Building healthy and resilient communities that promote social inclusion and economic participation are fundamental in supporting vulnerable community members to be healthy and happy. Feeling connected to and valued by others, being able to cope with stresses and having the opportunity and capacity to contribute to the community are all essential to building resilience and improving health and wellbeing experienced by those who are vulnerable.

Our social fabric is dynamic, complex and ever evolving. Council has a role to play in taking a firm stance against racism and discrimination and promoting tolerance and community harmony. Encouraging interaction between people through activities that bring people together is an important way to achieve this.

Council aims to reduce inequalities experienced by disadvantaged and vulnerable communities by:

- Delivering and promoting primary prevention programs
- Raising awareness of mental health services, and
- Working to reduce common access barriers to inclusion for people with disabilities and their family members including communication, transport, community attitudes and the built environment.

As Stonnington residents continue to live longer, it is important to ensure they are given every opportunity to enjoy high levels of health and wellbeing. The proportion of residents aged 75 and over is higher than the Victorian average. A number of challenges facing our older residents include social isolation, disability, increased risk of falls and injury and the potential for elder abuse, particularly financial abuse. Reform of the Aged Care system will influence the decisions made by Council on its future involvement in the delivery of services to older people.

Determining the level of ongoing service delivery or a shift towards an increased advocacy and planning role are key decisions for Council to make in coming years.

The City of Stonnington supports families in the areas of parenting, health and development and linking with relevant health services. Council also plays a key role in delivering services to young people. In addition to direct service delivery to young people, Stonnington Youth Services and The Hub also undertake dedicated strategic work including, providing consultation and advocacy to the youth sector on issues impacting young people, and provides support to schools and education providers working with young people. The service has a high profile in the community, often taking the lead role in the coordination of partnerships and initiatives to increase wellbeing outcomes for local youth.

Council's Responsible Gambling Policy aims to ensure that a balance of positive and negative impacts of gambling in the City is achieved. The policy supports a harm minimisation approach. Council strongly discourages any additional gaming venues or additional gaming machines in the municipality in order to prevent an increase in the negative impacts of gambling on the community.

Strategies and Action Plan

Strategic priorities within the **Vulnerable Communities** pillar over the next four years aim to address the social determinants that contribute to inequalities in health across the municipality. This will be achieved by developing policies, partnering with agencies to deliver programs and activities and advocating to all levels of government on identified issues.

ACTION	TIME FRAME	LIFE STAGE	WELLBEING OUTCOME
» Support the community to age well			
Develop and implement an Older Persons Strategy	2018–2019	65+	e i s hw cc cs
Raise awareness of elder abuse and relevant support services by facilitating and promoting forums or training seminars	Ongoing	65+	e i s hw cs
Provide opportunities for social connection, engagement and physical activity	Ongoing	25 to 64 65+	e i hw cc
Support the community in the aged care reform transition process	Ongoing	65+	e i hw cc
» Minimise health inequalities across groups within the community			
Provide subsidised membership fees for Council gyms and aquatic centres for low income earners	Ongoing	All	e i hw cc
Facilitate Homelessness Round Table to identify and respond to emerging issues and trends	Ongoing	All	e i hw cc cs
Promote opportunities for participation in events, activities and sports for people with a disability	Ongoing	All	e i hw cc
Ensure all Council facilities are accessible and designed and managed to maximise their use by diverse groups including those with a disability, elderly or from culturally diverse backgrounds	Ongoing	All	e i hw cc
Support initiatives to increase health literacy levels amongst public housing residents	Ongoing	All	e i hw
Support the community in the National Disability Insurance Scheme (NDIS) transition process	2017–2018	All	e i hw
Support programs to address social isolation, mental illness, youth resilience and investigating and raising awareness of various health issues amongst the LGBTQIA community	Ongoing	All	e i hw cc

ACTION	TIME FRAME	LIFE STAGE	WELLBEING OUTCOME
» Support marginalised residents and vulnerable communities			
Update and distribute the Mental Health Services Guide	2018	All	e i hw cc
Facilitate annual Carers Forum	Ongoing	All	e i hw cc
Administer the Community Grants program	Ongoing	All	e i hw
Promote Responsible Gambling week and other initiatives designed to minimise harm from gambling	Ongoing	All	e i hw cc
Promote key health days and weeks through social media, e.g. Mental Health Week	Ongoing	All	e i hw cc
Advocate for increased, high quality public housing	Ongoing	All	e i hw cc cs
» Support communities from culturally diverse backgrounds			
Convene Ethnic Services and Access and Inclusion Committees	Ongoing	12 to 24 25 to 64 65+	e i hw
Investigate options for translating key Council documents and website	Ongoing	All	e i hw cc
» Improve social and emotional wellbeing of young people			
Develop and implement the Children, Youth and Family Strategy	2018	0 to 11 12 to 24	e i s hw cc cs
Support schools in their responses to mental health issues amongst young people	Ongoing	0 to 11 12 to 24	e i hw cc cs
Support young people in their capacity to engage more fully in education and community	Ongoing	0 to 11 12 to 24	e i hw cs
Deliver and promote services, programs and events for young people	Ongoing	0 to 11 12 to 24	e i hw cs
Deliver evidence based responses (Resilient Youth Survey) to improve mental health and emotional wellbeing of young people	Ongoing	0 to 11 12 to 24	e i s hw cc cs

Key
e Equity
i Inclusion
s Sustainability
hw Personal health and wellbeing
cc Community connectedness
cs Personal and community safety


six
south
2014

04

Pillar Four Harmful Alcohol and Other Drug Use

Minimise the impact of harmful alcohol and other drug use in the community.

Alcohol

77%
of residents drinking habits expose them to a higher risk of **lifetime alcohol related harm**

87% 67%

Risk of alcohol related harm **increases with income**

54%
at increased risk of injury on a single drinking occasion

757
active liquor licences (270 within Chapel Street)

Drugs

54 overdose deaths*
(43 involved pharmaceutical drugs)
*between 2009–2015

Cocaine, ecstasy and amphetamines commonly consumed by young recreational users in entertainment precinct

Heroin and amphetamines commonly used by long term drug users

Daily or occasional smokers

9%
6.5%

Ambulance / Hospital Usage

128 **amphetamine treatment episodes** 2014/15

48 2010/11

22 **ecstasy related ambulance attendances** in 2013/14 (2nd highest rate for LGA in metro region)

182
presentations at Alfred Hospital emergency department for alcohol/drug abuse or alcohol/drug induced mental health disorders in 2015/16

Alcohol related ambulance attendances **doubled** between 2006/07 and 2013/14

Attendance rates highest for those aged 15 to 24 (2013/14)

There is no single approach to reducing the harm that alcohol and other drug use has on the City of Stonnington. Taking action to support people impacted by harm from alcohol and other drug use through policy and strategy development, collaborative projects with service providers, including licensees, and creating environments to reduce harm from alcohol and other drug use remain priorities for Council.

A holistic approach to addressing the broader harms across all life-stages is required, and a priority for Council will be to develop an alcohol discussion paper to guide our future response.

The diversity of licence types across Stonnington provides significant economic and cultural benefits, yet it must also be acknowledged that a high density of liquor outlets can also lead to high levels of alcohol related harm. The City of Stonnington Liquor Accord provides a solid platform to discuss local alcohol and other drug issues, which will be an increasingly important forum in the continued focus on reducing harm from alcohol and other drugs across the entertainment precincts.

Despite downward trends in overall alcohol consumption amongst young adults, alcohol-related harms have remained stable. Council is seeking to positively influence the risk drinking culture of youth in late night entertainment precincts through the Alcohol Cultural Change project, *What's Your Story?* The project is delivered in partnership with the Cities of Port Phillip and Melbourne and Turning Point Alcohol and Drug Centre.

Illicit drug use within Stonnington can generally be categorised by young recreational users frequenting the entertainment districts and smaller groups of marginalised chronic long-term substance users. Addressing the harms from alcohol and other drug use is predominantly delivered by law enforcement and community health service. Council plays a supporting role to these agencies.

Smoking rates continue to decline, which is a positive community health outcome. Council has a legislative role to enforce the control of smoking in outdoor areas and the sale of tobacco to minors.

Strategies and Action Plan

Strategic priorities within the **Harmful Alcohol and Other Drug Use** pillar over the next four years aim to reduce the risk of short and long term harms from the misuse of alcohol and other drugs. This will be achieved by the development of an alcohol management policy, supporting positive changes to the culture of alcohol consumption and through working with service providers to respond to identified issues and trends as they occur.

ACTION	TIME FRAME	LIFE STAGE	WELLBEING OUTCOME
» Minimise harm from alcohol			
Develop and implement an Alcohol Management Discussion Paper	2018–2019	12 to 24 25 to 64 65+	hw cs
Convene Liquor Accord Forum to ensure effective management of licensed premises	Ongoing	12 to 24 25 to 64 65+	hw cs
Conduct impact assessments of planning permit with liquor licence element	Ongoing	All	hw cs
Establish alcohol free events across the municipality and provide alternatives to alcohol at Council events	Ongoing	All	e i hw cc cs
Implement Alcohol Cultural Change Project	2017–2019	12 to 24	hw cs
Investigate initiatives to reduce alcohol consumption of people aged under 18	2018–2019	0 to 11 12 to 24	hw cs
Advocate to prohibit alcohol and gambling sponsorship for junior sporting clubs	Ongoing	0 to 11 12 to 24	e i hw cc cs
Advocate for continuation of Late Night Freeze for venues seeking to trade beyond 1am with 200 patrons or more	2019	12 to 24 25 to 64 65+	e i hw cs
» Promote smoke free environments			
Enforce Tobacco Control Act	Ongoing	All	hw

ACTION	TIME FRAME	LIFE STAGE	WELLBEING OUTCOME
» Develop partnerships related to minimising harm from pharmaceutical and illicit substances			
Seek to establish Local Drug Action Forum in collaboration with relevant partner agencies	2018	12 to 24 25 to 64 65+	e i hw cs
Encourage membership of Good Sports Program across clubs within Stonnington	Ongoing	All	e i hw cc cs
Support the implementation of the peer led harm reduction project on Chapel Street	2017–2019	12 to 24 25 to 64	e i hw cc cs

Key
- e Equity
- i Inclusion
- s Sustainability
- hw Personal health and wellbeing
- cc Community connectedness
- cs Personal and community safety

05

Pillar Five
Violence and Injury

Promoting an inclusive and respectful community that does not tolerate any form of violence.

Violence

Family violence incidents

646 (2015) ↗ 706 (2016)

Victim reports by females related to sexual assault

79 (2014) ↗ 85 (2015)

Rates of assaults and related offences

594 (2012/13) → 619 (2016/17)

Injury

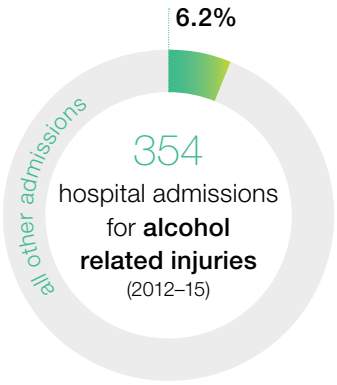
Hospital admissions

166 **assault related** (2012/15)

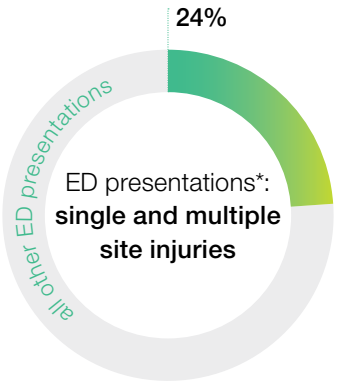
1,738 **injury related** (2012/13)

↓ 19% increase

2,083 **injury related** (2014/15)



Emergency Department (ED) presentations



* Average 4113 per year

Road

106 serious injuries 2014

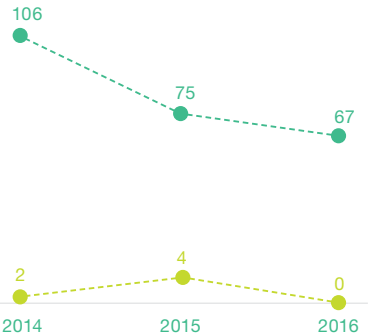
75 serious injuries 2015

67 serious injuries 2016

2 road deaths 2014

4 road deaths 2015

0 road deaths 2016



All sectors of the community, including government, prevention and response agencies are vital in playing a role to prevent violence and injury across Stonnington. The prevention of family violence by addressing gender inequality requires a whole of community approach to drive social and cultural change across a wide range of settings; including the home, workplaces and common public areas where we interact every day. This means that everyone has a role to play; men, women and children to address the underlying causes of violence and to promote respect and equality.

The City of Stonnington will take a lead role in continuing to develop and promote a culture of non-violence, respect and gender equity across the organisation. In addition, Council will play an active role in continuing to raise community awareness about the impact of family violence, which has the aim of making it easier for individuals to come forward and report and for other members of the community to 'call out' negative behaviour. Council's approach to stamp out all forms of violence involves:

- Promote initiatives which support Stonnington to be a respectful community that does not tolerate any form of violence
- Embed family violence principles across organisational policy and service delivery, and
- Develop facilities and create safer public environments.

The City of Stonnington actively aims to reduce road related fatalities and serious injuries within the municipality by focusing on safer roads and roadsides, safer vehicles and safer road users.

Vulnerable pedestrians are more likely to be injured on the roads, which includes elderly residents, children and young adults, those who are affected by alcohol and cyclists. Older and younger drivers are high risk group for road crashes. Stonnington's Road Safety Policy commits to the delivery of behavioural road safety programs that aim to promote and encourage driver safety for new and 60 and over drivers.

Council has a 'Vision Zero' approach to road safety. Council aims to reduce the road related fatalities and serious injuries in the Municipality by 30% over the ten year life of the Road Safety Policy. Achieving this will save one life and prevent 47 serious injuries.

Falls are the leading cause of injury related deaths, hospital admissions and emergency department presentations in those aged 65 and over. Council will ensure that elderly residents are supported to engage with community health agencies delivering falls prevention and education training.

Strategies and Action Plan

Strategic priorities within the **Violence and Injury** pillar over the next four years aim to promote an inclusive and respectful community that does not tolerate any form of violence. Reducing the overall rates of violence and injury will promote a safer and more inclusive community for all residents to enjoy.

ACTION	TIME FRAME	LIFE STAGE	WELLBEING OUTCOME
» Support community initiatives related to the prevention of violence			
Support initiatives related to ending family violence	Ongoing	All	e i hw cc cs
Investigate options to deliver gender equity programs within sporting clubs	2018–2019	All	e i hw cc cs
Promote awareness campaigns, services and resources to reduce violence	Ongoing	All	e i hw cc cs
Print and distribute Family Violence Wallet Card	Ongoing	All	e i hw cc cs
» Provide supportive work practices across Council business related to gender equity and preventing violence			
Review Our Watch Handbook	2018–2019	All	e i hw cc cs
Deliver gender equity training and education across Council	2018–2019	All	e i hw cc cs
Provide enhanced training for service delivery staff to better support victims of family violence	2018–2019	All	e i hw cc cs
Develop Family Violence Strategy and Commitment Statement	2018–2019	All	e i hw cc cs

ACTION	TIME FRAME	LIFE STAGE	WELLBEING OUTCOME
» Promote initiatives and campaigns designed to reduce injury			
Support licensees to complete alcohol management training	Ongoing	12 to 24 25 to 64 65+	hw cs
Promote falls prevention and education programs	Ongoing	25 to 64 65+	e i hw cs
Improve the infrastructure of roads and roadsides to reduce the of likelihood accidents, death or serious injury	Ongoing	12 to 24 25 to 64	hw cs
Support activities to increase the safe behaviour of road users within the municipality	Ongoing	All	hw cs
Support behavioural road safety programs that aim to improve the safety of at-risk road user groups, including children, young and older adults	Ongoing	All	e i hw cs
Promote safe driving speed in local streets	Ongoing	All	hw cc cs

Key

e Equity
i Inclusion
s Sustainability
hw Personal health and wellbeing
cc Community connectedness
cs Personal and community safety

Climate Change Statement

The changing climate in Australia will mean warmer and drier conditions with an increasing likelihood of more extreme events such as heatwaves, bushfires and storm surges. This is likely to lead to a variety of impacts including increased flood and storm damage, disruption to essential services, stress on plant and animal communities and increased health risks particularly for vulnerable groups within the community including the elderly, children, and people with disabilities or existing illnesses.

The City of Stonnington is committed to creating a sustainable and resilient City, with enhanced natural and urban environments that are enjoyed by the community.

Our community expects Council to focus efforts on improving its own environmental performance and practices; to lead by example. Council's current sustainability practices include energy conservation measures, sustainable purchasing, enhancing natural areas, waste management and minimisation and integrated water management. The Council Plan 2017–2021 and draft Sustainable Environment Strategy 2017–2021 details initiatives which will contribute to climate change mitigation and adaption through energy conservation, greenhouse gas reduction, water conservation, protecting and increasing green space and flood mitigation.

In response to the impact of Climate Change, Council will:

- Reduce energy use and associated greenhouse gas emissions
- Maximise efficiency of water use and improve water quality entering waterways
- Enhance biodiversity values throughout the City to protect and increase flora and fauna.
- Protect, maintain and grow the City's street tree population to enhance the character, identity and liveability of the City of Stonnington
- Deliver best practice waste management services to minimise waste generation and maximise resource recovery and recycling
- Enhance sustainable purchasing of goods, materials and services with reduced environmental impacts
- Lead community sustainability through public programs
- Promote and facilitate the use of sustainable transport options across the City
- Continue to support and encourage safety by circulating Heat Health alerts from the Department of Health and Human Services to organisations working with vulnerable people, and
- Continue to implement the Heatwave Policy sub plan of the Municipal Emergency Management Plan covering both response and recovery.

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Appendix One
Stonnington Health Profile

Stonnington residents are generally healthier than people living in the broader Southern Metropolitan region and across Victoria, with lower rates of and reduced risk for many health conditions.

Approximately 53% of Stonnington residents rate their health as either excellent or very good, with only 8.4% rating their health as fair or poor. Self-reported health status has been shown to be a reliable predictor of ill-health, future healthcare use and premature mortality (Department of Health and Human Services, 2016).

However, despite the relatively high overall level of health and wellbeing of residents across the Local Government Area (LGA), the community is still at risk of developing chronic diseases and debilitating health conditions related to alcohol use, being overweight or obese, insufficient exercise and not consuming enough fruit and vegetables.

Our People

The estimated residential population of Stonnington in 2017 is 114,991, representing an increase of 10% from the 2013 population level. The population is comprised of approximately 55,905 males (48%) and 59,086 females (52%). In 2021, the estimated resident population will be 124,420, representing a further increase of 8.2% from current levels and an average annual increase of 1.9%.

Between 2017–2021, the two areas that will experience the greatest increase in population are South Yarra (15.4%) and Armadale (15%).

Age Groups

People aged 25 to 34 make up the largest age group within Stonnington (23.4%), with people aged 15 to 24 and 35 to 44 making up 28.8% of the population (14.4% each). Stonnington's population remains relatively young, with 50% of residents younger than 35 years.

Population groups are not distributed evenly across the City of Stonnington. The majority of South Yarra residents (58%) are younger than 35, while in Toorak the population is slightly older with only 40% aged younger than 35.

The highest growth in children aged 0 to 4 will occur in Toorak (19.6%), South Yarra (17%). And Glen Iris (14.1%). Growth in children aged 5 to 14 will also be highest in South Yarra (24%).

Growth for people aged 75 to 84 will occur in Armadale (30.1%5), South Yarra (23.3%) and Toorak (17.6%).

2017 POPULATION SUMMARY

Age Group	Number	%
Babies and pre-schoolers (0 to 4)	5,520	4.8
Primary schoolers (5 to 11)	6,388	5.6
Secondary schoolers (12 to 17)	5,877	5.1
Tertiary education and independence (18 to 24)	13,494	11.7
Young workforce (25 to 34)	26,960	23.4
Parents and homebuilders (35 to 49)	22,984	20.0
Older workers and pre-retirees (50 to 59)	11,655	10.1
Empty nesters and retirees (60 to 69)	9,304	8.1
Seniors (70 to 84)	9,705	8.4
Elderly aged (85 over)	3,105	2.7
Total	**114,991**	**100.0**

2021 POPULATION FORECAST

Age Group	Number	%
Babies and pre-schoolers (0 to 4)	6,147	4.9
Primary schoolers (5 to 11)	6,903	5.5
Secondary schoolers (12 to 17)	6,230	5.0
Tertiary education and independence (18 to 24)	14,470	11.6
Young workforce (25 to 34)	28,481	22.9
Parents and homebuilders (35 to 49)	25,770	20.7
Older workers and pre-retirees (50 to 59)	12,524	10.1
Empty nesters and retirees (60 to 69)	9,573	7.7
Seniors (70 to 84)	10,869	8.7
Elderly aged (85 over)	3,453	2.8
Total	**124,420**	**100**

Prahran Statistical Local Area (SLA)

The Prahran SLA is a significant growth corridor within Stonnington, with an anticipated population increase of 8,196 people over the next four years. Between 2017–2021 there will be an anticipated 3,549 new births, yet the major influence on population growth will be the net migration of roughly 6,700 people to the area. Age structure forecasts for the Prahran SLA indicate an anticipated 14% increase in population under working age, a 9.2% increase in population of retirement age, and a 10.1% increase in population of working age.

In the Prahran SLA, between 2017 and 2021, the number of young people aged 17 and under is forecast to increase by 984 to then comprise 12% of the total population. The number of residents aged over 60 is expected to increase by 962 (8.5%) to comprise 18% of the total population.

People aged 25 to 34 form the largest proportion of the population, with a total of 18,365 (29%). This will continue through to 2021, with a slight increase of 1,324 persons projected, to represent 28% of the Prahran SLA. The largest increase in persons between 2017 and 2021 is forecast to be 35 to 39, which is expected to increase by 1,253 and account for 9.8% of the total persons.

Malvern SLA

Growth within the Malvern SLA is predicted to be significantly less than the Prahran SLA, with an expected net increase of 3,702 people between 2017 and 2021. Age structure forecasts for the Malvern SLA indicate an anticipated 5% increase in population under working age, a 9% increase in population of retirement age, and a 5% increase in population of working age.

In the Malvern SLA, between 2017 and 2021, the number of persons aged 17 and under is forecast to increase by 510 people, to comprise approximately 20% of the total population, representing a higher proportion of young people than the Prahran SLA. The number of people aged 60 and over is also expected to increase by 821 people, to comprise 21% of the total population. Seniors aged 70 to 84 are anticipated to increase by 519 persons (11%).

In 2021, people aged 35 to 49 are anticipated to be the largest age group, with a total of 10,270 (Profile ID, 2017).

Household Type

Malvern East, South Yarra and Prahran are the most populated suburbs within Stonnington. In 2016 there were 54,181 dwellings with the average number of persons per household at 2.19. The average household size will continue to reduce over subsequent years to 2.18 in 2021 and continue to reduce to 2.14 by 2036. The result of the average household size continuing to reduce, while the number of households and dwellings continues to increase, demonstrates a continued increase in the population density within Stonnington.

In 2017, the dominant household type in the City of Stonnington is lone person households, accounting for 35% of all households. Couples without dependants (27%) and couple families with dependants (20%) are the other two dominant household types. The largest increase between 2017 and 2021 will be in lone person households, which will increase by 1,688 households again accounting for 35% of all households.

Armadale, Windsor and Malvern (South) will see the greatest increase in group households across Stonnington, yet the bulk of group households in 2017 through to 2021 will be located in South Yarra and Prahran. South Yarra also has the largest number of lone person households (4,922) in 2017 and is expected to increase by 16% to 5,711 by 2021 and make up approximately 40% of all households in the area.

Household Tenure

Within Stonnington, 43.8% of residents are renters, considerably higher than the Victorian average of 27%. Approximately 26% of residents own their home outright and 21% own with a mortgage (ABS, 2016).

Economic and Employment Characteristics

The City of Stonnington's Gross Regional Product was $8.34 billion as of 30 June 2016, which represents approximately 2.3% of Victoria's Gross State Product (ABS, 2016). The Gross Regional Product refers to the amount of wealth generated by businesses, organisations and individuals working in the area. As of December 2016, there were an estimated 44,896 jobs within Stonnington, with the retail sector, health care and professional, scientific and technical services comprising 49% of all employment.

Compared to the greater Melbourne and Victorian rate of 5.9% and 6.1% respectively, the rate of unemployment in Stonnington is extremely low, with only 2.8% unemployment reported as of the March quarter 2017 (Profile ID, 2017). Unemployment rates were slightly higher in Prahran and Windsor at 4.1% and lower in Malvern and Toorak at 2.4% respectively (Remplan, 2016).

The median total personal weekly income of residents is $1,042 and the median total family income is $2,680. The median monthly mortgage repayment is $2,200 and weekly median rent recorded at $400 (ABS, 2016).

Family Composition

There are 11,999 couple families with no children living in Stonnington and 9,276 couple families with children, comprised of 6,271 with children under 15 and 3,005 with no children under 15. There are also a total of 2,666 one parent families (ABS, 2016).

Cultural Diversity

The City Of Stonnington is culturally diverse with 22% of the population born in non-English speaking countries and 22% of Stonnington residents speaking a language other than English at home. The percentage of residents born overseas is 31%, which is higher than the Greater Melbourne average of 27%. The top five overseas countries of birth of Stonnington residents include China (4.4%), England (3.5%), India (2.5%), New Zealand (2.5%), Greece (1.6%) and the top five languages spoken other than English include Mandarin, Greek, Cantonese, Italian and Spanish (Department of Health and Human Services, 2015 and ABS, 2016).

Indigenous people make up on only 0.3% of the population of Stonnington, compared with the average across Greater Melbourne of 0.6%. The majority of residents that identify as Indigenous are aged between 20 to 34, comprising 44% of the Indigenous population within Stonnington (Social Health Atlas, 2015 and ABS, 2016).

People with a Disability

In 2012, the Survey of Disability, Ageing and Carers reported that approximately 5.8% of Victorians living in major cities have a severe disability and almost one in five (17.5%) has a disability of some type (ABS, 2015). A total of 3,463 or 3.3% of the population in 2016, reported needing help in their day to day lives due to disability, with the rates of needing assistance increasing with age. Almost 9,000 Stonnington residents also provide regular unpaid assistance to a person with a disability (ABS, 2016).

Life Expectancy

On average Stonnington males can expect to live to 81.9 years and females to 85.8 years. This is above the Victorian average of 80.3 and 84.4 years respectively (Department of Health and Human Services, 2016).

Avoidable Mortality

Avoidable mortality measures the number of deaths from conditions that could be avoided through prevention or medical intervention. It is essentially a way of counting untimely and unnecessary deaths.

The Age Standardised Rate (ASR) for all avoidable deaths for people aged 0 to 74 within Stonnington is 80.7, much lower than the metropolitan Melbourne rate of 99.7. The Age Standardised Rate (ASR) is a summary of the rate that a population would have if it had a standard age structure. It is the weighted mean of the age-specific rates and is expressed below as the average annual ASR per 100,000. Stonnington ASRs are lower than the Melbourne metropolitan rates for main avoidable deaths including; cancer 22.1 (metropolitan rate 22.7), cardiovascular diseases 13 (metropolitan rate 21) and respiratory system diseases 5.5 (metropolitan rate 7) (Department of Health and Human Services, 2015).

Death Rate

As per Australian Bureau of Statistics death data (2014) the standardised death rate (SDR) for Stonnington is 4.4, lower than the metropolitan rate of 5.1. The SDR is the deaths per 1,000 standard population (with SDRs using the age distribution of total persons in the Australian population at June 2001 as the standard population) (Department of Health and Human Services, 2015).

Alzheimer's

As of 2016, 1,812 Stonnington residents were living with Alzheimer's. It is anticipated that by 2050 this is expected to increase to 4,559 residents, representing a growth rate of 151.6%. This growth rate represents an annual growth rate of 2.8%, which is lower than the predicted Victorian overall growth rate of 293.9% (4.1% annually). In comparison to other LGA's, Stonnington rates 23rd out of the 79 LGA's for prevalence in 2016 and will rank 34th for overall prevalence in 2050 (NATSEM, University of Canberra, 2016).

Diabetes

As of September 2016, approximately 2,994 (2.5%) residents had diabetes. This is less than the national average of 5.4%. The majority of cases are Type 2, 2,433 (81%). The remainder of cases include Type 1, 444 (15%), 83 (2.8%) Gestational and 33 Other (1.1%). Across Stonnington, the prevalence of diabetes increases with age, with a diagnosis of diabetes most common among people aged 60 and over. Males are also more likely to be diagnosed with diabetes than females. Across the LGA, Prahran has the highest percentage of individuals living with diabetes (Diabetes Australia, 2016).

Children and Early Years

The importance of the early years in a child's life is well known in helping children develop in healthy ways. The experiences a child has in the early years can either support their learning and development or interfere with it. Health and physical wellbeing are the basis for all learning and development (Department of Education and Early Childhood Development, 2010).

Stonnington's breast feeding rates are better than the Victorian average. The proportion of infant's breastfed at 3 months (63.2%) and 6 months (50.6%) are considerably higher than the Victorian rates of 51.4% and 34.5% respectively (Department of Education and Training, 2015).

The National Assessment Program – Literacy and Numeracy (NAPLAN) is a series of tests focused on basic skills that are administered annually to Australian students. NAPLAN data from 2015 demonstrates that Stonnington students had extremely high levels of literacy and numeracy, with ratings across year levels 3, 5, 7 and 9 higher than Victorian averages in every case (Department of Health and Human Services, 2015).

Older Residents

As Stonnington residents continue to live longer, it is important to ensure our community is given every opportunity to have high levels of health and wellbeing. Social isolation, disability, increased risk of falls and injury and potential for elder abuse, particularly financial abuse, are all very relevant issues for our ageing members of the community.

Older residents are more likely to require assistance with core activity areas of self-care, mobility and communication because of a disability, long term health condition or old age. Approximately 15% of Stonnington residents aged 65 and over need assistance on a day to day basis, as compared to 1.7% of residents aged 35-64 (ABS, 2016).

STONNINGTON LITERACY AND NUMERACY LEVELS

Year Level	Literacy	Numeracy	Victorian average literacy	Victorian average numeracy
3	98.7%	98.7%	94.2%	94.6%
5	97.7%	98.5%	92.9%	94.7%
7	99.2%	100%	95.6%	96.5%
9	99%	99.5%	92.6%	95.9%

PROPORTION OF RESIDENTS AGED 75 AND OVER

	75-79	80-84	85 years and over
Stonnington	2.9%	2.1%	2.4%
Southern Metropolitan Region	2.7%	1.9%	2.2%
Victoria	2.8%	2.0%	2.2%

(ABS, 2016)

The percentage of individuals living in lone person households increases significantly with age. Approximately 27% of residents aged 65 to 74 lived by themselves, 34% of people aged 75 to 84 and 52% of residents aged 85 years and over live in lone person households (ABS, 2016). As well as being more likely to live by themselves, older people are less likely to go out as frequently as other younger residents.

A further contributing factor to the social isolation experienced by older residents is proficiency in speaking English. Residents who arrived in Australia prior to the year 2000 are less likely to speak very well or well, which increases with age.

All of these factors combined suggest that older Stonnington residents are at greater risk of experiencing social isolation and loneliness.

LGBTQIA Community Members

Specific data on the health and wellbeing of LGBTQIA community within Stonnington was not available at the time of developing this plan, yet data from the 2011 Census indicates that there is a higher ratio of same sex couples within Stonnington, as compared to Victorian averages.

The average rates of LGBTQIA community members within Stonnington are particularly relevant, as compared to the general population, LGBTQIA people are more likely to attempt suicide, self-harm and have a mental health issue (National LGBTI Health Alliance, 2013).

PROFICIENCY IN SPOKEN ENGLISH BY AGE (ARRIVING BEFORE YEAR 2000)

		55 to 64	65 to 74	75 to 84	85 years and over
Speaks English only		1,410	1,486	668	349
Speaks other language and speaks English:	» Very well or well	979	895	631	289
	» Not well or not at all	163	300	690	246

(ABS, 2016)

SAME SEX COUPLES

	Male same-sex couples % of total families	Female same-sex couples % of total families
Stonnington	1.49	0.43
Victoria	0.2	0.2

(ABS, 2011)

Health Care Card Holders

Approximately 3900 (3.4%) of Stonnington residents have a Health Care Card. Stonnington is second only to Bayside (2.8%) in terms of lowest proportion of the population having a health care card across Victoria. The metropolitan Melbourne average is 6.4% (Social Statistics, 2016).

Research shows that Victorians with a low socioeconomic status have worse health and wellbeing than the rest of the population. However, the Victorian data on the relationship between low socio-economic status and health is not available at LGA level. To address this gap, in 2015 Council and Star Health investigated the health status of local low-income Stonnington residents.

A survey of 336 (approximately 9% of Health Care Card Holders in Stonnington) low-income respondents found that:

- They are more likely to have been diagnosed with heart disease, diabetes, depression or anxiety, cancer, and arthritis than other Stonnington residents
- 49% rent from government housing
- Approximately four times as likely to be obese (31%) compared to other Stonnington residents (9.7%)
- Ten times as likely to have run out of food in the previous 12 months and couldn't afford to buy more (29% compared to 3% among other Stonnington residents)
- Less likely to have the Internet at home – 62.2% compared to 94.1% of other Stonnington residents
- 19% smoke cigarettes every day, compared to only 4% of other Stonnington residents
- Half as likely to say they could 'definitely' get help from friends and neighbours (52.3%) compared to other Stonnington residents (94.4%), and
- More likely to experience high/very high levels of psychological distress (43% compared to 8% of other Stonnington residents).

Disadvantage

Stonnington is primarily an advantaged municipality with small pockets of concentrated disadvantage within South Yarra, Windsor and Prahran, Glen Iris and Malvern East. Disadvantage is measured by the Index of Relative Socioeconomic Disadvantage (SEIFA), based on variables such as income, unemployment and education attainment. Using this measure, Stonnington has a SEIFA score of 1,084, making it the 4th least disadvantaged LGA in Victoria (ABS, 2011). However, the average SEIFA rating across the public housing estates in Stonnington is approximately 667. This lower rating reflects low income, low educational attainment and high unemployment of the residents in those areas.

As of September 2016 less than 1% of dwellings were affordable to Centrelink recipients (Department of Health and Human Services, 2016).

Mental Health

Mental health includes emotional, psychological and social wellbeing. It affects how we think, feel and act as we cope with life and handle stress. Having high levels of wellbeing improves quality of life in many ways, while poor mental health can have a significant negative impact on physical health and life expectancy (Department of Health and Human Services, 2016).

The lifetime prevalence of depression or anxiety within Stonnington residents is about the same as the Southern Metropolitan Region (SMR) and Victorian averages, demonstrating that approximately one in four people have experienced mental health issues at some point in their lives. Approximately 8% of residents are experiencing high or very high levels of psychological distress, which although still concerning reflects rates lower than the SMR and Victorian averages.

Seeking professional help and receiving treatment and support are important strategies in managing mental health issues. However, mental illness continues to in some cases be surrounded by negative stereotypes which can result in social isolation and stigmatising of people with mental illness. These factors may be contributing circumstances to the low rates of residents seeking professional health for a mental health problem in the previous year, with only 13% seeking help, slightly less than the SMR average of 15.4% and Victoria as a whole (16%).

Registered Mental Health Clients

With 7.5 registered mental health clients per 1,000 members of the population, compared to the metropolitan average of 9.5 and Victoria overall at 11.3 per 1,000, the total of 754 Stonnington residents who are registered mental health clients in 2014/15 is fairly low.

LIFETIME PREVALENCE OF DEPRESSION OR ANXIETY

LGA	Depression or anxiety %
Stonnington	25.2
Bayside	15.9
Glen Eira	25.5
Port Phillip	31.2
SMR	**24.5**
Victoria	**24.2**

PROPORTION OF ADULT POPULATION WITH PSYCHOLOGICAL DISTRESS

LGA	Low (K10: 10≤16)[1]	Moderate (K10: 16-21)	High/very high (K10: 22+)
Stonnington	65.4	24.1	8.4
Bayside	75.7	16.8	3.6
Glen Eira	63.0	24.0	8.9
Port Phillip	64.1	21.1	12.6
SMR	**61.0**	**22.5**	**12.7**
Victoria	**61.3**	**22.4**	**12.6**

1 The K10 is a set of 10 questions designed to categorise the level of psychological distress over a four-week period. It has been validated as a screening tool for detecting affective disorders such as depression and anxiety.

COMMON DIAGNOSIS GROUPS ACROSS AGE GROUPS

Age Group	Common diagnoses	Diagnosis numbers	Total client numbers
10 to 25	» Mood (affective disorders)	37	**148**
	» Stress related disorders	28	
	» Personality and behaviour disorders	21	
26 to 54	» Schizophrenia and delusional disorders	161	**385**
	» Mood (affective disorders)	71	
	» Stress related disorders	45	
55+	» Schizophrenia and delusional disorders	83	**211**
	» Mood (affective disorders)	44	
	» Dementia	29	

Service Usage and Delivery

Stonnington have higher rates of General Practitioners (GPs), dental services and allied health sites than metropolitan Melbourne and Victoria, with 1.7 GPs, 0.7 dental services and 1.6 allied health sites per 1,000 members of the population compared to an average of 1.2 GPs, 0.3 dental services and 0.8 allied health sites across metropolitan Melbourne (Department of Health and Human Services, 2015).

Stonnington residents had the lowest rate of GP attendances across the SMR between 2014/15, with 4.6 attendances per 1,000 of the population. The frequency of GP visits and the duration of time since the last visit are presented below.

VISITED A GP AND DURATION OF TIME SINCE THE LAST VISIT

LGA	Less than 3 months ago %	3 to 6 months ago %	6 to 12 months ago %	12 months ago or more %
Stonnington	54.5	23.5	9.1	12.9
Bayside	60.1	15.3	13.6	8.7
Glen Eira	57.9	18.1	11.1	12.3
Port Phillip	56.1	16.8	13.0	13.4
SMR	**58.2**	**18.5**	**12.3**	**10.0**
Victoria	**59.9**	**17.9**	**11.1**	**10.1**

Community Health Service Usage

In 2014/15, approximately 2% of Stonnington residents were registered clients with a community health service, the majority with Star Health. The other main community health services accessed by Stonnington residents were Alfred Health and Monash Link Community Health Service. Across the Southern Metropolitan Region the rates of community health service registration ranged from 1.4% of Bayside residents to 3% of Greater Dandenong residents. Counselling, podiatry and physiotherapy are the predominant services accessed by residents.

Government Benefits

The rates of individuals receiving Youth Allowance within Stonnington is considerably lower than the metropolitan Melbourne average, with only 10.3% of young people aged 20 to 24 receiving the benefit compared to the metropolitan average of 20%. Single and partnered parenting benefits are also low at 1% and 0.3% respectively. Approximately 1.6% of residents receive a disability pension and 37% receive an aged pension, compared to metropolitan averages of 2.7% and 64% (Social Statistics, 2016).

As of 2015 there were approximately 3800 households in dwellings which were receiving Commonwealth rent assistance (Social Statistics, 2016).

Gambling Losses

In 2015/16, Stonnington residents lost a total of approximately $23.4 million at seven electronic gaming machine venues across the municipality. This is a slight increase in total losses recorded for 2012/13 ($21.4 million) and 2013/14 ($21.5 million). For the 2015/16 year this equates to $64,228 of losses per day or $252 of losses per adult across the year (Victorian Commission for Gambling and Liquor Regulation, 2017).

ELECTRONIC GAMING MACHINES LOSSES

LGA	Number of Gaming Venues	Number of Electronic Gaming Machines	Average gambling losses per adult 2015/16
Stonnington	7	303	$252
Bayside	6	228	$171
Kingston	17	898	$672
Glen Eira	11	772	$651
Port Phillip	11	409	$298

Participation in Biomedical Checks and Screening Programs

Screening programs for high blood pressure, cholesterol, diabetes and numerous cancers aim to identify conditions to ensure appropriate treatment or behaviour change can be introduced as early as possible. A low rate of screening may mean that fewer conditions are detected, thus preventing potential early treatment.

Rates of screening across a range of conditions are higher than the Southern Metropolitan and Victorian rates in many cases, however there is still some room for improvement.

Childhood Vaccination

Vaccination is one of the most effective interventions to prevent disease. The benefits of immunisation, are overwhelming; preventing death and disability, and protecting not only the individual but others in the community who are unable to be immunised for medical reasons. The current immunisation rate in Victoria for children under five is around 92%, slightly lower than the required level of 95% required to halt the spread of diseases such as measles (Department of Health and Human Services, 2016).

Within Stonnington, approximately 91.5% of children under five years of age are fully immunised.

RATES OF PARTICIPATION IN BIOMEDICAL CHECKS AND HEALTH SCREENING (%)

LGA	Blood pressure check	Cholesterol check	Blood sugar or diabetes check	Bowel cancer screening[2]	Bowel cancer examination	Breast screen	Pap test
Stonnington	80.7	53.2	51.8	66.1	55.9	91.7	81.2
Bayside	84.4	57.9	47.6	64.6	56.1	93.1	78.7
Glen Eira	82.9	61.2	51.1	52.9	48.6	89.1	75.6
Port Phillip	76.7	56.3	46.1	57.3	50.0	87.7	67.8
SMR	**79.9**	**59.8**	**51.7**	**56.6**	**47.3**	**90.7**	**72.1**
Victoria	**79.9**	**59.5**	**53.1**	**59.9**	**46.1**	**90.0**	**72.1**

2 Bowel cancer screening completed for people aged 50 and over and is related to individuals receiving and completing an NBCSP FOBT in the previous two years.

VACCINE RATES (%)

Age	Stonnington fully immunised	Victorian rate	Greater Melbourne rate
12 to 15 months	93.1%	91.2%	92%
24 to 27 months	88.9%	89.5%	89.5%
60 to 63 months	92.5%	92.6%	92.9%

(Department of Health and Human Services, 2015)

Vaccine Preventable Diseases

Influenza (flu) is a highly contagious viral infection that is responsible for major outbreaks of respiratory illness around the world, usually in the winter months. The flu virus is especially dangerous for elderly people, pregnant women, Aboriginal and Torres Strait Islander people and very young children, as well as for people with underlying medical conditions (Department of Health and Human Services, 2017).

Vaccination of children against chickenpox not only prevents serious disease in childhood, but also ensures immunity in adolescence and adulthood, when complications from the disease can have severe outcomes. As a person gets older, the risk of getting shingles and neurological complications increases. Shingles is a painful blistering rash caused by reactivation of the varicella zoster virus – the same virus that causes chickenpox (Department of Health and Human Services, 2017).

Stonnington has high rates of influenza, chicken pox and shingles compared to the Southern Metropolitan Region and Victoria as a whole. Rates of influenza are higher amongst females and have remained fairly consistent across all age groups, however people aged 85 and over tend to have the highest rates. Within Stonnington, pertussis (whooping cough) is more common in females and chickenpox occurs fairly evenly across males and females, but most commonly in children aged between 0 to 9. Shingles appears to be more common in females aged 55 to 59, yet also occurs commonly across all age groups.

VACCINE PREVENTABLE DISEASES - STONNINGTON RATES

Rate	Influenza	Pertussis (Whooping Cough)	Varicella zoster virus (Chickenpox)	Varicella zoster virus (Shingles)	Varicella zoster virus (Unspecified)
Stonnington rate[3]	333.9	41.4	13.1	31.3	92.8
SMR rate	**299.4**	**60.0**	**9.7**	**23.5**	**71.1**
Victoria rate	**238.9**	**48.8**	**11.0**	**22.5**	**59.4**

3 Rate for previous 12 months per 100,000 person as at 18 February 2017.

VACCINE PREVENTABLE DISEASES – STONNINGTON ANNUAL TOTALS

Year	Influenza	Pertussis (Whooping Cough)	Varicella zoster virus (Chickenpox)	Varicella zoster virus (Shingles)	Varicella zoster virus (Unspecified)
2014	194	57	15	37	149
2015	395	74	15	52	156
2016	319	45	15	36	118

Hospital admissions

In 2015/16 there were 44,954 hospital admissions by Stonnington residents, a slight increase from 42,948 in 2014/15. Across Port Phillip, Glen Eira and Bayside, 2015/16 admission numbers were fairly consistent, ranging from 43,203 by Port Phillip residents to 67,884 by Glen Eira residents. Of the approximately 45,000 hospital admissions, 27,741 (61.1%) were to private hospitals and 17,483 to public hospitals (38.9%). Stonnington is only second to Bayside (62.9%) in relation to private hospital admission rates, with the average across the Southern Metropolitan Region being 43.7% and Victoria wide 37.7% (Department of Health and Human Services, 2016).

Emergency Department Presentations

With 157.3 Emergency Department (ED) presentations per 1,000 members of the population, the rates of ED presentations by Stonnington residents are significantly less than the Victorian average of 261.5 per 1,000 people (Department of Health and Human Services, 2015). Stonnington residents are most likely to attend the Alfred hospital for ED presentations, with 10,633 admissions in the 2015/16 financial year. Individuals aged 20 to 29 present more frequently at the Alfred ED than any other age group, comprising 2,636 (25%) of all presentations. Furthermore, injuries (single and multiple site) are the most common reason for admission, making up 24% of all presentations (Department of Health and Human Services, 2016).

The top ten reasons for ED presentations as presented below, make up 77% of all presentations. Psychiatric illness, urological illness, ear/nose/throat illness, system infection/parasites, alcohol/drug abuse and alcohol/drug induced mental illness were the next top five reasons for ED admission.

TOP 10 REASONS FOR ED ADMISSION AT ALFRED AND WHICH AGE GROUP 2015/16 DATA

ED Admission Reason	Highest within which age group	Total
Single site injury	20 to 29 (557 – 31% of all admissions)	1822
Digestive system illness	20 to 29 (387 – 28% of all admissions)	1366
Circulatory system illness	70 to 79 (206 – 19% of all admissions)	1084
Neurological illness	70 to 79 (109 – 17% of all admissions)	653
Other presentation	20 to 29 (178 – 27% of all admissions)	649
Single site injury (minor)	20 to 29 (201 – 33% of all admissions)	600
Respiratory system illness	70 to 79 (110 – 20% of all admissions)	557
Musculoskeletal/connective tissue illness	20 to 29 (106 – 19% of all admissions)	557
Illness of the skin	20 to 29 (144 – 30% of all admissions)	474
Not stated	20 to 29 (128 – 28% of all admissions)	465
		8227

Alcohol Related Ambulance Attendances

Alcohol is a major contributor to overall alcohol and other drugs (AOD) harms within Stonnington. Ambulance attendances involving alcohol occurred at a rate of 465.2 per 100,000 persons in 2013/14, five times greater than the next highest attendance rate for the LGA (Lloyd et al., 2015). Alcohol contributed the clear majority of incidents to total ambulance attendances. Alcohol-related ambulance attendances in Stonnington have more than doubled between 2006/07 (251) and 2013/14 (571). The ambulance attendance rate is higher for males (71.4 per 10,000) than females (40 per 10,000), with the rate for males increasing steadily from 38.3 in 2010/11.

In 2013/14, ambulance attendance rates were highest for people aged 15 to 24 at 108.3 attendances per 10,000 (Vic AOD Stats, 2016).

Alcohol related injuries

Between 2012 and 2015, Stonnington residents were admitted to hospital for alcohol related injuries 354 times which accounted for 6.2% of all injury related admissions. The admission rate remained fairly stable over the three year period, with 110 admissions in 2012/13, 111 in 2013/14 and 133 in 2014/15. During the same period there were a total of 248 alcohol related injury Emergency Department (ED) presentations, comprising 2% of all injury related ED presentations (Department of Health and Human Services, 2016).

ALCOHOL AMBULANCE ATTENDANCE RATE

LGA	2012/13 Ambulance attendances rate per 10,000 population	2013/14 Ambulance attendances rate per 10,000 population
Stonnington	47.9	55.4
Bayside	21.7	23
Glen Eira	21.3	24.5
Port Phillip	73.6	81.6

INJURY-RELATED HOSPITAL ADMISSIONS

Year	Intent	Alcohol related injury	Non-alcohol related injury	Total
2012/13	Unintentional	70 (4.4%)	1519 (95.6%)	1589
	Intentional self-harm	25 (34.7%)	47 (65.3%)	72
	Assault, maltreatment and neglect	8 (14.8%)	46 (85.2%)	54
	Other or undetermined	*	*	23
	Total	**110 (6.3%)**	**1628 (93.7%)**	**1738**
2013/14	Unintentional	69 (4.1%)	1615 (95.9%)	1684
	Intentional self-harm	25 (31.6%)	54 (68.4%)	79
	Assault, maltreatment and neglect	10 (19.2%)	42 (80.8%)	52
	Other or undetermined	7 (19.4%)	29 (80.6%)	36
	Total	**111 (6%)**	**1740 (94%)**	**1851**
2014/15	Unintentional	71 (3.8%)	1797 (96.2%)	1868
	Intentional self-harm	45 (36.9%)	77 (63.1%)	122
	Assault, maltreatment and neglect	14 (23.3%)	46 (76.7%)	60
	Other or undetermined	*	*	33
	Total	**133 (6.4%)**	**1950 (93.6%)**	**2083**
Total	Unintentional	210 (4.1%)	4931 (95.9%)	5141
	Intentional self-harm	95 (34.8%)	178 (65.2%)	273
	Assault, maltreatment and neglect	32 (19.3%)	134 (80.7%)	166
	Other or undetermined	17 (18.5%)	75 (81.5%)	92
	Total	**354 (6.2%)**	**5318 (93.8%)**	**5672**

INJURY-RELATED EMERGENCY DEPARTMENT PRESENTATION

Year	Intent	Alcohol related injury	Non-alcohol related injury	Total
2012/13	Unintentional	49 (1.5%)	3179 (98.5%)	3228
	Intentional self-harm	7 (8.4%)	76 (91.6%)	83
	Assault, maltreatment and neglect	*	*	104
	Other or undetermined	20 (3.6%)	534 (96.4%)	554
	Total	**79 (2%)**	**3890 (98%)**	**3969**
2013/14	Unintentional	46 (1.4%)	3299 (98.6%)	3345
	Intentional self-harm	*	*	91
	Assault, maltreatment and neglect	*	*	73
	Other or undetermined	16 (2.9%)	535 (97.1%)	551
	Total	**68 (1.7%)**	**3992 (98.3%)**	**4060**
2014/15	Unintentional	72 (2%)	3547 (98%)	3619
	Intentional self-harm	7 (6.1%)	108 (93.9%)	115
	Assault, maltreatment and neglect	*	*	101
	Other or undetermined	20 (4.2%)	455 (95.8%)	475
	Total	**101 (2.3%)**	**4210 (97.7%)**	**4311**
Total	Unintentional	167 (1.6%)	10025 (98.4%)	10192
	Intentional self-harm	18 (6.2%)	271 (93.8%)	289
	Assault, maltreatment and neglect	7 (2.5%)	271 (97.5%)	278
	Other or undetermined	56 (3.5%)	1524 (96.5%)	1580
	Total	**248 (2%)**	**12092 (98%)**	**12340**

* Data has been suppressed in order to maintain confidentially.

Ambulatory Care Sensitive Conditions

Ambulatory Care Sensitive Conditions (ACSCs) are hospitalisations that can be avoidable with the application of public health interventions and early disease management; usually delivered in ambulatory setting such as primary care. High rates of hospital admissions for ACSCs may provide indirect evidence of problems with patient access to primary healthcare, inadequate skills and resources, or disconnection with specialist services (Department of Health and Human Services, 2016).

Dental conditions resulted in the highest number of admissions for males, yet congestive cardiac failure recorded the highest average and total bed days. For females, urinary tract infections (UTIs) were the cause of the greatest number of admissions, and similar to males, congestive cardiac failure also had the highest average and total bed days for females.

2014/15 TOP 10 ACSCs FOR PERSONS AND ALL AGE GROUPS

Condition	Number of admissions	Standarised rate per 1,000 persons	Average bed days	Total bed days
Dental conditions	297	3.10	1.11	330
Urinary tract infections (UTIs), including pyelonephritis	254	2.58	3.89	988
Cellulitis	224	2.02	4.66	1044
Congestive cardiac failure	230	2.01	6.73	1549
Iron deficiency anaemia	216	2.01	1.62	349
Ear, nose and throat (ENT) infections	139	1.49	1.71	237
Chronic Obstructive Pulmonary Disease (COPD)	141	1.31	6.36	897
Convulsions and epilepsy	139	1.14	2.29	259
Diabetes complications	109	1.02	5.16	562
Asthma	97	0.95	2.74	266

(Department of Health and Human Services, 2016)

2014/15 ACSCs ACROSS AGE GROUPS

Age Group	Most prevalent conditions
0 to 29	Dental conditions, ENT infections, UTIs
30 to 59	Iron deficiency anaemia, dental conditions, cellulitis
60+	Congestive cardiac failure, UTI, COPD

Blood Borne Viruses

A blood borne virus is one that can be spread through contamination by blood and other body fluids. The most common examples are HIV, hepatitis B and hepatitis C. A major risk factor for contracting a blood borne virus is through injecting drug use and sharing injecting equipment. HIV and hepatitis B can also be sexually transmitted.

The rates of blood borne viruses within Stonnington are lower as compared to the rates for the Southern Metropolitan Region and Victoria[4]. Rates of Hepatitis C infection are slightly higher among males than females with 48 cases for males, compared to 32 for females between 2014–2016. There are no other significant differences between male and female rates. Hepatitis B is more common among people aged 30 to 34, while hepatitis C is more prevalent in people aged 40 to 44.

Enteric/Foodborne Diseases

Enteric diseases are transmitted by bacteria or viruses entering the body through the mouth or intestinal system, primarily through eating or drinking contaminated food or drink.

Other than hepatitis A, Stonnington shows higher rates of infection and food poisoning compared to Victoria and the Southern Metropolitan Region. The rates have remained fairly stable over the three year comparison period.

Campylobacter infection is a bacterial infection which most commonly causes gastroenteritis (gastro). It is most commonly found in raw or undercooked poultry. Campylobacter infection rates are highest within 25 to 29 year olds, with 79 of the 506 infections occurring within this age group. This pattern was also reflected when examining salmonellosis infection rates. Reviewing gender differences in case totals revealed that salmonellosis is more common within females (162 female cases v 91 male cases), while shigellosis occurred more frequently among males (61 male cases v 19 female cases).

BLOOD BORNE VIRUSES: STONNINGTON RATES

	Hepatitis B – Newly acquired	Hepatitis B – Unspecified	Hepatitis C – Newly acquired	Hepatitis C – Unspecified
Stonnington rate[5]	0.0	25.2	1.0	28.2
SMR rate	**0.7**	**28.1**	**1.2**	**36.2**
Victoria rate	**1.0**	**32.2**	**2.0**	**41.9**

BLOOD BORNE VIRUSES: STONNINGTON ANNUAL TOTALS

	Hepatitis B – Newly acquired	Hepatitis B – Unspecified	Hepatitis C – Newly acquired	Hepatitis C – Unspecified
2014	0	31	3	22
2015	1	32	2	32
2016	1	24	2	28

(Department of Health and Human Services, 2016)

4 Data related to Infectious Diseases sourced from Surveillance of notifiable conditions in Victoria (2017).

5 Rate for previous 12 months per 100,000 persons as at 18 February 2017.

ENTERIC (FOODBORNE) DISEASES: STONNINGTON RATES

	Campylo-bacter infection	Salmonel-losis	Shigellosis	Hepatitis A	Hepatitis E	Listeriosis	Cryptospo-ridiosis
Stonnington rate[6]	163.4	86.8	34.3	1	1	1	23.2
SMR rate	**142.3**	**67.5**	**14.1**	**1.2**	**0.1**	**0.5**	**15.5**
Victoria rate	**142.3**	**68.4**	**10.5**	**0.9**	**0.2**	**0.4**	**14.8**

6 Rate for previous 12 months per 100,000 persons as at 18 February 2017.

ENTERIC (FOODBORNE) DISEASES: STONNINGTON ANNUAL TOTALS

	Campylo-bacter infection	Salmonel-losis	Shigellosis	Hepatitis A	Hepatitis E	Listeriosis	Cryptospo-ridiosis
2014	164	86	24	0	0	0	14
2015	183	86	23	0	0	1	15
2016	159	82	33	3	1	2	17

Sexually Transmitted Infections (STIs)

Stonnington has higher rates of all notifiable sexually transmitted infections as compared to the Southern Metropolitan Region and Victoria. All infections occur more frequently in males than females and rates are most common across the 25 to 34 age bracket. There has been a significant increase in annual totals for gonococcal infections between 2014 and 2016 and smaller increases in both types of syphilis infections.

SEXUALLY TRANSMITTED INFECTIONS[7]: STONNINGTON RATES

	AIDS	Gonococcal infection	HIV – Newly acquired	HIV – Unspecified	Syphilis – Infectious	Syphilis – Late
Stonnington rate	2.0	449.0	7.1	12.1	95.8	49.4
SMR rate	**0.6**	**109.5**	**2.4**	**3.7**	**23.0**	**15.9**
Victoria rate	**0.5**	**102.2**	**2.0**	**3.3**	**18.6**	**16.0**

7 Chlamydia data not available for Stonnington at time of request.

SEXUALLY TRANSMITTED INFECTIONS: STONNINGTON ANNUAL TOTALS

	AIDS	Gonococcal infection	HIV – Newly acquired	HIV – Unspecified	Syphilis – Infectious	Syphilis – Late
2014	4	243	21	10	86	36
2015	4	393	13	10	81	26
2016	2	444	8	14	100	44

People who are Overweight or Obese

Approximately 41% of Stonnington residents are classified as overweight or obese, based on self reported height and weight (Department of Health and Human Services, 2016). This figure has remained fairly stable over the previous four years.

Stonnington ranks very well compared to the Southern Metropolitan region and Victoria overall in relation to the number of people who are overweight or obese. However, studies have shown that people tend to underestimate self-reported weight, so it is likely that actual rates of people who are overweight or obese are actually higher than reported.

Further analysis of the overweight and obesity rates for Stonnington revealed significant differences between male and female residents, with 29.6% of females and 53.8% of males identified as either overweight or obese.

PERSONS WHO ARE OVERWEIGHT OR OBESE

LGA	% Overweight	% Obese
Stonnington	31.7	9.8
Bayside	30.4	11.9
Glen Eira	30.0	14.9
Port Phillip	30.1	8.2
SMR	**31.7**	**17.4**
Victoria	**31.2**	**18.8**

(Department of Health and Human Services, 2016)

Physical Activity

The 2014 Physical Activity Guidelines recommend that 18 to 64 year olds do 2.5 to 5 hours of moderate physical activity or 1.25 to 2.5 hours of vigorous intensity physical activity each week, combined with muscle strengthening activities on at least 2 days per week. For people aged 65 years and older, being physically active for 30 minutes every day can make a difference to health and wellbeing (Department of Health and Human Services, 2016).

Across Stonnington, 49% of residents reported getting sufficient exercise each week compared to the average across the Southern Metropolitan Region of 43% and Victorian rate of 41%. Stonnington males are more likely to meet physical activity guidelines than females, 53% compared to 44% (VicHealth 2016).

Walking for transport for trips longer than ten minutes to places like school, work, the shops or train station is a common activity for Stonnington residents. Approximately 27% of people walk for transport, four or more days per week compared with the average across the Southern Metropolitan Region (19.3%) and Victoria (18.1%). The proportion of residents who use cycling for transport within Stonnington is also greater compared with all Victorian adults, with 5.8% of residents cycling for trips longer than ten minutes 2–3 days per week and 3.6% cycling four or more days per week (Department of Health and Human Services, 2016).

Sedentary Behaviour

The proportion of Stonnington adults doing no physical activity each week is promising, at only 1.2%, significantly lower as compared with the Southern Metropolitan Region (2.9%) and all Victorian adults (3.6%). However, the proportion of Stonnington residents who spend eight hours or more sitting on an average weekday is 30.8%, slightly higher than the average rate across the Southern Metropolitan Region (26.6%) and all Victorian adults (23.9%).

These high rates of sitting during weekdays can be linked to the predominant type of physical activity undertaken at work by the majority of Stonnington residents, being sitting (70.2%) compared with all Victorian adults (49.6%). The proportion of people employed in roles with heavy labour and physically demanding work within Stonnington is very low, which is a contributing factor to the above average rates of sitting. The incorporation of incidental exercise during the day is extremely important, as sitting for long periods may offset the benefits of other physical activity. This means that the effects of sitting down all day cannot entirely be counteracted by going to the gym or playing sport.

Nutrition

The majority of Stonnington residents report both eating a healthy diet and consuming very few sugary drinks on a regular basis. However, members of the population who are socio-economically disadvantaged, particularly Stonnington residents living in public housing estates, are at greater risk of not meeting Australian guidelines for fruit and vegetable consumption and more likely to eat take-away meals and consume sugary soft drinks on a daily basis.

The daily consumption of five serves of vegetables and two serves of fruit for people aged 18 and over is recommended as per the 2013 Australian Fruit and Vegetable Consumption Guidelines. Only 6% of residents meet both fruit and vegetable consumption guidelines, although higher than the SMR average of 3.9%, this rate is still very low. It is positive to note that 25% of Stonnington residents never eat take-away meals and only 9% consume sugar sweetened soft drinks on a daily basis, compared with all Victorian adults.

The limited or uncertain availability of affordable and nutritious food is a particular concern for socio-economically disadvantaged members of Stonnington, as it has been identified that fruit and vegetable consumption declines with level of income. This is particularly relevant for Stonnington Health Care Card holders, with roughly, 30% reporting they ran out of food in the previous 12 months and couldn't afford to buy more.

Alcohol Related Harm

The City of Stonnington is well known for its entertainment precincts, which include a wide variety of bars, restaurants and night clubs. Across the municipality there are 757 active liquor licences, demonstrating a high density of venues which sell alcohol.

The large variety of licensed venues provides significant economic and cultural benefits for Stonnington, yet it must also be acknowledged that a high density of liquor outlets can also lead to high levels of alcohol related harm. While many drinkers consume alcohol responsibly, a substantial proportion of drinkers consume alcohol at a level that is considered to increase their risk of alcohol-related disease, illness or injury. Within Stonnington, only 7.9% of residents reported that they abstained from alcohol or no longer drink, compared to the Southern Metropolitan Region percentage of 18% and Victorian rate of 20.8%. The proportion of the adult population who are at an increased lifetime risk of alcohol-related harm within Stonnington (76.7%) is significantly (statistically) higher than the Victorian average of 59.2% (Department of Health and Human Services, 2016). The increased risk of harm is based on National Health and Medical Research Council (2009) guidelines[8].

Across Victoria, the prevalence of lifetime risk of alcohol related harm significantly increases with increasing total annual household income. This is especially relevant for Stonnington as 24% of individuals earned an income of more than $1,750 per week in 2016, and the increased lifetime risk for alcohol related harm increases to 80% of individuals who earn greater than $100,000 per year (Profile ID, 2017).

In addition to increased risk of lifetime harm, 54% of the Stonnington population is at an increased risk of injury on a single drinking occasion, compared with all Victorian adults (42.5%). Risk of alcohol-related injury on a single occasion refers to the acute effects of excess alcohol consumption that can result in death or injury due to road traffic accidents, falls, drowning, assault, suicide and acute alcohol toxicity. The risk of alcohol-related injury increases with the amount of alcohol consumed on a single occasion.

Further analysis reveals that levels of risky alcohol consumption by Stonnington residents are more common in males than females, with 87% of males at increased risk of harm compared to 67% of females (Department of Health and Human Services, 2016).

RISK OF HARM

LGA	**Increased risk:** either yearly, monthly or weekly	**Increased risk:** Lifetime
Stonnington	54%	76.7%
Bayside	55.3%	72.7%
Glen Eira	45.7%	65.6%
Port Phillip	55.3%	68.8%
SMR	**44.2%**	**62.5%**
Victoria	**42.5%**	**59.2%**

8 NHMRC (2009) Guidelines

Guideline 1: Reducing the risk of alcohol related harm over a lifetime For healthy men and women, drinking no more than TWO standard drinks on any day reduces the lifetime risk of harm from alcohol-related disease or injury.

Guideline 2: Reducing the risk of injury on a single occasion of drinking For healthy men and women, drinking no more than FOUR standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion.

Drug Use

Illicit drug use within Stonnington can generally be categorised by young recreational users frequenting the entertainment districts and smaller groups of marginalised chronic poly-substance users. The consumption of 'party drugs', such as cocaine, ecstasy and amphetamines are the major substances consumed across the entertainment precincts, while heroin and amphetamines are commonly used by chronic poly drug users across Stonnington. Young people are the most prominent demographic of the recreational drug using category. Many are occasional and non-problematic users, but others may transition to more risky alcohol and other drugs (AOD) consumption patterns (University of Melbourne, 2017).

Between 2009–2015 there were a total of 54 overdose deaths within Stonnington, an average annual rate of 7.8, with 43 of these deaths involving pharmaceutical drugs (Coroner's Court, 2016). In 2013/14, ecstasy accounted for 22.3 ambulance attendances per 100,000 persons, the second highest rate for any LGA in the metropolitan region. Furthermore, with 9.7 per 100,000 persons, cocaine related ambulance attendances are the third highest in the metropolitan area. There has also been a 49% increase in GHB ambulance attendances within Stonnington, with rates increasing from 24.7 per 100,000 in 2012/13 to 36.8 per 100,000 in 2013/14 (University of Melbourne, 2017).

Between 2012/13 and 2014/15, the primary drugs of concern for residents receiving treatment included alcohol, heroin, cannabis, amphetamines and benzodiazepines, with poly drug use common within 62% of individuals. Treatment for amphetamines has steadily increased from 48 treatment episodes in 2010/11 to 128 episodes in 2014/15. In 2015/16 a total of 182 individuals presented to the Emergency Department of the Alfred for alcohol/drug abuse and or alcohol/drug induced mental health disorders (Department of Health and Human Services, 2016).

Tobacco Use

Tobacco smoking remains one of the largest causes of preventable illness and death in Australia. Research estimates that two thirds of all lifetime smokers will die from a disease caused by their smoking. In the financial year 2008/09, it is estimated that 3,793 people in Victoria died from diseases caused by smoking (Quit, 2017). The rates of daily and current smokers within Stonnington have reduced over the past four years and are considerably lower than the SMR and Victorian average rates. Applying a gender lens to smoking, reveals that 9% of adult females and 6.5% of males are daily or occasional smokers.

ILLICIT DRUG AMBULANCE ATTENDANCE RATE

LGA	2012/13 Ambulance attendances rate per 10,000 population	2013/14 Ambulance attendances rate per 10,000 population
Stonnington	16.5	16.4
Bayside	5.5	6.2
Glen Eira	6.9	8.7
Port Phillip	27.2	29.2

(AOD Stats, 2016)

SMOKING RATES (%)

LGA	Current Smoker	Daily Smoker
Stonnington	7.9	4.2
Bayside	9.5	5.6
Glen Eira	18.2	13.2
Port Phillip	7.4	4.4
SMR	**13.8**	**10.3**
Victoria	**13.1**	**9.8**

Chronic Diseases

Chronic diseases are conditions that tend to be long lasting and have persistent effects. Chronic conditions include cardiovascular disease (CVD), cancer, diabetes, chronic obstructive pulmonary disease and asthma. Across many conditions, the rates within Stonnington are similar to or lower compared to the SMR and Victoria. The rates of some chronic diseases including cancer and arthritis are higher than SMR and Victorian averages.

TYPES OF CHRONIC DISEASES (%)

LGA	Heart Disease	Stroke	Cancer	Osteoporosis	High blood pressure	Arthritis	Diabetes
Stonnington	6.3	1.4	9.3	4.6	23.3	21.7	2.5
Bayside	5.7	0.9	9.1	4.0	20.6	15.7	2.9
Glen Eira	9.9	3.1	7.6	4.8	22.9	16.7	5.5
Port Phillip	6.1	1.9	10.1	5.4	15.5	17.9	1.8
SMR	**7.4**	**2.2**	**7.9**	**4.4**	**24.7**	**19.1**	**5.0**
Victoria	**7.2**	**2.4**	**7.4**	**5.2**	**25.9**	**19.8**	**5.3**

NUMBERS OF CHRONIC DISEASES (%)

LGA	No chronic disease	One chronic disease	Two chronic diseases	Three or more chronic diseases	At least one chronic disease
Stonnington	48.4	36.2	11.6	3.8	51.6
Bayside	61.1	25.1	10.0	3.8	38.9
Glen Eira	53.4	29.0	10.3	7.4	46.6
Port Phillip	46.8	37.7	10.5	5.1	53.2
SMR	**53.1**	**30.5**	**10.8**	**5.7**	**46.9**
Victoria	**52.9**	**30.0**	**11.1**	**6.1**	**47.1**

Violence Against Women

In 2014, there were 79 victim reports by females related to sexual offences, slighter higher than the State average across all LGA's of 61.4. This translates to a rate of 8.5 per 10,000 members of the population. The number of incidents increased to 85 in 2015, at a rate of 17.6 per 10,000 persons. The number of victim reports for sexual offences against females between January and July 2016 was 61, considerably higher than the State average of 38.1, with the rate per 10,000 persons recorded at 12.6, also slightly higher than the State average of 12.5 (Crime Statistics Agency, 2017).

Sexual harassment, stalking and threatening behaviours are highly gendered experiences, with women overwhelmingly the victims and men the perpetrators.

Violence and Assaults

The rates of assaults and related offences across Stonnington have remained fairly stable over the previous 4 years, with a recent increase of 4.2% between September 2016 and June 2017 levels; increasing from 594 offences to 619 (Crime Statistics Agency, 2017).

Road Injuries and Fatalities

The City of Stonnington actively aims to reduce road related fatalities and serious injuries within the municipality by focusing on safer roads and roadsides, safer vehicles and safer road users. Vulnerable pedestrians are more likely to be injured on the roads, which includes elderly residents, people who are affected by alcohol and cyclists.

NUMBER OF FAMILY VIOLENCE INCIDENTS RECORDED IN STONNINGTON

Postcode	2015	2016
3141	156	179
3142	63	67
3143	47	44
3144	49	58
3145	103	108
3146	38	56
3181	183	185
Other postcodes listed under Stonnington LGA	5	≤ 3
Grand Total	**644**	**699**

SERIOUS INJURY AND FATALITY BY ROAD USER

	2014		2015	
Road User	Serious Injury	Death	Serious Injury	Death
Bicyclist	26	0	13	1
Driver	30	0	23	0
Motorcyclists	21	1	17	3
Pedestrians	18	1	13	0
Passengers	11	0	8	0
Unknown	0	0	1	0

(VicRoads, 2016)

STALKING, HARASSMENT AND THREATENING BEHAVIOURS (FEMALES)

Year	Reported Incidents	State Average	Rate per 10,000 persons	State Average
2014	34	54.7	3.65	7.8
2015	50	58.8	10.34	16.3
2016 (Jan–Jun)	27	34.2	5.58	9.5

(Victorian Women's Health Atlas, 2017)

City of
STONNINGTON

Community Languages Call the Stonnington Community Link, a multilingual telephone information service.

Mandarin	普通話	9280 0730
Cantonese	廣東話	9280 0731
Greek	Ελληνικά	9280 0732
Italian	Italiano	9280 0733
Polish	Polski	9280 0734
Russian	Русский	9280 0735
Indonesian	Bahasa Indonesia	9280 0737
All other languages		9280 0736

Service Centres

Stonnington City Centre
311 Glenferrie Road, Malvern

Prahran Town Hall
Corner Chapel and Greville Streets

Depot
293 Tooronga Road, Malvern

Open
Monday to Friday, 8.30am to 5pm
T 8290 1333 **F** 9521 2255

PO Box 21, Prahran Victoria 3181
council@stonnington.vic.gov.au

stonnington.vic.gov.au