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no. 29 Winchelsea: A Health and Wellbeing Profile

Chris Speldewinde and Michelle Verso
The Alfred Deakin Research Institute Working Papers

SERIES TWO

The Alfred Deakin Research Institute (ADRI) is a specialised research unit that was established at Deakin University in 2009. From its foundation in the humanities and social sciences, the Alfred Deakin Research Institute promotes research that integrates knowledge generated from a broad range of disciplines in ways that address problems of local, national and international importance.

This series of working papers is designed to bring the research of the Institute to as wide an audience as possible and to promote discussion among researchers, academics and practitioners both nationally and internationally on issues of importance.

The working papers are selected with the following criteria in mind: To share knowledge, experience and preliminary findings from research projects; To provide an outlet for research and discussion papers (some of which have a policy focus); To give ready access to previews of papers destined for publication in academic journals, edited collections, or research monographs, and: To present this work in a form that is scholarly, well written and which has a clear sense of particular purpose and context.

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ABSTRACT

This paper is one of two papers that come from research work undertaken for The Geelong Region Alliance (G21) during 2011. The Alfred Deakin Research Institute (ADRI) was contracted by G21 in June 2010 to provide a variety of research services examining different elements of regional and rural development across the Geelong region. The collaboration between ADRI and G21 had three main projects:

1. The development of a Regional Research and Information Centre;
2. The development of a report for G21’s Early Years Report (subsequently published by G21 in October 2011); and
3. The Small Towns Study.

The paper is the result of work completed for the Small Towns Study of Winchelsea in Victoria. The Study was aimed towards examining the health and wellbeing of individuals living in the selected towns and to gain a better understanding of the community. It was then intended that the findings would be used for local planning purposes and to respond to the needs of Winchelsea and the Surf Coast Shire local government area. The paper discusses a wide range of areas relating to the health and wellbeing of a small town including demographics; socio-economic status; health status and chronic disease risk factors; and community capacity and social capital. It does not seek to draw conclusions nor provide solutions to issues. Rather, it aims to highlight some of the key issues and experiences of individuals living in small towns in the G21 region.
INTRODUCTION¹

This working paper was developed from research work undertaken for The Geelong Region Alliance (G21) during 2011. The Alfred Deakin Research Institute (ADRI) was contracted by G21 in June 2010 to provide a variety of research services examining different elements of regional and rural development across the Geelong region. One of the outcomes of this contractual arrangement was the delivery of a series of profiles examining ten small towns across the G21 Region. This profile examines the health and wellbeing of individuals living in Winchelsea and is designed to gain a better understanding of the Winchelsea community.

Work commenced under the project title ‘Small Towns Study’ in September 2010 with research conducted in Lorne and Winchelsea. Delays occurred and, in October 2011, a decision was made by G21 that the studies planned for towns including Colac, Apollo Bay, Bannockburn and Rokewood would not proceed. This report presents the results of research undertaken and completed in Winchelsea as part of the Small Towns Study. It may be developed further and published by G21 in conjunction with the administering local government area of Winchelsea (Surf Coast Shire) at a later date.

Regional development retains a place of prominence on the Australian political agenda and is, according to Beer², ‘an avowed aspiration of governments in Australia.’ Yet he notes that this aspiration remains a goal that suffers from insufficient funding and reduced long-term priority. Despite this obstacle, regional development continues to be ‘embraced...by a diverse ensemble of actors’. Regional partnerships (such as those demonstrated in the work here between Deakin University and G21) lead to improved sustainability of regional development and to solving problems associated with environmental, social and economic sustainability in regional Australia.³ Recent approaches to governance and development in regional Australia have drawn upon the 1990s emergence of a ‘new regionalism’ in the UK and the USA. In Australia, this new approach to the consideration of regions has seen the emphasis placed upon community development as well as economic development objectives due, in large part, to the wealth of natural resource based opportunities that abound across Australia.⁴ This ‘development within community’ approach has been applied not only to those areas that can add to the nation’s wealth but across most regions. In the Geelong region there has been a need identified by G21 to support local regional development by increasing the awareness of evidence available for local planning and responses to local needs as well as having an accessible profile available for the community to support its own development.

The research for this project employed a variety of quantitative and qualitative methodologies including the analysis of census data, semi-structured interviewing, literature review, and participant observation. A more comprehensive discussion on the methodologies used in developing this health and wellbeing profile is provided in Appendix B.

The intent of this research was that the study would be used for local planning and response to local needs for Winchelsea and the Surf Coast Shire local government area (LGA). The report is structured around four key areas: demographics; socio-economic status; health status and chronic disease risk factors; and community capacity and social capital. The paper consists of two sections and it is anticipated that readers will use the first section as a summary of key underlying data that is available. The first section uses qualitative data to support or question what the quantitative data is indicating. The second section contains five appendixes that support the overall report content. Appendix A provides greater detail of the underlying data that considers the health and wellbeing

¹ This project forms part of Chris Speldewinde’s Doctor of Philosophy research program which examines the changing nature and governance of the Australian state. Chris undertook the research component and the compilation of this town profile. This working paper was co-authored by Michelle Verso in her capacity as Project Manager at ADRI. Michelle reviewed the report and formatted and edited drafts and the final submission. The funding contribution and support of the team at G21: The Geelong Region Alliance, particularly Mark Brennan and Martin Sweeney, was critical to the development of this working paper and is gratefully acknowledged.


⁴ Ibid., p 344.
elements of the Winchelsea community. Appendix B describes the research methodology used in this study. Appendix C lists all of the terms and abbreviations used in the report. Appendix D is a bibliography of references used in the preparation of the report and Appendix E provides a list of figures and tables throughout the report.

DATA/PROFILE LIMITATIONS

The majority of the data that is available is based upon localities rather than townships. This means that the data for Winchelsea also incorporates the rural locality (known as Rural West) surrounding the township. When aggregated data has been used, any inferences drawn have been supported by qualitative analysis of interviews with residents, employers and employees from the township of Winchelsea, and within a ten kilometre radius of Winchelsea. The intent of drawing the 10km radius ‘boundary’ is to maintain data integrity when considering who is actually a resident of Winchelsea. In the event of data being available solely for the Winchelsea township, it is noted as such and with Winchelsea’s postcode (3241).

Data in this report on the five key elements of health and wellbeing have been drawn from a variety of sources including the Australian Bureau of Statistics and Community Indicators Victoria. There are instances where data is not available at the level of townships or localities so Local Government Area level data was used. The commentary in the report in these instances is supported by qualitative analysis such as interviews, surveys, newspaper articles and other information sourced from within the public domain.

A final note is for the reader to be aware that, at the time of compiling this report, the most recent and available data in many instances, was taken from the 2006 Australian Bureau of Statistics Census and that although a census was conducted during the time at which this report was being compiled, the resultant outcomes of the 2011 Census will not start to become available until June 2012.

A BRIEF HISTORY OF WINCHELSEA

The area around Winchelsea was home to the Wito-wu-rrong (or Watha warrung) aborigines prior to European settlement. This group of indigenous Australian people inhabited the area from Ballarat across to the Werribee River and then about eighty kilometres south-west of Lake Corangamite in Western Victoria. The Wito-wu-rrong were divided into tribes based upon locality and the Winchelsea area, particularly the Barwon River, was a demarcation point between tribes that roamed around the region and based themselves around locations that today are Geelong and Colac.

The first documented contact between Wito-wu-rrong and Europeans occurred during a survey of the Corio Bay area in 1802. There was animosity towards many Europeans who settled the area from other coastal Victorian tribes who had been subjected to raids and molestation by escaped convicts from Tasmania, sealers, and traders. Yet, initial relations between the Wito-wu-rrong and Europeans were cordial simply due to the lack of prior contact. These relations soured over time and incidences of violence against persons and livestock occurred as Europeans moved into the area.5

Squatters occupied the area around Winchelsea in the 1830s and 1840s, settling the land under harsh conditions. Hugh Murray and four friends, Messers Lloyd, Anstey, Morris and Carter, claimed land between the Swanston Station at Inverleigh and Lake Colac. The Austin Brothers claimed land around present day Winchelsea and Thomas Austin built the 42 room Barwon Park mansion, which was finished in 1871. He died just a few months after the completion of the mansion and his wife Elizabeth gave much of her wealth away, establishing charitable

institutions such as Melbourne’s Austin hospital. Thomas Austin also imported sheep breeds and rabbits among other animals from England in 1859. His rabbits are allegedly the ones that proceeded to spread across the continent and out-populate humans. Henry Hopkins, one of the first major wool importers in Van Diemen’s Land, secured land around Winchelsea and his family built the Wormbete Station and later a homestead which was occupied by Hopkins’ descendants until 1977. Bullock drawn drays required roads to be built from Geelong to the western districts. There was a natural ford across the river at Winchelsea with shelter, water and grass for animals. Two youths, Messers Prosper Nicholas Trebeck, aged 21, and Charles Beal, aged 20, founded the township and built the first stores and the “Barwon Hotel” between 1842 and 1846. The town has produced some famous residents. Internationally renowned opera singer Marjorie Lawrence, born at Deans Marsh, was raised in Winchelsea. Her father built the town’s Globe Theatre for her. Australia’s first winner of the Victoria Cross, Albert Jacka, was also a Winchelsea resident.6

Today the town also offers a range of antique shops and tearooms and picnic grounds alongside the Barwon River and, with the recently completed Geelong Ring Road diverting traffic away from the inner city areas of Geelong, Winchelsea becomes the first town travellers will pass through on the Princes Highway after leaving Melbourne, making it a convenient place to break car journeys.

Health care services in the Winchelsea community had their origins in the 1860s when it was recorded that Dr. Henry Meyler ‘attended to (the) physical ills of the population.’7 Winchelsea had a resident medical practitioner from the time of Dr. Meyler until 1941 when Dr. Nott left the town leaving it without a doctor. In 1944, a ‘large and enthusiastic public meeting’ gathered to establish a public hospital to ‘secure medical attention for the sick of Winchelsea.’8 Two thousand, one hundred and ninety-five pounds were raised from public subscriptions and in 1947, six acres of public land was purchased. The Winchelsea and District hospital, located in Gosney Street was officially opened in 1957 and contained four one-bed wards which was increased in 1964 with ‘the addition of two wards, each with two beds, which was later increased to three beds.’ Further later improvements included the new patient’s waiting room and separate nurse’s quarters. The doctors consulting rooms were moved from the hospital in 1981 to Chelsea House in Main Street.9 Child and infant health was attended through the Baby Health Centre that operated initially from the Library building until its relocation to its current site and mothers were supported by the Nursing Mothers Group that formed in 1977.10

The amalgamation of Beeac and District Hospital, Leigh Community Care Centre and the Winchelsea and District Hospital in 1994, led to the formation of Hesse Rural Health Service. Hesse has developed into a key integrated rural health-care service within the three local government areas of Surf Coast, Colac Otway and Golden Plains. Its services range widely and include: aged residential, acute hospital, emergency, community health, home nursing, medical, rehabilitation and palliative care. A separate community entity formed in 1986 is the Chelsea Lodge hostel which is registered with the Commonwealth Department of Health and Ageing as the Winchelsea Hostel and Nursing Home Society.11 Today, the hospital is one of Winchelsea’s major employers.12

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8 ibid., p. 144.
9 ibid.
10 ibid.
11 <http://www.hesseruralhealth.net.au/?page_id=27>.
WHAT RESIDENTS THINK

This section of the report contains the opinions of interviewees. These opinions do not directly relate to statistical data in the report. These points are issues that were raised during the interview process that can’t easily be investigated by examining statistical data.

WHAT ARE THE STRENGTHS OF WINCHELSEA?

A key question asked of the people interviewed for this study was ‘what do you see as the strengths of Winchelsea?’ Responses included:

‘The medical services are great.’
‘Its community groups are very active and strong.’
‘People generally have a love for the town and its people.’
‘It is really well served for buildings and halls.’
‘The town is growing and developing really quickly.’

HOW COULD WINCHELSEA IMPROVE?

Participants were asked to consider what changes they would make to Winchelsea. The question was posed as a ‘wishlist’ of ideas and whilst solutions are not provided here, the points raised could act as a discussion starter. Also, some suggestions may contradict others, as it should be remembered that these are individual ideas. Responses include:

‘Move the main street (shopping precinct) off the main street as the traffic is too busy.’
‘Update and build a new shopping centre with some character. Plant some trees around the shopping area.’
‘We need a reason for travellers to stop in Winchelsea.’
‘The public toilets are unacceptable and reflect poorly on the town.’
‘Build a cultural centre and have something that creates a point of difference for Winchelsea from other towns that attracts people to the town and makes them want to visit Winchelsea.’
‘The town needs more competition between businesses such as the supermarkets and service stations.’

HEALTH AND WELLBEING MATTERS

During the interview process, the following comments were made about some key health and wellbeing issues:

‘The town desperately needs an ambulance service as Winchelsea is currently serviced by Geelong or Colac.’
Dental health is a concern as the nearest dental clinics are in Torquay, Geelong and Colac. What makes people want to visit a dentist for a regular check up? How are children being educated in dental health?
‘The Hospital is simply an aged care facility that does not attend to the needs of the entire community.’
‘There are a few organisations that are getting underway with supporting youth in town and that are showing great promise particularly supporting the younger people to communicate with older people.’
‘Longer consultation hours in the medical clinic would be good (particularly open during evenings).’
HEALTH AND WELLBEING PROFILE

<table>
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<tr>
<th>Winchelsea</th>
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<tr>
<td>Population (2006)</td>
<td>2,426</td>
</tr>
<tr>
<td>Births (Forecast 2007-2011)</td>
<td>176</td>
</tr>
<tr>
<td>Deaths (Forecast 2007-2011)</td>
<td>91</td>
</tr>
<tr>
<td>Born in Australia (2006)</td>
<td>85.3%</td>
</tr>
<tr>
<td>Aboriginal or Torres Strait Islander descent (2006)</td>
<td>16</td>
</tr>
<tr>
<td>Median Age (2006)</td>
<td>40</td>
</tr>
<tr>
<td>% of residents completed year 12 or equivalent</td>
<td>28.7%</td>
</tr>
<tr>
<td>Unemployment (2006)</td>
<td>6.2%</td>
</tr>
<tr>
<td>Median household weekly income (2006)</td>
<td>$775</td>
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Figure 1 – Winchelsea at a glance

Figure 2 - Map of Winchelsea area

15 Ibid. 
1. POPULATION

This section considers a range of factors relating to population and includes measurable characteristics such as age, number, disability and birth origin of Winchelsea residents. Subsequent sections consider components of community capacity to develop a picture of the physical and mental wellbeing of Winchelsea residents.

DEMOGRAPHICS

Population characteristics including age, gender and income level form part of this data set. The demographic data is useful for gaining an understanding of what the population’s needs may be and for planning how best to respond to changing needs.

FAST FACTS:

- The sex ratio\(^{17}\) of the total population for Winchelsea is approximately 100 males per 100 females.

- Winchelsea has an older population structure\(^{18}\) with a median age of 40 (the age that divides the population into two equal halves - one half older and one half younger) as compared to Surf Coast Shire with a median age of 39 and Victoria State as whole with a median age of 37 (see Appendix B, Table 4). The higher median age could be due to emigration of younger adults to other parts of the Surf Coast or Victoria/Australia.

- That Winchelsea has an older population structure is further evidenced with 17% of the people above 65 and over (as compared to 13% in Surf Coast Shire). Against this trend is the number of children aged 0-14. This age range makes up 22% (as compared to 21% in the Surf Coast Shire). It is in the wide age ranges 15-34 and 45-64 that Winchelsea has a lower proportion of the population compared to Surf Coast Shire.

POPULATION DISTRIBUTION 2006 AND PROJECTIONS 2011 AND 2021\(^{19}\)

![Winchelsea area population chart](image)

Figure 3 - Winchelsea area population 2006 and projections 2011 and 2021

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\(^{17}\) The sex ratio relates to the number of males per 100 females in a population.

\(^{18}\) An older population structure has a relatively higher proportion of middle aged and aged people, and it usually has lower growth potential. A young population is one which has a relatively high proportion of children, adolescents and young adults, and a relatively low proportion of middle-aged and aged persons; and such a population has high potential for its growth.

The Winchelsea area’s population\textsuperscript{20} as a percentage of the total Surf Coast Shire population, has declined from 11.74\% in 2001 to 11.49\% in 2006. In this five year period, there was a decrease in the proportion of total residents in the Surf Coast Shire that lived in Winchelsea. Projections for the next twenty years are that the resident population of the Winchelsea area, which includes adjacent rural locations (Rural West), will increase as more people make Winchelsea their principal place of residence. These triggers are seen as the cost of housing in Winchelsea generally being lower than that of other towns and locations across the Surf Coast and Geelong region and the accessibility of the town to Melbourne via the newly opened Geelong Ring Road. It is also forecast that Winchelsea will not grow as rapidly as other areas of the Surf Coast Shire. This means that the population of Winchelsea will grow but, as a proportion of the whole Surf Coast Shire’s population, it will actually decrease.

\textbf{AGE AND SEX DISTRIBUTION}\textsuperscript{21}

The distinctive feature of the age distribution in Winchelsea is that the 35-49 year age group was the dominant age group in both 2001 and 2006, and represented 24.3\% of the population in 2001 and 22.9\% in 2006. The number of people in the age group 50-59 has increased significantly since 1996 and represented 15.4\% of the total population in 2006 (an increase of 5.8\% since 1996). The number of children in the 0-11 year age group has decreased significantly, as has the number of adults in the 25-34 year age group. Discussions with local residents indicate that the age distribution in Winchelsea is affected by long-term groups of residents who have lived most or all of their lives in Winchelsea. Many of those interviewed believe the median age in Winchelsea will decrease as more families move to the town because of better housing affordability compared to the nearby towns on the Surf Coast and Geelong. It would also be reasonable to assume that the local primary school will grow as a result of the increase in residents relocating to Winchelsea.

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{winchelsea_age_distribution.png}
\caption{Winchelsea age distribution 2001 and 2006 (see also Appendix A Table 6)}
\end{figure}

The Surf Coast Shire is aware of the declining percentage of younger people in Winchelsea. The Shire is seeking to support youth across the municipality through a holistic, service based approach across the Shire rather than having a deliberate strategy on a town-by-town basis. The Shire’s website indicates that a Youth Strategy for 2011-14 is currently under review. Its strategy for 2006-09 indicates that structural change within the Shire’s Youth Services, partnerships with other regional agencies, and increasing young people’s level of participation and engagement.

\textsuperscript{20} It is important to highlight that in the projections for Winchelsea, the data also includes the rural locations around Winchelsea (classed as Rural West) thus an accurate picture of the anticipated growth cannot be provided in this document. The total population of this area as at 2006 was 2983. Source ID Consulting <http://profile.id.com.au/templates/profile/Clients/222Surf/PDF/130.pdf>.

engagement in program development and provision were all key areas of focus. The 2006-09 strategy and its effectiveness will be judged by, firstly the Census 2011 data that will indicate numbers of young people in Winchelsea and secondly, future surveys that consider youth engagement. It is worth restating the fact that the anticipated growth in families in Winchelsea may, in part, reverse this trend in which case it would be an exception to the state trend in which an ageing population is predicted.

The sex ratio of the total population for Winchelsea is almost 100 males per 100 female and has two fewer males as compared to females. Similarly, with 98.8 males per 100 females, the whole Surf Coast LGA has a marginally lower number of males than females.

**COUNTRY OF BIRTH**

The majority of Winchelsea residents were born in Australia (85.3%). Of the remaining 14.7% of respondents to this census question, 5.3% chose not to respond. There are a small number of residents that were born in the United Kingdom (4.9%) and New Zealand (1.2%) and then small numbers (below 1.0%) born elsewhere. A full tabulation of country of birth is included in Appendix A (see Table 7).

**FAMILY STRUCTURE**

For the purposes of this profile, the Australian Bureau of Statistics’ definition of a family has been used. ‘Families are classified in terms of the relationships that exist between a single family reference person and each other member of that family. The Family Composition (FMCF) variable distinguishes between different types of families based on the presence or absence of couple relationships, parent-child relationships, child dependency relationships or other familial relationships, in that order of preference.’

![Winchelsea Family Structure 2006 (%)](image)

Figure 5 - Winchelsea family structure (see also Appendix A Table 8)

'FMCF is derived from people enumerated in the household who usually reside there, and who share a familial relationship. Partners and dependent children usually present but temporarily absent are also included in this

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23 The sex ratio relates to the number of males per 100 females in a population.


derivation. No provision has been made in Family Composition to classify family members outside the family nucleus. For example, in a family which contains a couple and their dependent children, plus a parent of one of the couple, the latter would be recorded as an ‘other related individual’. Identification of such persons within a family is done by means of ‘Relationship in household’ data. Boarders and other non-family members are excluded.’

There was an increase, over the Census periods 1996 to 2006, in the number of couples with no children living with them. Winchelsea also experienced a significant decrease in the number of two parent families between 1996 and 2001 (38 families) which then increased by 7 families in 2006. The number of one parent families living in Winchelsea increased between 1996 and 2006. Interestingly, families with two parents and children, as a proportion of total families in Winchelsea, decreased by 10.4% between 1996 and 2006 which occurred as a result of an increase in one parent families and couples without children.

There is a genuine drive to attract more families to the area by the local community, and this will be supported by current land subdivisions and the improved road access that will result from the duplication of the Princes Highway between Winchelsea and the southern suburbs of Geelong. Data on the price of housing in Winchelsea supports the notion that the cost of housing in Winchelsea remains below that of Geelong and the Surf Coast. Combined with the proximity to the employment and leisure options that Geelong and the Surf Coast offer, it then makes Winchelsea an attractive place for first home buyers.

The Surf Coast Shire’s website indicates that there is a Housing Strategy that was implemented in 2006 for the Shire. As an indicator of the cost of housing, median house sale prices increased from $133,971 in 2002 to $235,000 in 2010. Median sale prices for flats in Winchelsea have increased in this period from $105,000 (2002) to $196,000 (2010). Median rental costs in Winchelsea, as at the time of writing this report, were $255 per week for houses. Data sources available indicate that these house rental prices have steadily increased from $195 in 2008 to the current level. Increases in purchase prices and rental costs, are comparatively small if compared to other towns on the Surf Coast and support the views of local people that purchasing a property in Winchelsea remains very affordable and within reach of many young families searching for a first home.

All residents interviewed were extremely positive about the future for Winchelsea as more land is subdivided and made available for residential development. The duplication of the Princes Highway between Waurn Ponds and Colac is viewed as a positive driver of change in Winchelsea as it will also add to the attractiveness of living in town, allowing a faster journey to Geelong and Melbourne. Some people see these developments as opportunities to attract more business and services to Winchelsea which in turn will create employment in the town, particularly as several people interviewed felt that lack of employment opportunities led many people to find work elsewhere in Geelong, Colac and the Surf Coast. Several people also commented that in the last year, they had seen a steady increase in the price of vacant residential land and developed property in Winchelsea.

27 Families can constitute one parent with children, couple with children or couple with no children.
29 Data for flats/units was not available at the time of compiling this report.
LONE-PERSON HOUSEHOLDS

People are sustained and enriched by the connections that are made with others. The results of surveys that consider what is most important in life generally find relationships at the top of the list. Yet, generally, across Victoria, the average number of residents in a household is decreasing.\(^{31}\) Analysis has shown that living alone correlates to low levels of social and economic participation, along with a higher prevalence of mental health disorders when compared to other household types.\(^{32}\) The number of lone-person households as a percentage of total households in Winchelsea shows a slow increasing trend since 1996. In 1996, 19.5% of households were comprised of sole persons and this had increased to 22.7% by 2006. By 2006, Winchelsea had 8.8% of residents who lived alone when compared to the Surf Coast Shire which had 7.8%. Some Winchelsea residents interviewed attribute this one issue to the fact that most of those people living alone are widowed, long term Winchelsea residents. There are a few scattered examples of younger people who live alone, and are starting out lives as first home buyers, but generally those who live alone are older people.

![Lone person households - Winchelsea](image)

**Figure 6 - Lone person households in Winchelsea 1996 - 2006**

2. SOCIO-ECONOMIC STATUS

Socio-economic factors are primarily measured in relation to education, employment and income and the impact that those factors have upon individuals and their community. The critical aspects and influences of living and working conditions on individual life opportunities are encompassed within the term ‘social determinants of health’ and it is these determinants that provide the framework for the following discussion.

**FAST FACTS:**

- Fifteen percent of people in Winchelsea are employed in the agricultural sector. Health care and Social assistance is the second highest employment sector with over twelve percent of people, many of whom are employed by Hesse Rural Health.


\(^{32}\) Ibid., p. 16.
Winchelsea has a higher level of disadvantage than both Country Victoria and Victoria as a whole according to the SEIFA index.\footnote{33 See Socio-Economic Index for Areas (SEIFA).} This supports the data that indicates that Winchelsea has an above average percentage of people in the lowest 25% of income.

Surveys from Community Indicators Victoria and the Victorian Population Health Survey indicate that the Surf Coast Shire has an above average, positive result across several social support indicators and a strong level of community satisfaction.

Winchelsea has a primary school but no secondary school. Children travel to Geelong or Colac for secondary schooling.

Less than 30% of Winchelsea’s adult residents have completed Year 12 which is well below the percentage in the Surf Coast Shire as a whole.

Winchelsea (6.2%) had a higher rate of unemployment than the total Surf Coast Shire (3.8%) in 2006.

**EDUCATION**

Winchelsea Primary School is the only school in town and caters for students from Year Prep to Year Six levels. The school plays an important part in the community and this is illustrated in their website which has several examples of how students are active community members. Following the completion of Year 6, children must travel away from Winchelsea to attend a secondary school.\footnote{34 It is acknowledged that some students may be home schooled, however this was not investigated further.} Secondary students generally travel to either Geelong or Colac and can select from ten different secondary schools which creates ‘a difficult transition area’ for students.\footnote{35 http://www.winchps.vic.edu.au/}

**EDUCATION LEVELS**

![Winchelsea](image)

**Figure 7 - Level of educational attainment of Winchelsea residents (ABS 2006) (See also Appendix A Table 11)**

The proportion of Winchelsea’s population aged ≥ 15 years that have completed year 12 or equivalent is below both the Surf Coast Shire and Victorian average.
Data on the level of education provides a correlation to the area’s socio-economic status. Unfortunately, trend analysis for this data is unable to be completed as this Census question was revised in 2006 and no previous data is available. In 2006, 28.7% of Winchelsea’s adult population had completed Year 12 or an equivalent (Figure 7) which is substantially lower in comparison to Victoria’s completion rate of 44.2% and the Surf Coast Shire’s 44.9%.

Some of the interview participants believe that not having a secondary school in town disadvantages Winchelsea in retaining young people as it draws young people away from the town and creates disengagement with the local community. There is a large percentage of young people who leave Winchelsea when they finish school which is attributed to their having to leave the area to find quality employment or undertake tertiary education. The nearest tertiary education institutions are Deakin University in Geelong and Warrnambool, and TAFE colleges in Warrnambool, Colac and Geelong.

One interview respondent contradicted this notion of school leavers relocating away from Winchelsea. This person’s view was that Winchelsea was a hub from which his children could seek employment opportunities in a variety of locations such as Geelong, the Surf Coast, Ballarat and Colac.

EMPLOYMENT

<table>
<thead>
<tr>
<th>Employment Sectors</th>
<th>0.00%</th>
<th>5.00%</th>
<th>10.00%</th>
<th>15.00%</th>
<th>20.00%</th>
<th>25.00%</th>
<th>30.00%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unemployed (and able to work)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Care</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agriculture, Forestry &amp; Fishing</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Retail Trade</td>
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</tr>
<tr>
<td>Construction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accommodation and Food services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 8 - Employment sectors, Winchelsea (2006). (See also Appendix A Table 12)

Opportunities for employment exist in Winchelsea. Winchelsea/Rural West residents are employed in a variety of industries with agriculture, forestry and fishing (15.2%), health care and social assistance (12.2%) and manufacturing (9.7%), being the three most significant areas of employment (Figure 8). The percentage of people employed in Winchelsea that work in the agriculture, forestry and fishing sector is significantly higher than across the Surf Coast Shire. Similarly, there are more labourers employed in Winchelsea/Rural West than across the whole Surf Coast Shire. The quantitative or statistical data available, does not indicate if the residents are employed in Winchelsea/ Rural West or if they travel to other locations such as Geelong, Colac or Apollo Bay to work yet qualitative data indicates that there are a large number of Winchelsea residents who commute to other areas for employment.
Of the available labour force, in 2001 and 2006 respectively, Winchelsea had 7.9% and 6.2% unemployment which was higher than the percentage for the Shire. These unemployment figures compare unfavourably with the State of Victoria which had 6.8% (2001) and 5.4% (2006).\(^\text{36}\)

Issues around employment were in terms of the limited opportunities in town and that most people, if they were seeking employment in Winchelsea, were limited to the hospital, occasional opportunities in small businesses or labouring work on local farm properties. Otherwise, most people had to look to Colac, Geelong or the Surf Coast for employment.

### INCOME

<table>
<thead>
<tr>
<th>Winchelsea</th>
<th>Victoria</th>
</tr>
</thead>
<tbody>
<tr>
<td>$775</td>
<td>$1,022</td>
</tr>
</tbody>
</table>

*Figure 9 - Median Household Weekly Income 2006*

In 2006, the Average Weekly Ordinary Time Earnings (AWOTE) for Australian workers was $1,058.60 or $55,047.60 per annum. In comparison, the lowest quartile of household income, that is the lowest 25 percent of incomes, from within the G21 Region earned a maximum income of $19,716 p.a. in 2001 and $25,929 p.a. in 2006. Across the Surf Coast Shire, those in the lowest quartile from the G21 benchmarks, constituted 20.7% and 19.4% of the population in 2001 and 2006 respectively. In considering this measure of disadvantage, Winchelsea had a higher percentage of residents in this quartile than that of the Shire as a whole with 27.6% in 2001, and remaining steady at 27.6% in 2006.

<table>
<thead>
<tr>
<th>Area</th>
<th>Lowest 25% of incomes as percentage of population (2001)</th>
<th>Lowest 25% of incomes as percentage of population (2006)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Winchelsea/Rural West</td>
<td>27.6%</td>
<td>27.6%</td>
</tr>
<tr>
<td>Surf Coast Shire</td>
<td>20.7%</td>
<td>19.4%</td>
</tr>
</tbody>
</table>

*Figure 10 - Percentage of population in lowest 25% income bracket*

Higher numbers of low income earners generally indicates a higher number of pension and income support recipients. Therefore, it is important to note that a key assertion being made here is that the age profile of Winchelsea/Rural West, with its large number of older residents, supports this. The Age Pension is payable to those meeting eligibility criteria, most obviously age requirements but also other income and asset tests. There is a belief amongst some interview participants that many residents own their homes but are income poor which is translated into many people owning property in Winchelsea and surviving on support payments such as pensions. Additionally, there is a possibility that the lack of employment and high unemployment in Winchelsea contributes to lower incomes.

### SOCIAL GRADIENT MEASURES

**WORLD HEALTH ORGANISATION (WHO) SOCIAL DETERMINANTS OF HEALTH**

The social determinants of health are the conditions in which people are born, grow, live, work and age, including the characteristics of the prevailing health system\(^\text{37}\). Academic studies have shown that life expectancy and individual health is directly related to levels of wealth and income. People who are poor generally do not live as long as those that are considered wealthy, and they suffer more illness. The gap between rich and poor has


drawn attention to the remarkable sensitivity of health to the social environment, and is known as the social gradient in health. The WHO identifies the ten ‘social determinants of health’ as:

- Social gradient
- Social exclusion and social support
- Education
- Addiction
- Stress
- Unemployment
- Food
- Early life
- Work
- Transport

See Table 26 for descriptions of all the social determinants.

**SOCIAL GRADIENT**

This measure provides an indication of social advantage and disadvantage on a relative scale. The scale is used on a proportional basis to identify the risk of serious illness and premature death. The higher up the scale, the more likely one will be to live longer and suffer less serious illness.

**SOCIO-ECONOMIC INDEX FOR AREAS (SEIFA)**

The 2006 SEIFA (see definition below)\(^{38}\) provides a socio-economic snapshot based upon geographical area. The lower the score, the higher the rate of disadvantage for the locality.

This measure is available at suburb, township or local region levels, and in the case of Winchelsea, SEIFA scores are available for Winchelsea and Winchelsea South. This shows a major difference in the two areas with Winchelsea ranked at a very high level of disadvantage and Winchelsea South at a low level of disadvantage when compared to the other localities in the Surf Coast Shire such as Torquay and Aireys Inlet. Put into broader context, Winchelsea is ranked highest for disadvantage out of nine divisions within the Shire.\(^{39}\)

<table>
<thead>
<tr>
<th>Location</th>
<th>IRSED score</th>
<th>Rank within Vic</th>
<th>Number</th>
<th>% of total population</th>
<th>No.</th>
<th>% of total population</th>
<th>Number</th>
<th>% of total population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Winchelsea</td>
<td>921</td>
<td>-</td>
<td>0</td>
<td>0.0%</td>
<td>1,400</td>
<td>100.00%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Surf Coast Shire</td>
<td>1,065</td>
<td>73</td>
<td>0</td>
<td>0.0%</td>
<td>18,704</td>
<td>85.9%</td>
<td>3,065</td>
<td>14.1%</td>
</tr>
<tr>
<td>G21</td>
<td>999</td>
<td>-</td>
<td>26,147</td>
<td>10.2%</td>
<td>219,592</td>
<td>85.4%</td>
<td>11,542</td>
<td>4.5%</td>
</tr>
<tr>
<td>Victoria</td>
<td>1,010</td>
<td>-</td>
<td>-</td>
<td>10.0%</td>
<td>-</td>
<td>79.5%</td>
<td>-</td>
<td>10.5%</td>
</tr>
</tbody>
</table>

*Figure 11 - Social Economic Index for Areas ranking (2006)*\(^ {41}\)

\(^{38}\) *Socio-Economic Indexes for Areas* (usually known by its acronym **SEIFA**) is a product of the Australian Bureau of Statistics, which measures and ranks areas according to socio-economic and positional disadvantage based on information derived from the five-yearly Census of Population and Housing. The SEIFA is the most widely used general measure of socio-economic status (SES) by area, whose size may range from Census Collection Districts and metropolitan suburbs through to large Statistical Divisions such as metropolitan areas. The variables used are typically income, education, occupation and housing conditions. Each area is ranked on four different indices, each with an average score of 1,000:

- Index of Advantage/Disadvantage—a composite index where lower scores indicate more disadvantaged areas and higher scores indicate more advantaged areas.
- Index of Disadvantage—focuses on low-income areas with lower educational attainment, people in low-skilled occupations and low employment.
- Index of Economic Resources—includes variables such as rent paid, income by family type, mortgage payments and rental properties.
- Index of Education and Occupation—inclu

\(^{39}\) The SEIFA score for Winchelsea/Rural West is 980, an average of the two results shown in the table above. This result puts Winchelsea/Rural West at the highest level of disadvantage for the Surf Coast Shire.

\(^{40}\) IRSED Is the Index of Relative Socio-Economic Disadvantage.

\(^{41}\) Australian Bureau of Statistics Website

3. HEALTH STATUS AND CHRONIC DISEASE RISK FACTORS

Data relating to this area is generally not available at the township level so only general conclusions are able to be drawn from data at Shire level. There are specific state-wide health promotion priorities that recognise the key health behaviours that need addressing for the future wellbeing of our broader community. These include physical activity, nutrition, mental health, sexual and reproductive health, safe environments and tobacco and alcohol use.

Winchelsea has two main medical facilities, Hesse Rural Health which incorporates the former Winchelsea and District hospital and the Winchelsea Medical Clinic. The Hospital plays a significant role in Winchelsea, both as an employer and as a driver of community programs. A common theme amongst local residents is how proud they are of the new dementia unit at the hospital which services the health needs of an ageing population. With data projections that the percentage of people in Winchelsea aged 65 and over will increase from 15.4% of the population in 2006 to 19.7% by 2026, the obvious future challenge for medical services in Winchelsea will be meeting the needs of an increasing older population.

FAST FACTS:

- 5.3% of Winchelsea’s population require assistance in their day-to-day activities. This is much higher than the Surf Coast Shire average of 3.1%.
- People across the Surf Coast Shire have a lower rate of diagnosed mental health problems than across the state (see Appendix A section 3 for full details).

PROPORTION OF THE POPULATION WITH A DISABILITY OR THE NEED FOR ASSISTANCE

The core activities used to assess disability have a direct impact on health infrastructure and service requirements. In Winchelsea there are people who require assistance and this can take the form of day to day support with ‘self-care, body movements or communication because of a disability, long term health condition or old age. In many ways these people have their health needs met by the Hesse Rural Health. The trend is that with age comes a likelihood of residents requiring assistance to undertake activities and, as Winchelsea has an ageing population, the number of people requiring assistance is increasing. This is confirmed by the population projections for Winchelsea in which the population aged 65 and over is expected to increase from 15.4% of the population in 2006 to 19.7% in 2026 (an additional 276 people) (Figure 12).

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DENTAL HEALTH

There is no permanent dentist in Winchelsea due to a lack of critical mass of population. Data indicates that this is impacting upon the community across the Surf Coast and following discussions with local residents, the major impact is a lack of dental literacy for parents and children. That is, knowing how often to go for a check-up, understanding the benefits of caring for one’s teeth, etc. The nearest dental services are located in Geelong, Colac or Torquay.

LIFE EXPECTANCY (SURF COAST SHIRE - 2006)

Life expectancy for Surf Coast Shire residents is higher than the Victorian life expectancy which is 79.3 for males and 84 for females (See also Table 52).

CHRONIC DISEASE RISK FACTORS AND CAUSE OF DEATH

Surf Coast Shire SLA West had higher than G21 average rates of chronic disease for the following:

- asthma
- muscular skeletal system disease
- arthritis
- rheumatoid arthritis
- osteoarthritis.

The Shire had higher than G21 average rates of the following causes of death:

- chronic respiratory disease, and
- neurological and sense disorder.

The Surf Coast Shire (13.4%) also had a higher percentage than for Victoria (11.9%) and the G21 Region (12.0%) of avoidable deaths attributable to tobacco smoking.
HEALTH STATUS

Health status data provides an indication of the likely trends and effectiveness of community-based preventative health strategies and the location of areas of increased need from a treatment and preventative health point of view.

Figure 13 - Top ten health conditions per 1,000 of population in Surf Coast Shire. (See also Appendix A Table 43)

The top ten conditions for Surf Coast Shire indicate that by and large the Surf Coast population is healthy when compared to the rural Victoria and state-wide results per 1,000 of population. The majority of conditions relate to lifestyle/behavioural factors. For example, complications due to diabetes are the foremost issue yet diabetes per 1,000 of population in the Surf Coast Shire is almost half the rate per 1,000 of population across Victoria. On a percentage of population, diabetes rates less than 1% which is the lowest in the state. This perception is further supported by residents of the Surf Coast who rated highest for self-reported health (62.3%), while the Victorian percentage was 54.3%. It is important to note that these results relate to hospital admission and re-admission for complications that are due to this disease condition and not due to an increase in prevalence in the population.
4. COMMUNITY CAPACITY AND SOCIAL CAPITAL

FAST FACTS:

- Winchelsea has a newly established ‘Men’s Shed’.
- 30% of Surf Coast Shire’s 18 to 34 year olds do not feel part of the community.
- Most people (71%) travel to work by car.
- Public transport is limited to a VLine train and road coach service that operates between Melbourne and Warrnambool. There is a seasonal bus service from Colac to Lorne that is funded by the State Government but it bypasses Winchelsea.

COMMUNITY STRENGTH

The 2008 Indicators of Community Strength\(^4^6\) prepared by the Department of Planning and Community Development (DPCD) identified 15 of 18 indicators that were above Victorian averages for levels of community participation and engagement for the Surf Coast Shire (see Table 51).

The Surf Coast Shire rated very highly in terms of the development of broader associational and community networks where people build networks through participation in employment, education or public life. Public life includes community events, arts, organised sport, organised groups and volunteering.

Promoting activity and social connectedness through improved use of community facilities also adds to the story of community strength by highlighting the need to examine the barriers to participation in local areas. Low levels of some forms of participation appear to be related directly to the perception of opportunities and access to facilities.

Indicators which were lower across the Surf Coast Shire fitted this category and included:

- good facilities and services like shops, childcare, schools and libraries
- parental participation in schools
- multiculturalism makes life in the area better.

There is a genuine sense of community in Winchelsea. One example is the way in which the community supports each other and several respondents pointed out that whenever there is a community meeting or event it is always well attended. This was evidenced during the last Winchelsea Festival in November 2010 which attracted a large crowd despite inclement weather. Other people interviewed indicated that people were always keen to make conversation or at least say hello when you were walking in the shopping precinct.

\(^{46}\) ‘The Indicators of Community Strength measure Victorian’s perception of their local area amenity, ability to get help when needed, participation and select social attitudes. The report provides the results of a survey about community strength in 450 residents per Local Government Area (LGA) across Victoria in 2008. The indicators were collected as part of the inaugural LGA level Victorian Population Health Survey run by the Department of Health. They were previously collected in a survey run by the then Department for Victorian Communities. The surveys were combined to reduce the burden of surveying on Victorian communities.’

‘The indicators are a tool for community planning, and not a report card, as they are affected by the combined actions of government, business and the community. In some cases they may even be influenced by international trends and events. Responsibility for improvements in the indicators does not lie with any organisation alone.’ As taken from the Victorian Department of Planning and Community Development <http://www.dpcd.vic.gov.au/home/publications-and-research/indicators-of-community-strength>.
COMMUNITY ORGANISATIONS

WINCHELSEA MEN’S SHED

The modern Men’s Shed is an updated version of the shed in the backyard that has long been a part of Australian male culture. Men’s Sheds are springing up all around Australia. You might see a few young men working with the older men learning new skills and maybe also learning something about life from the men they work with. You will probably also see an area where men can learn to cook for themselves or they can learn how to contact their families by computer. The Winchelsea Men’s Shed is fully functioning and working proactively in the community to support men’s health. Its official opening was in December 2011.

WINCHELSEA COMMUNITY HOUSE

The Winchelsea Community House (Winch House) had its beginnings in 1977 as an environment for people, particularly mothers, to come and relax and ‘perhaps talk about problems.’ Today it acts as a permanent venue for community meetings. It is one of five community houses within the Surf Coast Shire and provides a wide range of services. A playgroup operates from within the premises and it offers other services including workshops for adult education, a youth program, occasional childcare, and a general meeting place for visitors. It also provides community support with referrals to services such as individual and family counselling, funeral planning, grief counselling and small business tax advice through its website.

HESSE RURAL HEALTH (FORMERLY KNOWN AS WINCHELSEA AND DISTRICT HOSPITAL)

Hesse Rural Health Service has a campus at Winchelsea, as well as others at Beeac, Rokewood/Teesdale, and Bannockburn. The Hesse Rural Health Service has established a number of strategic directions - partnerships, research, information technology, teamwork, structural development, resources, workforce sustainability, integrated care, service planning, and rural profile. One of its key recent achievements (2009) was the completion of Werruna, a ten bed aged residential care unit for people with advanced memory loss and confusion.

COMMUNITY ORGANISATIONS IN WINCHELSEA

Winchelsea has a large number of community organisations which can be grouped according to their function or affiliation.

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50 <http://www.hesseruralhealth.net.au/?page_id=342>.
51 As extracted from a list provided by the Surf Coast Shire Council dated October 2011.
<table>
<thead>
<tr>
<th>Community Groups</th>
<th>Health care</th>
<th>Sports and recreation</th>
<th>Arts and Cultural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Winchelsea &amp; District Historical Society</td>
<td>Winchelsea Red Cross</td>
<td>Winchelsea Badminton Club</td>
<td>Winchelsea Community Arts Group</td>
</tr>
<tr>
<td>Winchelsea Visitors Centre</td>
<td>Hesse Rural Health Ladies Auxiliary</td>
<td>Winchelsea Basket/Netball Club</td>
<td>Winchelsea Creative Arts Network</td>
</tr>
<tr>
<td>Winchelsea Lions Club</td>
<td></td>
<td>Winchelsea Bowling Club</td>
<td>Globe Theatre</td>
</tr>
<tr>
<td>Winchelsea Men’s Shed</td>
<td></td>
<td>Winchelsea Cricket Club</td>
<td>Winchelsea Repertory Society</td>
</tr>
<tr>
<td>Winchelsea Probus</td>
<td><strong>Business</strong></td>
<td>Winchelsea Darts Club</td>
<td></td>
</tr>
<tr>
<td>Upper Barwon Landcare group</td>
<td>Winchelsea Business and Tourism Association</td>
<td>Winchelsea Golf Club</td>
<td><strong>Education/ Children’s groups</strong></td>
</tr>
<tr>
<td>Winchelsea State Emergency Service</td>
<td></td>
<td>Winchelsea Gun Club</td>
<td>Winchelsea Kindergarten</td>
</tr>
<tr>
<td>Winchelsea Garden Club</td>
<td><strong>Religious or Church Groups</strong></td>
<td>Winchelsea Hockey Club</td>
<td>Winchelsea Primary school</td>
</tr>
<tr>
<td>Winchelsea Horticultural Society</td>
<td>Hare Krishna Farm (Bambra)</td>
<td>Winchelsea Platypus Swim Squad</td>
<td>Winchelsea Playgroup</td>
</tr>
<tr>
<td>Barwon River Care Group</td>
<td>Anglican Church of Australia-Winchelsea</td>
<td>Winchelsea Tennis Club</td>
<td>Winchelsea Community House (Winchouse)</td>
</tr>
<tr>
<td>Barwon Valley Farm Trees Group</td>
<td>Winchelsea Uniting Church</td>
<td>Winchelsea Angling Club</td>
<td>1st Winchelsea Scouts</td>
</tr>
<tr>
<td>Winchelsea RSL</td>
<td></td>
<td>Winchelsea Football Club</td>
<td>Winchelsea Girl Guides Association</td>
</tr>
<tr>
<td>Winchelsea SES</td>
<td><strong>Newspaper</strong></td>
<td>Winchelsea Skate Park Improvement group</td>
<td></td>
</tr>
<tr>
<td>Winchelsea Senior Citizens Inc.</td>
<td>Winchelsea Star</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Figure 14 - Community organisations in Winchelsea grouped according to function or affiliation**
ENGAGEMENT OF YOUNG PEOPLE

Engagement, for purposes of this report, has two meanings. Firstly, it is applied to young people aged 15 to 19 who are either employed or studying. The word engaged, used in this context, could be replaced by ‘participating in’. Secondly, it is used in the context of participation in the community and feelings of inclusiveness in the community.

There is no town-by-town data available upon which to gain a clear understanding of the engagement of young people. Data at Surf Coast Shire level has been used here. In addition, a review of local newspapers was conducted to develop a further understanding of the youth culture in Winchelsea.

Community Indicators Victoria has collected survey data for people aged between 18 and 34 and their ‘Satisfaction with Feeling Part of the Community’, 30.8% did not respond favourably to feeling part of the community which was slightly below the state average of 32.9%. In comparing this result to the G21 Region, the Surf Coast Shire had one of the higher levels of dissatisfaction; however, this cannot be isolated on a town-by-town basis. A more useful indicator of disengagement is the percentage of people who are neither employed nor studying. The Surf Coast had 16.5% which was only lower in Golden Plains Shire. All other municipalities had higher levels of this measure of disengagement (see Table 52 and Table 55).

Some local residents indicated that there is a lack of activities for young people aged 18 to 34 in Winchelsea. Young people are limited primarily to involvement in sporting clubs however there has been a concerted effort to run arts groups aimed at younger people in town. Otherwise for any other activities, young people tend to travel to Geelong or Colac for entertainment or interaction with people of the same age.

The Streetsurfer bus has been observed at the Winchelsea Shopping precinct. The Streetsurfer youth bus is an initiative that involves Victoria Police (Barwon Region) and several community service organisations in Geelong and the Surf Coast in the conversion of a commercial passenger bus into a mobile youth bus. The bus is fitted with laptops with wireless internet access, electronic game equipment (PS3 & Wii), large flat screen monitors, sound system, sports equipment, BBQ/fridge and an area where young people can talk to a youth worker and access information. Discussion with the staff indicated that the aim of their work in Winchelsea is to contact children who had left secondary school at an early age and become disengaged with the community. A key aim was to try and get those children back into school or an educational environment.

The Streetsurfer Bus project has been made possible through the initial donation of the bus from Benders Buslines Geelong and financial support from Victoria Police Youth Fund, Department of Human Services, Geelong Community Foundation, United Way, Barwon Youth and other Geelong based businesses along with the Melbourne Lord Mayor’s Fund, the RE Ross Trust and the Alcohol Education Rehabilitation Foundation (AERF).

The aims of the project are to provide an evening outreach service several times per week; introducing young people to programs, activities, training and employment services and to refer and support young people to access these services in a safe, supportive and fun environment. In this early intervention model, police, youth workers and community volunteers travel to locations where young people may congregate.

The project’s long-term aims are as follows:

- to reduce harm related to binge drinking and problematic alcohol use by young people
- to divert young people away from antisocial or risk taking behaviours
- to improve young people’s awareness of programs, activities and services within the region
- to breakdown barriers between police and young people
- to reduce the rate of crime involving young people as perpetrators and as victims
- to assist in building stronger and safer communities.

Residents consider transport across the Surf Coast, particularly access and availability to public transport, to be in need of improvement. Winchelsea is serviced by the VLine train and coach service which has daily scheduled services that run from Melbourne to Warrnambool and pass through Winchelsea. The train service runs three times a day however some services involve changing to a road coach at Geelong. There is also a coach service on weekdays that runs from Geelong to Colac. There is a seasonal bus service that is funded under the State Government’s Transport Connections ‘Bringing Communities Together’ project that runs between Colac, Birregurra, Deans Marsh and Lorne. This service operates over the summer period and despite the service not stopping in Winchelsea, the Winchelsea residents interviewed were positive about the service.

Most transport for residents is via car and this is measured through two indicators. The first indicator is drawn from the ABS Census and demonstrates how people travel to work and the second is via a Community Indicators Victoria (CIV) survey of people who experienced transport limitations in the last 12 months. ABS statistics on travel to work and the CIV survey results show that most people in Winchelsea travel by car (Figure 16) (see also Table 54).
The 2007 CIV survey relating to transport limitations showed that 17.9% of residents of the Surf Coast Shire experienced limitations but this data is not available at a township level. Opinion amongst Winchelsea residents was generally divided as to the benefits and appropriateness of the services currently available. Some people felt that the train service was outstanding but were disappointed that a summer bus service that ran from Colac to Lorne did not stop in Winchelsea. Comment was made by several respondents that Winchelsea needs more public transport and the public transport that does currently service the town doesn’t operate at times that allow Winchelsea residents to use the services to get to work. Most services arrive in Geelong and Melbourne after businesses commence work making it not a viable option to use as transport to and from work. Feedback from people when considering the community bus run by the Surf Coast Shire was very positive.

**SOCIAL EXCLUSION AND SOCIAL SUPPORT**

Improved health at home, at work and in the community has been shown to be a result of strong social networks that incorporate friends, good social relations and strong supportive networks. A sense of belonging that involves communication and mutual obligation fosters feelings of caring, love, self-esteem and self-worth. This can have a powerful impact upon health. Thus, supportive relationships may also encourage healthier behaviour patterns. A common theme in interviews with Winchelsea residents was that a strong sense of community exists, but there is a concern that it is a struggle to attract new people to become involved in committees. Ultimately, it’s the same people all working across a variety of different community groups and some people interviewed worry that no one will take on community leadership and development responsibilities if those already doing the roles walk away.

![Figure 16 - Surf Coast Shire residents' community engagement and satisfaction](image)

Key available measures are based upon a 2008 Community Indicators Victoria survey which considers firstly, the percentage of people who can get help from friends, family and neighbours when needed and secondly, people who feel they have a say on important issues (Figure 17). Surf Coast Shire residents rank third out of the five LGAs in the G21 area and above the State average. 93.7% of respondents feel they can get help when required against the state average of 91.7% (the highest being Golden Plains Shire which had a 94.1% positive response rate). The second question drew a significantly lower positive response rate. Across Victoria, 45.8% believed that they have a say on important issues yet of the Surf Coast Shire respondents, 51.3% responded positively which was behind Golden Plains (52.2%) and Queenscliff (62%).

---

There is a strong sense of social inclusion in Winchelsea through programs such as meals on wheels and the large number of community groups that exist in Winchelsea such as Probus and Lions. One interview respondent indicated that a waiting list existed for people wanting to join one club simply as additional members cannot be accommodated at present. It was mentioned by the same interview participant that community groups are attractive to Winchelsea residents as an avenue for social support and that people are always willing to support local groups or activities.

**SOCIAL EVENTS AND ACTIVITIES**

Winchelsea has many events and attractions which draw people to the town year round. There are numerous historic buildings including the Barwon Park Mansion and the Globe Theatre. The Winchelsea Heritage Trail ‘offers a glimpse of the town’s rich history, from a 300 year old gum tree to historic buildings to the Golf Course.’54 There is access to the Otway National Park and the Otway Harvest Trail which allows visitors and residents to enjoy wineries, food, restaurants and accommodation. The Winchelsea Festival is a focus and is held annually in November and is aimed at demonstrations of rural activities such as sheep shearing and wood chopping with funds raised for improving community facilities.55

**SUMMARY: THE CHALLENGES AND OPPORTUNITIES FOR WINCHELSEA**

It is projected that the township of Winchelsea will continue to grow and develop over the next twenty years. Within that growth of population and growth of the township’s residences and amenities, there exist numerous challenges that will confront the town. This research paper has examined four areas that illustrate both the challenges that lie ahead and the opportunities that may prevail. These key areas of population; socio-economic status; health status and chronic disease risk factors and; community capacity and social capital each present challenges and opportunities for the future.

The future challenges for Winchelsea include:

- an ageing population base;
- overcoming the lack of public transport to support the ageing population and the young people without access to their own transport;
- effectively engaging young people and providing them with a sense of community belonging;
- delivering effective mental health programs;
- the transition to a low carbon economy may result in declines in industry and require the re-skilling of workers into areas of future need;
- the identification of the next group of community leaders as most people interviewed cited this as a major issue.

The opportunities for Winchelsea include:

- there is ample existing infrastructure to support a growing population;
- existing and planned new land sub-divisions in the township will support the growth of population by existing and new residents;
- transforming Winchelsea’s current primary school into a P-9 Campus to support student retention in Winchelsea;
- the establishment of an ambulance service in town and the consolidation of the hospital as a key health service provider in the region;

• planned changes underway to the road infrastructure can make Winchelsea a major rest point for travellers heading to Melbourne, the Surf Coast (Lorne and Apollo Bay) or to the Great South West Victorian region. It can also make Winchelsea an attractive place to live as travel times to Geelong and Melbourne are reduced.
APPENDIX A - COMMUNITY DATA PROFILE OF WINCHELSEA AND THE SURF COAST SHIRE

1. POPULATION

POPULATION FORECAST

The population for the G21 Region is forecast to continue to increase. The Victorian State Government updated its population forecasts as part of *Victoria in Future 2008*.

**TABLE 1 – WINCHELSEA/RURAL WEST POPULATION FORECAST - TOTAL POPULATION**

<table>
<thead>
<tr>
<th>Area</th>
<th>Estimated resident population - total</th>
<th>2006</th>
<th>2011</th>
<th>2016</th>
<th>2021</th>
<th>2026</th>
<th>2006-2026 % increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Winchelsea/Rural West</td>
<td></td>
<td>2,426</td>
<td>2,941</td>
<td>3,127</td>
<td>3,314</td>
<td>3,557</td>
<td>34.5%</td>
</tr>
<tr>
<td>Surf Coast Shire</td>
<td></td>
<td>22,799</td>
<td>27,732</td>
<td>33,229</td>
<td>37,050</td>
<td>41,038</td>
<td>80.0%</td>
</tr>
</tbody>
</table>

**TABLE 2 – WINCHELSEA/RURAL WEST POPULATION FORECAST - ADDITIONAL POPULATION**

<table>
<thead>
<tr>
<th>Area</th>
<th>Estimated additional resident population</th>
<th>2006</th>
<th>2011</th>
<th>2016</th>
<th>2021</th>
<th>2026</th>
</tr>
</thead>
<tbody>
<tr>
<td>Winchelsea/Rural West</td>
<td></td>
<td>-</td>
<td>296</td>
<td>186</td>
<td>187</td>
<td>243</td>
</tr>
<tr>
<td>Surf Coast Shire</td>
<td></td>
<td>-</td>
<td>4,933</td>
<td>5,497</td>
<td>3,821</td>
<td>3,988</td>
</tr>
</tbody>
</table>

DEMOGRAPHICS

Demographic data refers to selected population characteristics such as age, gender and income level. Demographic research aims to improve our understanding of the main drivers of urban and regional change.

SEX

**TABLE 3 - MALE/FEMALE DISTRIBUTION 2006**

<table>
<thead>
<tr>
<th>Location</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
<th>% of Surf Coast Shire</th>
<th>% of G21 Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Winchelsea (3241)</td>
<td>1,152</td>
<td>1,153</td>
<td>2,305</td>
<td>10.92%</td>
<td>0.09%</td>
</tr>
<tr>
<td>Winchelsea/ Rural West area</td>
<td>1,212</td>
<td>1,214</td>
<td>2,426</td>
<td>11.49%</td>
<td>0.09%</td>
</tr>
<tr>
<td>Surf Coast Shire</td>
<td>10,496</td>
<td>10,619</td>
<td>21,115</td>
<td>8.2%</td>
<td></td>
</tr>
</tbody>
</table>

---

60 This data is solely for postcode 3232.
AGE

Winchelsea has a higher median age than the Surf Coast Shire and for the whole of the state of Victoria.

TABLE 4 - MEDIAN AGES 2006\textsuperscript{61}

<table>
<thead>
<tr>
<th>Location</th>
<th>Median age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Winchelsea/Rural West</td>
<td>40</td>
</tr>
<tr>
<td>Surf Coast Shire</td>
<td>39</td>
</tr>
<tr>
<td>Victoria</td>
<td>37</td>
</tr>
</tbody>
</table>

TABLE 5 - AGE POPULATION PERCENTAGES 2006\textsuperscript{62}

<table>
<thead>
<tr>
<th>Age in Years</th>
<th>Percentage of population Winchelsea (3241)</th>
<th>Percentage of Population Surf Coast Shire</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>6.7%</td>
<td>6.9%</td>
</tr>
<tr>
<td>5-9</td>
<td>7.3%</td>
<td>7.0%</td>
</tr>
<tr>
<td>10-14</td>
<td>8.2%</td>
<td>7.2%</td>
</tr>
<tr>
<td>15-19</td>
<td>6.2%</td>
<td>6.5%</td>
</tr>
<tr>
<td>20-24</td>
<td>4.3%</td>
<td>4.4%</td>
</tr>
<tr>
<td>25-29</td>
<td>4.3%</td>
<td>4.5%</td>
</tr>
<tr>
<td>30-34</td>
<td>5.3%</td>
<td>6.5%</td>
</tr>
<tr>
<td>35-39</td>
<td>8.2%</td>
<td>7.7%</td>
</tr>
<tr>
<td>40-44</td>
<td>8.2%</td>
<td>8.0%</td>
</tr>
<tr>
<td>45-49</td>
<td>7.3%</td>
<td>8.3%</td>
</tr>
<tr>
<td>50-54</td>
<td>7.3%</td>
<td>7.5%</td>
</tr>
<tr>
<td>55-59</td>
<td>7.0%</td>
<td>7.0%</td>
</tr>
<tr>
<td>60-64</td>
<td>4.9%</td>
<td>5.1%</td>
</tr>
<tr>
<td>65-69</td>
<td>4.4%</td>
<td>3.9%</td>
</tr>
<tr>
<td>70-74</td>
<td>4.4%</td>
<td>3.3%</td>
</tr>
<tr>
<td>75-79</td>
<td>2.7%</td>
<td>2.5%</td>
</tr>
<tr>
<td>80-84</td>
<td>2.5%</td>
<td>2.0%</td>
</tr>
<tr>
<td>85+</td>
<td>2.9%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Total No.</td>
<td>2,305</td>
<td>21,766</td>
</tr>
</tbody>
</table>

Light blue < indicates higher than the LGA average.

\textsuperscript{61} <http://www.abs.gov.au>.
\textsuperscript{62} Ibid.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 4</td>
<td>197</td>
<td>8.9%</td>
<td>165</td>
<td>7.2%</td>
<td>152</td>
<td>6.3%</td>
<td>-45</td>
<td>-2.6%</td>
</tr>
<tr>
<td>5 to 11</td>
<td>281</td>
<td>12.7%</td>
<td>249</td>
<td>10.8%</td>
<td>259</td>
<td>10.7%</td>
<td>-22</td>
<td>-2.0%</td>
</tr>
<tr>
<td>12 to 18</td>
<td>212</td>
<td>9.6%</td>
<td>225</td>
<td>9.8%</td>
<td>217</td>
<td>8.9%</td>
<td>5</td>
<td>-0.7%</td>
</tr>
<tr>
<td>18 to 25</td>
<td>146</td>
<td>6.6%</td>
<td>160</td>
<td>6.9%</td>
<td>153</td>
<td>6.3%</td>
<td>7</td>
<td>-0.3%</td>
</tr>
<tr>
<td>25 to 34</td>
<td>270</td>
<td>12.2%</td>
<td>261</td>
<td>11.3%</td>
<td>221</td>
<td>9.1%</td>
<td>-49</td>
<td>-3.1%</td>
</tr>
<tr>
<td>35 to 44</td>
<td>489</td>
<td>22.1%</td>
<td>561</td>
<td>24.3%</td>
<td>555</td>
<td>22.9%</td>
<td>66</td>
<td>0.8%</td>
</tr>
<tr>
<td>45 to 54</td>
<td>213</td>
<td>9.6%</td>
<td>270</td>
<td>11.7%</td>
<td>374</td>
<td>15.4%</td>
<td>161</td>
<td>5.8%</td>
</tr>
<tr>
<td>55 to 64</td>
<td>196</td>
<td>8.9%</td>
<td>198</td>
<td>8.6%</td>
<td>232</td>
<td>9.5%</td>
<td>36</td>
<td>0.6%</td>
</tr>
<tr>
<td>65 to 74</td>
<td>209</td>
<td>9.5%</td>
<td>215</td>
<td>9.3%</td>
<td>264</td>
<td>10.8%</td>
<td>55</td>
<td>1.3%</td>
</tr>
<tr>
<td>Total</td>
<td>2,213</td>
<td>100.00%</td>
<td>2,305</td>
<td>100.00%</td>
<td>2,427</td>
<td>100.00%</td>
<td>214</td>
<td>N/A</td>
</tr>
</tbody>
</table>

*The change in population in that age bracket between 1996 and 2006 - not the proportion of total population.

COUNTRY OF BIRTH 2006

TABLE 7 - COUNTRY OF BIRTH OF WINCHELSEA/RURAL WEST RESIDENTS

<table>
<thead>
<tr>
<th>Country</th>
<th>Winchelsea/Rural West %</th>
<th>Surf Coast Shire %</th>
<th>G21 Region %</th>
<th>Victoria %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia (2,069)</td>
<td>85.3%</td>
<td>83.5%</td>
<td>80.4%</td>
<td>69.6%</td>
</tr>
<tr>
<td>New Zealand (28)</td>
<td>1.2%</td>
<td>1.0%</td>
<td>0.8%</td>
<td>1.3%</td>
</tr>
<tr>
<td>United Kingdom (119)</td>
<td>4.9%</td>
<td>4.7%</td>
<td>4.9%</td>
<td>4.2%</td>
</tr>
<tr>
<td>Other (82)</td>
<td>3.3%</td>
<td>5.0%</td>
<td>8.4%</td>
<td>18.3%</td>
</tr>
<tr>
<td>Country of birth not stated (128)</td>
<td>5.3%</td>
<td>5.8%</td>
<td>5.5%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Total %</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Total number</td>
<td>2,426</td>
<td>20,978</td>
<td>258,976</td>
<td>4,932,423</td>
</tr>
</tbody>
</table>

Light green ▶ indicates a value higher than the Regional Victorian or Victorian average

---

64 Ibid.
Winchelsea has a high proportion of couple families that have no children and of couple families with children aged under 15. All categories measured here compare similarly to the whole Surf Coast Shire as the greatest variance is 3.6%.

TABLE 9 - POPULATION LIVING ALONE (2006)  

<table>
<thead>
<tr>
<th>Winchelsea/Rural West</th>
<th>Surf Coast Shire</th>
<th>Victoria</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of population living alone</td>
<td>8.8%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Total number of people living alone (n)</td>
<td>213</td>
<td>1,641</td>
</tr>
</tbody>
</table>

TABLE 10 - ONE-PERSON HOUSEHOLDS 1996 - 2006  

<table>
<thead>
<tr>
<th>AREA</th>
<th>One person households 1996 (as % of total households)</th>
<th>One person households 2001 (as % of total households)</th>
<th>One person households 2006 (as % of total households)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Winchelsea/Rural West</td>
<td>19.5%</td>
<td>20.9%</td>
<td>22.7%</td>
</tr>
<tr>
<td>Surf Coast Shire</td>
<td>21.6%</td>
<td>20.7%</td>
<td>20.6%</td>
</tr>
</tbody>
</table>
There is a difference in the data tables above that consider lone person households as there is a distinction between lone person households and one person households. Lone person households only have one person in the household at all times. One person households includes households with people who are usually a resident but may be absent on the night of the Census.67

2. SOCIO-ECONOMIC STATUS

Socio-economics is the study of the relationship between economic activity and social life, that is, of society and its systems of value and exchange.

In the context of this Profile, socio-economic essentially refers to the impact employment and income levels have on the community. The term ‘social determinants of health’ is concerned with key aspects of people’s living and working circumstances and their lifestyles.68

In general, having a job is better for health than having no job. Strong evidence indicates that unemployment puts health at risk. What is also known is that the risk is higher in regions where unemployment is widespread. Evidence from a number of countries shows that even after allowing for other factors, unemployed people and their families suffer a substantially increased risk of premature death.69 Additionally, there is a significant body of research that considers the link between unemployment and parenting skills.70

Evidence also indicates that stress at work plays an important role in contributing to the large social status differences in health, absence due to sickness and premature death. Several European workplace studies show that health suffers when people have little opportunity to use their skills and have little decision-making authority.71

EDUCATION

The fundamental goal of education is to give young people a better understanding of themselves and their world so that they can, in turn, lead richer, healthier lives.72

Children who are not well, physically and or mentally, are more likely to be poor students, difficult to teach, and less likely to achieve their full potential in life. The challenge of education includes, but goes beyond, enhancing individual health and wellbeing. It must embrace a wider, social perspective that draws its legitimacy and inspiration from the fundamental goal of education.73

‘One of the central themes of imaginative education is to make the knowledge accessible to children through their shared hopes and fears and passions so it becomes something that has deep emotional meaning to the kids.’ Prof Kieran Egan, Canadian educator, 2008.74

69 Ibid.
73 Ibid.
74 Ibid.
HIGHEST YEAR OF SCHOOL COMPLETED

Winchelsea’s proportion of population aged ≥ 15 years that have completed year 12 or equivalent is significantly lower than both the Surf Coast Shire and Victorian average.

**TABLE 11 - HIGHEST YEAR OF PRIMARY/SECONDARY SCHOOL COMPLETED (POPULATION AGED ≥ 15 YEARS)**

<table>
<thead>
<tr>
<th></th>
<th>Winchelsea/Rural West</th>
<th>Surf Coast Shire</th>
<th>Victoria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 12 or equivalent</td>
<td>28.7%</td>
<td>44.9%</td>
<td>44.0%</td>
</tr>
<tr>
<td>Year 11 or equivalent</td>
<td>18.4%</td>
<td>18.1%</td>
<td>13.8%</td>
</tr>
<tr>
<td>Year 10 or equivalent</td>
<td>22.0%</td>
<td>16.4%</td>
<td>15.8%</td>
</tr>
<tr>
<td>Year 9 or equivalent</td>
<td>11.3%</td>
<td>7.0%</td>
<td>7.2%</td>
</tr>
<tr>
<td>Year 8 or below</td>
<td>10.2%</td>
<td>5.3%</td>
<td>8.4%</td>
</tr>
<tr>
<td>Did not go to school</td>
<td>0.4%</td>
<td>0.2%</td>
<td>1.1%</td>
</tr>
<tr>
<td>not stated</td>
<td>9.1%</td>
<td>8.0%</td>
<td>9.6%</td>
</tr>
<tr>
<td>Total</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Total Number</td>
<td>1,891</td>
<td>16,460</td>
<td>3,982,034</td>
</tr>
</tbody>
</table>

*Light orange ▼ indicates a value lower than the Regional Victorian or Victorian average.*

EMPLOYMENT

**TABLE 12 - EMPLOYMENT SECTORS IN WINCHELSEA (2006)**

<table>
<thead>
<tr>
<th>Sector/industry</th>
<th>Winchelsea/Rural West 2006 (%)</th>
<th>Surf Coast Shire 2006 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agriculture, Forestry &amp; Fishing</td>
<td>15.2%</td>
<td>4.8%</td>
</tr>
<tr>
<td>Health Care &amp; Social Assistance</td>
<td>12.2%</td>
<td>10.8%</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>9.7%</td>
<td>8.4%</td>
</tr>
<tr>
<td>Construction</td>
<td>9.5%</td>
<td>11.5%</td>
</tr>
<tr>
<td>Retail Trade</td>
<td>8.7%</td>
<td>10.7%</td>
</tr>
<tr>
<td>Transport, postal and warehousing</td>
<td>5.2%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Accommodation and Food services</td>
<td>5.1%</td>
<td>8.4%</td>
</tr>
<tr>
<td>Other</td>
<td>28.2%</td>
<td>39.0%</td>
</tr>
<tr>
<td>Unemployed (and able to work)</td>
<td>6.2%</td>
<td>3.8%</td>
</tr>
</tbody>
</table>

PROPORTION OF LABOURERS & PROFESSIONALS

Winchelsea has a higher proportion of labourers and a lower number of professionals as percentages of the employed population than across the Surf Coast Shire.

**TABLE 13 - PROPORTION OF LABOURERS IN LABOUR FORCE 2006**

<table>
<thead>
<tr>
<th>Location</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Winchelsea/Rural West</td>
<td>128</td>
<td>12.6%</td>
</tr>
<tr>
<td>Surf Coast Shire</td>
<td>867</td>
<td>8.6%</td>
</tr>
<tr>
<td>Victoria</td>
<td>224,543</td>
<td>9.9%</td>
</tr>
</tbody>
</table>
**TABLE 14 - PROPORTION OF PROFESSIONALS IN LABOUR FORCE 2006**

<table>
<thead>
<tr>
<th>Location</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Winchelsea/Rural West</td>
<td>135</td>
<td>13.3%</td>
</tr>
<tr>
<td>Surf Coast Shire</td>
<td>2,244</td>
<td>22.4%</td>
</tr>
<tr>
<td>Victoria</td>
<td>472,305</td>
<td>20.8%</td>
</tr>
</tbody>
</table>

**LABOUR FORCE PARTICIPATION**

Within the Surf Coast Shire in 2006, Winchelsea had one of the lowest percentages of people aged 15 years and over participating in the labour force.

**TABLE 15 - LABOUR FORCE PARTICIPATION 2006**

<table>
<thead>
<tr>
<th></th>
<th>Winchelsea/Rural West</th>
<th>Surf Coast Shire</th>
<th>Victoria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working full-time (%)</td>
<td>57.8%</td>
<td>56.2%</td>
<td>60.2%</td>
</tr>
<tr>
<td>Working part-time (%)</td>
<td>33.6%</td>
<td>37.6%</td>
<td>31.7%</td>
</tr>
<tr>
<td>Working away from work (%)**</td>
<td>2.4%</td>
<td>2.3%</td>
<td>6.1%</td>
</tr>
<tr>
<td>% Labour force participation</td>
<td>57.5%</td>
<td>63.4%</td>
<td>60.8%</td>
</tr>
<tr>
<td>Unemployed</td>
<td>6.2%</td>
<td>3.8%</td>
<td>5.4%</td>
</tr>
<tr>
<td>Population aged ≥15 yrs (number)</td>
<td>1,887</td>
<td>16,458</td>
<td>3,982,035</td>
</tr>
</tbody>
</table>

**UNEMPLOYMENT**

**TABLE 16 - HISTORICAL UNEMPLOYMENT DATA**

<table>
<thead>
<tr>
<th>Location</th>
<th>2001 (number)</th>
<th>2001 (%)&lt;sup&gt;79&lt;/sup&gt;</th>
<th>2006 (number)</th>
<th>2006 (%)&lt;sup&gt;80&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Winchelsea/Rural West</td>
<td>80</td>
<td>7.9%</td>
<td>67</td>
<td>6.2%</td>
</tr>
<tr>
<td>Surf Coast Shire</td>
<td>534</td>
<td>5.7%</td>
<td>401</td>
<td>3.8%</td>
</tr>
<tr>
<td>Victoria</td>
<td>6.8%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TABLE 17 - UNEMPLOYMENT SEPTEMBER 2010 QUARTER**

<table>
<thead>
<tr>
<th>Location</th>
<th>June 2010 number</th>
<th>June 2010 rate</th>
<th>Sept 2010 number</th>
<th>Sept 2010 rate</th>
<th>Labour Force number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surf Coast West</td>
<td>177</td>
<td>3.7%</td>
<td>181</td>
<td>3.8%</td>
<td>4,741</td>
</tr>
<tr>
<td>Victoria</td>
<td>161,000</td>
<td>5.5%</td>
<td>159,400</td>
<td>5.4%</td>
<td>2,953,600</td>
</tr>
</tbody>
</table>

<sup>78</sup> <http://www.abs.gov.au>.
<sup>79</sup> Ibid.
<sup>80</sup> As a percentage of the total labour force.
NEWSTART RECIPIENTS

The Newstart allowance is an income support payment for people who are looking for work and allows them to participate in activities designed to increase their chances of finding work. Eligibility for receipt of the allowance is income and asset tested and the recipient must be looking for paid work. Recipients are supported in looking for work through an Employment Pathway Plan and must meet activity test requirements as specified by Centrelink. At the time of compiling this report, data pertaining to number of benefit recipients was unable to be provided at township level.

TABLE 18 - NEWSTART BENEFIT RECIPIENTS - MARCH QUARTER 2009

<table>
<thead>
<tr>
<th></th>
<th>Number of recipients</th>
<th>Total 2006 pop. aged 15-64 years (number)</th>
<th>% of pop receiving allowance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surf Coast Shire</td>
<td>403</td>
<td>13,813</td>
<td>2.9%</td>
</tr>
<tr>
<td>G21 Region</td>
<td>6,855</td>
<td>164,023</td>
<td>4.2%</td>
</tr>
<tr>
<td>Victoria</td>
<td>120,198</td>
<td>3,307,130</td>
<td>3.6%</td>
</tr>
</tbody>
</table>

YOUTH ALLOWANCE

The Youth Allowance is an income support payment for young people who are studying, undertaking training or an Australian Apprenticeship, looking for work, or sick. Eligibility is determined upon personal circumstances:

- 16 to 24 years old and studying or undertaking an Australian apprenticeship full-time.
- 16 to 20 years old and looking for full-time work or undertaking a combination of approved activities, or have a temporary exemption from the participation and activity test requirements. If you do not have a Year 12 certificate or an equivalent qualification (Certificate level II or above) you will generally be expected to undertake study or training to meet the activity test.
- If you turn 25 you can continue to receive Youth Allowance until you finish your course or Apprenticeship.
- In some circumstances, 15 year olds can also receive the payment.

At the time of compiling this report, data pertaining to number of allowance recipients was unable to be provided at township level.

TABLE 19 - YOUTH ALLOWANCE RECIPIENTS - MARCH 2009

<table>
<thead>
<tr>
<th></th>
<th>Number of recipients</th>
<th>Total 2006 population aged 15-24 years (number)</th>
<th>% of population receiving allowance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surf Coast Shire</td>
<td>345</td>
<td>2,323</td>
<td>14.9%</td>
</tr>
<tr>
<td>G21 Region</td>
<td>5,089</td>
<td>33,179</td>
<td>15.3%</td>
</tr>
<tr>
<td>Victoria</td>
<td>88,358</td>
<td>673,343</td>
<td>13.1%</td>
</tr>
</tbody>
</table>

---

83 Source Centrelink as provided by G21 3 November 2011.
84 Ibid.
INCOME

As the key factor in the social gradient assessment, household income is vital to planning services. Income affects health and wellbeing as it directly impacts the capacity for people to afford adequate food and shelter, as well as the intangible impacts of stress and social exclusion, which are discussed later (refer to section 3 and 4).

In 2006, Winchelsea generally had a higher proportion of people earning a low gross weekly income than the rest of the Surf Coast Shire. This figure is heavily influenced by the high number of retirees and unemployed people that are living in Winchelsea and high income earners living in other parts of the Shire.

**TABLE 20 - GROSS AVERAGE WEEKLY HOUSEHOLD INCOME 2006**

<table>
<thead>
<tr>
<th></th>
<th>Winchelsea/Rural West</th>
<th>Surf Coast Shire</th>
<th>Victoria</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1-$149</td>
<td>1.1%</td>
<td>1.4%</td>
<td>1.5%</td>
</tr>
<tr>
<td>$150-$249</td>
<td>6.2%</td>
<td>3.9%</td>
<td>4.9%</td>
</tr>
<tr>
<td>$250-$349</td>
<td>8.6%</td>
<td>6.3%</td>
<td>6.8%</td>
</tr>
<tr>
<td>$350-$499</td>
<td>7.7%</td>
<td>4.2%</td>
<td>5.0%</td>
</tr>
<tr>
<td>$500-$649</td>
<td>11.9%</td>
<td>10.5%</td>
<td>10.2%</td>
</tr>
<tr>
<td>$650-$799</td>
<td>5.5%</td>
<td>6.1%</td>
<td>6.4%</td>
</tr>
<tr>
<td>$800-$999</td>
<td>8.3%</td>
<td>6.7%</td>
<td>7.1%</td>
</tr>
<tr>
<td>$1,000-$1,199</td>
<td>12.2%</td>
<td>12.5%</td>
<td>10.8%</td>
</tr>
<tr>
<td>$1,200-$1,399</td>
<td>6.6%</td>
<td>5.8%</td>
<td>5.6%</td>
</tr>
<tr>
<td>$1,400-$1,699</td>
<td>6.6%</td>
<td>8.0%</td>
<td>7.5%</td>
</tr>
<tr>
<td>$1,700-$1,999</td>
<td>5.0%</td>
<td>6.7%</td>
<td>6.0%</td>
</tr>
<tr>
<td>$2,000-$2,499</td>
<td>4.5%</td>
<td>5.9%</td>
<td>6.0%</td>
</tr>
<tr>
<td>$2,500-$2,999</td>
<td>1.8%</td>
<td>4.9%</td>
<td>5.2%</td>
</tr>
<tr>
<td>$3,000 or more</td>
<td>2.1%</td>
<td>3.5%</td>
<td>4.7%</td>
</tr>
<tr>
<td>Partial income</td>
<td>7.5%</td>
<td>9.6%</td>
<td>8.1%</td>
</tr>
<tr>
<td>not stated</td>
<td>3.2%</td>
<td>2.8%</td>
<td>3.0%</td>
</tr>
<tr>
<td>Total</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Total Number (Households)</td>
<td>905</td>
<td>7,810</td>
<td>1,781,665</td>
</tr>
</tbody>
</table>

**TABLE 21 - MEDIAN HOUSEHOLD WEEKLY INCOME 2006**

<table>
<thead>
<tr>
<th></th>
<th>Winchelsea/Rural West</th>
<th>Victoria</th>
</tr>
</thead>
<tbody>
<tr>
<td>$775</td>
<td></td>
<td>$1,022</td>
</tr>
</tbody>
</table>

**TABLE 22 - HOUSEHOLDS EARNING LESS THAN $350 GROSS PER WEEK AVERAGE**

<table>
<thead>
<tr>
<th></th>
<th>Winchelsea/Rural West</th>
<th>Surf Coast Shire</th>
<th>Victoria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Households earning less than $350 p/week</td>
<td>16.9%</td>
<td>12.8%</td>
<td>14.50%</td>
</tr>
<tr>
<td>All households (Number)</td>
<td>905</td>
<td>7,810</td>
<td>1,781,665</td>
</tr>
</tbody>
</table>

85ID Consulting.
87Ibid.
TABLE 23 - LOWEST 25% OF HOUSEHOLD INCOMES AS A PERCENTAGE OF POPULATION\textsuperscript{88}

<table>
<thead>
<tr>
<th>Area</th>
<th>Lowest 25% of incomes as percentage of population (2001)</th>
<th>Lowest 25% of incomes as percentage of population (2006)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Winchelsea/Rural West</td>
<td>27.6%</td>
<td>27.6%</td>
</tr>
<tr>
<td>Surf Coast Shire</td>
<td>20.7%</td>
<td>19.4%</td>
</tr>
</tbody>
</table>

AGE PENSION

The Age Pension income support payment is for citizens who have reached retirement age. The G21 Region has a higher proportion of age pension recipients than the Victorian average.

TABLE 24 - AGE PENSION RECIPIENTS AS AT MARCH 2011\textsuperscript{89}

<table>
<thead>
<tr>
<th>Location</th>
<th>Pension recipients</th>
<th>2006 population aged 65 yrs* +</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surf Coast West SLA</td>
<td>1,109</td>
<td>1,541</td>
<td>71.9%</td>
</tr>
<tr>
<td>Surf Coast Shire</td>
<td>33,263</td>
<td>40,995</td>
<td>81.1%</td>
</tr>
<tr>
<td>Victoria</td>
<td>526,365</td>
<td>674,904</td>
<td>78.0%</td>
</tr>
</tbody>
</table>

*The age requirements for age pension are 63.5 yrs for women and 65 yrs for men. Data was simplified to make calculation easier.

COST OF HOUSING IN WINCHELSEA

TABLE 25 - WINCHELSEA MEDIAN HOUSE PRICES 2002-10\textsuperscript{90}

<table>
<thead>
<tr>
<th>Year</th>
<th>Median House Price</th>
<th>House Price % Change (Year on Year)</th>
<th>Median Unit Price</th>
<th>Unit Price % Change (Year on Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>$133,971</td>
<td>11.6%</td>
<td>$105,000</td>
<td>26.5%</td>
</tr>
<tr>
<td>2003</td>
<td>$158,000</td>
<td>17.9%</td>
<td>$147,000</td>
<td>40.0%</td>
</tr>
<tr>
<td>2004</td>
<td>$172,500</td>
<td>9.2%</td>
<td>$162,000</td>
<td>10.2%</td>
</tr>
<tr>
<td>2005</td>
<td>$200,000</td>
<td>15.9%</td>
<td>$199,000</td>
<td>22.8%</td>
</tr>
<tr>
<td>2006</td>
<td>$210,000</td>
<td>5.0%</td>
<td>$196,000</td>
<td>-1.5%</td>
</tr>
<tr>
<td>2007</td>
<td>$195,000</td>
<td>-7.1%</td>
<td>$180,000</td>
<td>-8.2%</td>
</tr>
<tr>
<td>2008</td>
<td>$214,000</td>
<td>9.7%</td>
<td>$175,000</td>
<td>-2.8%</td>
</tr>
<tr>
<td>2009</td>
<td>$207,000</td>
<td>-3.3%</td>
<td>$207,500</td>
<td>18.6%</td>
</tr>
<tr>
<td>2010</td>
<td>$235,000</td>
<td>13.5%</td>
<td>$196,000</td>
<td>-5.5%</td>
</tr>
</tbody>
</table>

\textsuperscript{88} <http://www.abs.gov.au>.
\textsuperscript{89} Data from Centrelink & supplied by G21, 25 November 2011.
Social Gradient Measures

WORLD HEALTH ORGANISATION SOCIAL DETERMINANTS OF HEALTH

It is well documented that poorer people live shorter lives and are more often ill than the rich. This disparity has drawn attention to the remarkable sensitivity of health to the social environment. This is known as the social gradient in health and the World Health Organization refers to ten ‘social determinants of health’.

The ten social determinants of health listed below were developed by the World Health Organization in 2000, based on an increasing understanding of the significant sensitivity of health to the social environment.


<table>
<thead>
<tr>
<th>1. The Social Gradient</th>
<th>Life expectancy is shorter and most diseases are more common further down the social ladder in each society.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Work</td>
<td>Stress in the workplace increases the risk of disease. People who have more control over their work have better health.</td>
</tr>
<tr>
<td>6. Stress</td>
<td>Stressful circumstances, making people feel worried, anxious and unable to cope, are damaging to health and may lead to premature death.</td>
</tr>
<tr>
<td>7. Social exclusion and social support</td>
<td>Life is short where its quality is poor. By causing hardship and resentment, poverty, social exclusion and discriminationcost lives. Friendship, good social relations and strong supportive networks improve health at home, at work and in the community.</td>
</tr>
<tr>
<td>8. Transport</td>
<td>Healthy transport means less driving and more walking and cycling, backed up by better public transport. Cycling, walking and the use of public transport promote health in four ways. They provide exercise, reduce fatal accidents, increase social contact and reduce air pollution.</td>
</tr>
<tr>
<td>9. Food</td>
<td>A good diet and adequate food supply are central for promoting health and wellbeing. A shortage of food and lack of variety cause malnutrition and deficiency diseases.</td>
</tr>
<tr>
<td>10. Addiction</td>
<td>Drug use is both a response to social breakdown and an important factor in worsening the resulting inequities in health.</td>
</tr>
</tbody>
</table>

Social Gradient

Social gradient is the term used to indicate social advantage and disadvantage on a relative scale. People further down the ladder usually run at least twice the risk of serious illness and premature death compared to those near the top.


92 Ibid.
The 2006 Socio-Economic Index for Areas (SEIFA) provides a socio-economic snapshot of a geographical area. SEIFA 2006 consists of four separate indexes that each concentrate on a different aspect of the social and economic conditions in an area. The index is a continuum of advantage to disadvantage and is based upon social and economic information from the 2006 Census. Low values indicate areas of disadvantage and high values indicate areas of advantage. It takes into account variables such as the proportion of families with high incomes, people with a tertiary education and employees in skilled occupations.

**FIGURE 17 - MAPPING OF DISADVANTAGE, SURF COAST SHIRE 2006**

Winchelsea, which for the purposes for this measure is divided into two suburbs, demonstrates a significant
difference between results. Winchelsea was ranked in the low SEIFA scores (2nd decile), indicating a high level of
relative socio-economic disadvantage. Conversely, Winchelsea South has a high SEIFA score (8th decile)
indicating a low level of disadvantage.

TABLE 27 – DISTRIBUTION OF POPULATION BY INDEX OF RELATIVE SOCIO-ECONOMIC
DISADVANTAGE (IRSED) DECILE (2006)

<table>
<thead>
<tr>
<th>Location</th>
<th>IRSED score</th>
<th>Rank within Vic</th>
<th>% of total population</th>
<th>No.</th>
<th>% of total population</th>
<th>Number</th>
<th>% of total population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Winchelsea</td>
<td>921</td>
<td>0</td>
<td>0.0%</td>
<td>1,400</td>
<td>100.0%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Surf Coast Shire</td>
<td>1,065</td>
<td>73</td>
<td>0.0%</td>
<td>18,704</td>
<td>85.9%</td>
<td>3,065</td>
<td>14.1%</td>
</tr>
<tr>
<td>G21</td>
<td>999</td>
<td>-</td>
<td>10.2%</td>
<td>21,9592</td>
<td>85.4%</td>
<td>11,542</td>
<td>4.5%</td>
</tr>
<tr>
<td>Victoria</td>
<td>1,010</td>
<td>-</td>
<td>10.0%</td>
<td>-</td>
<td>79.5%</td>
<td>-</td>
<td>10.5%</td>
</tr>
</tbody>
</table>

3. HEALTH STATUS AND CHRONIC DISEASE RISK FACTORS

HEALTH BEHAVIOURS

There are specific state-wide health promotion priorities that recognise the key health behaviours that need to be
addressed for the future wellbeing of our broader community. These priorities have been identified as the major
focal points to address the current and future health of the Victorian population. They include physical activity,
nutrition, mental health, sexual and reproductive health, safe environments and tobacco and alcohol use.

PROPORTION OF POPULATION WITH A DISABILITY

The core activities used to assess disability have a direct impact on health infrastructure and service requirements.
Most of the people living in Winchelsea who require assistance for a core activity are aged 65 and over although
there are also higher number in the 5-14 age range than across the Surf Coast Shire. Discussions with residents
indicate that the hospital plays a vital role in servicing these people but there is a concern that, as this population
segment increases, that there will need to be more services made available.

94 <http://www.dpcd.vic.gov.au>. Data from the ABS.

44 ALFRED DEAKIN RESEARCH INSTITUTE WORKING PAPER SERIES
TABLE 28 - WINCHELSEA RESIDENTS NEEDING ASSISTANCE FOR CORE ACTIVITIES (2006)  

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Winchelsea (number)</th>
<th>Winchelsea (%)</th>
<th>Surf Coast Shire (%)</th>
<th>Victoria (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4 years</td>
<td>3</td>
<td>0.1%</td>
<td>0%</td>
<td>0.1%</td>
</tr>
<tr>
<td>5-14 years</td>
<td>16</td>
<td>0.7%</td>
<td>0.3%</td>
<td>0.3%</td>
</tr>
<tr>
<td>15-19 years</td>
<td>0</td>
<td>0.0%</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>20-24 years</td>
<td>3</td>
<td>0.1%</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>25-34 years</td>
<td>3</td>
<td>0.1%</td>
<td>0.1%</td>
<td>0.2%</td>
</tr>
<tr>
<td>35-44 years</td>
<td>5</td>
<td>0.2%</td>
<td>0.2%</td>
<td>0.3%</td>
</tr>
<tr>
<td>45-54 years</td>
<td>15</td>
<td>0.6%</td>
<td>0.2%</td>
<td>0.4%</td>
</tr>
<tr>
<td>55-64 years</td>
<td>17</td>
<td>0.7%</td>
<td>0.3%</td>
<td>0.5%</td>
</tr>
<tr>
<td>65-74 years</td>
<td>11</td>
<td>0.5%</td>
<td>0.3%</td>
<td>0.3%</td>
</tr>
<tr>
<td>75-84 years</td>
<td>22</td>
<td>0.9%</td>
<td>0.8%</td>
<td>1.0%</td>
</tr>
<tr>
<td>85 years and over</td>
<td>34</td>
<td>1.4%</td>
<td>0.8%</td>
<td>0.8%</td>
</tr>
<tr>
<td>% of total population that needs assistance</td>
<td>5.3%</td>
<td>3.1%</td>
<td>4.2%</td>
<td></td>
</tr>
<tr>
<td>Winchelsea population that needs assistance</td>
<td>129</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PHYSICAL INACTIVITY

Physical inactivity, or lack of physical exercise, is considered a risk factor for chronic disease. Estimates of physical inactivity were undertaken in 2008 by the Public Health Information Development Unit using the 2004-05 National Health Survey data.

The PHIDU defines physical inactivity as ‘those aged 15 years and over who did not exercise in the two weeks prior to the interview for the NHS 2004-05, through sport, recreation or fitness (including walking).’

TABLE 29 - PEOPLE WHO ARE PHYSICALLY INACTIVE (BY STATISTICAL LOCAL AREA 2007-2008)  

<table>
<thead>
<tr>
<th>Statistical Local Area</th>
<th>Estimated number of people who are physically inactive, persons aged 15 years and over</th>
<th>Rate per 100</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surf Coast West</td>
<td></td>
<td>30.0</td>
</tr>
<tr>
<td>Regional Victoria</td>
<td></td>
<td>33.8</td>
</tr>
<tr>
<td>Victoria</td>
<td></td>
<td>32.6</td>
</tr>
</tbody>
</table>

An estimate of the proportion of population that was obese was undertaken in 2008 by the Public Health Information Development Unit at the University of Adelaide, using data from the 2004-05 National Health Survey.

---

96 ID Consulting  
TABLE 30 - RATES OF OBESITY 2007-2008

<table>
<thead>
<tr>
<th>Statistical Local Area</th>
<th>Estimated number of obese males, ≥ 15 years</th>
<th>Estimated number of obese females, ≥ 15 years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Rate per 1,000</td>
</tr>
<tr>
<td>Surf Coast</td>
<td>634</td>
<td>168</td>
</tr>
<tr>
<td>Surf Coast West</td>
<td>-</td>
<td>206</td>
</tr>
<tr>
<td>Regional Victoria</td>
<td>-</td>
<td>180</td>
</tr>
<tr>
<td>Victoria</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

MENTAL AND BEHAVIOURAL PROBLEMS

An estimate of the proportion of population with a self-assessed mental and behavioural problem was undertaken in 2008 by the Public Health Information Development Unit at the University of Adelaide, using data from the 2004-05 National Health Survey. The mental health and behavioural problems were identified through the self-reported information on long term conditions obtained by the survey. The types of problems may include substance addiction, phobias, anxiety disorders, obsessive-compulsive disorder and post-traumatic stress disorder and mood disorders such as; depression, mania, hypomania and bipolar affective disorder.

Information broken down by age was not available.

TABLE 31 – THE TOTAL RATE OF POPULATION WITH SELF-ASSESSED MENTAL AND BEHAVIOURAL PROBLEMS INCLUDING MOOD (AFFECTIVE) PROBLEMS (2007-08)

<table>
<thead>
<tr>
<th>Statistical Local Area</th>
<th>males</th>
<th>Number</th>
<th>Rate per 100</th>
<th>females</th>
<th>Number</th>
<th>Rate per 100</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surf Coast</td>
<td></td>
<td>482</td>
<td>10.5</td>
<td></td>
<td>520</td>
<td>11.7</td>
</tr>
<tr>
<td>Surf Coast West</td>
<td></td>
<td>14,261</td>
<td>10.5</td>
<td></td>
<td>16,847</td>
<td>12.2</td>
</tr>
<tr>
<td>Victoria</td>
<td></td>
<td></td>
<td>9.9</td>
<td></td>
<td></td>
<td>11.6</td>
</tr>
</tbody>
</table>

Light green shade indicates a value higher than the Victorian rate.

MOOD AFFECTIVE PROBLEMS

An estimate of the proportion of population with a self-assessed mood affective problem was undertaken in 2008 by the Public Health Information Development Unit at the University of Adelaide, using data from the 2004-05 National Health Survey. Mood affective problems were identified through the self-reported information on long term conditions obtained by the survey. Examples of mood affective problems are depression, bipolar mood disorder, anger management, mania, hypomania and bipolar. Respondents were not asked if they had been diagnosed with any mental disorder.

The estimates indicate that in 2004-05, for the G21 Region, the highest rate of males with a self-assessed mood affective problem was in Geelong-Geelong SLA, followed by Corio-Inner SLA. For females, the highest rate was in Corio-Inner SLA, followed by Geelong West SLA.

---

99 Ibid.
TABLE 32 - ESTIMATED NUMBER OF PEOPLE WITH MOOD (AFFECTIVE) PROBLEMS 2004-05

<table>
<thead>
<tr>
<th>Statistical Local Area</th>
<th>males</th>
<th>females</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Rate per 100</td>
</tr>
<tr>
<td>Surf Coast Surf Coast West</td>
<td>281</td>
<td>6.0</td>
</tr>
<tr>
<td>Barwon</td>
<td>8,329</td>
<td>6.1</td>
</tr>
<tr>
<td>Victoria</td>
<td>6.0</td>
<td>8.3</td>
</tr>
</tbody>
</table>

*Light green ‡ indicates a value higher than the Victorian rate.

INTENTIONAL SELF HARM

Victorian Emergency Minimum Dataset (VEMD) figures from 2006-07 indicate that, of the total number of emergency department presentations, there were 426 or 0.9% that were treated for an injury categorised as ‘self harm’. This can range from intentional drug overdose to ‘cutting’ and other forms of self-inflicted injury. At the time of compiling this report, data pertaining to number of presentations was unable to be provided at township and LGA level.

TABLE 33 - EMERGENCY DEPARTMENT PRESENTATIONS FOR ‘SELF HARM’ INJURIES

<table>
<thead>
<tr>
<th>Surf Coast Shire</th>
<th>Victoria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>Not available</td>
</tr>
<tr>
<td>%</td>
<td>Not available</td>
</tr>
</tbody>
</table>

FAMILY VIOLENCE INCIDENTS

In 2007/08, Greater Geelong had the highest rate of reported family violence incidents in the G21 Region and this rate was lower than the Victorian average rate. These incidents include physical, mental and emotional violence that resulted in the police being contacted. Surf Coast had a low rate of family incidents where charges were laid and this rate was much lower than the Victorian average.

TABLE 34 - FAMILY INCIDENTS 2009/10 (*RATE PER 100,000)

<table>
<thead>
<tr>
<th>Family Incidents</th>
<th>Where Charges Laid</th>
<th>Where IVO Applied for*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surf Coast Shire</td>
<td>369.2</td>
<td>74.6</td>
</tr>
<tr>
<td>Victoria</td>
<td>649.9</td>
<td>165.2</td>
</tr>
</tbody>
</table>

*IVO = Intervention Order

101 Commissioned data from the Victorian Emergency Minimum Dataset (VEMD) 2006/07 (Public Hospital files).
DEATHS FROM SUICIDE AND SELF-INFLICTED INJURIES

The Public Health Information Development Unit at the University of Adelaide has published data on potentially avoidable mortality, using data from the ABS 2004 to 2006 Death data.

TABLE 35 - POTENTIALLY AVOIDABLE DEATHS - SUICIDE AND SELF-INFLICTED INJURIES OF 0-74 YR OLDS (2004 TO 2006) ¹⁰³

<table>
<thead>
<tr>
<th>Statistical Local Area</th>
<th>Number</th>
<th>Rate per 1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surf Coast Shire</td>
<td>Surf Coast West</td>
<td>Between 1 and 4</td>
</tr>
<tr>
<td>Regional Victoria</td>
<td>790</td>
<td>13.0</td>
</tr>
<tr>
<td>Victoria</td>
<td>2,521</td>
<td>10.7</td>
</tr>
</tbody>
</table>

SUBJECTIVE WELLBEING

Subjective Wellbeing was measured in the 2007 Community Indicators Victoria Survey. Respondents rated their satisfaction with their lives on a number of domains, resulting in an aggregated Personal Wellbeing Index ranging between 0-100. The Australian Unity Wellbeing Index (AUWBI) was used. Normative data from the AUWBI indicates that the average Personal Wellbeing Index for Australians is approximately 75.

Survey results suggested that Surf Coast respondents had a high level of subjective wellbeing.

SUBJECTIVE WELLBEING 2007

‘Quality of life measures the fit between a person’s hopes and expectations and their present experience. Objective quality of life is about fulfilling the societal and cultural demands for material wealth, social status and physical wellbeing, whereas subjective quality of life is about feeling good and being satisfied with things in general. The overall quality of life reflects the difference, that is, the gap between the hopes and expectations of a person and their present experience.’¹⁰⁴

‘The theoretical framework for the interpretation of data is the theory of Subjective Wellbeing Homeostasis. This proposes that each person has a ‘set-point’ for personal wellbeing that is internally maintained and defended. This set-point is genetically determined and, on average, causes personal wellbeing to be held at 75 points on a 0-100 scale.’¹⁰⁵

TABLE 36 - SUBJECTIVE WELLBEING 2007 ¹⁰⁶

<table>
<thead>
<tr>
<th>Surf Coast Shire</th>
<th>Barwon SW</th>
<th>Victoria</th>
</tr>
</thead>
<tbody>
<tr>
<td>79.4%</td>
<td>78.2%</td>
<td>76.4%</td>
</tr>
</tbody>
</table>

¹⁰⁴ Ibid.
¹⁰⁵ Ibid.
SAFE ENVIRONMENTS TO PREVENT UNINTENTIONAL INJURY

GENERAL INJURIES

An estimate of injury events was undertaken in 2008 by the Public Health Information Development Unit at the University of Adelaide, using data from the 2004-05 National Health Survey. This is based on self reported data on whether an injury took place in the 4 weeks preceding the survey. Data may include separate injuries experienced by the same individual.

The estimates suggest that the G21 Region had an overall lower rate of injuries than the Country Victoria and Victoria average. Within the Region, Surf Coast had rates that were higher than the Country Victoria and Victoria average.

TABLE 37 - ESTIMATED NUMBER OF INJURY EVENTS 2004-2005

<table>
<thead>
<tr>
<th>Location</th>
<th>Number</th>
<th>Rate per 1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surf Coast</td>
<td>1,718</td>
<td>201.2</td>
</tr>
<tr>
<td>G21 Catchment</td>
<td>46,062</td>
<td>177.1</td>
</tr>
<tr>
<td>Country Vic</td>
<td>250,282</td>
<td>187.2</td>
</tr>
<tr>
<td>Victoria</td>
<td>959,573</td>
<td>191.7</td>
</tr>
</tbody>
</table>

Light green ❖ indicates a value higher than the Victorian rate.

WORKPLACE INJURIES

The following data is based on extracted standardised Workcover claims reported between July 2005 and June 2008 (as at 31 December 2008). The data is from workplaces registered in each of the G21 LGAs and not on place of residence of the injured person. At the time of compiling this report, data pertaining to number of injuries was unable to be provided at township and LGA level.

TABLE 38 - PROPORTION OF ALL WORKPLACE INJURIES BY INDUSTRY (JULY 2005 - JULY 2008)

<table>
<thead>
<tr>
<th>Industry division</th>
<th>G21 Region</th>
<th>Victoria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agriculture</td>
<td>2.9%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>24.6%</td>
<td>23.4%</td>
</tr>
<tr>
<td>Construction</td>
<td>9.8%</td>
<td>9.8%</td>
</tr>
<tr>
<td>Trade</td>
<td>10.5%</td>
<td>14.2%</td>
</tr>
<tr>
<td>Transport and Storage</td>
<td>5.3%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Finance, Property and Business</td>
<td>3.8%</td>
<td>7%</td>
</tr>
<tr>
<td>Community Services (includes health sector)</td>
<td>31.9%</td>
<td>26.2%</td>
</tr>
<tr>
<td>Recreation, Personal &amp; other Services</td>
<td>8.0%</td>
<td>6.4%</td>
</tr>
<tr>
<td>Other industry</td>
<td>3.2%</td>
<td>3.2%</td>
</tr>
<tr>
<td>All (%)</td>
<td>100.0%</td>
<td>100%</td>
</tr>
<tr>
<td>All (number)</td>
<td>3,741</td>
<td>89,280</td>
</tr>
</tbody>
</table>

Light green ❖ indicates a value higher than the Victorian rate.

---

TABLE 39 - PROPORTION OF ALL WORKPLACE INJURIES BY MECHANISM OF INJURY (JULY 2005 TO JUNE 2008)\textsuperscript{109}

<table>
<thead>
<tr>
<th>Mechanism of Injury</th>
<th>G21 Region</th>
<th>Victoria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Falls, trips and slips</td>
<td>18.2%</td>
<td>18.5%</td>
</tr>
<tr>
<td>Hitting objects</td>
<td>4.7%</td>
<td>4.9%</td>
</tr>
<tr>
<td>Being hit by moving object</td>
<td>13.8%</td>
<td>13.5%</td>
</tr>
<tr>
<td>Sound and pressure</td>
<td>3.0%</td>
<td>4.3%</td>
</tr>
<tr>
<td>Body stressing*</td>
<td>44.9%</td>
<td>44.1%</td>
</tr>
<tr>
<td>Exposure to mental stress factors</td>
<td>10.0%</td>
<td>8.2%</td>
</tr>
<tr>
<td>Vehicle accident</td>
<td>2.4%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Other mechanism</td>
<td>3.1%</td>
<td>4.1%</td>
</tr>
<tr>
<td>All (%)</td>
<td>100.0%</td>
<td>100%</td>
</tr>
<tr>
<td>All (number)</td>
<td>3,741</td>
<td></td>
</tr>
</tbody>
</table>

*Includes: muscular stress while lifting, carrying, or putting down objects; muscular stress while handling objects other than lifting, carrying or putting down; muscular stress with no objects being handled; repetitive movement, low muscle loading.

Light green $\bm{\text{\textbullet}}$ indicates a value higher than the Victorian rate.

ROAD ACCIDENT INJURIES

Seventeen people were killed in road accidents in the G21 Region in 2009. Greater Geelong recorded the most fatalities, followed by Colac-Otway. One person was killed within the Surf Coast Shire. Data is based on location of traffic accident, not residence of person. Most fatalities were for car drivers, followed by car passengers.

TABLE 40 - ROAD ACCIDENT FATALITIES 2009\textsuperscript{110}

<table>
<thead>
<tr>
<th>Location</th>
<th>Bicyclist</th>
<th>Driver</th>
<th>Motorcyclist</th>
<th>Passenger</th>
<th>Pedestrian</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surf Coast (number)</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>G21 Region total (number)</td>
<td>2</td>
<td>8</td>
<td>2</td>
<td>4</td>
<td>1</td>
<td>17</td>
</tr>
</tbody>
</table>

313 people were seriously injured in road accidents in the G21 Region in 2007. Greater Geelong recorded the highest number of serious injuries, with the 9\textsuperscript{th} highest amount of serious injuries across all Victorian Local Government Areas. Data is based on the location of the traffic accident, not residence of person. Most serious injuries were for car drivers, followed by car passengers.

TABLE 41 - ROAD ACCIDENT SERIOUS INJURIES 2007\textsuperscript{111}

<table>
<thead>
<tr>
<th>Location</th>
<th>Bicyclist</th>
<th>Driver</th>
<th>Motorcyclist</th>
<th>Passenger</th>
<th>Pedestrian</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surf Coast Shire (number)</td>
<td>4</td>
<td>13</td>
<td>11</td>
<td>15</td>
<td>0</td>
<td>43</td>
</tr>
<tr>
<td>G21 Region (number)</td>
<td>17</td>
<td>149</td>
<td>56</td>
<td>78</td>
<td>23</td>
<td>313</td>
</tr>
</tbody>
</table>

*Out of 78 recorded Victorian Local Government Areas.

\textsuperscript{109} Ibid.
\textsuperscript{110} <http://www.tacsafety.com.au>.
\textsuperscript{111} Ibid.
DEATHS FROM TOBACCO SMOKING

This analysis presents estimates of mortality attributable to tobacco smoking and other ‘avoidable’ causes for Victoria for the period 2002-2005. Surf Coast Shire had the highest proportion of deaths attributed to tobacco smoking and Queenscliffe had the lowest. Colac Otway, Golden Plains, Greater Geelong and Surf Coast all had a higher proportion of deaths attributed to tobacco smoking than the Victorian average. Out of 79 Victorian local government areas, Surf Coast Shire had the 10th highest ranking of deaths attributed to tobacco smoking.

TABLE 42 - DEATHS ATTRIBUTED TO TOBACCO SMOKING COMPARISON 2002 - 2005

<table>
<thead>
<tr>
<th>Cause</th>
<th>Surf Coast</th>
<th>Victoria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco smoking</td>
<td>(17) 13.4%</td>
<td>11.9%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>(3) 2.4%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Other Drugs</td>
<td>0</td>
<td>0.3%</td>
</tr>
<tr>
<td>Road Deaths</td>
<td>(3) 2.4%</td>
<td>1.2%</td>
</tr>
<tr>
<td>All deaths (number)</td>
<td>127</td>
<td>-</td>
</tr>
</tbody>
</table>

Light green ⬤ indicates a value higher than the Victorian figure.

HEALTH STATUS

Health status data provides an indication of the likely trends and effectiveness of community based preventative health strategies and the location of areas of increased need from a treatment and preventative health point of view.

AMBULATORY CARE SENSITIVE CONDITIONS (ACSC)

Ambulatory care is any medical care delivered where a person does not need to stay in hospital overnight. If a person visits a doctor’s office, hospital or health centre without an overnight stay, it is considered ambulatory care. Hospitalisation rates for ambulatory care sensitive conditions (ACSC) can be used as an indicator of access to, and quality of, primary health care. A range of factors, including disease prevalence in a community, personal choices, socio-economic factors, hospital admission and coding practices can also influence these rates.

Not including dental conditions, the G21 Local Government Areas had admission rates that were generally lower than or equal to the Victorian average. After dental conditions, ear nose and throat infections were the most prevalent condition that had admission rates higher than the Victorian average. Within the G21 catchment, Golden Plains had the highest number of conditions that had admission rates higher than the Victorian average.

The rate of ACSC admissions for diabetes complications increased significantly in the G21 Region between 2002-03 and 2006-07.\textsuperscript{114}

\footnotesize
\begin{itemize}
  \item Coding changes for diabetes complications in 2004/05 also affect the discussion of the increase in rates by LGA – the rate of increase in diabetes complications rates will be lower than raw figures suggest.
\end{itemize}

\textsuperscript{113} <http://www.health.vic.gov.au>.

\textsuperscript{114} Ibid.
TABLE 43 - ACSC ADMISSION TRENDS PER THOUSAND OF POPULATION 2009-10

<table>
<thead>
<tr>
<th>Condition</th>
<th>Surf Coast Shire</th>
<th>Rural Victoria</th>
<th>Victoria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes complications</td>
<td>7.05</td>
<td>11.0</td>
<td>11.4</td>
</tr>
<tr>
<td>Dental conditions</td>
<td>5.50</td>
<td>3.9</td>
<td>3.0</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease</td>
<td>2.07</td>
<td>3.1</td>
<td>2.6</td>
</tr>
<tr>
<td>Pyelonephritis (kidney infection)</td>
<td>3.02</td>
<td>2.4</td>
<td>2.6</td>
</tr>
<tr>
<td>Dehydration</td>
<td>0.44</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td>Congestive cardiac failure</td>
<td>1.51</td>
<td>2.2</td>
<td>2.3</td>
</tr>
<tr>
<td>Angina</td>
<td>1.17</td>
<td>1.8</td>
<td>1.5</td>
</tr>
<tr>
<td>Asthma</td>
<td>1.60</td>
<td>1.8</td>
<td>1.8</td>
</tr>
<tr>
<td>Ear nose &amp; throat infection</td>
<td>1.10</td>
<td>1.7</td>
<td>1.3</td>
</tr>
<tr>
<td>Convulsions</td>
<td>1.47</td>
<td>1.5</td>
<td>1.4</td>
</tr>
<tr>
<td>Other</td>
<td>3.40</td>
<td>5.0</td>
<td>5.2</td>
</tr>
</tbody>
</table>

Coding changes between 2003/04 and 2004/05 significantly increased the number of diabetes complications admissions included in the ACSC data set in 2004/05. These changes account for about 75% of the increased admissions for 2004/05.

In the Surf Coast Shire, between 2002-03 and 2006-07, the rate of diabetes complications admissions more than doubled, however it is still very low. The rate of dental conditions also increased significantly. Admission rates for dehydration and gastroenteritis, chronic obstructive pulmonary disease, pyelonephritis (kidney infection) and iron deficiency anaemia also increased.

HOSPITAL ADMISSIONS

In 2006-07, the G21 catchment area had a lower proportion of admissions than the Victorian average, when taken as a proportion of total usual resident population. Note that figures include a single resident having multiple hospital admissions. Within the G21 catchment area, Queenscliffe had the highest proportion of hospital admissions out of the 2006 usual resident population; this figure was also higher than the Victorian average figure.

TABLE 44 - HOSPITAL ADMISSIONS BY PROPORTION OF TOTAL LGA POPULATION 2006-07

<table>
<thead>
<tr>
<th></th>
<th>G21 total</th>
<th>Victoria</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 estimated resident population (number)</td>
<td>259,014</td>
<td>4,932,423</td>
</tr>
<tr>
<td>Diseases and Disorders of the Nervous System</td>
<td>1.7%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Diseases and Disorders of the Eye</td>
<td>1.2%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Diseases and Disorders of the Ear, Nose, Mouth and Throat</td>
<td>1.8%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Pregnancy, Childbirth and the Puerperium</td>
<td>2.1%</td>
<td>2.7%</td>
</tr>
<tr>
<td>Newborns and Other Neonates</td>
<td>1.1%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Diseases and Disorders of Blood, Blood Forming Organs, Immunological Disorders</td>
<td>0.6%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Neoplastic Disorders cancer (Haematological and Solid Neoplasms)</td>
<td>2.8%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Infectious and Parasitic Diseases, Systemic or Unspecified Sites</td>
<td>0.3%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Mental Diseases and Disorders</td>
<td>1.1%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Alcohol/Drug Use and Alcohol/Drug Induced Organic Mental Disorders</td>
<td>0.1%</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

115 Commissioned data from the Victorian Admitted Episode Dataset (VAED) 2006/07 (Public and Private Hospital files).
## SELF-REPORTED HEALTH

The residents of Surf Coast had a high rating for self-reported health (62.3%) when compared to the state average (54.3%).

### TABLE 45 - SELF-REPORTED HEALTH (PERSON RELATED FACTORS)  

<table>
<thead>
<tr>
<th></th>
<th>Surf Coast Shire</th>
<th>Victoria</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>62.3%</td>
<td>54.3%</td>
</tr>
</tbody>
</table>

## DENTAL HEALTH

Data for dental health is not available at a township level however, as Winchelsea has no permanent dental service, it would be interesting to see how this impacts upon the community.

### TABLE 46 - DENTAL ACSCS FOR G21 LGAS (RANKED) 2009-10

<table>
<thead>
<tr>
<th></th>
<th>Admission rate per 1000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surf Coast Shire</td>
<td>5.50</td>
</tr>
<tr>
<td>Victoria</td>
<td>3.03</td>
</tr>
</tbody>
</table>

## DENTAL ACSC FOR YOUNG PEOPLE

In 2009-10, dental ACSC admission rates for young people were higher across the Surf Coast than across Victoria as a whole.

### TABLE 47 - DENTAL ACSC RATES PER THOUSAND OF POPULATION AGED 0 - 14 YEARS 2009-10

<table>
<thead>
<tr>
<th></th>
<th>Admission rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surf Coast Shire</td>
<td>5.57</td>
</tr>
<tr>
<td>Victoria</td>
<td>5.46</td>
</tr>
</tbody>
</table>

---

116 [http://www.communityindicators.net.au].  
LIFE EXPECTANCY AND CAUSE OF DEATH

LIFE EXPECTANCY

Life expectancy for a male born on the Surf Coast in 2006 is 81.0 years and is 86.5 years for a female. Both ages are slightly older than the Victorian life expectancy.

TABLE 48 - LIFE EXPECTANCY AT BIRTH 2006

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surf Coast Shire</td>
<td>81.0</td>
<td>86.5</td>
</tr>
<tr>
<td>G21</td>
<td>79.9</td>
<td>84.7</td>
</tr>
<tr>
<td>Victoria</td>
<td>79.3</td>
<td>84.0</td>
</tr>
</tbody>
</table>

CAUSE OF DEATH

Cardiovascular disease was the leading broad category of cause of death for G21 residents in 2005. Whilst data has not been made available for this category at either township or LGA level, it can be confirmed that the Surf Coast Shire had higher than G21 average rates of the following causes of death:

- chronic respiratory disease, and
- neurological and sense disorder.

TABLE 49 - CAUSE OF DEATH BY CATEGORY 2005

<table>
<thead>
<tr>
<th>Category</th>
<th>G21 catchment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular disease</td>
<td>37%</td>
</tr>
<tr>
<td>Cancers</td>
<td>30%</td>
</tr>
<tr>
<td>Chronic respiratory disease</td>
<td>6%</td>
</tr>
<tr>
<td>Neurological and sense disorders</td>
<td>6%</td>
</tr>
<tr>
<td>Injuries</td>
<td>6%</td>
</tr>
<tr>
<td>Other causes</td>
<td>15%</td>
</tr>
<tr>
<td>All causes (%)</td>
<td>100%</td>
</tr>
<tr>
<td>All causes (number)</td>
<td>2,115</td>
</tr>
</tbody>
</table>

TABLE 50 - CAUSE OF DEATH BY CONDITION (2005)

<table>
<thead>
<tr>
<th>Condition</th>
<th>G21 Catchment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ischaemic heart disease</td>
<td>21%</td>
</tr>
<tr>
<td>Stroke</td>
<td>9%</td>
</tr>
<tr>
<td>Chronic Obstructive Pulmonary Dis.</td>
<td>5%</td>
</tr>
<tr>
<td>Lung cancer</td>
<td>5%</td>
</tr>
<tr>
<td>Colorectal cancer</td>
<td>5%</td>
</tr>
<tr>
<td>Dementia</td>
<td>3%</td>
</tr>
<tr>
<td>Other conditions</td>
<td>52%</td>
</tr>
<tr>
<td>Total conditions (%)</td>
<td>100%</td>
</tr>
<tr>
<td>Total conditions (number)</td>
<td>2,110</td>
</tr>
</tbody>
</table>

119 Ibid.
120 ABS Mortality data 2005. Data provided by Public Health Branch, DHS.
4. COMMUNITY CAPACITY AND SOCIAL CAPITAL

Community capacity is a collection of characteristics and resources which, when combined, improve the ability of a community to recognise, evaluate and address key problems.\(^\text{123}\)

Community capacity considers how a number of different factors relating to population, such as age, structure, growth, ability and birth origin of a community affects the physical and mental state of its members.

Friendship, good social relations and strong supportive networks improve health at home, at work and in the community. Belonging to a social network of communication and mutual obligation makes people feel cared for, loved, esteemed and valued. This has a powerful protective effect on health. Supportive relationships may also encourage healthier behaviour patterns.\(^\text{124}\)

INDICATORS OF COMMUNITY STRENGTH 2008

This summary is the results of a survey of 450 residents in each of Victoria’s 79 Local Government Areas (LGAs) undertaken in late 2008. It examines resident perceptions of local area amenity, ability to get help when needed, participation and select social attitudes.

The data has been collected as a part of the inaugural LGA level Victorian Population Health Survey by the Department of Health. They were previously collected in 2004 and 2006 by the then Department for Victorian Communities but the surveys were combined to reduce the burden of surveying on communities. This change means the 2008 indicators are not comparable to the earlier LGA collections; however it is considered that the combining of the Department of Planning and Community Development and Department of Health surveys has produced better data and will provide a central home for the indicators into the future.


TABLE 51 - 2008 INDICATORS OF COMMUNITY STRENGTH

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Victoria Average</th>
<th>Metro Average</th>
<th>Regional Victoria Average</th>
<th>Surf Coast</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Amenity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Easy access to recreational &amp; leisure facilities</td>
<td>82</td>
<td>83</td>
<td>79</td>
<td>78.3</td>
</tr>
<tr>
<td>Good facilities and services like shops, childcare, schools, libraries</td>
<td>85</td>
<td>87</td>
<td>78</td>
<td>73.5</td>
</tr>
<tr>
<td>Opportunities to volunteer in local groups</td>
<td>65</td>
<td>61</td>
<td>76</td>
<td>76.4</td>
</tr>
<tr>
<td>A wide range of community &amp; support groups</td>
<td>60</td>
<td>57</td>
<td>68</td>
<td>67.5</td>
</tr>
<tr>
<td>An active community, people do things &amp; get involved in local issues/activities</td>
<td>59</td>
<td>55</td>
<td>70</td>
<td>79.5</td>
</tr>
<tr>
<td>Is a pleasant environment, nice streets, well planned, open spaces</td>
<td>81</td>
<td>80</td>
<td>84</td>
<td>90.6</td>
</tr>
<tr>
<td><strong>Ability to get help when needed</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can get help from friends, family and neighbours when needed</td>
<td>91</td>
<td>91</td>
<td>92</td>
<td>93.4</td>
</tr>
<tr>
<td>Can raise $2000 in two days in an emergency</td>
<td>85</td>
<td>85</td>
<td>86</td>
<td>90.5</td>
</tr>
<tr>
<td><strong>Community participation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attendance at a local community event in the last 6 months</td>
<td>53</td>
<td>48</td>
<td>65</td>
<td>70.9</td>
</tr>
<tr>
<td>Members of organised groups such as sports, church, community groups or professional associations</td>
<td>61</td>
<td>59</td>
<td>64</td>
<td>70.4</td>
</tr>
<tr>
<td>Members of organised groups that have taken local action</td>
<td>41</td>
<td>38</td>
<td>49</td>
<td>50.5</td>
</tr>
<tr>
<td>Volunteers (yes definitely and sometimes)</td>
<td>33</td>
<td>28</td>
<td>43</td>
<td>46.0</td>
</tr>
<tr>
<td>Parental participation in schools</td>
<td>49</td>
<td>50</td>
<td>47</td>
<td>69.7</td>
</tr>
<tr>
<td>On decision making board or committee</td>
<td>19</td>
<td>17</td>
<td>23</td>
<td>19.2</td>
</tr>
<tr>
<td><strong>Select outcomes</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safe on street after dark</td>
<td>59</td>
<td>57</td>
<td>65</td>
<td>79.7</td>
</tr>
<tr>
<td>Multiculturalism makes life in the area better</td>
<td>76</td>
<td>80</td>
<td>65</td>
<td>67.9</td>
</tr>
<tr>
<td>Opportunities to have a real say on issues that are important</td>
<td>42</td>
<td>41</td>
<td>47</td>
<td>51.3</td>
</tr>
<tr>
<td>Feels valued by society</td>
<td>52</td>
<td>52</td>
<td>54</td>
<td>62.3</td>
</tr>
</tbody>
</table>

Light green ■ indicates a value higher than the Victorian average.

ENGAGEMENT OF YOUNG PEOPLE

Community Indicators Victoria (CIV) measured the engagement of young people aged 15-19 years old, who were not attending school in 2006.

TABLE 52 - ENGAGEMENT OF 15-19 YEAR OLDS (CIV 2006)

<table>
<thead>
<tr>
<th></th>
<th>Fully engaged</th>
<th>Disengaged</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surf Coast Shire</td>
<td>67.7%</td>
<td>16.5%</td>
</tr>
<tr>
<td>Victoria</td>
<td>71.9%</td>
<td>15.4%</td>
</tr>
</tbody>
</table>

Light green ■ indicates a value higher than the Victorian figure.

126 <http://www.communityindicators.net.au>. 
TRANSPORT

Cycling, walking and the use of public transport promote health in four ways: they provide exercise, reduce fatal accidents, increase social contact and reduce air pollution.¹²⁷

There are many positive health benefits and social and environmental reasons for reducing road traffic. Understanding how and why people use transport is critical to planning appropriately for the future.

The 2007 Community Indicators Victoria survey asked respondents if their day-to-day travel had been limited or restricted in the previous 12 months.

### TABLE 53 - PERCENTAGE OF POPULATION EXPERIENCING TRANSPORT LIMITATIONS (2007) ¹²⁸

<table>
<thead>
<tr>
<th></th>
<th>Surf Coast Shire</th>
<th>Barwon SW Region</th>
<th>Victoria</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>17.9%</td>
<td>16.4%</td>
<td>20.3%</td>
</tr>
</tbody>
</table>

### METHOD OF TRAVEL TO WORK 2006

Winchelsea has a high proportion of people who work from home. This has been influenced by the availability of the internet to allow people who would otherwise be bound to an office to be able to work remotely. It is also attributable to the high number of people who are involved in farming and agriculture that may live and work on a rural property. A high proportion of people also walk to work which is indicative of the close proximity of employment to residences. These three factors combine to reduce the percentage of people that require motor vehicle transport to go to work.

### TABLE 54 - METHOD OF TRAVEL TO WORK (2006) ¹²⁹

<table>
<thead>
<tr>
<th>Method of Travel</th>
<th>Winchelsea/ Rural West (number)</th>
<th>Winchelsea/ Rural West (%)</th>
<th>Surf Coast Shire (number)</th>
<th>Surf Coast Shire (%)</th>
<th>Surf Coast Shire (%)</th>
<th>Victoria (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public transport</td>
<td>9</td>
<td>0.9%</td>
<td>182</td>
<td>1.8%</td>
<td>9.3%</td>
<td></td>
</tr>
<tr>
<td>Car driver/pass, truck or motorbike</td>
<td>731</td>
<td>71.3%</td>
<td>7,056</td>
<td>70.3%</td>
<td>67.9%</td>
<td></td>
</tr>
<tr>
<td>Walk/cycle</td>
<td>39</td>
<td>3.9%</td>
<td>387</td>
<td>3.8%</td>
<td>4.7%</td>
<td></td>
</tr>
<tr>
<td>Worked at home</td>
<td>106</td>
<td>10.3%</td>
<td>844</td>
<td>8.4%</td>
<td>4.6%</td>
<td></td>
</tr>
<tr>
<td>Did not go to work or other</td>
<td>122</td>
<td>11.9%</td>
<td>1,410</td>
<td>14.1%</td>
<td>11.9%</td>
<td></td>
</tr>
<tr>
<td>Not stated</td>
<td>17</td>
<td>1.7%</td>
<td>164</td>
<td>1.6%</td>
<td>1.9%</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1,026</td>
<td>100.0%</td>
<td>10,043</td>
<td>100.0%</td>
<td>100.0%</td>
<td></td>
</tr>
</tbody>
</table>

Light orange <_ indicates a value lower than the Victorian average

¹²⁸ <http://www.communityindicators.net.au>.
‘Community strength is found in the human relations that people draw upon for identity, interaction and support. A strong community is one where people understand and work towards sustainability and is inclusive of their most disadvantaged groups. To do this people need to be involved, feel capable of working through issues and feel supported by their fellow citizens.’

**TABLE 55 – SATISFACTION WITH FEELING PART OF THE COMMUNITY (2007)**

<table>
<thead>
<tr>
<th></th>
<th>Surf Coast Shire</th>
<th>Barwon SW Region</th>
<th>Victoria</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>74.8%</td>
<td>75.0%</td>
<td>70.7%</td>
</tr>
<tr>
<td>People aged 18-34 years</td>
<td>69.2%</td>
<td>72.1%</td>
<td>67.1%</td>
</tr>
<tr>
<td>People aged 35-54 Years</td>
<td>75.7%</td>
<td>74.4%</td>
<td>70.6%</td>
</tr>
<tr>
<td>People aged 55 years and over</td>
<td>77.8%</td>
<td>77.9%</td>
<td>74.4%</td>
</tr>
</tbody>
</table>

**APPENDIX B - METHODOLOGY**

This health and wellbeing profile was developed by the Alfred Deakin Research Institute on behalf of The Geelong Region Alliance (G21) using data analysis and qualitative research methods. In using this form of research, available data is supported by the actual experiences of individuals. It is not the intention of this research to undertake or gather statistical data rather, this profile uses existing data sources to develop questions and investigate common themes in the township.

Publicly available data has been sourced from agencies such as the Australian Bureau of Statistics, Centrelink, and the Victorian Department of Health. The report provides full details of each agency that has been used in the reference list at the rear of the report. Common themes pertaining to health and wellbeing were drawn from this data and a series of questions were composed that facilitated discussion. These topics were developed in consultation with G21 and the Surf Coast Shire and it should be noted by the reader that the themes described here are in no particular order or ranking of priority, rather they are ordered in what was believed to be a logical flow.

The qualitative data sources are limited to local residents who permanently reside within a 10 kilometre radius of Winchelsea. An initial group of residents were sourced by the Surf Coast Shire Council from the community to participate in semi-structured interviews and a snowballing process was employed whereby residents that were initially interviewed provided names of other appropriate local residents who also contributed. In all cases, interviews were recorded, later reviewed and transcribed, and common themes or key quotes were then used in developing this profile. It is important to note that for the basis of this project, all interview participants were assured confidentiality and anonymity. Local newspapers, websites, community reports and historical accounts, all relating to Winchelsea, were also used to develop this health and wellbeing profile and in some cases, these publicly available comments have been used in this report. All of these documents are acknowledged in the reference list at the rear of the report.

Following the data analysis, a series of semi-structured interviews were conducted with residents of Winchelsea to gain an understanding of the interpretation of community issues and a perspective analysis of the raw data. This research methodology was used to review the datasets in this report, many of which are considered historical.

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130 Data and text taken from: <http://www.communityindicators.net.au>.
131 <http://www.communityindicators.net.au>.
as most surveys were conducted at least three years ago and in some cases over five years ago. The criteria used to select the interviewees, was that they must be Winchelsea residents. The age of participants was between 25 and 70 and ten people, from a range of community leadership positions as well as other community members were willing to be interviewed for this project. Other questions not directly related to the data were also asked to gauge a feeling from residents as to the strengths or improvements to Winchelsea. These questions are included in the introduction of the profile. In addition, the researcher undertook anthropological observation of residents in the town to gain an understanding of how locals went about their ‘everyday’ activities.

It is important to note that there are some discrepancies in the population numbers. These varied from 2,425 to 2,430 depending upon which census question was being answered and used as quantitative data for the report. A closer inspection of the report will demonstrate this anomaly in Tables 1 and 6. In some instances we have amended the total population to 2,426 as this was, by far, the most consistent number that was reported in source documents used here.

A final note is for the reader to be aware that, at the time of compiling this report, the most recent and available data in many instances, was taken from the 2006 Australian Bureau of Statistics Census and that although a census was conducted during the time at which this report was being compiled, the resultant outcomes of the 2011 Census would not start to become available until June 2012.

STEP BY STEP METHODOLOGY

1. Quantitative data sources were identified and data was collected. Sources included ABS, ID Consulting, Health Victoria, Centrelink and Surf Coast Shire Council.

2. Research field parameters were identified – ‘what are the boundaries we are working within and what are the potential barriers to the research?’

3. Other data was gathered from sources such as media, historical records or web based information.

4. A short historical profile was developed so as to have an understanding of the town.

5. Surf Coast Shire was consulted to gain understanding of requirements for the profile and to garner possible initial interview participants.

6. Interview questions were developed.

7. Initial interview participants were contacted.

8. Interviews were conducted and recorded for later transcription and review.

9. The researcher also acted as an observant participant whilst in town.

10. Interviews were followed up and any referred participants (snowballing) were contacted.

11. The Initial write up of the profile was then reviewed by G21 and Surf Coast Shire.
## APPENDIX C - GLOSSARY OF TERMS AND ACRONYMS

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABS</td>
<td>Australian Bureau of Statistics</td>
</tr>
<tr>
<td>ATO</td>
<td>Australian Taxation Office</td>
</tr>
<tr>
<td>AWOTE</td>
<td>Average weekly ordinary time earnings</td>
</tr>
<tr>
<td>DPCD</td>
<td>Department of Planning and Community Development</td>
</tr>
<tr>
<td>DSE</td>
<td>Department of Sustainability and Environment</td>
</tr>
<tr>
<td>ERP</td>
<td>Estimated resident population. The population that is estimated to reside in a given location. The ERP is based on the census usual residence counts with required adjustments. The ERP is conducted annually.</td>
</tr>
<tr>
<td>Family incident</td>
<td>A family incident is any situation where the police are requested to attend an incident involving a family. The incident may not involve violence.</td>
</tr>
<tr>
<td>FCMF</td>
<td>Family composition as taken from the ABS Census</td>
</tr>
<tr>
<td>G21</td>
<td>The Geelong Region Alliance</td>
</tr>
<tr>
<td>LGA</td>
<td>Local Government Area. An area defined by municipal boundaries, such as Surf Coast Shire, Borough of Queenscliffe or City of Greater Geelong.</td>
</tr>
<tr>
<td>MDC</td>
<td>Major diagnostic category</td>
</tr>
<tr>
<td>Median</td>
<td>The median is the middle value of an ordered set of values - e.g. the median value of 12, 62, 33, 40 and 20 is 33 - as it is the middle point.</td>
</tr>
<tr>
<td>PCP</td>
<td>Primary Care Partnerships. A partnership of health and related service providers within a defined region.</td>
</tr>
<tr>
<td>PHIDU</td>
<td>Public Health Information Development Unit</td>
</tr>
<tr>
<td>SES</td>
<td>Socio-economic status</td>
</tr>
<tr>
<td>SCS</td>
<td>Surf Coast Shire Council</td>
</tr>
<tr>
<td>SLA</td>
<td>Statistical Local Area. The Australian Bureau of Statistics and some other agencies provide information at the Statistical Local Area level. A Local Government Area (LGA) is typically made up of one or more SLA.</td>
</tr>
<tr>
<td>URP</td>
<td>Usual resident population. A usual resident count is a count of all usual residents of an area at the time of the census. (in 2001, 2006 etc)</td>
</tr>
<tr>
<td>VAED</td>
<td>Victorian Admitted Episodes Dataset. This is the data from admissions into public or private hospitals in Victoria.</td>
</tr>
<tr>
<td>VEMD</td>
<td>Victorian Emergency Minimum Dataset. This is data detailing presentations at Victorian public hospitals within 24-hour Emergency Departments.</td>
</tr>
</tbody>
</table>
APPENDIX D - BIBLIOGRAPHY

Australian Bureau of Statistics website:


Centrelink:

Commentary provided is sourced from:

Strategic Performance and Information Management Branch, National Support Office, March 2009.


Clark, I.D., 1990, Aboriginal Languages And Clans: An Historical Atlas Of Western And Central Victoria, 1800-1900, Dept. of Geography and Environmental Science, Melbourne.

Community Indicators Victoria website:


Hesse Rural Health website: <http://www.hesseruralhealth.net.au/?page_id=27>.

ID Consulting:


Surf Coast Shire:


Victorian Admitted Episode Dataset (VAED), 2006/07 (Public and Private Hospital files).

Victorian Emergency Minimum Dataset (VEMD,) 2006/07 (Public Hospital files).


### APPENDIX E - LIST OF FIGURES AND TABLES

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