



WARRNAMBOOL
CITY COUNCIL

Warrnambool - A Healthy City

2017 - 2021



www.warrnambool.vic.gov.au/healthandwellbeing

Connect to Council





1. INTRODUCTION

Councils are required to develop a health and wellbeing plan every four years. Whilst Council has an obligation to prepare the plan, achieving better health and wellbeing outcomes for Warrnambool’s community is a shared responsibility. Improving outcomes relies on collective and sustained effort from a range of partners, including all levels of government, non-government organisations, businesses, health professionals, communities, families and individuals.

An extensive process to develop “Warrnambool – A Healthy City” in 2013 confirmed the priority health and wellbeing issues to be addressed over time. Based on a review of health and wellbeing data, policy and feedback received from the local community, the existing long term priorities remain unchanged, and action on “other drugs” has been added in this iteration.

For more information about local health and wellbeing data, community engagement learnings and policy context refer to:

Appendix 1 – Health & Wellbeing Profile 2017

Appendix 2 - Health & Wellbeing Engagement Learnings Comparison Report: 2013 v 2017.

Appendix 3 – Health & Wellbeing Policy Review July 2017

2. THE PRIORITY ISSUES

The plan developed in 2013 endorsed the following issues as the priorities to be addressed. These continue to align with state policy and local priorities and so remain in 2017 – 2021. Both the policy review and community engagement learnings undertaken to inform the new plan, suggest that “other drugs” should be added to the priorities and this issue is now included.

- Physical activity
- Healthy eating
- Harmful use of alcohol & other drugs
- Smoking
- Violence against women and children
- Mental (social & emotional) wellbeing
- Access to programs and services
- Educational attainment and life-long learning
- Employment (economic participation)

3. The 2017 – 2021 Plan

Warrnambool – A Healthy City 2017-2021 builds on the foundations of the 2013-17 plan but has been strengthened to better integrate with and measure effort across the community. The previous plan’s goals, objectives and strategies have been revised to better align with other plans and initiatives; and importantly, include new measures to show how progress will be reported over time.

The revised Health and Wellbeing Plan for 2017-2021 includes relevant measures from the ‘Victorian Public Health and Wellbeing Outcomes Framework’, which has been adopted by the State Government to monitor the progress of longer term public health outcomes at a State level. In addition, measures from Council’s Health and Wellbeing Survey have also been included.

It can take many years, or even decades to see improvements at a population level. The Warrnambool community’s performance against these new measures will be assessed in 2021.

Warrnambool – A Healthy City 2017-2021 follows:

1. SUPPORT HEALTHY LIFESTYLES

Goal	Objectives	Strategy	Partners ¹	Plans / Initiatives	Measures	2017 ² baseline
	i. Increase healthy eating	a Improve access to and promote consumption of healthier food	WCC AZ/ARC SWPCP SW Healthcare Schools WCG SWS Wannon Water ACCHOs	Council Plan SWPCP & SW Healthcare's IHPs WCC Early Years Improvement Plans CONNECT Warrnambool Stephanies kitchen Garden Program @WCC Meals on Wheels - WCC	<ul style="list-style-type: none"> Proportion of adults who consume: <ul style="list-style-type: none"> sufficient fruit and vegetables sugar-sweetened beverages daily (Victorian Population Health Survey) 	46% 13.1%
	ii. Increase active living	a Increase opportunities and encourage people to participate in active travel, sport and active recreation b Create safe, convenient, inclusive and accessible places which encourage physical activity c Ensure that the built environment supports and encourages active living d Adopt policies that support healthy built environments	WCC AGC AZ/ARC SWPCP SW Healthcare Schools WCG SWS	Council Plan WCC's Active Warrnambool Strategy WCC's Municipal Strategic Statement & Local Planning Policies WCC Open Space Strategy & Site specific Masterplans/ Projects WCC Disability Access and Inclusion Policy WCC Disability Action Plan WCC Community Services Infrastructure Plan & Policy WCC Road Users Plan WCC Asset Management Strategy AquaZone 2025 Strategy WCC Healthy Moves (Walk to School) CONNECT Warrnambool Warrnambool Walks	<ul style="list-style-type: none"> Proportion of adults who: <ul style="list-style-type: none"> Are sufficiently physically active Sit for more than 7 hours on an average weekday (Victorian Population Health Survey) Proportion of residents who used public transport, walked or rode a bike to work (2011 ABS Census). Proportion of local people who state that the availability of facilities to play sport and be active is excellent or good (WCC Survey). Proportion of local people who indicated their main reason for being physically active was for transport or 'to get around' (WCC Survey) Proportion of local people who say that lack of physical activity is the thing that worries them most about their own health (WCC Survey) 	65.7% 3.9% 5.5% 79.6% 16.6% 7%
	iii. Reduce harm from alcohol & other drugs	a Increase alcohol-free environments and events Promote a safer drinking culture b Support drug and alcohol education and 'first aid' in schools and community	WCC WRAD GSC Regional Justice Reference Group (RJRG) Schools ACCHOs	WCC's Events Strategy RJRG Alcohol Prevention Strategy 'Lookout' Rehabilitation Facility Project Communities that care - Stage 2	<ul style="list-style-type: none"> Proportion of adults who consume alcohol at increased lifetime risk of harm (Victorian Population Health Survey) Proportion of local people who say that alcohol consumption is the thing that worries them most about their own health (WCC Survey) Proportion of local people who say that they are very concerned about their friend's/family's use of illicit drugs. (WCC Survey) 	71.8% 2% 33%
	iv. Reduce smoking	a Reduce exposure to second hand smoke and smoking through smoke free areas	WCC SW Healthcare Sporting Clubs ACCHOs	WCC's Smoke-free Outdoors Policy	<ul style="list-style-type: none"> Proportion of adults who smoke daily (Victorian Population Health Survey) Proportion of local people who say that smoking is the thing that worries them most about their own health (WCC Survey) 	9.7% 2%

2. INCREASE PARTICIPATION, CONNECTION, EQUITY, ACCESS AND INCLUSION

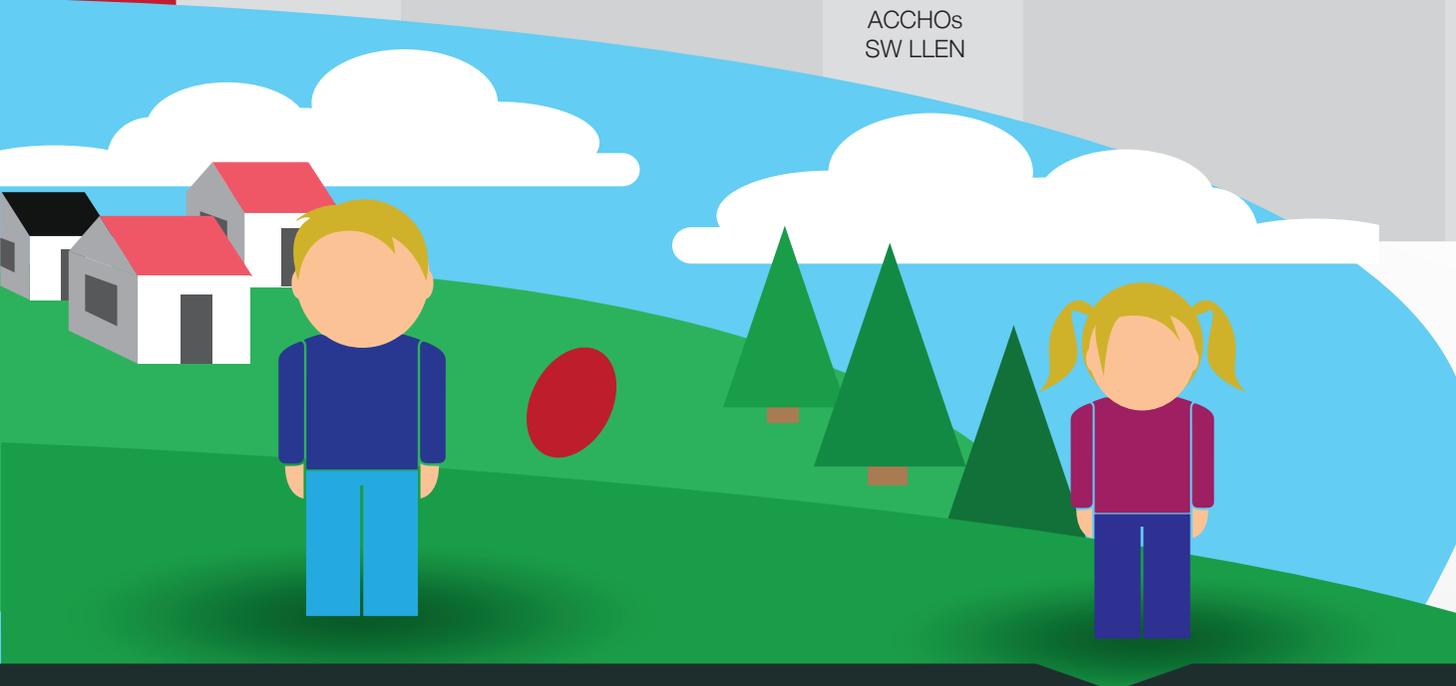
Goal	Objectives	Strategies	Partners ¹	Plans/ Initiatives	Measures	2017 ² baseline
	i. Improve mental health & resilience	<p>a Increase opportunities for all people to participate in and feel connected to their community</p> <p>b Increase awareness of the protective factors which positively impact people's mental health</p> <p>c Support and encourage community resilience</p>	<p>WCC WAG/LHT AGC AZ/ARC SWPCP DHHS Lifeline Rural Access WCG Schools ACCHOs</p>	<p>Council Plan WCC Events Strategy WCC Disability Access and Inclusion Policy WCC Disability Action Plan WCC Community Programs WCC Climate Change Action Plan WCC Environmental Sustainability Strategy WCC Membership of Alliance for Gambling Reform WCC Gaming Policy Connect Warrnambool Warrnambool Walks WCC Active Hub Events "The Neighbourhood Project" WCG Events & Activities "Fight for your Life" Suicide Prevention Initiative</p>	<ul style="list-style-type: none"> Proportion of adults who belong to an organised sports/ religious/school/professional/ other group. <i>(Victorian Population Health Survey – Social Capital Report 2012)</i> Proportion of adults who attended a community event in the last 12 months <i>(Victorian Population Health Survey – Social Capital Report 2012)</i> Proportion of residents who say that their: <ul style="list-style-type: none"> - work/life balance; - mental health; or - loneliness is the thing that worries them most about their own health (WCC Survey). Proportion of residents who agree or strongly agree that they 'know their neighbours.' (WCC Survey). 	<p>37.1%</p> <p>24.6%</p> <p>15.2%</p> <p>24.6%</p> <p>67.5%</p> <p>18%</p> <p>12%</p> <p>3%</p> <p>57%</p>
	ii. Reduce prevalence and impact of family violence	<p>a Create safe, respectful and equitable workplaces, sporting clubs and public places</p> <p>b Undertake initiatives which raise awareness, promote gender equity and aim to reduce the prevalence of family violence</p>	<p>WCC WHWBBSW Schools Victoria Police ACCHOs</p>	<p>Council Plan GSC Prevention of Violence Against Women & Children Strategy Active Warrnambool Strategy CONNECT Warrnambool Baby Makes 3+</p>	<ul style="list-style-type: none"> Proportion of women/men who say they feel safe on the streets in their neighbourhood at night (WCC Survey). Rate of reported family violence incidents (Victoria Police). 	<p>Women: 40%</p> <p>Men: 70%</p> <p>20.5 incidents per 1000 people</p>



Goal	Objectives	Strategies	Partners ¹	Plans/ Initiatives	Measures	2017 ² baseline
	iii. Improve access and inclusion	<p>a Improve access to services and programs that support health and wellbeing of all residents</p> <p>b Improve access to places and infrastructure (environments) that support health and wellbeing of all residents</p> <p>c Encourage support for diversity</p>	<p>WCC WAG/LHT AGC AZ/ARC DHHS SWPCP SW Healthcare Schools WCG ACCHOs</p>	<p>Council Plan WCC Active Warrnambool Strategy WCC Municipal Strategic Statement & Local Planning Policies WCC Open Space Strategy & Site specific Masterplans/Projects WCC Disability Access and Inclusion Policy WCC Disability Action Plan WCC Community Services Infrastructure Plan & Policy WCC Road Users Plan WCC Asset Management Strategy AquaZone 2025 Strategy CONNECT Warrnambool SW PCP's Better Access to Services Initiatives</p>	<ul style="list-style-type: none"> Proportion of residents who state that: <ul style="list-style-type: none"> - doctors and other health services; 89% - services to support older people remain in their own home; 57% -services for young children (ie immunisations, maternal child & health; 74% -community services in general; 75% (WCC Survey) Proportion of residents who state that access to: <ul style="list-style-type: none"> - good quality open space; 82% - arts, cultural activities, and groups; 58% - walking and cycling infrastructure; is excellent or very good. 65% (WCC Survey) Proportion of adults who thought multi-culturalism definitely made life in their area better. 44.3% (Victorian Population Health Survey) Proportion of residents who state that people in Warrnambool are accepting of people of different ethnic cultures; religious backgrounds; and sexual orientation. 51% (WCC Survey) 	



Goal	Objectives	Strategies	Partners ¹	Plans/ Initiatives	Measures	2017 ² baseline
3. IMPROVE EDUCATIONAL AND ECONOMIC OUTCOMES	i. Support economic participation	a	Increase activities to identify, create and support local employment opportunities	WCC SW TAFE SW LLEN RDV GSC Regional Partnership	Council Plan WCC Economic Development Strategy GSC Food & Fibre Strategy (Hi) TECH School @ SW TAFE	<ul style="list-style-type: none"> Unemployment rate (ABS) 4.97% (March 2017) Proportion of young people (17-24) who are engaged in full time education or work (Census) 87.7% (2011) Proportion of residents who state employment opportunities AND employment opportunities for young people (< 20 yrs) are easily accessible or accessible (WCC Survey). 47% 31%
	ii. Support and promote educational attainment & lifelong learning	a	Decrease developmental vulnerability in children	Beyond the Bell Inc.	Council Plan	Proportion of children at school entry who are developmentally vulnerable on one or more domains (AEDC) 18.3%
		b	Work collectively to support improvement of educational attainment rates	WCC DHHS SWPCP Schools	Beyond the Bell Regional and Local Action plans WCC Early Years Improvement Plans WCC Community Services Infrastructure Plan & Policy	Proportion of Year 9 students at the highest level of achievement in maths and reading (NAPLAN) TBC
		c	Improve access to opportunities for lifelong learning	SW TAFE Deakin Uni ACCHOs SW LLEN	New Shared Library Project	Year 12 or equivalent achievement rates * (ABS Census) TBC Proportion of residents who state opportunities to: - complete tertiary qualifications at university; 39% - learning opportunities for mature aged students; 43% - classes and programs for older people; are easily accessible or accessible. (WCC Survey). 36%



¹For more detail on Partners please refer to section 5 overleaf.

²Baseline Data:

red = worse since 2013;
green = improved since 2013;
black = no significant change since 2013
TBC – to be confirmed – awaiting availability of current data

Note: 2011 ABS Census data will be updated with 2016 data when released.

4. THE PLAN'S FOCUS

Some initiatives to address the Plan's priorities will have a whole-of-population focus. However in many cases, action will be targeted to the people and places where it will make the biggest difference. This may be among specific groups in the community or during particular life stages where the greatest opportunity to improve the long-term health of Warrnambool's residents exists.

Who?

- Children and families
- Young people
- Older people
- People with a disability
- Aboriginal people
- Culturally & Linguistically Diverse (CALD) people
- Lower socio-economic groups
- LGBTIQ People
- Lone Person households
- Homeless People
-

Where?

- Workplaces
- Schools & Early Years services
- Sport and recreation clubs
- Community programs
- Arts & cultural settings
- Neighbourhoods (Place-based)
- Public Open Space

5. WHO ARE PARTNERS IN THIS PLAN?

Council has a responsibility to lead the development of this plan, however taking action to address the plan's priorities and goals are undertaken in collaboration with many organisations and the community.

Warrnambool – A Healthy City, was developed by Warrnambool City Council (WCC) however the delivery of

strategies and actions to address priorities will be in partnership with:

- Council Services & Facilities: Early Years Services (EYS), Art Gallery (WAG), Lighthouse Theatre (LHT), Archie Graham Community Centre (AGC), AquaZone (AZ), Warrnambool Stadium (ARC), Rural Access, ect.
- South West Primary Care Partnership (SWPCP)
- Women's Health and Wellbeing - Barwon South West (WHWBBSW)
- South West Healthcare (SW Healthcare)
- State Government
 - Dept Health & Human Services (DHHS)
 - Dept Education & Training (DET)
 - Dept Environment, Land, Water & Planning (DELWP)
 - Regional Development Victoria (RDV)
- Gunditjmara Aboriginal Co-operative/ Local Aboriginal Network members (ACCHOs)
- Beyond the Bell Great South Coast (Beyond the Bell)
- South West Sport (SWS)
- Lifeline South West Vic (Lifeline)
- Warrnambool Community Garden (WCG)
- Local Primary and Secondary Schools (Schools)
- Victoria Police (VicPol)
- Deakin University (Deakin Uni)
- South West TAFE (SW TAFE)
- South West Local Learning & Employment Network (SW LLEN)
- Western Victoria Primary Health Network (PHN)
- Western Region Alcohol and other Drug Centre (WRAD)
- Great South Coast Regional Justice Reference Group (RJRG)
- Great South Coast Regional Partnership (RJRP)
- Wannon Water (WW)

These organisations, networks, and the agencies they represent, along with many other community groups, clubs and organisations, will take action individually and in partnership, that address to the Plan's objectives.

6. Tracking the Plan's Progress

The Plan's progress will be assessed against the measures identified. Each partner to the plan will be asked to report on the efforts/actions of their organisation to address the plan's objectives, as guided by their own strategic plans, goals and resources. These outcomes will be reported at the end of the plan's term (ie 2021).



**Appendix One:
2017 vs 2013**

**HEALTHY
LIFESTYLES**



Encourage healthy eating

Not meeting fruit or vegetable guidelines:
46% (down from 53.1%)¹
Drinks soft drink daily: **13.1%** (up from 10.3%)²



Encourage sufficient physical activity

Getting enough physical activity: **65.7%** (up from 58.3%)¹
Sedentary behavior: **3.9%** (down from 5.3%)¹



Prevent harm from alcohol

High-risk drinkers at risk of short term harm:
47.2% (down from 53.6%)¹



Reduce tobacco use

Current smokers:
9.7%* (down from 11.4% 2011 & 21.4% 2008)¹
*note small sample

**ACCESS, EQUITY,
SAFETY AND
INCLUSION
FOR ALL**



Promote mental wellbeing

Mental health clients:
31.5 per 1000 people (up from 29.5)²



Prevent violence against women and children

Family violence incidents reported to police:
18.9 per 1000 people (up from 12.2)³



Improve the accessibility and equity of programs and services

People reporting excellent or very good health: **52.6%** (up from 48.7%)⁴
Access to General Practitioners:
1.6 GPs per 1000 people (up from 1.04)²
Emergency Department visits:
514.6 per 1000 people (up from 510)²

**ACCESS TO
ECONOMIC
RESOURCES**



Promote economic participation

Referrals to VolunteerConnect by CentreLink: n= **51** (up from 41)⁵
Labour force participation rate:
–No new data available (61%)⁶



Improve educational attainment

Prep children vulnerable on two or more domains:
8% (up from 7.5%)
20-24 year olds completed Year 12 or equivalent:
No new data available (60.6%)⁶

Data Sources:
1. Victorian Population Health Survey 2. Department of Health 3. Victoria Police 4. Community Indicators Victoria 5. Warrnambool City Council 6. Australian Bureau Statistics, Census 2011



Southwest PCP

YOUR PRIMARY CARE PARTNERSHIP

Health and Wellbeing Trends for the SWPCP area

Cameron Price. May 2017.

This document provides an overview of some trends for the purpose of health and wellbeing planning in Warrnambool, Moyne and Corangamite.

Executive summary

Obesity

Adult obesity is a significant problem in Corangamite and getting worse. The proportion of adults who are overweight or obese in Warrnambool is high. The number of children in Moyne who are on a trajectory to being overweight or obese as adults is concerning.

Physical activity

Adults in Warrnambool are less likely than the State average to walk for 10 minutes or more. Employed people in Corangamite and Moyne are more likely to have work that involves heavy labour and less likely to be predominantly sitting than the State average. In a class of 25 students in Moyne, only four are meeting the guidelines for physical activity. Three in five children are meeting the screen time guidelines. More children in Warrnambool are walking or cycling for transport than in Moyne or Corangamite.

Diet

Fruit consumption by Warrnambool adults is better than the State average. Too few people have sufficient serves of vegetables. About three in four children have enough fruit. Only about one in five children are getting enough vegetables. Nine in ten children have take-away food once or less per week.

Alcohol use

People in Warrnambool and Moyne are more likely than the State average to have lifetime harm from alcohol or to have an alcohol-related injury. The risk of alcohol-related injury is much higher for males than females, particularly in Moyne where one in five males are at very high risk of short-term harm each month. Males Corangamite and Moyne are more likely to this intoxication is acceptable.

Mental wellbeing

People in Moyne are less likely than the State average to have high or very high psychological distress. Also, the percentage of people in Moyne who sought help for a mental health problem is lower than the State average. Warrnambool has a higher rate of depression and anxiety than the State average, and it is getting worse.

Early childhood development

There has been a significant increase in the proportion of children in Warrnambool who experience challenges that interfere with their ability to physically cope with the school day. In Corangamite, there has been a significant increase in the proportion who are on track and a decrease in the proportion of children who are vulnerable in this domain.

The proportion of children who are on track with social competence and emotional maturity in this area is not worse than the State average. One in ten children in Corangamite have challenges related to emotional regulation.

The proportion of children in the SWPCP area on track with language and cognitive skills is not statistically different from the Victorian average. One in ten children in Corangamite have significant challenges in reading/writing and with numbers.

In both Corangamite and Moyne, there has been a significant increase in the proportion of children who have excellent communication skills, can tell a story and communicate easily with both children and adults, and have no problems with articulation. However, still one in fifteen children in Corangamite have poor communication skills and articulation; have limited command of English, have difficulties talking to others, understanding, and being understood; and have poor general knowledge.

In a class of 23 Corangamite children, on average five will be vulnerable on at least one domain and two or three are vulnerable on two or more domains. There has been a significant increase in the proportion of children in Warrnambool who are vulnerable on at least one domain.

Risk and protective factors

Risk factors in the community domain for year 8 Warrnambool children are low, particularly “community disorganisation” and “personal transitions & mobility”. This is an important community strength. Risk factors in the family domain are not improving. Parental attitudes favourable to alcohol and other drug use is concerning. There is a significantly higher proportion of year 8 students in Warrnambool with the risk factor “low commitment to school” than the national average, driving low attainment rates. Individual/peer risk factors for Warrnambool year 8s are low and/or getting lower. This is a credit to those young people and the adults who guide them.

Community and school protective factors are trending in the wrong direction. Opportunities and rewards for prosocial involvement have declined and recognition for prosocial involvement in schools is now lower than the national average. There has been a significant decrease in the proportion of year 8 students in Warrnambool with the protective factor “family attachment”.

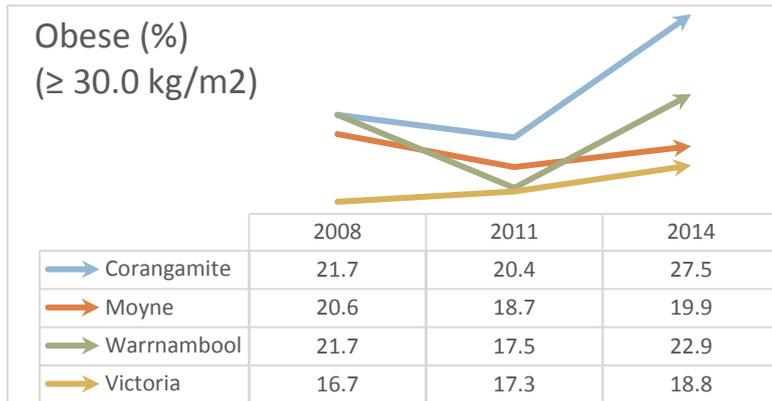
Individual protective factors are also trending in the wrong direction. There has been a significant decrease in the proportion of year 8 students in Warrnambool with the protective factors “religiosity”, “emotional control” and/or “coping with stress”. More young people are struggling. The proportion of year 8 students in Warrnambool with the protective factor “belief in the moral order” is significantly less than the national average. This lack of trust in the social contract is predictive of anti-social behaviour.

Children’s health-related quality of life

Half of the children in Corangamite fall below the clinical screening threshold flagging them for probably having at least a moderate physical health condition.

The quality of life of a significant proportion of children in Corangamite, and to a lesser extent in Moyne, are impacted by social/emotional problems and/or are not coping at school.

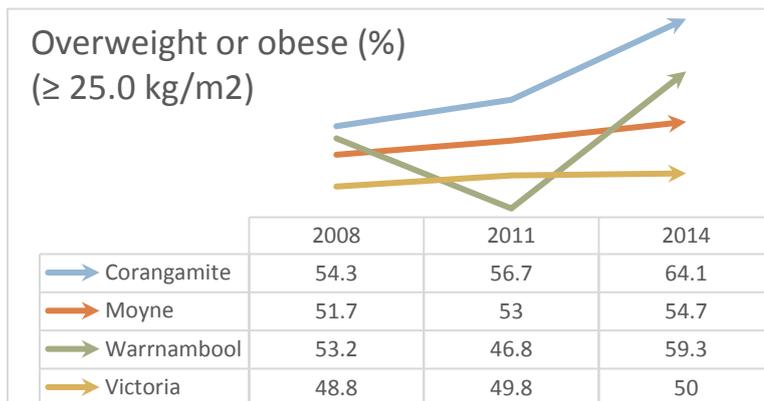
Adult obesity



Corangamite has a significantly higher rate of adult obesity compared to the State average.

Also of concern is the high rate of adult obesity in Warrnambool.

VPHS¹

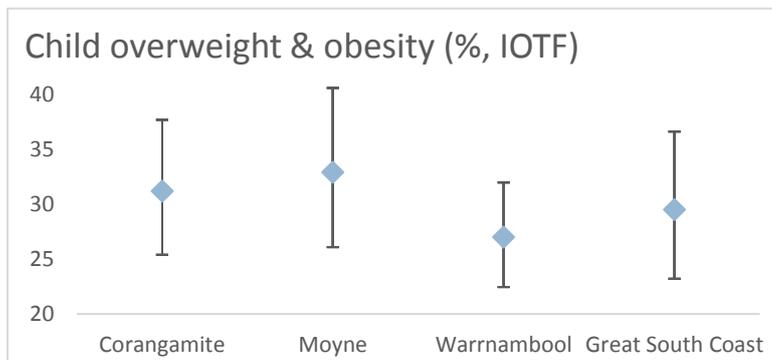


Corangamite has a significantly higher rate of adults who are overweight or obese compared to the State average. In a room of 28 people, on average 18 are either overweight or obese.

Half of Victorian adults are overweight or obese. In three years, the proportion in Warrnambool has jumped from under that to three in five.

VPHS

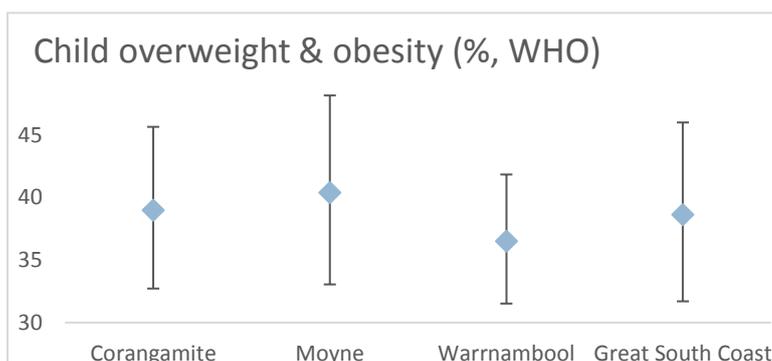
Childhood obesity



The number of children in Moyne who are overweight or obese is concerning.

Unfortunately, there is no Victorian data against which to compare.

GLOBE²



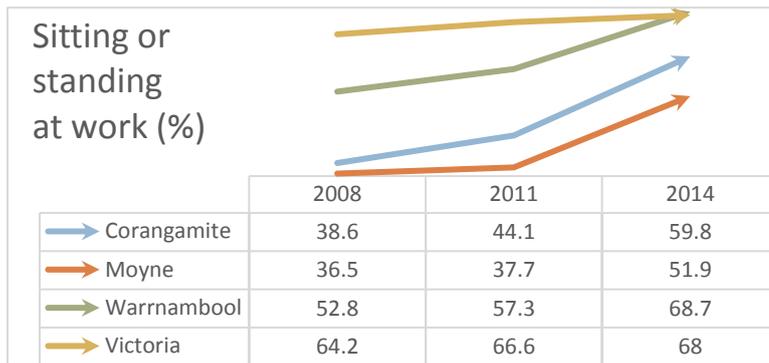
There is not yet an international standard for assessing the rates of overweight and obesity in children, so both the proportions for both World Health Organisation and the International Obesity Task Force.

GLOBE

¹ VPHS indicates the data came from the Victorian Population Health Survey 2015.

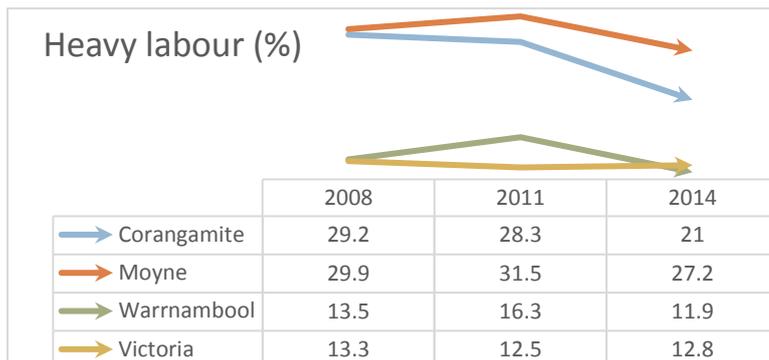
² GLOBE indicates the data was provided courtesy of the Global Obesity Centre at Deakin University.

Adult physical activity



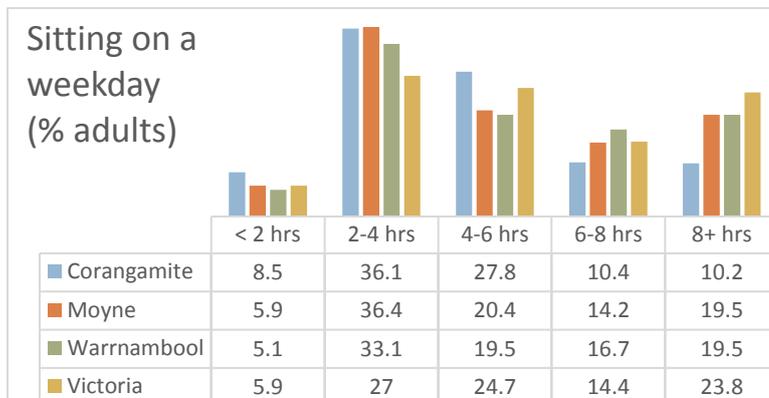
For employed people in Corangamite and Moyne it is less likely than the State average that sitting is the predominant type of physical activity undertaken at work.

VPHS



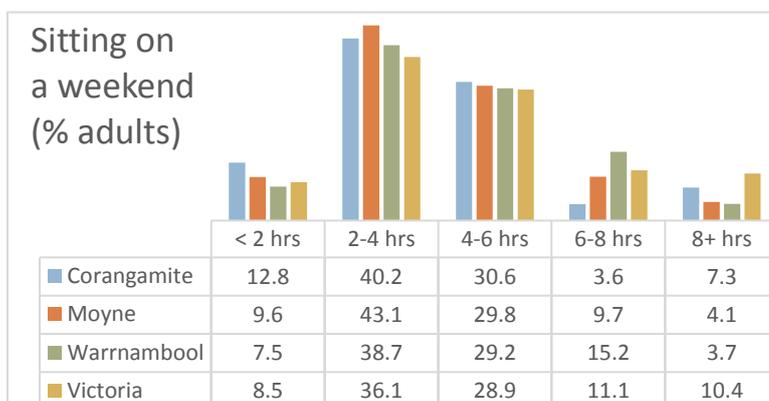
Employed people in Moyne and Corangamite are more likely to have heavy labour or physically demanding work than the State average.

VPHS



People in Corangamite are less likely than the State average to sit eight or more hours on a weekday.

VPHS

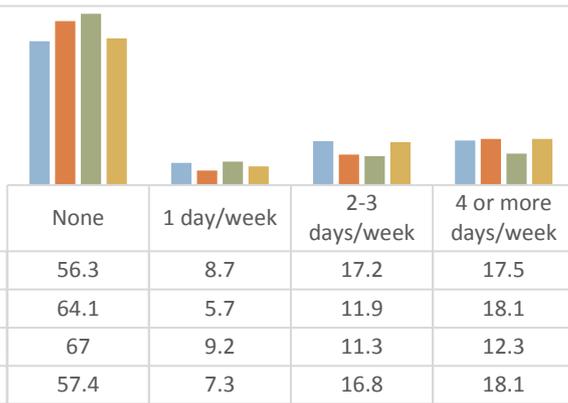


People in Corangamite are less likely than the State average to sit between six and eight hours on a weekend day.

People in Moyne and Warrnambool are less likely than the State average to sit for eight hours or more on a weekend day.

VPHS

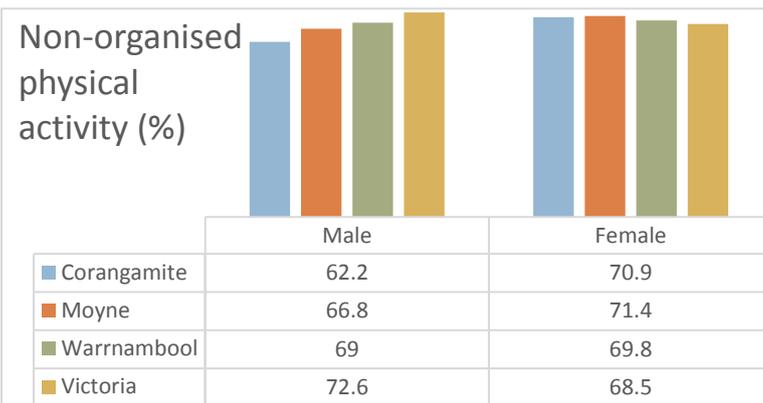
Went for 10+ minute walk (%)



People in Warrnambool are less likely than the State average to walk for transport for trips longer than 10 minutes.

VPHS

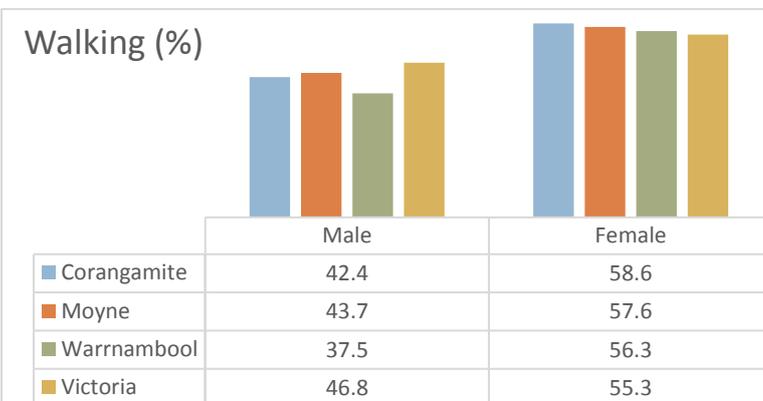
Non-organised physical activity (%)



Non-organised physical activity includes walking, swimming and going for a bike ride.

VicHealth³

Walking (%)



Males are less likely to walk for exercise, particularly in Warrnambool.

VicHealth

Participation in any organised activity (%)



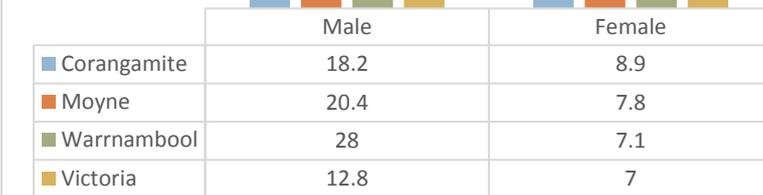
Males in Warrnambool are more likely to be involved in organised activity.

VicHealth

³ VicHealth indicates the data came from the VicHealth Indicators Survey 2015.

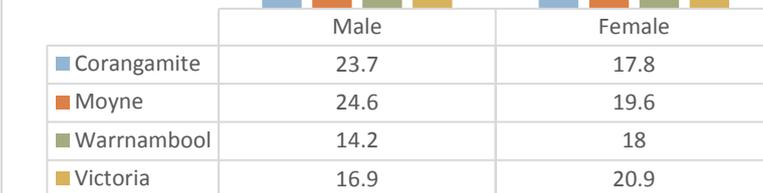
Organised by a sports club or association (%)

Sport is an important feature of exercise for males, particularly in Warrnambool.



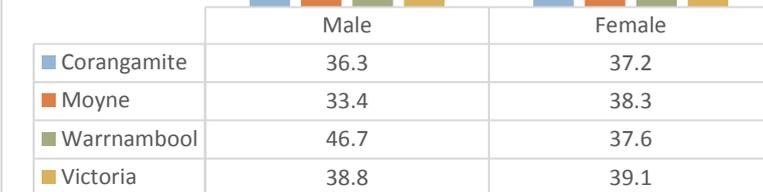
VicHealth

30 minutes of physical activity 0 days per week



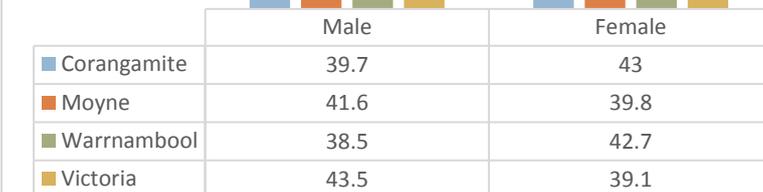
VicHealth

30 minutes of physical activity 1-3 days / week



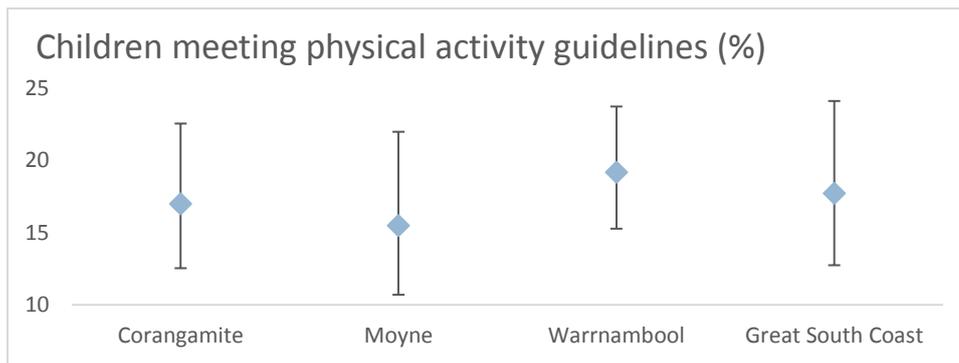
VicHealth

30 minutes of physical activity 4+ days / week



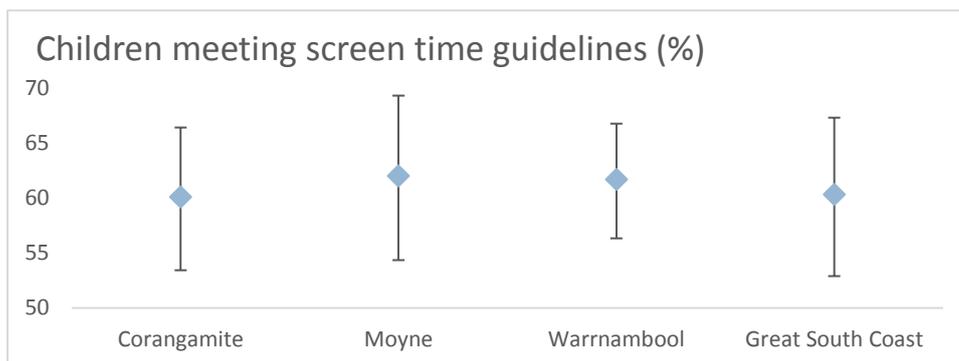
VicHealth

Children's physical activity



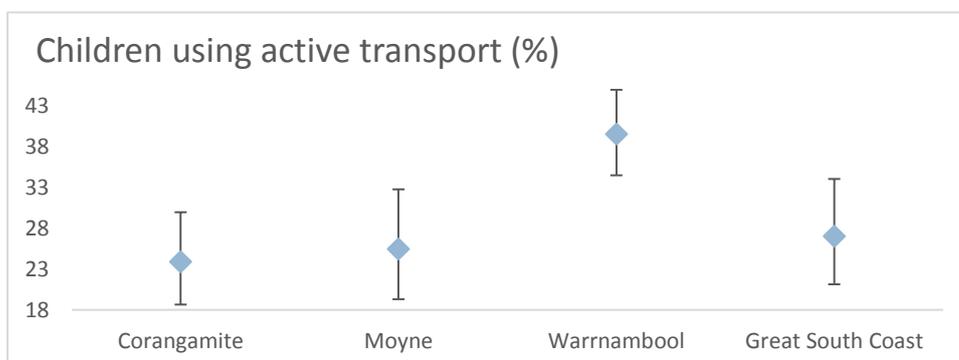
In a class of 25 students in Moyne, only four are meeting the guidelines for physical activity.

GLOBE



Three in five children are meeting the screen time guidelines.

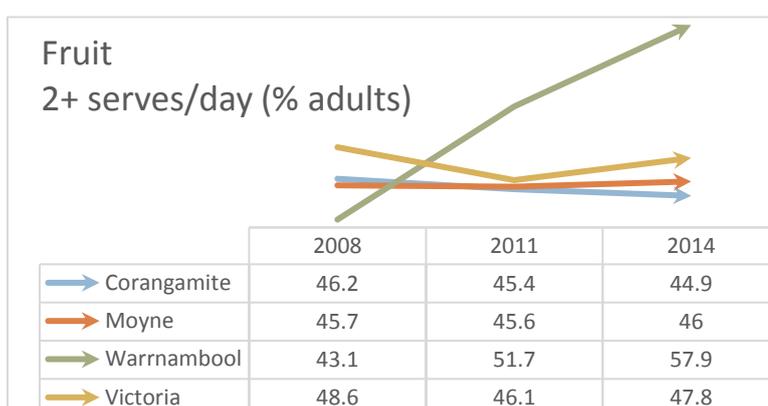
GLOBE



More children in Warrnambool are walking or cycling for transport than in Moyne or Corangamite.

GLOBE

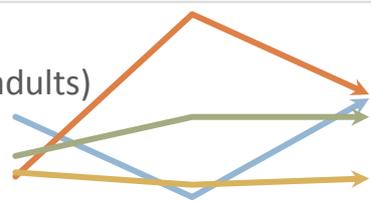
Adult diet



Adults in Warrnambool are more likely to meet the guidelines for fruit consumption.

VPHS

Vegetables 5+ serves/day (% adults)

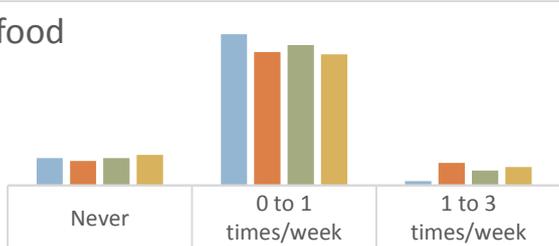


	2008	2011	2014
Corangamite	10.4	6.5	11.3
Moyne	7.5	15.4	11.5
Warrnambool	8.5	10.4	10.4
Victoria	7.7	7.1	7.4

Too few adults have sufficient serves of vegetables.

VPHS

Take-away food (% adults)

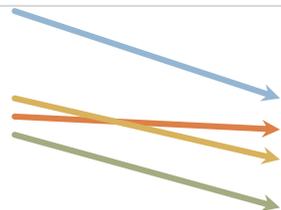


	Never	0 to 1 times/week	1 to 3 times/week
Corangamite	14.8	82.1	2.4
Moyne	13.3	72.3	12.2
Warrnambool	14.9	76.2	8.1
Victoria	16.6	71.2	9.9

Adults in Corangamite are more likely to have take-away food once each week than the State average. However, they are much less likely to have take-away food more than once a week.

VPHS

Sugar-sweetened soft drinks daily (% adults)



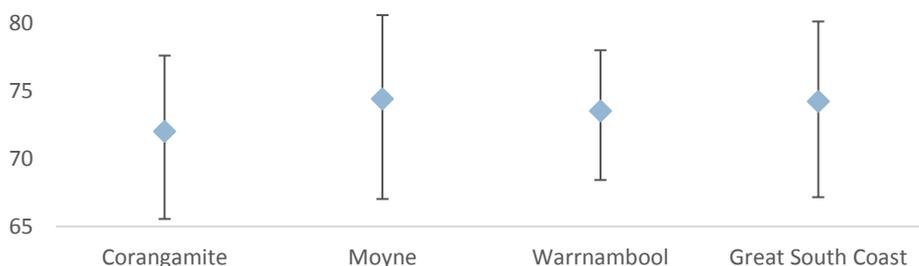
	2011	2014
Corangamite	22.6	15.9
Moyne	14.5	13.5
Warrnambool	13.1	7.5
Victoria	15.9	11.2

The number of adults who have sugar-sweetened drinks daily is generally trending down.

VPHS

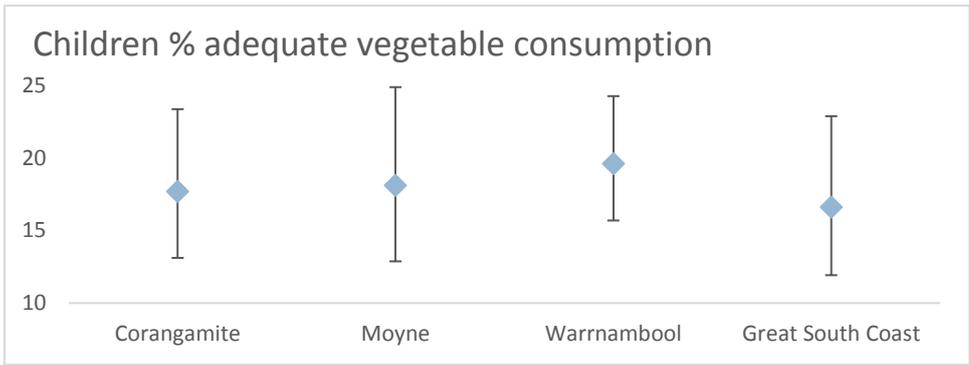
Children's diet

Children % adequate fruit consumption



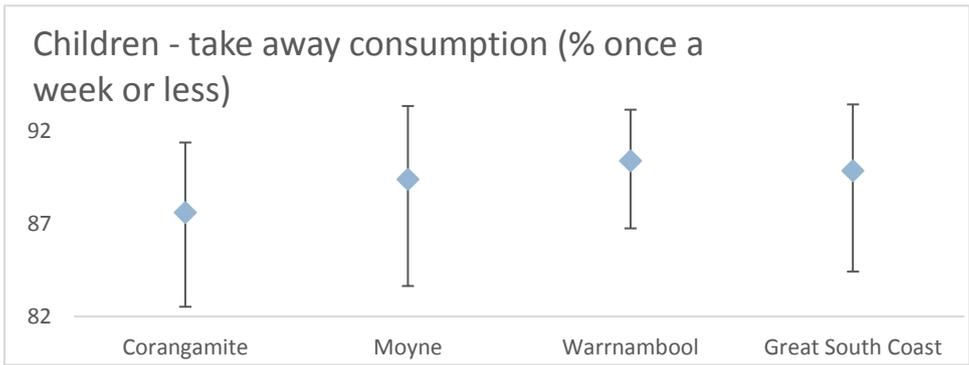
About three in four children have enough fruit.

GLOBE



Only about one in five children are getting enough vegetables.

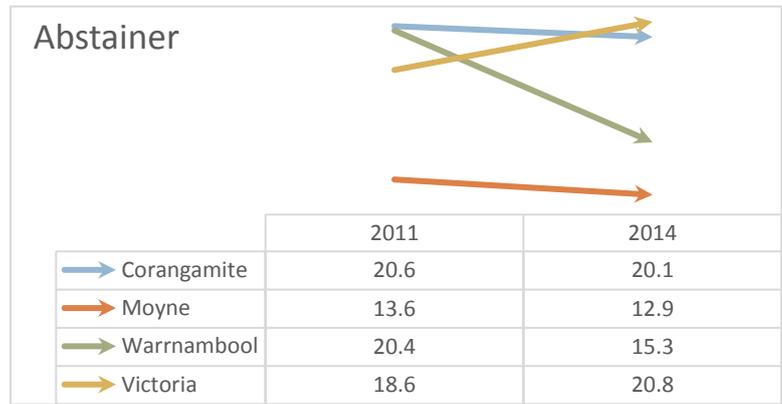
GLOBE



Nine in ten children have take-away food once or less per week.

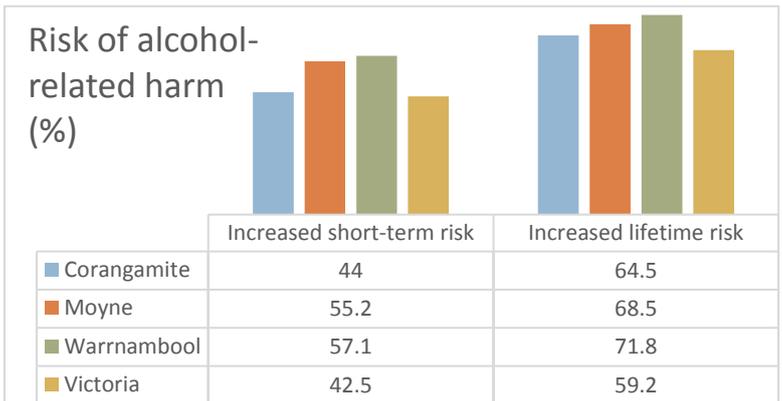
GLOBE

Alcohol use



People in Warrnambool and Moyne are less likely than the State average to abstain from alcohol or no longer drink.

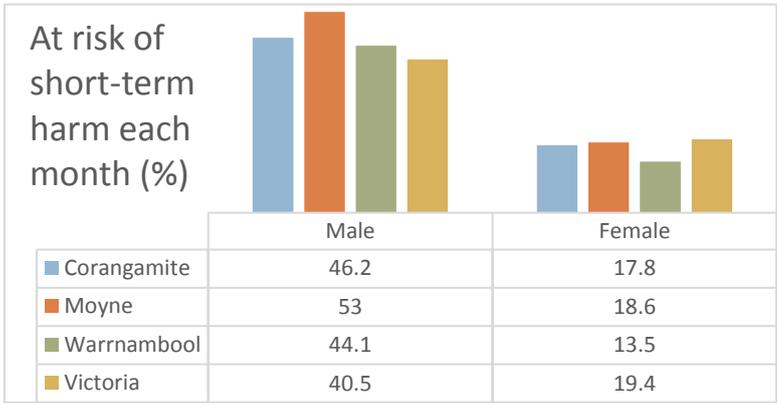
VPHS



People in Warrnambool and Moyne are more likely than the State average to have an increased lifetime risk of alcohol-related harm.

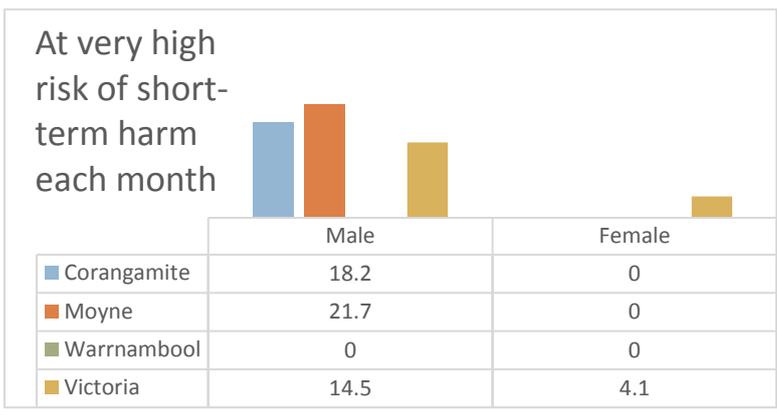
People in Warrnambool and Moyne are more likely than the State average to be at increased risk of an alcohol-related injury.

VPHS



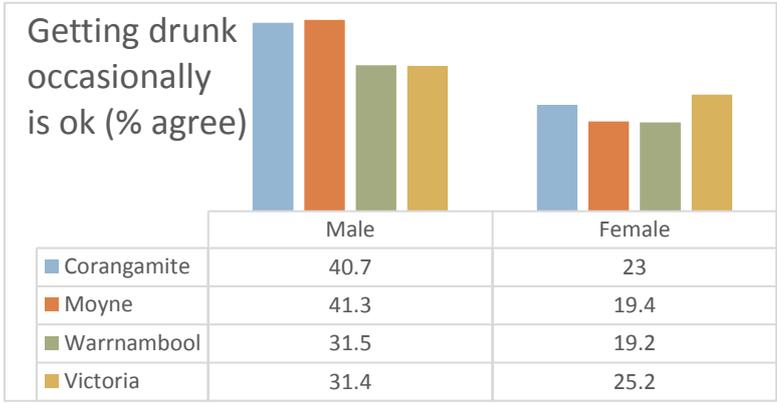
The risk of alcohol-related injury is much higher for males than females, particularly in Moyne.

VPHS



One in five males in Moyne are at very high risk of short-term harm each month. [Zero values indicate that the sample size was too small to report, not necessarily that there are no people at risk]

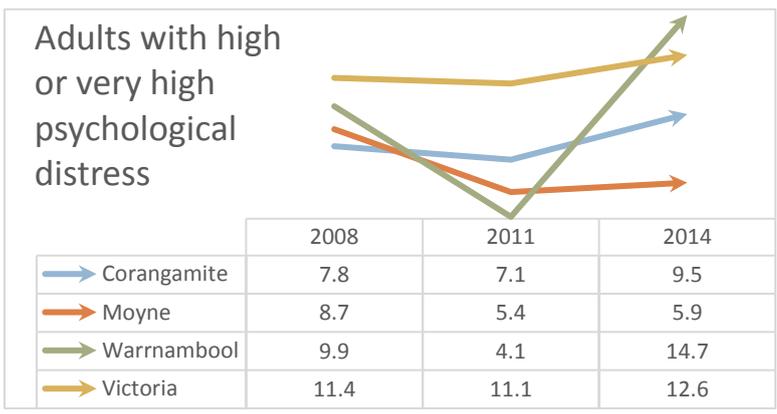
VicHealth



Males are more likely to have a positive view towards intoxication, particularly in Corangamite and Moyne.

VicHealth

Mental wellbeing



People in Moyne are less likely than the State average to have high or very high psychological distress.

VPHS

Lifetime prevalence of depression and anxiety



Warrnambool has a higher rate of depression and anxiety than the State average.

VPHS

Sought professional help for mental health (%)

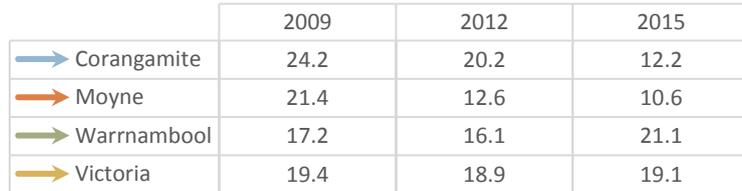


The percentage of people in Moyne who sought help for a mental health problem is lower than the State average.

VPHS

Early childhood development

Physical health and wellbeing: at risk or vulnerable (%)



There has been a significant increase in the proportion of children in Warrnambool who experience challenges that interfere with their ability to physically cope with the school day. In Corangamite, there has been a significant increase in the proportion who are on track in this domain. These children are generally independent, have excellent motor skills and have energy levels that can get them through the school day.

AEDC⁴

Physical health and wellbeing: vulnerable (%)

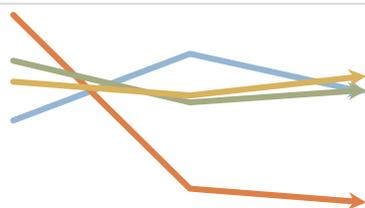


There has been a significant increase in the proportion of children in Warrnambool who are vulnerable in the physical health and wellbeing domain. This may include being dressed inappropriately, frequently late, hungry or tired. These children are usually clumsy and may have fading energy levels. In Corangamite, there has been a significant decrease in the proportion of children who are vulnerable in this domain.

AEDC

⁴ AEDC indicates the data came from the Australian Early Development Census 2015.

Social competence:
at risk or
vulnerable (%)

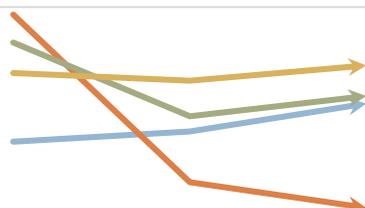


	2009	2012	2015
Corangamite	19.6	24.4	21.6
Moyne	27.2	14.7	13.7
Warrnambool	23.9	20.9	21.8
Victoria	22.4	21.4	22.8

The proportion of children who on track with social competence in this area is not worse than the State average.

AEDC

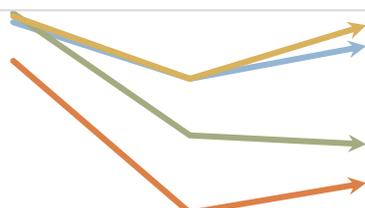
Social competence:
vulnerable (%)



	2009	2012	2015
Corangamite	5.7	6.1	7.2
Moyne	10.7	4.1	3.1
Warrnambool	9.6	6.7	7.5
Victoria	8.4	8.1	8.7

AEDC

Emotional maturity:
at risk or
vulnerable (%)

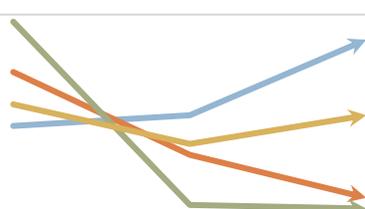


	2009	2012	2015
Corangamite	22.6	20.7	21.8
Moyne	21.3	16.2	17.2
Warrnambool	22.9	18.8	18.5
Victoria	22.8	20.7	22.5

The proportion of children who on track with social competence in this area is not worse than the State average.

AEDC

Emotional maturity:
vulnerable (%)

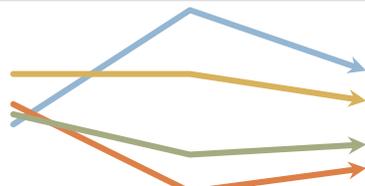


	2009	2012	2015
Corangamite	7.7	8	10.1
Moyne	9.2	6.9	5.7
Warrnambool	10.6	5.5	5.4
Victoria	8.3	7.2	8

One in ten children in Corangamite have challenges related to emotional regulation.

AEDC

Language and cognitive skills: at risk or vulnerable (%)

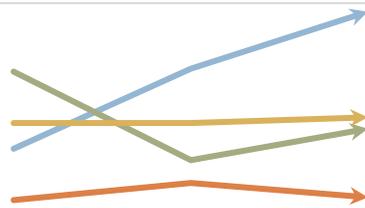


	2009	2012	2015
Corangamite	14.5	17.9	16.1
Moyne	15.1	12.5	13.2
Warrnambool	14.8	13.6	13.9
Victoria	16	16	15.2

The proportion of children on track with language and cognitive skills is not statistically significantly different from the Victorian average.

AEDC

Language and cognitive skills: vulnerable (%)

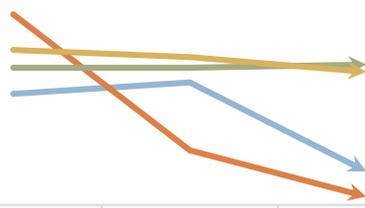


	2009	2012	2015
Corangamite	5.2	8	10
Moyne	3.4	4	3.5
Warrnambool	7.9	4.8	5.9
Victoria	6.1	6.1	6.3

One in ten children in Corangamite have significant challenges in reading/writing and with numbers.

ADEI

Communication skills and general knowledge: at risk or vulnerable (%)

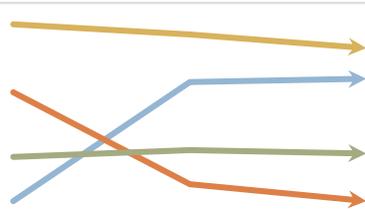


	2009	2012	2015
Corangamite	19.1	20.2	11.7
Moyne	26.7	13.7	9.3
Warrnambool	21.6	21.6	21.9
Victoria	23.3	22.6	21.2

In both Corangamite and Moyne, there has been a significant increase in the proportion of children who are on track in the communication skills and general knowledge domain. These children have excellent communication skills and communicate easily with both children and adults and have no problem with articulation. In Corangamite, there has been a decrease in the proportion of children at risk, so fewer children have problems with listening, understanding and speaking in English.

AEDC

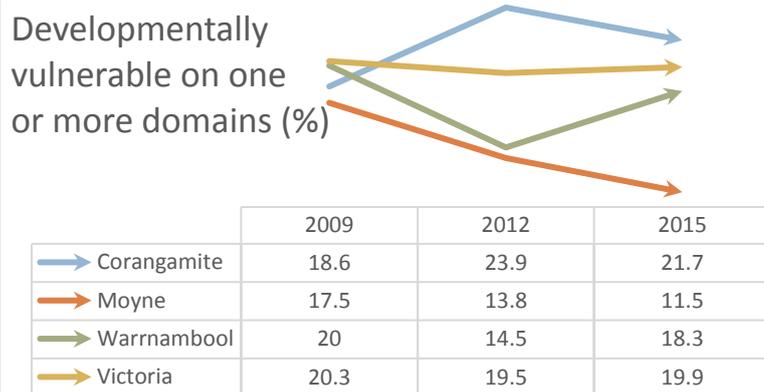
Communication skills and general knowledge: vulnerable (%)



	2009	2012	2015
Corangamite	3.1	6.6	6.7
Moyne	6.3	3.6	3.1
Warrnambool	4.4	4.6	4.5
Victoria	8.3	8	7.6

One in fifteen children in Corangamite have poor communication skills and articulation; have limited command of English, have difficulties talking to others, understanding, and being understood; and have poor general knowledge.

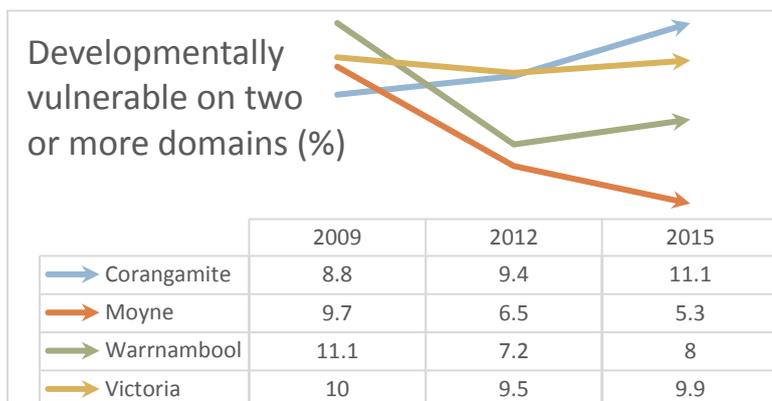
AEDC



In a class of 23 Corangamite children, on average five will be vulnerable on at least one domain.

There has been a significant increase in the proportion of children in Warrnambool who are vulnerable on at least one domain.

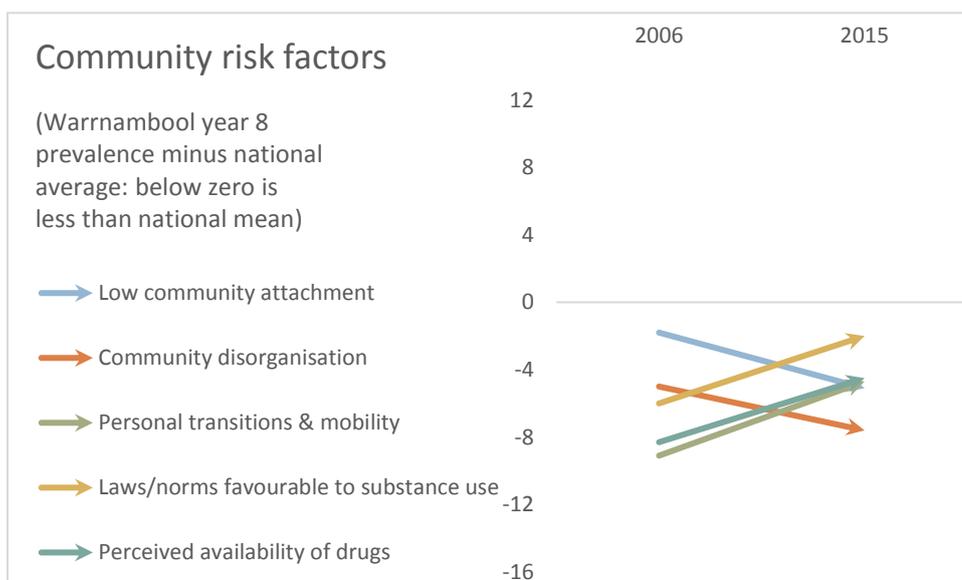
AEDC



One in nine Corangamite children are vulnerable on two or more domains.

AEDC

Risk and protective factors



There is a significantly lower proportion of year 8 students in Warrnambool with the risk factor “community disorganisation” than the national average.

There is a significantly lower proportion of year 8 students in Warrnambool with the risk factor “personal transitions & mobility” than the national average.

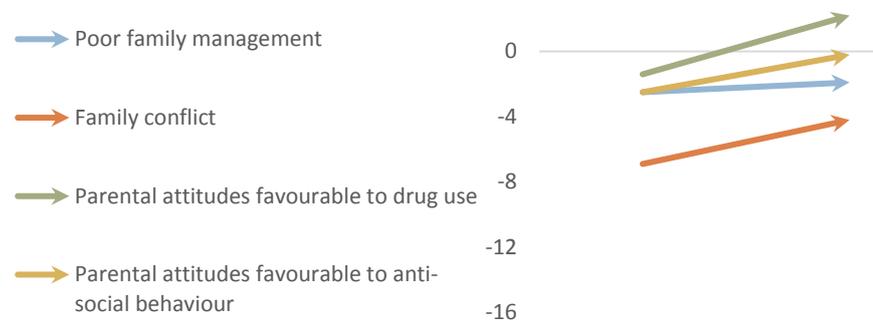
This is an important community strength.

CTC⁵

⁵ CTC indicates data are from Communities That Care Warrnambool.

Family risk factors

(Warrnambool year 8 prevalence minus national average: below zero is less than national mean)

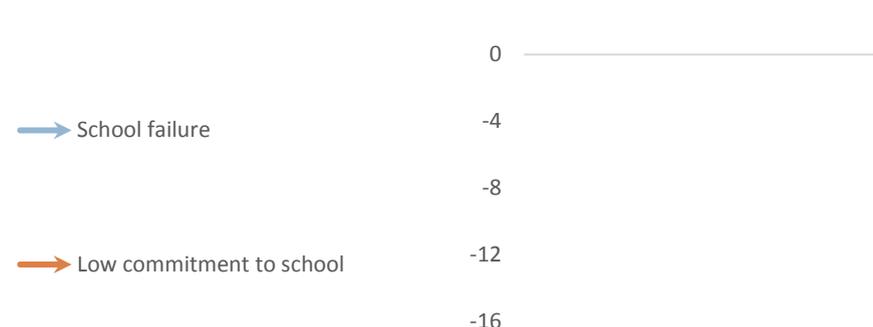


Risk factors in the family domain are not improving. Parental attitudes favourable to alcohol and other drug use is concerning.

CTC

School risk factors

(Warrnambool year 8 prevalence minus national average: below zero is less than national mean)



There is a significantly higher proportion of year 8 students in Warrnambool with the risk factor “low commitment to school” than the national average. This is an important driver of low education attainment rates.

CTC

Individual / peer risk factors

(Warrnambool year 8 prevalence minus national average: below zero is less than national mean)



The proportion of year 8 students in Warrnambool with the risk factor “rebelliousness” has significantly decreased.

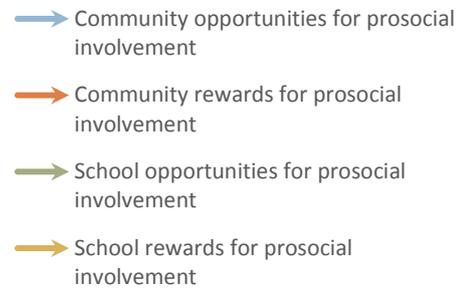
The proportion of year 8 students in Warrnambool with the risk factor “friends’ use of drugs” is significantly lower than the national average.

The proportion of year 8s in Warrnambool with the risk factor “rewards for antisocial behaviour” has significantly decreased and is less than the national average.

CTC

Community and school protective factors

(Warrnambool year 8 prevalence minus national average: below zero is less than national mean)



The proportion of year 8s in Warrnambool with “community opportunities for prosocial involvement” has decreased.

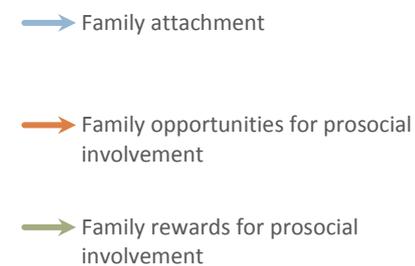
The proportion of year 8s in Warrnambool with the factor “community rewards for prosocial involvement” has decreased.

The proportion of year 8 students in Warrnambool with the factor “school rewards for prosocial involvement” is less than the national average.

CTC

Family protective factors

(Warrnambool year 8 prevalence minus national average: below zero is less than national mean)



There has been a significant decrease in the proportion of year 8 students in Warrnambool with the protective factor “family attachment”. Family attachment during childhood is important for life-long social and emotional functioning.

CTC

Individual protective factors

(Warrnambool year 8 prevalence minus national average: below zero is less than national mean)

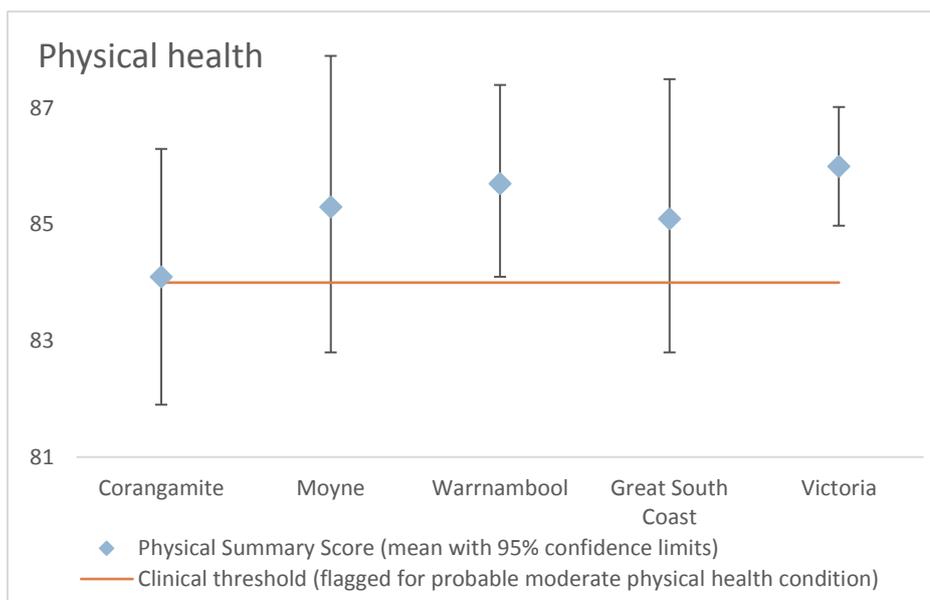


There has been a significant decrease in the proportion of year 8 students in Warrnambool with the protective factors “religiosity”, “emotional control” and/or “coping with stress”. More young people are struggling.

The proportion of year 8 students in Warrnambool with the protective factor “belief in the moral order” is significantly less than the national average. This lack of trust in the social contract is predictive of anti-social behaviour.

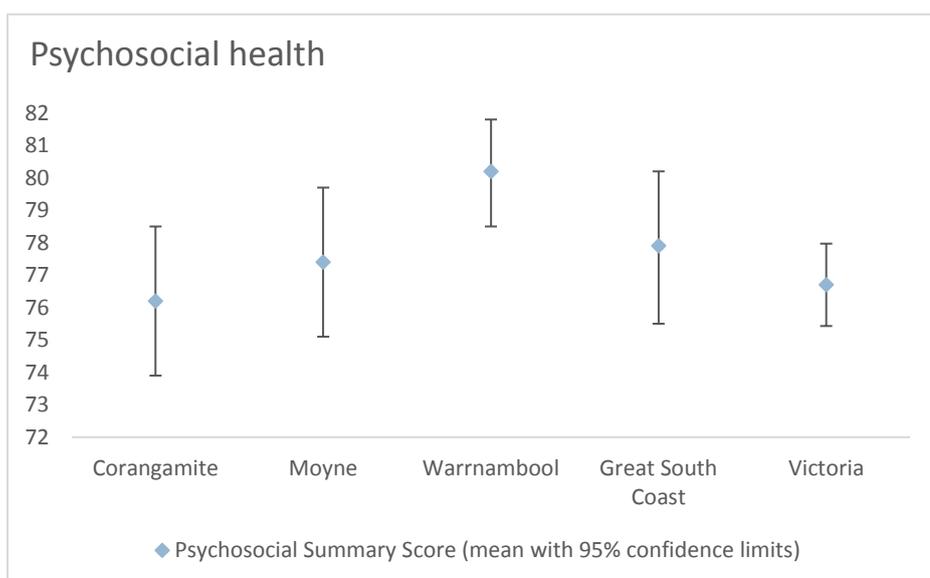
CTC

Children's health-related quality of life



PedQL is an international standard for assessing health-related quality of life of children. There are several scales. This first one measures the quality of life related to physical health. The score is lowered by the impact of physical ailments, disease and disability. These graphs show the mean and 95% confidence limits. To assist in interpreting these levels, I have added the clinical threshold used in primary health screening to flag children for probably having at least a moderate physical health condition. Half of the children in Corangamite fall below this level.

GLOBE



Psychosocial health is a composite indicator of social competence, emotional regulation and functioning at school. The quality of life of a significant proportion of children in Corangamite, and to a lesser extent in Moyne, are impacted by social/emotional problems and/or are not coping at school.

GLOBE

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Commonwealth of Australia (2016) Australian Early Development Census Community Profile 2015: Warrnambool, VIC. Canberra: Department of Education and Training.

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