

Priority Populations *in Wyndham*





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First Nations People *in Wyndham*

Summary

In the 2021 Census, the Aboriginal and Torres Strait Islander population was 2,508 people, across 1,190 dwellings – comprising 0.85% of Wyndham’s total population.

Wyndham’s First Nations community is strong, diverse and intersectional. The lands on which Wyndham City Council operates stretch across the lands of the Bunurong and Wadawurrung people of the Kulin Nation, and plays host to those from a broad range of language groups, peoples and traditions.

First Nations People in Wyndham are faced with barriers in accessing culturally appropriate services, have higher rates of chronic and long-term health conditions than their non-First Nations counterparts, and are more likely to have a need for assistance in day-to-day activities or disability.

Demographics

Substantial increases in population occurred across all service age groups between 2016 and 2021; an average population change of 7.75% per annum in this period. Wyndham’s First Nations population is young. Between 2016 and 2021, service age groups comprised of those under the age of 34 demonstrated the most significant growth, hovering around an 8% for this cohort.

Werribee (798 persons) is home to the most significant population of First Nations people across the LGA, followed by Point Cook (381 persons), Wyndham Vale (362 persons), Hoppers Crossing (342 persons) and Manor Lakes (238 persons).

Health and Wellbeing

First Nations Victorians experience higher levels of food insecurity (15.1%), financial insecurity (28.4%) and reduced sense of being valued by society (33.7%) compared with non-First Nations counterparts¹. Feedback gathered at the *Future Wyndham* First Nations Workshops reflected these statistics; local Mob expressed a want for more robust support services, a focus on food security, and wider community education that emphasises First Nations history and continuing care for country.

50.7% of First Nations people reported having depression or anxiety. Aboriginal people experience racism in health settings at 2.6 times the rate of non-Aboriginal people, and left hospital against medical advice at 4.9 times the rate of non-Aboriginal people².

As of 2021, 37.9% of First Nations people living in Wyndham reporting a need for assistance have a long-term health condition – slightly lower than the Greater Melbourne average for First Nations people of 40%. This figure is significantly higher than the occurrence rate for non-First Nations people (22.4%). Over half of respondents reported having a mental health condition, followed closely by asthma, other undescribed long-term health conditions, arthritis and diabetes. 18.1% of First Nations people report having a long-term and chronic mental health condition, at a rate almost four times higher than the average across the LGA (5.7%).

Rates of high intensity support are higher for this cohort. 9.4% of First Nations residents have a severe or profound disability and require assistance and support with core activities, a figure significantly higher than the average for the region at 4.13% (See [People with a Disability](#)). Almost 40% of First Nations Women in Wyndham have a long-term health condition, and are diagnosed at almost double the rate of non-First Nations women.

¹ Department of Health, Victoria (2020) [Victorian Population Health Survey 2020](#)

² Ibid.

Education and Employment

89.2% of First Nations people in Wyndham are employed, with over half of those employed in full-time positions. There are more First Nations people employed as professionals than any other occupation.

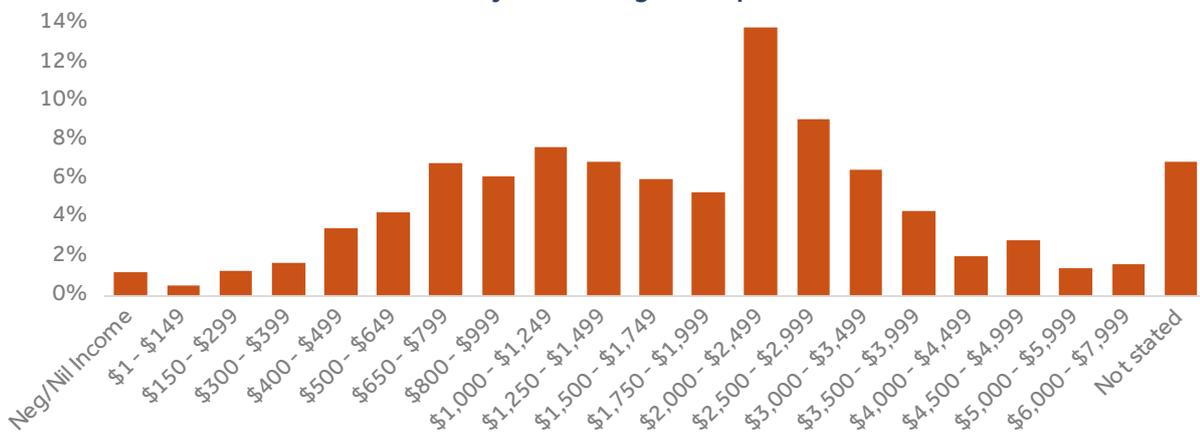
18.8% of First Nations households reported high income (\$3,000+ pw), and 19.2% reported low income (>\$800 pw). Comparatively, First Nations households in Greater Melbourne reported greater high income (21.3%) and lesser

low income (18.7%), indicating lower average income in Wyndham across the cohort³.

Educational engagement is increasing in Wyndham; 16.9% of First Nations people hold a tertiary qualification, an increase from 14.6% of respondents in 2016. A greater percentage of First Nations residents hold Bachelors and Masters Degrees than ever before⁴.

At a Glance

**Income Distribution of First Nations Households in Wyndham
- by Service Age Group (2021)**



18.1%

of Aboriginal and Torres Strait Islander people in Wyndham reported having a diagnosed, long-term mental health condition.



Almost 40%

of First Nations Women in Wyndham have a long-term health condition, and are diagnosed at almost double the rate of non-First Nations women.



16.9%

of First Nations people in Wyndham hold a tertiary qualification

³Australian Bureau of Statistics (2021) Total Household Income (weekly) [HIND] by Wyndham as Local Government Area (2021 Boundaries) of Enumeration and Indigenous Status [INGP] [Census TableBuilder], accessed June 2025.

⁴Australian Bureau of Statistics (2021) Level of Highest Educational Attainment [HEAP] by Wyndham as Local Government Area (2021 Boundaries) of Enumeration and Indigenous Status [INGP] [Census TableBuilder], accessed June 2025.



Refugee and Asylum Seeker Populations *in Wyndham*

Summary

At the end of the 2024 calendar year, 5,795 residents of Wyndham had settled on a humanitarian visa subclass in the last 10 years. This is the 7th highest settlement rate in the country by LGA in this period. A significant portion of these (2,734) arrived between the 1st of January 2022, and the 31st of December 2024.

Refugee and asylum seeker communities have significant health needs, particularly regarding communicable diseases, long-term health conditions and mental health. Financial barriers and residency status disproportionately impact access to healthcare services for this cohort. Housing is frequently inadequate, and humanitarian visa holders have some of the highest rates of rental stress in the country.

Significant amounts of data for this cohort are deidentified on a LGA level. As such, state-level data has been utilised to reflect economic, social and health-based outcomes for refugees and asylum seekers in Wyndham.

Demographics

Wyndham is a key settlement area for refugees and humanitarian entrants in Victoria⁵. Between 2011 and 2016, humanitarian visas were granted to residents from 49 countries. The largest share (56%) of arrivals throughout this period were from Burmese ethnic groups (Karen, Chin, etc.). The other most significant places of origin were Thailand (20%), Iran, Ethiopia and Iraq (<5%). In 2011, Wyndham hosted more Burmese-born humanitarian arrivals (24% of Victoria's total) than any other LGA in the state⁶. Most arrivals in Q1 2025 across Victoria were from Afghanistan and belonged to Hazara or Pashtun ethnic groups⁷.

Refugees in Wyndham tend to have limited English proficiency; about 80% of those arriving from 2011-16 spoke little or no English, highlighting a continuing need for language and settlement support.

Health and Wellbeing

Refugee and asylum-seeker families settled or housed in Australia are statistically more likely to arrive onshore with complex health needs (incl. trauma, mental health and chronic conditions) and limited English – impacting service access and ease of navigation across the cohort. Poor or interrupted access to healthcare, deprivation of needs, marginalisation and extreme physical conditions significantly impact wellbeing prior to arrival, and inconsistent or restricted access to Medicare. Visa subclasses that allow work and Commonwealth Support Payments place further financial barriers in addressing significant health concerns.

22% of Australia's humanitarian migrants report having a long-term health condition upon arrival. The prevalence of anaemia, iron deficiency and Vitamin A deficiency is significant, with over 40% of child arrivals reporting one or more of these symptoms. Latent Tuberculosis (TB) infections are more prevalent amongst refugee **Youth** and children (37-55%), in addition to Hepatitis B (8%) and pathogenic parasites (16-39%). There is a high prevalence of mental health conditions in refugee cohorts, particularly amongst **Youth**, owing to the significant impacts of war, trauma, dispossession, torture, persecution and human rights abuses⁸.

Maternal and child health outcomes are poorer for Women from refugee backgrounds, with a greater prevalence of gestational diabetes, premature birth and stillbirth, admission to neonatal intensive care, and postpartum/maternal mental health concerns⁹. The Refugee Women's Health Community Consultation series emphasised how women from refugee cohorts are reluctant to engage with health related services; of note was the lack of appropriate interpreters for women's health concerns and pre/perinatal care, a lack of understanding around preventative health and wellbeing, and inadequate understandings of trauma-informed care¹⁰.

⁵Department of Home Affairs (2025) Settlement Data Reports – Calendar Year 2024 by Migration Stream, accessed June 2025.

⁶Department of Social Services (2016) Select Settlement Data [LEGACY], accessed via Wyndham Communities of Interest Profiles (2016).

⁷Victorian Refugee Health Network (2025) Data Bulletin 2025: Quarter 1

⁸Australian Institute of Family Studies (2022) Understanding the mental health and help-seeking behaviours of refugees

⁹Murdoch Children's Research Institute (2024) Refugee and migrant health

¹⁰Victorian Refugee Health Network (2024) Refugee Women's Health Community Consultation

Employment and Economic Participation

Credential recognition, gaps in education or employment, Visa requirements, lack of language skills, mental and physical health, and other significant barriers owing to the nature of forced displacement impact the ability of humanitarian arrivals to engage in employment.

Just 49% of humanitarian visa holders of working age earned personal income in the 2019-2020 financial year, significantly lower than the national average (76%). A large share (46%) of humanitarian arrivals spend more than 30% of their total household income on rent, indicative of the level of financial stress experienced by this cohort.

At a Glance

Permanent Settlers (Humanitarian Stream) in Wyndham, Date of Settlement^ between 01 Jan 2024 – 31 Dec 2024 by Visa Type



Wyndham has the seventh-highest humanitarian settlement rate in the country (Department of Home Affairs, 2025)

Department of Home Affairs (2025) Settlement Data Reports – Calendar Year 2024 by Migration Stream, accessed June 2025.



More than 50% of refugees and people seeking asylum are estimated to be living with major depressive or post-traumatic stress disorder (Hocking, Kennedy and Sundram, 2015)



5,795

residents of Wyndham arrived on a Humanitarian Visa subclass in the last decade.

Department of Home Affairs (2025) Settlement Data Reports by Migration Stream, accessed June 2025.



Culturally and Linguistically Diverse People *in Wyndham*

Summary

Culturally and Linguistically Diverse (CALD) people comprise a significant portion of Wyndham's population. At the 2021 census, 35,418 residents of Wyndham had arrived in Australia in the last 5 years. 140,122 residents were born overseas – 48% of all residents in the municipality. For 65.9% of residents, both parents were born overseas.

CALD communities have health and wellbeing needs that differ from those of their non-CALD counterparts. A lack of engagement with preventative healthcare services is reflected in increased rates of hospitalisation for specific conditions. Residents self-reported wellbeing is impacted by significant experiences of racism and discrimination. Those who have arrived after 2001 are almost 30% more likely than their Australian-born counterparts to work in industries with increased rates of serious work-related injury and illness.

Demographics

49.8% of residents spoke a language other than English at home. 24.7% spoke one of the languages included in the Eighth Schedule of the Indian Constitution, with the most common being Punjabi (7.1%) and Hindi (4.8%). The most prevalent languages besides these were Mandarin (3.6%), Tagalog/Filipino Languages (2.3%), and Arabic (1.9%). 5.8% of respondents identified they spoke English "Not well or not at all", slightly higher than the average for Greater Melbourne.

Behind Roman Catholicism (18.1% of residents), the most prevalent religions in Wyndham were Hinduism (14.5%; significantly higher than the 4.1% average for Greater Melbourne) and Islam (9.9%; higher than the 5.3% average across Greater Melbourne). Only 23.3% of residents identify as belonging to no religion, significantly lower than the average across Greater Melbourne of 37.2%.

Health and Wellbeing

CALD communities in Wyndham face specific health challenges. Language barriers and lower English proficiency (especially among recent arrivals) can hinder access to medical care, services and information. Of particular concern is access to preventative care; across North-Western Melbourne, cardiac failure and iron deficiency anaemia are the two most prevalent Potentially Preventable Hospitalisations (PPHs) amongst patients speaking a language other than English. 58% of PPH diagnoses include chronic conditions across the cohort.

CALD communities may face barriers in addressing health concerns or seeking support, due to culturally inappropriate services or being unaware of what support is available¹¹. Stigma surrounding mental health conditions across CALD cohorts presents further barriers in addressing the needs of this demographic.

Findings from Victoria University's *All in this Together: A community-led response to racism for the City of Wyndham* indicate that discrimination remains a prevalent issue for CALD communities in Wyndham. Almost two thirds (64%) of respondents stated they (or someone from their household) had experienced racism in the 12 months prior to the survey¹².

¹¹Department of Health, Disability and Ageing (2018) [Mental Health Services for People of Culturally and linguistically diverse \(CALD\) backgrounds](#).

¹²Peucker, M., Clark, T., and Claridge, H. (2021) [All in this together: A community-led response to racism for the City of Wyndham, Final project report](#).

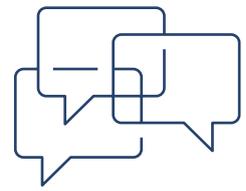
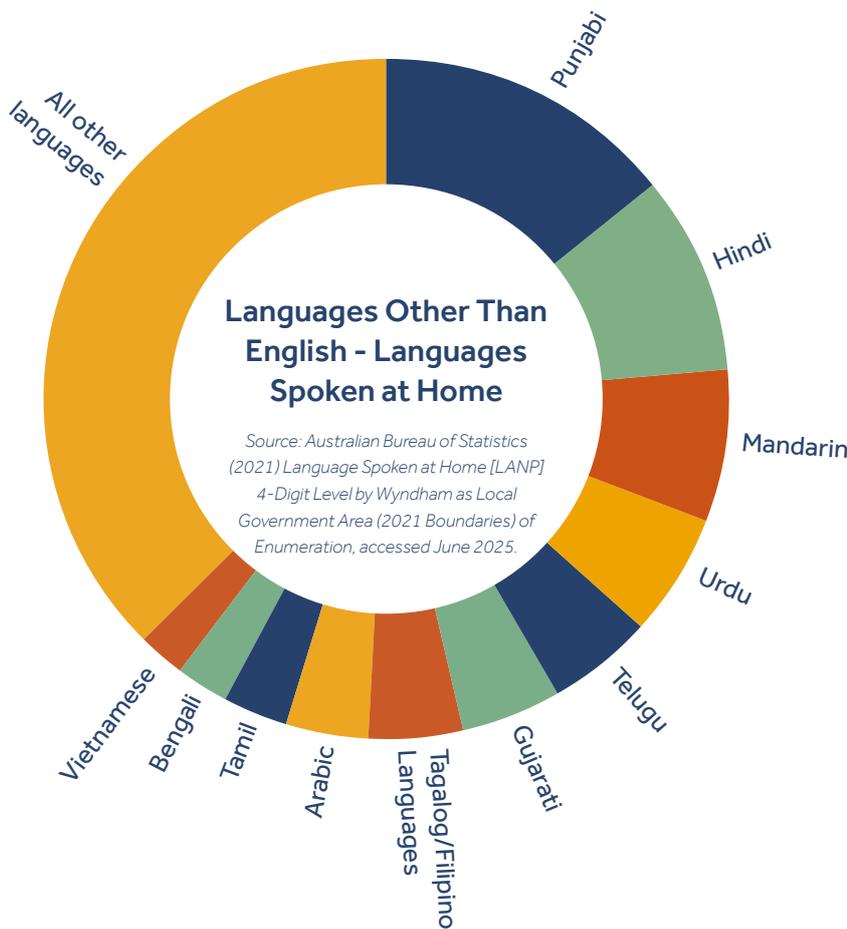
Education and Employment

Even though education levels are relatively high for CALD residents (at least 32% of people over the age of 15 hold a Bachelors Degree or higher, above the state average¹³), recently arrived residents are significantly more likely to report nil income than those who arrived in Australia prior to 2001¹⁴.

Many CALD residents work full-time (58% of labour force vs the Victorian average of 56%)¹⁵, with significant concentrations in professions, trades and service roles. For residents who migrated to Australia after 2001, the

predominant industries of employment vary significantly; with the majority working in Health Care and Social Assistance (13.3%), followed by Transport, Postal and Warehousing (10.76%), and Professional, Scientific and Technical Services (10.76%). Of note is the Health Care and Social Assistance industry has the highest rate of occupational injury and illness in the country (19.1% of all "Serious claims"¹⁶), yet some of the lowest median compensation rates.

At a Glance



49.8%

of residents spoke a language other than English at home, with 24.7% speaking one of the 22 languages included in the Eighth Schedule of the Indian Constitution. (ABS, 2021)



64%

of CALD residents reported experiencing racism (All in this Together - Final Project Report, 2021)

¹³Australian Bureau of Statistics (2021) Level of Highest Educational Attainment [HEAP] by Wyndham as Local Government Area (2021 Boundaries) of Enumeration and Year of Arrival Ranges [YARRP] [Census TableBuilder], accessed July 2025.

¹⁴Australian Bureau of Statistics (2021) Total Personal Income [INCP] by Wyndham as Local Government Area (2021 Boundaries) of Enumeration and Year of Arrival Ranges [YARRP] [Census TableBuilder], accessed July 2025.

¹⁵Australian Bureau of Statistics (2021) Labour Force Status [LFSP] by Wyndham as Local Government Area (2021 Boundaries) of Enumeration and Year of Arrival Ranges [YARRP] [Census TableBuilder], accessed July 2025.

¹⁶Safe Work Australia (2025) *Our Data. Your Stories. Key Work Health and Safety Statistics Australia*, accessed July 2025.



Youth in Wyndham

Summary

Wyndham's population is young. 54.5% of residents in Wyndham are under the age of 34. 37% are under the age of 25. The number of residents under the age of 17 is significantly higher than the averages for LGAs in Greater Melbourne. This number is projected to increase; key metropolitan growth areas in Victoria are forecast to have more significant concentrations of young families over the next 20 years.

Intersectional determinants of wellbeing impact Wyndham's young people disproportionately; issues such as racism and bullying, mental health and wellbeing, disability and neurodivergence, and socioeconomic status are all overrepresented amongst this cohort.

Demographics

Young people in Wyndham are overwhelmingly more culturally diverse than their counterparts in other LGAs across greater Melbourne. 44.9% of people under 25 spoke a language other than English, but just 24.4% of people under 25 were born overseas¹⁷. This is indicative of many young people being second and third generation children of migrant families.

Tarneit, Truganina and Wyndham Vale are the youngest regions of the LGA; across all three regions, the median age does not exceed 30 years – with some small area zones having median ages as low as 18¹⁸.

Health and Wellbeing

Mental health is a significant concern for Wyndham's youth, and a strong determinant of mental health and overall wellbeing. In the 2022 Wyndham Youth Survey, mental health and wellbeing was the top issue raised by respondents. Other major concerns included alcohol/drug use and public transport, but no issue was cited as often as "mental health and wellbeing" (106 respondents). 18.4% of young people identified mental health issues as the main factor affecting their engagement with study or work¹⁹.

[LGBTIQA+](#) and [CALD](#) youth have notably higher rates of depression and anxiety in comparison to their peers²⁰. Youth in Wyndham identify additional concerns and challenges to their mental health and wellbeing as crime and criminal behaviour, and bullying. Young people aged 15-24, specifically young women, are the most significant cohort in Emergency Department (ED) admissions across the North Western Melbourne Primary Health Network (NWMPHN) region for self-harm or suicidal ideation (See [Women and Girls](#))²¹.

Despite these concerns, young people have a strong understanding of what aspects of the built environment are conducive to positive health and wellbeing. Future Wyndham workshop respondents amongst this cohort spoke passionately on a want for more access to shared amenities, outdoor areas, recreational zones and public spaces – also known as "third spaces", somewhere that is not home, study or work, and allows for leisure, relaxation and meaningful face-to-face interaction. They also want a means of getting there; other key concerns were a lack of access to public transport creating isolation and reducing independence, and existing transport infrastructure failing to meet their needs in navigating across Wyndham.

¹⁷Australian Bureau of Statistics (2021) Age in 5 Year Groups [AGE5P] by Wyndham as Local Government Area (2021 Boundaries) of Enumeration, Year of Arrival Ranges [YARRP], Languages Used at Home [LANP] [Census TableBuilder], accessed June 2025.

¹⁸.id Community (2025) [City of Wyndham | social atlas](#).

¹⁹[Wyndham Youth Survey \(2022\)](#)

²⁰headspace (2021) [Rainbow Bridges Report](#). Melbourne.

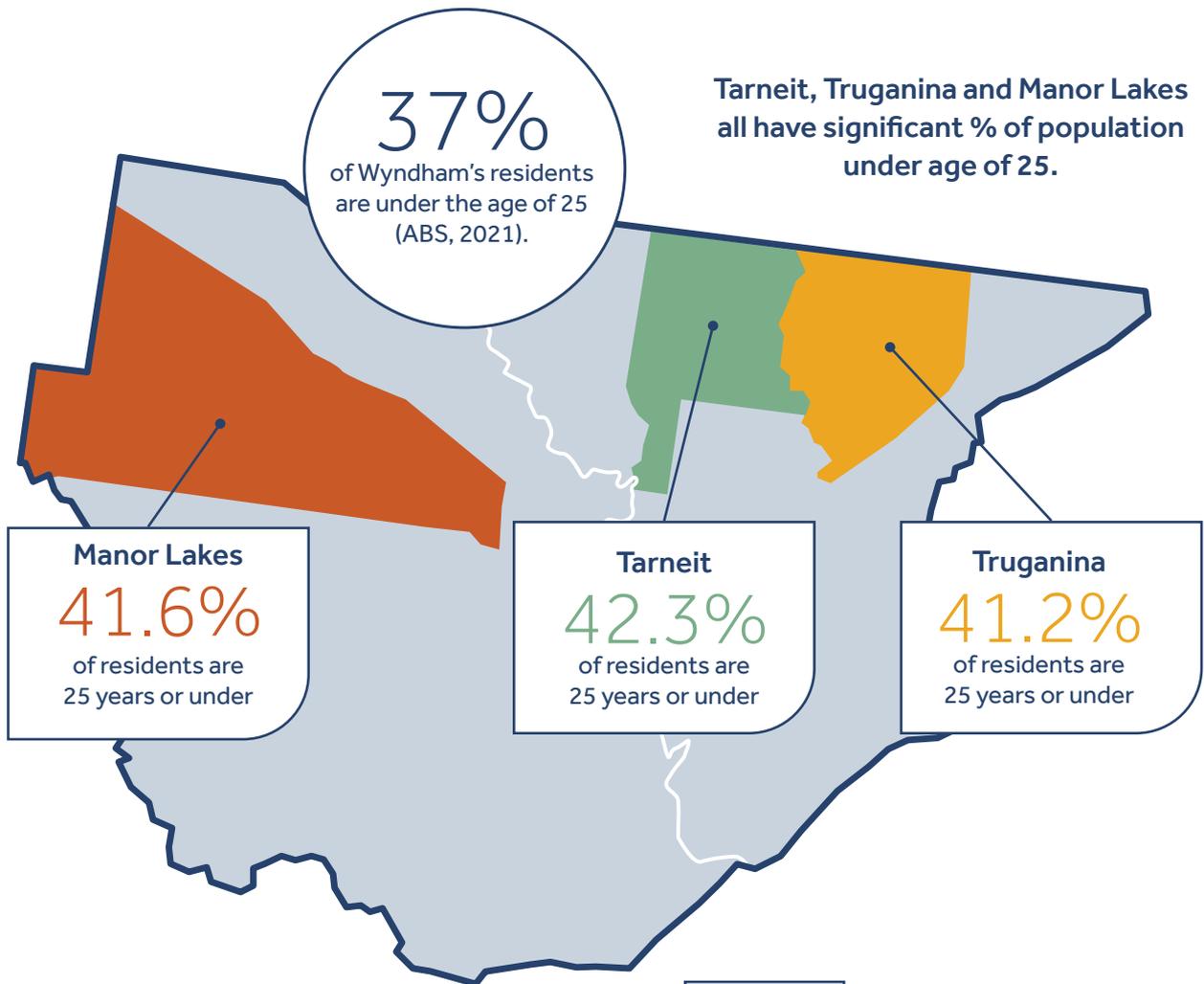
²¹North Western Melbourne Primary Health Network (2025) NWMPHN Health Needs Assessment – Supplementary File

Education and Employment

9.3% of 15 to 24 year olds in the City of Wyndham were disengaged with employment and education, compared to 7.0% in Greater Melbourne²². School completion and tertiary continuation remain challenges, despite significant improvements over time. In Wyndham, 29.9% of 18-24 year olds are attending a university; a figure well below the Greater Melbourne average of 38.2% within the same age cohort. This represents a marginal increase from the 2016 figure of 28.2%²³.

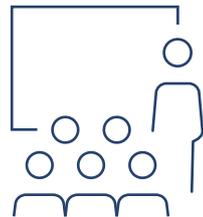
However, disengagement is declining; comparatively, in 2016, this disengagement rate hovered at 10.8%, compared to 7.2% in Greater Melbourne. Future Wyndham responses from young people detailed a lack of mentoring, tutoring and associated interventions that promote engagement across the LGA, and expressed a desire for more of these services to be available.

At a Glance



In 2021,
9.3%

of 15 to 24 year olds in the City of Wyndham were disengaged with employment and education, compared to



7.0% in Greater Melbourne.

²¹Australian Bureau of Statistics (2021) Age in 5 Year Groups [AGE5P] by Wyndham as Local Government Area (2021 Boundaries) of Enumeration and Engagement in Employment, Education and Training [EETP], accessed June 2025.

²²Australian Bureau of Statistics (2021) Age in 5 Year Groups [AGE5P] by Wyndham as Local Government Area (2021 Boundaries) of Enumeration and Type of Educational Institution Attending [TYPP], accessed June 2025.



LGBTIQA+ People

in Wyndham

Summary

Exact figures on the amount of LGBTIQA+ residents in any given jurisdiction are not currently collected. In large, population-based surveys such as the Census, there is an absence of questions around identity, gender and sexuality. Accurately estimating the number of people who are LGBTIQA+ in Australia is a critical gap in research.

LGBTIQA+ residents face barriers in maintaining health and wellbeing. Of particular concern is increased substance abuse throughout gay, lesbian and bisexual cohorts, increased rates of chronic and mental health conditions, and self-reported wellbeing.

Demographics

The 2026 Census results will provide a more comprehensive picture of gay, lesbian, bisexual, transgender and gender-diverse people in Wyndham. Until this time, demographic spread and population composition can be determined by a mix of estimates and 2021 Census data on cohabitating same-sex couples.

It is widely accepted that people of diverse sexual orientations, sex characteristics, and gender identities account for around 11% of the population; while in 2020 the ABS estimated that 8.4 percent of the population identify as non-heterosexual. An ABS analysis estimated that 4.5% of people aged 16+ identify as LGBTIQA+. Youth instances are higher, with about 9.5% of 16 to 24 year olds nationwide identifying as LGBTIQA+²⁴. At a conservative estimate, this places 27,000 or more LGBTIQA+ people residing in Wyndham.

Same-sex cohabitating couples who reported being married/ in a de facto relationship comprised approximately 1% of Wyndham's population at the last census, with the most significant populations residing in Point Cook, Werribee and Truganina.

Health and Wellbeing

Self-reported health status is significantly lower across LGBTIQA+ people in Victoria, with 27.5% of respondents identifying their status as "Fair/Poor" - comparatively, just 19.9% of non-LGBTIQA+ respondents reported their status as "Fair/Poor". Over 38% of LGBTIQA+ Australians report having a disability or long-term health condition (incl. mental health conditions), compared to around 18% of non-LGBTIQA+ counterparts²⁵.

Use of vapes, e-cigarettes and daily smoking was significantly more prevalent amongst LGBTIQA+ Australians than it was for heterosexual counterparts across 2022-2023. Similarly, use of any illicit drug in the previous 12 months occurred at almost triple the rate that it did amongst heterosexual respondents. Of particular concern was the age-adjusted rate of illicit methamphetamine and amphetamine use – with this cohort 6.6 times more likely to use the highly addictive substances under this subsection than heterosexual respondents²⁶.

²⁴Australian Bureau of Statistics (2024) 'Proportion of people 16 years and over who are LGBTI+(a) by age, 2022' [data set], [Estimates and characteristics of LGBTI+ populations in Australia](#), accessed May 2025.

²⁵Hill AO, Bourne A, McNair R, et al. (2021) [Private lives 3: the health and wellbeing of LGBTQ people in Victoria: Victoria summary report](#), Australian Research Centre in Sex Health and Society.

²⁶Australian Institute of Health and Welfare (2024) [National Drug Strategy Household Survey 2022–2023: LGBT people's use of alcohol, tobacco, e-cigarettes and other drugs](#)

Education and Employment

LGBTIQ+ Victorians are significantly more likely to be disengaged from education and employment than their heterosexual and cisgender counterparts. However, the rate of tertiary education attainment also remains far higher across LGBTIQ+ populations, highlighting a discrepancy between labour force participation and academic qualifications.

Employment in full-time and part-time employment was mapped as lower than the general population percentage by the Private Lives (PL) survey; only 40.7% of LGBTIQ+ people reported being employed full-time (compared to 57% of the Victorian population overall), and just 18.7% reported being employed part-time (compared to 31.4% of the Victorian population overall)²⁷.

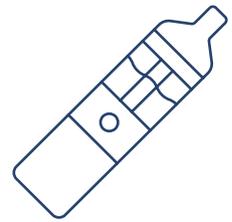
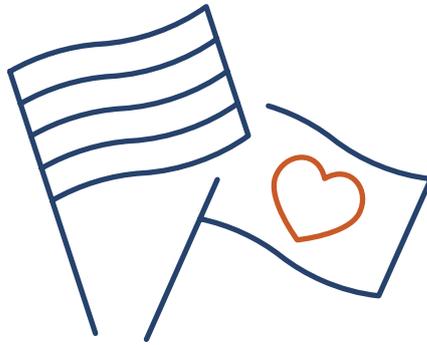
At a Glance



An estimated **27,000+** LGBTIQ+ people live in Wyndham

"Making more LGBTQIA+ safe spaces, or at least make them more publicly known."

- Respondent Feedback, "What do you think could improve your mental health and wellbeing?"; 2024 Youth Services Engagement Report.



1 in 5 lesbian, gay and bisexual people currently use e-cigarettes

²⁷Hill AO, Bourne A, McNair R, et al. (2021) Private lives 3: the health and wellbeing of LGBTQ people in Victoria: Victoria summary report. Australian Research Centre in Sex Health and Society.



Older People *in Wyndham*

Summary

Residents aged 60 and over comprise about 11% of Wyndham's population. This is much lower than Greater Melbourne's share (18%) and reflects Wyndham's growth driven by young families.

Older residents have specific needs; of particular concern for this cohort is an increased prevalence of diabetes, a lack of housing availability, appropriateness and affordability, and maintaining a standard of living commensurate to the national standard.

Demographics

Older residents comprise a greater percentage of the total population across selected localities (Fig. 15); with the most significant concentrations lying in Werribee South – Cocoroc (20.7% of residents), Little River – Rural West (14%) and Hoppers Crossing (14%).

Older residents primarily live in two-person, coupled households with no children, and over 80% reside in dwellings with three or more bedrooms. 41.4% of people in this cohort belonged to households with income in the 'lowest' quartile – under \$881 per week. Just 56.9% reported owning their home outright, significantly lower than both the average for Greater Melbourne (68.9%) and the national average (67.0%). Over one-fifth of Wyndham's seniors live alone, and approximately 22% live in multi-generational households with their adult children (higher than the 17% share in Greater Melbourne)²⁸.

Of significance is the percentage of older adults living in homes supported by a state or community housing authority. Residents 60+ are 35% more likely to live in public or social housing. Although social housing provides residents with safe, stable and affordable housing, tenants of these properties frequently have lower levels of health and well-being compared to the wider community²⁹.

Despite most of this cohort speaking English at home, linguistic diversity is still high. 35.4% of older constituents spoke a language other than English at home – higher than across Greater Melbourne (30.8%), and more than double the national average (16.5%)³⁰. 53.7% of older residents were born overseas, compared to 48.2% of those in Greater Melbourne.

The gender distribution of this cohort is unequal. There are slightly more women than men; potentially owing to the increased lifespan of women in Australia, which for 65-year-olds today estimates women will live an additional 2 years over their male counterparts³¹.

Health and Wellbeing

The overall health outcomes of this cohort are consistent with both state and national trends for aging populations, with increased rates of cardiovascular disease, diabetes and arthritis. 63.5% of this cohort have at least one long-term health condition. Arthritis, the most prevalent condition, occurs at a rate below the national average. On the contrary, rates of diabetes – the second-most prevalent – are over 5% higher than the national average³².

²⁸Australian Bureau of Statistics (2021) Family Composition [FMCF] by Wyndham as Local Government Area (2021 Boundaries) of Enumeration and Age in 5 Year Groups [AGE5P] [Census TableBuilder], accessed July 2025.

²⁹Freund, M., Clapham, M., Ooi, J. Y et al. (2023) [The health and wellbeing of Australian social housing tenants compared to people living in other types of housing](https://doi.org/10.1186/s12889-023-17267-2). BMC Public Health 23, 2334, <https://doi.org/10.1186/s12889-023-17267-2>

³⁰Australian Bureau of Statistics (2021) Languages Used at Home [LANP] by Wyndham as Local Government Area (2021 Boundaries) of Enumeration and Age in 5 Year Groups [AGE5P] [Census TableBuilder], accessed June 2025.

³¹Australian Institute of Health and Welfare (2025) [Deaths in Australia – Life Expectancy](#)

³²Australian Bureau of Statistics (2021) Type of Long Term Health Condition [LTHP] by Wyndham as Local Government Area (2021 Boundaries) of Enumeration and Age in 5 Year Groups [AGE5P] [Census TableBuilder], accessed June 2025.

Older residents have expressed a want for infrastructure, services and amenities that support their wellbeing and independence. Respondents in the Future Wyndham engagement sessions have highlighted a need for public spaces, parks and walkways that are accessible to older residents and those with mobility issues. Older residents want to engage in activities and services at Community Centres and Libraries that are appealing, promote connection and are inclusive of all residents.

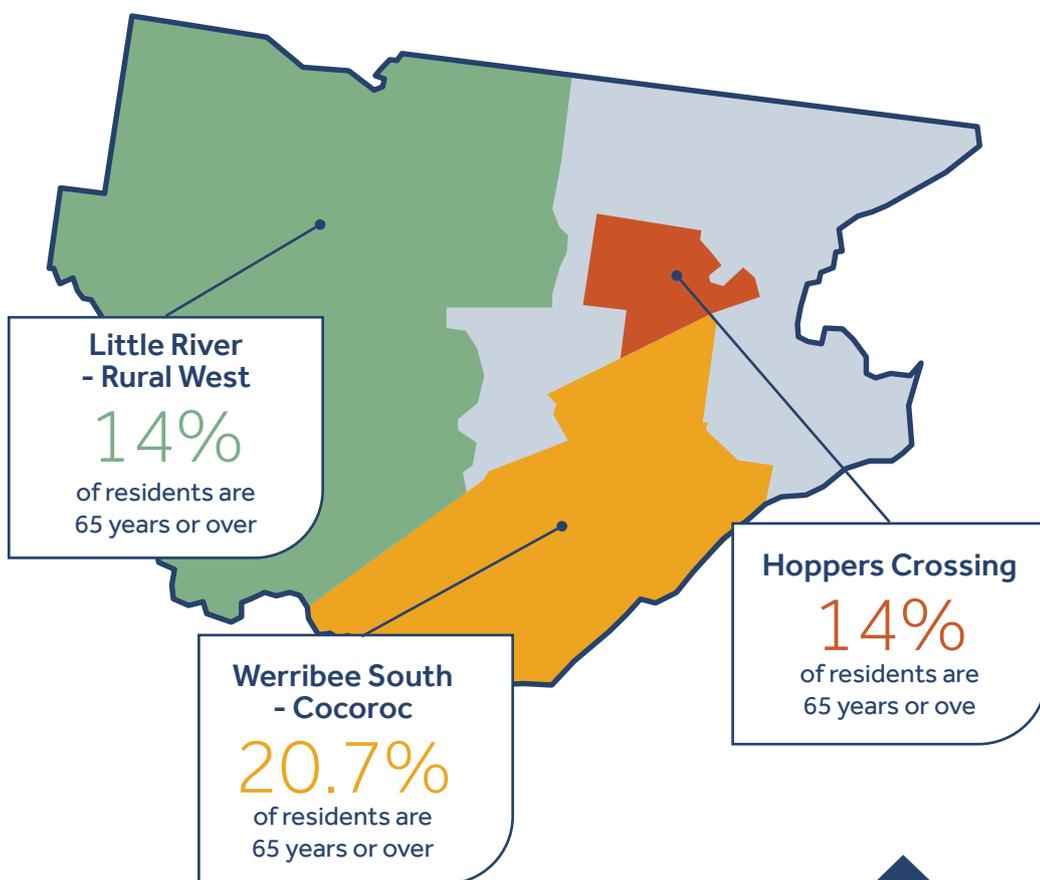
Infrastructure suggestions included improvements to walking routes and public transport across the municipality, reducing car reliance and promoting independence. Out-of-home mobility is fundamental to older people's wellbeing and quality of life; with a significant amount of older Australians reporting that they were not able to leave the house as frequently as they would like, and those with poor self-rated health having approximately four times the odds of having unmet mobility needs³³.

Education and Employment

The majority of older adults are not engaged with work or study, owing largely to this demographic entering retirement and leaving the workforce. The proportion of older residents with "Nil" income continues to climb, with a 5% increase since the 2016 Census. Compared to the average for Greater Melbourne (7.6%), double the amount of people over the age of 65 in Wyndham have no reported income (14.3%).

Over half of this cohort reports their primary source of income to be a government benefit (predominantly an Age or Disability Pension payment). Recipients are significantly more likely to be classes as "Low" or "Very Low" income as recipients of these payments, placing constraints on overall wellbeing.

At a Glance



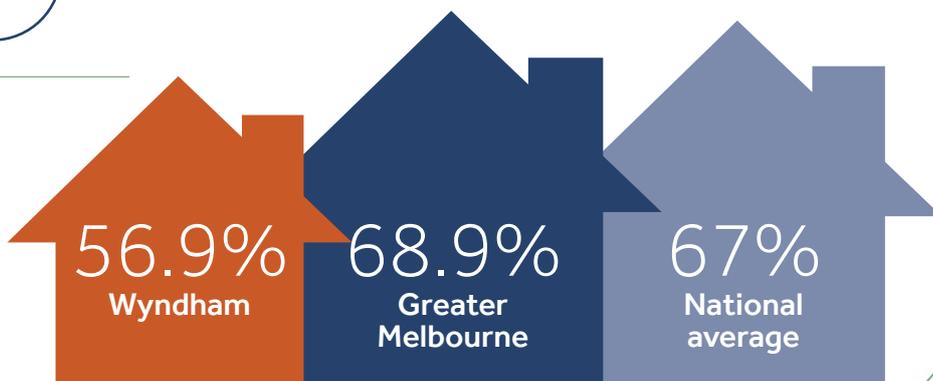
Older residents that speak a Language Other Than English (% of residents)

35.4%
Wyndham

30.8%
Greater Melbourne

16.5%
Australia

56.9% of older residents in Wyndham own their home. This is significantly lower than the average for Greater Melbourne (**68.9%**) and the national average (**67.0%**) (*Housing.id, 2025*).



³³Ma, T., Kobel, C., Ivers, R. (2023) Older people's out-of-home mobility and wellbeing in Australia: Personal, built environment, and transportation factors associated with unmet mobility needs. *Front Public Health*. Feb 20;11:1121476.



People with a Disability

in Wyndham

Summary

According to the 2021 Census, approximately 5.6% of Wyndham residents - around 16,300 people - reported living with a need for assistance with core activities.

NDIS participation in Wyndham is increasing, from comprising 2.56% of all participants across the state in quarter 4 of the Financial Year 2023-24, to 2.87% of quarter 3 in the Financial Year 2024-25³⁴.

Demographics

Children and young people represent a large share of NDIS participants in Wyndham. As of the 31st of March 2025, more than 68% of NDIS participants in the municipality were under 18, reflecting both Wyndham's young population and an emerging cohort of developmental disability diagnoses – including Autism Spectrum Disorder (ASD), intellectual disabilities and developmental delays.

NDIS participation is centred in specific suburbs across the region. Significant amounts of participants reside in Werribee, Tarneit and Wyndham Vale. Participants are often from Culturally and Linguistically Diverse backgrounds, reflective of Wyndham's population composition. In Truganina and Tarneit, almost a third of NDIS participants are from CALD backgrounds³⁵.

Women and girls are more likely than male counterparts to require assistance in everyday activities, and women and girls with a disability are more likely to have very low personal incomes (see Women and Girls).

Health and Wellbeing

Intersectional determinants of health and wellbeing impact people with a disability to a greater extent. Residents who are **First Nations**, **LGBTIQ+** or **Youth** are significantly more likely to have a disability or need for assistance.

Data from the Australian Early Development Census (AEDC) 2024 indicates that 13.2% of children in Wyndham begin school with two or more developmental vulnerabilities, higher than the Victorian average of 11.8%. 16.6% of children were identified by teachers as requiring further assessment for potential support needs.

Participants in the Future Wyndham workshop for People with a Disability expressed the need for accessible retail, community venues and public spaces, and reported barriers in engaging with public space across Wyndham. Inaccessible and unpredictable public space decreases willingness to utilise these amenities for those with mobility concerns, and limits physical activity through walking or wheeling; a significant concern considering rates of diabetes, asthma and heart attacks are all substantially higher amongst those with a need for assistance³⁶.

Public transport being inaccessible or infrequent was also a significant concern for this cohort; for those with severe or profound core activity limitation and often require assistance in transportation, access to appropriate public transport is linked to increased General Practitioner (GP) attendance, engagement with preventative healthcare, positive mental health outcomes and greater independence^{37 38}.

³⁴National Disability Insurance Scheme (2025) [Participant Data: Active Participants by Total \[LGA: Wyndham\], Q3 FY24/25](#)

³⁵*ibid.*

³⁶Australian Bureau of Statistics (2021) [Type of Long Term Health Condition \[LTHP\] by Wyndham as Local Government Area \(2021 Boundaries\) of Enumeration and Core Activity Need for Assistance \[ASSNP\] \[Census TableBuilder\]](#), accessed June 2025.

³⁷Badji, S., Badland, H., Rachele, J. N., Petrie, D. (2021) [Public transport availability and healthcare use for Australian adults aged 18–60 years, with and without disabilities](#), *Journal of Transport & Health*, 20, 2214-1405, <https://doi.org/10.1016/j.jth.2020.101001>.

³⁸DRC Advocacy (2018) [Transport for All: Report](#).

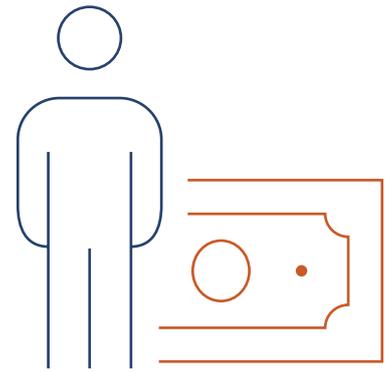
Education and Employment

Of Wyndham's total labour force, 1,248 people were identified as needing assistance. Just under a third of this cohort work in full-time positions, and 38% work on a part-time basis³⁹. Adults with a need for assistance in Wyndham are significantly less likely to have attained a tertiary certification (Cert III/IV, Diploma, Bachelors Degree or Higher) than counterparts who do not report a need for assistance⁴⁰.

People with a need for assistance are significantly more likely to have much lower income than counterparts who do not require assistance. The average annual income for a person over the age of 15 amongst this cohort is less than half of the average annual income in Wyndham⁴¹, and 22% of those needing assistance receive the Disability Support Pension as their primary income stream.

At a Glance

More than **68%** of NDIS participants in Wyndham are under the age of 18.



Average Income

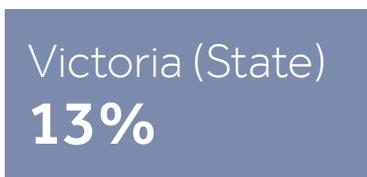
Persons with a need for assistance

\$21,311.80

All persons

\$47,874.18

% of NDIS Participants who are from CALD backgrounds



³⁹ Australian Bureau of Statistics (2021) Labour Force Status [LFSP] by Wyndham as Local Government Area (2021 Boundaries) of Enumeration and Core Activity Need for Assistance [ASSNP] [Census TableBuilder], accessed June 2025.

⁴⁰ Australian Bureau of Statistics (2021) Level of Highest Educational Attainment [HEAP] by Wyndham as Local Government Area (2021 Boundaries) of Enumeration and Core Activity Need for Assistance [ASSNP] [Census TableBuilder], accessed June 2025.

⁴¹ Australian Bureau of Statistics (2021) Total Personal Income (weekly) [INCP] by Wyndham as Local Government Area (2021 Boundaries) of Enumeration and Core Activity Need for Assistance [ASSNP] [Census TableBuilder], accessed June 2025.



Women and Girls

in Wyndham

Summary

Women and girls comprise just under half of Wyndham's population; 145,117 residents in 2021, or 49.7%.

Women and girls in Wyndham are more likely to be impacted by multiple intersectional factors (such as ethnicity, disability and socioeconomic status) that create overlapping disadvantage. Access to healthcare and economic participation remain unequal. Family violence disproportionately affects women and girls in the region across almost all age cohorts.

Demographics

Women form a slightly greater share of the population amongst residents 60+, but a relatively equal share across all other age cohorts. The majority of women and girls in Wyndham are under the age of 39, with significant concentrations of the population aged 14 and under.

More women and girls report a need for assistance in everyday activities than male counterparts⁴² (See [People with a Disability](#)). Amongst women and girls who report a need for assistance, income is significantly more likely to be very low in comparison to men within the same cohort.

Approximately 50% of Wyndham's women and girls speak a language other than English at home, and nearly 20% were born in South or Southeast Asia (See [CALD](#)).

Health and Wellbeing

Rates of family violence in Wyndham remain significantly higher than the state average. As of the 31st of March 2025, there were 4,144 recorded family violence incidents across the municipality - a rate of 1,186 per 100,000 residents. 77% of affected family members were women and girls. Women from First Nations, CALD and refugee backgrounds, women with disabilities and young women are particularly vulnerable⁴³.

Health outcomes are impacted significantly by intersectional determinants of wellbeing. 39% of [First Nations](#) women in Wyndham have a long-term health condition, compared to 21% of non-First Nations women. [Refugee and Asylum Seeker](#) women have poorer maternal and child health outcomes than other women across the region, particularly in postpartum health and mental wellbeing.

Young women across the North Western Melbourne Primary Health Network (NWMPHN) region are over three times as likely as their male counterparts to be admitted to an Emergency Department (ED) for self-harm or suicidal ideation (See [Youth](#))⁴⁴.

Women in Wyndham have an adolescent birth rate higher than the Victorian average; 11.23 in every 1000 13–19-year-olds amongst this cohort gave birth from January 2019 to December 2020. Adolescent mothers are predisposed to complications during pregnancy and childbirth, less likely to engage with antenatal care, and have higher rates of poor emotional wellbeing⁴⁵.

The Victorian Population Health Survey indicates that women in Wyndham are more likely to experience psychological distress than men, and less likely to engage in physical activity⁴⁶. A significant proportion report difficulties accessing services due to cost, childcare responsibilities, or transport limitations. Women and girls are diagnosed with both asthma and dementia at a rate significantly higher than male counterparts in the same age demographic⁴⁷.

⁴²Australian Bureau of Statistics (2021) Core Activity Need for Assistance [ASSNP] by Sex M/F [SEXP] and Wyndham as Local Government Area (2021 Boundaries) of Enumeration [Census TableBuilder], accessed June 2025.

⁴³State Government of Victoria (2022) [Victorian Family Violence Research Agenda 2021-2024: Research Priorities](#).

⁴⁴North Western Melbourne Primary Health Network (2025) NWMPHN Health Needs Assessment – Supplementary File. Melbourne.

⁴⁵Women's Health Victoria (2024) [Victorian Women's Health Atlas: Wyndham \(Metro West\) Fact Sheet – Sexual and Reproductive Health](#)

⁴⁶Department of Health, Victoria (2020) [Victorian Population Health Survey 2020](#)

⁴⁷Australian Bureau of Statistics (2021) Type of Long Term Health Condition [LTHP] by Sex M/F [SEXP] and Wyndham as Local Government Area (2021 Boundaries) of Enumeration [Census TableBuilder], accessed June 2025.

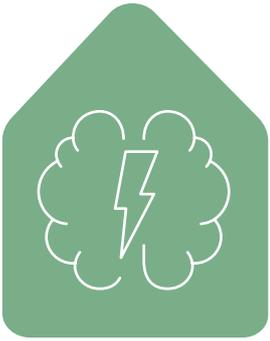
Education and Employment

While tertiary qualification rates are comparable between genders, women earn substantially less, with the median personal weekly income for women in Wyndham recorded at \$621 – \$258 lower than men’s (\$879) .

Women in Wyndham are more likely to be unpaid carers, underemployed, or in part-time work – with the vast majority working in health, education and retail sectors . Around 33% of women are not in the labour force, versus 21% of men. The majority of lone parent households in Wyndham are headed by sole women, impacting economic participation as this cohort balance significant parental and household obligations .

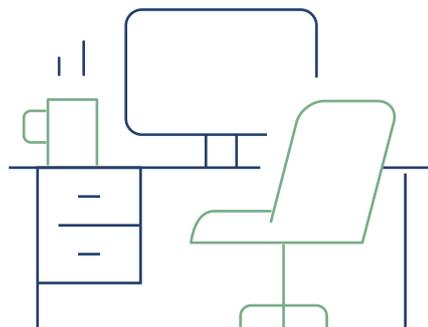
A disproportionate amount of unpaid work restricts women’s capacity to engage with the labour force, impacts career opportunities, and contributes to health, wellbeing and income disparities – from adolescence to retirement. Women frequently engage with paid employment on top of further unpaid domestic labour in the home. Of all women in Wyndham working more than 30 hours a week, 35% work an additional 15-30+ hours of unpaid labour – compared to just 16% of men .

At a Glance



Women in Wyndham are more likely than men to experience psychological stress, and less likely to engage in physical activity.
(VPHS, 2020)

33% of women in Wyndham are not in the labour force, compared to **21%** of men.



people accessed homelessness services as a result of family violence in the 2023-24 financial year (Crime Statistics Agency, 2025).

⁴⁸Australian Bureau of Statistics (2021) Total Personal Income [INCP] by Sex M/F [SEXP] and Wyndham as Local Government Area (2021 Boundaries) of Enumeration [Census TableBuilder], accessed June 2025.

⁴⁹Australian Bureau of Statistics (2021) Industry of Employment [INDP] by Sex M/F [SEXP] and Wyndham as Local Government Area (2021 Boundaries) of Enumeration [Census TableBuilder], accessed June 2025.

⁵⁰Australian Bureau of Statistics (2021) Family Composition [FMCF] by Sex M/F [SEXP] and Wyndham as Local Government Area (2021 Boundaries) of Enumeration [Census TableBuilder], accessed June 2025.

⁵¹Melbourne Institute of Applied Economic and Social Research (2024) [The Household, Income and Labour Dynamics in Australia Survey: Selected Findings from Waves 1 to 22](#)

⁵²Australian Bureau of Statistics (2021) Hours Worked (ranges) [HRWRP] and Unpaid Domestic Work [DOMP], by Sex M/F [SEXP] and Wyndham as Local Government Area (2021 Boundaries) of Enumeration [Census TableBuilder], accessed June 2025.



The First 2,000 Days of Life

in Wyndham

Summary

The first 2,000 Days of Life encompasses the period from conception until the age of five. This window plays a crucial role in ensuring better long-term health and wellbeing outcomes.

Wyndham is a young municipality. Children aged birth to four years comprised 8.9% of all Wyndham residents in 2021; in comparison, just 5.9% of residents across Greater Melbourne fall within this age cohort. By 2031, there are forecasted to be approximately 30,400 people under the age of four residing in the municipality¹. Services need to support children, engage communities, and be accessible, coordinated and responsive in order to address the needs of this growing cohort and their families.

Demographics

Wyndham's birth to four year old-aged children are a growing cohort. In Manor Lakes, Tarneit and Truganina, approximately 11% of residents fall within this age group. Wyndham's children under the age of four were born overseas at almost double the rate of their peers across Greater Melbourne.

The majority of children in Wyndham aged birth to four years (77.7%) have at least one parent born overseas. For 67.1%, both parents are born overseas². Additionally, 47.6% speak a language other than English at home³. Service delivery at Wyndham reflects this diversity; Council-led programs and services aimed at the first 2,000 days of life are delivered in

over 7 languages to ensure children and families from [CALD](#) backgrounds are included and informed.

Of Wyndham's 0-4 year olds, 1.19% are Aboriginal and/or Torres Strait Islander⁴. [First Nations](#)-identifying families enrolled with MCH services increased from 1.39% of MCH enrolments in 2021, to 1.72% by the end of 2025.

Health and Wellbeing

Just under 35,000 Key Ages and Stages (KAS) visits were attended by children aged from birth to three and a half years old across Wyndham in the 2024-25 Financial Year⁵. This reflects the significant amount of parents engaging with Maternal and Child Health centres across the municipality, and the ongoing importance of these services.

Between 2021 and 2024, the Australian Early Development Census has recorded a 5.8% decrease in children who are developmentally "On track" across all five domains (OT5)⁶. 25.4% of Wyndham's children are vulnerable in one or more domain. Most significant has been a rise in children identified as vulnerable in social competence (^3.1%), communication skills and general knowledge (^1.8%) and language and cognitive skills (^1.0%). Almost a third (33.0%) of children in Werribee and a quarter (25.4%) of children across Wyndham are vulnerable in one or more domains; a figure significantly higher than recorded in 2021.

10.2% of birth to four year olds live in a low income household across the municipality (weekly earnings of less

¹Forecast.id (2025) [City of Wyndham Population forecast](#)

²Australian Bureau of Statistics (2021) Country of Birth of Parents [BPPP] by AGE5P Age in Five Year Groups by Wyndham as Local Government Area (2021 Boundaries) of Enumeration [Census TableBuilder], accessed December 2025.

³Australian Bureau of Statistics (2021) Language Spoken at Home [LANP] 4-Digit Level by AGE5P Age in Five Year Groups by Wyndham as Local Government Area (2021 Boundaries) of Enumeration [Census TableBuilder], accessed December 2025.

⁴Australian Bureau of Statistics (2021) Indigenous Status [INGP] by AGE5P Age in Five Year Groups by Wyndham as Local Government Area (2021 Boundaries) of Enumeration [Census TableBuilder], accessed December 2025.

⁵Internal Data (2025) Wyndham City Council.

⁶Australian Early Development Census (2025), [Community Profile - Wyndham](#).

than \$800), at almost double the rate of their counterparts across Greater Melbourne⁷. Over 2,000 birth to four year old-aged children live in dwellings considered overcrowded according to the CNOS standard – meaning families need at least one extra room to avoid uncomfortable or irregular sleeping arrangements, multiple children of different ages and sexes sharing bedrooms, and/or parents forced to share bedrooms with their children⁸. Wyndham has the third-highest rate of overcrowding amongst this age cohort by LGA across Greater Melbourne⁹. Extreme overcrowding, classified as a form of homelessness, is where a family requires four or more additional rooms to avoid these circumstances. Of all birth to four year olds in Greater Melbourne living in these conditions, 8.9% reside in Wyndham⁹.

Early Years Education

Wyndham's three to four year olds are enrolling in early childhood education at an increasing rate, with 5,040 three year olds and 5,603 four year olds attending in 2024¹⁰. This marks a positive increase across both age groups and a significant upwards trend in kindergarten attendance rates within the municipality.

Despite these improvements, the ratio of children to long day care services across the municipality is disproportionate. Small areas such as Manor Lakes are serviced by as little as six long day care centres, at a ratio of one centre per 226 0-4 year olds¹¹. In contrast, Wyndham Vale – with almost the same number of 0-4 year olds – is served by eighteen long day care centres at a ratio of one centre per 106 children¹¹.

At a Glance



77.7%

Of Wyndham's children aged birth to four years have one or more parent born overseas.

(Australian Bureau of Statistics, 2021)



5,828

Babies were born in Wyndham in 2024 - the second-highest number by any local government area in the state.

(Australian Institute of Family Studies, 2025)

2,039

Of Wyndham's children aged birth to four years were recorded as living in overcrowded conditions on Census night.

(Australian Bureau of Statistics, 2021)

⁷Profile.id (2025), [City of Wyndham – Low Income Households by 5 Year Age Groups](#)

⁸Australian Bureau of Statistics (2021) Housing Suitability by AGE5P Age in Five Year Groups by Wyndham as Local Government Area (2021 Boundaries) of Enumeration [Census TableBuilder], accessed December 2025.

⁹Australian Bureau of Statistics (2021) Housing Suitability by AGE5P Age in Five Year Groups by Greater Melbourne [GCCSA] as location of enumeration [Census TableBuilder], accessed December 2025.

¹⁰Department of Education Local Area Profiles [Internal] by LGA, Wyndham (2024).

¹¹ACECQA (2025) [National Quality Framework Snapshots – By Centre-Based Care](#)