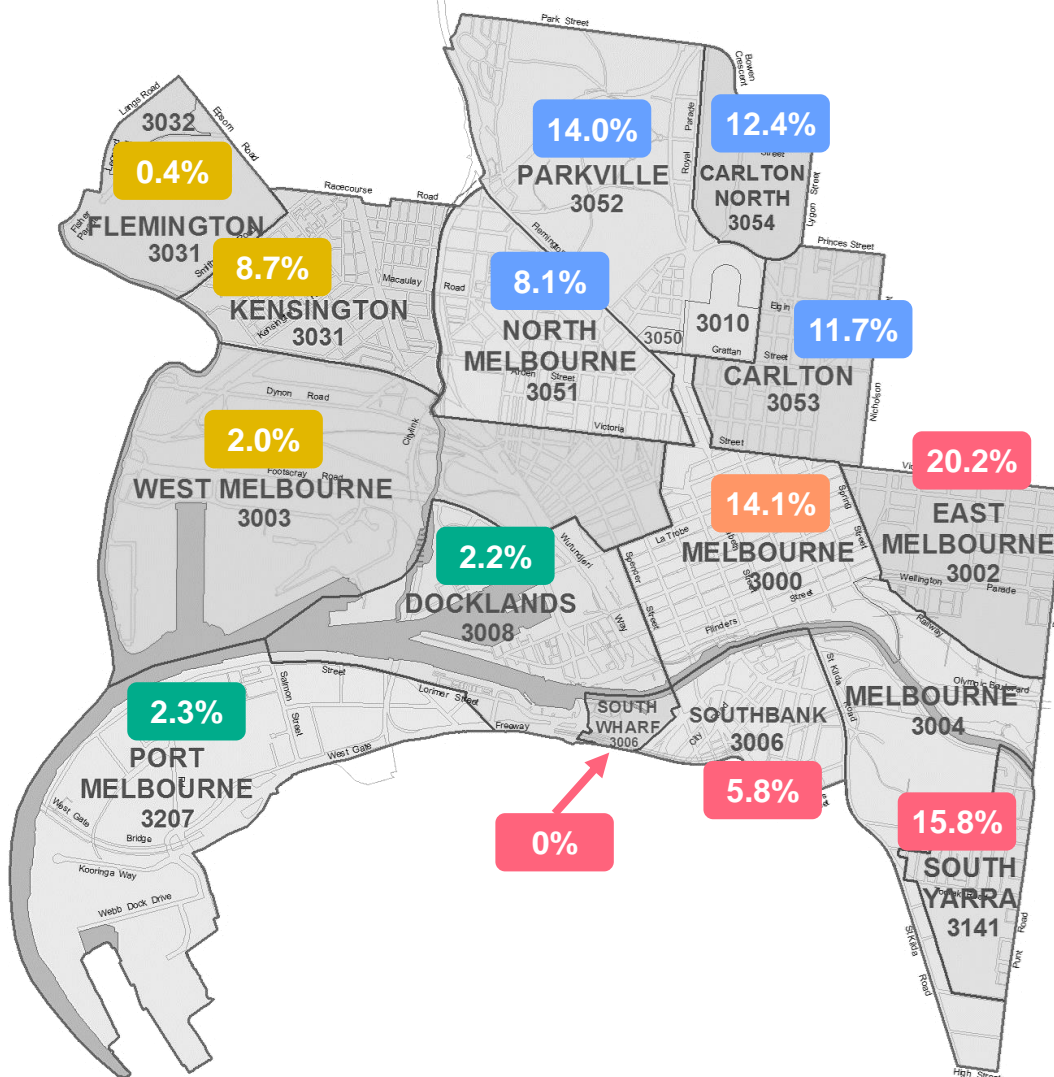
Public tree canopy coverage in City of Melbourne was stable in 2021 compared to 2020 despite less trees being planted.²

Just under one-quarter of public area was covered by tree canopy from 2018 (24%) – dropping by less than a percentage point to 23% in 2021.² In 2021, tree canopy coverage was highest in East Melbourne (at 20%) and lowest in South Wharf (0%), as this suburb largely comprises a retail precinct, hotels, apartments and exhibition spaces.³⁹

Public realm tree canopy coverage in City of Melbourne² – % – ◇



Public realm tree canopy coverage in City of Melbourne³⁹ – by suburb – 2021 – % – ◇





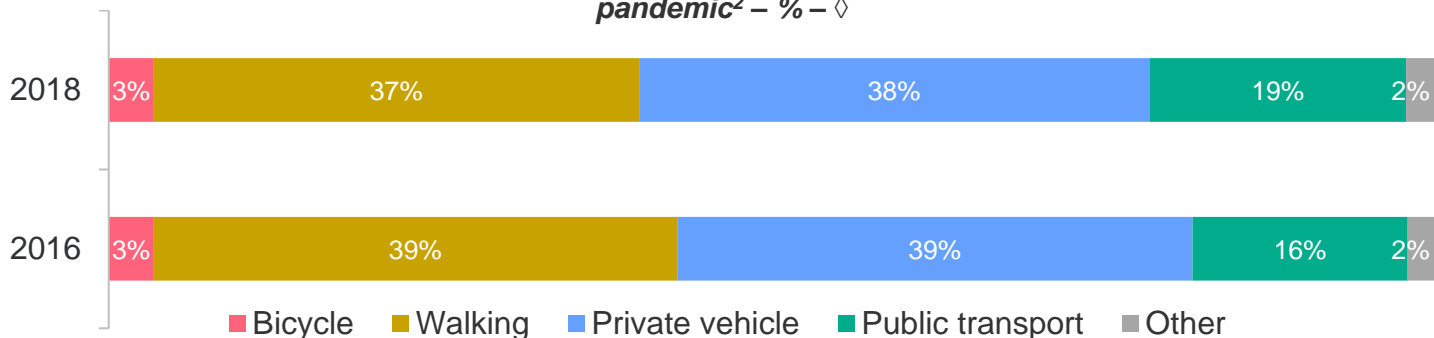
Transport.

Resident transport use in the City of Melbourne has not been updated since 2018, though there are indications trends have shifted substantively.

Pre-pandemic in 2018, most residents walked or used private vehicles for their trips (both 37% in 2018).² One in five (19%) of residents use public transport for their transport.² Recent analysis by Deloitte of transport modes in May 2021 suggested that more residents were using public transport and private vehicles for their trips in the municipality, rather than walking to their destination.⁴⁰

The number of private motor vehicles registered in the City of Melbourne jumped 13,199 between 2018 (was 56,419) and 2021 (now 69,618).^{3,41}

City of Melbourne resident transport modes pre-pandemic² – % – ◇



“Increase the accessibility of the city to people from the outer suburbs (ideally via public transport). People from these areas tend to not experience the benefits of the city. Consideration of larger car-free areas, or a congestion charge (similar to London) for higher emission (or non-electric?) vehicles.” (Resident, Citywide)⁴⁵

69,618 private motor vehicles were registered in the City of Melbourne in 2021, up from 56,419 in 2018.^{3,41} – ◇



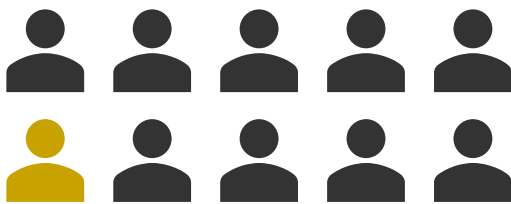
Rising temperatures and natural disasters.

Fewer heat health alerts were issued in the Central District in 2020 compared to 2019, and natural disaster related deaths in the City of Melbourne were stable at 0 in 2020.^{2,44}

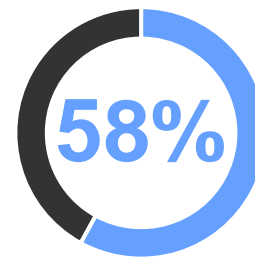
The number of health alerts issued for Central District (which City of Melbourne is a part of) fell in 2021 to 2, down from 9 in 2019.⁴⁴ Additionally, the ratio of natural disaster related deaths per 100,000 residents remained at 0 in 2020 (0 since 2015).² The heat vulnerability index* wasn't updated from 2018, but a score of 2 meant lower sun exposure, lower heat sensitivity or higher capacity to adapt to changing temperatures in the City of Melbourne.⁴³

The impact of climate change on an individual's health wasn't a top-of-mind concern for most Victorians in 2020, with one in ten (10%) mentioning health impacts of climate change unprompted.⁴² Three-fifths (58%) of Victorians, when prompted, recognised this could be the main way climate change impacts them.⁴²

Within the City of Melbourne, this suggests that most residents may not be aware of potential impact rising temperatures could have on them personally and immediately. An estimated 3.5% of City of Melbourne residents lived in public housing according to the 2021 Census, of which up to 45% may feel they have to leave their home due to extreme heat or cold (according to Sustainability Victoria in 2020).⁴² This could leave up to 1.6% of residents seeking out safer temperatures on the streets, in public or private facilities.



One in ten Victorians (unprompted) have thought about how their health is affected by climate change.⁴² (2020)



Victorians recognise their health is one of the main ways they are likely to be affected by climate change.⁴² (2020)

0

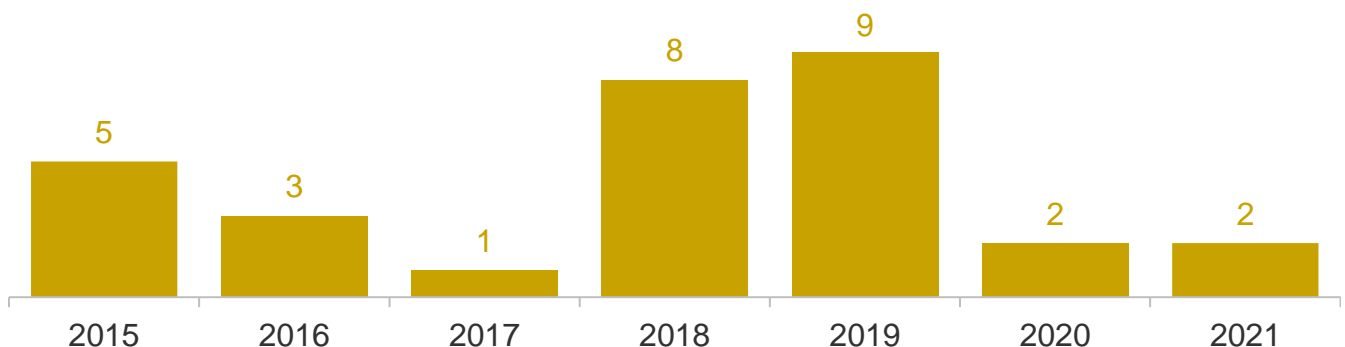
Natural disaster related deaths per 100,000 residents.² (2020)

2

Heat vulnerability index.⁴³ (2018)

45% of Victorians living in public housing say they had to leave their home due to extreme heat or cold.⁴² (2020)

Heat health alerts for Central District⁴⁴ – number – ◇



*The heat vulnerability index is a five-point quintile set, derived from the 2016 ABS SA1 boundaries, Landsat-8 derived Land Surface Temperature and vegetation by Mesh Blocks as at 2018 along with population and socio-economic data sourced from 2016 ABS Census.

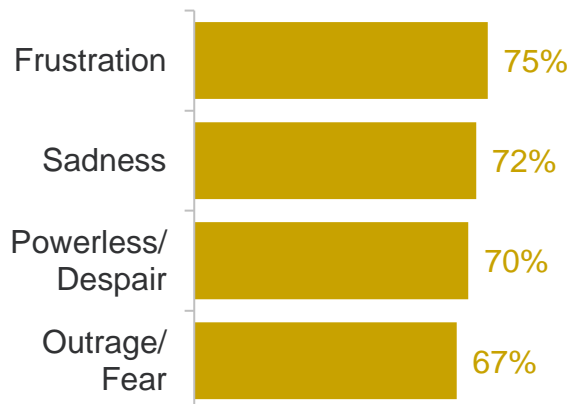


Climate related anxiety and public expectations.

Most Victorians experienced negative emotions when thinking about climate change in 2020 – frustration topped the list.⁴²

Three-quarters of Victorians experienced frustration (75%) when thinking about climate change, others mentioned feeling sadness (72%), powerlessness and despair (70%) or outrage and fear (67%).⁴²

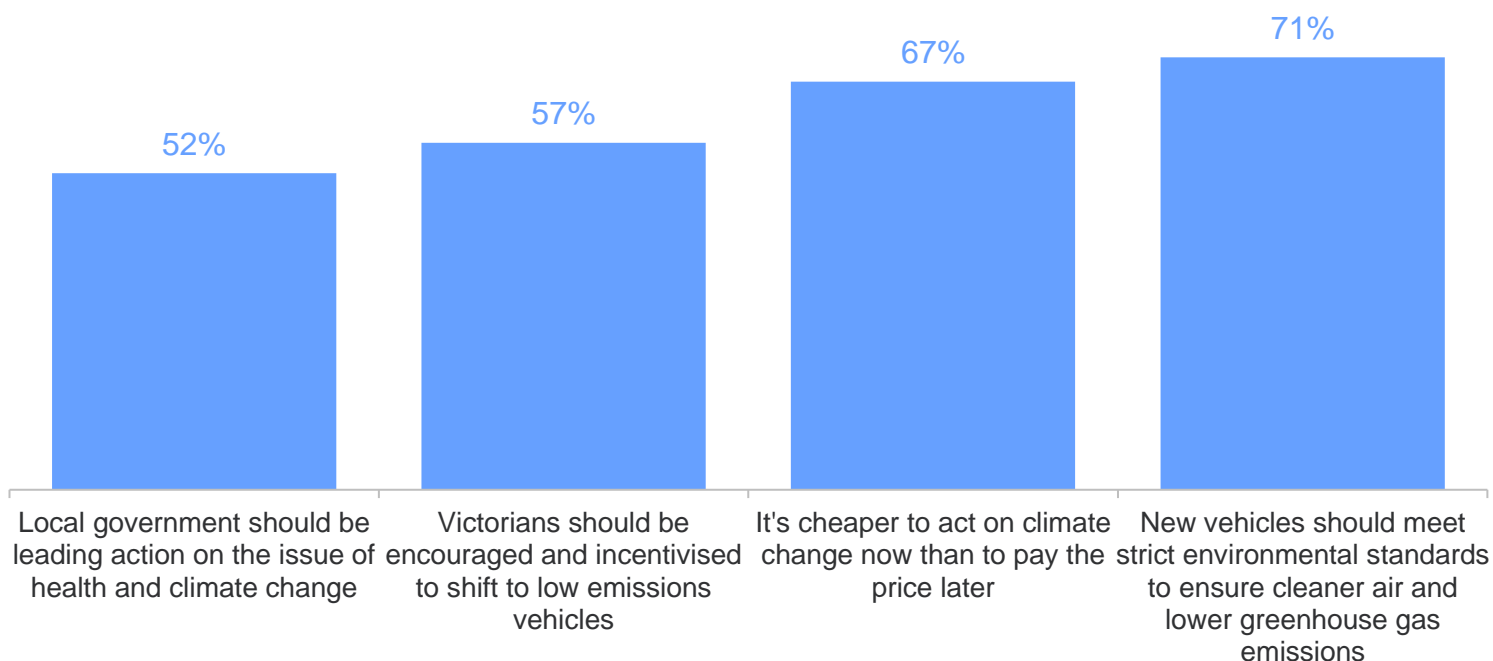
Main feelings when Victorians think about climate change⁴² – 2020 – % – ◇



In 2020, half of Victorians (52%) agreed that local governments should lead action on the health impacts of climate change.⁴²

Two-thirds (67%) thought it would be cheaper to act on climate change now, than to pay the price later.⁴² Additionally, the majority of Victorians surveyed agreed that new vehicles should meet strict environmental standards to ensure cleaner air and lower greenhouse gas emissions (71%) and Victorians should be encouraged and incentivised to shift to low emissions vehicles (57%).⁴²

Victorians who agree with statements⁴² – 2020 – % agree – ◇



Appendix



Appendix A – References



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Appendix B – Indicators and Focus Area Mapping



Indicators and Focus Area Mapping.

Public Health and Safety	Mental Health & Inclusion	Healthy & Sustainable Lifestyles	Housing & Homelessness	Food Security	Health Impacts of Climate Change
Family violence incidents	Satisfaction with feeling part of the community	Residents engaging with recommended amount of physical activity	People sleeping rough or accessing supported accommodation	Food insecurity (total)	Tree canopy cover
Residents report feeling safe	Subjective wellbeing	Residents who meet the minimum recommended daily consumption of fruit and vegetables	Residents living in social housing	Worried food would run out	Greenhouse gas emissions
Alcohol related assaults	Levels of psychological distress	Current smokers	Residents living in overcrowded dwelling	Skipped meals	Air quality
Infectious disease events	Suicide	Ambulance attendances for AOD misuse	Residents experiencing housing stress	Ran out of food	Heat health alerts issued for Central Districts
Noise complaints	Resident participation in volunteering	Spending on electronic gambling machines	People who are homeless	Residents producing and consuming their own food	Heat vulnerability index
Offences recorded and offence types	Civic participation	Residents overweight and obese	P80/20 measure of income inequality		Vehicle ownership
Transport related injuries and fatalities	Resident participation in arts and cultural activities	Childhood immunisation rates	Estimated proportion of residents living below the poverty line		Active transport
COVID-19 vaccination rates	Residents who agree is it a good thing for society to be made up of different cultures	Child developmental vulnerability	People sleeping rough who have not been offered accommodation		Climate anxiety
COVID-19 confirmed cases	Residents who recognise the importance of the relationship between Aboriginal and Torres Strait Islander people and other Australians	Dementia	People supported through a range of accommodation including long-term supportive and affordable housing		Number of trees planted
Crimes against property	Employment rate	Sexual health	Social and affordable housing units facilitated on CoM land		Natural disaster related deaths
Crimes against person	Unemployment rate	Life expectancy	Gini coefficient		CO2 emissions by source
Incidence of family violence with-AOD consumption	Youth unemployment rate	Self-reported health	Median house sale price		Area of native understorey habitat
AOD-related deaths	Complaints of discrimination	Birth weight	Annual income		Protected terrestrial natural areas
Sexual offences and assaults against women	Socio-economic advantage disadvantage (SEIFA)	Breastfeeding	Median weekly rent		Terrestrial native vegetation change from 2005
Noise complaints	Households with internet access	Maternal and child health consultations	Affordable rentals per annum		Invasive alien plant species of total plant pool
	Participation in learning	Kindergarten attendance	Residents living in social housing		
	Low income, welfare dependent families with children	Literacy and numeracy rates	Complaints relating to rooming houses		
	Women's participation in sports and active recreation	Residents who spend more than 8 hours sitting on an average day	Visitors to the municipality		
	Resident ever diagnosed with depression/anxiety	Residents who eat takeaway food more than once a week			
	Resident sought help for a mental health issue in the previous year	Residents who consume soft drinks daily			
	Voter participation	Preventative screening tests			
	Residents 65+ years living in lone household	Type 2 diabetes			
	Residents 65+ years needing assistance with core activities	Heart disease			
	Residents 65+ years with internet access	Hypertension			
		Asthma			
		Smoking during pregnancy			
		AOD hospitalisations			
		Dental health			
		Residents receiving aged pension			

Appendix C – Overview of Data Shifts since 2020



Public Health and Safety – Summary.

Overview of data shifts since 2020.

Indicator	Unit	Previous	Current	Change	Tracking
CoM rate of offences recorded in the municipality – ◇	Per 100,000 residents	19,871.5 (2020)	20,060.8 (2021)	+189.3	Up ●
Principal offence type in CoM - Other theft – ◇	Number	2,943 (2020)	3,098 (2021)	+155	Stable ●
Principal offence type in CoM - Public health and safety offence – ◇	Number	5,086 (2020)	2,790 (2021)	-2,296	Down ●
Principal offence location in CoM - Street / Lane / Footpath – ◇	Number	10,638 (2020)	9,025 (2021)	-1,613	Down ●
Principal offence suburb in CoM - Melbourne (CBD) – ◇	Number	20,618 (2020)	18,021 (2021)	-2,597	Down ●
CoM rate of violent crimes recorded in the municipality – ◇	Per 100,000 residents	2,424.4 (2020)	2,773.5 (2021)	+349.1	Up ●
CoM rate of stalking, harassment, and threatening behaviours offenses recorded in the municipality – ◇	Per 100,000 residents	280.8 (2020)	357.1 (2021)	+76.3	Up ●
CoM rate of crimes against property - excluding family violence related crime – ◇	Per 100,000 residents	6,614.8 (2020)	7,679.3 (2021)	+1,064.5	Up ●
CoM rate of crimes against property - family violence related crime – ◇	Per 100,000 residents	947.5 (2020)	1,123.0 (2021)	+175.5	Up ●
CoM rate of crimes against the person - excluding family violence related crime – ◇	Per 100,000 residents	1,493.8 (2020)	1,769.2 (2021)	+275.4	Up ●
CoM rate of crimes against the person - family violence related crime – ◇	Per 100,000 residents	1,069.4 (2020)	1,232.4 (2021)	+163.0	Up ●
CoM alcohol related assaults – high alcohol hours – ◇	Per 100,000 population	428.3 (FY2018)	320.5 (FY2020)	-107.8	Down ●
CoM alcohol related assaults – medium alcohol hours – ◇	Per 100,000 population	317.1 (FY2018)	297.1 (FY2020)	-20.0	Down ●
CoM alcohol related assaults – low alcohol hours – ◇	Per 100,000 population	758.4 (FY2018)	693.3 (FY2020)	-65.1	Down ●
CoM residents reporting feeling safe – during the day – §	%	86% (2020)	84% (2021)	-2%	Stable ●
CoM residents reporting feeling safe – at night – §	%	64% (2020)	59% (2021)	-5%	Down ●
CoM residents reporting feeling safe – during the day on public transport – §	%	81% (2020)	83% (2021)	+2%	Stable ●
CoM residents reporting feeling safe – at night on public transport – §	%	54% (2020)	52% (2021)	-2%	Stable ●
CoM female residents who report feeling safe walking alone in the municipality during the day and night – §	%	41% (2020)	36% (2021)	-5%	Stable ●
CoM male residents who report feeling safe walking alone in the municipality during the day and night – §	%	65% (2020)	63% (2021)	-2%	Stable ●
CoM female residents who report feeling safe on public transport in and around the municipality during the day and night – §	%	36% (2020)	32% (2021)	-4%	Stable ●
CoM male residents who report feeling safe on public transport in and around the municipality during the day and night – §	%	60% (2020)	59% (2021)	-1%	Stable ●
CoM family violence incidents – ◇	Per 100,000 population	968.1 (2020)	1,274.8 (2021)	+306.7	Up ●
CoM sexual offences against women – ◇	Per 100,000 population	390.6 (2020)	521.6 (2021)	+131.0	Up ●
CoM assault against women – ◇	Per 100,000 population	268.2 (2020)	242.7 (2021)	-25.5	Down ●

- Positive change
- No change
- Negative change
- N/A Data unavailable



Public Health and Safety – Summary (cont.).

Overview of data shifts since 2020.

Indicator	Unit	Previous	Current	Change	Tracking
The proportion of people affected by family violence who identify as women in CoM – ◇	%	N/A	75% (2021)	N/A	N/A
The proportion of people affected by family violence aged 25-34 years in CoM – ◇	%	N/A	24% (2021)	N/A	N/A
Family violence attributed to definite or possible alcohol consumption in CoM – ◇	Per 100,000 population	202.3 (FY2019)	176.3 (FY2020)	-26.0	Down
Alcohol and other drug related deaths in CoM – ◇	Per 100,000 population	72.1 (2019)	N/A	N/A	N/A
Noise complaints in CoM – ◇	Number	1,831 (2020)	556 (2021)	-1,275	Down
Transport-related injuries and fatalities in CoM – ◇	Number	678 (2019)	899 (2020)	+221	Up
CoM infectious disease events – ◇	Per 100,000 population	3,247.1 (2019)	2,381.8 (2021)	-865.3	Down
Confirmed cases of COVID-19 in CoM – ◇	Number	4,982 (2021)	48,069 (June 2022)	+43,087	Up
COVID-19 vaccination progress – CoM residents (2 doses)	%	N/A	74% (2022)	N/A	N/A
COVID-19 vaccination progress – CoM residents (3 doses)	%	N/A	72% (2022)	N/A	N/A
COVID-19 vaccination progress – CoM Aboriginal residents (2 doses)	%	N/A	86% (2022)	N/A	N/A
COVID-19 vaccination progress – CoM Aboriginal residents (3 doses)	%	N/A	69% (2022)	N/A	N/A
CoM residents experiencing long-term health condition(s)	%	N/A	14% (2021)	N/A	N/A

- Positive change
- No change
- Negative change
- N/A Data unavailable



Mental Wellbeing & Inclusion – Summary.

Overview of data shifts since 2020.

Indicator	Unit	Previous	Current	Change	Tracking
CoM resident satisfaction with feeling part of the community – §	%	66% (2020)	65% (2021)	-1%	Stable
CoM resident subjective wellbeing – Personal Wellbeing Index – §	%	72 (2020)	70 (2021)	-2%	Stable
Total CoM Personal Wellbeing Index – §	%	69 (2020)	69 (2021)	0	Stable
CoM residents reporting high/very high psychological distress – ◇	%	18% (2017)	22% (2020)	+4%	Up
Suicide – Average ASR – ◇	Per 100,00 population	8.9 (2019)	9.2 (2020)	+0.3	Stable
CoM residents reporting high/very high psychological distress – ◇	%	18% (2017)	22% (2020)	+4%	Up
CoM Residents diagnosed experiencing a long-term mental health condition – ◇	%	N/A	8% (2020)	N/A	N/A
CoM Residents diagnosed with anxiety or depression – ◇	%	22% (2017)	N/A	N/A	N/A
CoM Residents diagnosed with anxiety or depression – women – ◇	%	24% (2017)	N/A	N/A	N/A
CoM Residents diagnosed with anxiety or depression – men – ◇	%	20% (2017)	N/A	N/A	N/A
CoM Residents reporting seeking help for a mental health issue in the previous year – ◇	%	15% (2017)	N/A	N/A	N/A
CoM Residents reporting seeking help for a mental health issue in the previous year – women – ◇	%	15% (2017)	N/A	N/A	N/A
CoM Residents reporting seeking help for a mental health issue in the previous year – men – ◇	%	15% (2017)	N/A	N/A	N/A
CoM resident participation in volunteering – §	%	37% (2020)	31% (2021)	-6%	Down
CoM resident participation in volunteering within the City of Melbourne – §	%	23% (2020)	18% (2021)	-5%	Down
CoM resident participation in arts and cultural activities – §	%	18% (2020)	16% (2021)	-2%	Stable
CoM resident participation in arts and cultural activities within the City of Melbourne – §	%	15% (2020)	13% (2021)	-2%	Stable
CoM resident participation in activities that influenced government decision-making – §	%	52% (2020)	50% (2021)	-2%	Stable
CoM resident participation in arts and cultural activities within the City of Melbourne – §	%	15% (2020)	13% (2021)	-2%	Stable
Participation in specific engagement activities on panel to address issues in CoM – §	%	61% (2017)	58% (2020)	-3%	Stable
Voter participation in CoM – ◇	%	67% (2019)	N/A	N/A	N/A
CoM residents' participation in lifelong learning in activities in the municipality – §	%	69% (2020)	63% (2021)	-6%	Down
CoM residents who agree it is a good thing for society to be made up of different cultures – §	%	96% (2020)	95% (2021)	-1%	Stable
CoM residents who agree the relationship between Aboriginal and Torres Strait Islander people and other Australians is important – §	%	95% (2020)	97% (2021)	+2%	Up
CoM Resident ability to demonstrate understanding of Melbourne's Aboriginal heritage and culture – §	%	7% (2017)	6% (2020)	-1%	Stable
CoM unemployment rate – ◇	%	3.6% (2019)	5.4% (2021)	+1.8	Up

- Positive change
- No change
- Negative change
- N/A Data unavailable



Mental Wellbeing & Inclusion – Summary (cont.).

Overview of data shifts since 2020.

Indicator	Unit	Previous	Current	Change	Tracking
CoM youth unemployment rate – ◇	%	8.5% (2019)	11.8% (2020)	+3.3%	Up
CoM overall SEIFA decile – ◇	Number	7 (2016)	N/A	N/A	N/A
Residents estimated to be living below the poverty line	%	25% (2016)	N/A	N/A	N/A
CoM low-income, welfare dependent household with children	%	2.7% (2016)	N/A	N/A	N/A
CoM Households where at least one person is accessing internet	%	90% (2016)	N/A	N/A	N/A
CoM households without internet access	%	10% (2016)	N/A	N/A	N/A
CoM Residents needing assistance with core activities – ◇	%	1.7% (2016)	2.3% (2021)	+0.6%	Stable
CoM Residents aged 65+ years with internet access	%	92% (2016)	N/A	N/A	N/A
CoM Residents aged 65+ years needing assistance with core activities – ◇	%	18% (2016)	17% (2021)	-1%	Stable
CoM Residents aged 65+ years living in a lone household	%	19% (2016)	N/A	N/A	N/A

- Positive change
- No change
- Negative change
- N/A Data unavailable



Healthy and Sustainable Lifestyles – Summary.

Overview of data shifts since 2020.

Indicator	Unit	Previous	Current	Change	Tracking
Fully vaccinated 12-<15 month olds in CoM – ◇	%	91% (2019)	93% (2021)	+2%	Stable
Fully vaccinated 24-<27 month olds in CoM – ◇	%	85% (2019)	91% (2021)	+6%	Stable
Fully vaccinated 60-<63 month olds in CoM – ◇	%	89% (2019)	89% (2021)	0%	Stable
Maternal smoking during pregnancy in CoM	%	3.6% (2017)	N/A	N/A	N/A
Kindergarten attendance in CoM – ◇	%	74% (2017)	29% (2017)	-45%	Down
Low-birth weight of baby in CoM	%	6.1% (2018)	N/A	N/A	N/A
CoM children attending 3.5 years and final stage visits	%	64% (2017)	N/A	N/A	N/A
Babies fully or partially breast feeding at 3 months in CoM	%	78% (2018)	N/A	N/A	N/A
Babies fully or partially breast feeding at 6 months in CoM	%	63% (2018)	N/A	N/A	N/A
Children attended their 3.5 years and final stage maternal and child health visits	%	64% (2017)	N/A	N/A	N/A
Children vulnerable in one or more domain in CoM – ◇	%	21% (2018)	21% (2021)	0%	Stable
Children vulnerable in emotional maturity domain in CoM – ◇	%	8% (2017)	7% (2021)	-1%	Stable
Children vulnerable in physical health and wellbeing domain in CoM – ◇	%	8% (2017)	11% (2021)	+3%	Stable
Children vulnerable in language and cognitive skills domain in CoM – ◇	%	5% (2017)	6% (2021)	+1%	Stable
Children vulnerable in communication domain in CoM – ◇	%	11% (2017)	10% (2021)	-1%	Stable
Children vulnerable in social domain in CoM – ◇	%	9% (2017)	10% (2021)	+1%	Stable
Students achieving the national benchmark in literacy in CoM – Year 3	%	96% (2019)	N/A	N/A	N/A
Students achieving the national benchmark in literacy in CoM – Year 5	%	98% (2019)	N/A	N/A	N/A
Students achieving the national benchmark in literacy in CoM – Year 7	%	97% (2019)	N/A	N/A	N/A
Students achieving the national benchmark in literacy in CoM – Year 9	%	96% (2019)	N/A	N/A	N/A
Students achieving the national benchmark in numeracy in CoM – Year 3	%	97% (2019)	N/A	N/A	N/A
Students achieving the national benchmark in numeracy in CoM – Year 5	%	99% (2019)	N/A	N/A	N/A
Students achieving the national benchmark in numeracy in CoM – Year 7	%	97% (2019)	N/A	N/A	N/A
Students achieving the national benchmark in numeracy in CoM – Year 9	%	98% (2019)	N/A	N/A	N/A
Growth in spending on electronic gambling machine in CoM – ◇	\$ million	84.5 (2019)	41.5 (2021)	-43.0	Down
Ambulance attendances for alcohol and other drug use in CoM – ◇	Per 100,000 residents	1,617.8 (FY2018)	1,103.6 (FY2021)	-514.2	Down
Hospital admissions for alcohol and other drug use in CoM – ◇	Per 100,000 residents	989.74 (FY2018)	797.98 (FY2020)	-191.76	Down
CoM Self-reported health – excellent or very good – §	%	61% (2020)	48% (2021)	-13%	Down

- Positive change
- No change
- Negative change
- N/A Data unavailable



Healthy and Sustainable Lifestyles – Summary (cont.)

Overview of data shifts since 2020.

Indicator	Unit	Previous	Current	Change	Tracking
Resident self-reported excellent or very good dental health in CoM	%	42% (2017)	N/A	N/A	N/A
CoM resident avoided or delayed visiting a dentist due to cost	%	23% (2017)	N/A	N/A	N/A
Residents who are daily smokers in CoM – ◇	%	4% (2017)	8% (2020)	+4%	Up
Residents who are occasional smokers in CoM – ◇	%	5% (2017)	5% (2020)	+0%	Stable
People reporting overweight and obesity in CoM – ◇	%	39% (2017)	36% (2020)	-3%	Stable
Residents engaging with the recommended amount of physical activity in CoM – §	%	47% (2020)	48% (2021)	+1	Stable
CoM resident participation in organised physical activity – §	%	20% (2020)	15% (2021)	-5%	Down
Women’s participation in sports and active recreation in the CoM – §	%	56% (2020)	59% (2021)	+3%	Stable
CoM resident spend more than 8 hours sitting in an average day	%	22% (2017)	N/A	N/A	N/A
CoM residents ate takeaway food more than once a week	%	17% (2017)	N/A	N/A	N/A
CoM residents consumed soft drinks daily	%	12% (2017)	N/A	N/A	N/A
Residents who meet the minimum recommended daily consumption of fruit and vegetables in CoM – §	%	7% (2020)	4% (2021)	-3%	Down
Chlamydia notifications in CoM – ◇	Per 100,000 residents	1,149.7 (2019)	1,093.6 (2021)	-56.1	Stable
Syphilis notifications in CoM – ◇	Per 100,000 residents	174.3 (2019)	175.0 (2021)	+0.7	Stable
Gonorrhoea notifications in CoM – ◇	Per 100,000 residents	568.8 (2019)	641.7 (2021)	+72.9	Up
Hepatitis B notifications in CoM – ◇	Per 100,000 residents	77.1 (2019)	60.8 (2021)	-16.3	Down
HIV notifications in CoM – ◇	Per 100,000 residents	24.3 (2019)	16.2 (2021)	-8.1	Down
Tuberculosis notifications in CoM – ◇	Per 100,000 residents	15.5 (2019)	18.9 (2021)	+3.4	Stable
Malaria notifications in CoM – ◇	Per 100,000 residents	2.7 (2019)	1.4 (2021)	-1.3	Stable
CoM Residents diagnosed with chronic health condition - Asthma	%	N/A	6% (2021)	N/A	N/A
CoM Residents diagnosed with chronic health condition - Arthritis	%	N/A	3% (2021)	N/A	N/A
CoM Residents diagnosed with chronic health condition - Diabetes	%	N/A	2% (2021)	N/A	N/A
CoM Residents diagnosed with chronic health condition – Heart Disease	%	N/A	2% (2021)	N/A	N/A
CoM resident had a blood pressure test in the previous two years	%	79% (2017)	N/A	N/A	N/A
CoM resident had a blood lipid test in the previous two years	%	53% (2017)	N/A	N/A	N/A
CoM resident had a blood glucose test in the previous two years	%	44% (2017)	N/A	N/A	N/A
CoM resident had a bowel exam in the previous five years	%	40% (2017)	N/A	N/A	N/A
Residents living with dementia in CoM – ◇	number	971 (2017)	1,243 (2021)	+272	Up
CoM resident life expectancy	number	84.4 (2017)	NA	NA	NA
CoM residents receiving Age Pension – ◇	number	3,386 (2019)	3,510 (2020)	+124	Up

- Positive change
- No change
- Negative change
- N/A Data unavailable



Housing and Homelessness – Summary.

Overview of data shifts since 2020.






Indicator	Unit	Previous	Current	Change	Tracking
CoM residents experiencing homelessness	per 100,000	404.5 (2016)	N/A	N/A	N/A
CoM residents living in overcrowded houses	per 100,000	1,350.5 (2016)	N/A	N/A	N/A
CoM people sleeping rough – ◇	number	N/A	74 (2021)	N/A	N/A
CoM residents living in social housing – ◇	%	4.9% (2016)	3.5% (2016)	-1.4%	Stable ●
CoM residents estimated to live below the poverty line	%	25% (2016)	N/A	N/A	N/A
CoM residents experiencing housing stress	%	30% (2016)	N/A	N/A	N/A
CoM people in COVID-19 emergency housing, community rooming houses, transitional housing, or other accommodation	number	N/A	200 (2021)	N/A	N/A
CoM people with unknown housing support	number	N/A	23 (2021)	N/A	N/A
Minimum shortfall in affordable and social housing in the CoM projected by 2036	number	16,900 (2019)	N/A	N/A	N/A
Number of CoM projects that have affordable housing units available	number	N/A	144 (2021)	N/A	N/A
Median house sale price in CoM – ◇	Dollar	\$1,330,000 (2019)	\$1,450,000 (2020)	+\$120,000	Up ●
Median incomes in CoM	Dollar	\$47,429 (2018)	N/A	N/A	N/A
Homeowners experiencing stress – ◇	%	35% (2016)	38% (2021)	+3%	Stable ●
Median weekly rent in CoM – ◇	Dollar	\$420 (2020)	\$365 (2021***)	-\$55	Down ●
Average proportion of affordable rent per annum – ◇	%	1.2% (2020)	2.6% (2021***)	+1.4%	Up ●
Renters experiencing stress – ◇	%	5% (2016)	21% (2021)	+16%	Up ●
CoM P80/20 income inequality – ◇	number	7.29 (2017)	6.84 (2018)	-0.45	Down ●
Gini Coefficient in CoM	number	0.56 (2018)	N/A	N/A	N/A
CoM complaints relating to rooming houses – ◇	number	168 (FY2019)	17 (FY2021)	-151	Down ●
Visitors to the CoM – ◇	number in millions	15.86 (FY2019)	4.59 (FY2021)	-11.27	Down ●




- Positive change
- No change
- Negative change
- N/A Data unavailable



Food Security – Summary.

Overview of data shifts since 2020.

Indicator	Unit	Previous	Current	Change	Tracking
CoM Residents reporting food insecurity – §	%	33% (2020)	33% (2021)	-	Stable 
CoM Residents worried food would run out – §	%	26% (2020)	27% (2021)	+1%	Stable 
CoM Residents skipped meals – §	%	19% (2020)	22% (2021)	+3%	Stable 
CoM Residents ran out of food – §	%	18% (2020)	19% (2021)	+1%	Stable 
CoM Residents reporting food insecurity – 18-24 years	%	N/A	50% (2021)	N/A	N/A
CoM Residents reporting food insecurity – 25-34 years	%	N/A	33% (2021)	N/A	N/A
CoM Residents reporting food insecurity – 35-44 years	%	N/A	17% (2021)	N/A	N/A
CoM Residents reporting food insecurity – 45-54 years	%	N/A	18% (2021)	N/A	N/A
CoM Residents reporting food insecurity – 55-64 years	%	N/A	32% (2021)	N/A	N/A
CoM Residents reporting food insecurity – 65+ years	%	N/A	2% (2021)	N/A	N/A
CoM Residents reporting food insecurity – LOTE	%	N/A	39% (2021)	N/A	N/A
CoM Residents reporting food insecurity – English Only	%	N/A	27% (2021)	N/A	N/A
CoM Residents reporting food insecurity – Employed full-time	%	N/A	17% (2021)	N/A	N/A
CoM Residents reporting food insecurity – Employed part-time / casual	%	N/A	45% (2021)	N/A	N/A
CoM Residents reporting food insecurity – Unemployed	%	N/A	42% (2021)	N/A	N/A
CoM Residents reporting food insecurity – Student	%	N/A	50% (2021)	N/A	N/A
CoM Residents produced and/or preserved and consumed own food – §	%	65% (2020)	62% (2021)	-3%	Stable 

-  Positive change
-  No change
-  Negative change
- N/A Data unavailable



Health Impacts of Climate Change – Summary.

Overview of data shifts since 2020.

Indicator	Unit	Previous	Current	Change	Tracking
CoM PM _{2.5} Concentration* – ◇	µg/m ³	8.3 (2017)	8.2 (2020)	-0.1	Stable ●
CoM PM ₁₀ Concentration* – ◇	µg/m ³	16.2 (2017)	17.0 (2020)	+0.8	Up ●
CoM NO ₂ (Nitrogen Dioxide) Concentration* – ◇	ppb	19.9 (2017)	7.2 (2020)	-12.7	Down ●
CoM SO ₂ (Sulfur dioxide) Concentration* – ◇	ppb	1.1 (2017)	0.5 (2020)	-0.6	Down ●
CoM O ₃ (Ozone) Concentration* – ◇	ppm	29.6 (2017)	17.3 (2020)	-12.3	Down ●
CoM Greenhouse gas emissions – ◇	tonnes / resident	27.2 (2019)	22.5 (2020)	-4.7	Down ●
CO ₂ emissions by natural gas in CoM – ◇	tCO ₂ e million	3.21 (2019)	2.61 (2020)	-0.60	Down ●
CO ₂ emissions by electricity in CoM – ◇	tCO ₂ e million	0.39 (2019)	0.32 (2020)	-0.07	Down ●
CoM natural disaster related deaths – ◇	per 100,000 residents	0 (2019)	0 (2021)	0	Stable ●
CoM Heat vulnerability	index	2 (2018)	N/A	N/A	N/A
Central District heat health alerts – ◇	number	8 (2019)	2 (2021)	-6	Down ●
CoM Resident main mode of transport – Bicycle – ◇	%	3% (2018)	N/A	N/A	N/A
CoM Resident main mode of transport – Walking – ◇	%	37% (2018)	N/A	N/A	N/A
CoM Resident main mode of transport – Private vehicle – ◇	%	38% (2018)	N/A	N/A	N/A
CoM Resident main mode of transport – Public transport – ◇	%	19% (2018)	N/A	N/A	N/A
CoM Resident main mode of transport – Other – ◇	%	2% (2018)	N/A	N/A	N/A
CoM Number of registered private vehicles	number	56,419 (2018)	69,618 (2021)	+13,199	Up ●
CoM Public realm tree canopy coverage – ◇	%	23.7% (2019)	23.3% (2021)	-0.4%	Stable ●
Trees planted in CoM – ◇	number	3,053 (2020)	2,941 (2021)	-112	Down ●
Native understorey habitat in the CoM public realm – ◇	m ²	388,497 (2020)	472,899 (2021)	+84,402	Up ●
Victorians who thought about how their health is affected by climate change	%	N/A	10% (2020)	N/A	N/A
Victorians recognise their health is one of the main ways they are likely to be affected by climate change	%	N/A	58% (2020)	N/A	N/A
Victorians living in public housing say they had to leave their home due to extreme heat or cold	%	N/A	45% (2020)	N/A	N/A
Main feelings when Victorians think about climate change – Frustration	%	N/A	75% (2020)	N/A	N/A
Main feelings when Victorians think about climate change – Sadness	%	N/A	72% (2020)	N/A	N/A
Main feelings when Victorians think about climate change – Powerless / Despair	%	N/A	70% (2020)	N/A	N/A
Main feelings when Victorians think about climate change – Outrage / Fear	%	N/A	67% (2020)	N/A	N/A
New vehicles should meet strict environment standards to ensure cleaner air and lower greenhouse gas emissions – agreement among Victorians	%	N/A	71% (2020)	N/A	N/A
It's cheaper to act on climate change now than to pay the price later – agreement among Victorians	%	N/A	67% (2020)	N/A	N/A
Victorians should be encouraged and incentivised to shift to low emissions vehicles – agreement among Victorians	%	N/A	57% (2020)	N/A	N/A
Local government should be leading action on the issue of health and climate change – agreement among Victorians	%	N/A	52% (2020)	N/A	N/A

- Positive change
- No change
- Negative change
- N/A Data unavailable

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