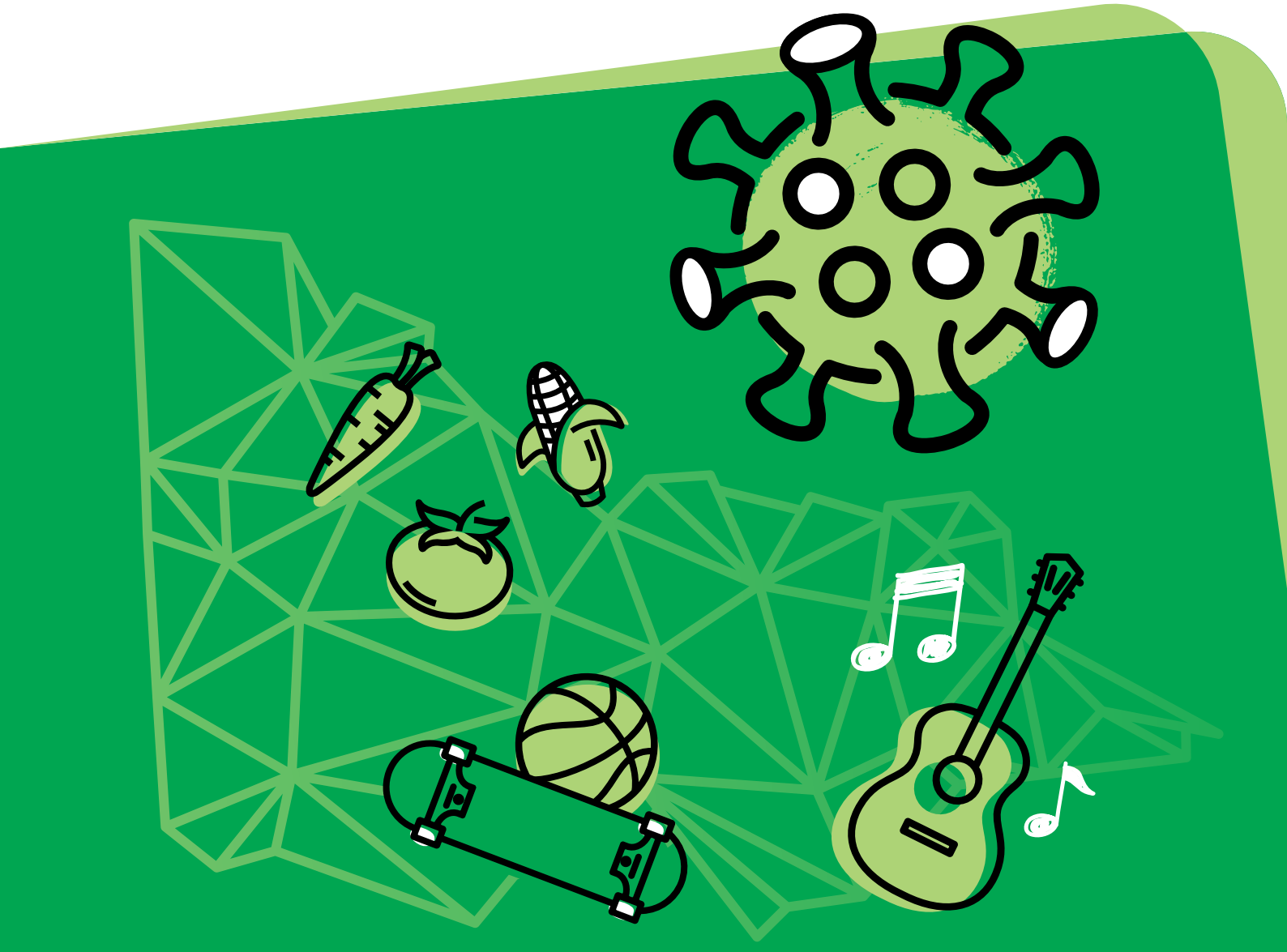
VicHealth

VicHealth Coronavirus Victorian Wellbeing Impact Study: Follow-up survey

Report for survey #2

How the second pandemic wave impacted the health and wellbeing of Victorians



Foreword by VicHealth CEO

This year has brought immense challenges for Victorians. It began with bushfires, followed by a first set of restrictions to stop the spread of coronavirus and then a second set of restrictions. Anecdotally and through public discourse we saw Victorians voice their struggles during the second wave of the pandemic.

It appeared to be harder than the first time around.

Listening to these stories, documenting these experiences and learning from them are important to our recovery. With the first Coronavirus Impact Wellbeing Study survey we were provided with invaluable insights into the daily struggles of Victorians and how this impact varied between communities.

The findings of the first survey guided the Reimagining Health: A VicHealth Partnership Grant round, our largest grant round to date, providing $3.9m for locally-led solutions that support those hardest hit by this pandemic.

To understand the experiences, challenges and silver linings experienced by Victorians during the latter half of 2020, including during the second wave of the pandemic, we again asked 2,000 participants to share their insights with us.

Once again, this survey covers key domains of general wellbeing, social connection, healthy eating, physical activity, financial hardship, smoking, alcohol consumption and details the impact of the pandemic on home and working life. It also identifies Victorian communities that have carried the social, economic and indirect health burdens during this pandemic.

These results will continue to guide how we work with Victorians as together we find the ways to build back the physical, mental and social wellbeing of our communities.

Dr Sandro Demaio
CEO, VicHealth

Acknowledgements
This report was prepared in collaboration with the Social Research Centre.

Thank you to the 2,000 Victorians who agreed to participate in this study.

Suggested citation
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Contents

Executive Summary

This report is the second in a series undertaken by VicHealth. It outlines the results of the VicHealth Coronavirus Victorian Wellbeing Impact Study - Survey Two, a follow-up survey of 2,000 Victorians conducted in September 2020 during the second wave of the coronavirus pandemic in Victoria. Survey One was carried out during the first pandemic wave and conducted from late May to early June 2020.

This online representative survey was designed to examine the health and wellbeing impacts of the pandemic during the second wave that occurred from July to October 2020. Results are compared to findings from VicHealth's first survey that examined the health and wellbeing impacts of the first pandemic wave from March to June 2020.

Importantly, the study has also examined reasons why health and wellbeing factors may have changed, as well as variation by sociodemographics and recent experiences, such as job loss and the 2020 summer bushfires across Victoria. It is anticipated that this level of information will be valuable in the development of policies and programs aimed at influencing the underlying drivers of health and illness that are most important to our communities.

The Survey Two Results Summary table on the following page provides an overview of the change in health and lifestyle factors from Survey One to Survey Two. Changes that were statistically significant are highlighted*. The direction of change is summarised as improving or declining if it was a statistically significant change. For context, the table also provides a reference statistic from surveys that have measured these factors in recent years. Victorian sub-populations who were most impacted are listed.

Overall, the significant changes in health and wellbeing factors at the state level between Survey One and Two can be summarised as follows:

- **Improvement in the risk of short-term harm from alcohol; reliance on low-cost unhealthy food due to shortage of money; and financial hardship.**
- **Decline in life satisfaction; subjective wellbeing; and social connection.**

Other changes have also occurred, such as a slight improvement in the frequency of daily consumption of sugary drinks and running out of food due to shortage of money, however these were not statistically significant changes.

Survey Two identified stark differences between the experiences of communities facing hardship and the wider population.

Those experiencing the most significant health and wellbeing impacts compared to the Victorian population overall, included:

- young people aged 18–35 years
- people on low incomes
- the unemployed
- people with a self-reported disability
- Aboriginal and Torres Strait Islander people
- people living in inner Melbourne
- bushfire-affected communities.

See the Survey Two results summary table for details of how these sub-populations have been impacted.

The results outlined in this report will enable a more detailed understanding of the response required by VicHealth and its stakeholders to support the health and wellbeing of Victorians during the coronavirus pandemic and beyond.

Statistics from survey #2

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How the second pandemic wave impacted some aspects of the health and wellbeing of Victorians.

Indicator	Reference statistic~	Survey One	Survey Two	Direction of change	Sub-populations with a significantly less favourable result than Victorians overall
Low-med life satisfaction	20%	49%	53%*	Declined	Aged 25 to 34 years, Self-reported disability, Income < $40K, Share house, Aboriginal and Torres Strait Islanders^
Subjective wellbeing (score out of 100)	77	65	62*	Declined	Self-reported disability, Unemployed, Income < $40K, Living alone, Share house, JobSeeker, Single parents with child under 18
High psychological distress	15%	16%	17%		Women aged 25 to 34 years, Inner metro, Self-reported disability, Unemployed, Job Keeper, JobSeeker, Aboriginal and Torres Strait Islanders^
Poor Social connection		23%	29%*	Declined	Unemployed
Sufficient Physical Activity	30%	32%	33%		Self-reported disability
5 serves vegetables/day	6%	8%	9%		Language other than English at home, Aboriginal and Torres Strait Islanders^
Sugary drinks daily	10%	32%	29%		Males, Aged 18 to 24 years, Regional city, Employed, Single parents with child under 18, Aboriginal and Torres Strait Islanders^
Takeaway more than twice a week	10%	4%	4%		Aged 18 to 24 years & 25 to 34 years, Inner metro, Employed, Bushfire area, JobKeeper, Aboriginal and Torres Strait Islanders^
Relied on low-cost unhealthy food	13%	23%	18%*	Improved	Aged 18 to 24 years & 25 to 34 years, Inner metro, Unemployed, Income of $40K- $60K, Bushfire area, JobKeeper, JobSeeker, Aboriginal and Torres Strait Islanders^
Ran out of food	4%	7%	5%		Aged 18 to 24 years, Self-reported disability, Unemployed, Income < $40K, Bushfire area, JobSeeker, Aboriginal and Torres Strait Islanders^
Alcohol – Risk of short term harm	11%	11%	7%*	Improved	Males, Self-reported disability, JobSeeker, Aboriginal and Torres Strait Islanders^
Alcohol – Risk of long term harm		7%	6%		Aged 65 to 74 years, Self-reported disability, Retired, Living alone
Smoking, daily	12%	12%	12%		Aged 45 to 54 years, Small shire, Self-reported disability
Financial hardship		24%	18%*	Improved	Aged 18 to 24 years & 25 to 34 years, Inner metro, Small shire, Language other than English at home, Unemployed, Self-reported disability, Income < $40K and $40-$60K, Bushfire area, Share house, JobKeeper, JobSeeker, Aboriginal and Torres Strait Islanders^

Note: *Significant change between Survey One (May/June 2020) and Survey Two (September 2020), p <.05. ~The reference statistic is from population surveys that have measured the level of these indicators in recent years, see full report for details. ^The Aboriginal and Torres Strait Islander sub-sample was too small for significance testing but results are included here if levels were similar to other significantly less favourable results.

Source research report: https://doi.org/10.37309/2020.P01011

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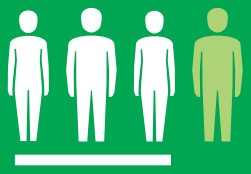
Less than a third of Victorians (31%) felt connected to others during the second pandemic wave, significantly lower than the first wave (37%).

37% → 31%

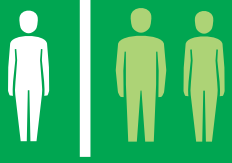
3 in 4 Victorians who participate in fitness classes stopped attending during the second wave.



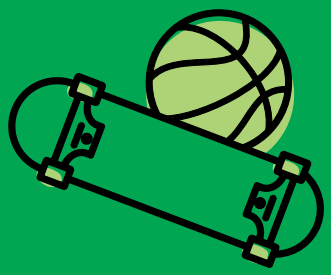
3 in 4

1 in 3 Victorians were worried about their **loss of connection** during the second wave of the pandemic.

1 in 3



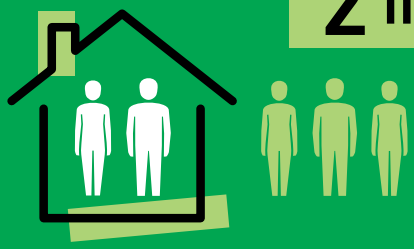
1 in 2



1 in 2 school-aged kids were **less active** during the second wave of the pandemic.

2 in 5 Victorians found it **hard** (or very hard) **to stay connected with friends and family** during the second wave of the pandemic.

2 in 5



3 in 5 Victorians who participate in **music and arts groups stopped** during the second wave

1 in 5 Victorians ate more vegies in the second pandemic wave, mainly because they were cooking more.

More than half of Victorians said they **wanted to get involved** in a community group or club once coronavirus restrictions eased.

Source research report: https://doi.org/10.37309/2020.P01011
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1. Introduction

1.1. Background

VicHealth undertook the first Victorian Coronavirus Wellbeing Impact Study – Survey One in late May to early June 2020 to understand the health and social impacts of the first wave of the pandemic on Victorians' health and wellbeing.

From July through to October 2020, Victoria experienced a second wave of coronavirus infections. A follow-up survey, Survey Two, was undertaken in September 2020 to explore the health and social impacts of this second wave.

There were two key objectives of Survey Two:

1. To continue to track the impact of the pandemic on people's health and wellbeing.
2. To determine whether people's health and wellbeing had changed since the first wave of the pandemic and to understand factors that may have influenced these changes.

Variation in outcomes according to sociodemographics and recent experiences (e.g. job loss, exposure to 2020 summer bushfires) were also examined to determine if particular sub-populations were more severely impacted by the pandemic as it progressed.

1.2. Survey methodology

The VicHealth Coronavirus Victorian Wellbeing Impact Surveys were conducted via an opt-in 'research only' online panel (i.e. non-probability panel). The in-scope population for both surveys was Victorian residents who were aged 18 years and over.

Survey One commenced on 31 May 2020 and concluded 8 June 2020. The total achieved sample size was 2,000. In Survey One, respondents were asked about their healthy lifestyle behaviours and wellbeing in the first pandemic wave, and to recall their experiences and behaviours in February 2020, before the coronavirus restrictions came into effect. It is important to note that responses related to February 2020 relied on retrospective recall, therefore direct comparison to these results are not made in this report. It is provided as a point of reference only.

Survey Two, which occurred during the second pandemic wave, commenced on 10 September 2020 and concluded on 21 September 2020. Survey Two included 1,008 respondents who were re-contacted from Survey One and 992 'new' respondents (i.e. those who did not complete Survey One), to boost the total sample size to 2,000.

This report focuses on Survey Two results from a cross-sectional perspective and then compares them to the cross-sectional findings of Survey One. The detailed findings from Survey One can be accessed on the VicHealth Coronavirus Wellbeing Impact Study website page (https://www.vichealth.vic.gov.au/media-and-resources/publications/coronavirus-victorian-wellbeing-impact-study). A nested cohort study of participants who participated in Survey One and Survey Two will be reported separately.

The opt-in panel used for both surveys was LiveTribe, a research-only panel operated and managed by i-Link Research. LiveTribe panellists are recruited via a blend of print media, online marketing initiatives, direct mail, social media platforms, affiliate partnerships, personal invitations and a range of other ad-hoc initiatives. Respondents of the survey received a nominal incentive for their participation in line with panel guidelines.

The 20-minute survey questionnaire was developed by VicHealth in consultation with the Social Research Centre. The broad areas included in the questionnaire were:

- general wellbeing
- social connection
- physical activity
- healthy eating
- alcohol consumption and smoking
- working and home life during the second pandemic wave
- parent report of children's physical activity and healthy eating
- sociodemographics and other covariates.

Additional survey items in Survey Two compared to Survey One included community group participation, parental report of physical activity and healthy eating behaviours for their children aged 1 to 17 years, and perceived positive and negative impacts of coronavirus restrictions.

Different question styles were used to minimise respondent fatigue and enhance engagement with the survey, for example, Likert scales, closed-ended questions and open-ended questions. Current guidelines were followed to ensure questions were as user-friendly as possible for respondents, regardless of the device being

used to access the survey, for example, mobile phones, tablets, desktops or laptops. The final survey is appended in Appendix 2.

Ethics approval for Survey Two was provided by the Australian National University Human Research Ethics Committee (2020/540) on 8 September 2020.

1.2.1. Weighting

The aim of the weighting process was to minimise the average bias, that is the difference between the general population and the survey population. The primary focus was on generating a representative sample, and a second consideration was variance reduction. This was consistent with the weighting approach adopted for Survey One, although with different variables due to the need for a custom weighting design for each survey.

Population distributions for demographic characteristics were obtained from the Australian Bureau of Statistics, and distributions for survey variables were obtained from Life in Australia™.

Several weighting approaches were examined and considered. The final adopted solution reduced the average bias by more than 40% compared to the unweighted solution, while still achieving an acceptable level of variability in the weights. The population characteristics corresponding to the final set of adjustment characteristics is shown in Table 1.

Table 1 Sample profile

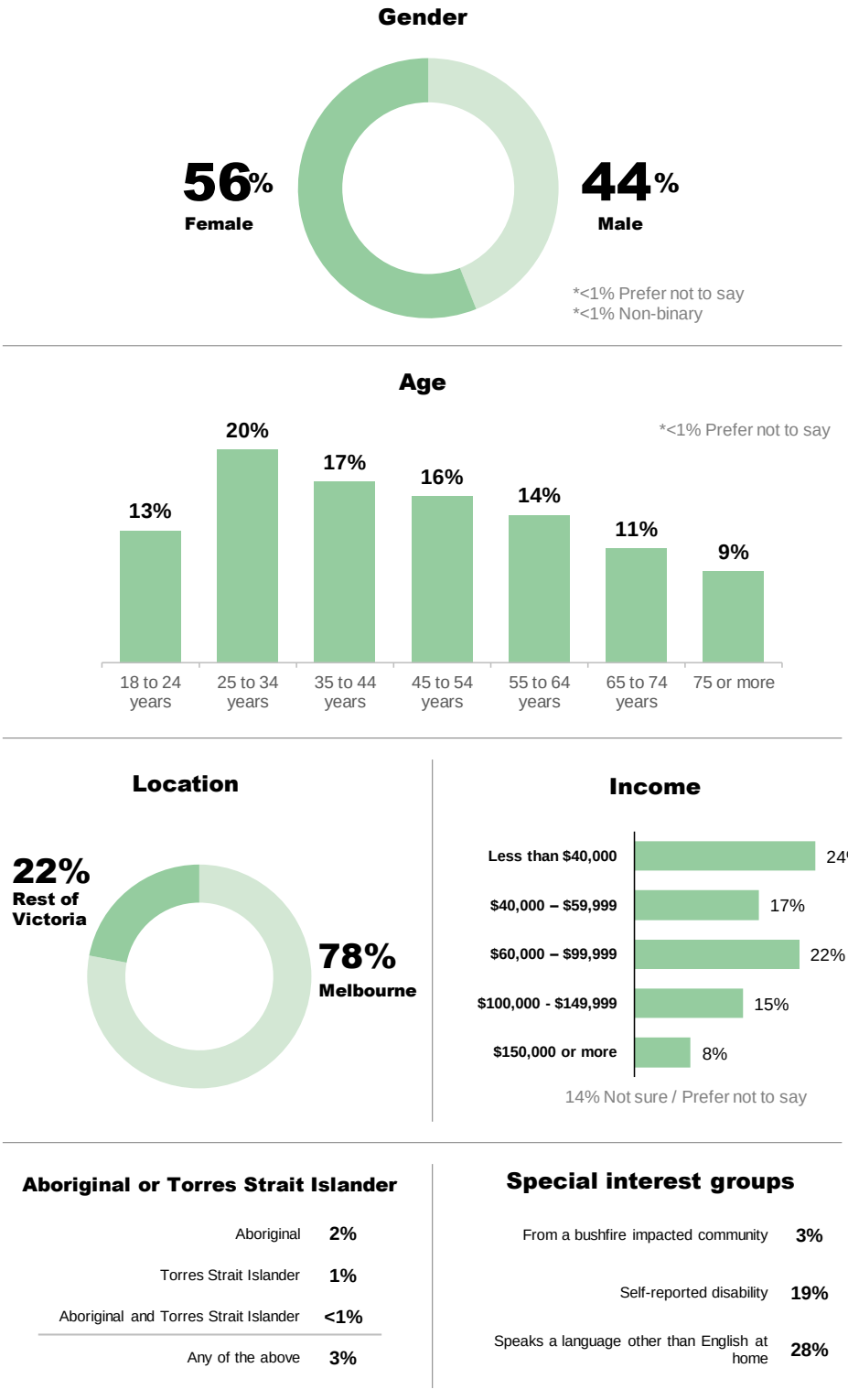
Demographic characteristic		Survey Two		Survey One	
		Unweighted (n=2,000)	Weighted (n=2,000)	Unweighted (n=2,000)	Weighted (n=2,000)
Gender	Male	**45.7%**	**44.3%**	45.6%	49.2%
	Female	**54.3%**	**55.7%**	54.4%	50.8%
Age groups	18–24 years	**12.4%**	**12.6%**	12.8%	12.4%
	25–34 years	**11.5%**	**20.4%**	14.8%	20.1%
	35–44 years	**14.9%**	**17.3%**	19.0%	17.5%
	45–54 years	**19.1%**	**15.9%**	19.6%	16.1%
	55–64 years	**19.4%**	**14.1%**	18.1%	14.2%
	65–74 years	**16.4%**	**10.9%**	11.9%	14.5%
	75+ years	**6.5%**	**8.8%**	3.9%	5.2%
Location	Capital city	**76.8%**	**78.2%**	77.0%	76.2%
	Rest of state	**23.3%**	**21.8%**	23.1%	23.8%

Base: All excluding Prefer not to say. Gender also excludes 'Non-binary' and Other – Survey Two: Gender (n=1,997), Age (n=1,998), Location (n=2,000);
Survey One: Gender (n=1,994), Age (n=1,999), Location (n=2,000).

1.2.2. Survey Two participant profile

The weighted profile of respondents who completed Survey Two is shown Figure 1 below. The profile of Survey One respondents is shown in Appendix 3 Survey One participant profile (weighted).

Figure 1 Survey Two participant profile (weighted)



Base: All – Survey Two: Gender excluding 'Non-binary' and 'Other' (n=1,997), Age (n=1,998), Location (n=2,000), Income (n=2,000), Aboriginal or Torres Strait Islander status (n=2,000), Location during the 2019/2020 summer bushfires (n=2,000), Self-reported disability (n=2,000), Language other than English spoken at home (n=2,000).

1.3. Analysis

Significance testing of differences between sub-population groups and the Victorian rate or average has been conducted on survey results to compare sub-population results to the total sample result within Survey Two, and to compare results between Survey One and Survey Two. These comparisons have been undertaken using t-tests in Survey Reporter which is a derivative of IBM SPSS Statistics 10.

For sub-population significance testing, Sample Reporter allows for an automated process of comparing the total survey result with a subsample result. Where it detects overlapping data, it adjusts for this (known as the overlap adjustment) to enable a t-test to be performed to establish whether the difference between the sample values is significant.

Differences that have a p-value of 0.05 or below are described in this report as a significant result. This means we are 95% confident that the differences presented are due to actual findings and not random chance. Chart legends indicate significant differences.

The key health and lifestyle indicators used in the analysis and the associated derived variables are summarised in Appendix 1. Sub-population groups include gender, age, employment, income, type of government assistance, household structure, geographic region, SEIFA quintile and respondents who speak a language other than English at home, have a self-reported disability, are Aboriginal and Torres Strait Islanders and those who live in a bushfire affected area.

Geographic region includes the seven region types that are used to classify Local Government Areas. See Appendix 4 for full list of Local Government Areas and their corresponding region type.

SEIFA or Socio-Economic Indexes for Areas is used in this report as an index of socioeconomic status. Developed by the ABS[1], it ranks areas in Australia according to relative socioeconomic advantage and disadvantage using postcodes. The indexes are based on information from the five-yearly Census. The Index used in this report is the Index of Relative Socio-economic Disadvantage (IRSD). It is presented in quintiles with the value of 1 indicating most disadvantaged and 5 indicating least disadvantaged.

1.4. Report structure

Results are presented as follows:

- Spine charts display results of significance testing that has been conducted comparing key indicator results for each sub-population to the Victorian overall result for Survey Two.
- Barbell charts display results of significance testing that has been conducted comparing key indicator results for each sub-population for Survey Two to results from Survey One.
- Bar charts are used to illustrate the frequency of reported reasons for change in behaviour and experiences, and to compare Survey Two results regarding reasons for change in behaviour and experiences to results from Survey One. Significantly higher results at the 95% confidence interval in Survey Two compared to Survey One are indicated with an up arrow (▲), results that show a significantly lower result are indicated by a down arrow (▼).

[1] Australian Bureau of Statistics. Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia, 2016. Canberra: ABS; 2018.

- Tables in Sections 2 to 11 are used to compare significant differences in reasons for behaviour change by sub-populations relative to the overall Victorian result.
- Tables in Sections 12 to 15 summarise results for particular sub-populations relative to the overall Victorian result. They include young people aged 18–24, people aged 25–34, Aboriginal and Torres Strait Islanders and residents from the different geographic regions.
- Tables in Appendix 5 provide results for each age group by gender and compare these results to the overall Victorian result.

Where possible, key indicator results are compared to responses to the same or similar questions that have been used in previous Victorian population surveys conducted in recent years. These comparisons are provided to assist understanding of the level of wellbeing and behaviour rates under usual circumstances and to gain insights into change in healthy lifestyle indicators over time. However, these are a reference only and absolute comparisons cannot be made due to differences in data collection and sampling methods.

The most recent sources available for each indicator are used and include either the 2017 Victorian Population Health Survey (2017 comparison survey)[2], the 2015 VicHealth Indicators Survey (2015 comparison survey)[3] or the 2014 Victorian Population Health Survey (2014 comparison survey)[4]. No significance testing has been conducted with results from these comparison surveys.

For the detailed findings from Survey One please see the VicHealth Coronavirus Wellbeing Impact Study Report – Survey One (www.vichealth.vic.gov.au/media-and-resources/publications/coronavirus-victorian-wellbeing-impact-study).

[2] VPHS 2017 - https://www2.health.vic.gov.au/public-health/population-health-systems/health-status-of-victorians/survey-data-and-reports/victorian-population-health-survey/victorian-population-health-survey-2017
[3] VHI 2015 - https://www.vichealth.vic.gov.au/media-and-resources/publications/vichealth-indicators-report-2015
[4] VPHS 2014 - https://www2.health.vic.gov.au/public-health/population-health-systems/health-status-of-victorians/survey-data-and-reports/victorian-population-health-survey/victorian-population-health-survey-2014

2. Findings: General wellbeing

To measure the general wellbeing impacts of the second pandemic wave, survey respondents were asked questions related to their overall life satisfaction, subjective wellbeing and level of psychological distress.

General wellbeing

Impact on general wellbeing

People's general wellbeing appears to have declined further during the second pandemic wave.

- 53% of respondents had low to medium life satisfaction in Survey Two. This is significantly higher than Survey One where 49% of people reported low to medium life satisfaction. These results are less favourable than the 2017 comparison survey where one in five (20.5%) reported low to medium levels of life satisfaction.
- Subjective wellbeing is scored out of 100.The subjective wellbeing score among respondents in the Survey Two (62.0) was significantly lower than the Survey One result (65.0). Both results are lower than the 2015 comparison survey level (77.3) and the results from preceding years 2011 (77.5) and 2007 (76.6).
- The proportion of people experiencing high psychological distress was 17%, a one percentage point increase compared to Survey One (16%), although this is not a statistically significant change. The proportion in the 2017 comparison survey was 15%.

Factors influencing these changes

- A significant decline in satisfaction in the following subjective wellbeing domains was observed between the two surveys:
  - current achievements in life (an average of 5.6 out of 10, decreased from 6.2 in Survey One)
  - feeling part of the community (an average of 5.2 out of 10, decreased from 5.8 in Survey One)
  - standard of living (an average of 6.5 out of 10, decreased from 6.8 in Survey One)
  - personal relationships (an average of 6.3 out of 10, decreased from 6.8 in Survey One).

Variation by sub-populations

Impacts of the second pandemic wave on general wellbeing showed significant variation by sub-population, as shown in Table 2.

Table 2 General wellbeing variation by sub-populations

	Survey Two: Significantly more favourable levels than the state result	Survey Two: Significantly less favourable levels than the state result	Significant improvement from Survey One to Survey Two	Significant decline from Survey One to Survey Two
Low to medium life satisfaction	• Aged 65 to 74 years • Living in regional city • Retired • Income of $150,000 or more • Couple living alone	• Aged 25 to 34 years • Self-reported disability • Income of less than $40,000 • Live in a share house	• None	• Female • Living in interface region • Living in small shire region • Couple with child under 18
Subjective wellbeing	• Aged 65 to 74 years • Aged 75 or more years • Living in large shire • Retired • Income of $150,000 or more • Living in bushfire affected area • Couple living alone • Employed	• Self-reported disability • Unemployed • Income of less than $40,000 • Person living alone • Share house • Eligible for JobSeeker • Single parent with child under 18	• None	• Female • Aged 18 to 24 years • Aged 45 to 54 years • SEIFA 3 • Living in interface region • Income of $60,000 – $99,999 • Income of $100,000 –$149,000 • Income of $150,000 or more • Couple living alone • Parent(s) with child under 18 • Couple with child under 18 • Eligible for JobSeeker
High psychological distress	• Aged 65 to 74 years • Aged 75 or more years • SEIFA 5 • Retired • Couple living alone	• Aged 25 to 34 years • Living in inner metro Melbourne • Self-reported disability • Unemployed • Eligible for JobKeeper • Eligible for JobSeeker	• None	• None

Key Indicator	Survey Two	Survey One	Comparison Survey Result
Low-medium life satisfaction (% rating 0 to 6 out of 10)	**53%▲**	49%	20.5% (2017)^
Subjective wellbeing (score out of 100)	**62.0▼**	65.0	77.3 (2015)†
High psychological distress*	**17%**	16%	15.4% (2017)^

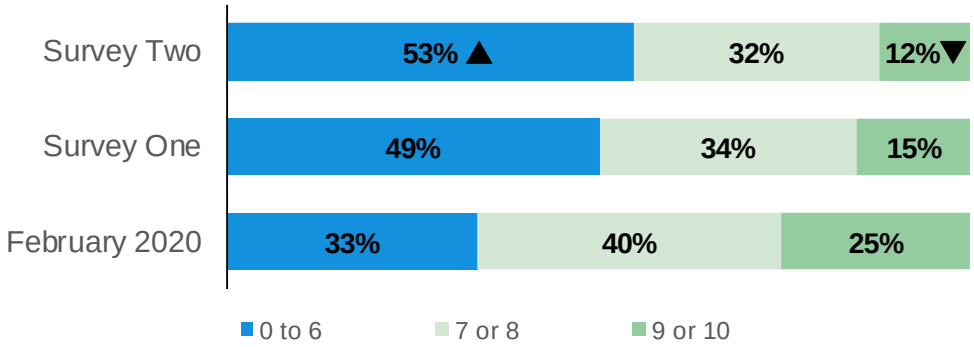
▲▼ The second survey result –significantly higher or lower than the first survey at the 95% confidence level. *VicHealth Coronavirus Victorian Wellbeing Impact Study results collected using the Kessler 6 scale and VPHS use the Kessler 10 scale.
^VPHS 2017 - www2.health.vic.gov.au/public-health/population-health-systems/health-status-of-victorians/survey-data-and-reports/victorian-population-health-survey/victorian-population-health-survey-2017
†VHI 2015 - www.vichealth.vic.gov.au/media-and-resources/publications/vichealth-indicators-report-2015

2.1. Life satisfaction

To measure overall life satisfaction among Victorian respondents during the second pandemic wave, respondents were asked to rate their satisfaction with their life as a whole on a scale of 0 (completely dissatisfied) to 10 (completely satisfied). A score of 6 or lower was determined to be low to medium life satisfaction in line with definitions used in the Victorian Population Health Survey. In Survey One, respondents were also asked to provide a rating of their life satisfaction during February 2020 using the same scale, however as this result relies on retrospective recall, significance testing was not conducted; it is provided as a point of reference only.

As shown in Figure 2, one in two Victorians (53%) had low to medium (0 to 6) satisfaction with their life as a whole during in Survey Two. This is a significant increase in the proportion of people with lower life satisfaction compared to results in Survey One (49%).

Figure 2 Satisfaction with life as a whole



A1W Thinking about your own life and your personal circumstances, how satisfied are you with your life as a whole? Please use a scale from 0–10, where 0 is completely dissatisfied and 10 is completely satisfied.
Base: All – Survey Two (n=2,000), Survey One (n=2,000).
Note: Figures do not add to 100% because the following are not shown: Not sure – Survey Two (2%), Survey One (2%); and Prefer not to say – Survey Two (1%), Survey One (1%).
▲▼ Survey Two result significantly different to the Survey One result at the 95% confidence level.

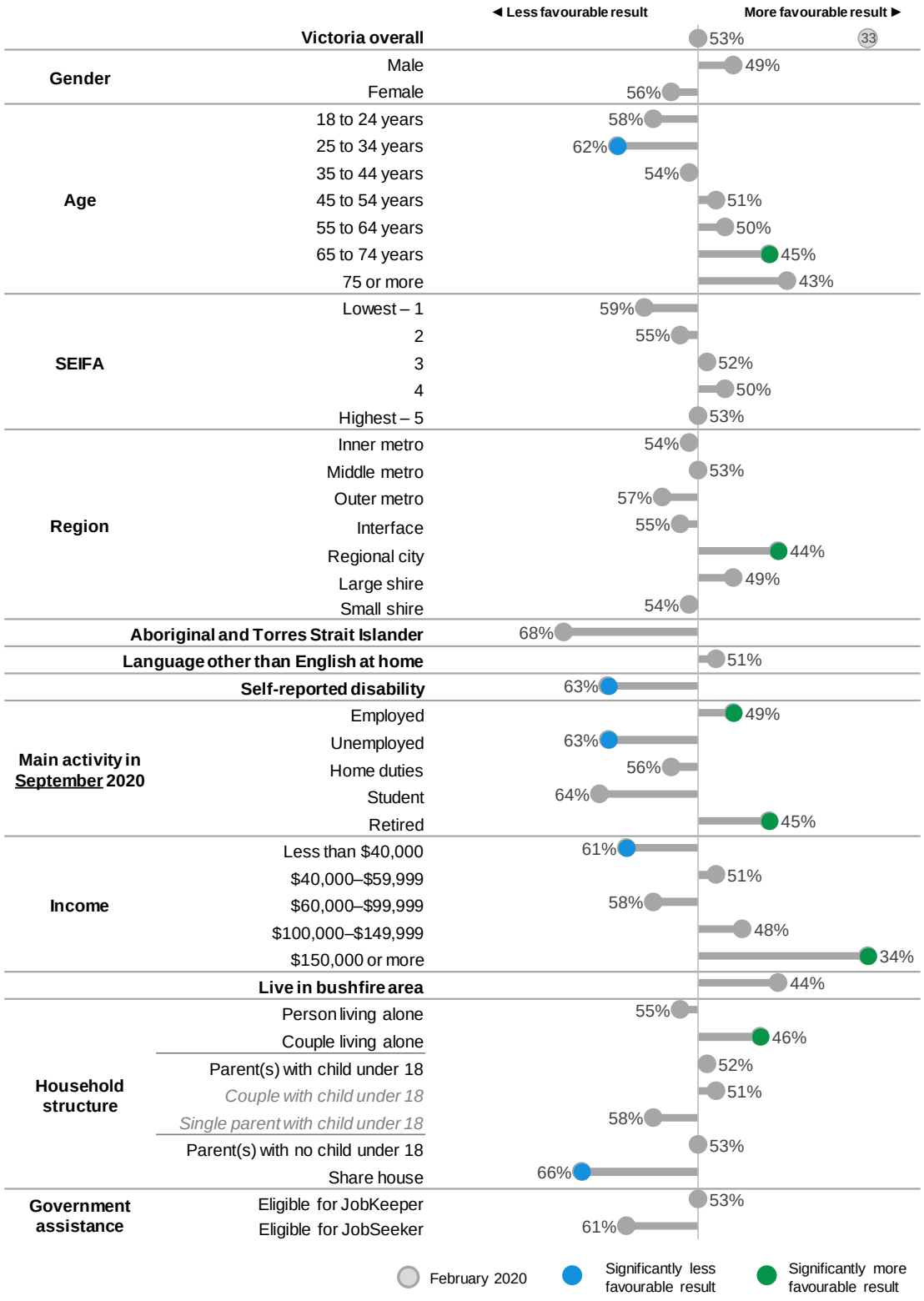
Figure 3 shows sub-population differences of those who provided a low to medium rating (0 to 6 out of 10) for their life satisfaction in Survey Two. Figure 4 compares results of Survey Two and Survey One. The result for February 2020 is also provided as a point of reference.

In Figure 3, less favourable results were seen for Aboriginal and Torres Strait Islander Victorians, with two in three (68%) reporting low ratings of life satisfaction, although the result is not significant due to the low sample size of this sub-population in the survey. A similar proportion of those with a self-reported disability reported significantly lower ratings of life satisfaction (63%) than Victorians overall. Victorians living in shared accommodation (66%), earning less than $40,000 (61%) and those aged 25 to 34 years (62%) were also significantly more likely to report low levels of life satisfaction.

Between the two survey periods there was a significant increase in the proportion of females who reported low levels of life satisfaction, increasing from 49% to 56%. There was also a significant increase in the proportion of couples living with children under 18 years reporting low levels of life satisfaction from Survey One (44%) to Survey Two (52%). In regard to regions, interface and small shire regions also showed a significant increase in low levels of life satisfaction (interface, from 44% to 52%; small shire from 31% to 54%).

Figure 3 Low-medium life satisfaction – Victorian and sub-population frequencies from Survey Two

Note: Responses that are significantly more favourable than the Victorian overall result are on the right, highlighted in green. Responses that are significantly less favourable than the Victorian overall result are on the left, highlighted in blue.



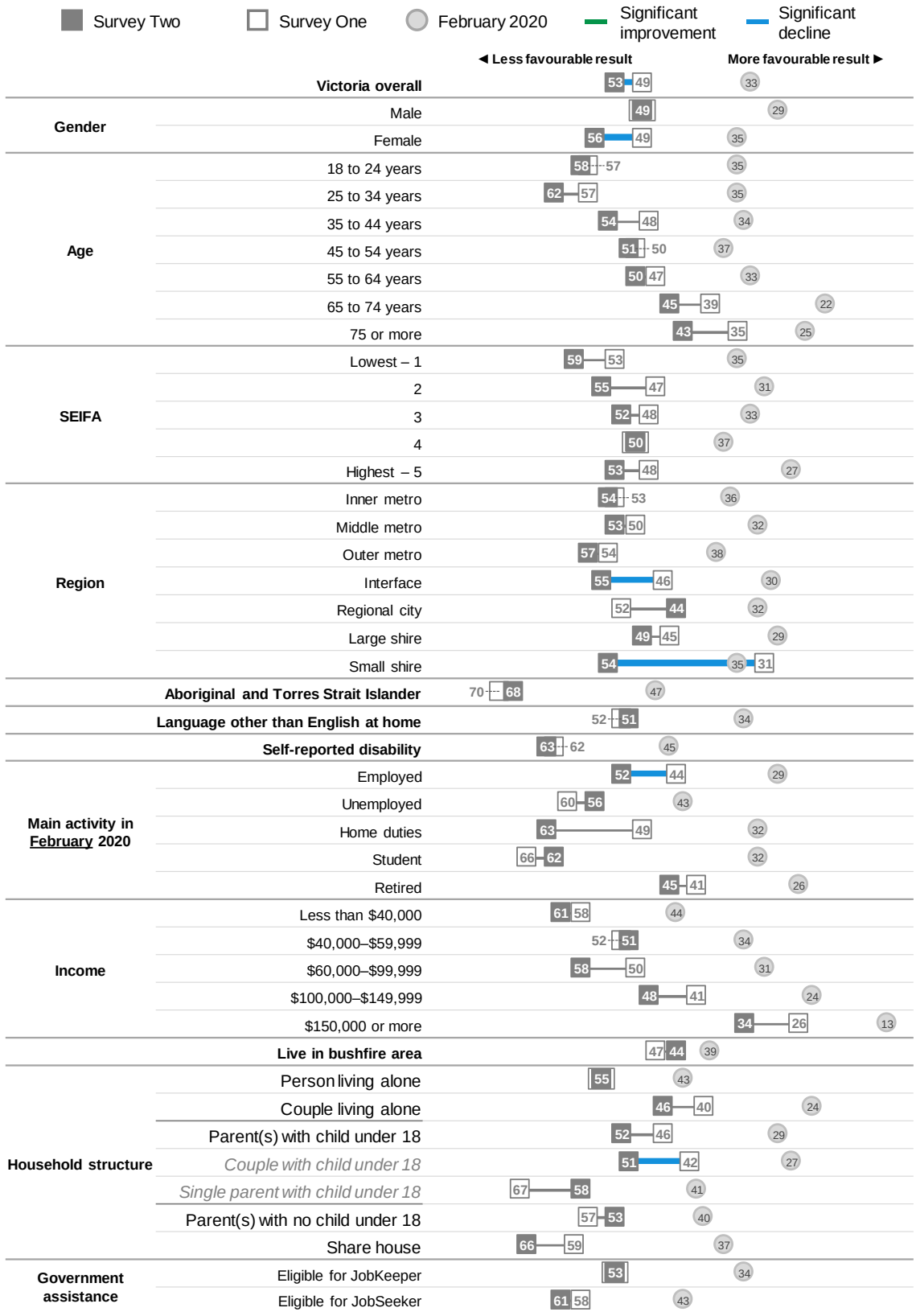
A1W Thinking about your own life and your personal circumstances, how satisfied are you with your life as a whole? Please use a scale from 0–10, where 0 is completely dissatisfied and 10 is completely satisfied. (0-6 out of 10).

Base: All – Survey Two (n=2,000), Survey One (n=2,000).

Note: Results for some sub-populations are higher than others and not significantly different to the overall results due to small base sizes.

Figure 4 Low-medium life satisfaction – comparison of Victorian and sub-population frequencies from Survey Two, Survey One and February 2020

Note: Responses that are more favourable are on the right. Responses that are less favourable are on the left. Significant improvements between Survey One and Two indicated by a green bar. Significant declines between Survey One and Two are indicated by a blue bar.



A1W Thinking about your own life and your personal circumstances, how satisfied are you with your life as a whole? Please use a scale from 0–10, where 0 is completely dissatisfied and 10 is completely satisfied. (0-6 out of 10).

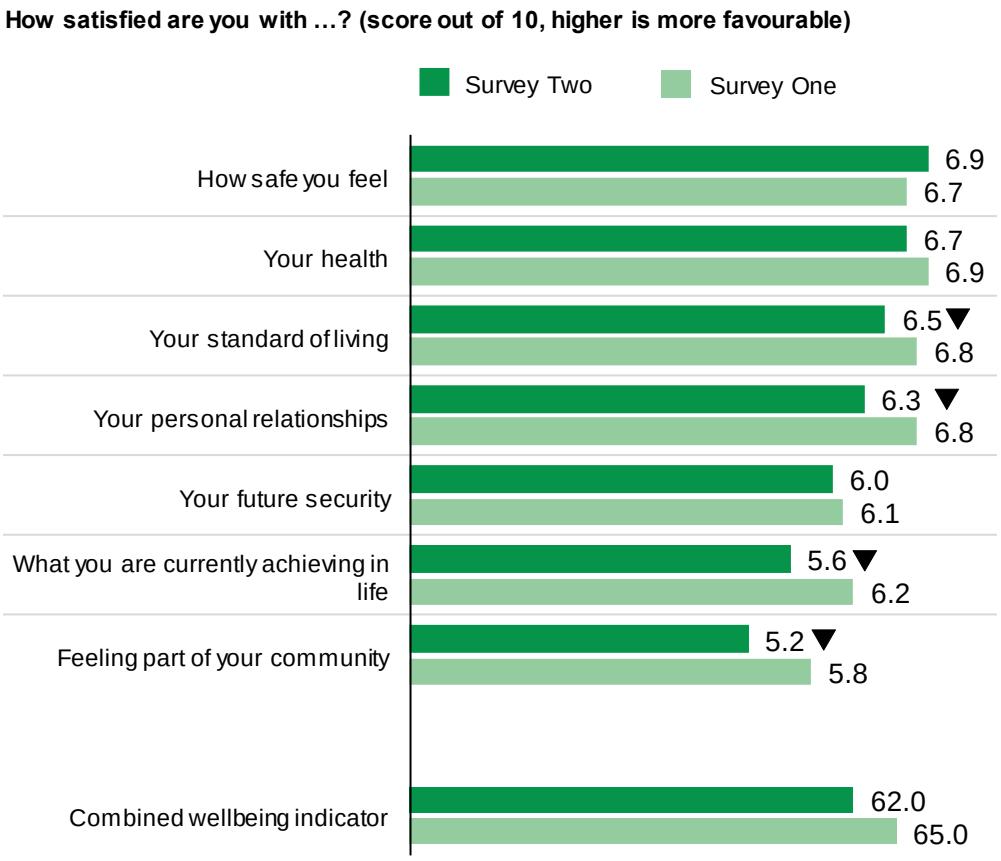
Base: All – Survey Two (n=2,000), Survey One (n=2,000).

2.2. Subjective wellbeing

The Personal Wellbeing Index[5] was used as a measure of subjective wellbeing. Respondents were asked to rate their satisfaction with a variety of life aspects that divide subjective wellbeing into seven domains. Response options were on a scale of 0 (completely dissatisfied) to 10 (completely satisfied).

Figure 5 compares subjective wellbeing domain scores between the two surveys. Significantly lower average scores were observed for Victorians in Survey Two for their level of satisfaction with what they were achieving in life, feeling part of the community, their standard of living and their personal relationships, compared to Survey One. 'Feeling part of the community' had the lowest score of all seven domains in both surveys.

Figure 5 Subjective wellbeing domain scores and overall score from Survey One and Two



A2 Turning now to various areas of your life. How satisfied are you with…?
Base: All excluding Not sure and Prefer not to say – Survey Two (n=1,835), Survey One (n=1,710).
▲▼ Survey Two results significantly different to Survey One results at the 95% confidence level.

The Personal Wellbeing Index provides a combined subjective wellbeing score calculated as the average score across all seven domains, which is then scaled up to a score out of 100. The subjective wellbeing score for each sub-population is reported in comparison to the Victorian overall result in the following figures. Figure 6 presents results for Survey Two and Figure 7 provides a comparison of Survey One and Two results.

[5] Cummins RA, Eckersley R, Pallant J, Van Vugt J, Misajon R. Developing a national index of subjective wellbeing: The Australian Unity Wellbeing Index. Soc Indic Res. 2003; 64(2):159-90.

For Victoria overall, the subjective wellbeing score was 62.0 in Survey Two, which is significantly less than the result of 65.0 from Survey One. Less favourable levels of subjective wellbeing are reported among the following sub-populations:

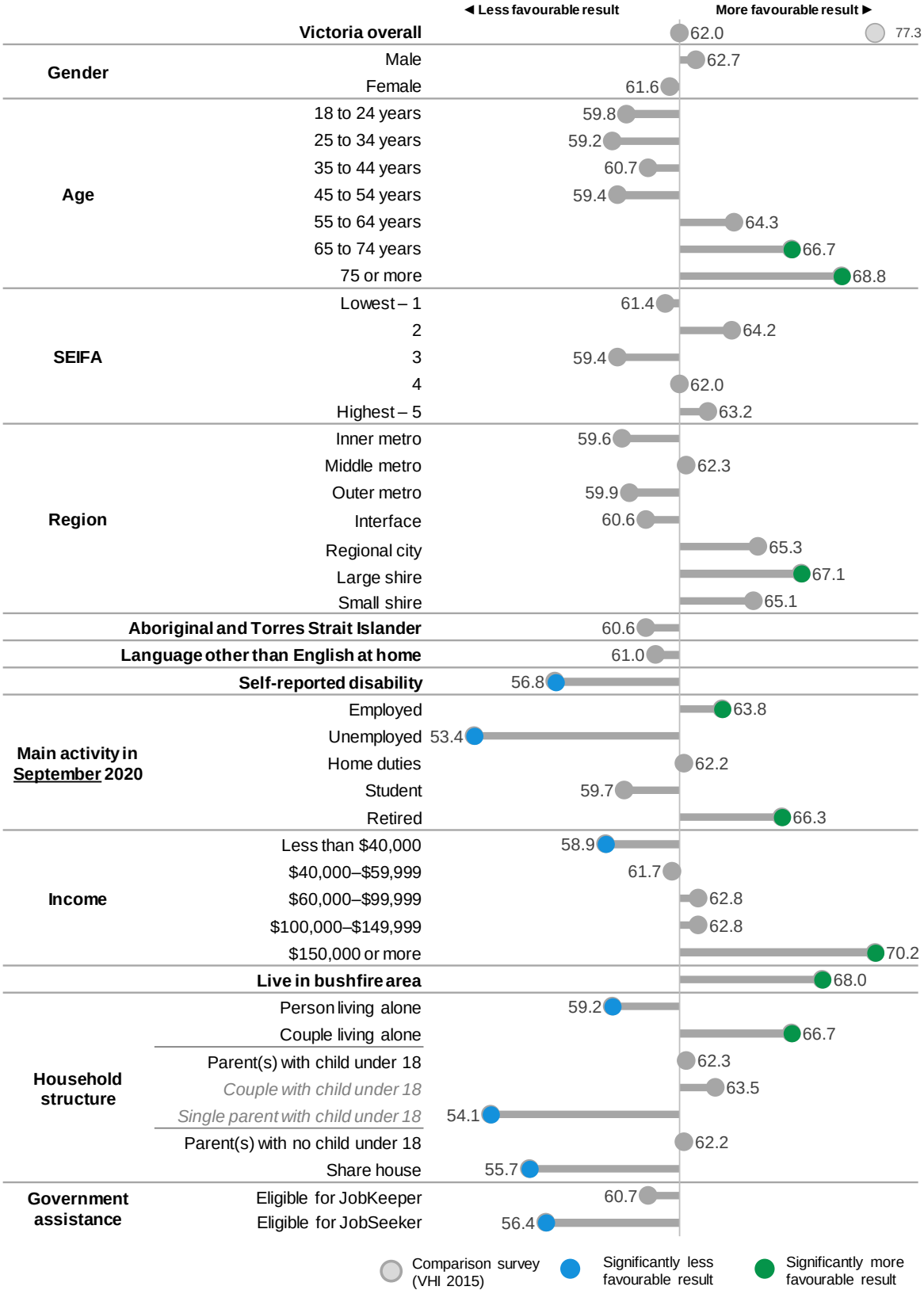
- those with a self-reported disability (56.8)
- those who were unemployed in September 2020 (53.4)
- those living alone (59.2)
- those who were earning less than $40,000 (58.9)
- those living in a share house (55.7)
- those eligible for JobSeeker (56.4).

Declines in subjective wellbeing from Survey One to Two were observed in many sub-populations, with the greatest declines seen among:

- people performing home duties (decreasing to 59.3 from 65.9)
- those eligible for JobSeeker (56.4 from 65.0)
- parents with no children under 18 at home (62.2 from 68.2)
- SEIFA level 3 (59.4 from 64.6).

Figure 6 Subjective wellbeing – Victorian and sub-population scores from Survey Two

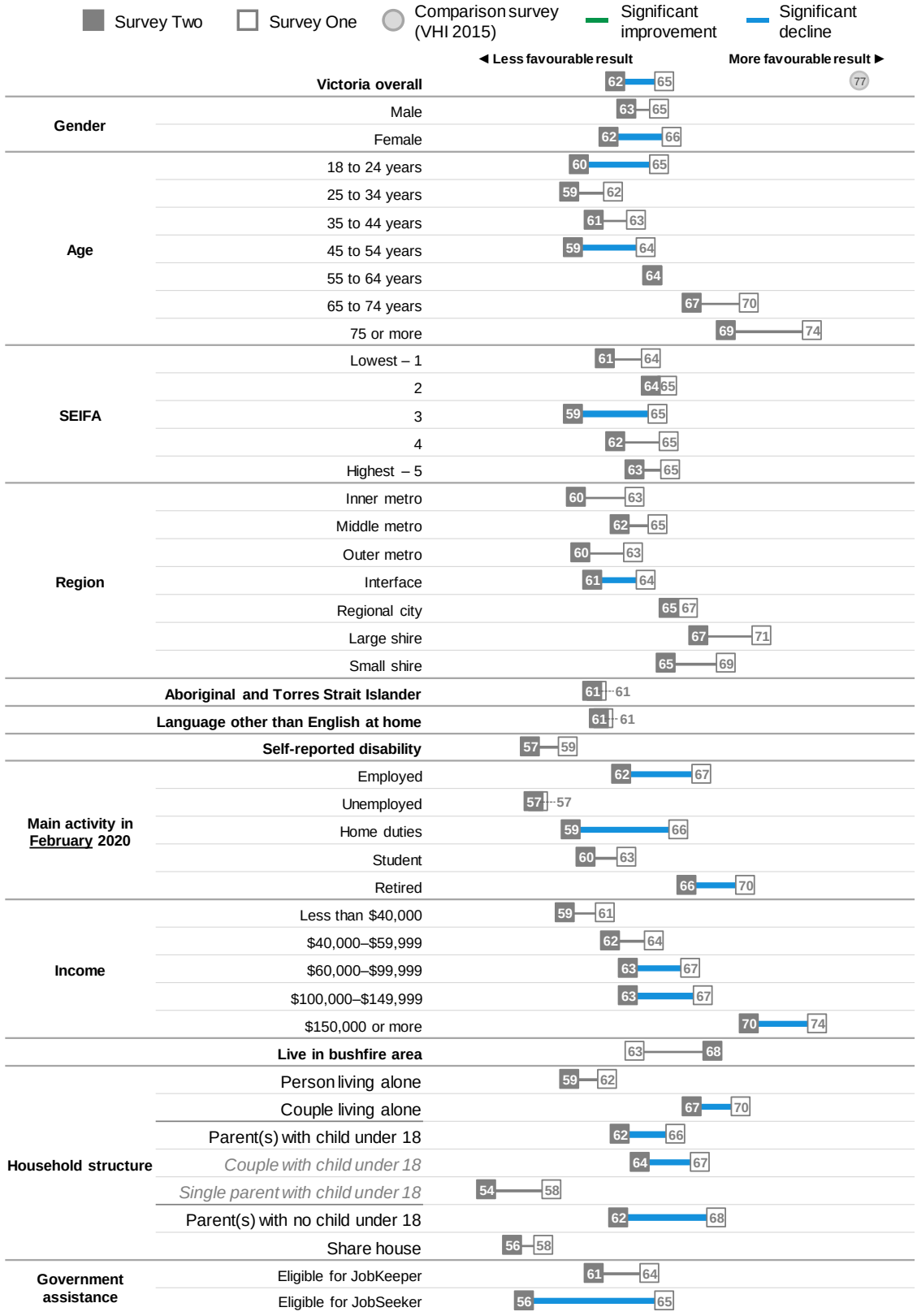
Note: Responses that are significantly more favourable than the Victorian overall result are on the right, highlighted in green. Responses that are significantly less favourable than the Victorian overall result are on the left, highlighted in blue.



A2 Turning now to various areas of your life. How satisfied are you with…?
Base: All excluding Not sure and Prefer not to say – Survey Two (n=1,835), Survey One (n=1,710).
Note: Results for some sub-populations are higher than others and not significantly different to the overall results due to small base sizes.

Figure 7 Subjective wellbeing – comparison of Victorian and sub-population scores from Survey One and Two

Note: Responses that are more favourable are on the right. Responses that are less favourable are on the left. Significant improvements between Survey One and Two are indicated by a green bar. Significant declines between Survey One and Two are indicated by a blue bar.



A2 Turning now to various areas of your life. How satisfied are you with…?
Base: All excluding Not sure and Prefer not to say – Survey Two (n=1,835), Survey One (n=1,710).
Note: Results shown are rounded to nearest whole number.
Results for some sub-populations are higher than others and not significantly different to the overall results due to small base sizes.

2.3. Psychological distress

The Kessler Psychological Distress Scale-6 (K6) is a scale of psychological distress comprised of 6 questions. It was developed as a measure of non-specific psychological distress on the anxiety-depression spectrum[6]. Respondents rate how often in the last month they experienced each indicator of psychological distress. As recommended by the ABS[6], the cut off score of 19 or more out of 30 is used here as an indicator of high psychological distress. This score indicates the presence of a serious mental health condition such as depression or an anxiety disorder.

Seventeen percent of respondents were classed as having high psychological distress in Survey Two, similar to results recorded in Survey One (16%). This is also on par with a 2017 comparison survey that showed that 15.4% of Victorians had high psychological distress as measured by the K10 [7] which is a longer form of the K6.

As shown in Figure 8, the proportion of each sub-population with high psychological distress was highest among:

- Aboriginal and Torres Strait Islander respondents (33%)
- those living in Inner metro Melbourne (30%)
- people aged 25 to 34 (28%)
- unemployed (28%)
- people eligible for JobKeeper (26%) or JobSeeker (26%)
- people with a disability (25%).

Figure 9 compares the proportions of high psychological distress in the two surveys for Victorians overall and for each sub-population. Between these two survey time points, a significant increase in high psychological distress was recorded for those whose main activity in February 2020 was home duties, increasing to 23% in Survey Two from 9% in Survey One.

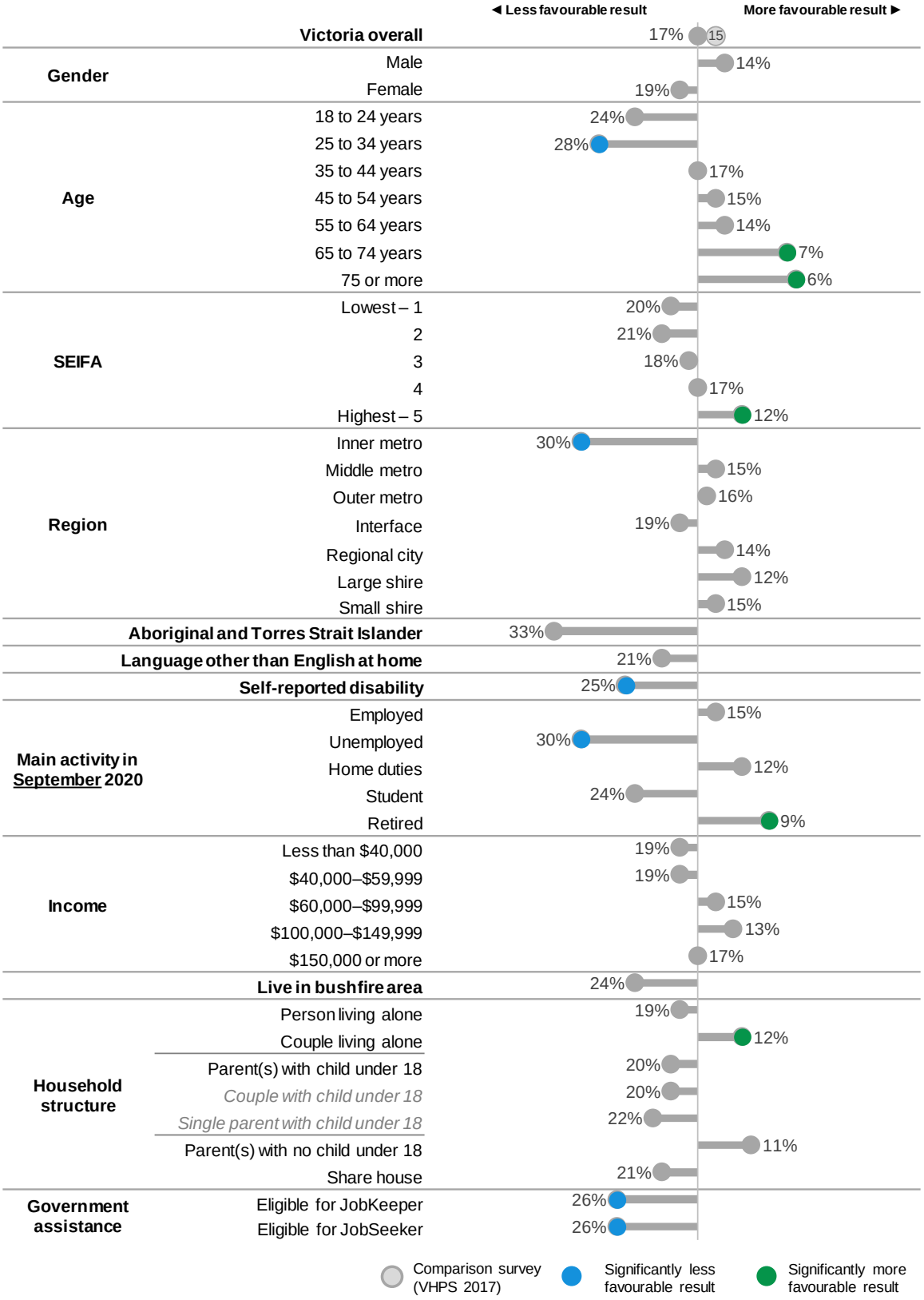
Among those living in bushfire impacted areas, 41% reported high psychological distress in Survey One, which was one of the highest proportions of any sub-population. While this decreased to 25% in Survey Two, this change was not statistically significant due to the smaller sample size of this sub-population.

[6] https://www.abs.gov.au/ausstats/abs@.nsf/lookup/4817.0.55.001Chapter92007-08, and Kessler, R.C., Green, J.G., Gruber, M.J., Sampson, N.A., Bromet, E., Cuitan, M., Furukawa, T.A., Gureje, O., Hinkov, H., Hu, C.-Y, Lara, C., Lee, S., Mneimneh, Z., Myer, L., Oakley-Browne, M., Posada-Villa, J., Sagar, R., Viana, M.C. & Zaslavsky, A.M. (2010) 'Screening for Serious Mental Illness in the General Population with the K6 screening scale: results from the WHO World Mental Health (WMH) survey initiative', International Journal of Methods in Psychiatric Research, Vol 19: 4-22.

[7] https://www.abs.gov.au/ausstats/abs@.nsf/lookup/4817.0.55.001Chapter92007-08, and Kessler, R.C., Green, J.G., Gruber, M.J., Sampson, N.A., Bromet, E., Cuitan, M., Furukawa, T.A., Gureje, O., Hinkov, H., Hu, C.-Y, Lara, C., Lee, S., Mneimneh, Z., Myer, L., Oakley-Browne, M., Posada-Villa, J., Sagar, R., Viana, M.C. & Zaslavsky, A.M. (2010) 'Screening for Serious Mental Illness in the General Population with the K6 screening scale: results from the WHO World Mental Health (WMH) survey initiative', International Journal of Methods in Psychiatric Research, Vol 19: 4-22.

Figure 8 High psychological distress – Victorian and sub-population frequencies from Survey Two

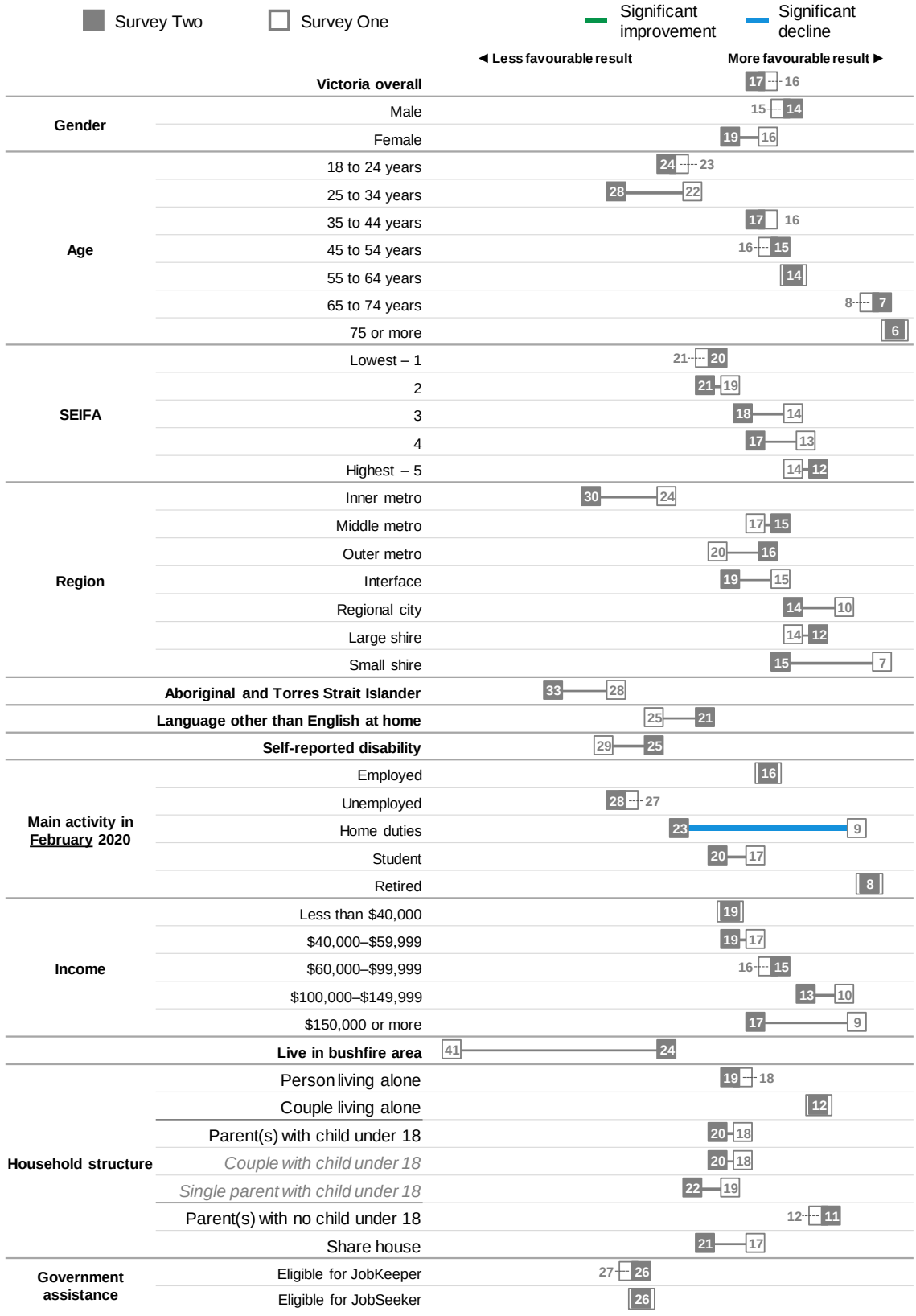
Note: Responses that are significantly more favourable than the Victorian overall result are on the right, highlighted in green. Responses that are significantly less favourable than the Victorian overall result are on the left, highlighted in blue.



A4 Now a question about your wellbeing, during the last month, how often did you feel…
Base: All, excluding those answering Not sure or Prefer not to say for two or more indicators - Survey Two (n=1,940).
Note: Results for some sub-populations are higher than others and not significantly different to the overall results due to small base sizes.

Figure 9 High psychological distress – comparison of Victorian and sub-population frequencies from Survey One and Two

Note: Responses that are more favourable are on the right. Responses that are less favourable are on the left. Significant improvements between Survey One and Two are indicated by a green bar. Significant declines between Survey One and Two are indicated by a blue bar.

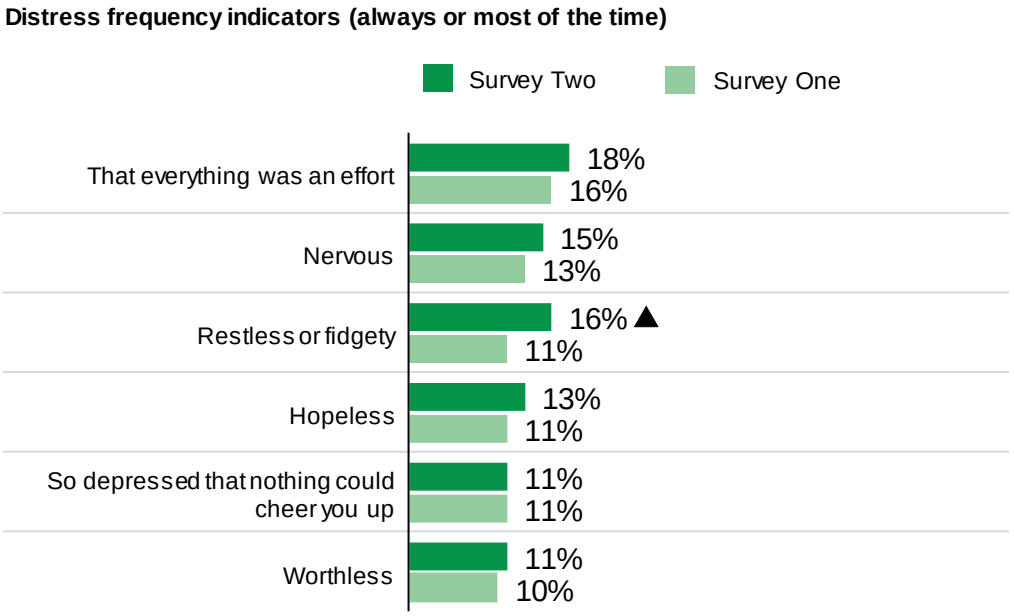


A4 Now a question about your wellbeing, during the last month, how often did you feel…

Base: All, excluding those answering Not sure or Prefer not to say for two or more indicators – Survey Two (n=1,940), Survey One (n=1,927).

When comparing the six psychological distress indicators between the two survey periods (as shown in Figure 10), the proportion of people who reported experiencing psychological distress factors 'all of the time' or 'most of the time' in Survey Two was predominantly consistent with results in Survey One. The exception to this was a significant increase in the proportion of people who were feeling 'restless or fidgety' all or most of the time, from 11% in Survey One to 16% in Survey Two. 'Feeling that everything was an effort' was the most commonly reported factor in both surveys.

Figure 10 Proportion of respondents experiencing psychological distress factors 'most of the time' or 'all of the time', results from Survey One and Two



A4 Now a question about your wellbeing, during the last month, how often did you feel…
Base: All – Survey Two (n=2,000), Survey One (n=2,000).
Note: Combined 'All of the time' and 'Most of the time' responses shown.
▲▼ Results in Survey Two that are significantly different to Survey One results at the 95% confidence level.

3. Findings: Social connection

Restrictions on movement during the second wave of the pandemic were expected to change the ways in which people interacted and connected with others. This presented a risk of disconnecting people from their friends, family and the wider community. To track this, we asked respondents to assess how connected they felt to others, and also used a subjective index of social solidarity to provide an indicative measure of how a person was engaged with their community[8]. These results have been compared between the two survey periods to assess the impacts on these indicators of social connection.

Social Connection
Impact on social connection • Almost one in three (31%) agreed they felt connected to others in Survey Two, significantly lower than the Survey One result (37%). The proportion of those disagreeing with the statement that they felt connected with others significantly increased from 23% to 29%. • The average social solidarity score for respondents in Survey Two was 20.8 out of a maximum of 30, higher results being indicative of feeling more connected to the local community; this was in line with the result from Survey One (21.2). • Two in five (42%) respondents reported that they had found staying connected to friends and family 'hard' or 'very hard' in Survey Two, significantly higher than the Survey One result (30%).
Factors influencing these changes • The aspects of social solidarity that have significantly shifted between Survey One and Two include fewer people feeling proud to be a member of their community (46% in the Survey Two compared to 50% in Survey One) and a decrease in those who feel that they are a part of the community (35% in Survey Two from 42% in Survey One). • Involvement in community groups and clubs stopped by as much as 76% during the second wave of the pandemic. • One in three Victorians (32%) were concerned about their loss of social connection with others outside their household in Survey Two. It is therefore not surprising that over half of all respondents (56%) plan to get involved in community groups and clubs once pandemic restrictions ease.

[8] Hawdon, J., Räsänen, P., Oksanen, A. and Ryan, J., 2012. Social solidarity and wellbeing after critical incidents: Three cases of mass shootings. Journal of critical incident analysis, 3(1), pp.2-25.

Variation by sub-populations

Impacts of the second pandemic wave restrictions on social connection showed significant variation amongst sub-populations, as shown in Table 3.

Table 3 Social connection variation by sub-populations

	Survey Two: Significantly more favourable levels than the state result	Survey Two: Significantly less favourable levels than the state result	Significant improvement from Survey One to Survey Two	Significant decline from Survey One to Survey Two
Low levels of social connection	• Aged 75 or more years • Employed	• Unemployed	• None	• Female • Aged 45 to 54 years • Aged 65 to 74 years • SEIFA 3 • Living in inner metro Melbourne • Living in middle metro Melbourne • Living in interface region • Income of $40,000 to $59,999 • Income of $150,000 or more • Parents with child under 18 • Couple with child under 18
High levels of social connection	• Employed • Income of $150,000 or more • Parent(s) with no child under 18	• Home duties	• None	• Female • Aged 45 to 54 years • SEIFA 4 • SEIFA 5 • Living in outer metro Melbourne • Income of $40,000 to $59,999 • Couple living alone
Difficulty staying connected	• Aged 35 to 44 years • Employed • Income of $150,000 or more	• Aged 65 to 74 years • Retired	• None	• The majority of sub-populations reported increased difficulty in staying connected, refer to Figure 22 for details

Key Indicator	Survey Two	Survey One
Feeling connected to others (% agree)	**31%▼**	37%
Social solidarity score (rating out of 30)	**20.8**	21.2

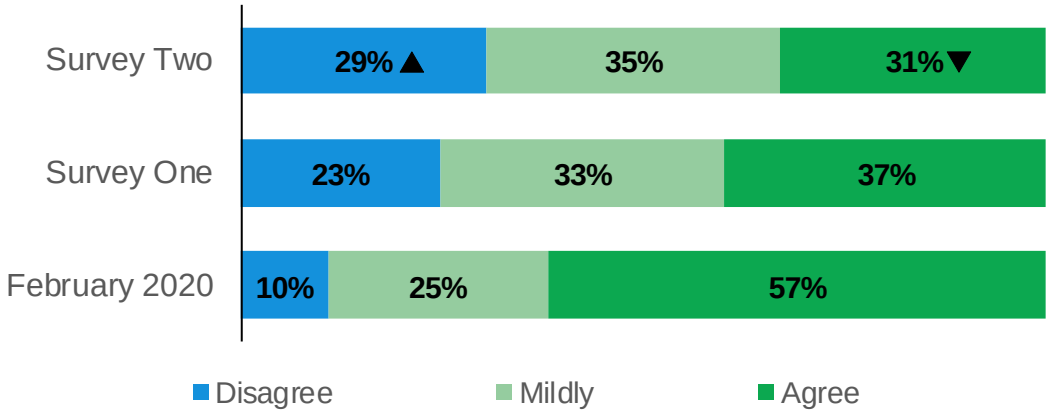
▼ Survey Two result significantly lower that the Survey One result at the 95% confidence level.

3.1. Social connection to others

3.1.1. General social connection

Respondents were asked to rate the degree to which they agreed with the statement 'I feel connected with others'. As shown in Figure 11, the proportion of those who agreed with this statement was significantly lower in Survey Two (31%) than Survey One (37%). The proportion who disagreed, indicating that they did not feel connected to others, significantly increased in Survey Two (29%) compared to Survey One (23%). In Survey One, respondents were also asked whether they agreed with the statement that they felt connected to others in February 2020 using the same scale, however as this result relies on retrospective recall, significance testing was not conducted, it is provided as a point of reference only.

Figure 11 Agreement that respondents feel connected with others (disagree, mildly agree or disagree, agree)



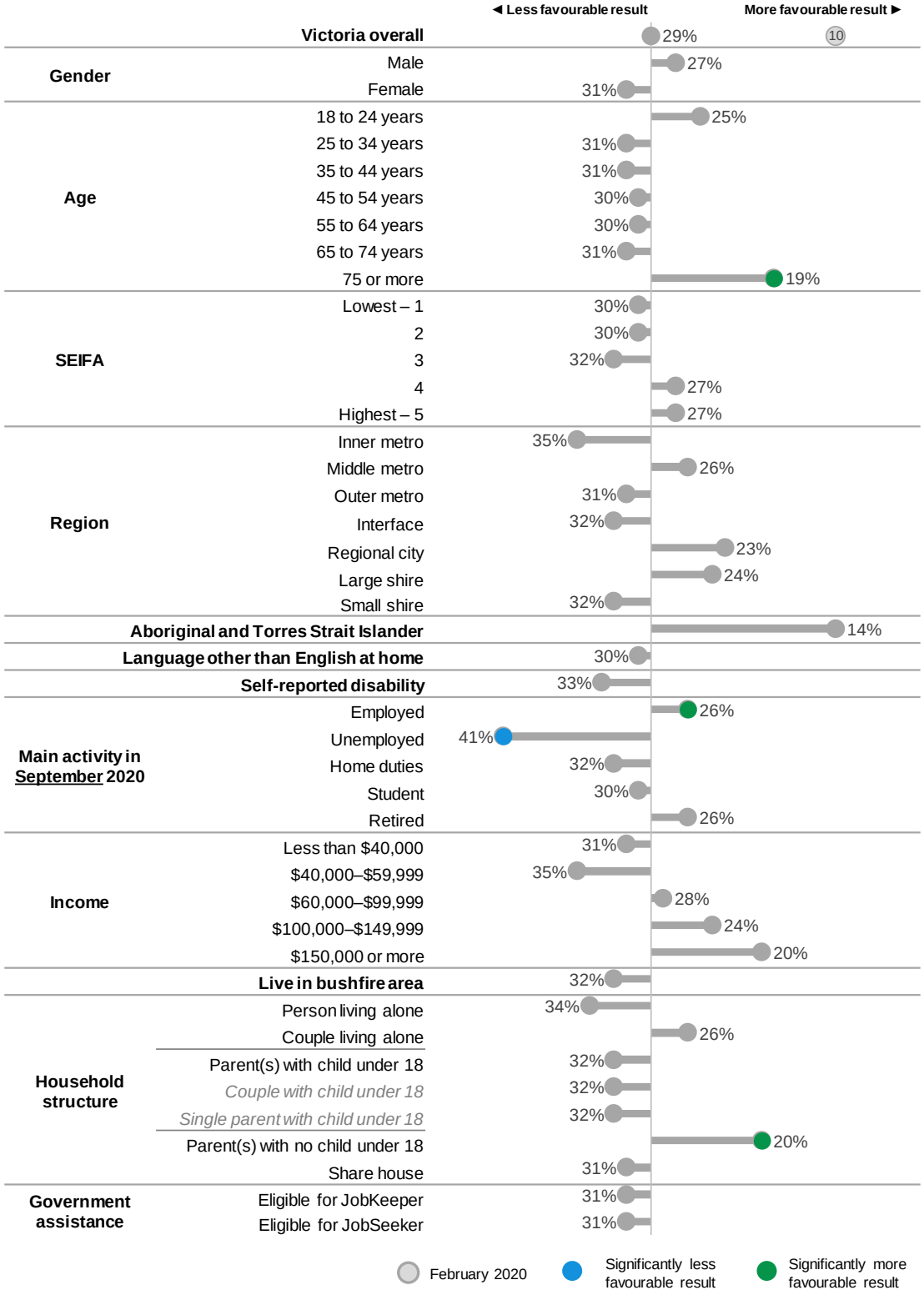
C1 Please rate the degree to which you agree or disagree, with the following statement: I feel connected with others.
Base: All – Survey Two (n=2,000), Survey One (n=2,000).
Note: Figures do not add to 100% because the following are not shown: Not sure – Survey Two (5%), Survey One (3%); and Prefer not to say – Survey Two (2%), Survey One (2%).

Figure 12 shows the proportion of respondents who disagreed with the statement 'I feel connected with others' for Victoria overall and for sub-populations.

Figure 13 shows the proportion of respondents in Survey One and Two who disagreed with the above statement. Significantly less favourable results are observed for many sub-populations. Regional City and Aboriginal and Torres Strait Islander sub-populations were the only groups that showed a reduction in the proportion disagreeing over time, although this was not significant.

Figure 12 Disagreement with the statement 'I feel connected with others' – Victorian and sub-population frequencies (% disagree) from Survey Two

Note: Responses that are significantly more favourable than the Victorian overall result are on the right, highlighted in green. Responses that are significantly less favourable than the Victorian overall result are on the left, highlighted in blue.



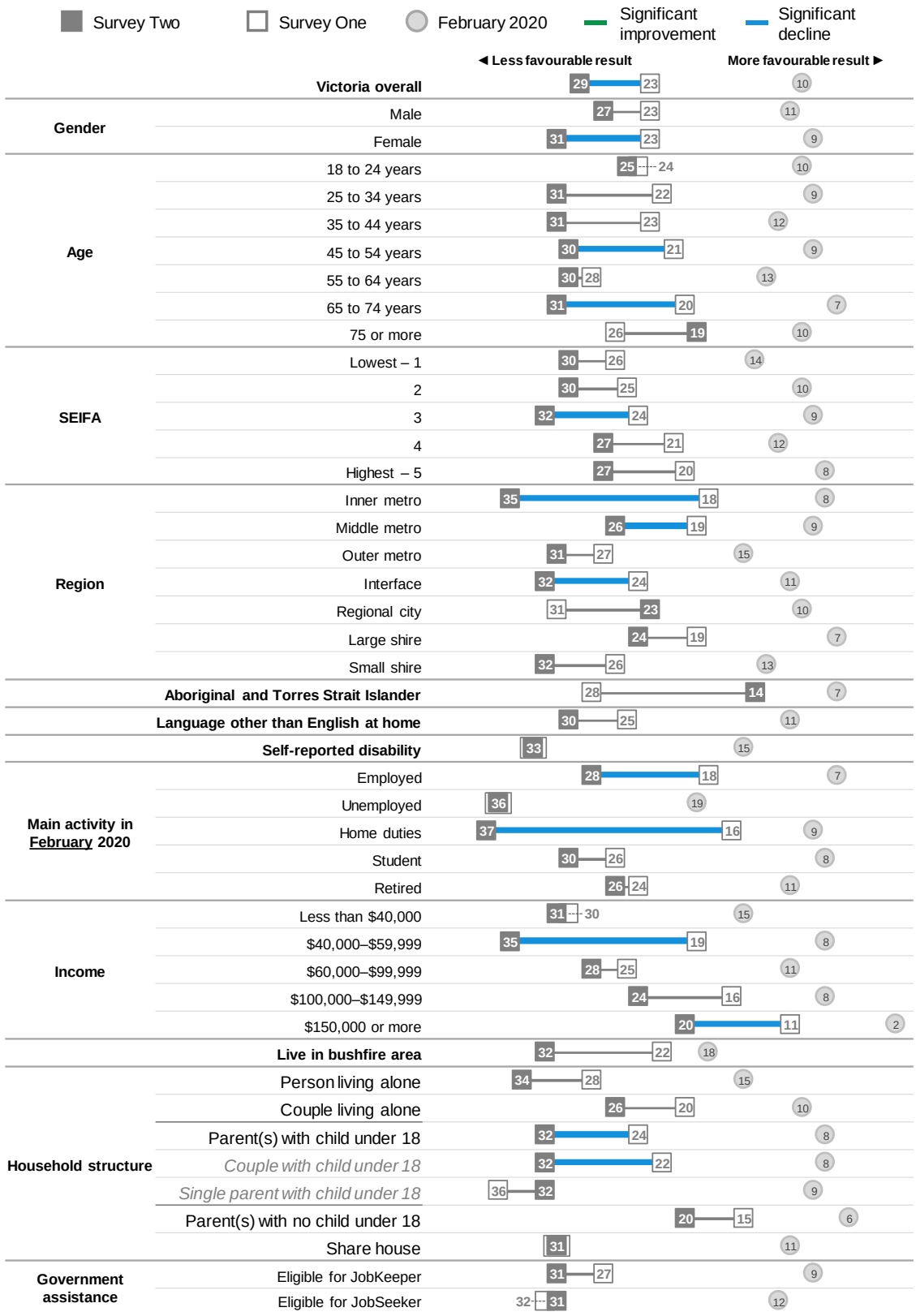
C1 Please rate the degree to which you agree or disagree (where 1 is strongly disagree and 6 is strongly agree), with the following statement: I feel connected with others.

Base: All – Survey Two (n=2,000).

Note: Results for some sub-populations are higher than others and not significantly different to the overall results due to small base sizes.

Figure 13 Disagreement with the statement 'I feel connected with others' – comparison of Victorian and sub-population frequencies (% disagree) from Survey One, Survey Two and February 2020

Note: Responses that are more favourable are on the right. Responses that are less favourable are on the left. Significant improvements between Survey One and Two are indicated by a green bar. Significant declines between Survey One and Two are indicated by a blue bar.



C1 Please rate the degree to which you agree or disagree (where 1 is strongly disagree and 6 is strongly agree), with the following statement: I feel connected with others.

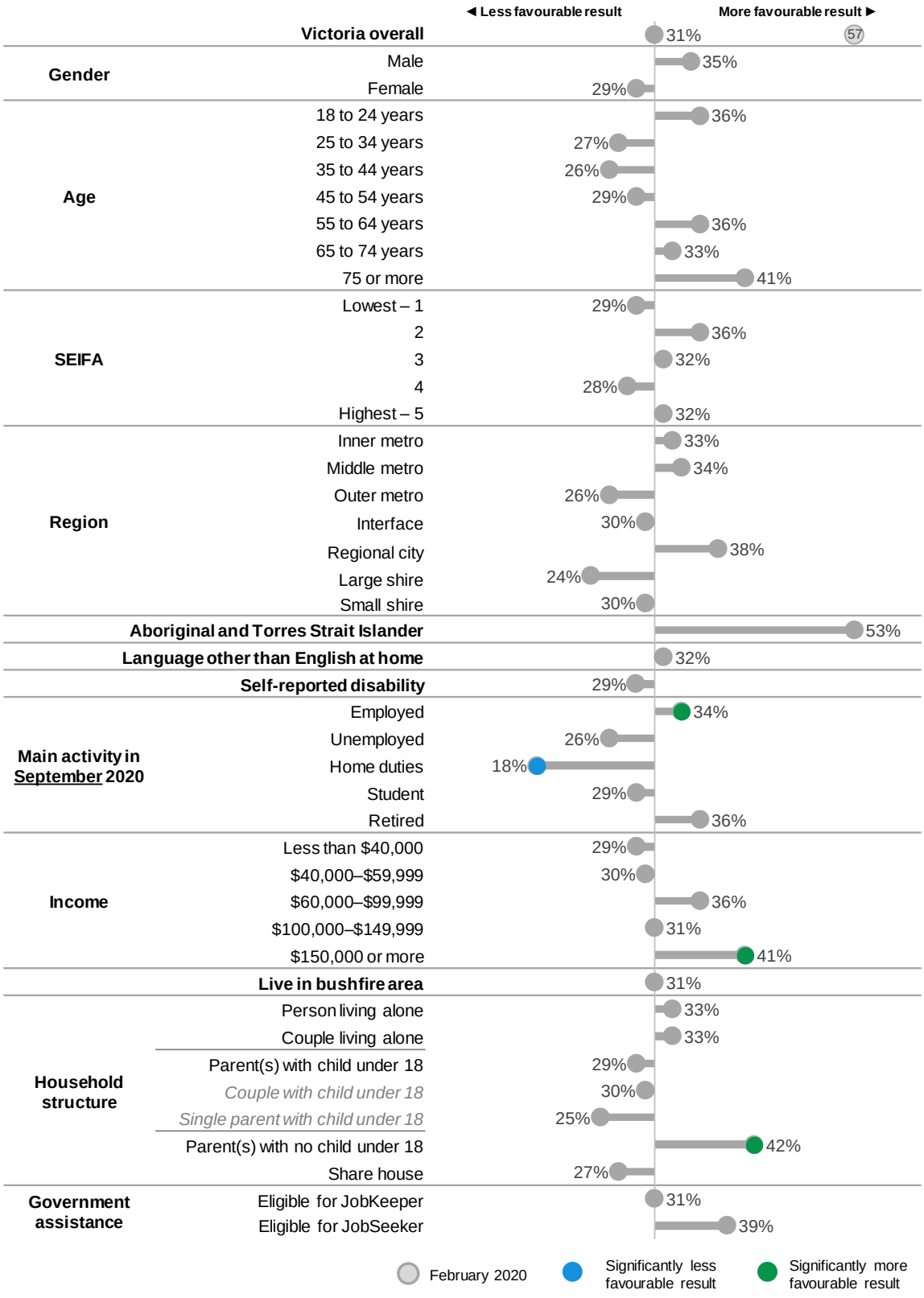
Base: All – Survey Two (n=2,000), Survey One (n=2,000).

Figure 14 shows the proportion of respondents who agreed with the statement 'I feel connected with others' for Victoria overall and for sub-populations in Survey Two. Respondents whose main activity in September 2020 was home duties were significantly less likely than the rest of Victoria to report that they agreed with this statement (18% compared to 31%). This was a shift from results reported in Survey One where this group reported a similar level of agreement to the rest of the state.

Figure 15 shows the proportion of respondents in Survey One and Two who agreed with the above statement. Significant declines were observed for many sub-populations with no significant improvements recorded, but nominal improvement for those living in regional cities, couples living alone, those eligible for JobSeeker and Aboriginal and Torres Strait Islander Victorians.

Figure 14 Agreement with the statement 'I feel connected with others' – Victorian and sub-population frequencies (% agree) from Survey Two

Note: Responses that are significantly more favourable than the Victorian overall result are on the right, highlighted in green. Responses that are significantly less favourable than the Victorian overall result are on the left, highlighted in blue.



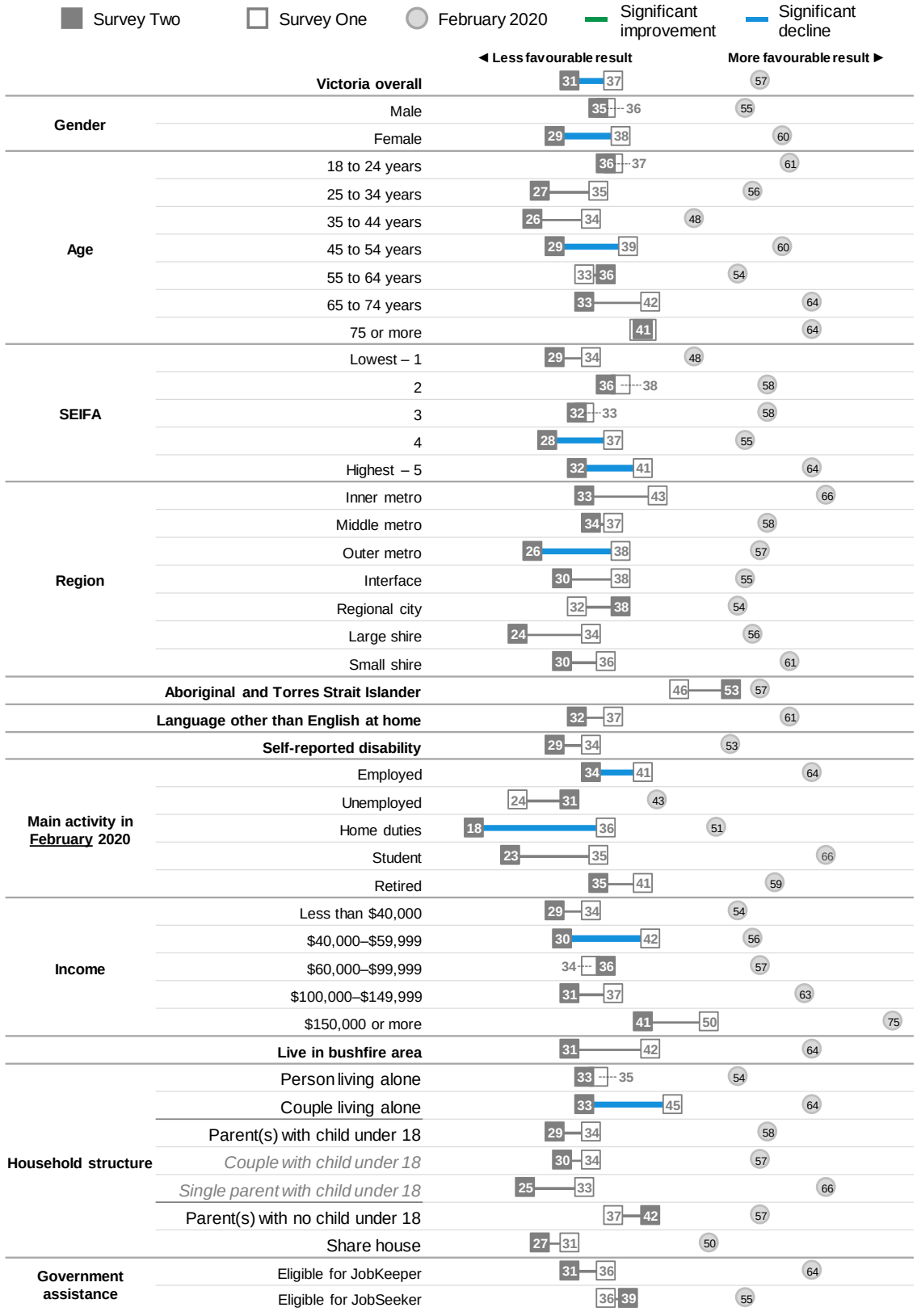
C1 Please rate the degree to which you agree or disagree (where 1 is strongly disagree and 6 is strongly agree) with the following statement: I feel connected with others.

Base: All – Survey Two (n=2,000).

Note: Results for some sub-populations are higher than others and not significantly different to the overall results due to small base sizes.

Figure 15 Agreement with the statement 'I feel connected with others' (% agree) – comparison of Victorian and sub-population frequencies from Survey One, Survey Two and February 2020

Note: Responses that are more favourable are on the right. Responses that are less favourable are on the left. Significant improvements between Survey One and Two are indicated by a green bar. Significant declines between Survey One and Two are indicated by a blue bar.



C1 Please rate the degree to which you agree or disagree (where 1 is strongly disagree and 6 is strongly agree) with the following statement: I feel connected with others.

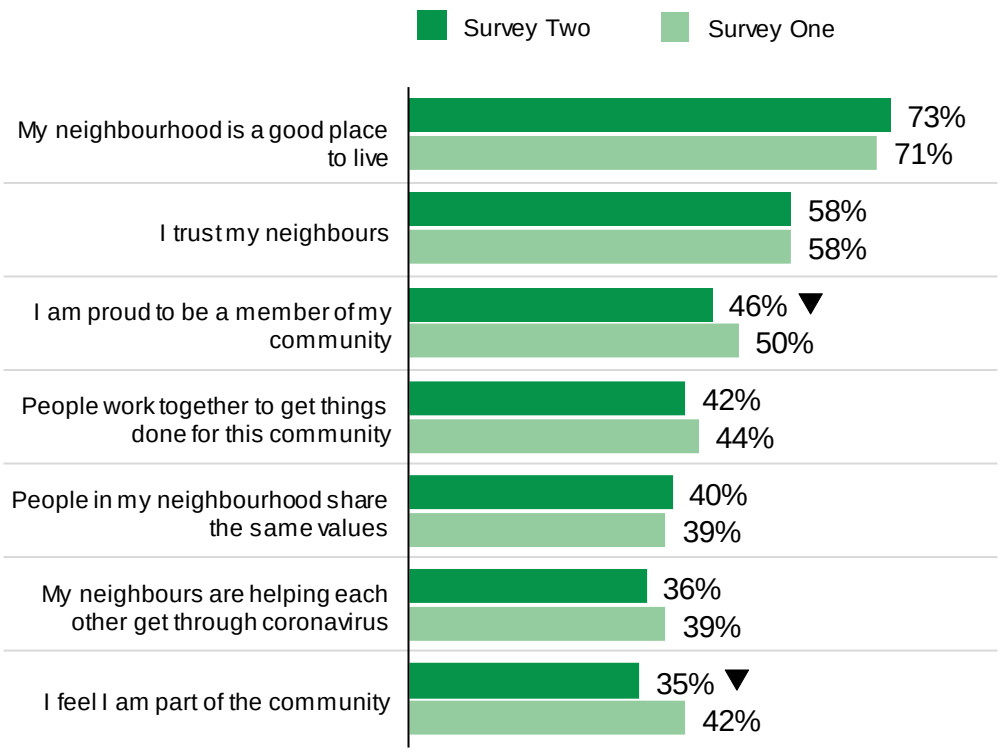
Base: All – Survey Two (n=2,000), Survey One (n=2,000).

3.1.2. Social solidarity

Social solidarity is a metric used to determine how close people feel with their communities using a combined score across six measures. These measures ask respondents whether they agree with statements regarding their connection with their local community.

Figure 16 shows the agreement respondents had with several statements regarding their connection with the local community. The majority of Victorians in both Survey One and Two agreed that their neighbourhood is a good place to live and that they trust their neighbours. In Survey Two, there was a significant decrease in agreement compared to Survey One with the statements 'I am proud to be a member of my community' (46% compared to 50%), and 'I feel I am part of the community' (35% compared to 42%). Responses to the remaining statements were consistent with the results from Survey One.

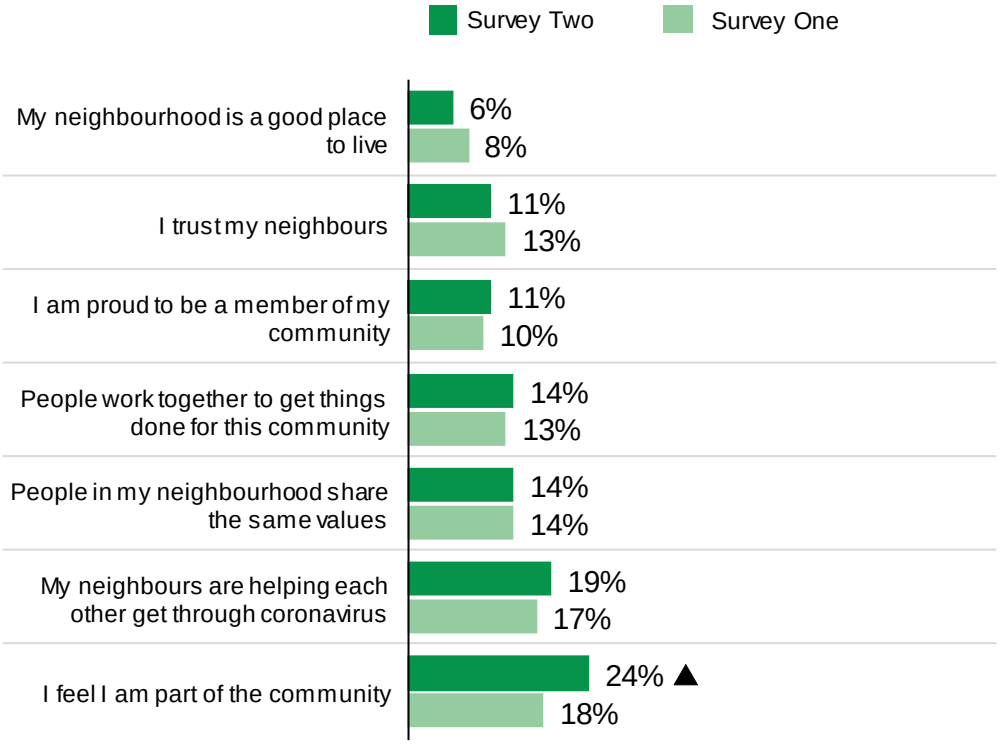
Figure 16 Agreement with social connectedness statements, comparison of results from Survey One and Two



C2 To what extent do you currently agree with the following statements…?
Base: All – Survey Two (n=2,000), Survey One (n=2,000).
▲▼ Survey Two results significantly different to Survey One results at the 95% confidence level.

Figure 17 shows a significant increase in the number of Victorians in Survey Two who disagreed with the statement 'I feel I am part of the community' (24%) compared to Survey One (18%). Results for other statements remained consistent.

Figure 17 **Disagreement with social connectedness statements, comparison of results from Survey One and Two**



C2 To what extent do you currently agree with the following statements…?
Base: All – Survey Two (n=2,000), Survey One (n=2,000).
▲▼ Survey Two results were significantly different to Survey One results at the 95% confidence level.

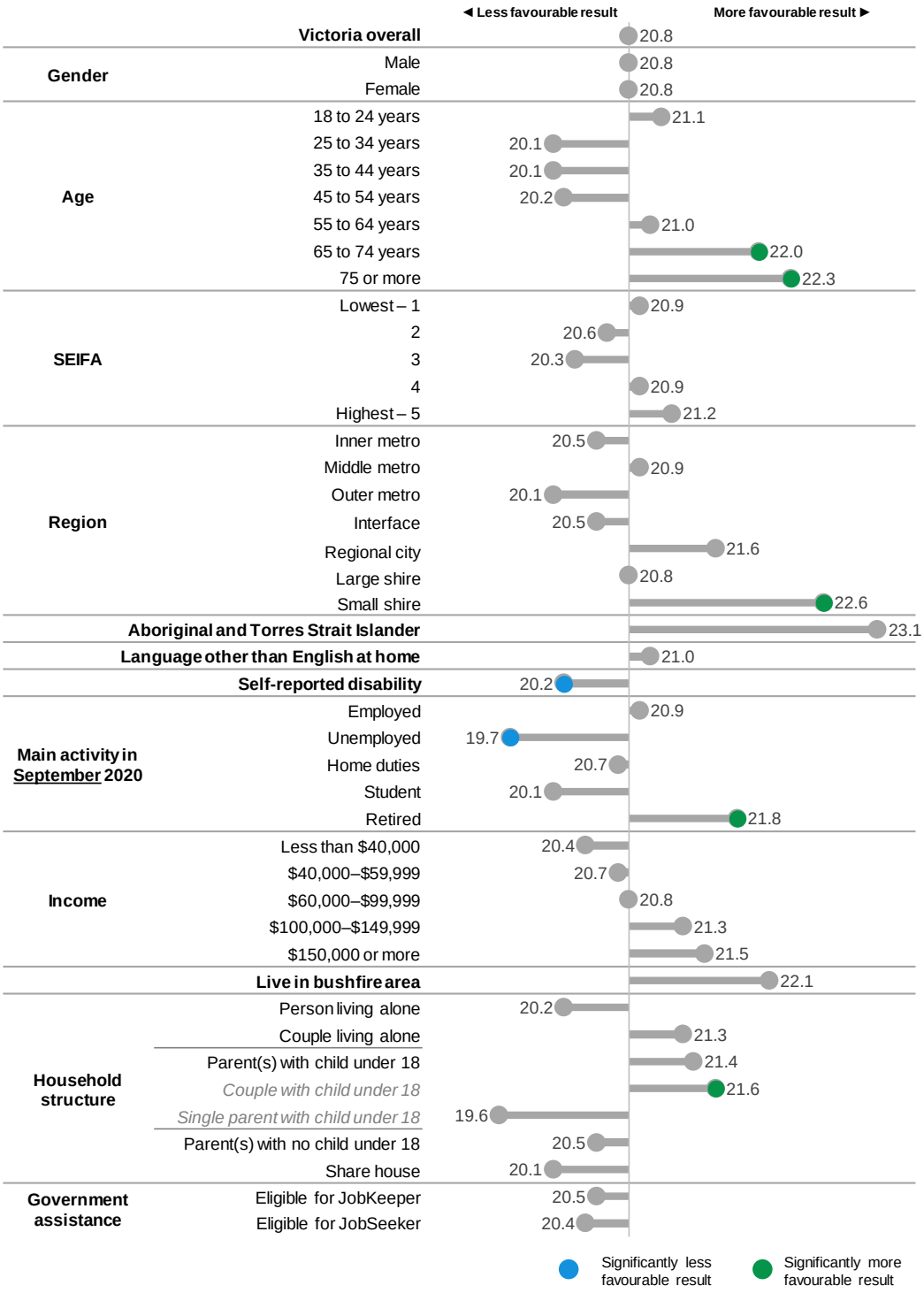
Responses to the above statements, excluding the item 'neighbours are helping each other to get through coronavirus' have been combined into an index of social solidarity that indicates the level of local community social solidarity and support experienced by individuals (Hawdon et al., 2012)[9]. This social solidarity score has a range of 6 to 30, where higher results are indicative of feeling more connected to the local community. Results for this are presented in Figure 18 and Figure 19.

Older Victorians aged 65 to 74 and 75 or more were more likely to have higher social solidarity scores than Victorians overall. Other groups with higher social solidarity scores were those living in small shires of Victoria, those who were retried, and couples living with a child under 18 years.

Most sub-populations showed a slight decline between Survey One and Two, particularly respondents from Large Shires, the employed, and couples living alone. Whereas respondents from Small Shires and Aboriginal and Torres Strait Islander individuals were the only sub-populations to show some improvement in social solidarity score, although these were not significant.

[9] Hawdon, J., Räsänen, P., Oksanen, A. and Ryan, J., 2012. Social solidarity and wellbeing after critical incidents: Three cases of mass shootings. Journal of critical incident analysis, 3(1), pp.2-25.

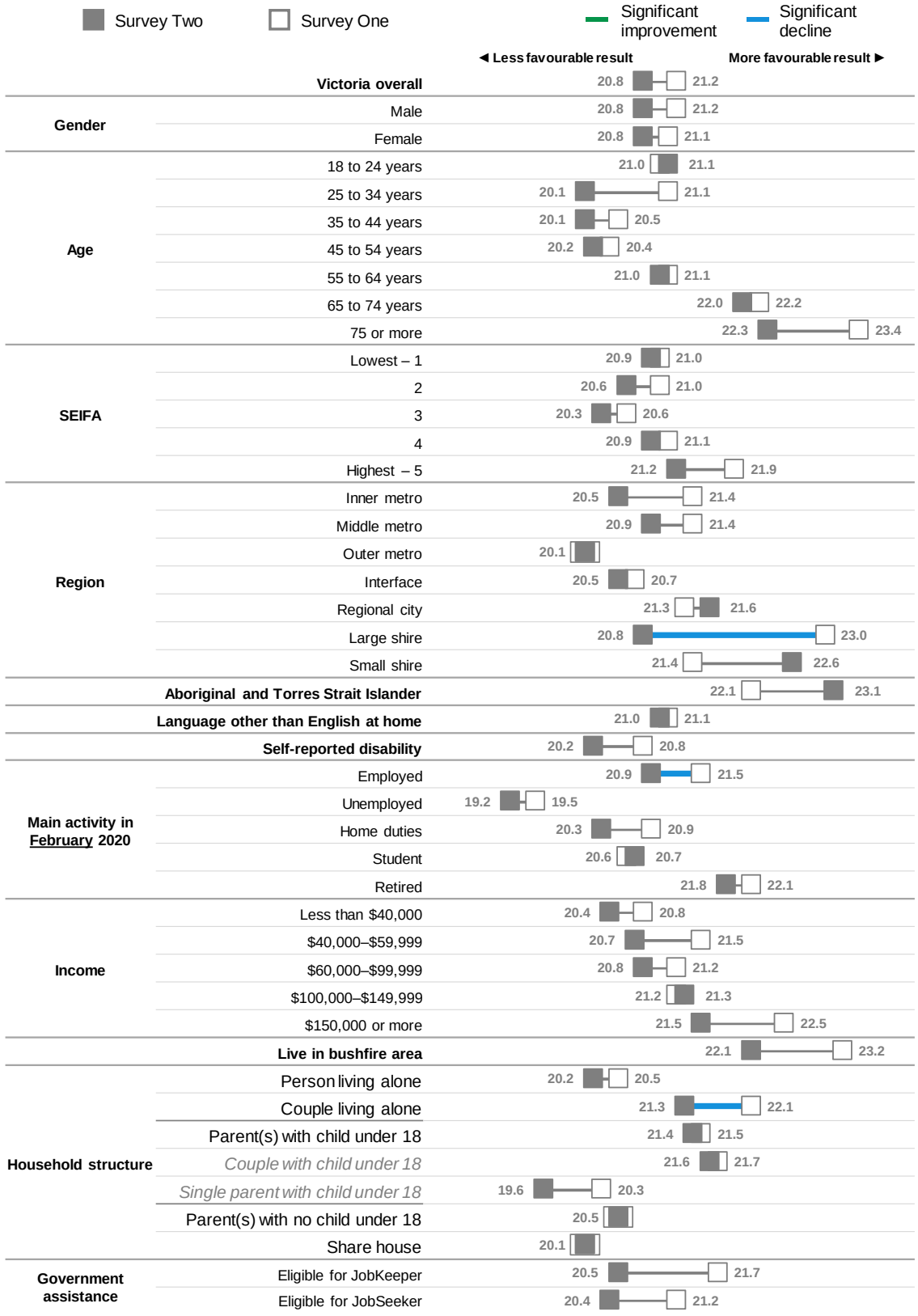
Figure 18 Social solidarity – Victorian and sub-population scores from Survey Two (max. score of 30)



C2 To what extent do you currently agree with the following statements...?
Base: All, excluding those answering Not sure or Prefer not to say – Survey Two (n=1,680).
Note: See Appendix 1 for details on construction of this score.

Figure 19 Social solidarity – comparison of Victorian and sub-population scores from Survey One and Survey Two (max. score of 30)

Note: Responses that are more favourable are on the right. Responses that are less favourable are on the left. Significant improvements between Survey One and Two are indicated by a green bar. Significant declines between Survey One and Two are indicated by a blue bar.



C2 To what extent do you currently agree with the following statements...?
Base: All, excluding those answering Not sure or Prefer not to say – Survey Two (n=1,680), Survey One (n=1,615).
Note: See Appendix 1 for details on construction of this score.

As shown in Table 4, in Survey Two some sub-populations were more likely to agree with certain aspects of social solidarity. In general, older Victorians (aged 65 or older) were more likely to agree with the statements along with retirees, couples living alone and those residing in bushfire affected areas.

Those with a disability were less likely than Victorians overall to report that they trust their neighbours (51%), that the people in their community work together (35%), and that people in their neighbourhood have the same values (31%).

Those who were unemployed in February 2020 were less likely to agree that people work together in their community (25%), and that their neighbours were helping each other (25%).

Table 4 Social solidarity items – sub-populations with significantly different frequencies compared to the overall Victorian frequency (% agree), results from Survey Two

Social solidarity items	Victoria overall	Sub-populations who report this more often		Sub-populations who report this less often	
My neighbourhood is a good place to live	73%	75 years or more	85%	Under $40,000	68%
		65 to 74 years	84%	Eligible for JobSeeker	63%
		$150,000 or more	83%		
		Retirees	81%		
		$100,000–$149,999	80%		
		Couple living alone	79%		
		Parent(s) with child under 18	79%		
I trust my neighbours	58%	75 years or more	74%	Self-reported disability	51%
		65 to 74 years	73%	Share house	47%
		Live in bushfire area	73%		
		Retired	71%		
		$100,000–$149,999	68%		
		Couple living alone	65%		
I am proud to be a member of my community	46%	Small shire	66%		
		65 to 74 years	59%		
		75 years or more	57%		
		$150,000 or more	56%		
		Retired	53%		
		$40,000–$59,999	53%		
		Couple living alone	52%		
People work together to get things done for this community	42%	Live in bushfire area	67%	Self-reported disability	35%
		Small shire	65%	Unemployed	25%
		Parent(s) with child under 18	52%	45 to 54 years	34%
		65 to 74 years	51%		
		SEIFA 2	51%		
		Regional city	50%		
		$100,000–$149,999	50%		
		Employed	45%		
I feel I am part of the community	35%	Live in bushfire area	60%	Share house	25%
		Small shire	56%	Home duties	20%

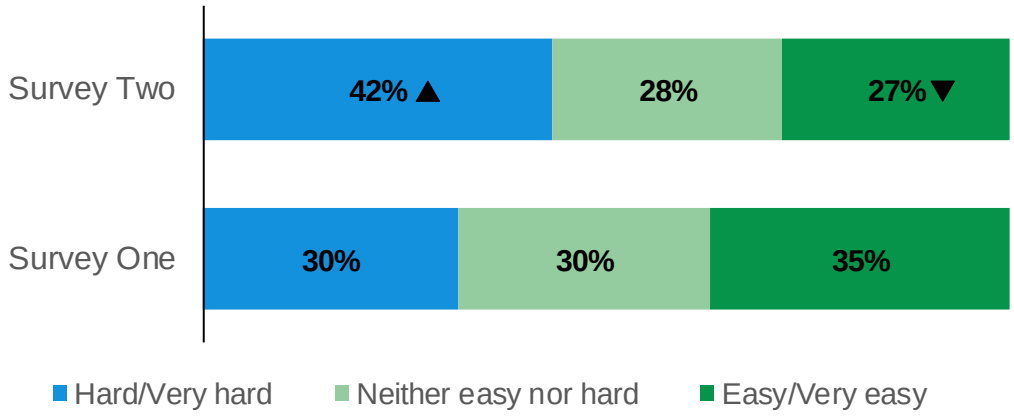
		75 years or more 57%	
		65 to 74 years 48%	
		$150,000 or more 46%	
		Retired 44%	
		Couple living alone 41%	
		Employed 38%	
People in my neighbourhood share the same values	40%	Live in bushfire area 56%	Self-reported disability 31%
		65 to 74 years 53%	
		Parent(s) with child under 18 50%	
		$100,000–$149,999 47%	
		Employed 43%	
My neighbours are helping each other get through the coronavirus restrictions*	36%	Small shire 53%	Unemployed 25%
		65 to 74 years 43%	45 to 54 years 28%
		Retired 43%	Parent(s) with no child under 18 27%
		Live in bushfire area 52%	

C2 To what extent do you currently agree with the following statements…?
Base: All – Survey Two (n=2,000), Survey One (n=2,000).
*Note: Not included in overall social solidarity measure.

3.1.3. Staying connected with friends and family

Results indicate that staying connected with friends and family increased in difficulty in the second pandemic wave compared to the first wave. As shown in Figure 20, two in five (42%) respondents felt that it was 'hard' or 'very hard' to stay connected with friends and family in Survey Two, significantly more than Survey One (30%).

Figure 20 Difficulty of staying connected with friends and family (easy, hard, neither), results from Survey One and Two



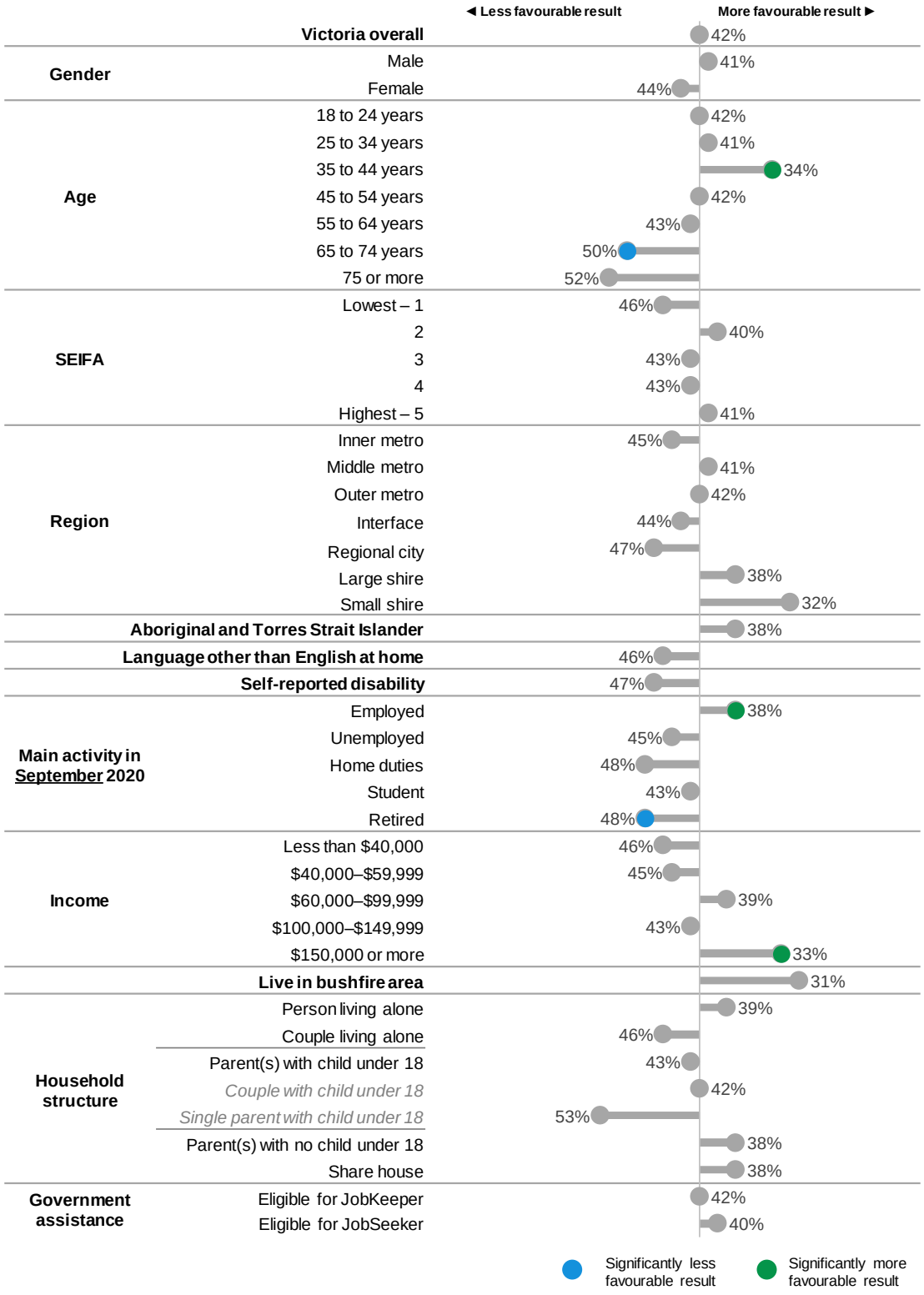
C4W Since the coronavirus restrictions started, how easy has it been to stay connected with family and friends outside your household?
Base: All – Survey Two (n=2,000), Survey One (n=2,000).
Note: Figures do not add to 100% because the following are not shown: Not sure – Survey Two (1%), Survey One (3%); and Prefer not to say – Survey Two (1%), Survey One (2%).
▲▼ Survey Two results significantly different to Survey One results at the 95% confidence level.

In Survey Two, groups that were more likely to find it difficult to stay connected with family or friends outside the home included retirees (49%) and respondents aged 65 to 74 (50%). These results are presented in Figure 21.

As shown in Figure 22, difficulties in maintaining connection with friends and family has become more difficult in the second wave of the pandemic compared to the first for almost all sub-populations, with the exception of Aboriginal and Torres Strait Islander respondents.

Figure 21 Difficulty (hard/very hard) staying connected with friends and family outside of the home – Victorian and sub-population frequencies from Survey Two

Note: Responses that are significantly more favourable than the Victorian overall result are on the right, highlighted in green. Responses that are significantly less favourable than the Victorian overall result are on the left, highlighted in blue.



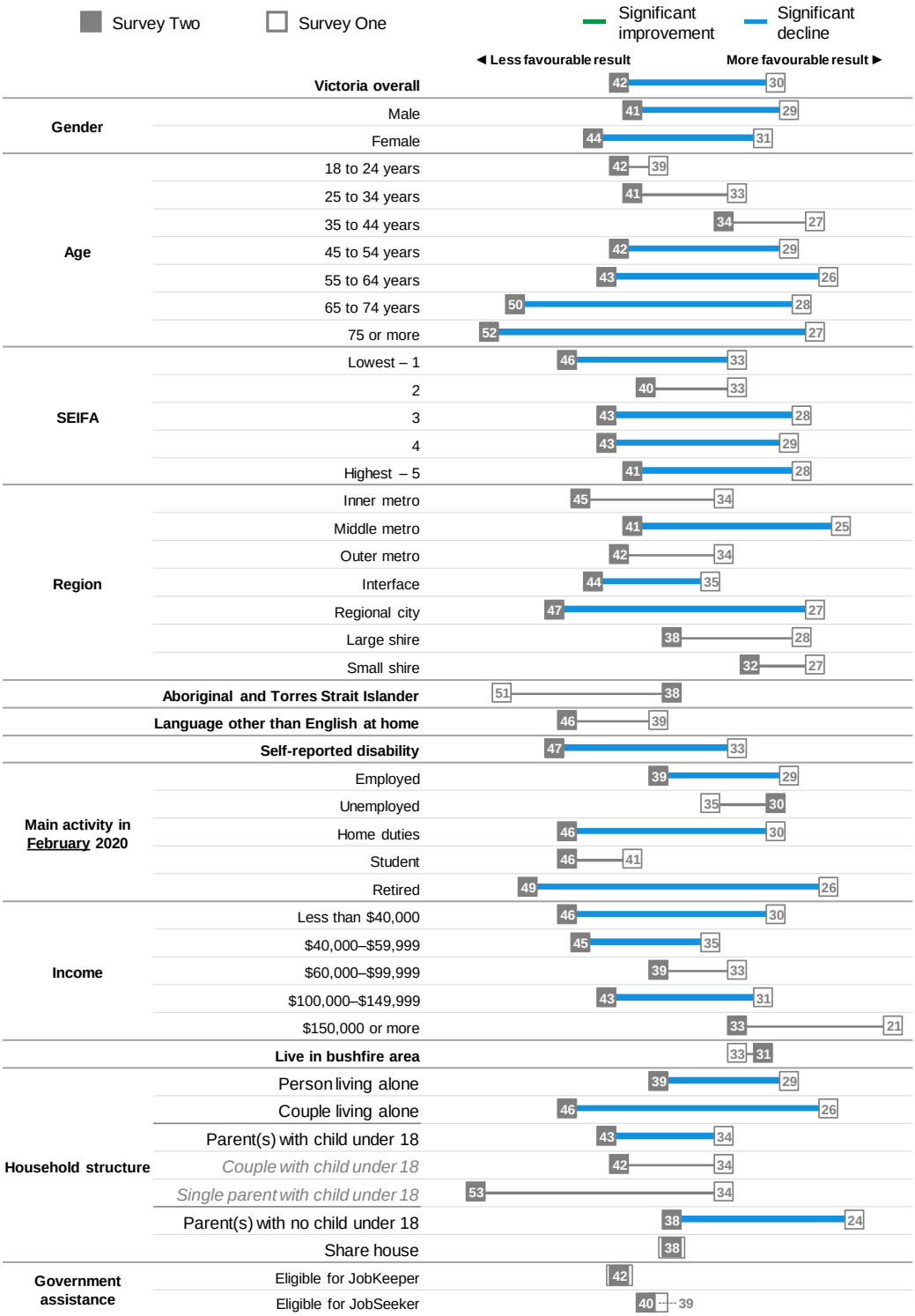
C4W Since the coronavirus restrictions started, how easy has it been to stay connected with family and friends outside your household?

Base: All – Survey Two (n=2,000).

Note: Results for some sub-populations are higher than others and not significantly different to the overall results due to small base sizes.

Figure 22 Difficulty (hard/very hard) staying connected with friends and family outside of the home – comparison of Victorian and sub-population frequencies from Survey One, Survey Two and February 2020

Note: Responses that are more favourable are on the right. Responses that are less favourable are on the left. Significant improvements between Survey One and Two are indicated by a green bar. Significant declines between Survey One and Two are indicated by a blue bar.



C4W Since the coronavirus restrictions started, how easy has it been to stay connected with family and friends outside your household?

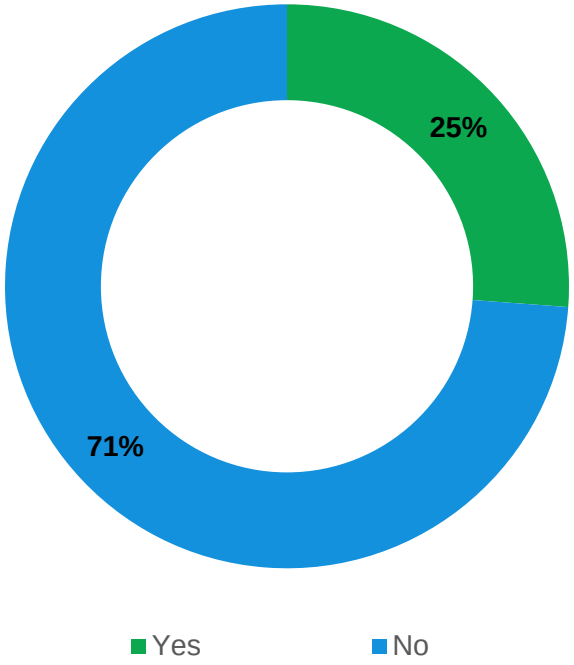
Base: All – Survey Two (n=2,000), Survey One (n=2,000).

3.2. Community groups and clubs

Involvement in community groups has been shown to aid in the recovery of traumatic experiences[10]. As Victoria lifts restrictions, it is important to know what participation is currently present among Victorians to provide insight into which sub-populations could benefit from increased participation.

Figure 23 below shows that one in four (25%) Victorians indicated that they were involved with a community group or club at the time of Survey Two. Due to the timing of the survey and the varying levels of interaction with community groups or clubs during the pandemic, this result may not be completely indicative of those who were involved in groups or clubs in February 2020 before the pandemic and commencement of restrictions. Among those participating in community groups, the average number of groups they were involved in was 1.9.

Figure 23 Proportion of Survey Two respondents involved in community groups and clubs



C6 Are you involved with any community groups?
Base: All – Survey Two (n=2,000).
Note: Figures do not add to 100% because the following are not shown: Not sure (3%) and Prefer not to say (1%)

As shown in Figure 24, several sub-populations have significantly lower involvement in community groups than the rest of the Victorian population, including employed people (22%), those aged 35 to 44 (18%), and those living in a share house (16%).

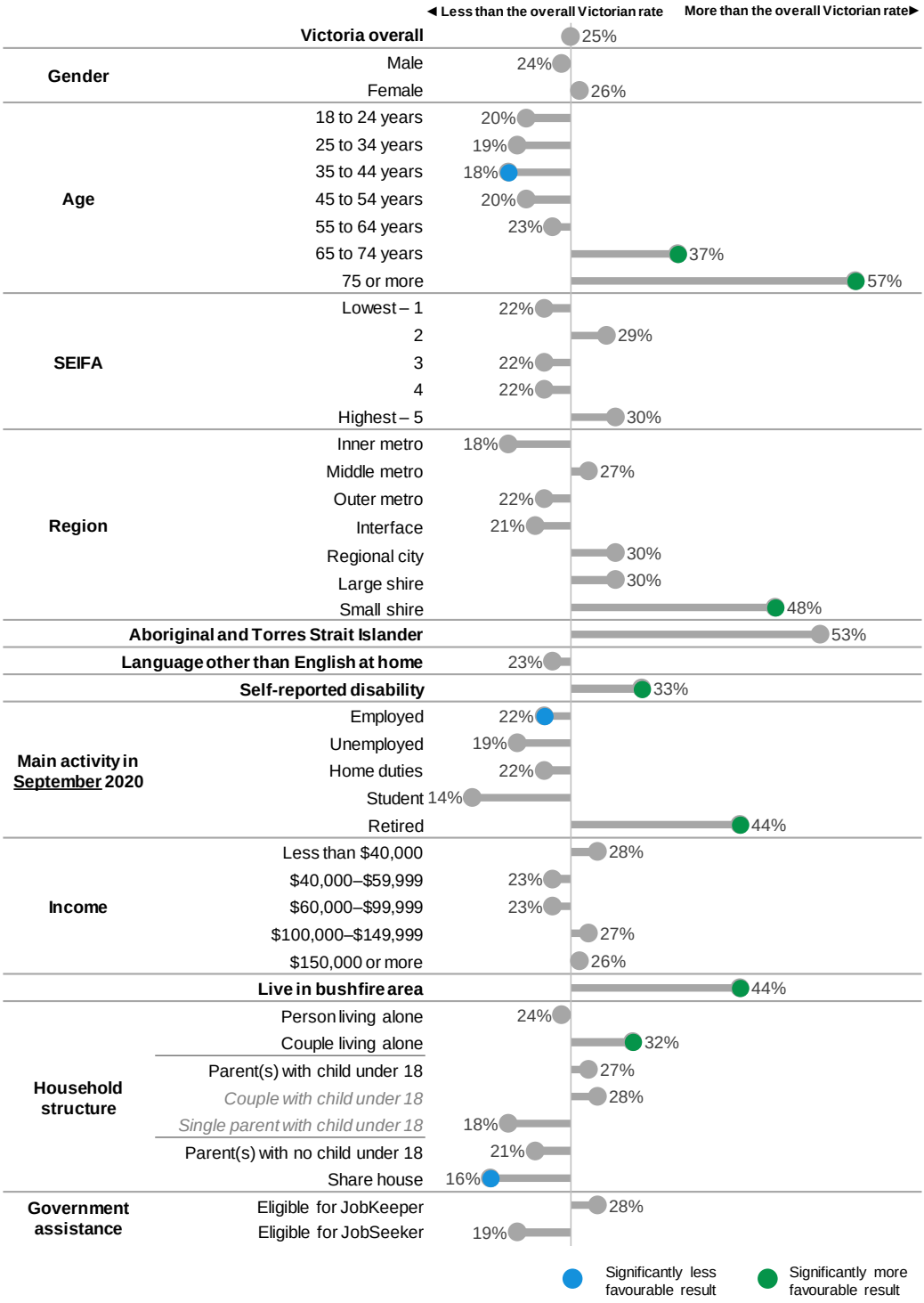
Participation was significantly higher for Victorians aged 65 to 74 (37%) and 75 or older (57%), as well as respondents living in a small shire (48%), who were retired (44%), living in a bushfire affected area (44%),

[10] Gibbs L, Waters E, Bryant R, Pattison P, Lusher D, Harms L, Richardson J, MacDougall C, Block K, Snowdon E, Gallagher H C, Sinnott V, Ireton G, Forbes D. Beyond Bushfires: Community, Resilience and Recovery – A longitudinal mixed method study of the medium to long term impacts of bushfires on mental health and social connectedness. BMC Public Health. 2014; 14:7; 634-643 doi: 10.1177/0004867414534476.

respondents with a disability (33%), for couples living alone (32%) and for Aboriginal and Torres Strait Islanders (53%) (non-significant result due to small sample size).

Figure 24 Percentage of people involved in groups or clubs – Victorian and sub-population frequencies from Survey Two

Note: Responses that are significantly more favourable than the Victorian overall result are on the right, highlighted in green. Responses that are significantly less favourable than the Victorian overall result are on the left, highlighted in blue.

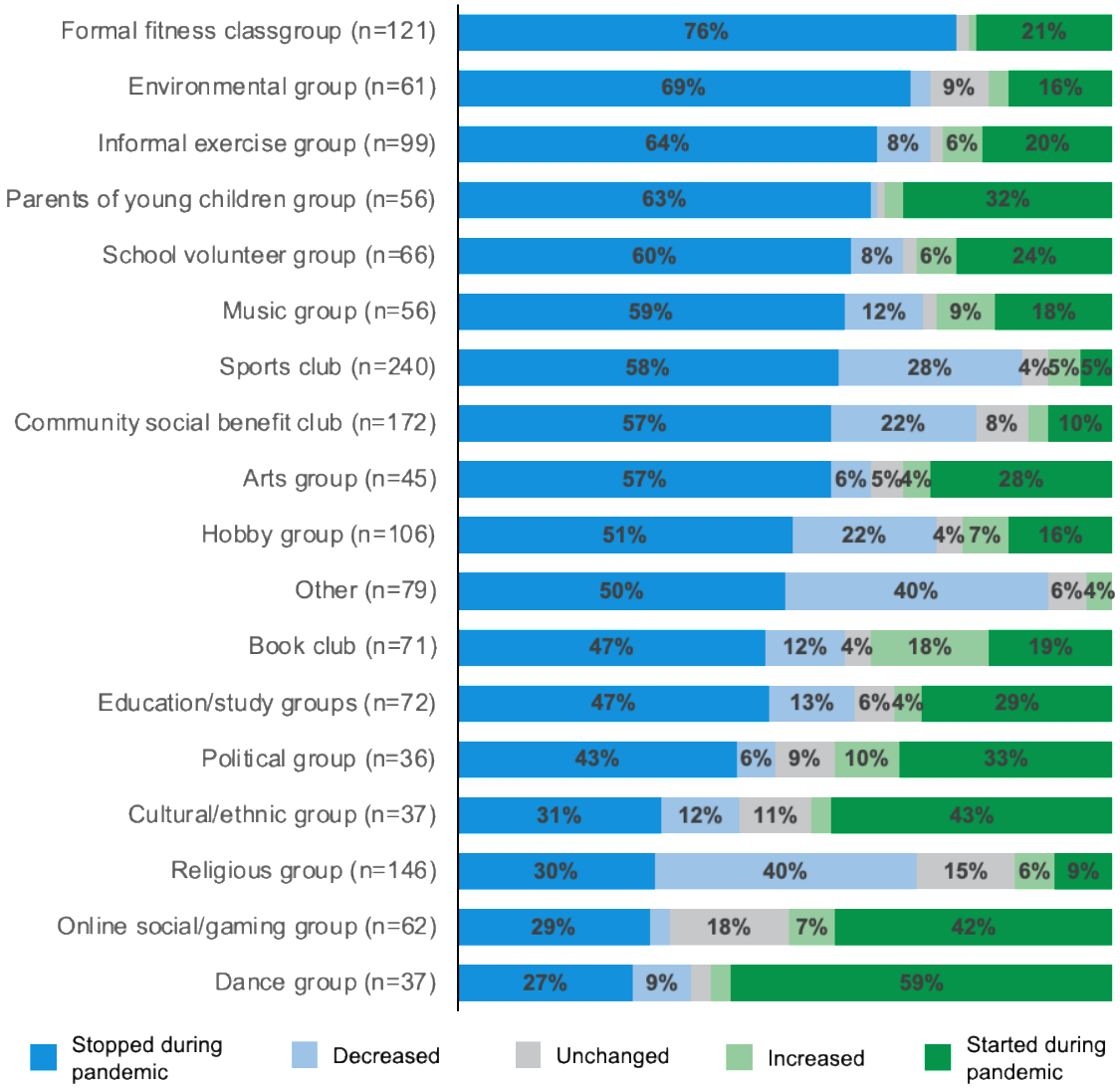


C6 Are you involved with any community groups?
Base: All – Survey Two (n=2,000).
Note: Results for some sub-populations are higher than others and not significantly different to the overall results due to small base sizes.

To assess how involvement in community groups has changed during the pandemic in Victoria, respondents were asked if they were still involved in community groups during the period of coronavirus restrictions and if they had started participating in any new groups or clubs during the period of restrictions. Those still involved in community groups were asked if this participation had increased or decreased. The results for this are shown in Figure 25.

The highest reported decline in involvement was in formal fitness groups; three in four (76%) respondents participating in formal fitness groups had stopped doing this during coronavirus restrictions. However, one in five (21%) started participation in this activity during restrictions; while fewer than one in ten participants maintained their participation in formal fitness groups during restrictions. Large declines were also commonly reported for participation in environmental groups (69%), informal exercise groups (64%), and parenting groups (63%).

Figure 25 Change in involvement in social clubs



C8 Which of the following community groups or committees were you involved in earlier in the year before any coronavirus restrictions began, and which ones are you involved in now, during the current coronavirus restrictions?

C9 How has your level of involvement in the following community groups changed during the current coronavirus restrictions, compared to earlier in the year **before** any coronavirus restrictions began?

Base: Involved in a community group (n=565) – Base sizes for each activity as shown in chart.

Note: Figures do not add to 100% because 'Not sure' figures are not shown. Data labels less than 4% are not shown.

Table 5 details sub-populations with significantly different involvement in groups compared to Victorians overall. Those who were employed were more likely to report increased involvement in community social benefit groups (25%) compared to before any coronavirus restrictions began; whereas retirees were more likely to report decreased participation (33%). Females were more likely to report decreased involvement in sports clubs (74%).

Table 5 Involved in groups or clubs – Sub-populations with significantly different frequencies compared to the overall Victorian frequency, results from Survey Two

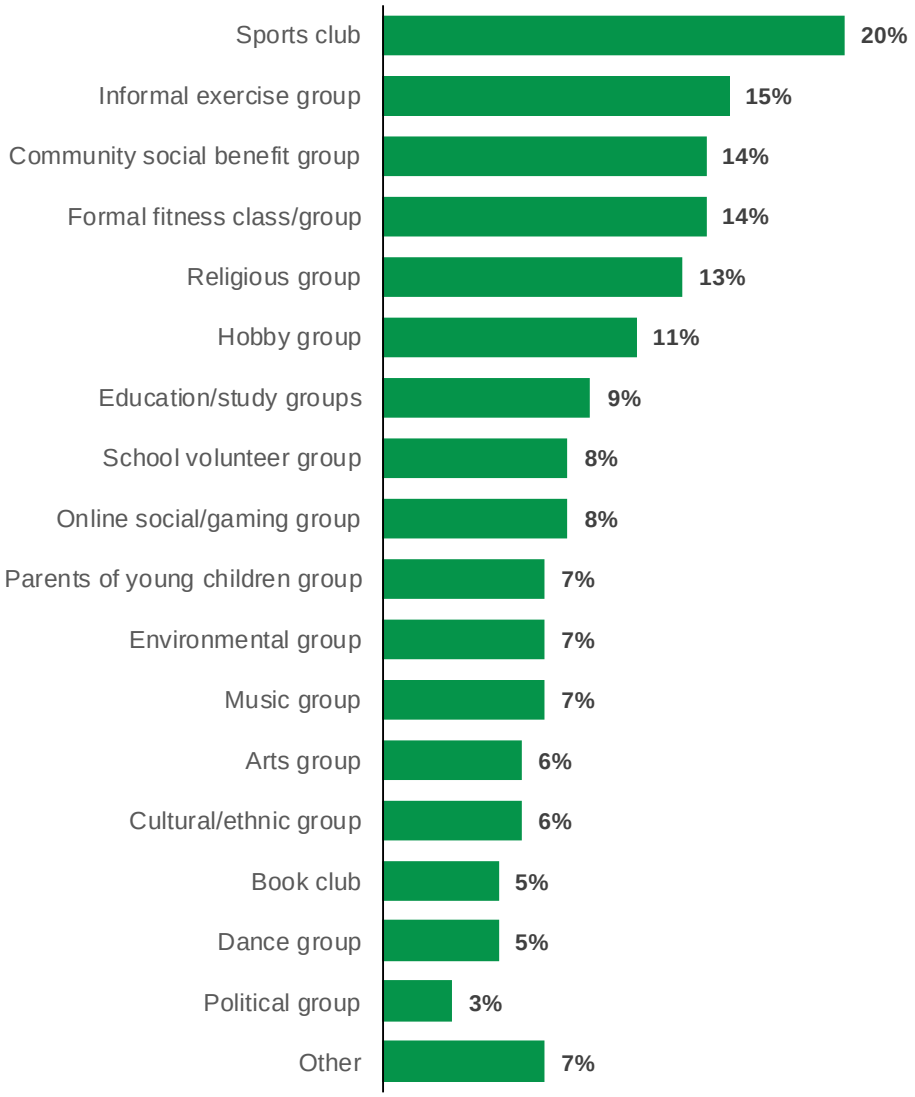
Group or Club	Sub-populations who report significant **increased involvement**		Sub-populations who report significant **decreased involvement**	
Community social benefit group (e.g. charity)	Employed; started during coronavirus restrictions	**25%**	Retired; decreased	**33%**
Sports club			Females; stopped during coronavirus restrictions	**74%**

To gauge the interest in community group participation upon the lifting of restrictions, respondents were asked if they planned to be involved in any of a list of community groups. Of the 2,000 respondents surveyed in Survey Two, more than half (56%) reported that they intended to be involved in a community group or club once coronavirus restrictions were over.

As shown in Figure 26, sports clubs were the most commonly preferred form of community group involvement upon easing of restrictions, with one in five (20%) indicating that they planned to participate in these groups in the future. Community involvement through physical activity was also commonly planned in the form of both formal (14%) and informal (15%) exercise groups.

Community social groups or charities (14%), religious groups (13%), and hobby groups (11%) were also commonly selected as intended post restriction community involvement.

Figure 26 Planned involvement in community groups or clubs after conclusion of restrictions, results from Survey Two



C10 Do you plan to be involved in any of the following once the coronavirus restrictions are over?
Base: All (n=2,000)
Note: Participants could select multiple options

Table 6 shows the differences in planned involvement in community groups or clubs by sub-population.

Table 6 Plan for future involvement in groups or clubs – Sub-populations with significantly different frequencies compared to the overall Victorian frequency, results from Survey Two

Group or Club	Victoria overall	Sub-groups who report this more often		Sub-groups who report this less often	
Plans for <u>any</u> future group or club involvement	**56%**	Inner metro	68%	Person living alone	49%
		75 years or more	67%	45 to 54 years	47%
		18 to 24 years	66%	55 to 64 years	46%
		Children under 18 in household	66%		
		Couple with child under 18	66%		
		Language other than English	63%		
		$100,000 – $149,999	63%		
Sports club	**20%**	18 to 24 years	32%	Under $40,000	15%
		Couple with child under 18	32%	Female	14%
		Eligible for JobKeeper	32%	Person living alone	14%
		Children under 18 in household	30%	Couple living alone	14%
		$100,000 – $149,999	29%	65 to 74 years	13%
		Male	27%	55 to 64 years	12%
		SEIFA 2	26%	SEIFA 1	12%
		Employed	22%		
Informal exercise group	**15%**	Inner metro	27%		
		Live in bushfire area	27%		
		18 to 24 years	25%		
		Language other than English	22%		
		$100,000 – $149,999	20%		
Community social benefit group (e.g. charity)	**14%**	Inner metro	25%	Employed	11%
		Unemployed	23%	SEIFA 4	9%
		SEIFA 5	20%	$60,000 – $99,999	9%
		Eligible for JobKeeper	20%		
		Under $40,000	20%		
		Retired	18%		
Formal fitness class/group	**14%**	Single parent with child under 18	31%	55 to 64 years	9%
		Inner metro	28%		
		18 to 24 years	27%		
		Eligible for JobKeeper	20%		
		$100,000 – $149,999	19%		
		Employed	16%		
Religious group	**13%**	Language other than English	22%	Person living alone	8%
		75 years or more	21%		
		Couple with child under 18	18%		
		Retired	18%		
Education/study groups	**9%**	Student	28%	Couple living alone	6%
		18 to 24 years	26%	Retired	6%
		Inner metro	21%	45 to 54 years	5%
		Eligible for JobSeeker	16%	55 to 64 years	4%
		Language other than English	15%	65 to 74 years	4%
		Couple with child under 18	14%	Large shire	3%
School/ kindergarten/ creche volunteer group	**8%**	Couple with child under 18	22%	Retired	5%
		Live in bushfire affected area	16%	Person living alone	4%
		35 to 44 years	14%	Couple living alone	4%
		Language other than English	14%	$60,000 – $99,999	4%
		Eligible for JobKeeper	14%	55 to 64 years	3%
		$100,000 – $149,999	14%	65 to 74 years	3%
		$150,000 or more	14%		

Online social/ gaming group	**8%**	18 to 24 years	20%	55 to 64 years	4%
		Inner metro	18%	Couple living alone	4%
		Student	17%	Retired	3%
		Eligible for JobSeeker	17%	75 years or more	2%
		Share house	16%		
		Eligible for JobKeeper	15%		
		SEIFA 2	13%		
		Language other than English	13%		
		$100,000 - $149,999	12%		
		Under $40,000	11%		
Parents of young children group/ mothers group	**7%**	Couple with child under 18	20%	Person living alone	3%
		Inner metro	18%	Couple living alone	2%
		25 to 34 years	15%	45 to 54 years	1%
		Eligible for JobKeeper	14%	65 to 74 years	1%
		$150,000 or more	14%	75 or more	1%
		Language other than English	13%	Large shire	1%
		35 to 44 years	12%	Retired	1%
		$100,000 – $149,999	10%		
		Employed	8%		
Environmental group	**7%**	Inner metro	18%	Retired	5%
		Live in bushfire affected area	15%	SEIFA 3	3%
		Language other than English	13%		
		Eligible for JobKeeper	13%		
Music group	**7%**	Inner metro	16%	45 to 54 years	3%
		Unemployed	13%	55 to 64 years	2%
		Language other than English	12%		
Arts group	**6%**	Unemployed	14%	55 to 64 years	3%
		Inner metro	12%	45 to 54 years	2%
		Share house	11%		
		Language other than English	11%		
		Under $40,000	8%		
Cultural/ethnic group	**6%**	Language other than English	17%	Retired	3%
		Unemployed	14%		
		Couple with child under 18	10%		
Book club	**5%**	Small shire	15%	45 to 54 years	2%
		Live in bushfire affected area	14%		
		Single parent with child under 18	13%		
		18 to 24 years	12%		
		Inner metro	11%		
		Eligible for JobKeeper	9%		
		Language other than English	8%		
Dance group	**5%**	Student	13%	Retired	2%
		Inner metro	12%		
		Language other than English	12%		
		Unemployed	12%		
		18 to 24 years	11%		
		SEIFA 2	10%		
Political group	**3%**	Inner metro	8%		
		Eligible for JobKeeper	7%		
		18 to 24 years	6%		

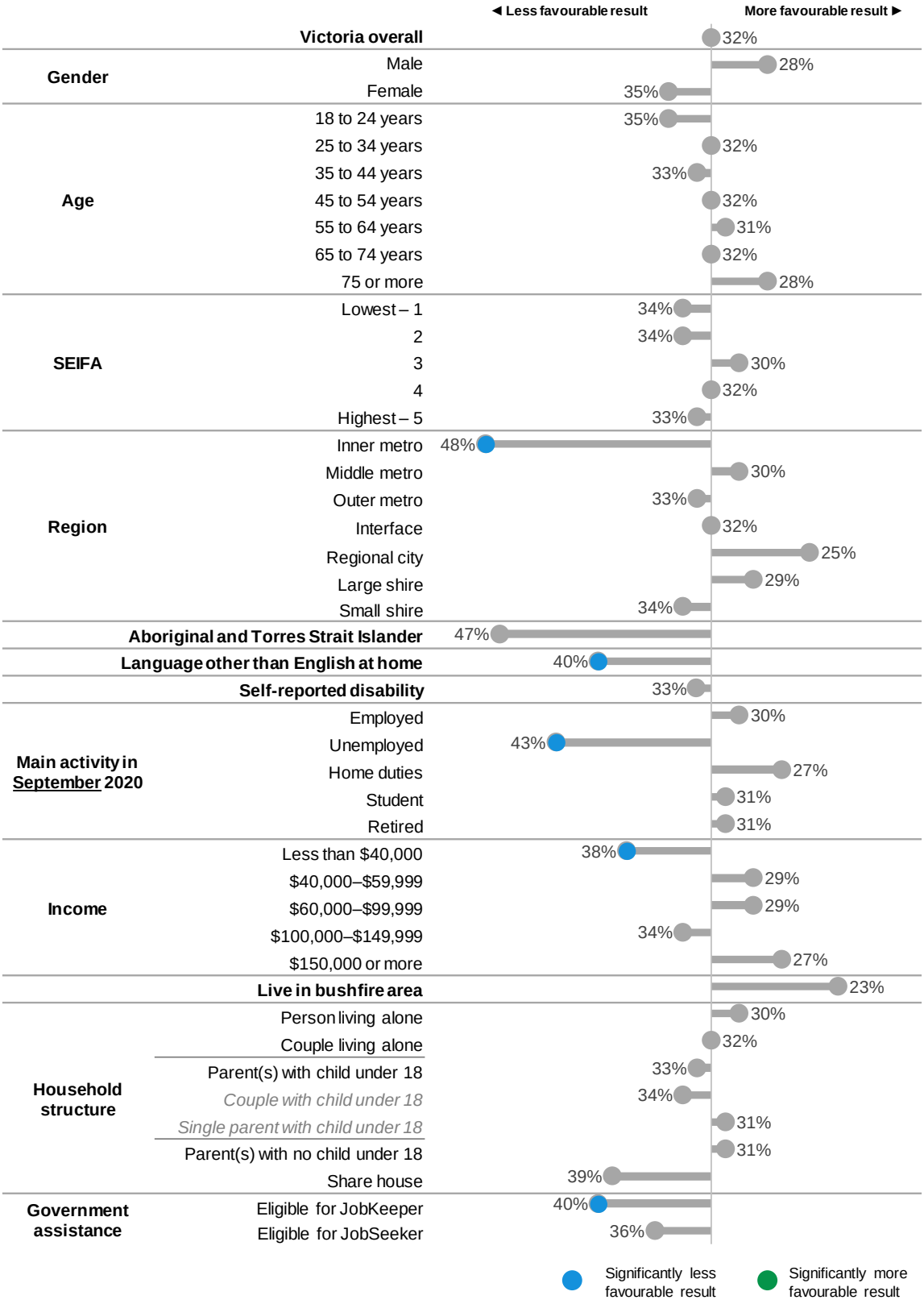
3.3. Concerns about loss of connection

In addition to the abovementioned measures of social connection, in Survey Two a question was also asked if loss of connection was a concern for participants. Participants were asked the level of concern they were feeling about their loss of connection to others outside their household. One in three participants (32%) reported that they were concerned about their loss of connection with those outside their household.

As shown in Figure 27, several sub-populations showed higher levels of concern than others. Significantly higher levels of concern were reported by those living in inner Melbourne (48%), those speaking a language other than English at home (40%), unemployed Victorians (43%), those on an income of less than $40,000 (38%), and those eligible for JobKeeper (40%). Aboriginal and Torres Strait Islanders frequently reported levels of concern about loss of connection (47%), however due to small base sizes this has not shown to be significantly different to Victorians overall.

Figure 27 Percentage of people concerned about their connection to others – Victorian and sub-population frequencies from Survey Two

Note: Responses that are significantly more favourable than the Victorian overall result are on the right, highlighted in green. Responses that are significantly less favourable than the Victorian overall result are on the left, highlighted in blue.



G13 Thinking about how you feel right now, on a scale of 1 to 5, where 1 is very concerned and 5 is not at all concerned, would you say...? I feel concerned about my loss of connection to others outside my household

Base: All – Survey Two (n=2,000).

Note: 'Concerned' includes responses 1 or 2

4. Findings: Physical activity

Frequent physical activity is an important part of maintaining a healthy lifestyle both in terms of physical health and emotional wellbeing. As many recreational facilities were closed due to coronavirus, access to people's preferred physical activity may have been limited in the second wave of the pandemic. Closures impacted many forms of recreational activity, gyms and pools were closed, sporting clubs were restricted from meeting for training, and extended travel for physical activity was not permitted.

Physical activity

Impact on physical activity

- One in three (33%) respondents were sufficiently active by participating in physical activity five or more days a week during the second pandemic wave. This is in line with results recorded in the first wave (32%) and similar to a 2015 comparison survey (30%).
- One in four (25%) respondents reported they were inactive (0–1 day of physical activity per week) during the second wave. This is in line with responses for first wave (27%) and consistent with the 2015 comparison survey (27%).
- Walking was the only type of physical activity that had a significant increase in participation from the first to the second wave, from 73% to 80%.
- Parents reported that their children were commonly doing less physical activity during the second wave. One in two (52%) parents reported their children aged 5 to 11 were doing less physical activity during the second wave, and similar changes were reported for children aged 12 to 17 (47%). One in five (18%) children aged 1 to 4 were doing less physical activity according to their parents.

Factors influencing these changes

- During the second wave, low motivation became a more common reason for doing less physical activity. One in two (51%) cited this as a reason for decreased physical activity, an increase from the 39% during wave one.
- Other reasons for decreased physical activity levels included:
    - having to wear a mask (34%)
    - the one-hour exercise limit (22%)
    - concern about catching coronavirus (22%)
    - nowhere to exercise at home (21%).
- Common reasons for increased levels of physical activity during the second wave included:
    - wanting to improve health (38%)
    - to get out of the house (38%)
    - having more time (34%)
    - I like my local area (20%)
    - I have more flexible work arrangements (20%).

Variation by sub-populations

Impacts of the second pandemic wave on physical activity showed significant variation by sub-populations, as shown in Table 7.

Table 7 Physical activity variation by sub-population

	Survey Two: Significantly more favourable levels than the state result	Survey Two: Significantly less favourable levels than the state result	Significant improvement from Survey One to Survey Two	Significant decline from Survey One to Survey Two
Physically active for 30 minutes, five or more days per week	• Employed • Income of $150,000 or more	• Self-reported disability	• Aged 18 to 24 years	• None
Physically active for 30 minutes, 0 to 1 days per week	• Aged 18 to 24 years • Living in middle metro Melbourne • Employed • Income of $100,000 – $149,999	• Self-reported disability • Retired • Income of less than $40,000	• Living in middle metro Melbourne • Share house	• None

Key Indicator	Survey Two	Survey One	Comparison Survey Result
Active (physically active for at least 30 minutes, 5 or more days each week)	**33%**	32%	30% (2015)†
Inactive (physically active for at least 30 minutes, 0 or 1 days each week)	**25%**	27%	27% (2015)†

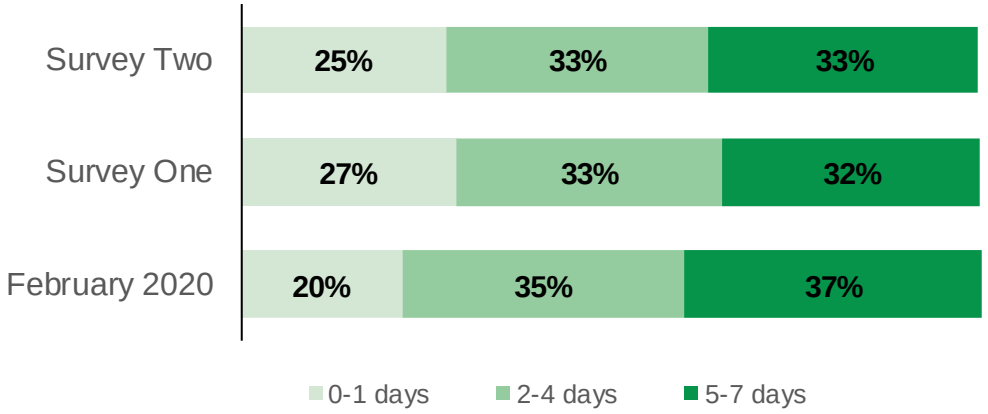
†VHI 2015 – https://www.vichealth.vic.gov.au/media-and-resources/publications/vichealth-indicators-report-2015

Note: The VHI 2015 Inactive and Active results reported in the table above are based on new research[16] and re-analysis of VHI 2015 data using different categories for physical activity levels of at least 30 minutes per day, where 0-1 days = inactive, 2–4 days = somewhat active and 5–7 days = active. The VHI 2015 Selected Findings Report used the categories 0 days per week, 1–3 days per week and 4–7 days per week.

4.1. Frequency of physical activity

As shown in Figure 28, the level of physical activity among Victorians reported in Survey Two was similar to Survey One. The proportion of those doing no physical activity or one day of at least 30 minutes of physical activity per week was 25% in Survey Two, and one in three (33%) were participating in physical activity five or more days a week. In Survey One, respondents were also asked to provide the frequency of their physical activity in February 2020. As this result relies on retrospective recall, significance testing was not conducted; it is provided as a point of reference only.

Figure 28 Number of days of 30 minutes of physical activity, results from Survey One, Survey Two and February 2020



B4 In a usual week during the current coronavirus restrictions, on how many days do you do a total of 30 minutes or more of physical activity, which was enough to raise your breathing rate?
Base: All – Survey Two (n=2,000), Survey One (n=2,000).
Note: Figures do not add to 100% because the following are not shown: Not sure – Survey Two (6%), Survey One (6%); and Prefer not to say – Survey Two (2%), Survey One (2%).

The following figures break down changes in physical activity frequency by sub-populations. Figure 29 and Figure 30 present the proportion participating in at least 30 minutes of physical activity five or more days per week, which is considered as active. Figure 31 and Figure 32 present those participating in at least 30 minutes of physical activity 0–1 day per week, which is considered as being inactive.

Those earning $150,000 or more (48%) and those who were employed in September 2020 (37%) were more likely to participate in at least 30 minutes of physical activity five or more days per week, as shown in Figure 29. The highest rate of physical activity in this category was amongst Aboriginal and Torres Strait Islanders (57%), however due to the small sample size of this group the result is not significant. Those with a disability (22%) were less likely to report this level of activity.

There was a significant increase in the proportion of those aged 18 to 24 years old participating in at least 30 minutes of physical activity five or more days per week, from 29% in Survey One to 40% in Survey Two, as shown in Figure 30.

The results in Figure 32 show there has been a decrease in the proportion of inactive respondents in Survey Two compared with Survey One for some sub-populations. The sub-populations showing significant improvement include those living in middle metro (20% in Survey Two, compared to 29% in the Survey One), and those living in a share house (19% in Survey Two, compared to 31% in Survey One).

Figure 29 30 minutes of physical activity, five or more days per week – Victorian and sub-population frequencies from Survey Two

Note: Responses that are significantly more favourable than the Victorian overall result are on the right, highlighted in green. Responses that are significantly less favourable than the Victorian overall result are on the left, highlighted in blue.

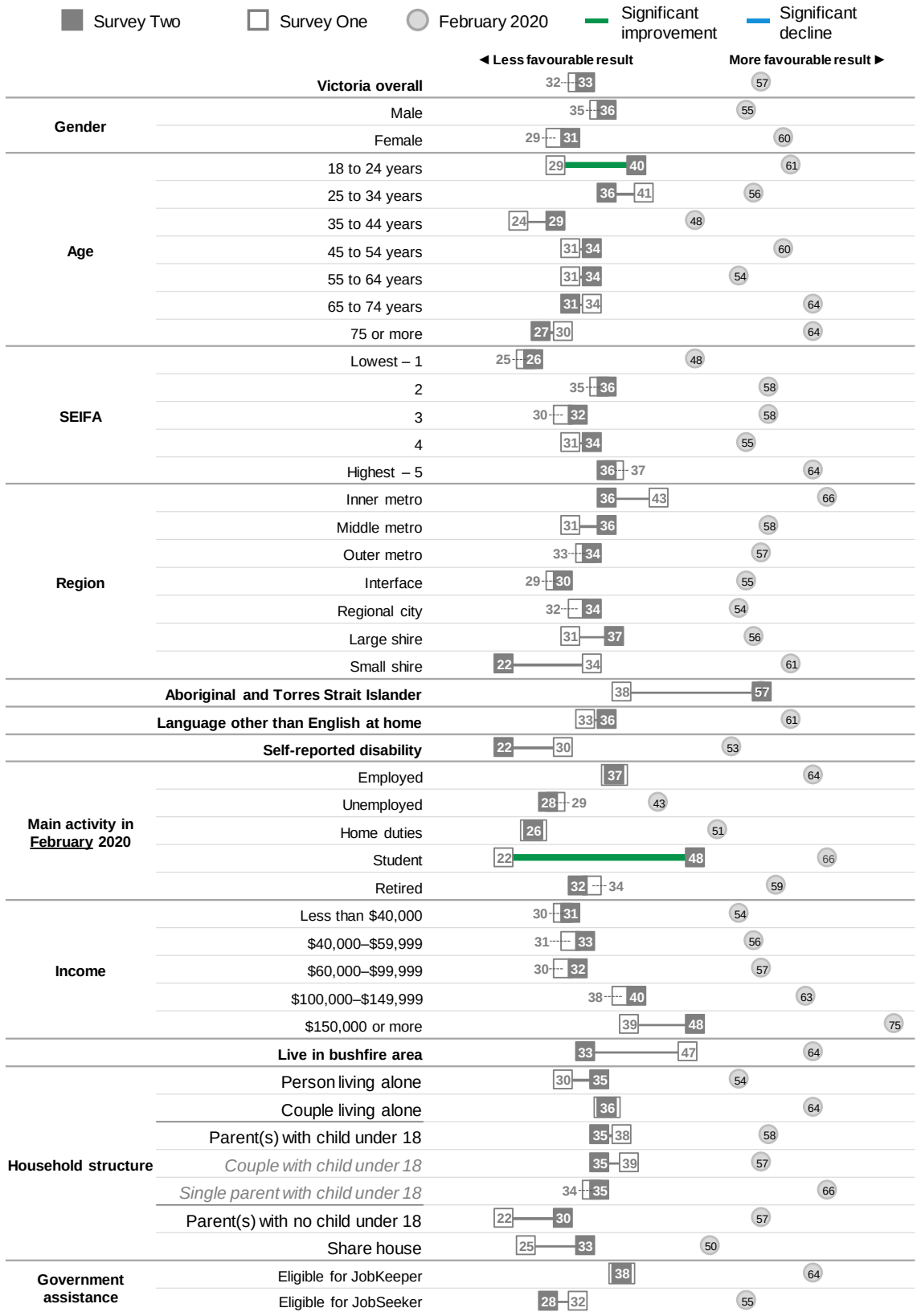
B4. In a usual week during the current coronavirus restrictions, on how many days do you do a total of 30 minutes or more of physical activity, which was enough to raise your breathing rate?

Base: All – Survey Two (n=2,000).

Note: Results for some sub-populations are higher than others and not significantly different to the overall results due to small base sizes.

Figure 30 30 minutes of physical activity, five or more days per week – comparison of Victorian and sub-population frequencies from Survey One, Survey Two and February 2020

Note: Responses that are more favourable are on the right. Responses that are less favourable are on the left. Significant improvements between Survey One and Two are indicated by a green bar. Significant declines between Survey One and Two are indicated by a blue bar.

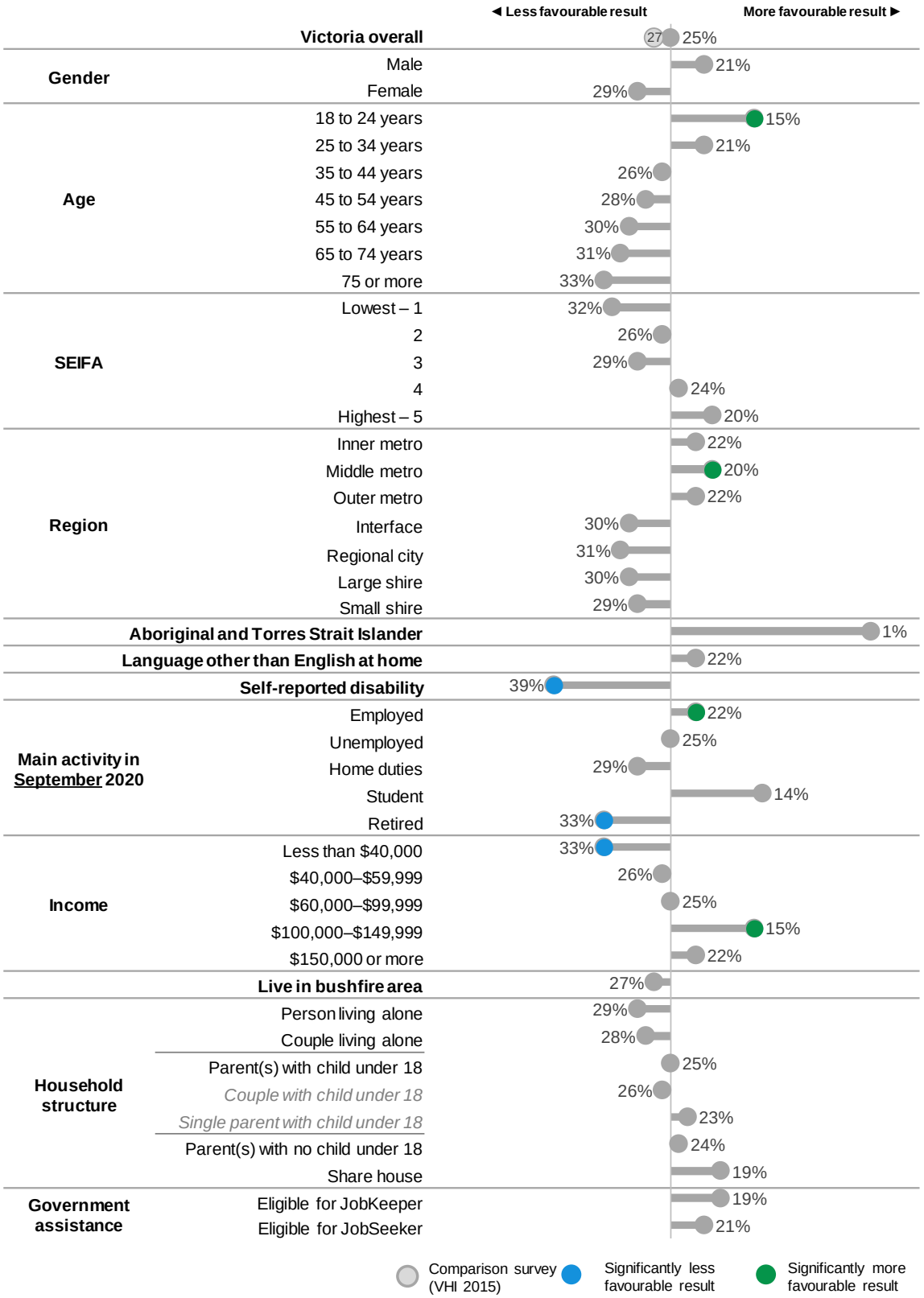


B4. In a usual week during the current coronavirus restrictions, on how many days do you do a total of 30 minutes or more of physical activity, which was enough to raise your breathing rate?

Base: All – Survey Two (n=2,000), Survey One (n=2,000).

Figure 31 30 minutes of physical activity, 0 to 1 days per week – Victorian and sub-population frequencies from Survey Two

Note: Responses that are significantly more favourable than the Victorian overall result are on the right, highlighted in green. Responses that are significantly less favourable than the Victorian overall result are on the left, highlighted in blue.



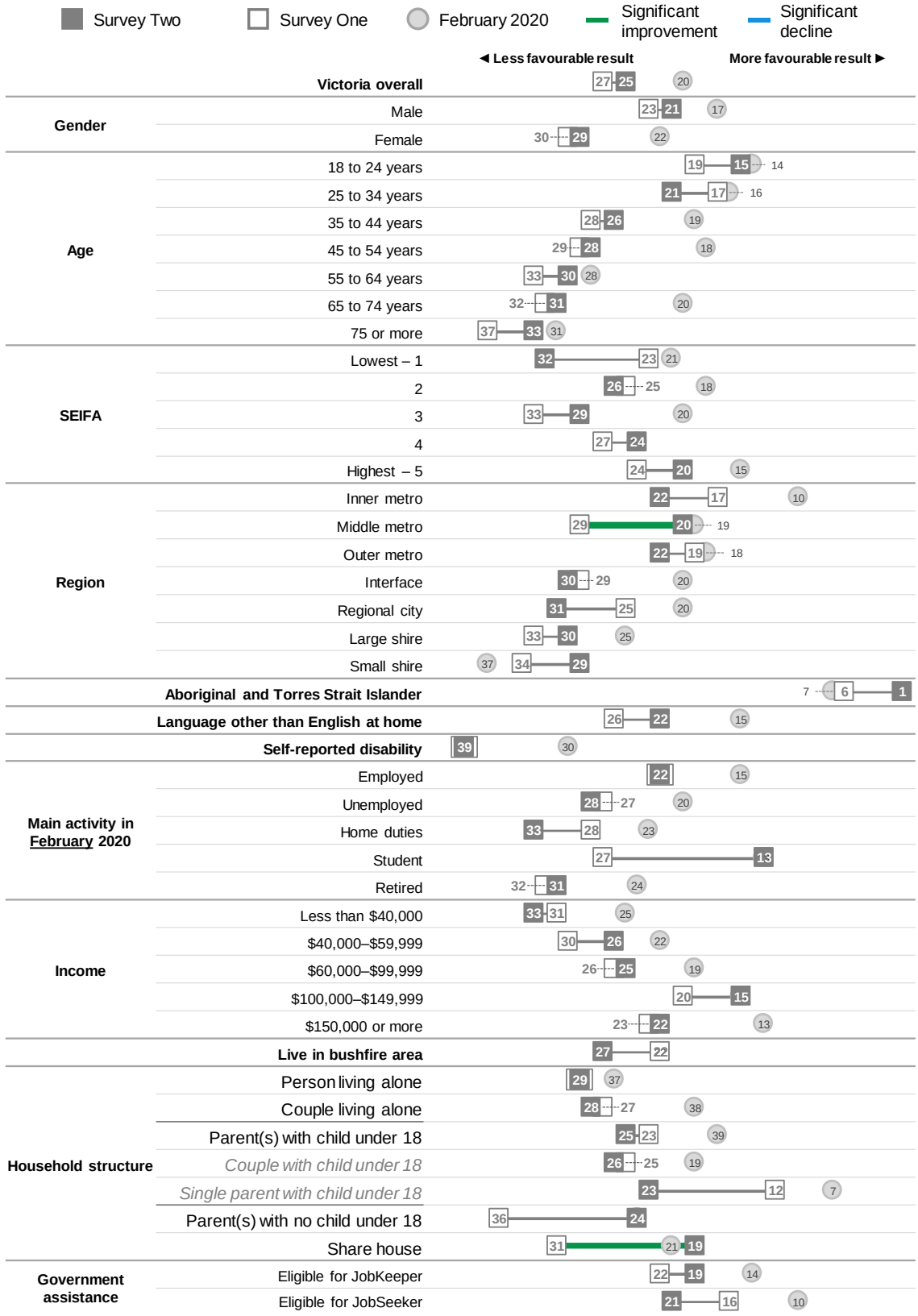
B4. In a usual week during the current coronavirus restrictions, on how many days do you do a total of 30 minutes or more of physical activity, which was enough to raise your breathing rate?

Base: All – Survey Two (n=2,000).

Note: Results for some sub-populations are higher than others and not significantly different to the overall results due to small base sizes.

Figure 32 30 minutes of physical activity, 0 to 1 days per week – comparison of Victorian and sub-population frequencies from Survey One, Survey Two and February 2020

Note: Responses that are more favourable are on the right. Responses that are less favourable are on the left. Significant improvements between Survey One and Two are indicated by a green bar. Significant declines between Survey One and Two are indicated by a blue bar.

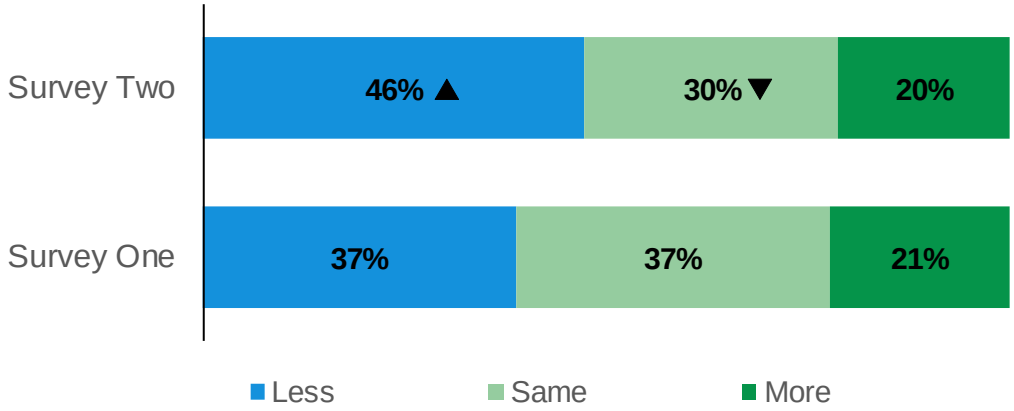


B4a In a usual week during the current coronavirus restrictions, on how many days do you do a total of 30 minutes or more of physical activity, which was enough to raise your breathing rate?

Base: All – Survey Two (n=2,000), Survey One (n=2,000).

Respondents were also asked to provide a subjective assessment of whether they were doing more or less physical activity during the second wave, compared to the period before the pandemic began. Figure 33 shows that, on this subjective measure, one in two (46%) respondents reported in Survey Two that they were doing less activity compared to before the pandemic began. This was significantly higher than the results collected in Survey One.

Figure 33 Change in level of physical activity compared to before the pandemic (more, same, less), results from Survey One and Two



B1 Overall, do you feel you are doing more, less or about the same level of physical activity now – during the current coronavirus restrictions, compared to earlier in the year before any coronavirus restrictions began?
Base: All – Survey Two (n=2,000), Survey One (n=2,000).
Note: Figures do not add to 100% because the following are not shown: Not sure – Survey Two (3%), Survey One (3%); and Prefer not to say – Survey Two (1%), Survey One (1%).
▲▼ Results for Survey Two significantly different to the Survey One at the 95% confidence level.

4.2. Reasons for changes in physical activity levels

To further understand why levels of activity may have changed during the second wave, respondents were asked about the main reasons for doing more or less physical activity. Responses to these questions may help identify the barriers to participation and how increased physical activity can be supported or facilitated. Respondents were able to select multiple responses.

4.2.1. Reasons for decreased physical activity levels

Low motivation was the most commonly reported reason for participating in less physical activity in Survey Two (51%) and Survey One (39%). This is a significant increase between the two surveys.

Several new response options were added to this question between the two surveys to reflect changes in restrictions. These were among the most common reasons selected by respondents:

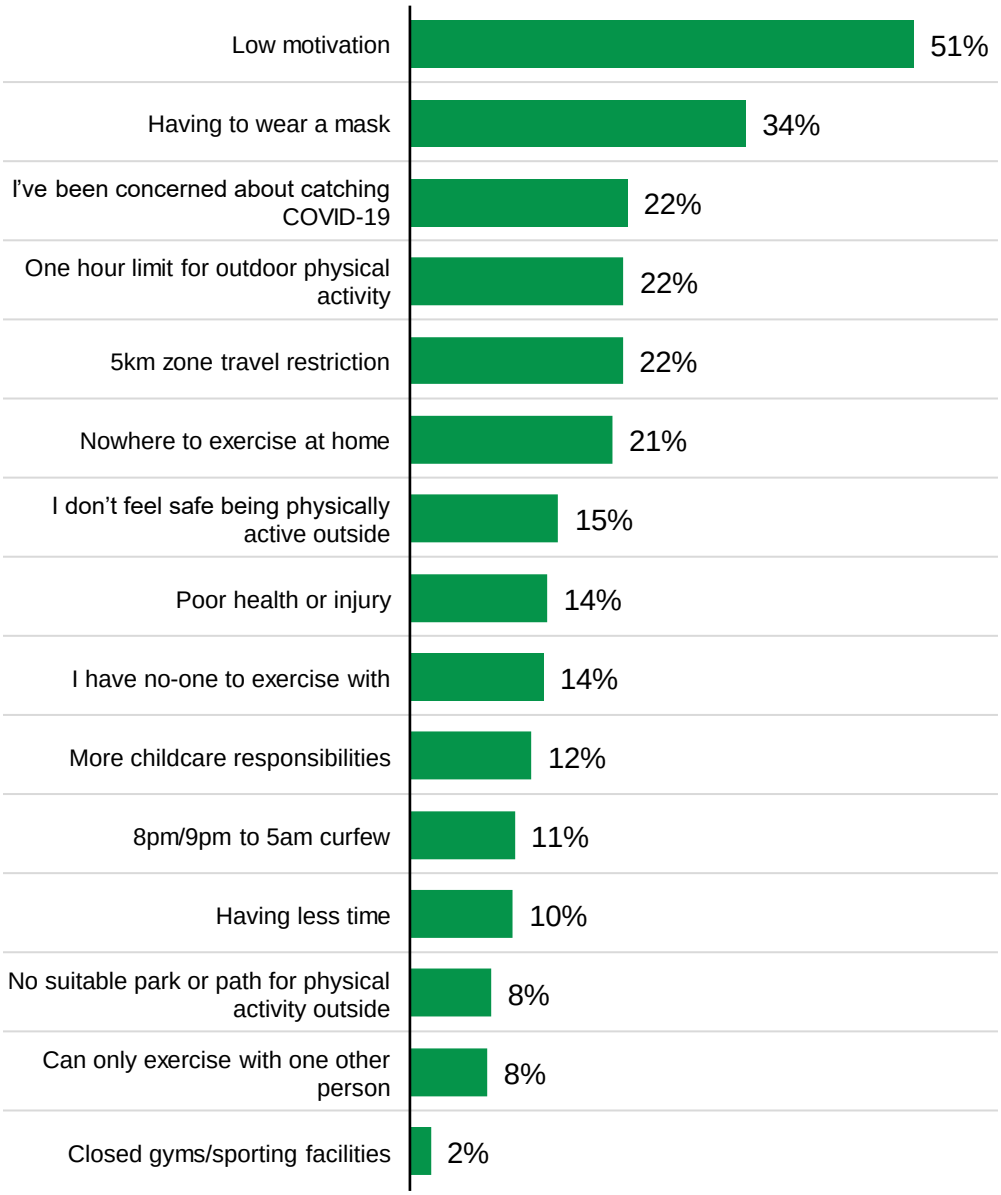
- having to wear a mask (34%)
- the one-hour outdoor physical activity limit (22%)
- the 5km travel zone (22%)
- the 8pm or 9pm curfew (11%)
- limited to exercising with one other person (8%).

These results suggest that many people have had their physical activity levels impacted by the additional restrictions of the second wave, particularly mask wearing, the one-hour restriction on physical activity and the 5km travel restriction (See Figure 34).

Figure 34 shows that not having exercise space at home (21%), not having people to exercise with (14%), and not feeling safe to be physically active outside the home (15%) were also commonly reported barriers to physical activity.

One in five respondents (22%) reported that their concerns about catching coronavirus had caused a decrease in the amount of physical activity they were doing.

Figure 34 Main reason for less physical activity, results from Survey Two



B2 What is the main reason your physical activity level has been less during the coronavirus restrictions?
Base: Doing less physical activity (n=919)
Note: The following are not shown: Not sure – Survey Two (2%); and Prefer not to say – Survey Two (1%). Respondents could select multiple options.

Sub-populations showing significantly different reasons for decreased physical activity, compared with Victoria overall, are presented in Table 8.

Table 8 Reasons for less physical activity, results from Survey Two – sub-population frequencies that are significantly different to the overall Victorian level, results from Survey Two

Reason for less physical activity	Victoria overall	Sub-populations who report this more often		Sub-populations who report this less often	
Low motivation	**51%**	$60,000-$99,999	61%	Male	43%
				Retired	40%
Having to wear a mask	**34%**	SEIFA 4	44%		
I've been concerned about catching coronavirus	**22%**	SEIFA 1	33%		
One hour physical activity limit	**22%**	Inner Metro	35%	Regional City	9%
		SEIFA 5	30%	Retired	15%
		$60,000 – $99,999	29%		
		Employed	25%		
5km zone travel restriction	**22%**	45 to 54 years	31%	65 to 74 years	12%
		Employed	25%	Regional city	2%
		Eligible for JobKeeper	33%	$40,000-$59,999	13%
		$60,000 – $99,999	35%		
Nowhere to exercise at home	**21%**	18 to 24 years	37%	55 to 64 years	11%
		Inner Metro	34%	75 years or more	9%
				Couple living alone	13%
				Retired	13%
Poor health or injury	**14%**	65 to 74 years	29%	25 to 34 years	5%
		75 years or more	33%	35 to 44 years	3%
		Person living alone	22%	Parents, child under 18	5%
		Self-reported disability	48%	Language other than English	4%
		Retired	31%	Employed	7%
		Under $40,000	26%		
I don't feel safe being physically active outside	**15%**	Outer metro	26%	Middle metro	9%
8pm/9pm to 5am curfew	**11%**	25 to 34 years	19%	Retired	5%
		Inner Metro	23%	Under $40,000	6%
		Employed	14%		
		$60,000 – $99,999	19%		
Having less time	**11%**	35 to 44 years	27%	55 to 64 years	5%
		Home duties	26%	65 to 74 years	2%
		Parents, child under 18	21%	75 years or more	<1%
		Employed	15%	Person living alone	4%
		$150,000 or more	21%	Couple living alone	5%
				Self-reported disability	4%
				Retired	2%

No suitable park or path for physical activity outside	**8%**	18 to 24 years	**17%**	Retired	**4%**
		Inner Metro	**27%**		
Closed gyms	**6%**	Retired	**12%**		

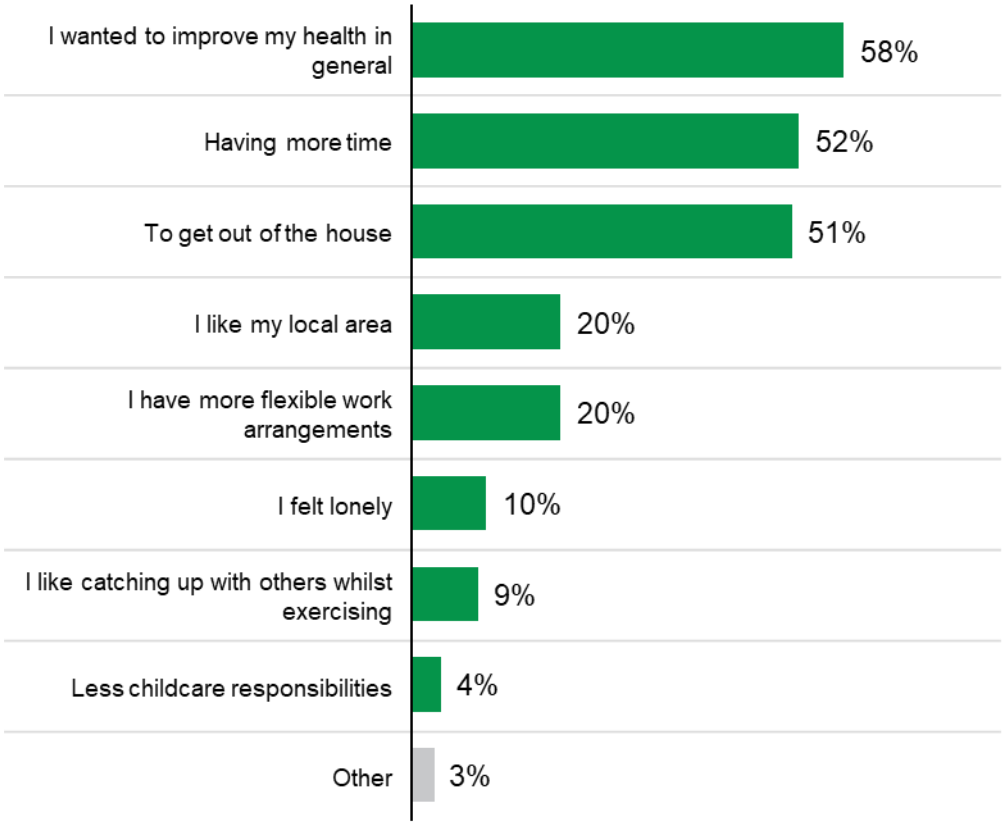
B2 What is the main reason your physical activity level has been less during the coronavirus restrictions?
Base: Doing less physical activity (n=919).
Note: Respondents could select multiple options.

4.2.2. Reasons for increased physical activity levels

The most common reason for increased physical activity reported in Survey Two was to improve health generally (58%), as shown in Figure 35.

Changes in lifestyles due to coronavirus restrictions also appear to have impacted Victorians physical activity patterns. One in two (52%) reported that they had more time in their lives allowing them to increase their participation in physical activity, and to get out of the house (51%). One in five (20%) found that flexible work arrangements facilitated an increase in their physical activity regime.

Figure 35 Main reason for more levels of physical activity, results from Survey Two



B3 What is the main reason your physical activity level has been more (or same) during the coronavirus restrictions?
Base: Doing more physical activity Survey Two (n=392).
Note: The following are not shown: Not sure – Survey Two (2%); and Prefer not to say – Survey Two (0%).
Respondents could select multiple options.

Sub-populations showing significantly different reasons for increased levels of physical activity are presented in Table 9.

Table 9 **Sub-populations with differing main reasons for more physical activity – sub-population frequencies that are significantly different to the overall Victorian level, results from Survey Two**

Reason for more physical activity	Victoria overall	Sub-populations who report this more often		Sub-populations who report this less often	
I wanted to improve my health in general	58%			SEIFA 2	46%
				18 to 24 years	39%
Having more time	52%	$100,000 – $149,999	45%	Person living alone	34%
I have more flexible work arrangements	20%	Employed	33%	Under $40,000	9%
				Retired	4%
I like catching up with others while exercising	9%	18 to 24 years	21%		

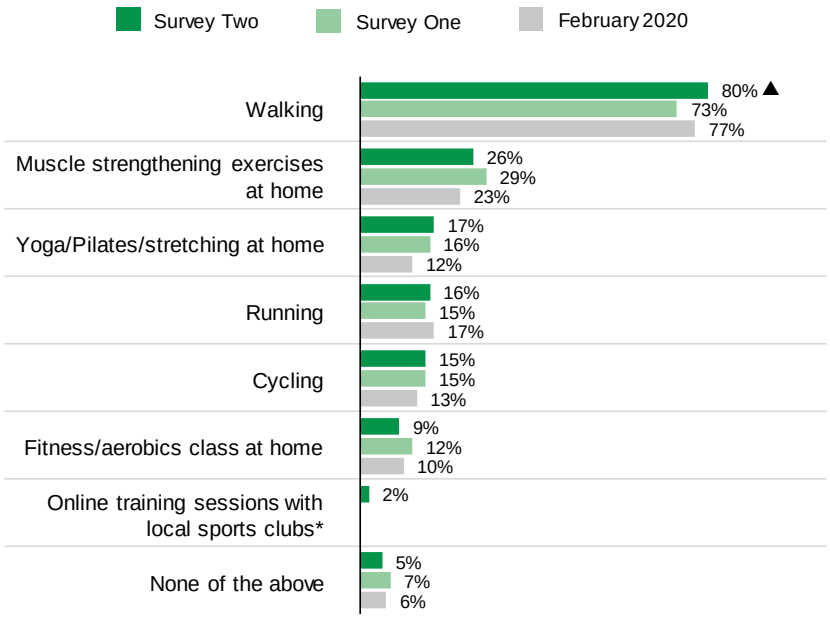
B3 What is the main reason your physical activity level has been more (or same) during the coronavirus restrictions?
Base: Doing more physical activity (n=392).

4.3. Participation in specific activities

Examining changes in the types of physical activities that people are participating in may provide further insight into why some have been able to continue to regularly participate in physical activity, while others have been limited.

Figure 36 shows that among those participating in physical activity at least once a week for 30 minutes, the shifts in the types of activity reported in Survey One and Two have been minor. In Survey One, respondents were also asked if they were participating in these activities during February 2020. As this result relies on retrospective recall, significance testing was not conducted; it is provided as a point of reference only.

Figure 36 **Types of activities and frequency of participation reported in Survey One, Survey Two and February 2020**



B5 Have you done any of the following activities during the current coronavirus restrictions?
Base: Has done some form of physical activity – Survey Two (n=1,540), Survey One (n=1,516), February 2020 (n=1,599).
Note: Figures do not add to 100% because the following are not shown: Not sure – Survey Two (<1%), Survey One (1%), February 2020 (1%); and Prefer not to say – Survey Two (<1%), Survey One (1%), February 2020 (1%).
*New option added to Survey Two.
▲▼ Survey Two results significantly different to Survey One results at the 95% confidence level.

Table 10 shows how different sub-populations have been participating in physical activities in comparison to the Victorian overall level.

Table 10 Sub-populations with differing participation in physical activities – sub-population frequencies that are significantly different to the overall Victorian level, results from Survey Two

Physical activity type	Victoria overall	Sub-populations who report this more often		Sub-populations who report this less often	
Walking	**80%**	55 to 64 years	89%	Unemployed	66%
		$150,000 or more	89%	Eligible for Job Seeker	66%
		Retired	86%		
		SEIFA 5	86%		
Muscle strengthening exercises at home	**26%**	Student	51%	55 to 64 years	19%
		18 to 24 years	42%	$40,000 – $59,999	16%
		Share house	36%		
		Eligible for JobKeeper	36%		
		$100,000 – $149,999	35%		
Running	**16%**	Student	39%	Female	12%
		Inner metro	36%	Couple living alone	10%
		18 to 24 years	33%	45 to 54 years	9%
		25 to 34 years	28%	55 to 64 years	8%
		Eligible for JobKeeper	28%	Self-reported disability	7%
		Eligible for JobSeeker	27%	Large shire	4%
		$150,000 or more	24%	65 to 74 years	2%
		$100,000 - $149,999	24%	75 or more	2%
		Employed	20%	Retired	2%
		Male	22%		
Cycling	**15%**	25 to 34 years	22%	Under $40,000	10%
		Employed	20%	Female	10%
				Retired	9%
				45 to 54 years	9%
				Parent with no child under 18	8%
				65 to 74 years	6%
				Home duties	6%
Yoga/Pilates/ stretching at home	**17%**	Eligible for Job Keeper	30%	Couple living alone	11%
		Inner metro	26%	Male	9%
		25 to 34 years	25%	65 to 74 years	9%
		Parent with child under 18	23%	Retired	8%
		Female	23%	Large shire	6%
		Employed	20%		
Fitness/aerobics class at home	**9%**	Eligible for Job Keeper	20%	Male	6%
		$100,000 – $149,999	18%	Self-reported disability	5%
				Retired	3%
				65 to 74 years	2%
				75 or more	1%

B5 Have you done any of the following activities?
Base: Has done some form of physical activity – Survey Two (n=1,540), Survey One (n=1,516), February 2020 (n=1,599).
Note: Not shown; Prefer not to say (<1%, 1%, 1%), don't know (<1%, 1%, 1%).

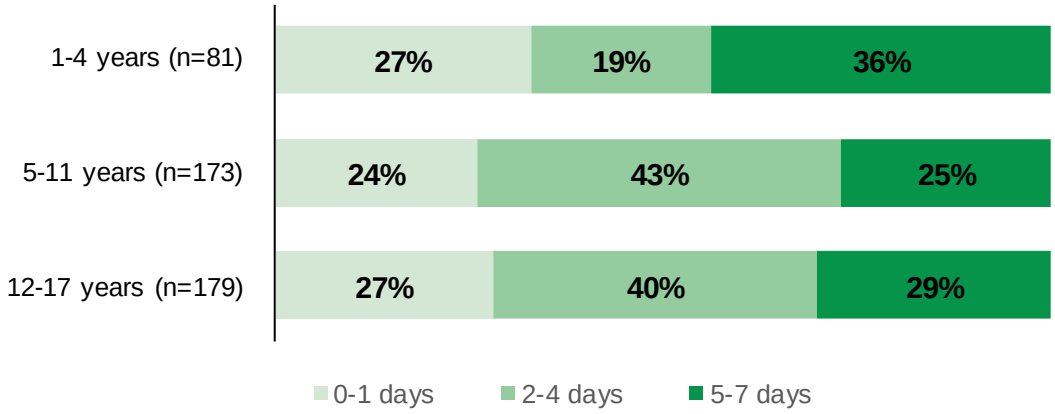
4.4. Frequency of physical activity among children

Childhood participation in physical activity is important in helping to achieve and maintain a healthy weight, develop strong bones and muscles, and support brain development[11]. In Survey Two, parents of children under 18 were asked to report on the physical activity of their child with the next birthday, considering both their child's current participation in physical activity, and an assessment of whether this is more or less than levels prior to coronavirus restrictions. Current guidelines recommend 60 minutes of energetic play for children aged 3 to 5[12] and 60 minutes of moderate to vigorous physical activity for children aged 5 to 17[13]. For children aged 1 to 2 years of age, guidelines recommend at least 180 minutes a day of a variety of physical activities including energetic play[13], therefore the results presented for this age group should not be interpreted as indicative of guidelines being met.

Figure 37 shows the level of physical activity for children reported in Survey Two. Across all age groups, approximately one in four parents reported their children did no physical activity or 60 minutes of physical activity one day per week during the second wave.

One in three children aged 1 to 4 (36%) were reported to participate in 60 minutes of physical activity 5 or more days per week in Survey Two. One in four children aged 5 to 11 (25%) and 12 to 17 (29%) were reported to participate in at least 60 minutes of physical activity on 5 or more days per week.

Figure 37 Levels of physical activity for children reported in Survey Two – days exercised



G19 During the current coronavirus restrictions, in a usual week, on how many days does your child do a total of one hour or more of physical activity, which was enough to raise their breathing rate?

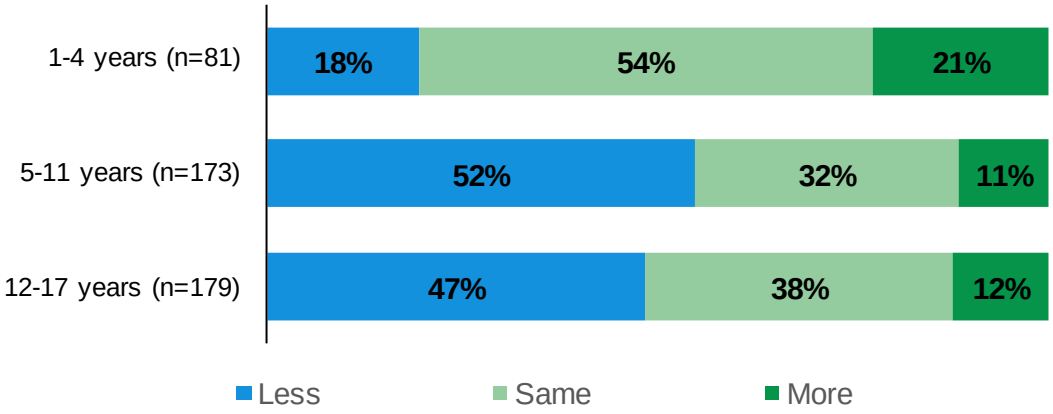
Base: Parents of children under 18 years in household – Survey Two (n=433). Excludes parents of children aged 0 years old (n=5), 18 years old (n=10) and excludes those who selected Prefer not to say to child's age (n=16). Breakdown of base sizes by age of child/children are shown in chart.

Note: Figures do not add to 100% because the following are not shown: Not sure – child age 1 to 4 (13%), child age 5 to 11 (6%), child age 12 to 17 (4%); and Prefer not to say – child age 1 to 4 (1%), child age 5 to 11 (<1%), child age 12 to 17 (1%).

Parents were also asked if their child's participation in physical activity was more, less or the same as earlier in the year before pandemic restrictions began. As shown in Figure 38, around half of parents of children aged 5 to 11 (52%) and aged 12 to 17 (47%) reported that their children did less physical activity. While only one in five (18%) parents of children aged 1 to 4 reported reduced physical activity.

[11] https://www1.health.gov.au/internet/main/publishing.nsf/Content/phy-activity
[12] https://www1.health.gov.au/internet/main/publishing.nsf/Content/ti-0-5years
[13] https://www1.health.gov.au/internet/main/publishing.nsf/Content/health-24-hours-phys-act-guidelines

Figure 38 Change in levels of physical activity for children (more, same, less), results from Survey Two



G19a And would you say this is more, less or about the same as earlier in the year before any coronavirus restrictions began?
Base: Parents of children under 18 years in household – Survey Two (n=433). Excludes parents of children aged 0 years old (n=5), 18 years old (n=10) and excludes those who selected Prefer not to say to child's age (n=16). Breakdown of base sizes by age of child/children are shown in chart.
Note: Figures do not add to 100% because the following are not shown: Not sure – child age 1 to 4 (7%), child age 5 to 11 (4%), child age 12 to 17 (2%); and Prefer not to say – child age 1 to 4 (<1%), child age 5 to 11 (1%), child age 12 to 17 (1%).

5. Findings: Healthy eating

5.1. Food behaviours

The pandemic restrictions had implications for Victoria's food system. Food supply issues, limits on the purchasing of certain food products, and restrictions on the services provided by cafes and restaurants to takeaway only, impacted on Victorians food behaviours and food access in a variety of ways.

This section explores how these changes impacted Victorians' food behaviours and food access during the second wave of the pandemic, and compares this to findings from the first wave and February 2020.

Healthy eating

Impact on healthy eating

- On average, respondents were eating similar amounts of vegetables – 2.6 serves per day during the second wave compared to 2.5 serves per day during the first wave.
- 29% of respondents reported drinking sugar sweetened beverages daily – this is similar to the first wave result of 32%.
- One in three respondents (36%) reported eating take-away foods less frequently during the second wave in comparison to the period before the pandemic.
- 12% of respondents reported worrying about having enough money to buy food during the second wave. This is significantly lower than the 17% who reported experiencing this during the first wave. Results are closer to levels reported for February 2020 of 9%.
- 18% of respondents reported relying on a restricted range of low-cost unhealthy food because of financial concerns during the second wave compared to 23% during the first wave. 5% of respondents ran out of food and couldn't afford to buy more during the second wave – this is lower than the first wave result of 7%.
- One in four (28%) of 12-17 year olds consumed sugar sweetened beverages daily. For 1-4 year olds, it was 13% and for 5-11 year olds,18%.
- One in four school aged children were consuming less takeaway food (5-11 years, 26%; 12-17 years, 23%), however, 32% of 5-11 year olds were consuming more snack foods.

Factors influencing changes in food consumption behaviours

- Two in three (66%) respondents who ate more vegetables during the second wave reported it was because they were cooking more, and for one in three it was because they had more time (36%) or they wanted to look after their health more than before (34%). Reasons for decreased consumption of vegetables included preference for preparation of other food (30%), and one in five reported they were too expensive (23%) or they couldn't get the vegetables they usually buy (21%).
- The most common reasons for increased sugar sweetened beverage consumption during the second wave in comparison to the period before the pandemic were enjoyment (40%), boredom (39%) and to treat oneself (24%). Common reasons for decreased consumption included

awareness of sugar sweetened beverages being unhealthy (64%) and that these beverages are not kept at home (37%).

- Reasons for increased takeaway food consumption during the second wave were convenience compared to home cooking (44%), ease of purchase (42%), wanting a treat (41%), and using takeaway meals as something to break up the week (39%). Common reasons for decreased takeaway food consumption were concern for health impacts (41%), more time for cooking (37%), and cost (28%).

Variation by sub-populations

Impacts of the second wave on healthy eating showed significant variation by sub-population, as shown in Table 11.

Table 11 Healthy eating variation by sub-population

	Survey Two: Significantly more favourable levels than the state result	Survey Two: Significantly less favourable levels than the state result	Significant improvement from Survey One to Survey Two	Significant decline from Survey One to Survey Two
Eating five or more serves of vegetables per day	• Aged 75 or more • Retired	• Speak a language other than English at home	• Living in interface region	• None
Daily consumption of sugar sweetened beverages	• Female • Aged 65 to 74 years • Retired	• Male • Aged 18 to 24 years • Living in regional city • Employed • Single parent with child under 18	• Aged 18 to 24 years • Speak a language other than English at home • Income of $40,000 – $59,999 • Share house	• None
Takeaway food consumption 3 or more times per week	• Aged 35 to 44 years • Aged 65 to 74 years • Retired	• Aged 18 to 24 years • Aged 25 to 34 years • Living in inner metro Melbourne • Employed • Live in bushfire area • Eligible for JobKeeper	• Aged 35 to 44 years • Living in outer metro Melbourne • Speak a language other than English at home • Self-reported disability	• None
Relied on restricted range of low-cost unhealthy food	• Aged 45 to 54 years • Aged 55 to 64 years • Aged 65 to 74 years • Aged 75 or more • Living in middle metro Melbourne • Living in large shire • Retired • Income of $60,000 - $99,999 • Couple living alone	• Aged 18 to 24 years • Aged 25 to 34 years • Living in inner metro Melbourne • Unemployed • Income of $40,000 – $59,999 • Live in bushfire area • Eligible for JobKeeper • Eligible for JobSeeker	• Male • Aged 18 to 24 years • SEIFA 5 • Living in interface region • Speak a language other than English at home • Income of $60,000 – $99,999 • Parent(s) with child under 18	• None
Ran out of food	• Retired	• Aged 18 to 24 years • Self-reported disability • Unemployed	• Female • Aged 25 to 34 years • SEIFA 2	• None

		• Income less than $40,000 • Living in bushfire area • Eligible for JobSeeker	• Living in outer metro Melbourne • Speak a language other than English at home • Self-reported disability • Income of $40,000 – $59,999 • Income of $60,000 – $99,999 • Parent(s) with child under 18 • Single parent with child under 18 • Eligible for JobKeeper	

Key Indicator	Survey Two	Survey One	Comparison survey result
Daily vegetable serves (average serves per day)	**2.6**	2.5	2.2 (2017)^
Daily vegetable serves (eating 5 or more serves per day)	**9%**	8%	6.4% (2017)^
Sugar sweetened beverages frequency (consume daily)	**29%**	32%	10.1% (2017)^
Takeaway foods frequency (more than twice a week)	**4%**	4%	10% (2015)†
Restricted range of low-cost unhealthy food (% yes)	**18%▼**	23%	
Ran out of food (% yes)	**5%**	7%	4% (2014)*

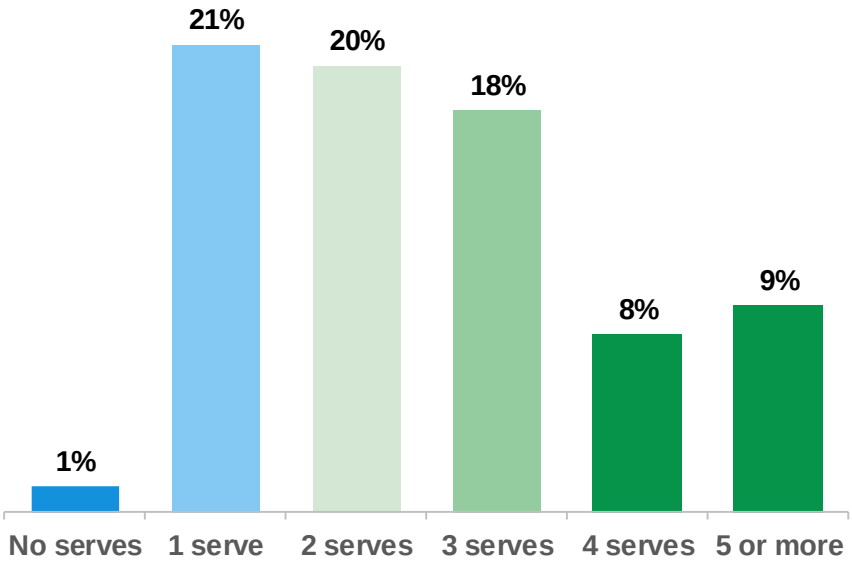
Note: ▼Survey Two results significantly lower / more favourable than Survey One results.
^VPHS 2017 – www2.health.vic.gov.au/public-health/population-health-systems/health-status-of-victorians/survey-data-and-reports/victorian-population-health-survey/victorian-population-health-survey-2017
†VHI 2015 – www.vichealth.vic.gov.au/media-and-resources/publications/vichealth-indicators-report-2015
*VPHS 2014 – www2.health.vic.gov.au/public-health/population-health-systems/health-status-of-victorians/survey-data-and-reports/victorian-population-health-survey/victorian-population-health-survey-2014

5.1.1. Vegetable consumption

Vegetable consumption is a proxy indicator for healthy food intake. The recommended daily serves of vegetables is at least five serves[14]. For our analysis, we have grouped those who are eating five or more serves of vegetables together. As shown in Figure 39, during the second wave, one in ten respondents (9%) were eating five or more serves of vegetables each day. One in five (21%) were eating one or fewer serves of vegetables each day. On average, respondents were eating 2.6 serves of vegetables a day.

[14] National Health and Medical Research Council (NHMRC) 2013, Dietary guidelines for Australian adults, NHMRC, Canberra.

Figure 39 Frequency of vegetable serves consumed each day, results from Survey Two



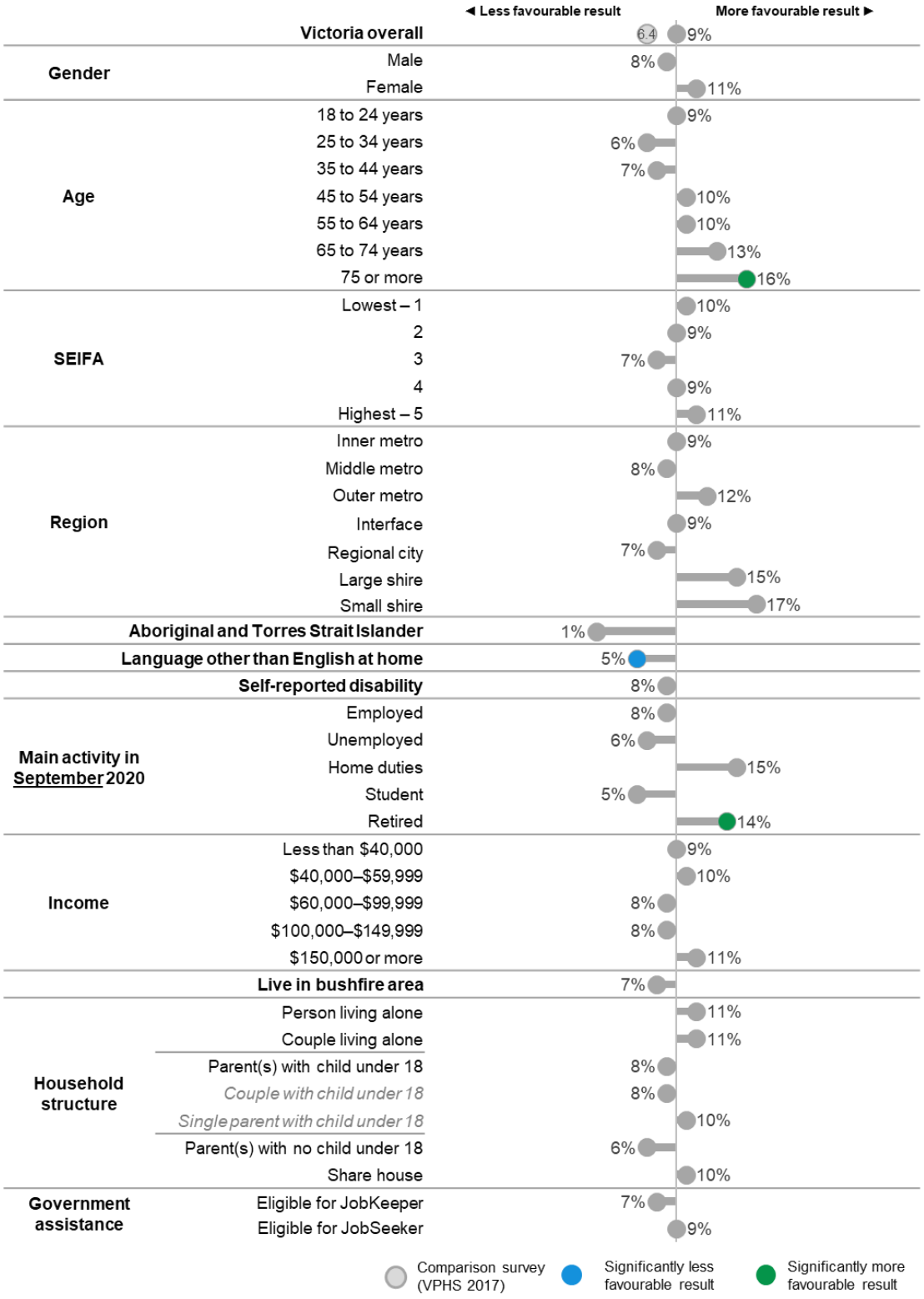
D1 During the current coronavirus restrictions, how many serves of vegetables are you usually eating each day?
Base: All – Survey Two (n=2,000).
Note: Figures do not add to 100% because the following are not shown: Not sure – Survey Two (19%); and Prefer not to say – Survey Two (3%).

Figure 40 compares sub-population consumption of 5 or more serves of vegetables to Victoria overall. Vegetable consumption of 5 or more serves was significantly higher for respondents aged 75 years and over (16%) and those who had retired (14%) compared to other groups. Those who speak a language other than English at home (5%) and those unemployed (2%) were significantly less likely to be consuming five or more serves of vegetables each day.

Figure 41 shows average number of serves of vegetables per day for sub-populations and Victoria overall. People who speak a language other than English at home (2.2 serves) and unemployed (1.7 serves) were also significantly more likely to consume less vegetables each day.

Figure 40 Consumption of 5 or more serves of vegetables per day – Victorian and sub-population frequencies from Survey Two

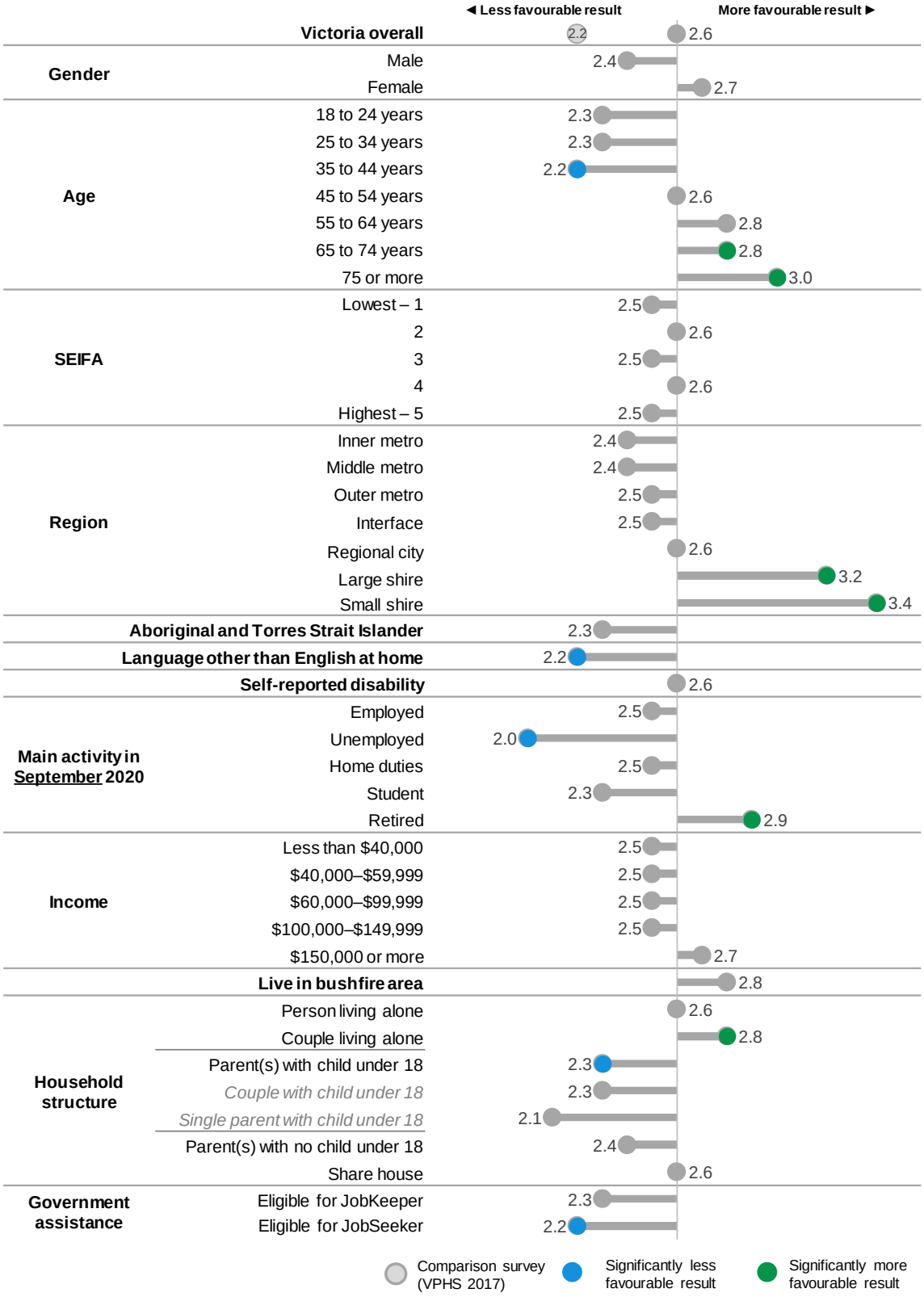
Note: Responses that are significantly more favourable than the Victorian overall result are on the right, highlighted in green. Responses that are significantly less favourable than the Victorian overall result are on the left, highlighted in blue.



D1 During the current coronavirus restrictions, how many serves of vegetables are you usually eating each day?
Base: All – Survey Two (n=2,000).
Note: Results for some sub-populations are lower than other and not significantly different to the overall results due to small base sizes.

Figure 41 Serves of vegetables per day – Victorian and sub-population average number of serves from Survey Two

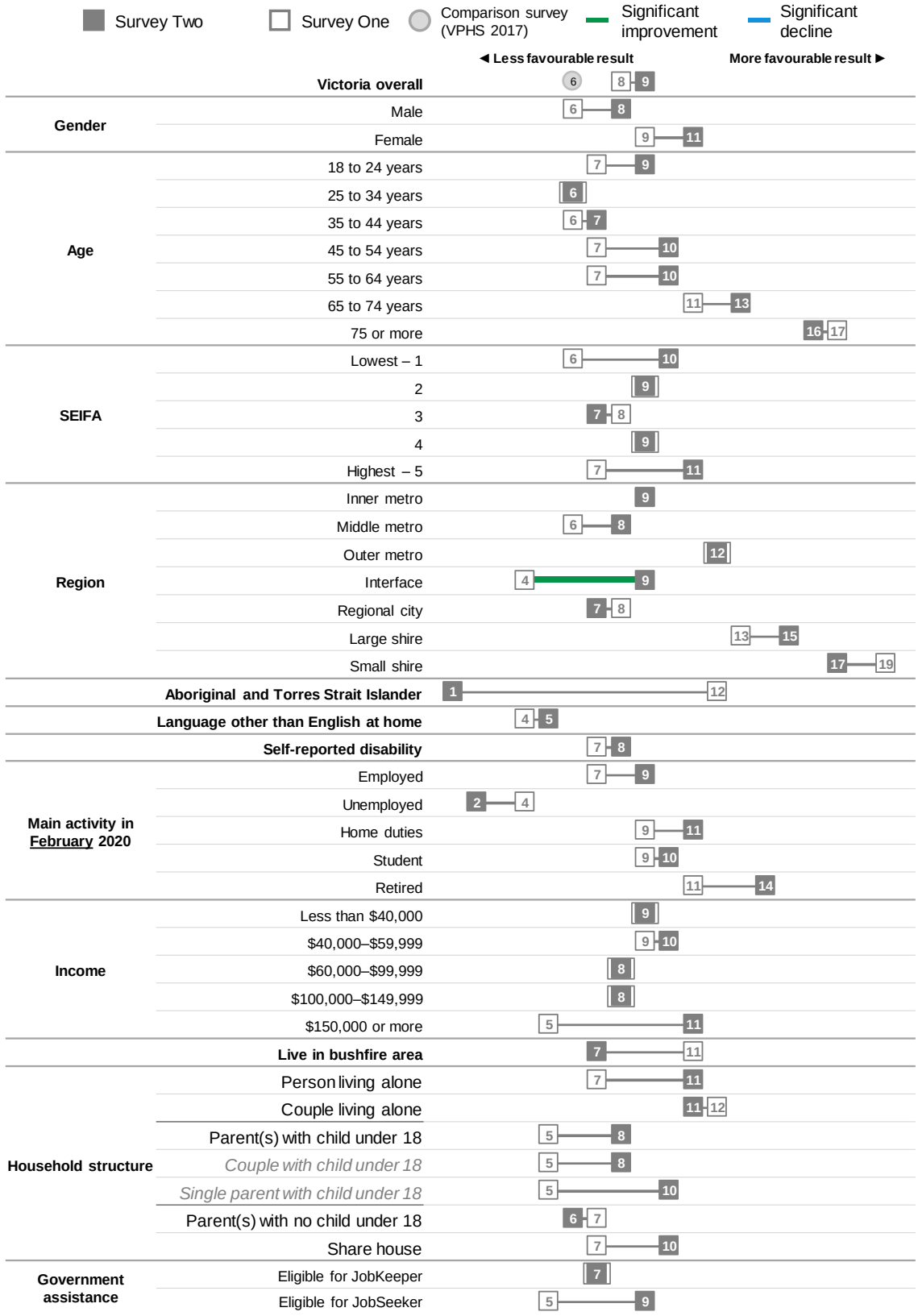
Note: Responses that are significantly more favourable than the Victorian overall result are on the right, highlighted in green. Responses that are significantly less favourable than the Victorian overall result are on the left, highlighted in blue.



D1 During the current coronavirus restrictions, how many serves of vegetables are you usually eating each day?
Base: Survey Two (n=1,637).
Note: The average excludes 'Not sure' and 'Prefer not' to say responses. Results for some sub-populations are lower than other and not significantly different to the overall results due to small base sizes.

Figure 42 Serves of vegetables per day (% consuming 5 serves or more) – Comparison of frequency of 5 or more serves per day from Survey One and Survey Two

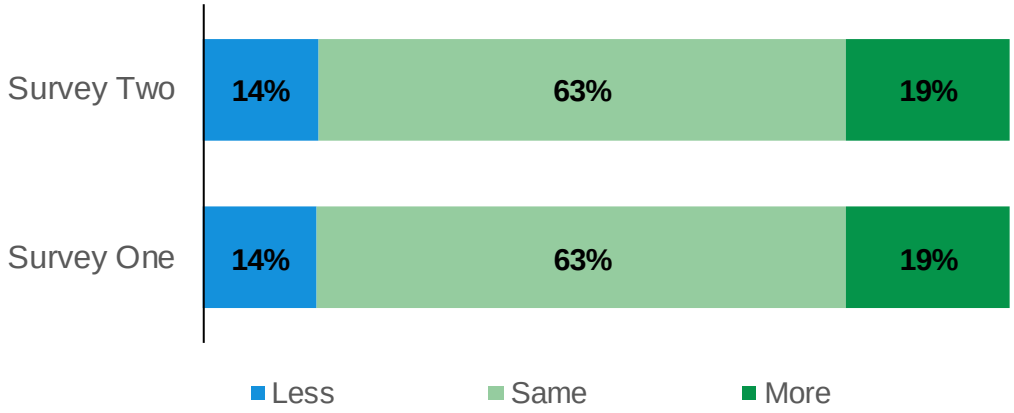
Note: Responses that are more favourable are on the right. Responses that are less favourable are on the left. Significant improvements between Survey One and Two are indicated by a green bar. Significant declines between Survey One and Two are indicated by a blue bar.



D1 During the current coronavirus restrictions, how many serves of vegetables are you usually eating each day?
Base: All – Survey Two (n=2,000), Survey One (n=2,000).

Figure 43 shows levels of vegetable consumption reported in Survey One and Two compared to before the pandemic began. Two in three respondents (63%) felt that their vegetable consumption had not changed during the first wave or the second wave compared to before the pandemic. For both the first and second waves, a small proportion felt that they had consumed less vegetables (14%) while a similarly small proportion felt that they had increased their vegetable consumption (19%).

Figure 43 Levels of vegetable consumption compared to before the pandemic (more, same, less), results from Survey One and Survey Two



D2 Overall, do you feel you are eating more, less or about the same amount of vegetables now – during the current coronavirus restrictions, compared to earlier in the year before any coronavirus restrictions began?
Base: All – Survey Two (n=2,000).
Note: Figures do not add to 100% because the following are not shown: Not sure – Survey Two (3%), Survey One (2%); and Prefer not to say – Survey Two (2%), Survey One (1%). No significant differences between results for Survey One and Two.

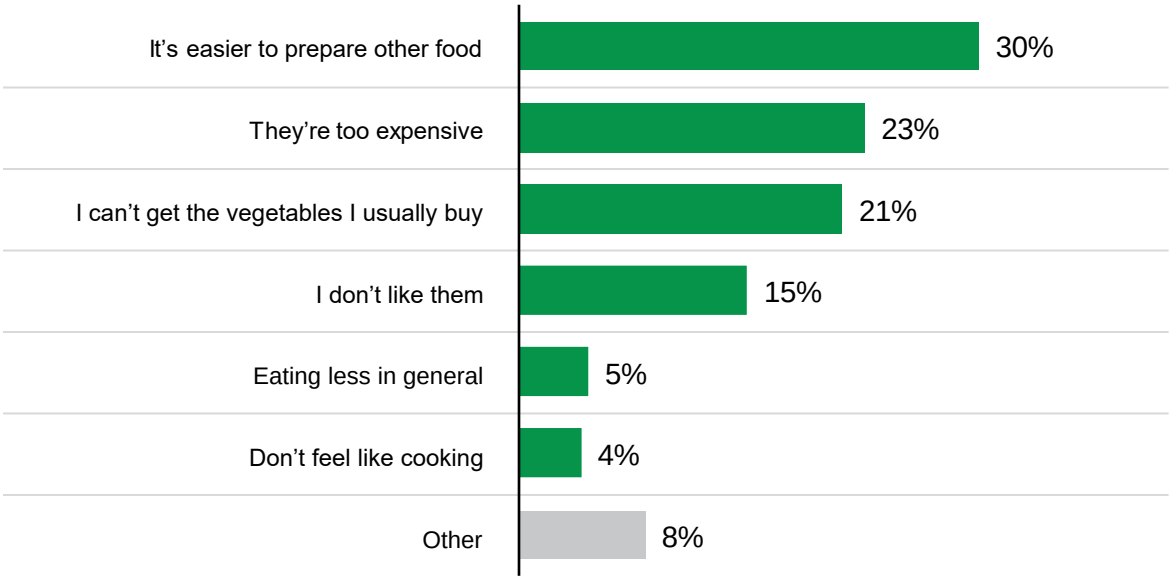
5.1.2. Reasons for changes in vegetable consumption levels

Reasons for decreased vegetable consumption levels

Respondents who indicated they had lower vegetable consumption in Survey Two were asked to provide the main reasons for the decrease, which is shown in Figure 44. Preference for preparation of other food (30%) was the most common reason for decreased vegetable consumption reported in Survey Two. One in five respondents (23%) reported they were too expensive (23%), while a similar proportion reported they couldn't get the vegetables they usually buy (21%).

Less than one in five respondents (15%) reported they don't like them. Those with a lower income bracket of less than $40,000 were less likely to not like them (6%).

Figure 44 Main reasons for less vegetable consumption, results from Survey Two



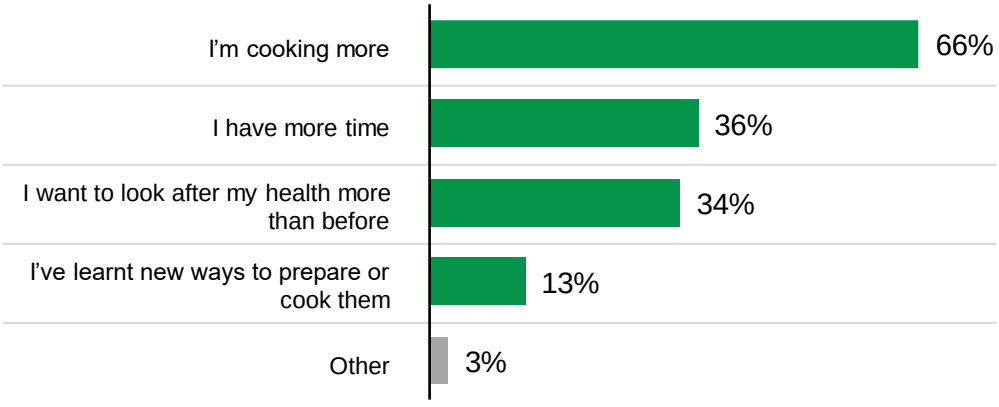
D2b What is the main reason you've eaten less vegetables during the current coronavirus restrictions?
Base: Selected 'a lot less now' or 'a little less now' at D2 – Survey Two (n=269).
Note: Not shown: Not sure – Survey Two (9%); and Prefer not to say – Survey Two (1%).
Respondents could select multiple options.

Reasons for increased vegetable consumption

Respondents who reported more vegetable consumption in Survey Two were asked to provide the main reasons for the increase, which is shown in Figure 45. Two in three respondents (66%) reported that cooking more was the most common reason for increased vegetable consumption. In addition, one in three (36%) reported it was because they had more time. Having more time was the most reported reason for those eligible for JobKeeper (50%).

No other significantly different reasons for increased vegetable consumption during the second wave were identified for the sub-populations to the overall Victorian level.

Figure 45 Main reasons for more vegetable consumption, results from Survey Two



D2a What is the main reason you've eaten more vegetables during the current coronavirus restrictions?
Base: Selected 'a lot more now' or 'a little more now' at D2 – Survey Two (n=381).
Note: Not shown: Not sure – Survey Two (2%); and Prefer not to say – Survey Two (<1%).
Respondents could select multiple options.

5.1.3. Sugar sweetened beverage consumption

Sugar sweetened beverages are the largest source of free sugars in the Australian diet, and high intake of sugary drinks is a key driver of overweight and obesity and poor health[15]. In 2017, 10.1 per cent of Victorians consumed at least one sugar sweetened beverage daily (VPHS 2017)[16]. In contrast, higher proportions of respondents reported consuming a sugar sweetened beverage at least once a day in the Survey One (32%) and Survey Two (29%). This slight decline in daily sugar sweetened beverage consumption between surveys is reflected in the significant increase in the number of Victorians who reported drinking sugar sweetened beverages less than daily in the Survey One (24%) compared to Survey Two (28%).

Figure 46 compares sub-population consumption of sugar sweetened beverages to Victoria overall. The results are less favourable (significantly higher consumption) among single parents (47%), those aged 18 to 24 (38%), people living in regional cities (37%), males (36%), and those who are employed (32%). Aboriginal and Torres Strait Islanders had a high frequency of daily consumption (77%) however, this is a non-significant result due to the small sample size of this sub-population.

Figure 47 shows a comparison of sugar sweetened beverage consumption reported in Survey One and Two. Several groups had improvements in daily sugar sweetened beverage consumption results (i.e. decreased consumption) from Survey One to Two. The largest improvements were seen among:

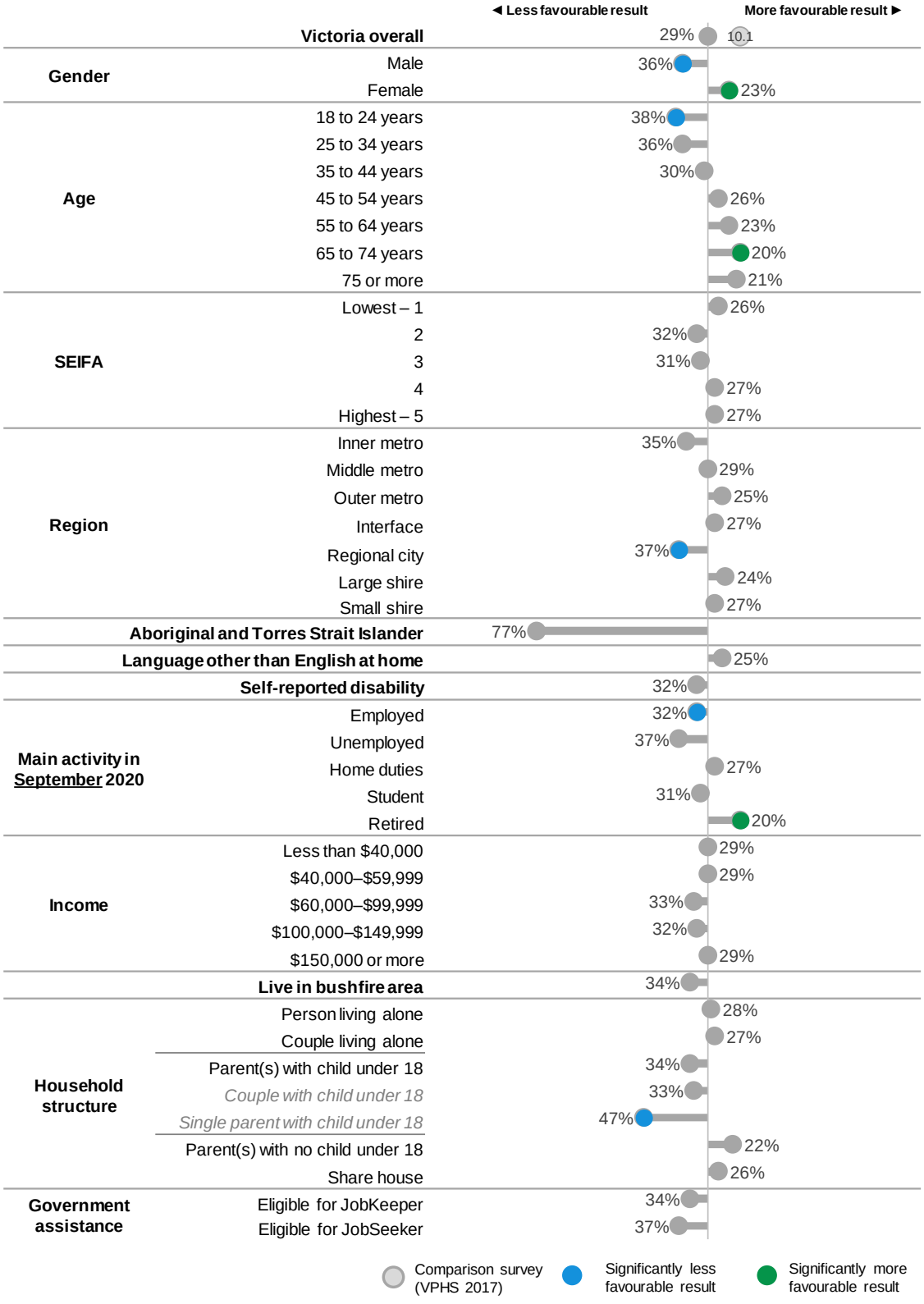
- those who earn $40,000 to $59,999 (decreasing from 45% to 29%)
- live in a share house (decreasing from 41% to 26%)
- aged 18 to 24 years (decreasing from 50% to 38%)
- speak a language other than English at home (decreasing from 37% to 25%)
- employed during February 2020 (decreasing from 39% to 32%).

[15] NHMRC. Eat for Health: Australian Dietary Guidelines Summary. Canberra: NHMRC, Department of Health and Ageing; 2013. Contract No.: ISBN: 1864965789.

[16] VPHS 2017. https://www2.health.vic.gov.au/public-health/population-health-systems/health-status-of-victorians/survey-data-and-reports/victorian-population-health-survey/victorian-population-health-survey-2017.

Figure 46 Sugar sweetened beverage consumption – Victorian and sub-population frequencies of daily consumption from Survey Two

Note: Responses that are significantly more favourable than the Victorian overall result are on the right, highlighted in green. Responses that are significantly less favourable than the Victorian overall result are on the left, highlighted in blue.



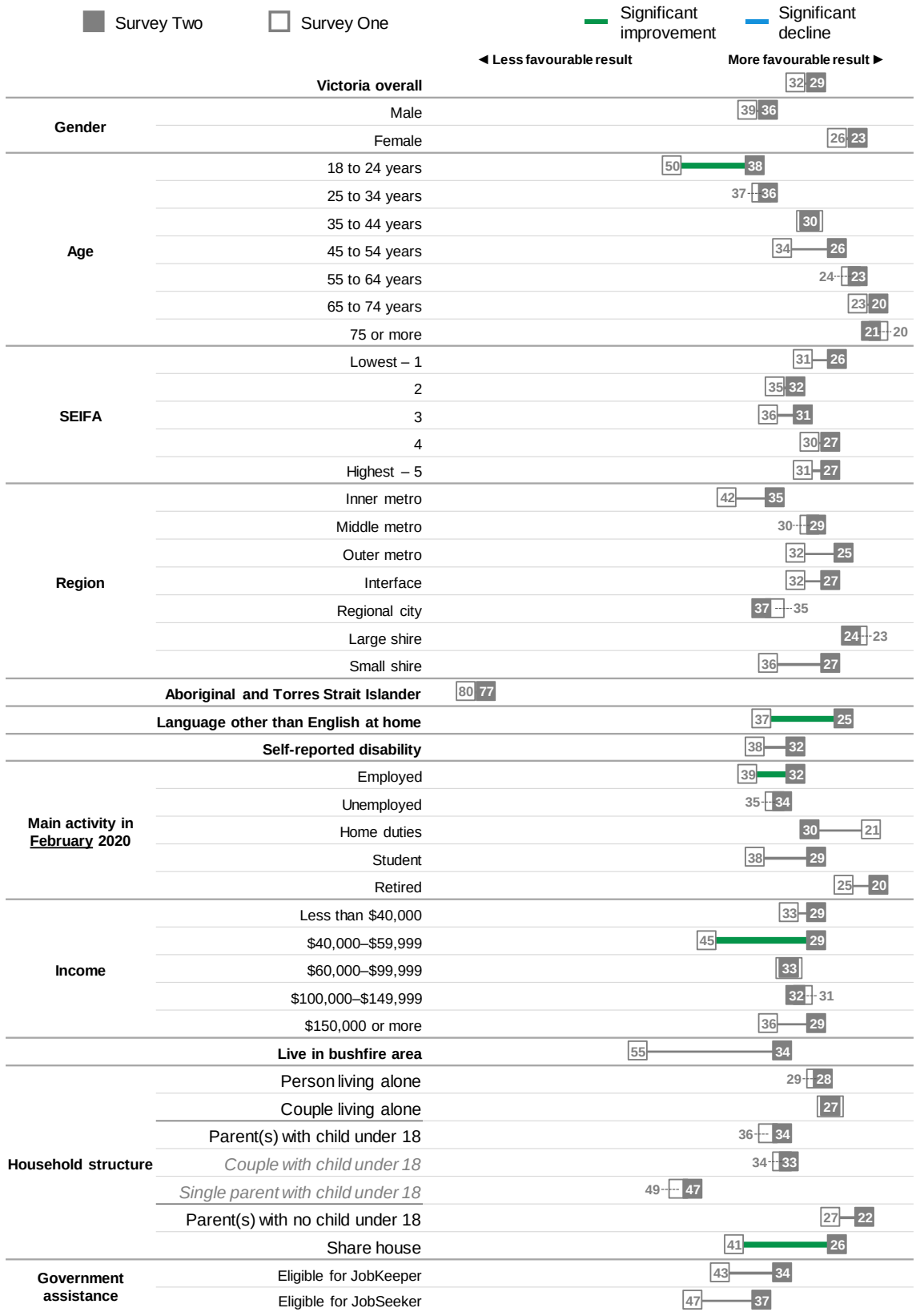
N1 During the current coronavirus restrictions, how many glasses of soft drink, cordial, flavoured mineral water, energy drink or sports drink are you consuming every day (excluding diet variety)?

Base: All – Survey Two (n=2,000).

Note: Results for some sub-populations are lower than other and not significantly different to the overall results due to small base sizes.

Figure 47 Daily sugar sweetened beverage consumption – Comparison of frequency of daily consumption from Survey One and Survey Two

Note: Responses that are more favourable are on the right. Responses that are less favourable are on the left. Significant improvements between Survey One and Two are indicated by a green bar. Significant declines between Survey One and Two are indicated by a blue bar.



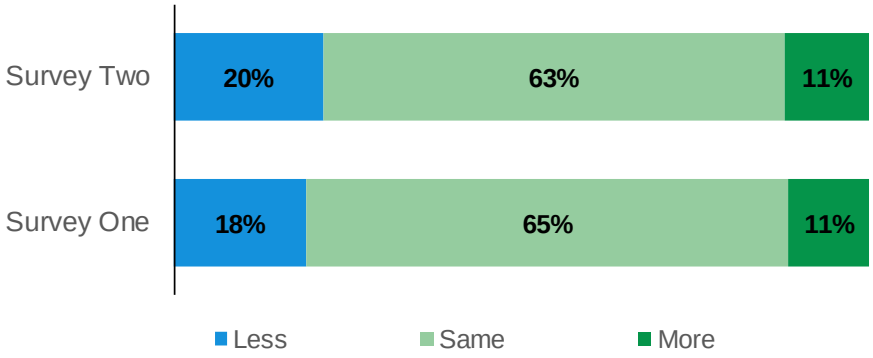
N1 During the current coronavirus restrictions, how many glasses of soft drink, cordial, flavoured mineral water, energy drink or sports drink are you consuming every day (excluding diet variety)?

Base: All – Survey Two (n=2,000); Survey One (n=2,000).

As shown in Figure 48, two in three respondents (63%) felt that their intake of sugar sweetened beverages was unchanged during the second wave compared to before the pandemic. One in five respondents (20%) reported reduced levels of consumption, while one in ten (11%) reported increased consumption.

Those who reported drinking a sugar sweetened beverage daily in both Survey One and Two were significantly more likely to report that they were drinking more than before the pandemic began (23% and 28%, respectively).

Figure 48 Sugar sweetened beverage consumption compared to before the pandemic (more, same, less), results from Survey One and Survey Two



N2 Overall, do you feel you are drinking more, less or about the same amount of soft drink, cordial, flavoured mineral water, energy drink or sports drink now – during the current coronavirus restrictions, compared to earlier in the year before any coronavirus restrictions began?
Base: All – Survey Two (n=2,000); Survey One (n=2,000).
Note: Figures do not add to 100% because the following are not shown: Not sure – Survey Two (4%), Survey One (5%); and Prefer not to say – Survey Two (2%), Survey One (2%).
There were no significant differences in results from Survey One and Two.

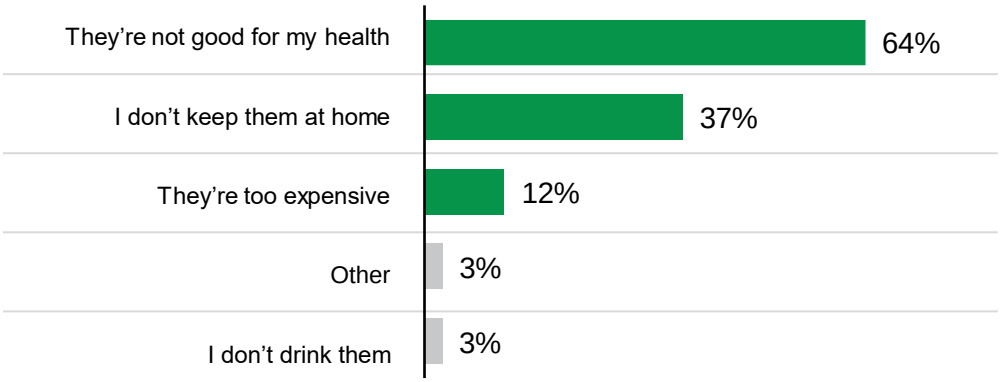
5.1.4. Reasons for changes in sugar sweetened beverage consumption levels

Reasons for decreased sugar sweetened beverage consumption

As shown in Figure 49, two thirds (64%) of respondents reported that sugar sweetened beverages not being good for their health. This was the most common reason for low consumption reported in Survey Two. Those earning under $40,000 (50%) were less likely to report this reason compared to other income bracket groups.

One in eight (12%) reported that these beverages being too expensive. Those earning between $40,000 and $59,999 (26%) and those living alone (25%) were more likely to report this reason compared to other groups.

Figure 49 Main reasons for less sugar sweetened beverage consumption, results from Survey Two

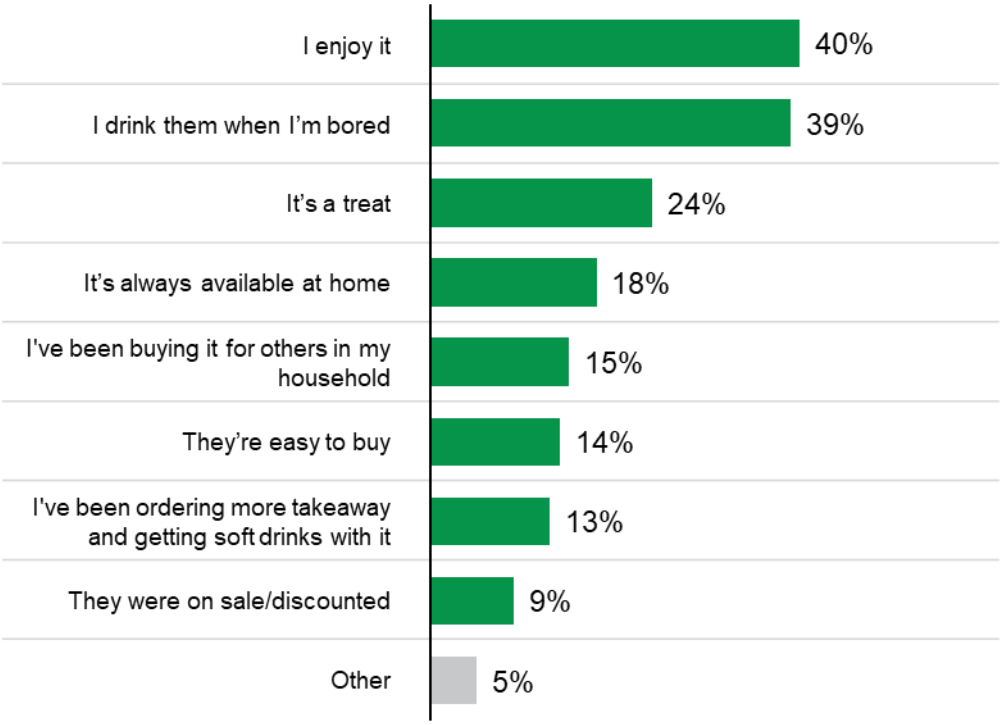


N2a What is the main reason you've been drinking less sugary drinks during the current coronavirus restrictions?
Base: Selected 'a lot less now' or 'a little less now' at N2 – Survey Two (n=372).
Note: Not shown: Not sure – Survey Two (3%); and Prefer not to say – Survey Two (1%).
Respondents could select multiple options.

Reasons for increased sugar sweetened beverage consumption

Figure 50 shows that enjoyment (40%) and boredom (39%) were the most common reasons for higher consumption of sugar sweetened beverages reported in Survey Two. One in five (24%) reported that the beverages were a treat and a slightly lower proportion (18%) reported they were drinking more often because they were always available at home for consumption.

Figure 50 Main reasons for more sugar sweetened beverage consumption, results from Survey Two



N2b What is the main reason you've had more (or same) sugary drinks during the current coronavirus restrictions?
Base: Selected 'a lot more now', or 'a little more now' at N2 – Survey Two (n=217).
Note: Not shown: Not sure – Survey Two (2%); and Prefer not to say – Survey Two (0%).
Respondents could select multiple options.

Sub-populations showing significantly different reasons for increased levels of sugar sweetened beverage consumption are presented in Table 12 below.

Table 12 Reasons for more sugar sweetened beverage consumption –reported in Survey Two – sub-population frequencies that are significantly different to the overall Victorian level

Reasons	Victoria overall	Sub-populations with significantly **higher** proportion	Sub-populations with significantly **lower** proportion
They're easy to buy	**14%**	Employed **20%**	

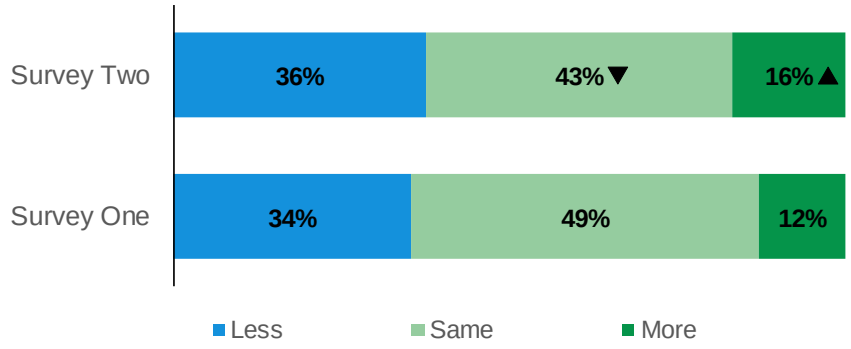
N2b What is the main reason you've had more (or same) sugary drinks during the current coronavirus restrictions?
Base: Selected 'a lot more now' or 'a little more now' at N2 – Survey Two (n=217).

5.1.5. Takeaway food consumption

The consumption of takeaway meals and snacks was measured as a proxy indicator for unhealthy, discretionary food intake.

Figure 51 shows the change in consumption of takeaway food compared to before the pandemic reported in Surveys One and Two. In Survey Two, the proportion of respondents who reported consuming less takeaway food compared to before the pandemic is approximately double the proportion of those who reported consuming more (36% reported 'less' compared to 16% reported 'more'). This is similar to the results from Survey One (34% and 12%, respectively).

Figure 51 Takeaway food consumption compared to before the pandemic (more, same, less), results from Survey One and Survey Two



N4 Overall, do you feel you are having more, less or about the same number of meals or snacks such as burgers, pizza, chicken or chips from places like McDonalds, Hungry Jacks, Pizza Hut, KFC, Red Rooster, or local take-away places now – during the current coronavirus restrictions, compared to earlier in the year before any coronavirus restrictions began?
Base: All – Survey Two (n=2,000), Survey One (n=2,000).
Note: Figures do not add to 100% because the following are not shown: Not sure – Survey Two (4%), Survey One (4%); and Prefer not to say – Survey Two (2%), Survey One (1%).

As shown in Figure 52, the frequency of consumption of takeaway food three or more times a week was significantly higher in respondents aged 18 to 24 years (8%) and 25 to 34 years (10%), those living in inner metropolitan regions of Victoria (9%), identifying as employed (6%), living in bushfire affected areas (14%) and eligible for JobKeeper (10%). Aboriginal and Torres Strait Islanders also had high levels of takeaway food consumption (22%) however, this is a non-significant result due to the small sample size of this sub-population.

The takeaway food consumption results from Survey One and Two are shown in Figure 53. Significantly less takeaway food consumption was reported in Survey Two compared to Survey One for Victorians aged 35 to 44 years (1% from 4%), those in outer metro areas (2% from 7%), those speaking languages other than English (4% from 8%), and those with a self-reported disability (3% from 8%). No groups showed significant increases in consumption.

Figure 52 Takeaway food consumption – Victorian and sub-population frequencies of consuming three or more times per week from Survey Two

Note: Responses that are significantly more favourable than the Victorian overall result are on the right, highlighted in green. Responses that are significantly less favourable than the Victorian overall result are on the left, highlighted in blue.

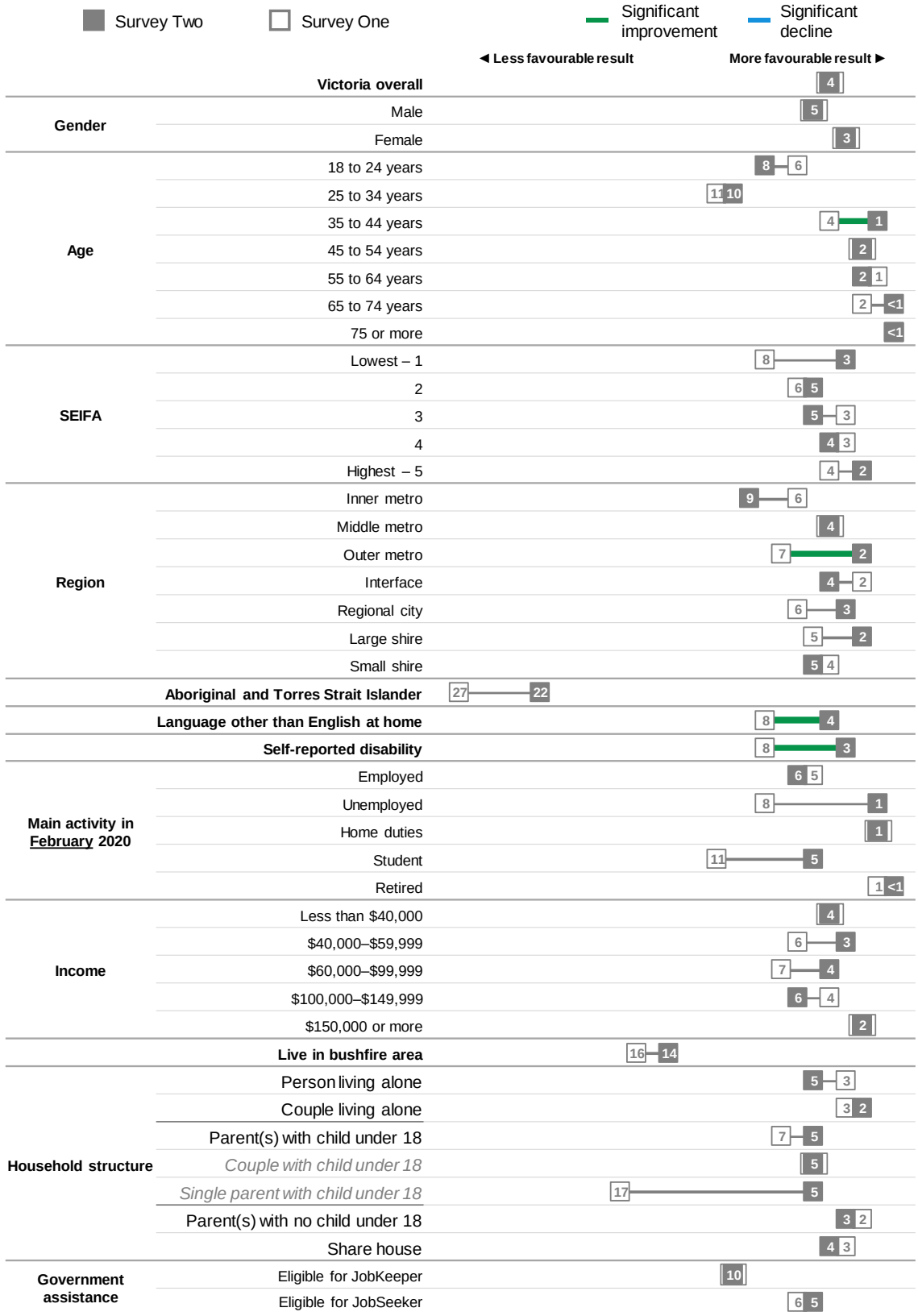
N3 How often do you have meals or snacks such as burgers, pizza, chicken or chips from places like McDonalds, Hungry Jacks, Pizza Hut, KFC, Red Rooster, or local take-away places?

Base: All – Survey Two (n=2,000)

Note: Results for some sub-populations are lower than others but not significantly different to the overall results due to small base sizes.

Figure 53 Takeaway food consumption 3 or more times a week – Comparison of frequencies from Survey One and Survey Two

Note: Responses that are more favourable are on the right. Responses that are less favourable are on the left. Significant improvements between Survey One and Two are indicated by a green bar. Significant declines between Survey One and Two are indicated by a blue bar.



N3 How often do you have meals or snacks such as burgers, pizza, chicken or chips from places like McDonalds, Hungry Jacks, Pizza Hut, KFC, Red Rooster, or local take-away places?

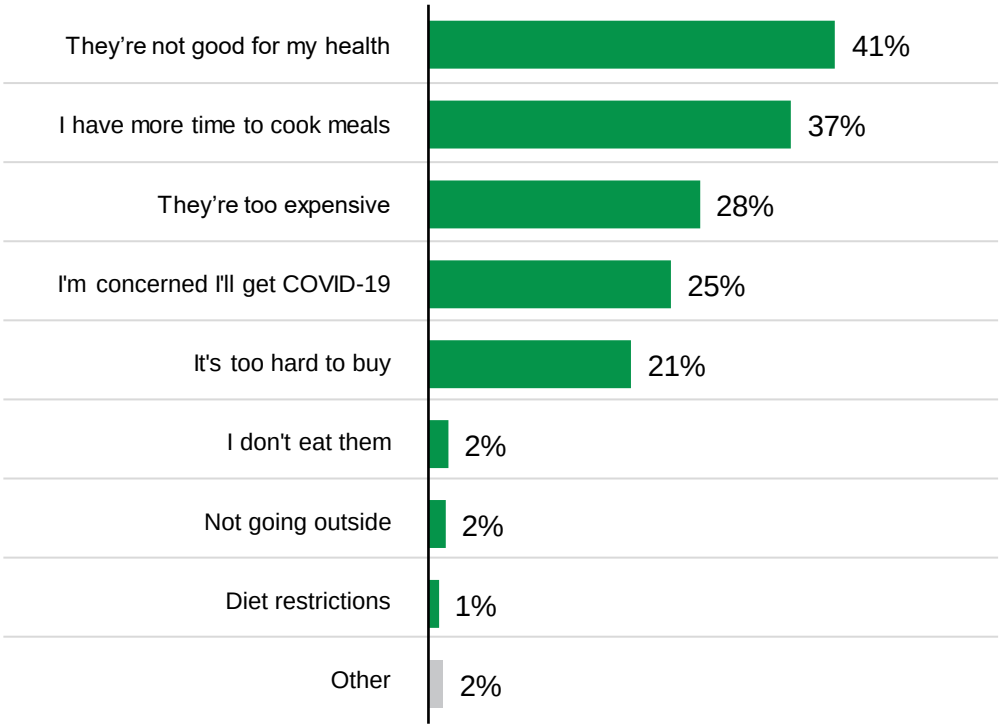
Base: All – Survey Two (n=2,000), Survey One (n=2,000).

5.1.6. Reasons for changes in takeaway food consumption levels

Reasons for less takeaway food consumption levels

Similar to the reasons for reduced consumption of sugar sweetened beverages, two in five (41%) respondents reported they had fewer takeaway foods because it was not good for their health. Other common reasons included having more time to cook meals (37%) and takeaway being too expensive (28%) (See Figure 54).

Figure 54 Main reasons for less takeaway food consumption, results from Survey Two



N4a What is the main reason you've had less take-away food during the current coronavirus restrictions?
Base: Selected 'a lot less now' or 'a little less now' at N4 – Survey Two (n=694).
Note: Not shown: Not sure – Survey Two (2%); and Prefer not to say – Survey Two (<1%).
Respondents could select multiple options.

Sub-populations showing significantly different reasons for less takeaway food consumption are presented in Table 13 below.

Table 13 Reasons for less takeaway food consumption reported in Survey Two – sub-population frequencies that are significantly different to the overall Victorian level

Reason for less takeaway food	Victoria overall	Sub-populations with significantly **higher** proportion		Sub-populations with significantly **lower** proportion	
I have more time to cook meals	**37%**	$100,000 – $149,999	**58%**	Retired	**28%**
		Eligible for Job Keeper	**52%**	$60,000 – $99,999	**27%**
				Has disability	**26%**
				Regional city	**23%**
They're too expensive	**28%**	Lives alone	**41%**	$150,000 or more	**9%**
I'm concerned I'll get coronavirus	**25%**	Parent with child under 18	**37%**		
		$100,000 – $149,999	**35%**		
It's too hard to buy	**21%**	Under $40,000	**29%**		

		Regional city	8%
I don't eat them	**2%**	Lives alone	6%
		Retired	6%
Not going outside	**2%**	Regional city	6%

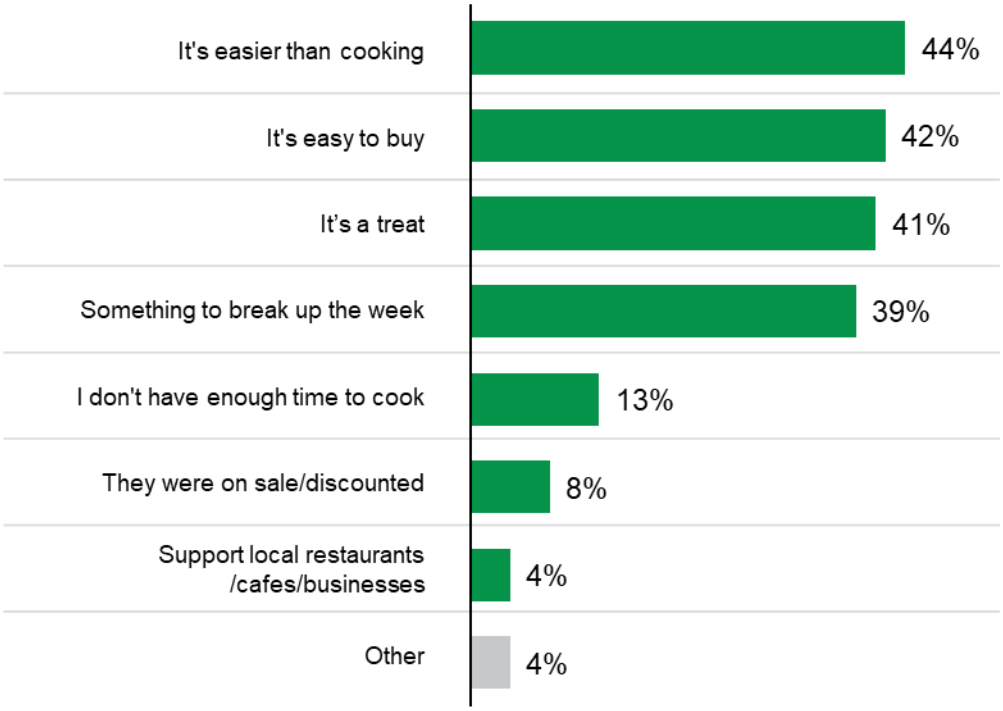
Note: There were no sub-group differences for 'They're not good for my health'.
N4a What is the main reason you've had less take-away food during the current coronavirus restrictions?
Base: Selected 'a lot less now' or 'a little less now' at N4 – Survey Two (n=694).

Reasons for more takeaway food consumption levels

As shown in Figure 55, the most common reasons for increased takeaway food consumption reported in Survey Two were the convenience compared to cooking (44%), ease of purchase (42%), takeaway food being a treat (41%), and takeaway meals being used to break up the week (39%).

Figure 55, the most common reasons for increased takeaway food consumption reported in Survey Two were the convenience compared to cooking (44%), ease of purchase (42%), takeaway food being a treat (41%), and takeaway meals being used to break up the week (39%).

Figure 55 Main reasons for more takeaway food consumption, results from Survey Two



N4b What is the main reason you've had more (or same) take away food during the current coronavirus restrictions?
Base: Selected 'a lot more now', and 'a little more now' at N4 – Survey Two (n=294).
Note: Not shown: Not sure – Survey Two (2%); and Prefer not to say – Survey Two (0%).
Respondents could select multiple options.

Sub-populations showing significantly different reasons for more takeaway food consumption are presented in Table 14 below.

Table 14 Reasons for more takeaway food consumption reported in Survey Two – Sub-population frequencies that are significantly different to the overall Victorian level

Reason for more takeaway food	Victoria overall	Sub-populations with significantly **higher** proportion		Sub-populations with significantly **lower** proportion
It's easier than cooking	**44%**	Person living alone	**66%**	
It's easy to buy	**42%**	Employed	**49%**	
It's a treat	**41%**	$100,000 to $149,999	**57%**	
I don't have enough time to cook	**13%**	Eligible for JobKeeper	**26%**	
They were on sale/ discounted	**8%**	Eligible for JobKeeper	**29%**	

N4b What is the main reason you've had more (or same) take away food during the current coronavirus restrictions?
Base: Selected 'a lot more now' or 'a little more now' at N4 – Survey Two (n=294).

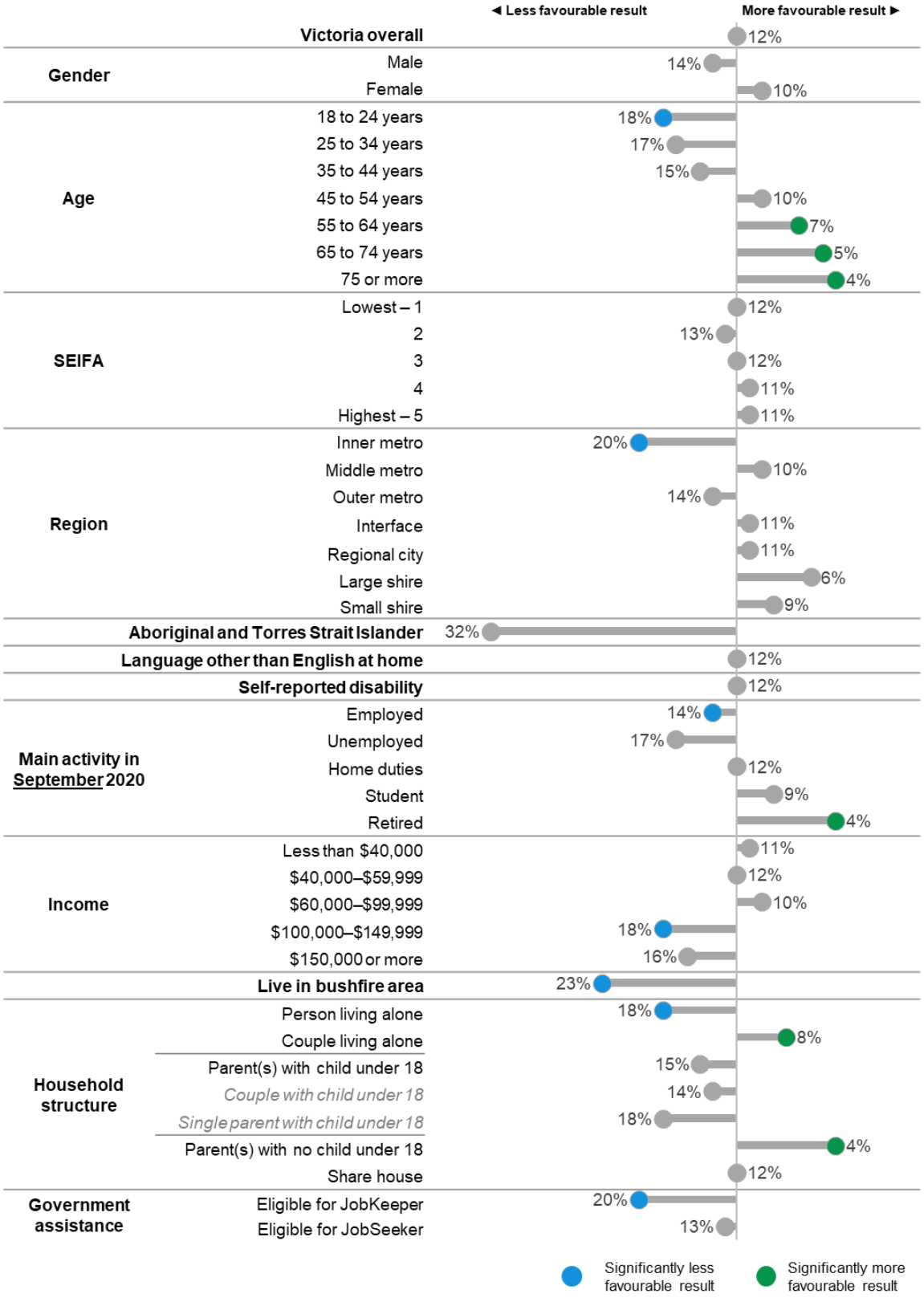
5.1.7. Changes in household meals

The average number of dinners households were cooking at home during the second wave of the pandemic was 5.9 times per week.

One in six respondents (12%) cooked dinner four or less times per week. As shown in Figure 56, this was significantly higher in respondents living in inner metropolitan regions of Victoria (20%) or bushfire areas (23%), those eligible for JobKeeper (20%), people aged 18 to 24 years (18%), higher income earners within the $100,000 to $149,999 bracket (18%) and those who were employed in February 2020 (14%).

Figure 56 Cooking dinner four or less times per week – Victorian and sub-population frequencies from Survey Two

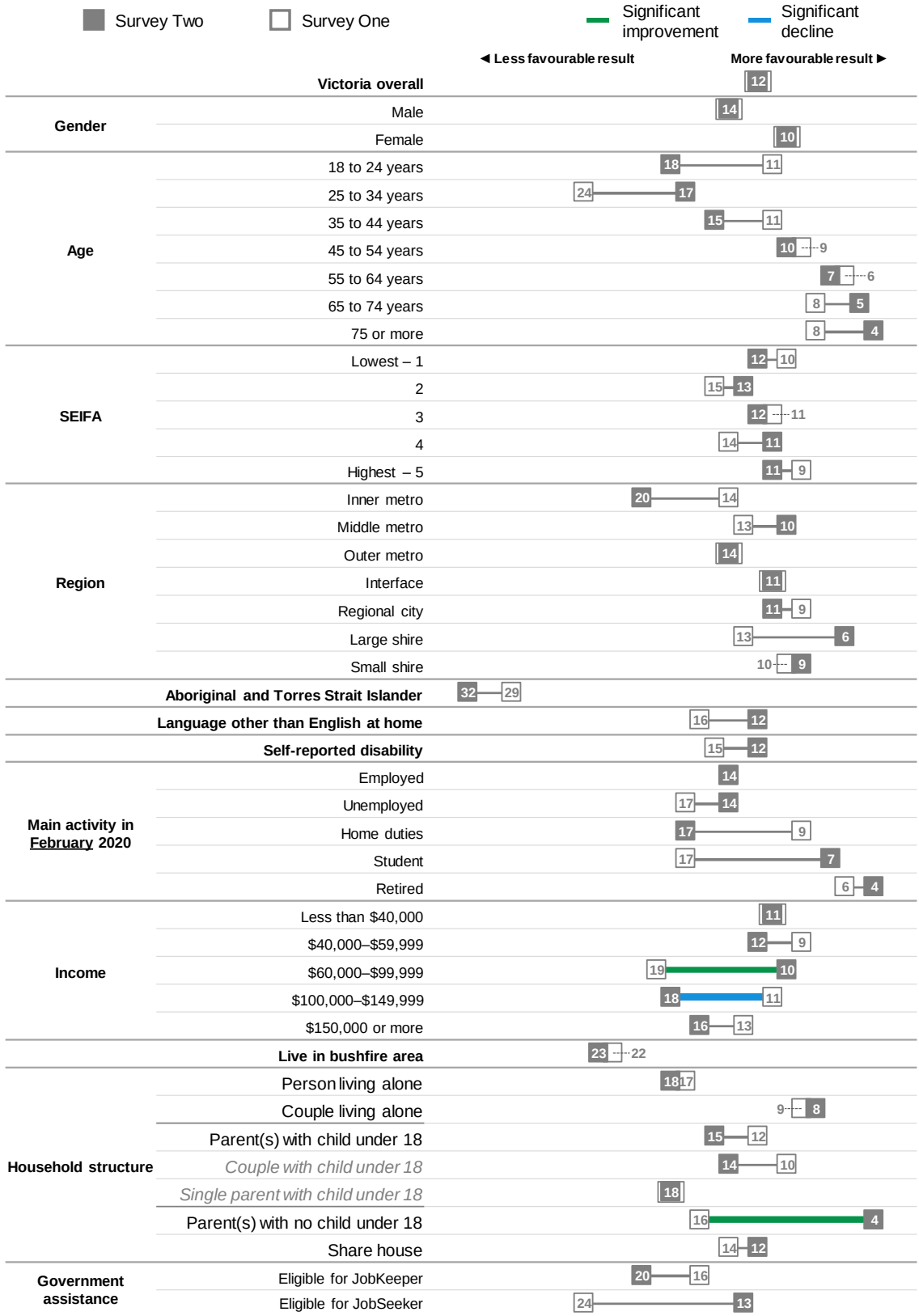
Note: Responses that are significantly more favourable than the Victorian overall result are on the right, highlighted in green. Responses that are significantly less favourable than the Victorian overall result are on the left, highlighted in blue.



D4 On average, during the current coronavirus restrictions, how many times do you and your household cook dinner each week?
Base: All – Survey Two (n=2,000).
Note: Results for some sub-populations are lower than other and not significantly different to the overall results due to small base sizes.

Figure 57 Cooking dinner four or less times per week – Comparison of frequencies from Survey One and Survey Two

Note: Responses that are more favourable are on the right. Responses that are less favourable are on the left. Significant improvements between Survey One and Two are indicated by a green bar. Significant declines between Survey One and Two are indicated by a blue bar.

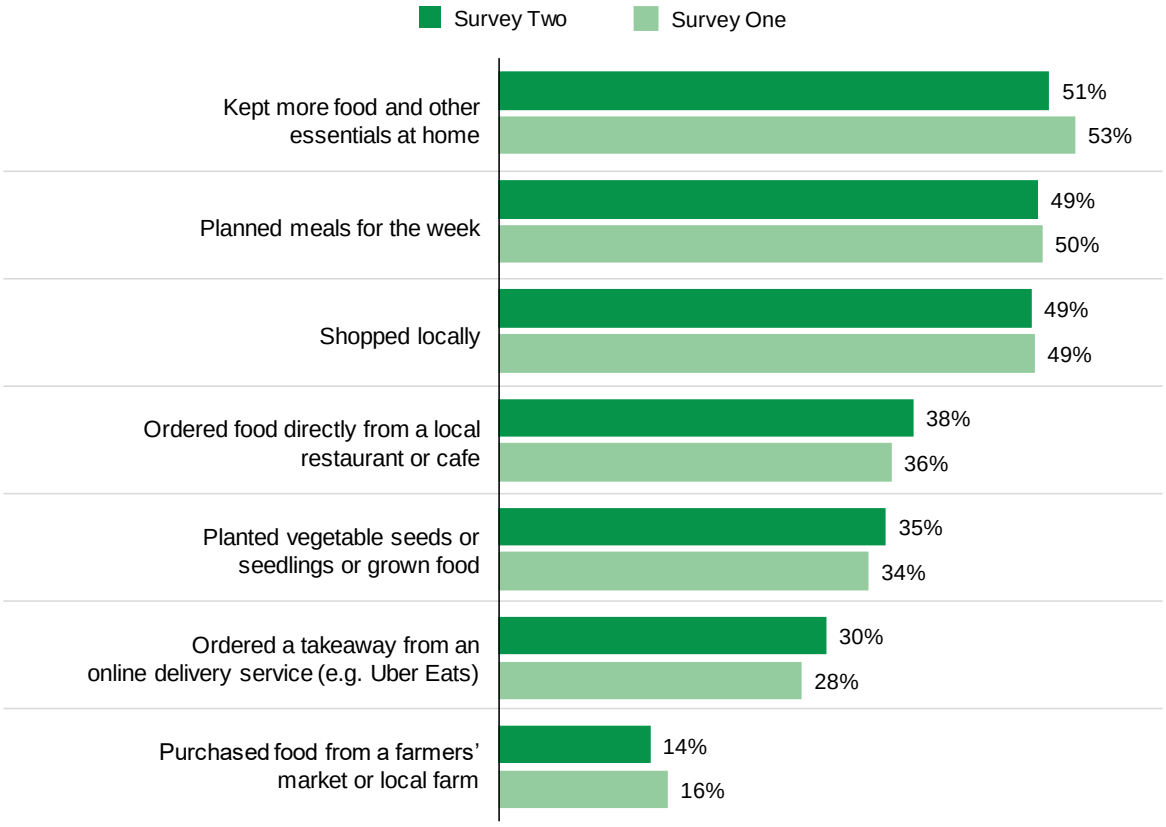


D4 On average, during the current coronavirus restrictions, how many times do you and your household cook dinner each week?
Base: All – Survey Two (n=2,000); Survey Two (n=2,000).

The pandemic has impacted on people's food practices, including how they shop for and prepare foods. Some of these adaptions are shown in the following figure. Overall, food behaviours reported in Survey Two are on par with those reported in Survey One.

As shown in Figure 58, in Survey Two, half of respondents reported keeping more food at home (51%), planning meals for the week (49%) or shopping at local grocers, butchers and fruit and vegetable suppliers (49%).

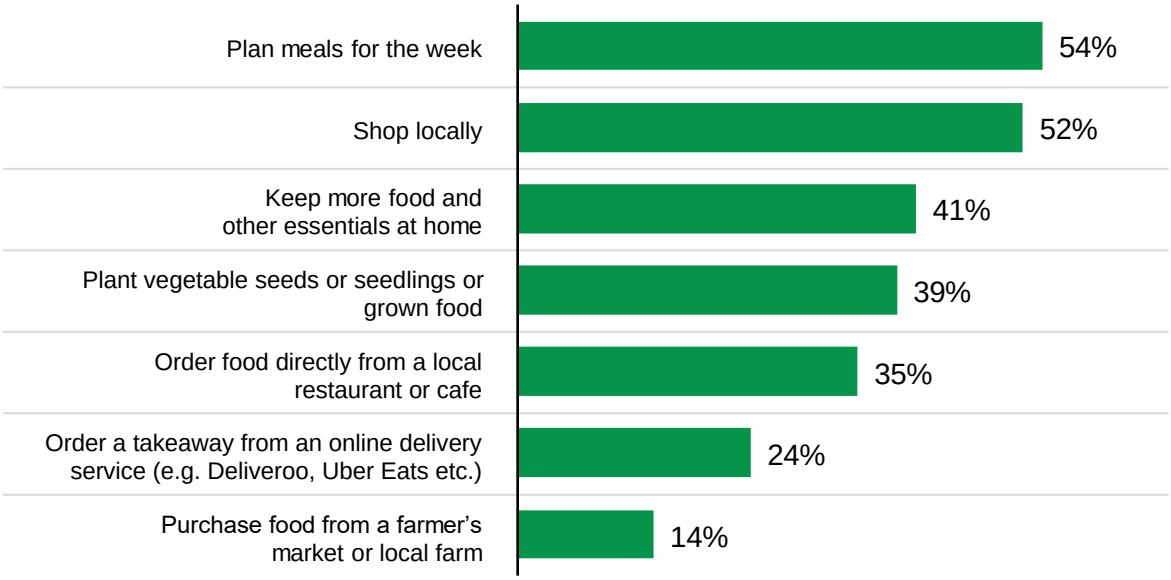
Figure 58 Frequency of new food related behaviours started during the pandemic, results from Survey One and Survey Two



D3 Have you or anyone in your household started doing the following during the current coronavirus restrictions?
Base: All – Survey Two (n=2,000), Survey One (n=2,000).
Note: Figures show the proportion of 'Yes' responses for each statement. There were no significant differences in results between Survey One and Two.

Respondents were then asked whether or not they plan to continue any of these food related behaviours after the restrictions. Figure 59 shows that half of respondents who reported undertaking any of the food practices reported above in Figure 58, would continue to plan their meals for the week (54%) or said they would continue to shop locally (52%). Two in five planned to keep more food and essentials at home (41%) or plant vegetable seeds or seedlings or grow food (39%).

Figure 59 **Frequency of food related behaviours that are likely to be retained after restrictions, results from Survey Two**



D3a Do you plan to continue with any of the following after the current coronavirus restrictions are over?
Base: Selected 'Yes' to any statement at D3 – Survey Two (n=1,668).
Note: Figures show the proportion of 'Yes' responses for each statement.

Table 15 shows the sub-populations who are significantly more or less likely to retain these food related behaviours beyond the end of restrictions. Sub-populations showing higher rates of healthy food related behaviours are coloured in green. Note that the behaviour of ordering takeaway online is not an ideally healthy behaviour so sub-populations showing higher planned retention of this behaviour have been coloured in blue.

Table 15 Food related behaviours that are likely to be retained after restrictions – sub-population frequencies that are significantly different to the overall Victorian level, results from Survey Two

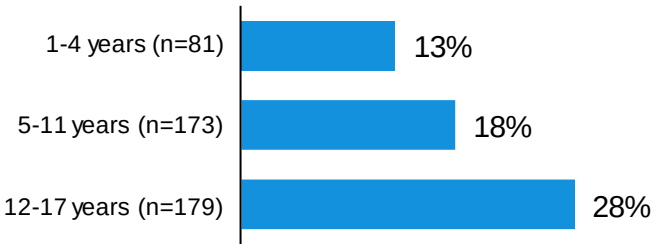
Planned retained behaviour	Victoria overall	Sub-populations who report this more often		Sub-populations who report this less often	
Shop locally	**52%**	65 to 74 years	63%		
		SEIFA 1	63%		
		Small shire	78%		
		Language other than English	61%		
		Retired	59%		
Keep more food and other essentials at home	**41%**	Share house	52%		
		Language other than English	50%		
Plant vegetable seeds or seedlings or grown food	**39%**	Home duties	61%	Employed	36%
		SEIFA 1	56%	Person living alone	24%
		Live in bushfire affected area	56%		
		65 to 74 years	51%		
		Regional city	50%		
		Couple with kids under 18 in household	49%		
Order food directly from a local restaurant or cafe	**35%**	$150,000 or more	49%	Self-reported disability	29%
		Large shire	49%	55 to 64 years	27%
		$100,000 – $149,999	47%	Under $40,000	25%
		Eligible for JobKeeper	45%	Person living alone	24%
		Employed	43%	$40,000 – $59,999	24%
				Home duties	23%
				Retired	23%
				Regional city	21%
				75 or more	14%
				Small shire	14%
Order a takeaway from an online delivery service	**24%**	Inner metro	47%	65 to 74 years	6%
		25 to 34 years	42%	Large shire	6%
		Eligible for JobKeeper	38%	Retired	5%
		$150,000 or more	37%	75 or more	4%
		$100,000 – $149,999	35%	Couple living alone	17%
		Employed	32%	Regional city	16%
				Self-reported disability	15%
				Under $40,000	14%
				55 to 64 years	13%

5.2. Healthy eating behaviours among children

5.2.1. Sugar sweetened beverage consumption among children

In Survey Two, the highest daily consumption of sugar sweetened beverages was reported for children aged between 12 and 17 years (28%), as shown in Figure 60. Daily sugar sweetened beverage consumption levels were lowest among children aged between 1 to 4 years (13%), and for those aged between 5 and 11 years, 18% consumed these beverages daily (see Figure 60).

Figure 60 Sugar sweetened beverage consumption among children – frequencies of daily consumption from Survey Two

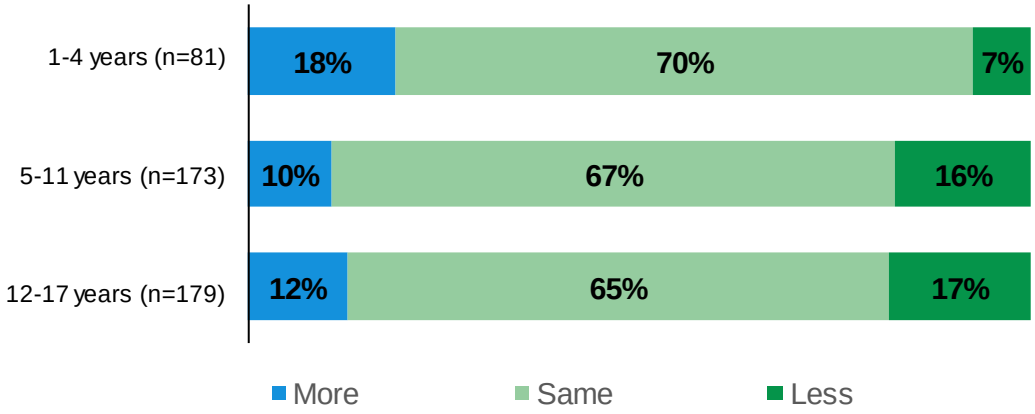


G17 Thinking about your <child/child aged [INSERT AGE FROM G8a]/child with the most recent birthday >, during the current coronavirus restrictions, how many glasses of soft drink, cordial, flavoured mineral water, energy drink or sports drink does your child consume every day (exclude diet variety)?

Base: Parents of children under 18 years in household – Survey Two (n=433). Excludes parents of children aged 0 years old (n=5), 18 years old (n=10) and excludes those who selected Prefer not to say to child's age (n=16). Breakdown of base sizes by age of child/children are shown in chart.

Figure 61 shows that across all ages of children, the majority of parents reported that their child/children consumed the same amount of sugar sweetened beverages during the second wave compared to before any coronavirus restrictions began. The highest proportion of increased sugar sweetened beverage consumption was reported by parents of children aged between 1 and 4 years (18%).

Figure 61 Levels of sugar sweetened beverage consumption among children compared to before the pandemic (more, same, less), results from Survey Two



G17a And would you say this is more, less or about the same as earlier in the year before any coronavirus restrictions began?

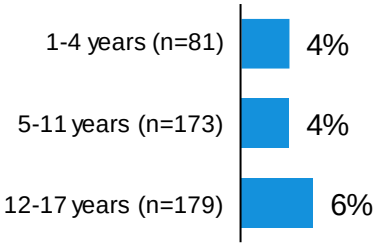
Base: Parents of children under 18 years in household – Survey Two (n=433). Excludes parents of children aged 0 years old (n=0), 18 years old (n=10) and excludes those who selected Prefer not to say to child's age (n=16). Breakdown of base sizes by age of child/children are shown in chart.

Note: Figures do not add to 100% because the following are not shown – Not sure: 1-4 years (4%), 5-11 years (7%), 12-17 years (5%); Prefer not to say: 1-4 years (<1%), 5-11 years (1%), 12-17 years (1%).

5.2.2. Takeaway food consumption in children

Figure 62 shows approximately one in twenty parents reported that their children were eating takeaway foods three or more times per week in Survey Two. The highest levels of takeaway food consumption were reported for children aged between 12 and 17 years (6%).

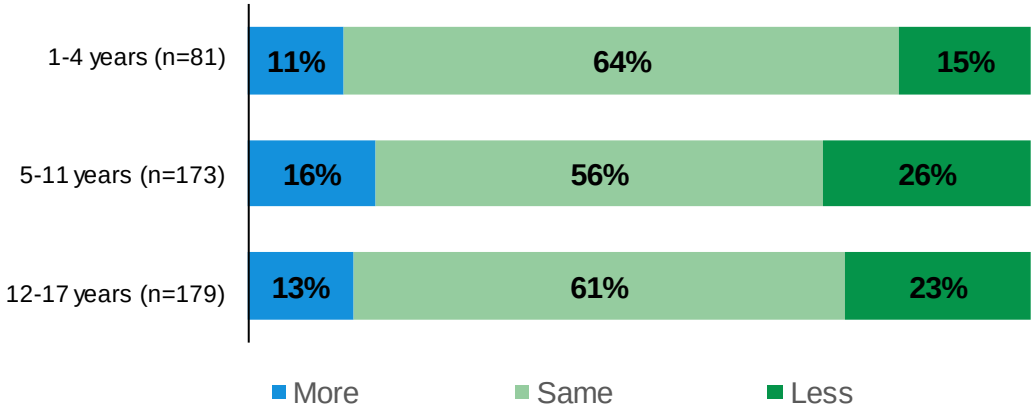
Figure 62 Takeaway food consumption among children – consuming three or more times per week, results from Survey Two



G18 During the current coronavirus restrictions, how often does your child have meals or snacks such as burgers, pizza, chicken or chips from places like McDonalds, Hungry Jacks, Pizza Hut, KFC, Red Rooster, or local take-away places?
Base: Parents of children under 18 years in household – Survey Two (n=433). Excludes parents of children aged 0 years old (n=5), 18 years old (n=10) and excludes those who selected Prefer not to say to child's age (n=16). Breakdown of base sizes by age of child/children are shown in chart.

As shown in Figure 63, more parents reported a decline in their child's takeaway food consumption in Survey Two than those who reported an increase in consumption. One in four (26%) children aged 5 to 11 were reported to be eating less takeaway food, more than the proportion who were eating more takeaway food (16%) for this age group. Parents of children aged 12 to 17 were also more likely to report a decline in takeaway food consumption (23%) than an increase (13%). Parents of children aged 1 to 4 also showed similar proportions of those whose child had increased their consumption of takeaway food (15%) and that were eating less (11%).

Figure 63 Levels of takeaway food consumption among children compared to before the pandemic (more, same, less), results from Survey Two

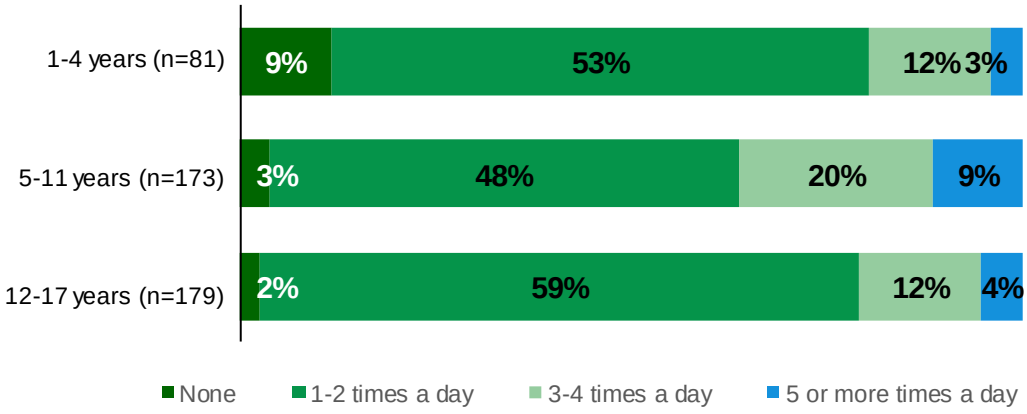


G18a And would you say this is more, less or about the same as earlier in the year before any coronavirus restrictions began?
Base: Parents of children under 18 years in household – Survey Two (n=433). Excludes parents of children aged 0 years old (n=5), 18 years old (n=10) and excludes those who selected Prefer not to say to child's age (n=16). Breakdown of base sizes by age of child/children are shown in chart.
Note: Figures do not add to 100% because the following are not shown – Not sure: 1–4 years (10%), 5–11 years (1%), 12–17 years (2%); Prefer not to say: 1–4 years (<1%), 5–11 years (1%), 12–17 years (1%).

5.2.3. Snack food consumption in children

Few parents reported that their child was having 5 or more serves of snack foods during the second wave. As shown in Figure 64, across all ages of children, the majority of parents in Survey Two reported their children consumed snack foods one to two times a day. The highest snack consumption levels were reported by parents of children aged between 5 and 11 years, with 20% reporting their children eating snack foods 3 to 4 times a day and 9% reporting consumption levels of 5 or more times a day.

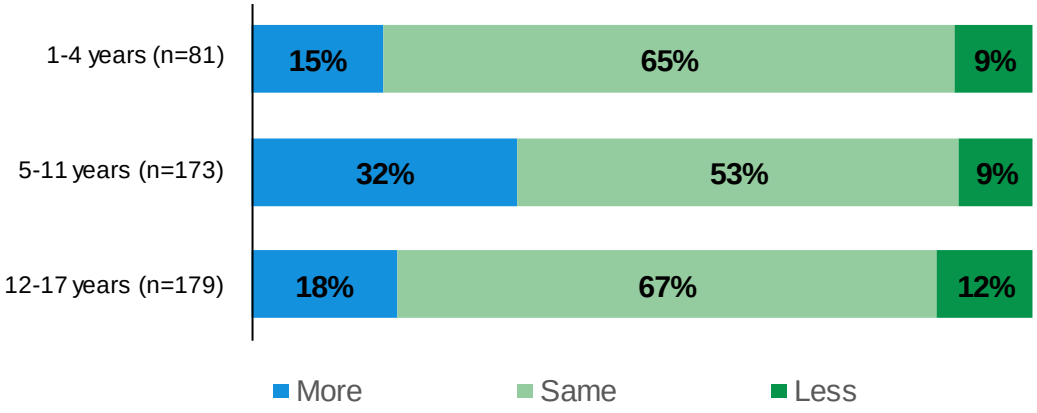
Figure 64 Levels of snack food consumption among children, results from Survey two



G20 During the current coronavirus restrictions, how many times a day does your child eat snack foods (e.g. chips, shapes, crackers, sweet biscuits, muesli bars or cakes)?
Base: Parents of children under 18 years in household – Survey Two (n=433). Excludes parents of children aged 0 years old (n=5), 18 years old (n=10) and excludes those who selected Prefer not to say to child's age (n=16). Breakdown of base sizes by age of child/children are shown in chart.
Note: Figures do not add to 100% because the following are not shown – Not sure: 1–4 years (20%), 5–11 years (21%), 12–17 years (21%); Prefer not to say: 1–4 years (3%), 5–11 years (<1%), 12–17 years (1%).

Figure 65 shows that 32 % of parents of children aged between 5 and 11 years reported that their children were consuming more snack foods than before the pandemic, almost twice as much as parents of children from other age groups.

Figure 65 Levels of snack food consumption among children compared to before the pandemic (more, same, less), results from Survey Two



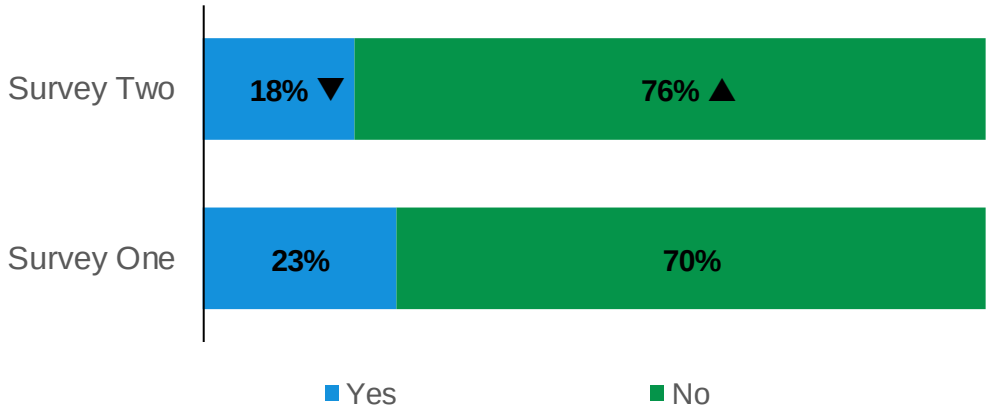
G21 And would you say this is more, less or about the same as earlier in the year before any coronavirus restrictions began?
Base: Parents of children under 18 years in household – Survey Two (n=433). Excludes parents of children aged 0 years old (n=5), 18 years old (n=10) and excludes those who selected Prefer not to say to child's age (n=16). Breakdown of base sizes by age of child/children are shown in chart.
Note: Figures do not add to 100% because the following are not shown – Not sure: 1–4 years (9%), 5–11 years (6%), 12–17 years (2%); Prefer not to say: 1–4 years (2%), 5–11 years (1%), 12–17 years (1%).

5.3. Food insecurity

Food insecurity occurs 'whenever the availability of nutritionally adequate and safe foods or the ability to acquire acceptable food in socially acceptable ways is limited or uncertain'[17].

As detailed in Figure 66, in Survey Two two in five (18%) respondents reported that since the beginning of coronavirus restrictions, they have had to rely on a restricted range of low-cost unhealthy food due to running out of money during the second wave. This is significantly lower than the results for Survey One (23%).

Figure 66 Frequency of reporting reliance on a restricted range of low-cost unhealthy food due to shortage of money, results from Survey One and Survey Two



D7a During the current coronavirus restrictions, did you have to rely on a restricted range of low-cost unhealthy food because you were running out of money to buy food?
Base: All – Survey Two (n=2,000), Survey One (n=2,000).
Note: Figures do not add to 100% because the following are not shown: Not sure – Survey Two (4%), Survey One (5%); and Prefer not to say – Survey Two (2%), Survey One (2%).
▲▼ Results from Survey Two that are significantly different to Survey One results at the 95% confidence level.

As shown in Figure 67, reliance on low-cost unhealthy food reported in Survey Two was significantly more common for younger Victorians aged 18–24 years (29%) and 25–34 years (28%), those living in inner metropolitan areas (33%), those who were unemployed in September 2020 (29%), and those from bushfire affected communities (30%). Although the base size is too small for a significant difference to the overall figure, one in two Aboriginal and Torres Strait Islanders (56%) reported having to purchase low-cost unhealthy food due to running out of money.

Several sub-populations reported a decreased reliance on low-cost unhealthy food in Survey Two compared to Survey One. Younger Victorians aged 18 to 24 were less likely to report relying on low-cost unhealthy food in Survey Two (29%) in comparison to Survey One (44%). Improvements were also seen among:

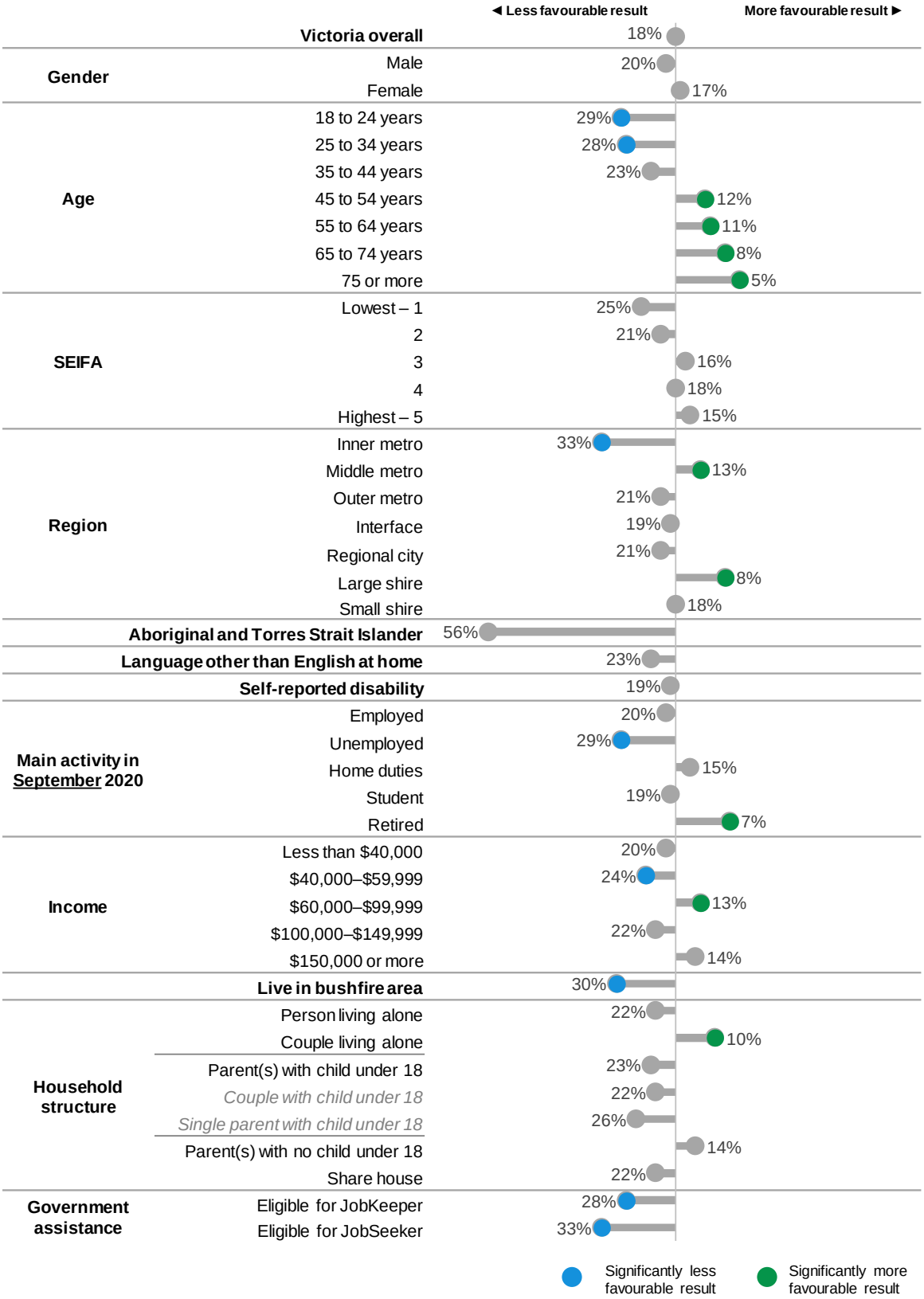
- SEIFA 5 (23% from 15%)
- those unemployed in February 2020 (21% from 40%)
- those living in interface council areas (19% from 29%)
- those who speak a language other than English (23% from 36%).

Notable sub-populations who have experienced no improvement in this food hardship measure include Aboriginal and Torres Strait Islanders (56% from 54%), and SEIFA 1 (25% from 24%).

[17] Radimer, K. L. and K. L. Radimer (2002). "Measurement of household food security in the USA and other industrialised countries." Public Health Nutr 5(6A): 859-864

Figure 67 Relied on a restricted range of low-cost unhealthy food due to shortage of money – Victorian and sub-population frequencies (% yes) from Survey Two

Note: Responses that are significantly more favourable than the Victorian overall result are on the right, highlighted in green. Responses that are significantly less favourable than the Victorian overall result are on the left, highlighted in blue.



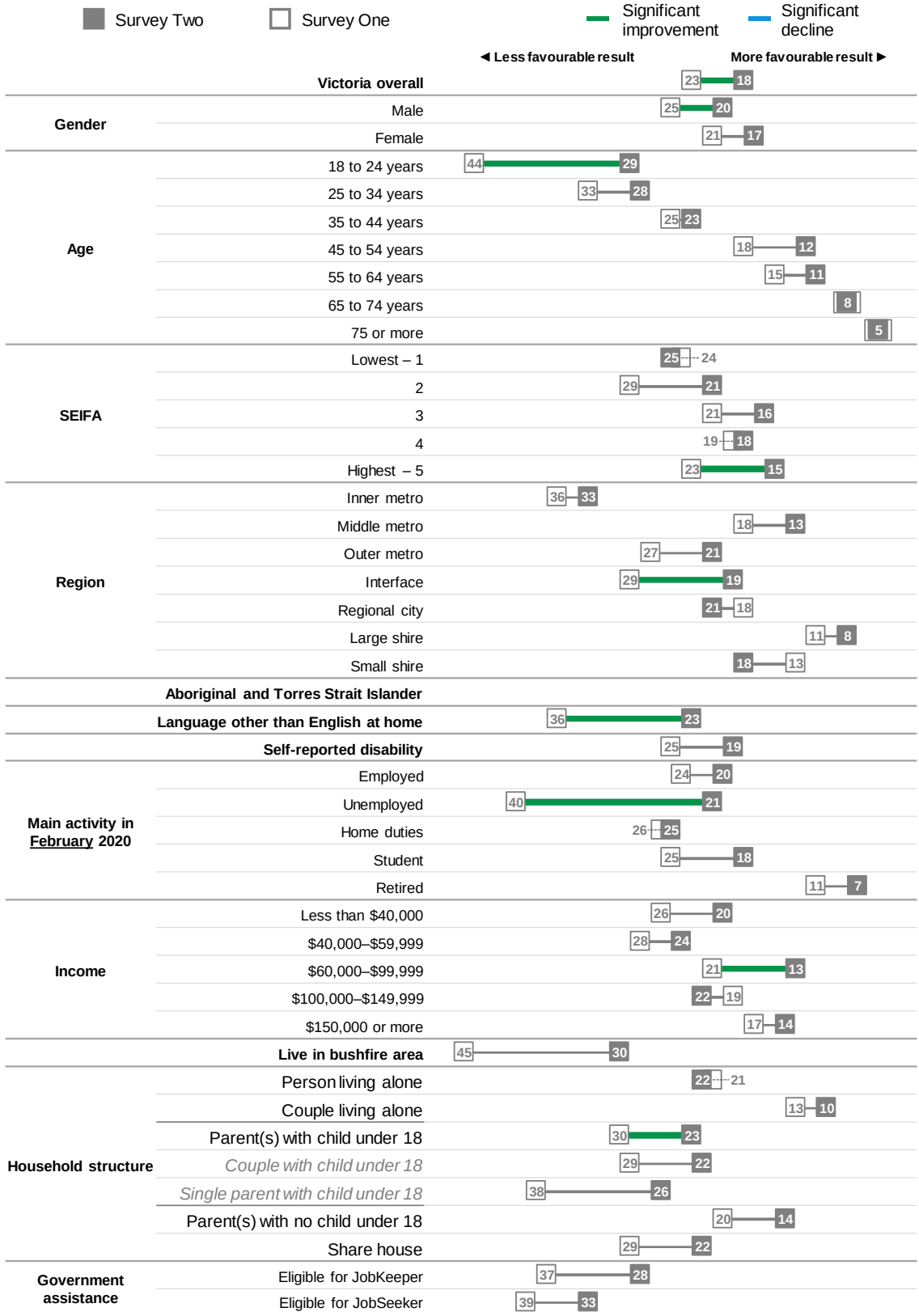
D7a During the current coronavirus restrictions, did you have to rely on a restricted range of low-cost unhealthy food because you were running out of money to buy food?

Base: All – Survey Two (n=2,000).

Note: Results for some sub-populations are lower than others but not significantly different to the overall results due to small base sizes.

Figure 68 Relied on a restricted range of low-cost unhealthy food due to shortage of money – comparison of Victorian and sub-population frequencies (% yes) from Survey One and Survey Two

Note: Responses that are more favourable are on the right. Responses that are less favourable are on the left. Significant improvements between Survey One and Two are indicated by a green bar. Significant declines between Survey One and Two are indicated by a blue bar.



D7a During the current COVID-19 restrictions, did you have to rely on a restricted range of low-cost unhealthy food because you were running out of money to buy food?

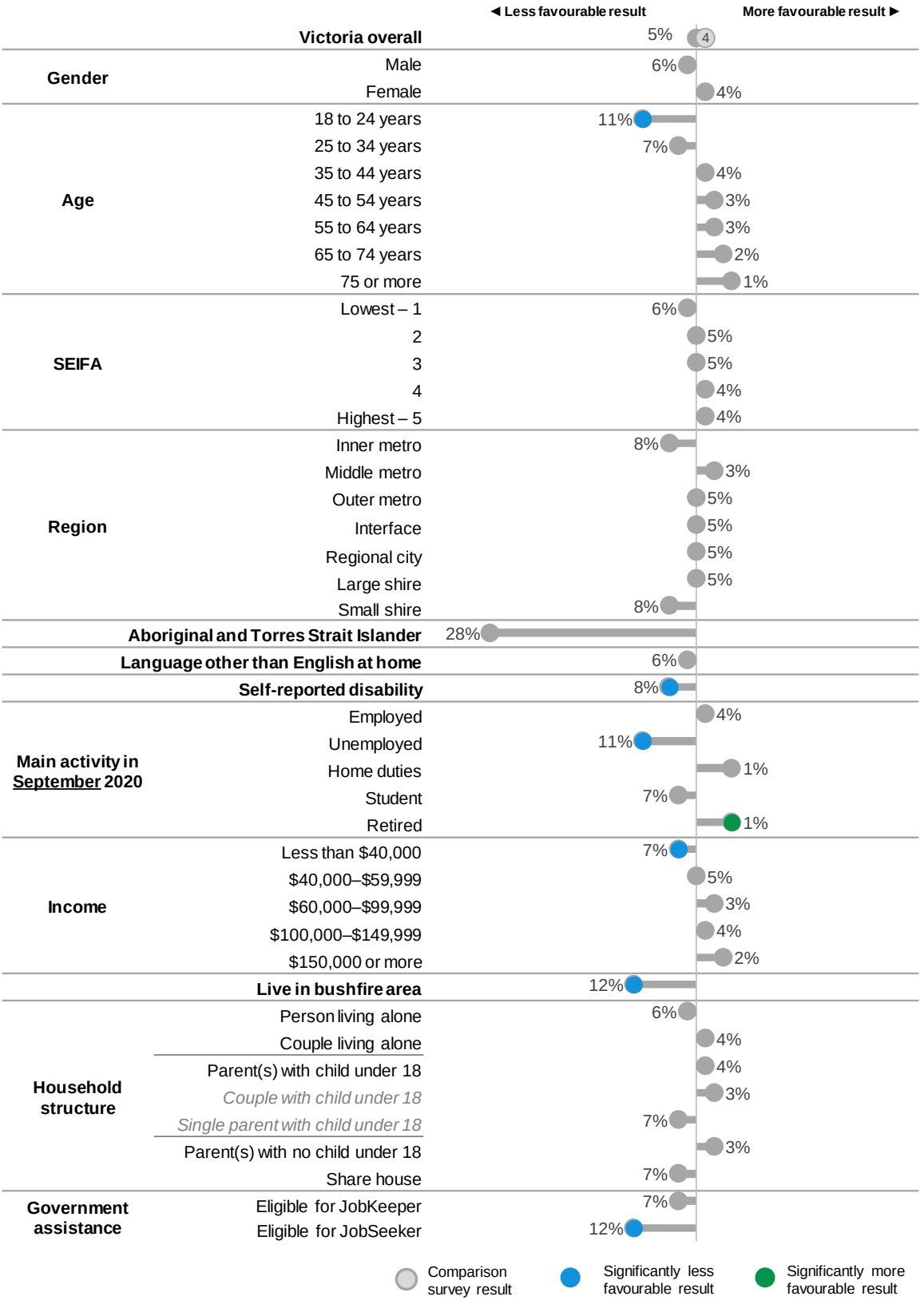
Base: All – Survey Two (n=2,000), Survey One (n=2,000).

As outlined in Figure 69, 5% of respondents indicated that they had run out of food and were unable to afford to buy more due to a shortage of money during the second wave.

Figure 70 shows that this was similar to the proportion who had run out of food due to money shortages during the first wave, and February 2020 (7% and 6%, respectively). However, for some sub-populations, the percentage change between time points is more pronounced, for example single parents of children under 18 and Aboriginal and Torres Strait Islanders, and the frequency in the latter group remains very high.

Figure 69 Ran out of food and could not afford to buy more because of a shortage of money – Victorian and sub-population frequencies (% yes) from Survey Two

Note: Responses that are significantly more favourable than the Victorian overall result are on the right, highlighted in green. Responses that are significantly less favourable than the Victorian overall result are on the left, highlighted in blue.



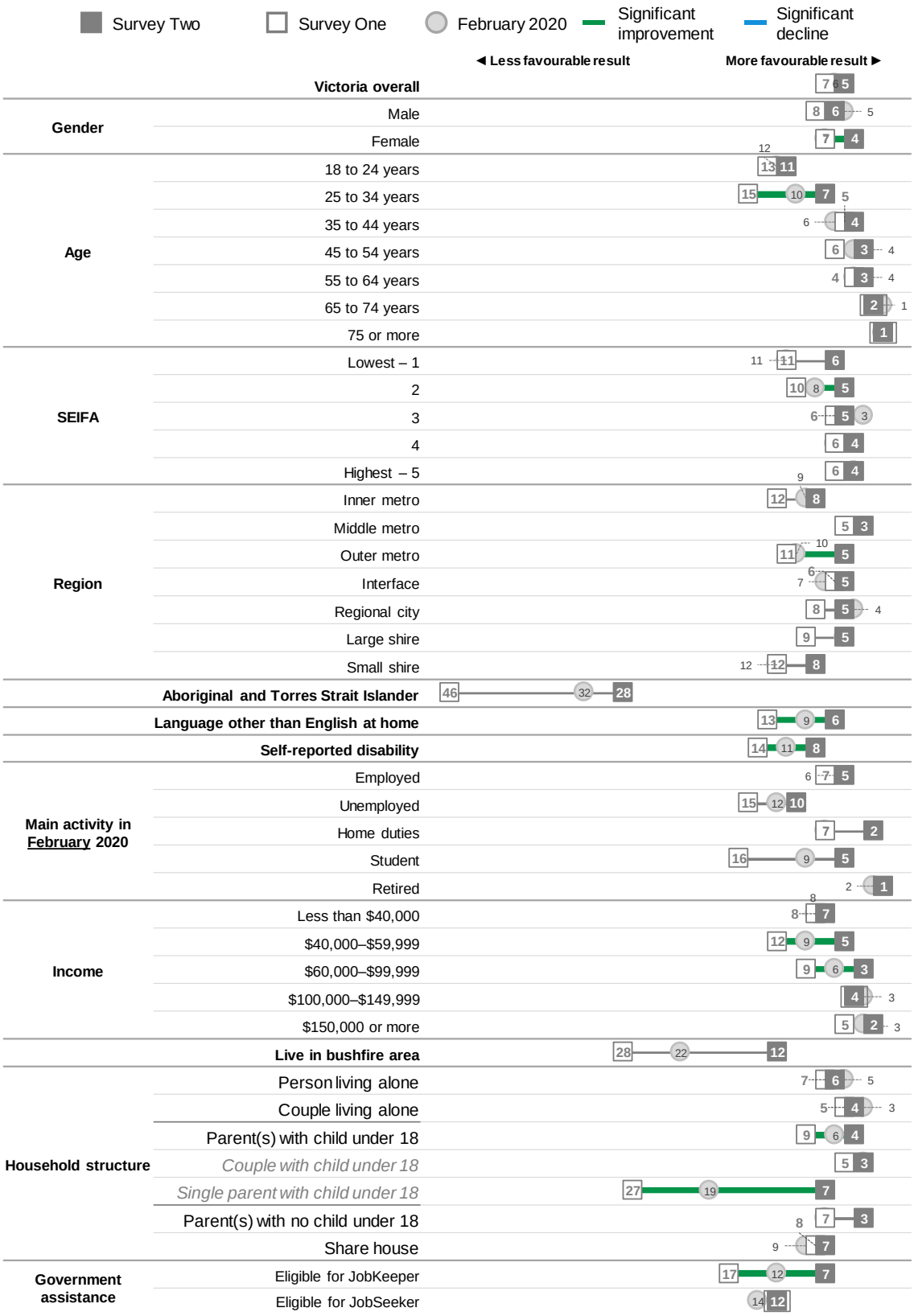
G12 Since coronavirus restrictions began, did any of the following happen because of a shortage of money? Ran out of food and could not afford to buy more.

Base: All – Survey Two (n=2,000).

Note: Results for some sub-populations are lower than others but not significantly different to the overall results due to small base sizes.

Figure 70 Ran out of food and could not afford to buy more because of a shortage of money – comparison of Victorian and sub-population frequencies (% yes) from survey One and Survey Two

Note: Responses that are more favourable are on the right. Responses that are less favourable are on the left. Significant improvements between Survey One and Two are indicated by a green bar. Significant declines between Survey One and Two are indicated by a blue bar.

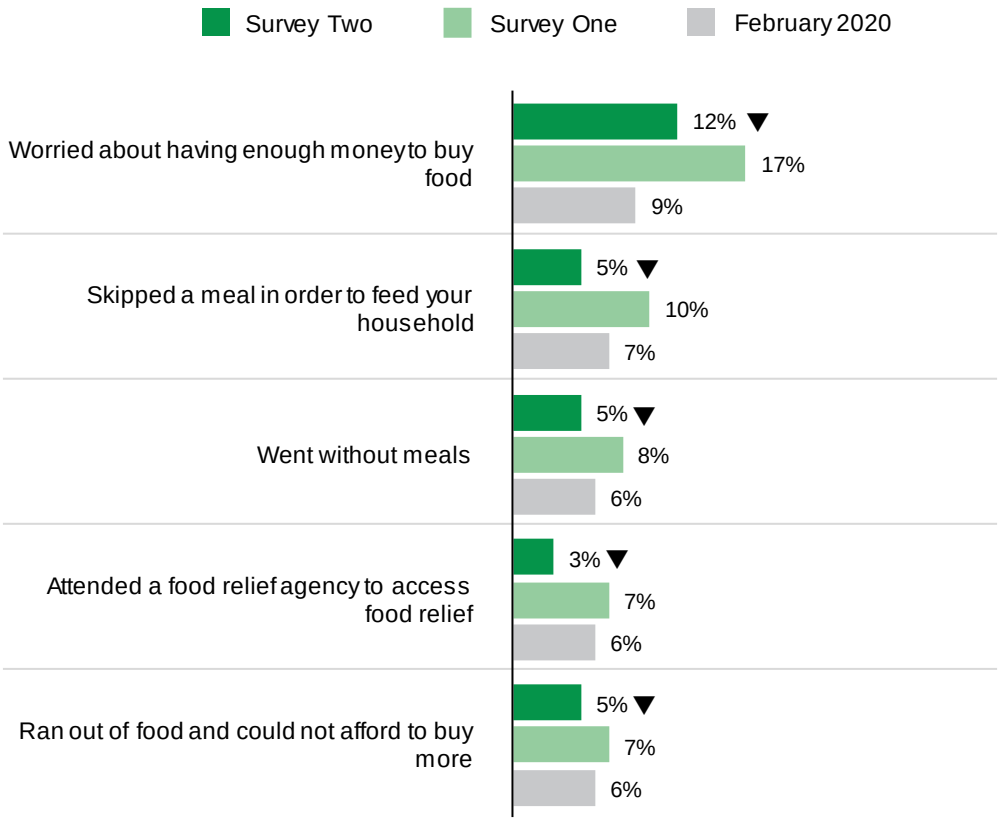


G12 Since coronavirus restrictions began, did any of the following happen because of a shortage of money? Ran out of food and could not afford to buy more.
Base: All – Survey Two (n=2,000), Survey One (n=2,000).

In addition to running out of food and being unable to afford more, a series of other food consumption behaviours that were impacted upon due to a shortage of money were explored in the survey.

Figure 71 compares types of food insecurity between Survey One, Survey Two and February 2020. Significant decreases in rates of food insecurity were observed across all measures of food insecurity in Survey Two compared to Survey One, with levels being closer to estimates for food insecurity in February 2020. As results for February 2020 rely on retrospective recall, significance testing was not conducted, it is provided as a point of reference only.

Figure 71 Frequency of types of food insecurity reported in Survey One, Survey Two and February 2020



G12 Since coronavirus restrictions began, did any of the following happen because of a shortage of money?
Base: All – Survey Two (n=2,000), Survey One (n=2,000).
Note: All items from G12 related to financial hardship (i.e. 'Could not pay electricity, gas or telephone bills on time', 'Asked for financial help from friends or family', 'Could not pay the rent or mortgage on time', 'Pawned or sold something', 'Asked for help from welfare/community organisations', and 'Applied for early access to my superannuation' are shown in Figure 86.
▲▼ Results from Survey Two that are significantly different to Survey One results at the 95% confidence level.

6. Findings: Alcohol consumption

The National Health and Medical Research Council's (NHMRC) 2009 *Australian guidelines to reduce health risks from drinking alcohol*[18] recommend that people consume no more than:

- four standard drinks on a single occasion to reduce the risk of short-term harm such as injury
- two standard drinks per day to reduce the risk of long-term harms such as chronic disease.

Alcohol
Impact on alcohol consumption • The frequency of at least weekly risk of short-term harm from alcohol in the second wave of the pandemic showed significant improvements compared to the first wave, decreasing from 11% to 7%. In the second wave, the proportion of those consuming more than two standard drinks of alcohol at least 5 days a week, which is consistent with risk of long-term harm, was 6%, which is on par with the first wave result (7%).
Factors influencing these changes • The most commonly reported reasons for increased alcohol consumption during the second wave were: boredom (46%), being anxious or stressed (43%), having more time (32%), not needing to stay below .05 for driving (28%), and feeling lonely (20%). • Those who reported drinking less alcohol cite not being able to socialise with the people they usually drink with (44%), not being able to access usual places to drink (33%), and a desire to improve their health in general (31%) as reasons for reduced alcohol consumption.

[18] National Health and Medical Research Council's 2009 Australian Guidelines to Reduce Health Risks from Drinking Alcohol

Variation by sub-populations

Impacts of the second wave on alcohol consumption showed significant variation by sub-populations, as shown in Table 16.

Table 16 Alcohol consumption variation by sub-population

	Survey Two: Significantly more favourable levels than the state result	Survey Two: Significantly less favourable levels than the state result	Significant improvement from Survey One to Survey Two	Significant decline from Survey One to Survey Two
Risk of short-term harm at least weekly	• Female • Aged 75 or more	• Male • Self-reported disability • Eligible for JobSeeker	• Aged 25 to 34 years • SEIFA 2 • Income of $40,000 – $59,999 • Income of $100,000 – $149,999 • Eligible for JobSeeker	• None
Risk of long-term harm	• Home duties	• Aged 65 to 74 years • Self-reported disability • Retired • Person living alone	• Income of $40,000 – $59,999 • Eligible for JobKeeper	• None

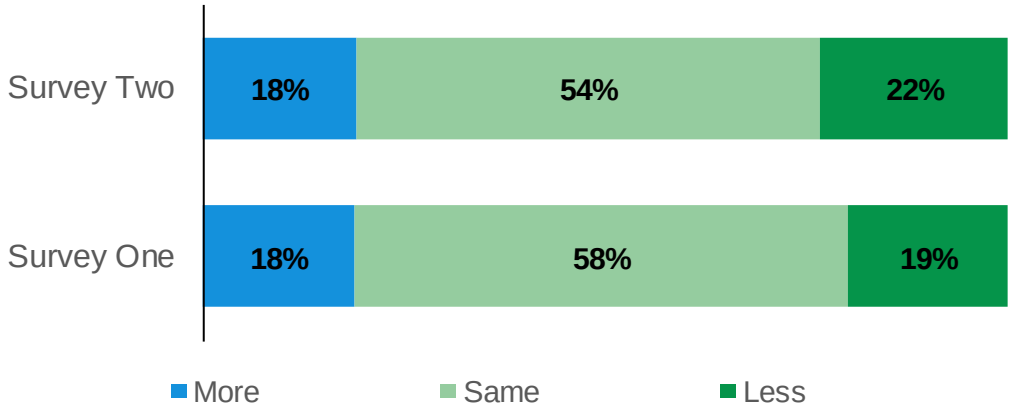
Key Indicator	Survey Two	Survey One	Comparison Survey Result
Short-term harm (consumed more than 4 standard drinks in a session at least weekly)	**7%▼**	11%	**11.5%** (2017)^
Long-term harm (consumed more than 2 standard drinks in a session at least 5 times a week)	**6%**	7%	-

Note: ▼Survey Two results significantly lower/more favourable than Survey One results.
^VPHS 2017 - https://www2.health.vic.gov.au/public-health/population-health-systems/health-status-of-victorians/survey-data-and-reports/victorian-population-health-survey/victorian-population-health-survey-2017

6.1. Drinking frequency

As shown in Figure 72 below, there was no significant difference between Survey One and Survey Two in the proportion of people who were drinking on more days and those who were drinking on fewer days compared to before the pandemic.

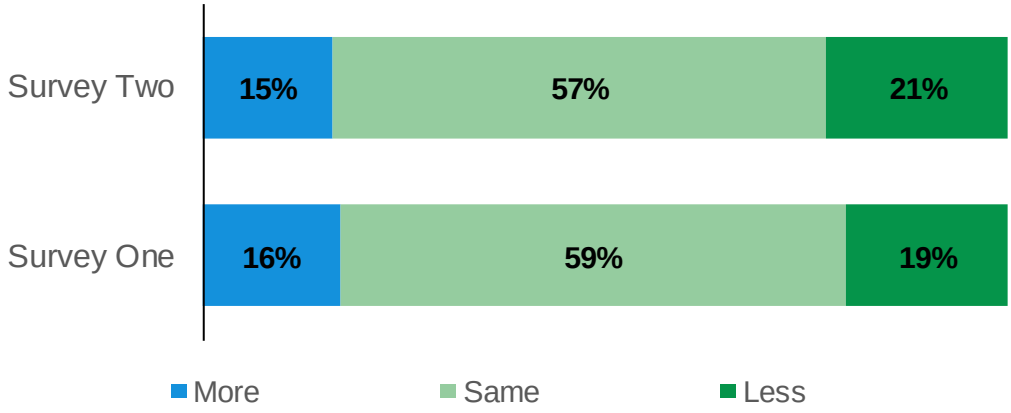
Figure 72 Levels of alcohol consumption compared to before the pandemic (more, same or less), results for Survey One and Survey Two



E2 Would you say this is more, less, or about the same now – during the current coronavirus restrictions, compared to earlier in the year **before** any coronavirus restrictions began?
Base: Had an alcoholic drink during current coronavirus restrictions – Survey Two (n=1,466), Survey One (n=1,492).
Note: Figures do not add to 100% because the following are not shown: Not sure – Survey Two (4%), Survey One (4%); and Prefer not to say – Survey Two (2%), Survey One (3%).

As shown in Figure 73, the majority of people reported consuming the same number of standard drinks in each session compared to before the pandemic began, in both Survey One and Two. There was a similar proportion of people who were drinking more standard drinks during each of their drinking sessions as those drinking fewer standard drinks. There were no significant differences in these findings between surveys.

Figure 73 Levels of alcohol consumed in each drinking session compared to before the pandemic (more, same, less), results from Survey One and Survey Two



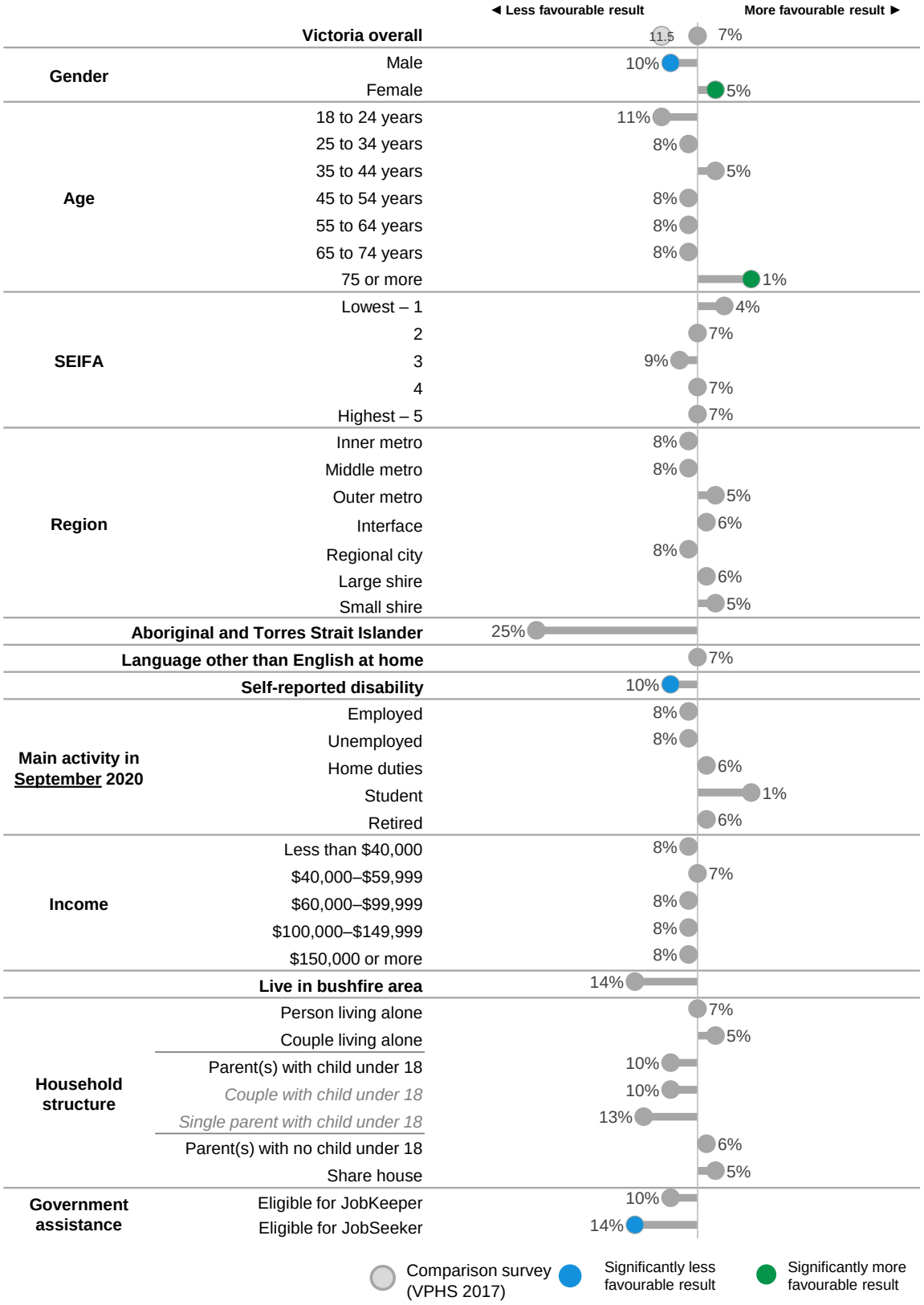
E4 Would you say this is more, less, or about the same now - during the current coronavirus restrictions, compared to compared to earlier in the year **before** any coronavirus restrictions began?
Base: Had an alcoholic drink during current coronavirus restrictions – Survey Two (n=1,466), Survey One (n=1,492).
Note: Figures do not add to 100% because the following are not shown: Not sure – Survey Two (3%), Survey One (4%); and Prefer not to say – Survey Two (3%), Survey One (2%).

As shown in Figure 74, 7% of respondents reported consuming alcohol at a level that would put them at risk of short-term harm (more than four standard drinks in a session each week) at least weekly in Survey Two. This behaviour was significantly more common among males (10%), those with a disability (10%), those who were employed (9%), and parents with children under 18 (11%), and significantly less common among females (5%) and those aged 75 or more (1%).

Figure 75 shows that the frequency of risk of short-term harm from alcohol identified in Survey Two was significantly improved compared to overall results from Survey One. Specifically, there were significant improvements among those aged 25 to 34 years, in SEIFA level 2, people who were employed, those earning an income between $40,000 and $59,999 or $100,000 and $149,999, and those eligible for JobSeeker. There were also improvements in the frequency of short-term harm risk at least weekly for people from bushfire affected areas and Aboriginal and Torres Strait Islanders, however, due to the smaller sample size of these sub-populations, the results weren't statistically significant.

Figure 74 Risk of short-term harm from alcohol (consumption of more than 4 standard drinks in a single session at least weekly) – Victorian and sub-population frequencies from Survey Two

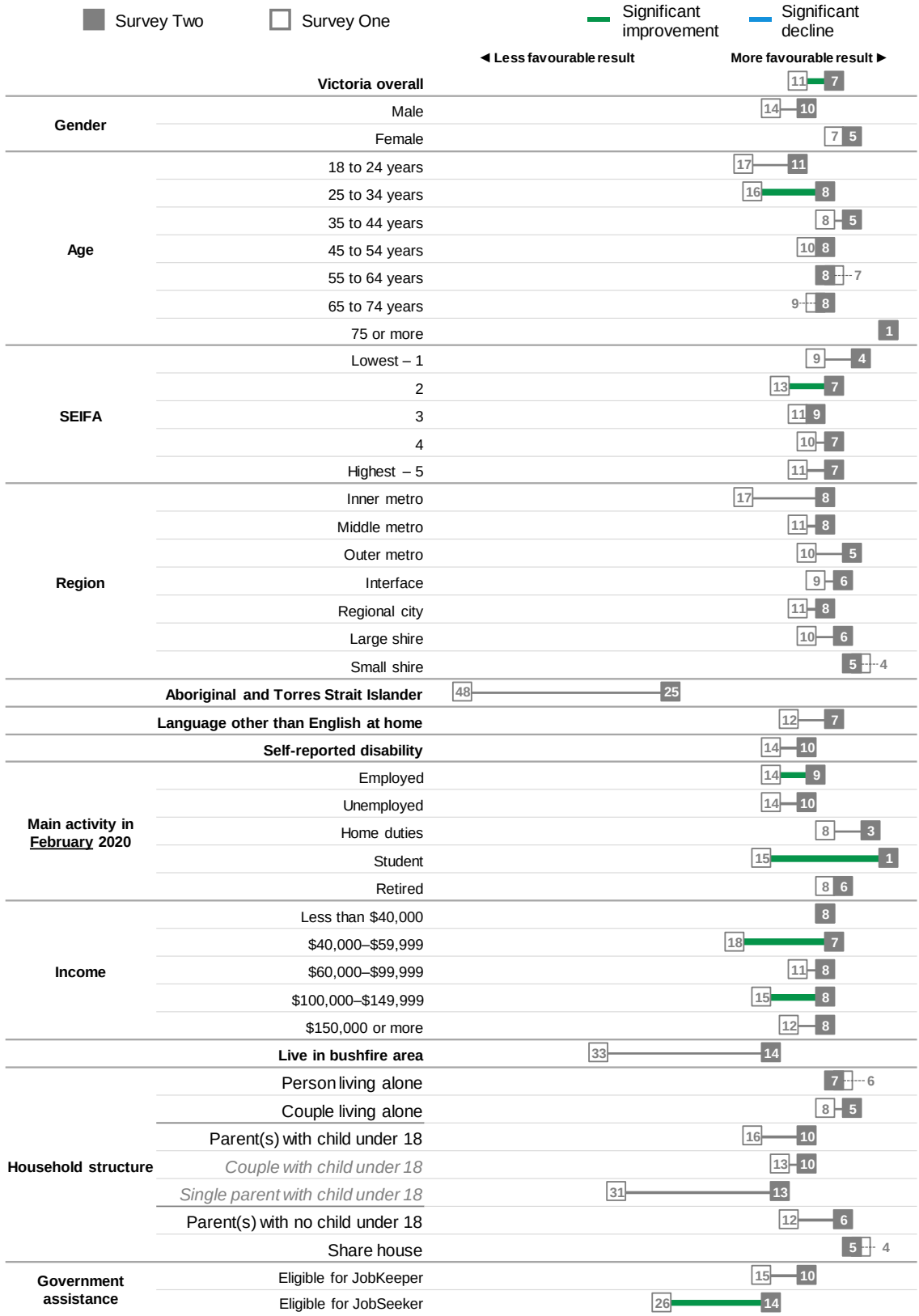
Note: Responses that are significantly more favourable than the Victorian overall result are on the right, highlighted in green. Responses that are significantly less favourable than the Victorian overall result are on the left, highlighted in blue.



E1 During the current coronavirus restrictions, how often have you had an alcoholic drink of any kind? | E3 Still thinking about during the current coronavirus restrictions… On a day that you have an alcoholic drink, how many standard drinks do you usually have?
Base: All – Survey Two (n=2,000).
Note: Results for some sub-populations are lower than other and not significantly different to the overall results due to small base sizes.

Figure 75 Risk of short-term harm form alcohol (consumption of more than 4 standard drinks in a single session) at least weekly – comparison of Victorian and sub-population frequencies from Survey One and Two

Note: Responses that are more favourable are on the right. Responses that are less favourable are on the left. Significant improvements between Survey One and Two are indicated by a green bar. Significant declines between Survey One and Two are indicated by a blue bar.



E1 During the current coronavirus restrictions, how often have you had an alcoholic drink of any kind?

E3 Still thinking about the current coronavirus restrictions… On a day that you have an alcoholic drink, how many standard drinks do you usually have?

Base: All – Survey Two (n=2,000), Survey One (n=2,000).

Figure 76 shows that the proportion of those consuming more than two standard drinks of alcohol at least 5 days a week, a level that increases the risk of long-term harm, was 6% in Survey Two. This is on par with the Survey One result (7%). This level of consumption was significantly higher among those aged 65 to 74 (12%), people with a disability (10%), those who were retired (9%), people who earn $40,000 or less (9%) and those living alone (10%).

Figure 77 shows that there were no significant differences at a state-wide level between Survey One and Two results in the proportion of Victorians reporting drinking behaviours consistent with long-term harm. However, employed Victorians, those earning between $40,000 and $59,999, and those eligible for JobSeeker show a significant increase in frequency of drinking behaviours consistent with long-term harm. Although sample sizes are too small to allow for significance testing, the proportion of Aboriginal and Torres Strait Islander respondents' levels of long-term harm risk in Survey Two (5%) was less than the rate recorded in Survey One (19%).

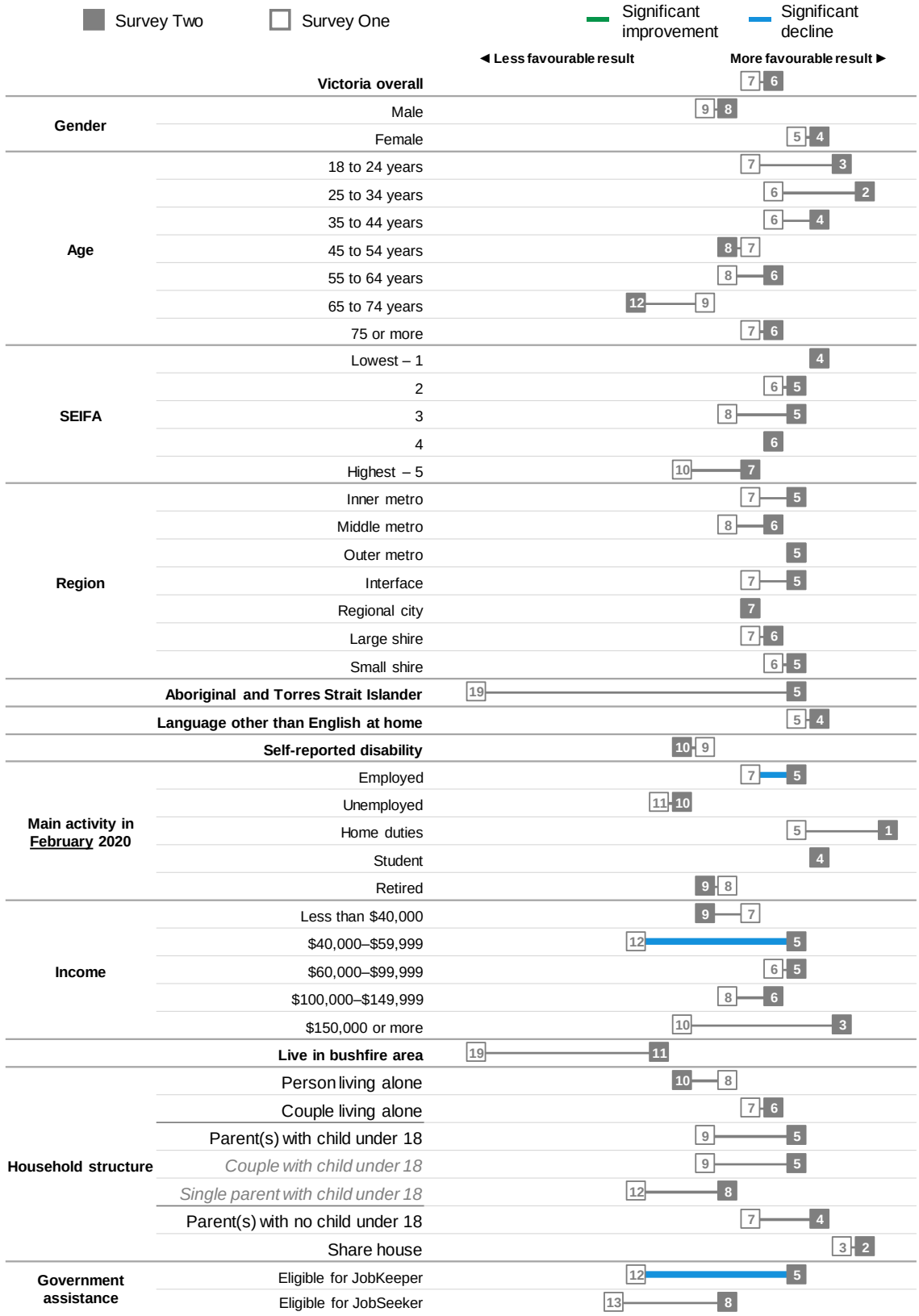
Figure 76 Risk of long-term harm (consumption of more than two standard drinks in a single session, 5 to 7 days a week) – Victorian and sub-population frequencies from Survey Two

Note: Responses that are significantly more favourable than the Victorian overall result are on the right, highlighted in green. Responses that are significantly less favourable than the Victorian overall result are on the left, highlighted in blue

E1 During the current coronavirus restrictions, how often have you had an alcoholic drink of any kind? | E3 Still thinking about during the current coronavirus restrictions… On a day that you have an alcoholic drink, how many standard drinks do you usually have?
Base: All – Survey Two (n=2,000).
Note: Results for some sub-populations are lower than other and not significantly different to the overall results due to small base sizes.

Figure 77 Risk of long-term harm (consumption of more than 4 standard drinks in a single session at least weekly) – comparison of Victorian and sub-population frequencies from Survey One and Survey Two

Note: Responses that are more favourable are on the right. Responses that are less favourable are on the left. Significant improvements between Survey One and Two are indicated by a green bar. Significant declines between Survey One and Two are indicated by a blue bar.



E1 During the current coronavirus restrictions, how often have you had an alcoholic drink of any kind?
E3 Still thinking about during the current coronavirus restrictions… On a day that you have an alcoholic drink, how many standard drinks do you usually have?
Base: All – Survey Two (n=2,000), Survey One (n=2,000).

6.2. Drinking behaviour change

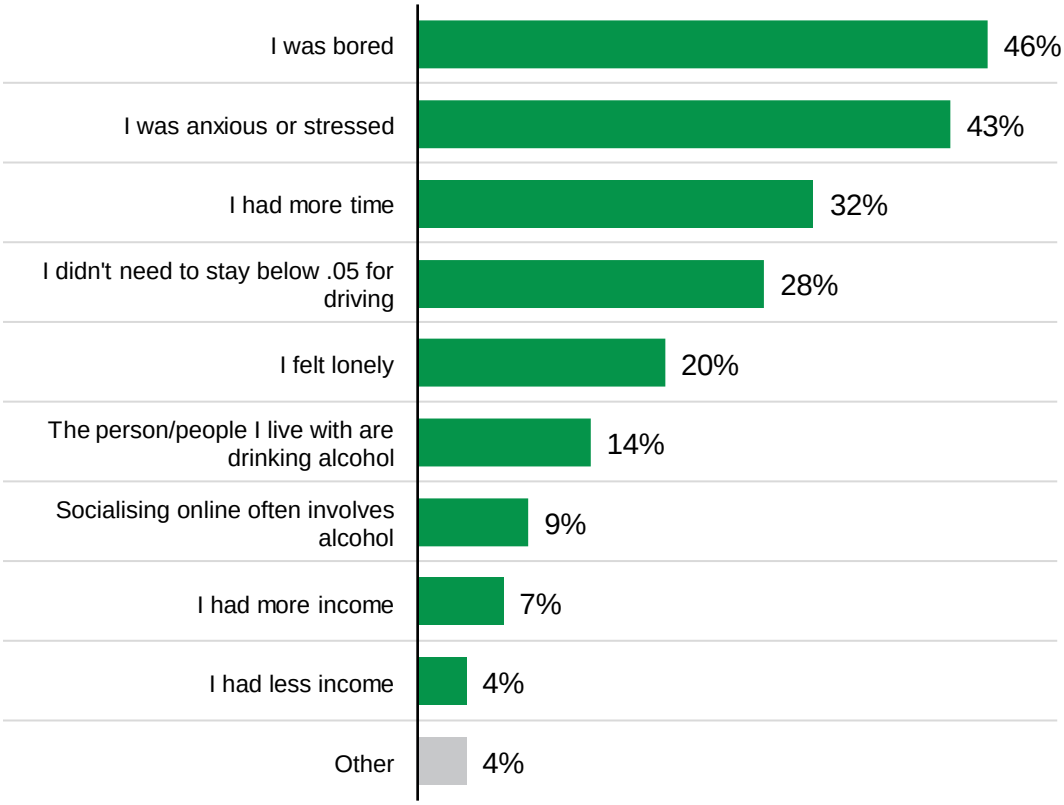
Respondents were asked for the reasons that they were drinking more alcohol during the second wave of the pandemic and could select multiple reasons. Responses to these questions may help identify the causes of increased alcohol consumption and how future safer drinking behaviour can be encouraged.

Several new response options were added to this question in Survey Two to reflect the potential impact of pandemic restrictions, including:

- I felt lonely (20%)
- the person/people I live with are drinking alcohol (14%)
- socialising online often involves alcohol (9%).

Figure 78 shows that common reasons for increased drinking behaviour among respondents included boredom (46%), dealing with anxiety or stress (43%), or having more time (32%).

Figure 78 Main reasons for drinking more alcohol, results from Survey Two



E5 What is the main reason you've drank alcohol on more days during the current coronavirus restrictions?
Base: Had an alcoholic drink during the second wave (n=285).
Note: Not shown; Not sure (3%), Prefer not to say (<1%).
Respondents could select multiple options.

Sub-populations showing significantly different reasons for more alcohol consumption are presented in Table 17 below.

Table 17 Reasons for drinking more alcohol reported in Survey Two – sub-population frequencies that are significantly different to the overall Victorian level

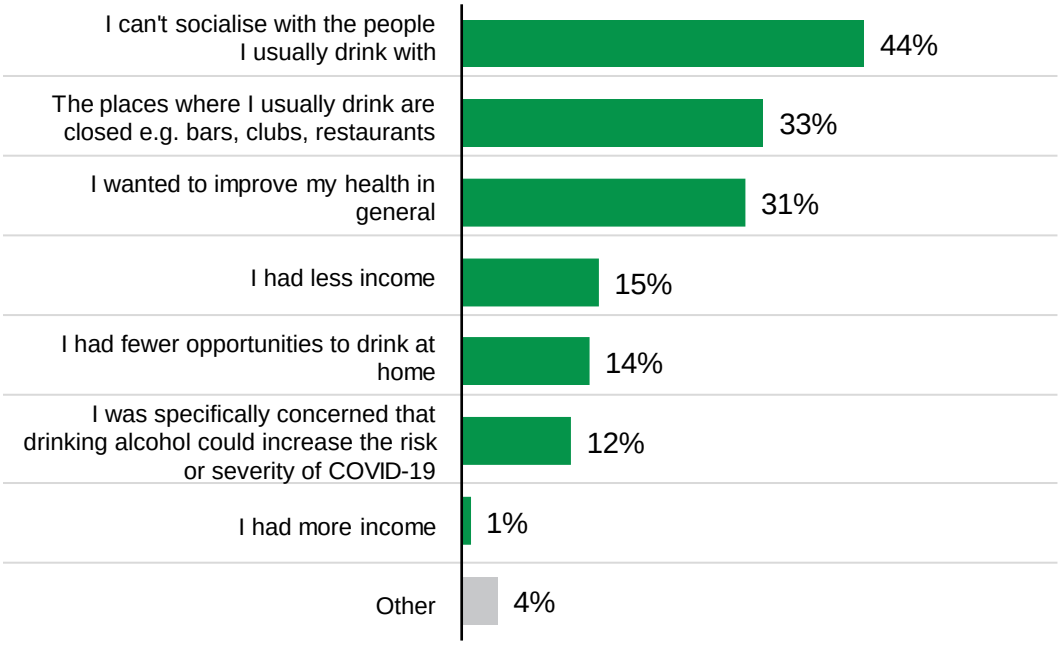
Reason for drinking more alcohol	Victoria overall	Sub-populations with significantly **higher** proportion		Sub-populations with significantly **lower** proportion	
I didn't need to stay below .05 for driving	**28%**	$100,000 – $149,999	**42%**		
The person/people I live with are drinking alcohol	**14%**			Person living alone	**1%**
I had more income	**7%**	Self-reported disability	**16%**		
I had less income	**4%**	Self-reported disability	**11%**		
		Eligible for JobKeeper	**12%**		

Note: There were no sub-group differences for 'I had more time', 'I was bored', 'I was anxious or stressed', 'I felt lonely' 'Socialising often involves alcohol'.
E5 What is the main reason you've drank alcohol on more days during the current coronavirus restrictions?
Base: Had an alcoholic drink during the second wave (n=285).
Note: Not shown; Not sure (3%), Prefer not to say (<1%).
Respondents could select multiple options.

The reasons for drinking less alcohol are shown in Figure 79. Respondents could select multiple reasons for drinking less alcohol. The most commonly selected reasons were not being in social situations that encourage drinking (44%), the enforced closure of drinking establishments (33%), and a desire to improve their health in general (31%).

Young people aged 18 to 24 were more likely to cite wanting to improve their health as a reason for consuming less alcohol (49%); whereas those aged 55 to 64 were more likely to report reduced opportunities to drink at home as a reason for their reduced alcohol consumption (28%).

Figure 79 Main reasons for drinking less alcohol, results from Survey Two



E6 What is the main reason you've drank alcohol on more days during the current coronavirus restrictions?
Base: Drank less alcohol (n=331).
Note: Not shown; Not sure (3%), Prefer not to say (3%).
Respondents could select multiple options.

Sub-populations showing significantly different reasons for less alcohol consumption are presented in Table 18 below.

Table 18 Reasons for drinking less alcohol reported in Survey Two – sub-population frequencies that are significantly different to the overall Victorian level

Reason for drinking less alcohol	Victoria overall	Sub-populations with significantly **higher** proportion		Sub-populations with significantly **lower** proportion
I wanted to improve my health in general	**31%**	18 to 24 years	**49%**	
I had fewer opportunities to drink at home	**14%**	55 to 64 years	**28%**	
		Employed	**20%**	
I was specifically concerned that drinking alcohol could increase the risk or severity of COVID-19	**12%**	$60,000 – $99,999	**25%**	
I had more income	**1%**	$100,000 – $149,999	**6%**	

Note: There were no sub-group differences for 'I can't socialise with the people I usually drink with', 'The places where I usually drink are closed', 'I had less income'.
E6 What is the main reason you've drank alcohol on more days during the current coronavirus restrictions?
Base: Drank less alcohol (n=331).
Note: Not shown; Not sure (3%), Prefer not to say (3%).
Respondents could select multiple options.

7. Findings: Smoking

Tobacco smoking is one of the leading causes of preventable death and disease in Australia[19]. A measure of smoking frequency was included in the survey to monitor any changes in smoking behaviours.

Smoking
Impact on smoking • The proportion of respondents who reported they smoked daily during the second pandemic wave (12%) was consistent with the first wave (12%) and the 2017 comparison survey (12.4%). However, a recent survey of smoking behaviour in Victoria[20] revealed the rate of daily smoking was 10% in 2019, therefore the current result of 12% may indicate an increase in daily smoking rates. • One in five respondents that smoke (22%) reported that they had smoked more than usual during the second pandemic wave. One in eight (13%) people who smoke reported smoking less than usual. • The pandemic may have been a catalyst to stop smoking for some, with 14% attempting to quit and 4% successful in quitting in the second pandemic wave.
Factors influencing these changes • Reasons for smoking more reported in Survey Two included boredom (67%), stress or anxiety (67%), having more free time (52%), and feeling lonely (28%). • Improving respondents' general health was the most common reason for smoking less (74%), followed by having fewer opportunities to smoke at home (26%). • The most common reason for attempting to quit smoking reported in Survey Two was to improve general health (71%). Other reasons included to save money (30%), and a concern that smoking could increase the risk or severity of coronavirus (22%). • For the small proportion of people who reported in Survey Two that they had successfully quit, the most common reason to do so was to improve their general health (40%).

[19] 1. AIHW (Australian Institute of Health and Welfare) 2019. Australian Burden of Disease Study: impact and causes of illness and death in Australia 2015. Australian Burden of Disease Study series no.19. Cat. no. BOD 22. Canberra: AIHW. Viewed 13 June 2019

[20] Australian Institute of Health and Welfare 2020. National Drug Strategy Household Survey 2019. Drug Statistics series no. 32. PHE 270. Canberra AIHW, www.aihw.gov.au/getmedia/4a26ccf6-4934-4dcc-8052-c6ee705ebb0f/aihw-phe-270-fact-sheet-Vic.pdf

Variation by sub-populations

Impacts of the second wave on smoking showed significant variation sub-population, as shown in Table 19.

Table 19 Smoking variation by sub-population

	Survey Two: Significantly more favourable levels than the state result	Survey Two: Significantly less favourable levels than the state result	Significant improvement from Survey One to Survey Two	Significant decline from Survey One to Survey Two
Daily smoking	• None	• Aged 45 to 54 years • Living in a small shire • Self-reported disability	• None	• None

Key Indicator	Survey Two	Survey One	Comparison Survey Result
Smoking frequency (smoke daily)	**12%**	12%	12.4% (2017)^

^VPHS 2017 – www2.health.vic.gov.au/public-health/population-health-systems/health-status-of-victorians/survey-data-and-reports/victorian-population-health-survey/victorian-population-health-survey-2017

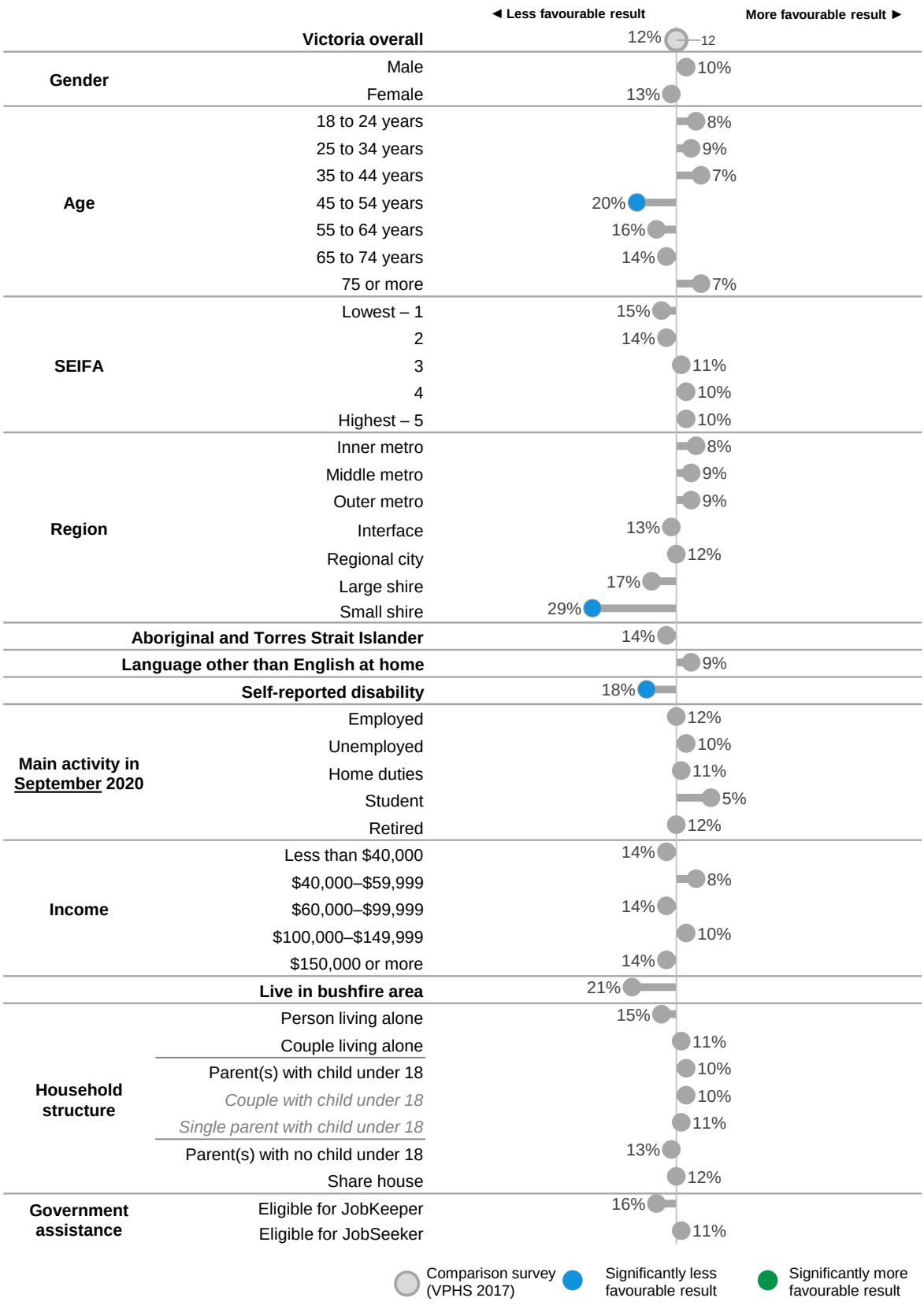
7.1. Smoking frequency

Respondents were asked how frequently they smoked cigarettes, cigars, pipes or any other tobacco products. 12% of respondents reported smoking daily in Survey Two. Figure 80 shows the daily smoking rate for Victorians overall as well as daily smoking rates in sub-populations.

Changes in the frequency of daily smoking reported in Survey One and Two are shown in Figure 81. No significant changes positively or negatively are observed due to low sub-sample sizes, however there is a notable shift in the proportion of those living in small shires who report to be daily smokers. Three in ten (29%) reported smoking daily in Survey Two compared to 20% in Survey One.

Figure 80 Daily smoking of cigarettes, cigars, pipes or any other tobacco products – Victorian and sub-population frequencies (% daily smoking) from Survey Two

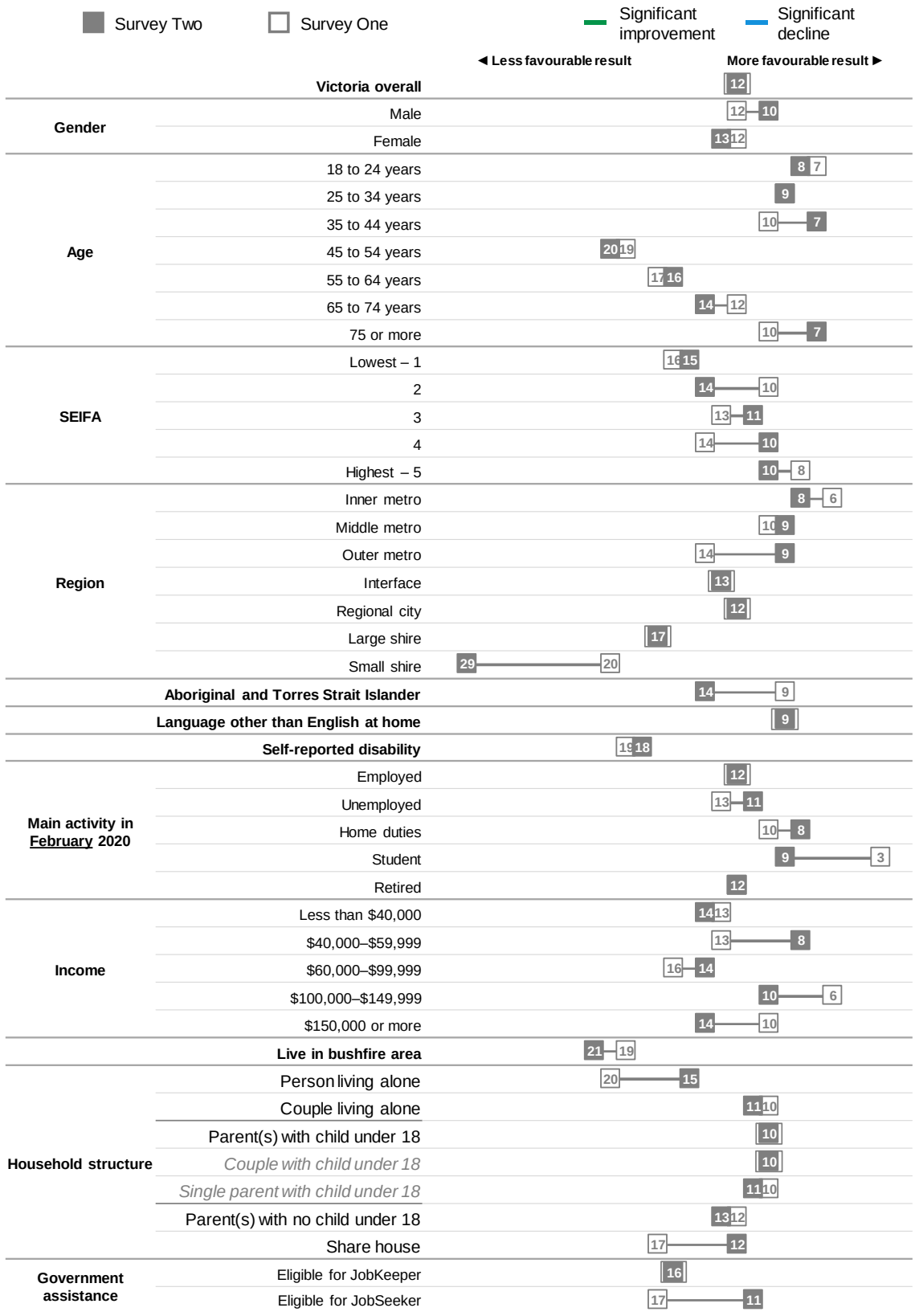
Note: Responses that are significantly more favourable than the Victorian overall result are on the right, highlighted in green. Responses that are significantly less favourable than the Victorian overall result are on the left, highlighted in blue.



F1. Do you now smoke cigarettes, cigars, pipes or any other tobacco products?
Base: All – Survey Two (n=2,000).
Note: Results for some sub-populations are lower than others but not significantly different to the overall results due to small base sizes.

Figure 81 Daily smoking of cigarettes, cigars, pipes or any other tobacco products – comparison of Victorian and sub-population frequencies from Survey One and Survey Two

Note: Responses that are more favourable are on the right. Responses that are less favourable are on the left. Significant improvements between Survey One and Two are indicated by a green bar. Significant declines between Survey One and Two are indicated by a blue bar.



F1. Do you now smoke cigarettes, cigars, pipes or any other tobacco products?
Base: All – Survey Two (n=2,000), Survey One (n=2,000).

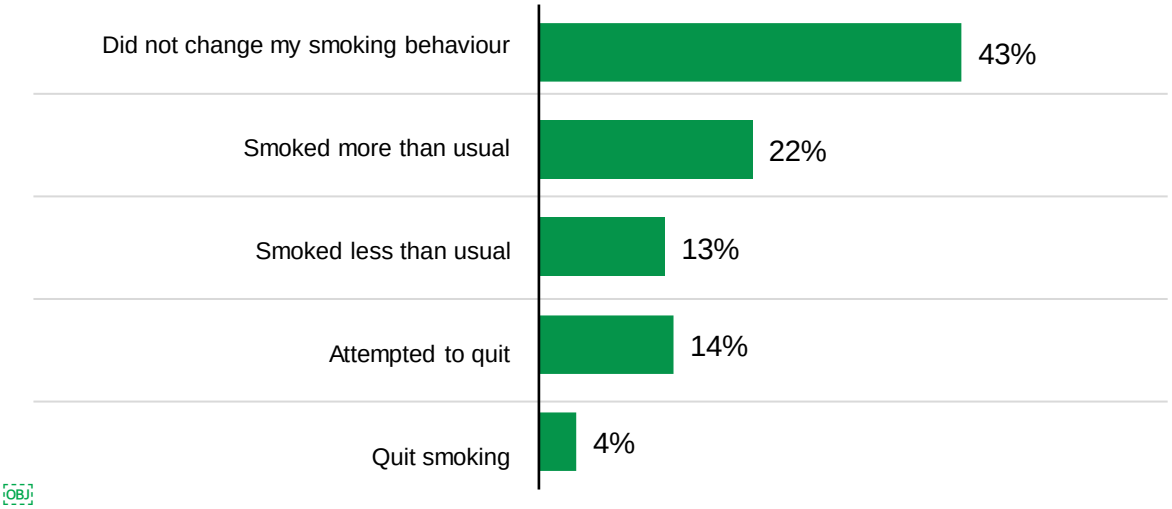
7.2. Smoking behaviour change

One in five (22%) Victorians who smoke reported that they smoked more than usual in Survey Two. Those living alone (38%) and people with a self-reported disability (39%) were more likely to report this increased behaviour; whereas those living in SEIFA level 2 (28%) and eligible for JobKeeper (23%) were more likely to be smoking less than usual.

Two in five (43%) people who smoked reported in Survey Two that they had not changed their smoking behaviour (See Figure 82).

One in seven (14%) people who smoke had tried to quit during the restrictions, with a further one in twenty (4%) doing so successfully. Those who were eligible for JobKeeper payments were more likely to report that they had attempted to quit smoking (24%). Respondents aged 18 to 24 years (31%), and those living in regional cities of Victoria were also more likely to have attempted to quit smoking (27%).

Figure 82 Smoking behaviour changes, results from Survey Two



OBJ

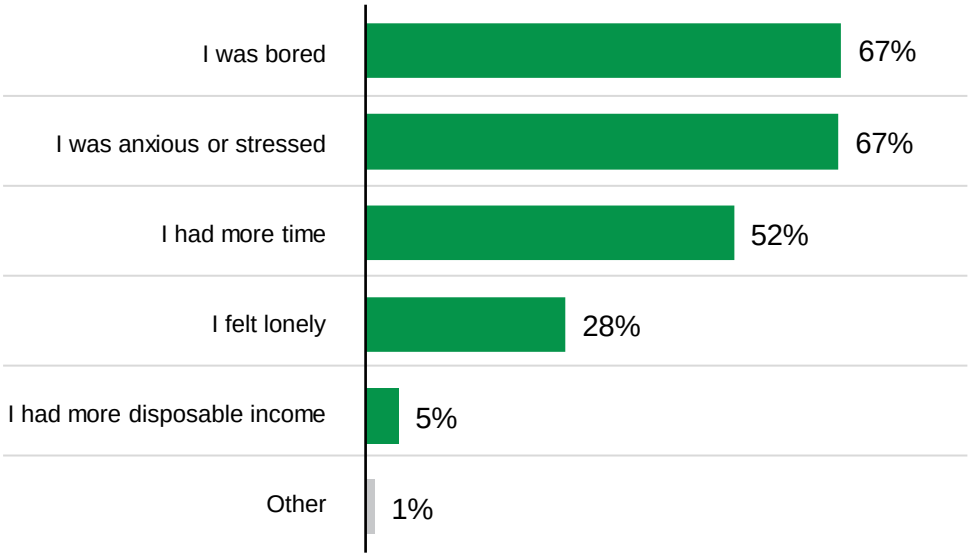
F2 During the current coronavirus restrictions, did you do any of the following?
Base: People who smoke (n=394).
Note: Not shown; Not sure (4%), Prefer not to say (1%).

As shown in Figure 83, among smokers who reported smoking in Survey Two, common reasons for increased smoking included boredom (67%), anxiety or stress (67%), and more free time (52%).

On the other hand, as shown in

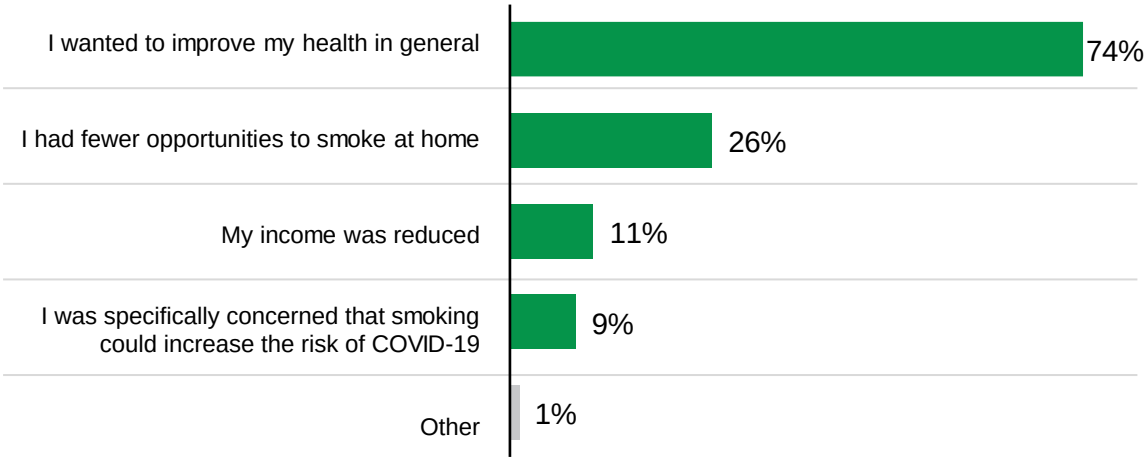
Figure 84 among those who reported smoking less in Survey Two, the most common driver to change their habit was to improve their health (74%).

Figure 83 Main reasons for smoking more often, results from Survey Two



F3 What is the main reason you smoked more than usual?
Base: Smoked more than usual (n=92).
Note: Not shown; Not sure (<1%), Prefer not to say (<1%).

Figure 84 Main reasons for smoking less often, results from Survey Two

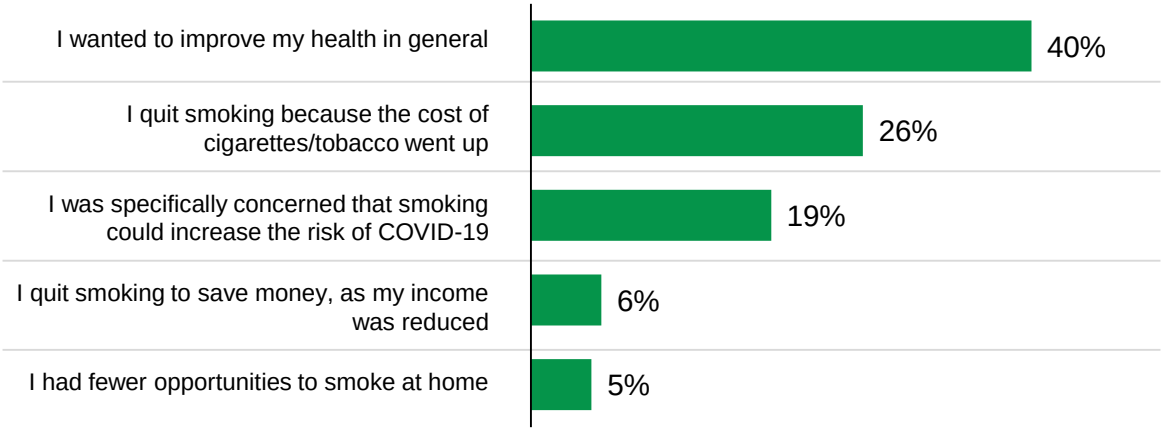


F4 What is the main reason you smoked less than usual?
Base: Smoked less than usual (n=57).
Note: Not shown; Not sure (1%), Prefer not to say (4%).

Common reasons for attempting to quit smoking reported in Survey Two were to improve general health (71%) and the perceived increased risks for people who smoke of coronavirus infections (30%) (See Figure 85).

Similar reasons for quitting were observed among those who did quit, with the most common reasons being to improve general health (40%), increased costs of cigarettes or tobacco (26%) and perceived increased risks for coronavirus infections (19%).

Figure 85 Main reasons for quitting smoking, results from Survey Two*



F6. What is the main reason you've quit?
Base: Quit smoking (n=18).
*Note: Small base size (n<30) interpret results with caution. Not shown; Not sure (9%), Prefer not to say (<1%).

8. Hardship

The first wave of the pandemic caused many Victorians to have their hours of work and pay reduced, and many lost their jobs. The impact of these large-scale workforce reductions has been felt by many, resulting in job insecurity as well as financial hardship. While financial hardship persisted during the second pandemic wave, there have been some positive changes to this measure.

Financial hardship and employment impacts
Impact on financial hardship and employment • Two in five (21%) Victorians reported experiencing some form of hardship during the second wave. This is significantly lower than the proportion who reported experiencing hardship during the first wave (24%). • The most common form of financial hardship reported during the second wave was not being able to pay electricity, gas or telephone bills on time (8%), however, the proportion of Victorians experiencing this has significantly decreased since the first wave (11%). • Three in ten (28%) Victorians were concerned about their future job prospects during the second pandemic wave, this level is consistent with the first wave.
Factors influencing these changes • During the second wave, one in four (23%) reported a reduction in their hours worked (see Figure 92). Other impacts on respondents' employment are shown in Figure 92, including having hourly rates of pay cut (8%) and forced paid leave (10%). These levels are all significantly lower than the first wave. • One in twelve respondents (8%) had lost their job during the second wave, which has not significantly changed since the first wave.

Variation by sub-populations

Impacts of the second wave on financial hardship showed significant variation by sub-population, as shown in Table 20.

Table 20 Financial hardship variation by sub-population

	Survey Two: Significantly more favourable levels than the state result	Survey Two: Significantly less favourable levels than the state result	Significant improvement from Survey One to Survey Two	Significant decline from Survey One to Survey Two
Experience of financial hardship	• Aged 65 to 74 years • Aged 75 or more years • Retired • Income of $60,000 - $99,999 • Income of $150,000 or more • Couple living alone	• Aged 18 to 24 years • Aged 25 to 34 years • Living in inner metro Melbourne • Living in a small shire • Speak a language other than English at home • Unemployed • Self-reported disability • Income less than $40,000 • Income of $40,000 – $59,999 • Live in bushfire area • Share house • Eligible for JobKeeper • Eligible for JobSeeker	• Male • Aged 25 to 34 years • SEIFA 5 • Living in middle metro Melbourne • Living in an interface region • Speak a language other than English at home • Self-reported disability • Income of $60,000 – $99,999 • Couple living alone • Parent(s) with child under 18	• None
Concern about housing stability	• Aged 65 to 74 years • Aged 75 or more • Retired	• Aged 25 to 34 years • Living in inner metro Melbourne • Speak a language other than English at home • Unemployed • Income of $40,000 – $59,999 • Share house • Eligible for JobKeeper • Eligible for JobSeeker	• None	• Couple with child under 18 • Eligible for JobKeeper
Concern about future job prospects	• Aged 65 to 74 years • Aged 75 or more • Self-reported disability • Retired • Person living alone • Couple living alone	• Aged 25 to 34 years • Aged 35 to 44 years • Living in inner metro Melbourne • Speak a language other than English at home • Employed • Unemployed • Couple with child under 18	• None	• None

		• Share house • Eligible for JobKeeper • Eligible for JobSeeker		

Key Indicator	Survey Two	Survey One
Experience of financial hardship (% yes)	**18%▼**	24%
Concern about housing stability (% concerned)	**17%**	19%
Concern about future job prospects (% concerned)	**28%**	29%
▼ Result from Survey Two was significantly lower/more favourable than the results for Survey One at the 95% confidence level.		

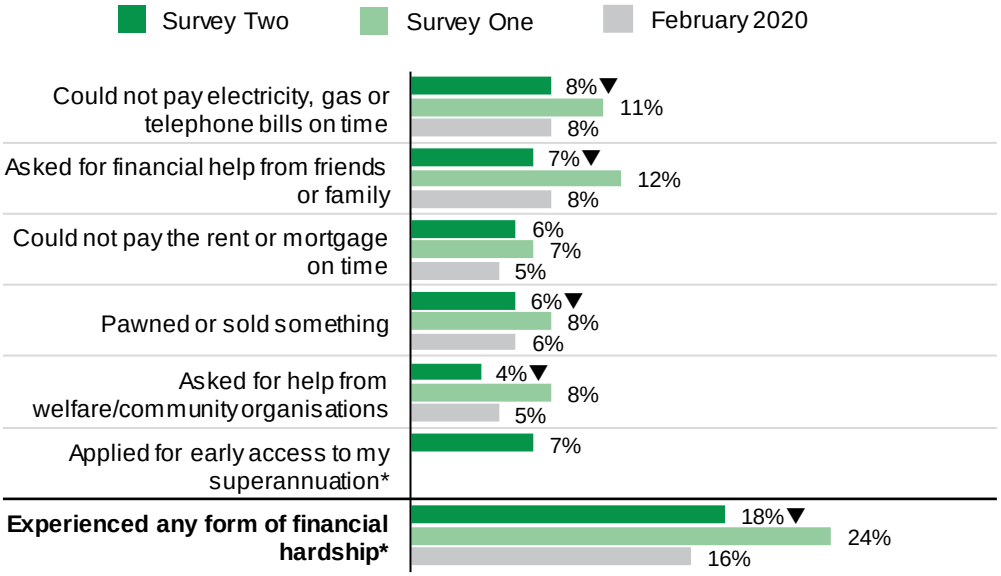
8.1. Financial hardship

In both Survey One and Survey Two, respondents were asked if they had experienced one of the listed forms of financial hardships since coronavirus restrictions began due to a shortage of money. In Survey One, they were also asked if they had experienced any of these in February 2020. Those who reported experiencing any one of six forms of financial hardship were combined into a single measure for the proportion of respondents that had experienced hardship (see Appendix 1 for scoring method).

The first pandemic wave saw an increase in the proportion of respondents experiencing hardship in several areas. As shown in Figure 86, one in four respondents (24%) reported experiencing some form of hardship in Survey One, an increase from the 16% that had experienced hardship in February 2020. However, as the February 2020 result relies on retrospective recall, significance testing was not conducted It is provided as a point of reference only. In Survey Two, the proportion of those experiencing financial hardship significantly decreased to one in five (21%).

There were significant decreases across all types of financial hardship experiences reported in Survey Two compared to Survey One, with most measures returning to February 2020 levels. The most common hardship reported was not being able to pay electricity, gas or telephone bills on time (8%).

Figure 86 Types of financial hardship experienced, results from Survey One, Survey Two and February 2020



G12 Since coronavirus restrictions began, did any of the following happen because of a shortage of money? (% responding 'Yes').
Base: All – Survey Two (n=2,000), Survey One (n=2,000)
*Note: *'Applied for early access to my superannuation' was a new code in Survey Two, and therefore there is no comparable data from Survey One, and it is not included in the measure for overall financial hardship.
All items from G12 related to food insecurity (i.e. 'Went without meals', 'Attended a food relief agency, food bank or food pantry (or similar) to access food relief', 'Worried about having enough money to buy food', 'Skipped a meal in order to feed your household' and 'Ran out of food and could not afford to buy more' are shown in Figure 71.
▲▼ Results from Survey Two significantly different to results from Survey One at the 95% confidence level

Figure 87 and Figure 88 show sub-population differences in the frequency of experiencing any form of hardships reported in Survey Two, and then a comparison of results from Survey One, Survey Two and February 2020.

The sub-populations with the highest levels of reported financial hardship in Survey Two included:

- Aboriginal and Torres Strait Islanders (67%)
- those eligible for JobSeeker (40%) and JobKeeper (33%)
- those in bushfire impacted areas (35%)
- those in small shires (36%) and inner Melbourne (31%)
- unemployed Victorians (35%).

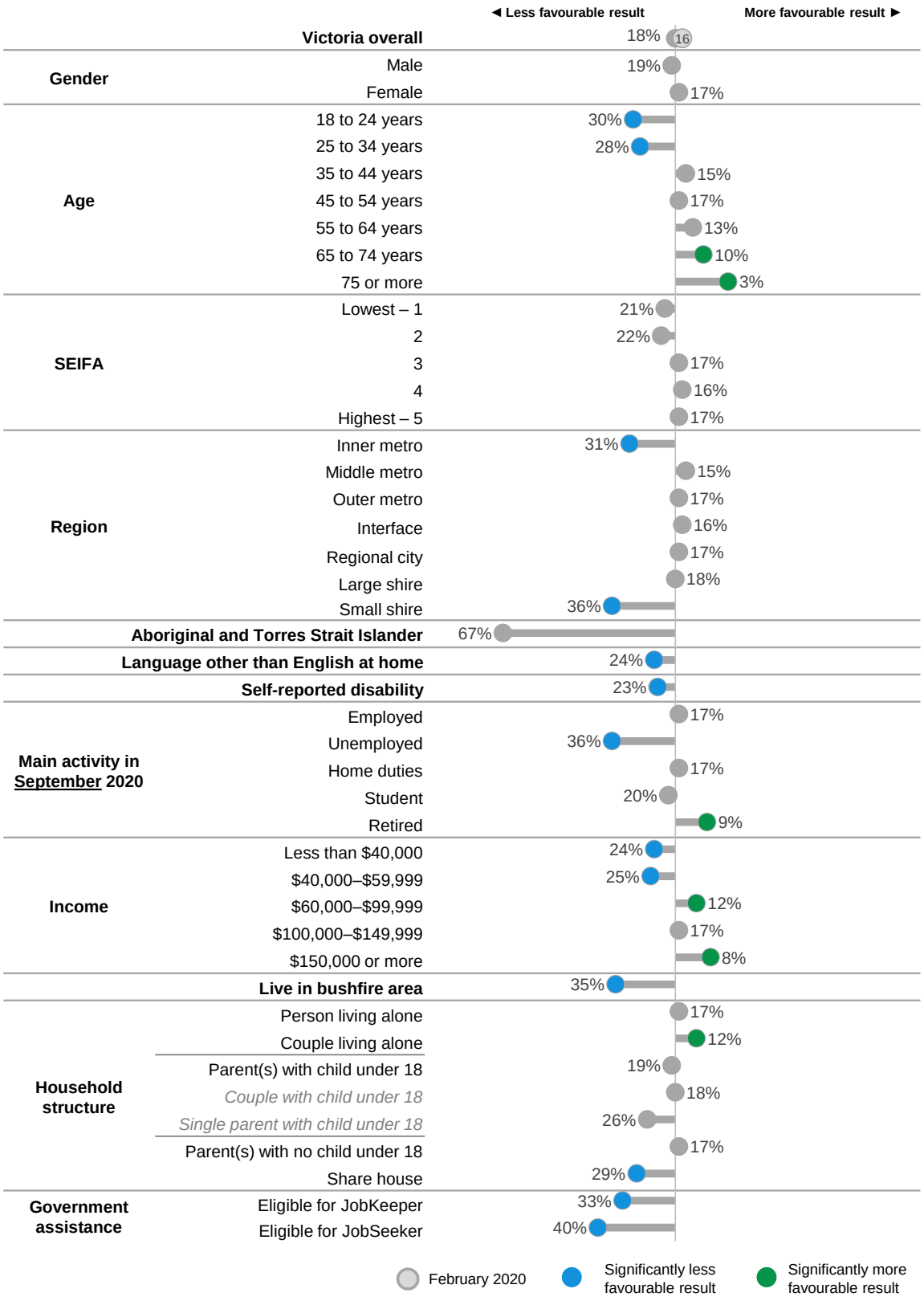
Younger Victorians aged 18 to 24 and aged 25 to 34 were more likely than Victorians overall to report having experienced financial hardship in Survey Two (30% and 28% respectively).

Several groups showed improvements between Survey One and Two in the amount of financial hardship experienced. The largest improvement was seen among those who were students in February 2020, 52% of this group reported experiencing financial hardship in Survey One. This improved to 16% experiencing hardship in the Survey Two.

Other groups showing improvements between the two surveys include: unemployed Victorians (22% from 39%), those aged 25 to 34 (28% from 44%), and parents with children under 18 (19% from 27%).

Figure 87 Experience of financial hardship – Victorian and sub-population frequencies from Survey Two

Note: Responses that are significantly more favourable than the Victorian overall result are on the right, highlighted in green. Responses that are significantly less favourable than the Victorian overall result are on the left, highlighted in blue.



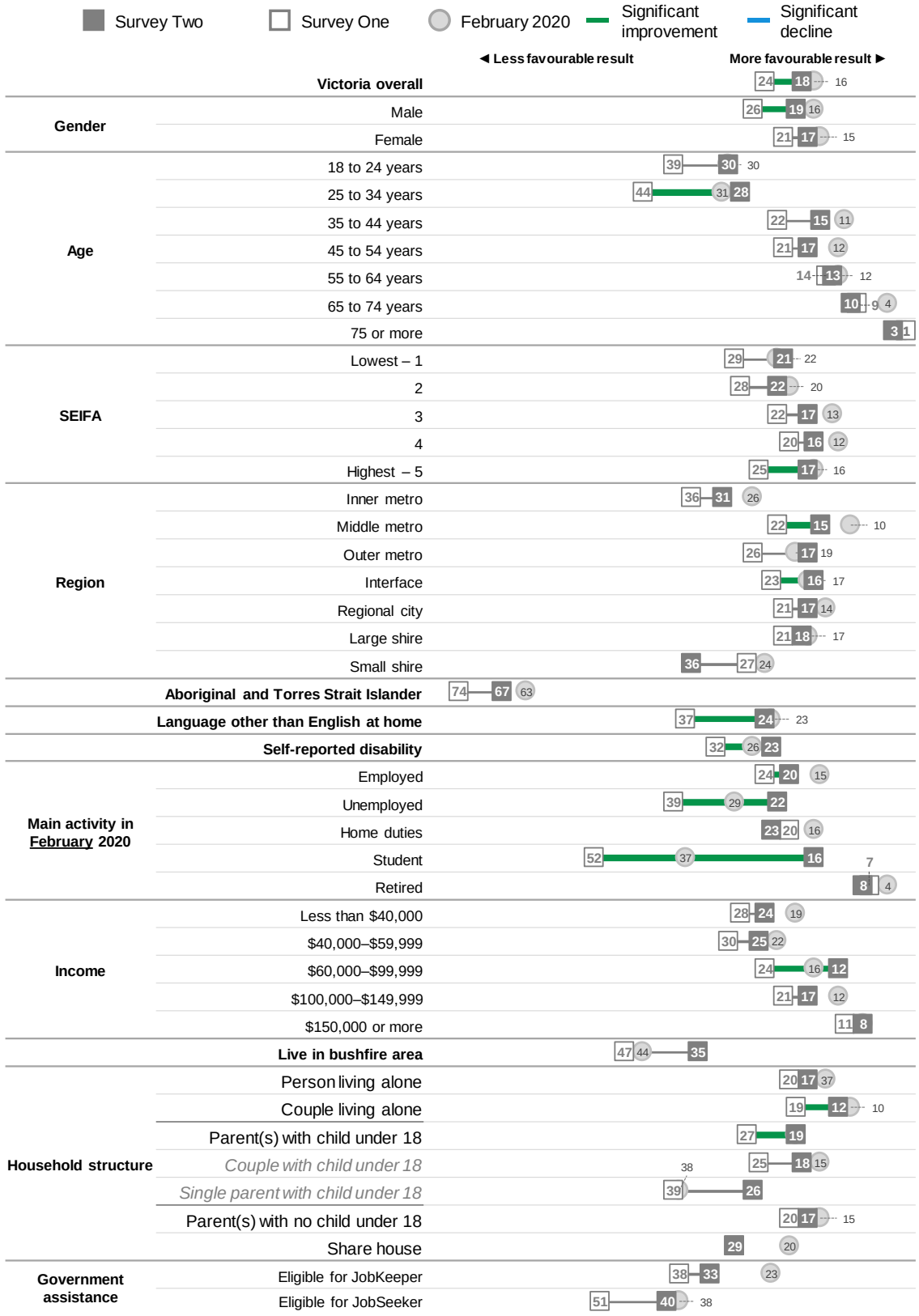
G12. Since coronavirus restrictions began, did any of the following happen because of a shortage of money? (% responding 'Yes' to any of items G12a-f).

Base: All excluding 'Not sure' and 'Prefer not to say' – Survey Two (n=1,966).

Note: Results for some sub-populations are lower than other and not significantly different to the overall results due to small base sizes.

Figure 88 Experience of financial hardship – comparison of Victorian and sub-population frequencies from Survey One, Survey Two and February 2020

Note: Responses that are more favourable are on the right. Responses that are less favourable are on the left. Significant improvements between Survey One and Two are indicated by a green bar. Significant declines between Survey One and Two are indicated by a blue bar.



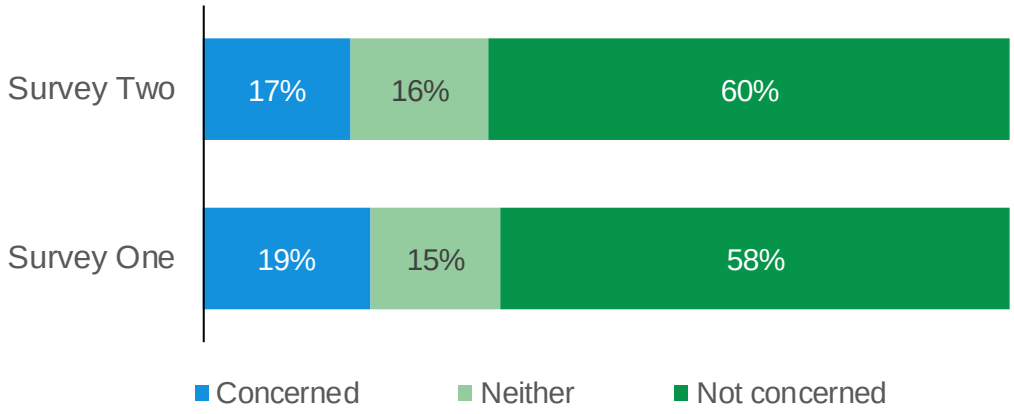
G12 Since coronavirus restrictions began, did any of the following happen because of a shortage of money? (% responding 'Yes' to any of items G12a-j)

Base: All – Survey Two (n=2,000), Survey One (n=2,000).

8.2. Concern around housing security

Concerns about financial security are likely to influence concerns about how secure people are in their housing situation. In Survey Two, one in six respondents (17%) were concerned about the stability of their housing; and this proportion is not significantly different to that from Survey One (see Figure 89). Figure 90 illustrates how this varies by sub-population and Figure 90 shows the difference between Survey One and Two by sub-population.

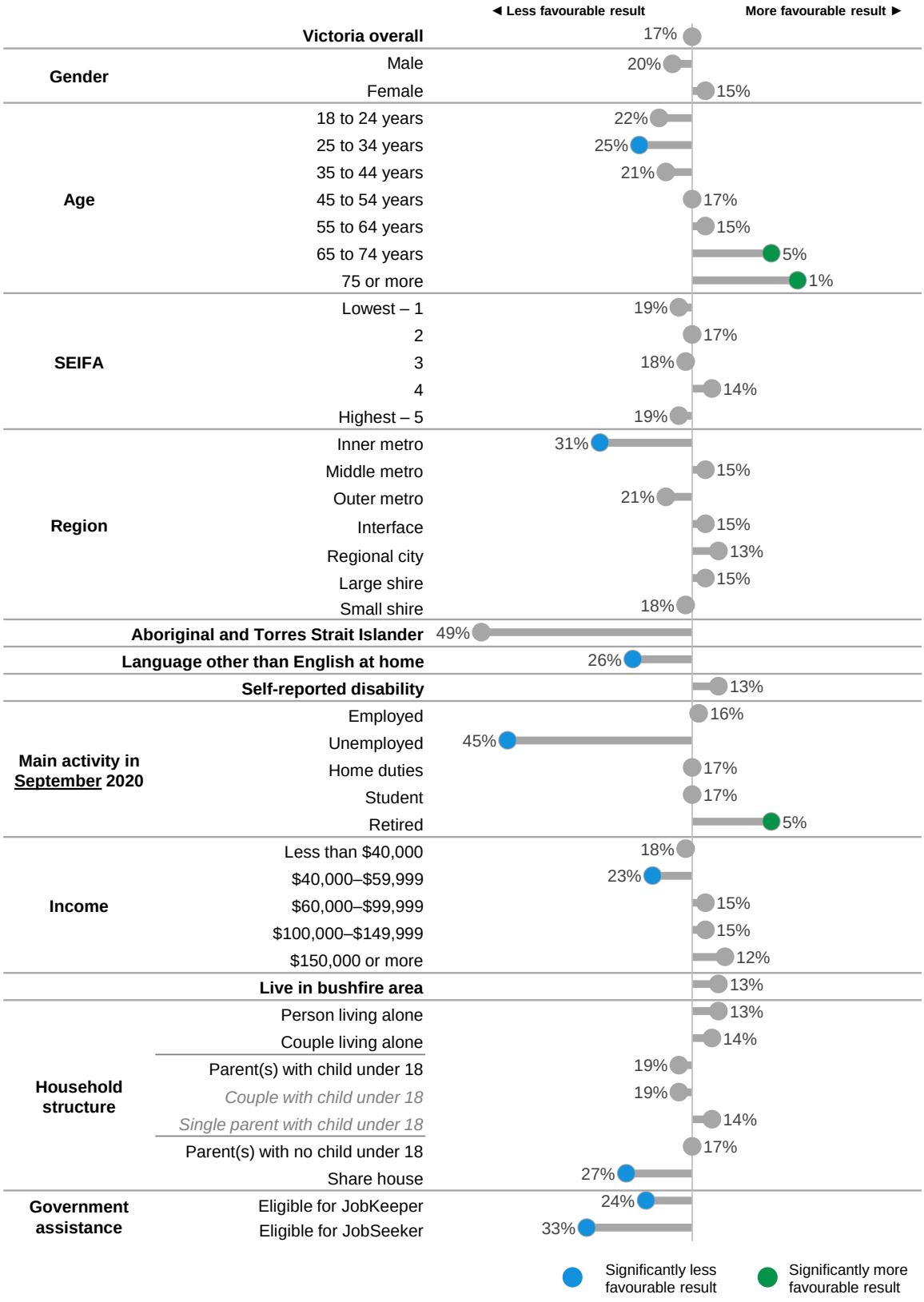
Figure 89 Concern about stability of housing, results from Survey One and Survey Two



G13b Thinking about how you feel right now, on a scale of 1 to 5, where 1 is very concerned and 5 is not at all concerned, would you say...? I feel concerned about the stability of my housing.
Base: All – Survey Two (n=2,000), Survey One (n=2,000).
Note: 'Concerned' includes responses 1 or 2, 'Not concerned' includes responses 4 or 5, and 'Neither' includes response 3.
Figures do not add to 100% because the following are not shown: Not sure – Survey Two (5%), Survey One (5%); and Prefer not to say – Survey Two (2%), Survey One (3%).
No significant differences between Survey One and Two.

Figure 90 Concern about stability of housing – Victorian and sub-population frequencies (% concerned) from Survey Two

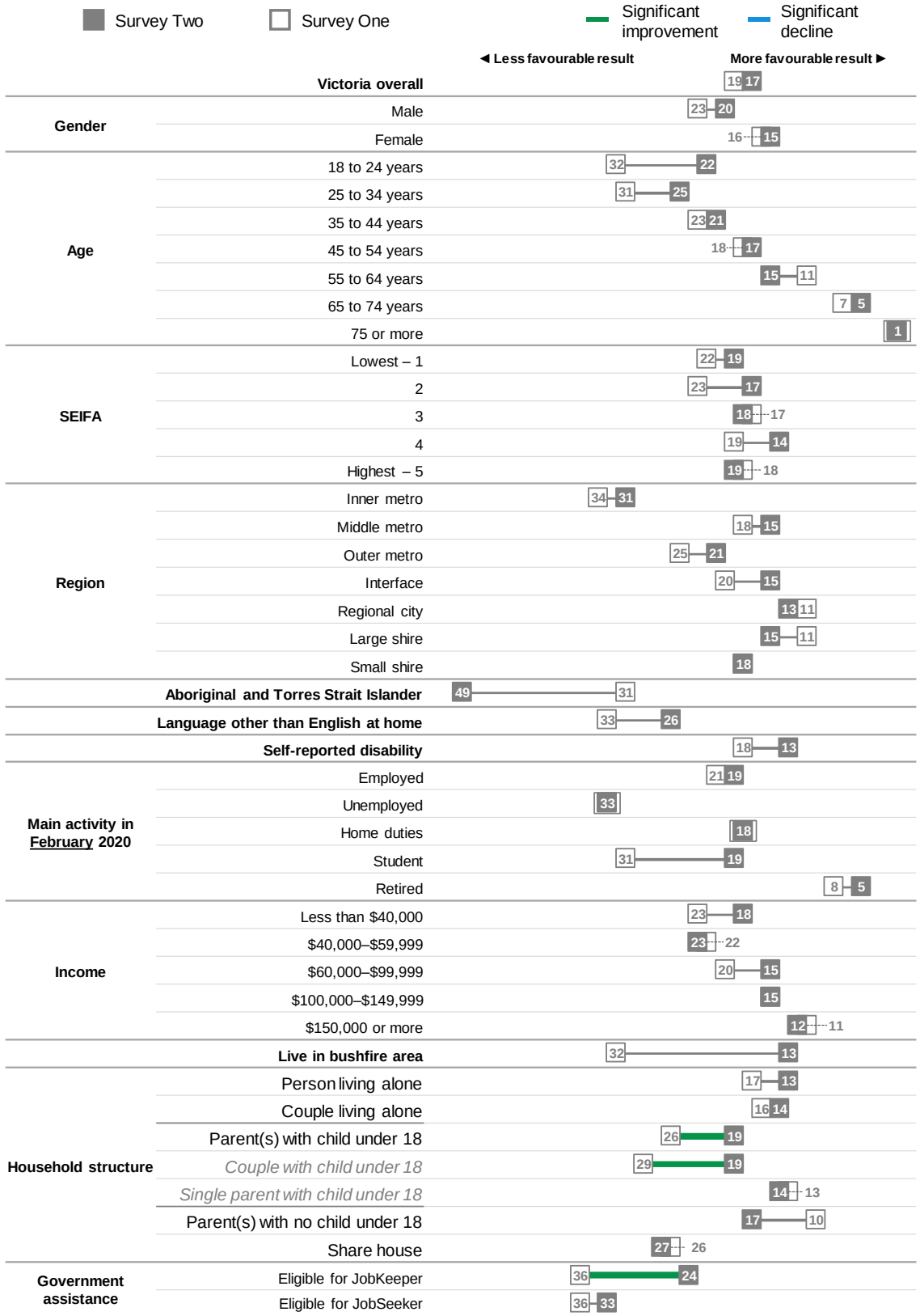
Note: Responses that are significantly more favourable than the Victorian overall result are on the right, highlighted in green. Responses that are significantly less favourable than the Victorian overall result are on the left, highlighted in blue.



G13 Thinking about how you feel right now, on a scale of 1 to 5, where 1 is very concerned and 5 is not at all concerned, would you say...? I feel concerned about the stability of my housing.
Base: All – Survey Two (n=2,000).
Note: Showing 'Concerned' responses (responses 1 or 2).
Results for some sub-populations are lower than others but not significantly different to the overall results due to small base sizes.

Figure 91 Concern about stability of housing – comparison of Victorian and sub-population frequencies (% concerned) from Survey One and Survey Two

Note: Responses that are more favourable are on the right. Responses that are less favourable are on the left. Significant improvements between Survey One and Two are indicated by a green bar. Significant declines between Survey One and Two are indicated by a blue bar.



G13a Thinking about how you feel right now, on a scale of 1 to 5, where 1 is very concerned and 5 is not at all concerned, would you say...? I feel concerned about the stability of my housing.
Base: All – Survey Two (n=2,000), Survey One (n=2,000).
Note: Showing 'Concerned' responses (responses 1 or 2).

9. Findings: Working life

9.1. Working status

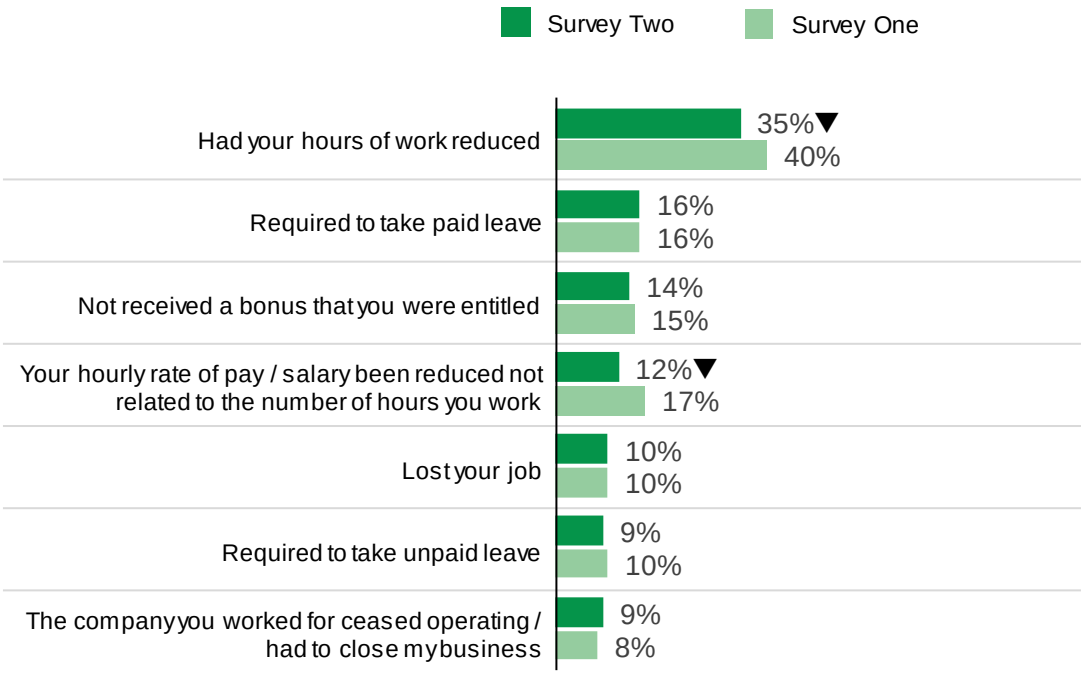
Figure 92 shows some of the ways respondents' employment status has been impacted by the pandemic.

The most commonly reported impact of the pandemic on employment reported in Survey Two continues to be a reduction in the number of hours people were working; however, this has decreased from 40% reported in Survey One, down to 35% reported in Survey Two.

There was a significant decrease in those who experienced a reduction in hourly pay or salary reported in Survey Two (12%) compared to Survey One (17%). This downward trend is also reported for those required to take paid and unpaid leave, and not receiving a bonus.

One in ten respondents (10%) had lost their job during the pandemic, as reported in Survey Two. As shown in Table 21, respondents aged 18 to 24 (16%), living in inner metro areas (16%), speak a language other than English (14%) or were born in a non-English speaking country were more likely to report in Survey Two that they had lost their job during the period since the pandemic started.x

Figure 92 Impacts of the of the pandemic on employment, comparison of results from Survey One and Survey Two



G6 Thinking now about since coronavirus restrictions started, have you experienced any of the following? (% responding 'Yes').
Base: Survey Two – Had job in February 2020 (n=1,121); Survey One – Had job in February 2020 (n=1,154).
▲▼ Results from Survey Two significantly different from Survey One results at the 95% confidence level.

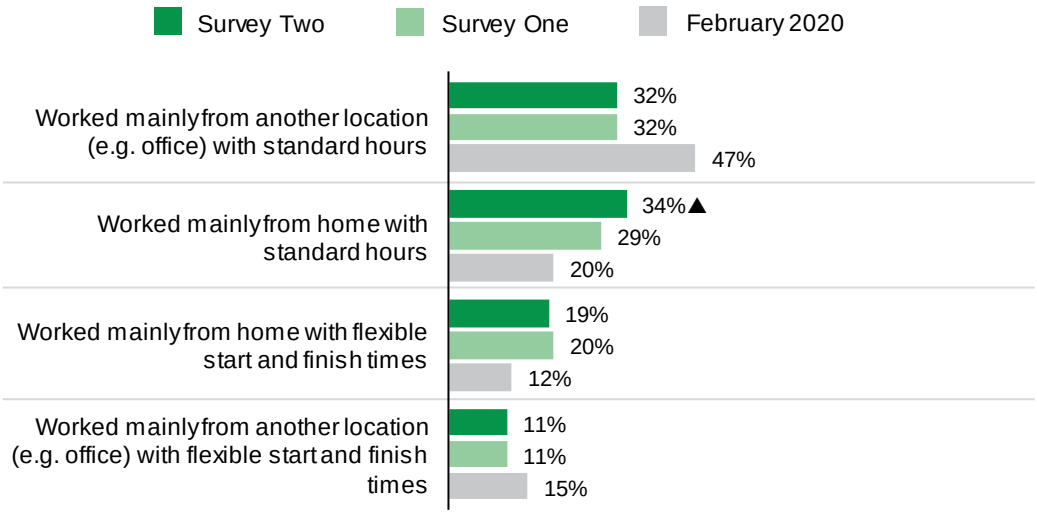
Table 21 Types of employment impact due to the pandemic reported in Survey Two – sub-population frequencies that are significantly different to the overall Victorian level

Employment impact	Victoria overall	Sub-populations who report this more often		Sub-populations who report this less often	
Had your hours of work reduced	23%	Eligible for Job Keeper	62%	Income under $40,000	18%
		Eligible for Job Seeker	37%	Couple living alone	15%
		18 to 24 years	36%	Self-reported disability	14%
		Share house	35%	Large shire	12%
		Inner metro	34%	65 to 74 years	7%
		25 to 34 years	31%	75 years or more	2%
		Language other than English	31%		
		SEIFA 2	30%		
		Parent(s) with child under 18	29%		
Required to take paid leave	10%	Eligible for JobKeeper	27%	Income under $40,000	6%
		Inner metro	25%	55 to 64 years	5%
		Income $100,000-$149,999	18%	Self-reported disability	4%
		Income $150,000 or more	18%	65 to 74 years	1%
		Parent(s) with child under 18	17%	Large shire	1%
		25 to 34 years	16%		
		Language other than English	16%		
		35 to 44 years	15%		
Not received a bonus that you were entitled to	10%	Inner metro	26%	Regional city	4%
		Eligible for JobKeeper	21%	Large shire	1%
		25 to 34 years	17%		
		Language other than English	17%		
		18 to 24 years	16%		
		Eligible for JobSeeker	16%		
		Parent(s) with child under 18	15%		
Your hourly rate of pay / salary been reduced, not related to the number of hours you work	8%	Inner metro	21%	Self-reported disability	5%
		Eligible for JobKeeper	20%	65 to 74 years	1%
		Eligible for JobSeeker	18%	75 years or more	1%
		18 to 24 years	16%		
		Language other than English	15%		
		Share house	14%		
		Income $40,000 – $59,999	14%		
Lost your job	8%	Eligible for JobSeeker	29%	Couple living alone	4%
		Share house	18%	65 to 74 years	3%
		18 to 24 years	16%		
		Inner metro	16%		
		Language other than English	14%		
Required to take unpaid leave	7%	Eligible for JobKeeper	16%	55 to 64 years	3%
		Inner metro	15%	65 to 74 years	1%
		Eligible for JobSeeker	14%		

		25 to 34 years	13%		
		Language other than English	13%		
		18 to 24 years	12%		
The company you worked for ceased operating / had to close my business	**7%**	Eligible for JobSeeker	19%	65 to 74 years	1%
		Small shire	17%		
		18 to 24 years	12%		
		Eligible for JobKeeper	12%		

In February 2020, the most common workplace was a location other than home (e.g. office), but this is now replaced with working from home (see Figure 93). However, as the February 2020 result relies on retrospective recall, significance testing was not conducted, it is provided as a point of reference only. One in three (34%) respondents reported working worked mainly from home with standard hours in Survey Two, a significant increase compared to Survey One (29%). There were no other significant changes in work location between the two surveys.

Figure 93 Usual place of work reported in Survey One, Survey Two and February 2020



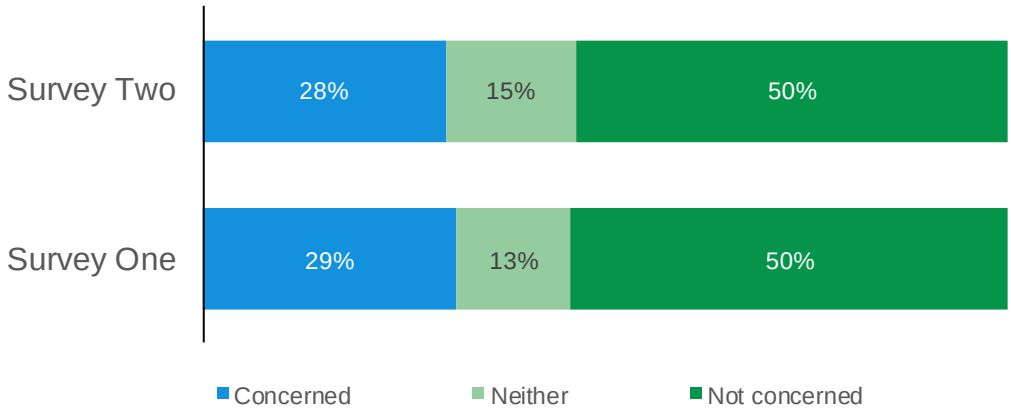
G7a Thinking now about since the coronavirus restrictions started, where is your usual place of work?
Base: Survey Two – Employed (n=1,069); Survey One – Had job in February and still has it (n=1,065).
Note: Not shown; Not sure – Survey Two (2%), Survey One (3%), Prefer not to say – Survey Two (3%), Survey One (5%).
▲▼ Results from Survey Two significantly different to Survey One results at the 95% confidence level.

February 2020 figures are from Survey One:
G5a And in February 2020, where was your usual place of work?
Base: Survey One – Had job in February (n=1,154).
Note: Not shown; Not sure (3%), Prefer not to say (3%).

9.2. Concern about job prospects

A large proportion of respondents remained concerned about their work statuses reported in Survey Two. When asked about their level of concern regarding future job prospects, three in ten (28%) reported that they were concerned, as shown in Figure 94. However, one in two (50%) respondents reported they were not concerned about their future employment prospects. These results are very similar to Survey One results.

Figure 94 Concern about future job prospects

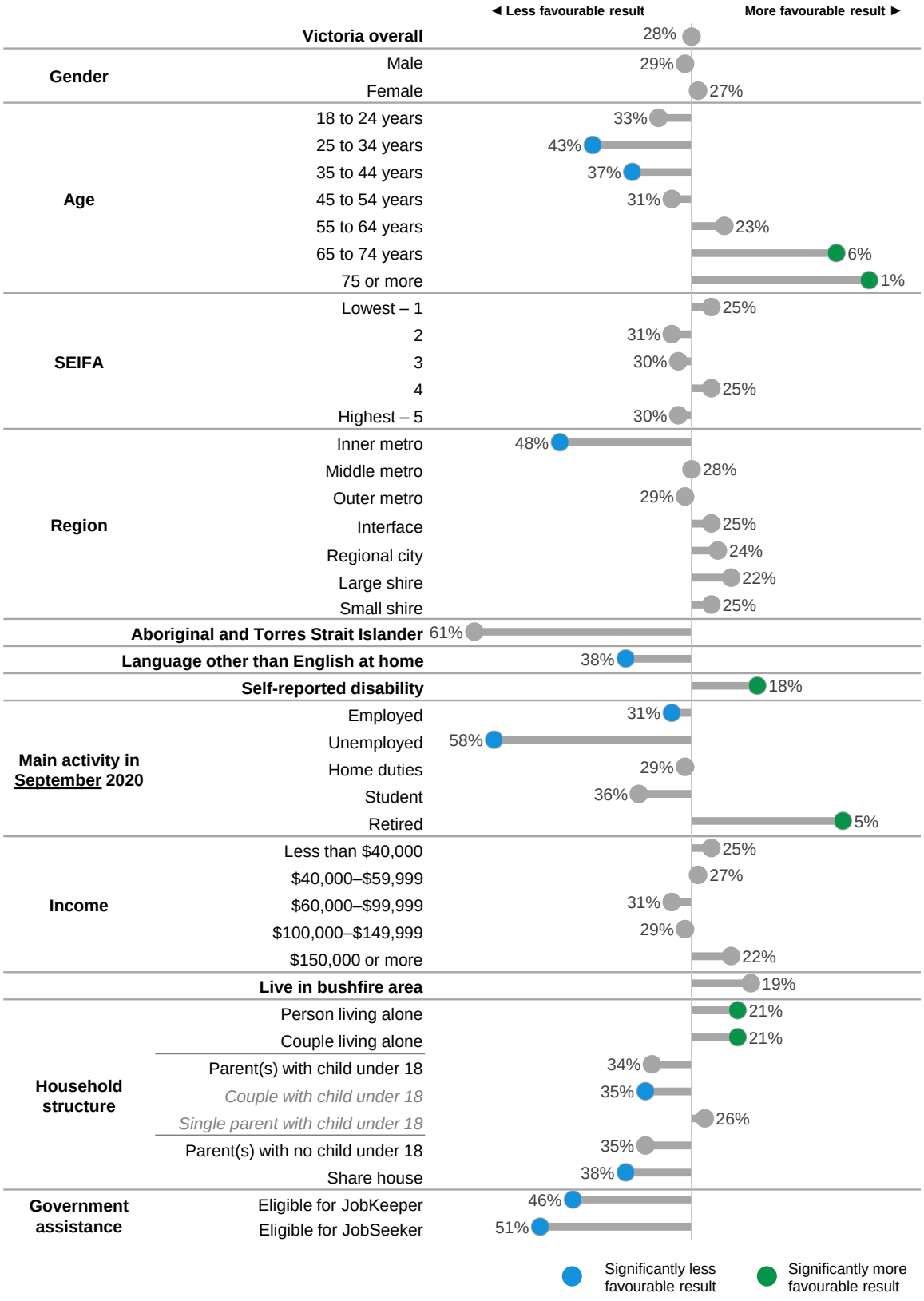


G13a Thinking about how you feel right now, on a scale of 1 to 5, where 1 is very concerned and 5 is not at all concerned, would you say...? I feel concerned about my future employment/job prospects.
Base: All – Survey Two (n=2,000), Survey One (n=2,000).
Note: 'Concerned' includes responses 1 or 2, 'Not concerned' includes responses 4 or 5, and 'Neither' includes response 3.
Figures do not add to 100% because the following are not shown: Not sure – Survey Two (5%), Survey One (6%); and Prefer not to say – Survey Two (3%), Survey One (3%).
No significant differences between Survey One and Two.

As shown Figure 95, those aged 25 to 34 and 35 to 44, those living in inner metro regions, people who speak a language other than English at home, parents with children under 18, those living in a share house and those eligible for JobKeeper or JobSeeker were most concerned. The highest rate of concern was amongst Aboriginal and Torres Strait Islanders although the result is not significant due to the small sub-sample size. Figure 96 shows the level of concern about future job prospects reported in Survey One and Two according to sub-populations. Whilst there are changes, none are statistically significant.

Figure 95 Concern about future job prospects – Victorian and sub-population frequencies (% concerned) from Survey Two

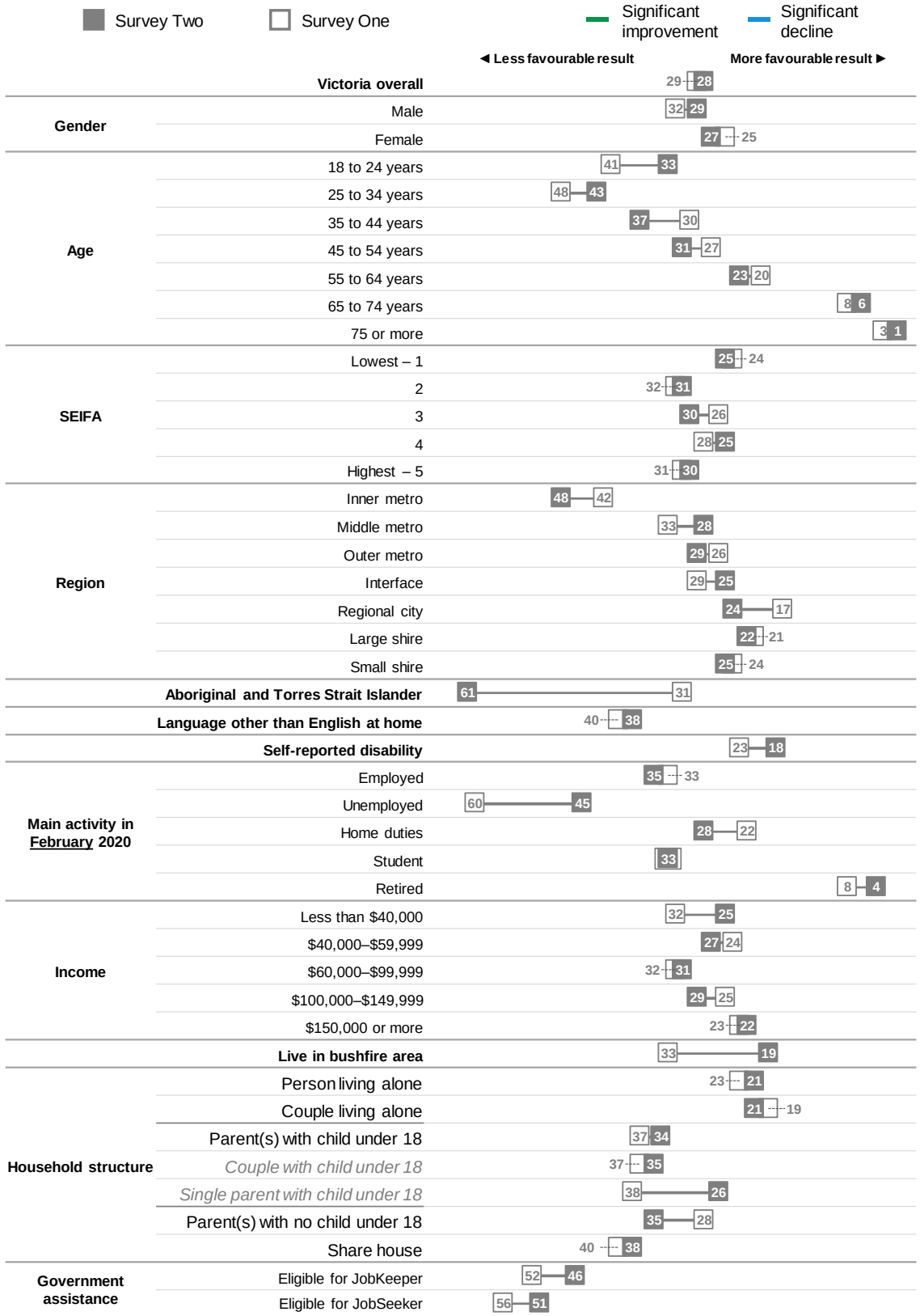
Note: Responses that are significantly more favourable than the Victorian overall result are on the right, highlighted in green. Responses that are significantly less favourable than the Victorian overall result are on the left, highlighted in blue.



G13 Thinking about how you feel right now, on a scale of 1 to 5, where 1 is very concerned and 5 is not at all concerned, would you say...? I feel concerned about the stability of my future employment/job prospects.
Base: All – Survey Two (n=2,000).
Note: Showing 'Concerned' responses (responses 1 or 2).
Results for some sub-populations are lower than others but not significantly different to the overall results due to small base sizes.

Figure 96 Concern about future job prospects – comparison of Victorian and sub-population frequencies (% concerned) from Survey One and Survey Two

Note: Responses that are more favourable are on the right. Responses that are less favourable are on the left. Significant improvements between Survey One and Two are indicated by a green bar. Significant declines between Survey One and Two are indicated by a blue bar.



G13 Thinking about how you feel right now, on a scale of 1 to 5, where 1 is very concerned and 5 is not at all concerned, would you say…? I feel concerned about the stability of my future employment/job prospects.

Base: All – Survey Two (n=2,000), Survey One (n=2,000).

Note: Showing 'Concerned' responses (responses 1 or 2).

10. Gender equity in childcare during the pandemic

During both the first and second waves of the pandemic, schools moved to a remote learning model. This necessitated that parents to be at home to supervise their child's learning wherever possible. The survey asked questions to determine who provided the majority of childcare and learning support to ascertain the division of these responsibilities between men and women.

10.1. Childcare responsibilities between parents

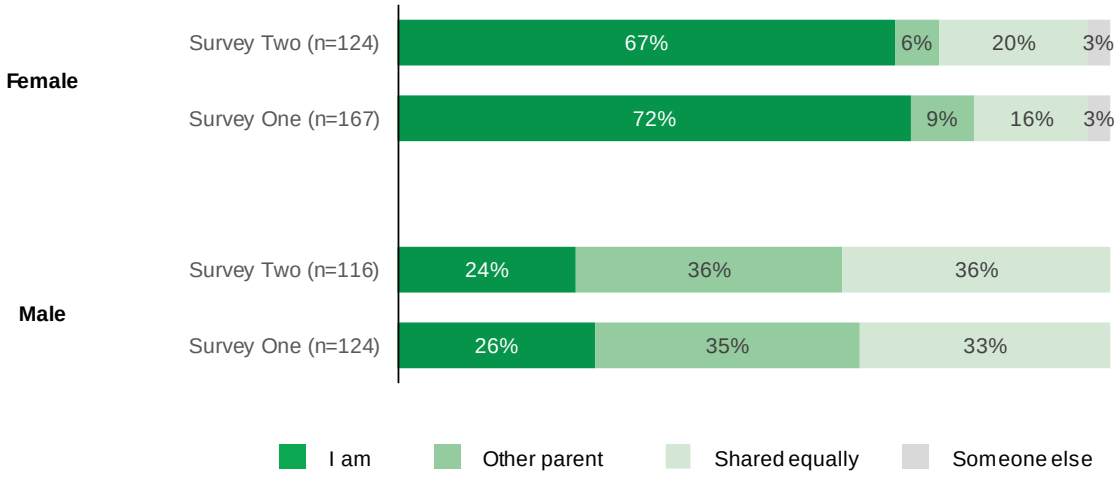
As outlined in Figure 97, among respondents who were female, the majority reported they were spending the most time helping their child with school at home in Survey One (67%), as well as Survey Two (72%). A further 20% indicated it was a shared responsibility in Survey Two, while a minority of females (6%) reported that the other parent was primarily providing child supervision in Survey Two.

By contrast, only one in four male respondents reported that they were providing the most care for their child in Survey Two (24%), similar to the proportion in Survey One (26%).

Across both genders, there were no significant differences between Survey One and Two.

These findings suggest there is a gender disparity in how the supervision of children schooling at home is managed. It is important to note this includes employed and non-employed parents.

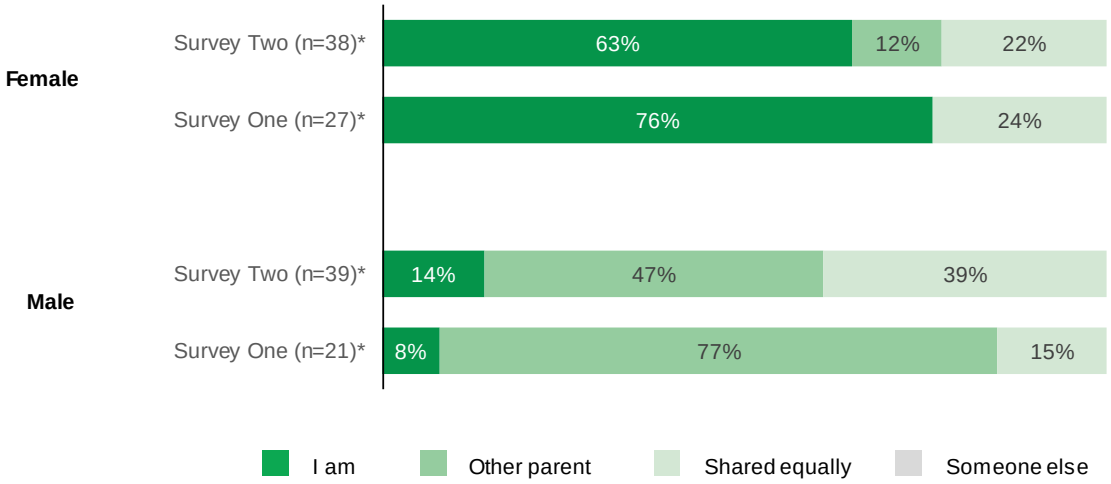
Figure 97 Responsibility for caring for school age children in two parent families reported in Survey One and Survey Two



G11 Who would you say is spending, or has spent, the most time helping your child(ren) with school at home during the coronavirus restrictions?
Base: Children home schooling and other parent involved – Base sizes as shown in chart.
Note: No distinction was made for same sex couples, some of the partners of respondents may be of the same sex.
Figures do not add to 100% because Not sure is not shown: Survey Two – Female (3%), Male (4%); Survey One – Female (<1%), Male (6%).
Not shown; Males – 'Someone else' (0%).

Although only a small number of respondents were caring for pre-school children, Figure 98 shows that the disparities in childcare responsibilities also exist. However, given the base sizes are low, these results are indicative only and should be interpreted with caution.

Figure 98 Responsibility for caring for pre-school aged children in two parent families reported in Survey One and Survey Two



G10 Who would you say is spending, or has spent, the most time looking after your preschool child(ren) during the coronavirus restrictions?

Base: Children home schooling and other parent involved – Base sizes as shown in chart.

*Note: Small base sizes (n<100).
No distinction was made for same sex couples, some of the partners of respondents may be of the same sex.
Figures do not add to 100% because the following are not shown: 'Not sure' – Survey Two – Female (2%), 'Someone else' across all groups (0%).

11. Opinions about impacts of the pandemic

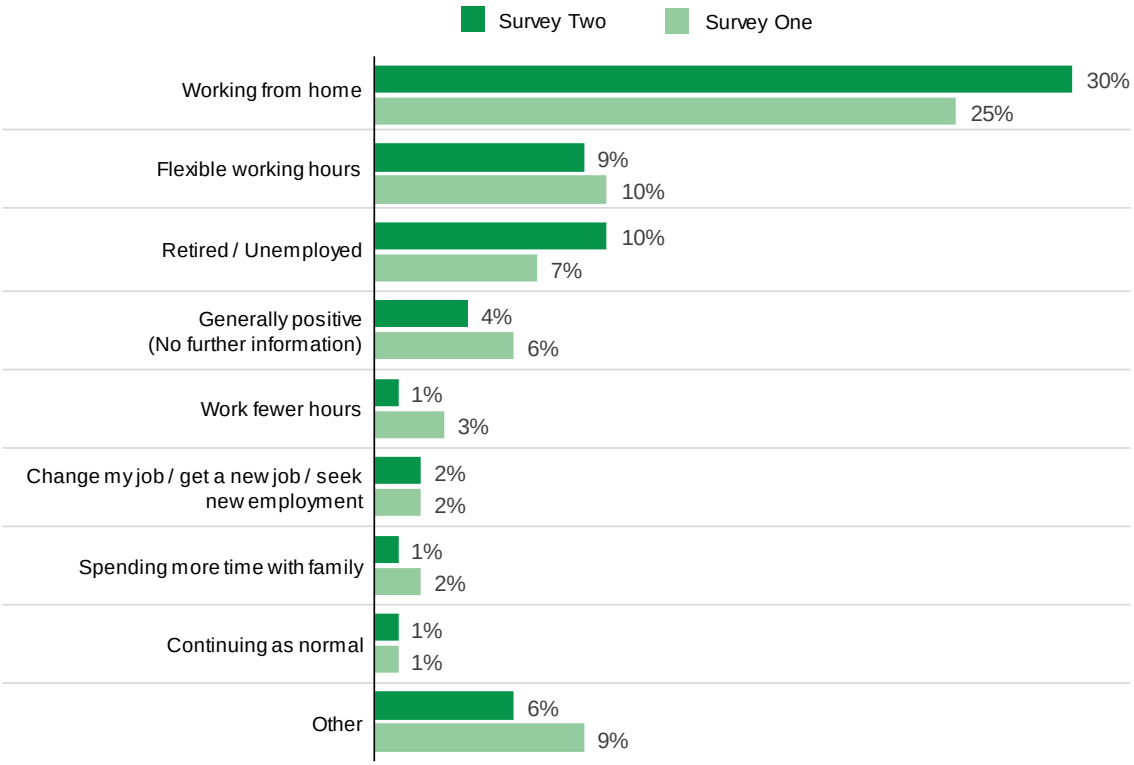
To explore any positive impacts the pandemic may have had, respondents were asked if there were any aspects from the coronavirus restriction period that they would like to maintain after restrictions were lifted. The responses across both surveys were similar, with almost half stating there was something that they would like to maintain in Survey One (48%) and Survey Two (44%); and one in three saying there was nothing they would like to retain (31% in Survey Two and 30% in Survey One). In Survey Two, there were significantly less respondents who were unsure (16%) compared to Survey One (21%). A minority did not want to respond (6% in Survey Two and 5% in Survey One).

Respondents stating there was something they would like to retain were prompted to provide verbatim responses across the domains of work life, social life, home life, and personal wellbeing.

11.1. Work life

As shown in Figure 99, the positive impacts on work life were similar across both surveys, with no significant differences between Survey One and Two. The shift to working from home is the most common aspect relating to working life that respondents would like to maintain. Of those providing comment on the aspects of coronavirus restrictions that they would like to retain, one in three (30%) reported they would maintain the working from home aspect in Survey Two, a slight but not statistically significant increase from Survey One. Another common aspect of working life to retain reported in Survey two was the move to more flexible working hours (9%). A small percentage (4%) indicated that there were generally positive aspects of working life that they would like to retain without further information (e.g. “Yes, has been better”).

Figure 99 Positive aspects of working life to retain, results from Survey One and Survey Two

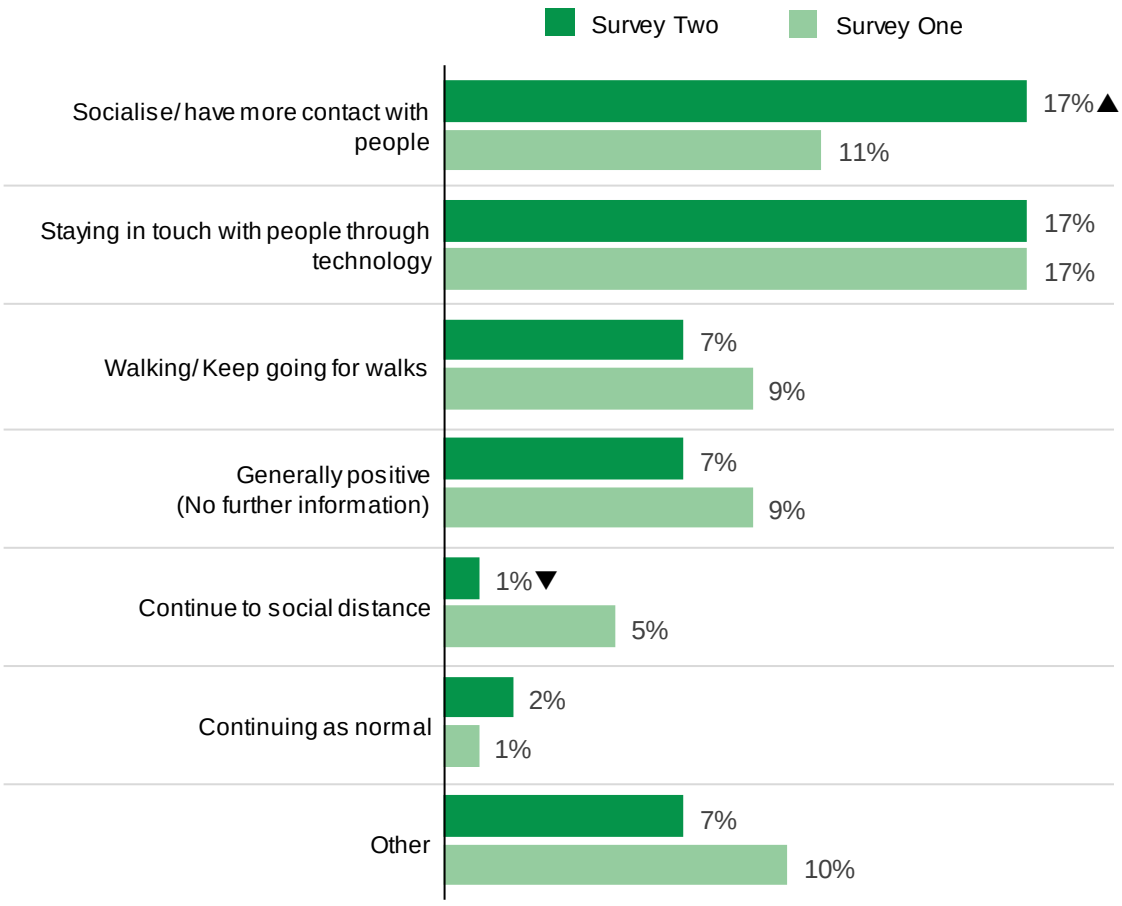


G15 Thinking about your work life, social life, home life and your wellbeing, are there any aspects from the coronavirus period that you would like to maintain after restrictions are over? Work life (e.g. work from home, change my job, ask for flexible hours).
Base: Provided a response – Survey Two (n=958), Survey One (n=927).
Note: Not shown; None – Survey Two (15%), Survey One (13%); Not applicable – Survey Two (6%), Survey One (6%); Prefer not to say – Survey Two (<1%), Survey One (<1%); Not sure – Survey Two (<1%), Survey One (<1%).
There are no significant differences between Survey One and Two.

11.2. Social life

The most common aspect of social life that people reported they would like to retain in Survey Two was having more contact with people (17%), which is significantly higher than the Survey One result (11%), as shown in Figure 100. The ways people are interacting with others through technology is also an aspect of lockdown life that many people would like to retain, with the same result for Survey One and Two (17%). Significantly fewer respondents reported that they would continue to social distance after restrictions ended in Survey Two (1%) compared to Survey One (5%).

Figure 100 Positive aspects of social life to retain, results from Survey One and Survey Two



G15 Thinking about your work life, social life, home life and your wellbeing, are there any aspects from the coronavirus period that you would like to maintain after restrictions are over? Social life (e.g. walking with friends, using zoom or facetime to talk to friends, see more of my neighbours).

Base: Provided a response – Survey Two (n=958), Survey One (n=927).

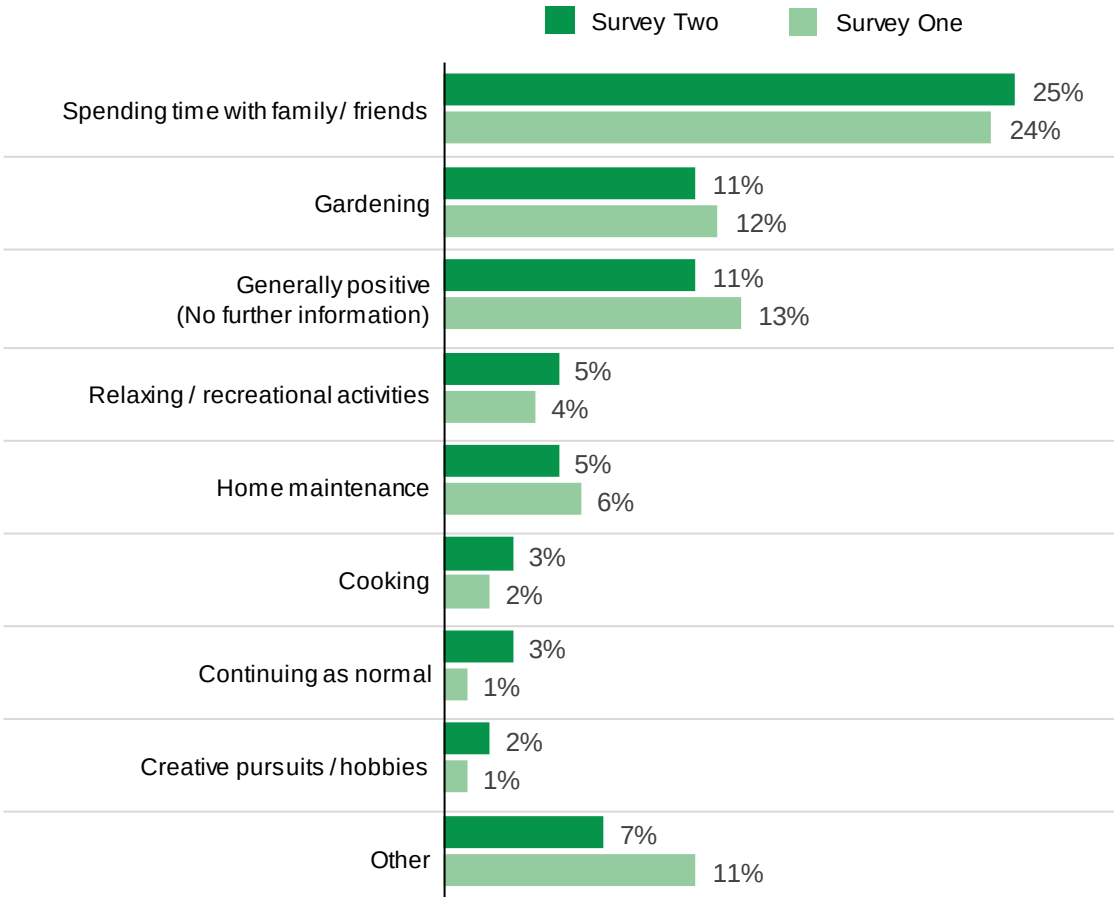
Note: Not shown; None – Survey Two (15%), Survey One (13%); Not applicable – Survey Two (3%), Survey One (1%); Prefer not to say – Survey Two (<1%), Survey One (<1%); Not sure – Survey Two (1%), Survey One (<1%).

▲▼ Results from Survey Two that were significantly different from Survey One results at the 95% confidence level.

11.3. Home life

The ability to spend more time with family and friends continues to be the aspect of pandemic home life that many would like to retain, with one in four respondents mentioning this as a positive aspect in both Survey Two (25%) and Survey One (24%) (See Figure 101). Other positive aspects of home life to retain reported in Survey One and Two were similar, with gardening, recreational activities, home maintenance, and cooking commonly mentioned.

Figure 101 Positive aspects of home life to retain, results from Survey One and Survey Two



G15 Thinking about your work life, social life, home life and your wellbeing, are there any aspects from the coronavirus period that you would like to maintain after restrictions are over? Home life (e.g. spend more time with my children, do more with my household/family, keep doing gardening).

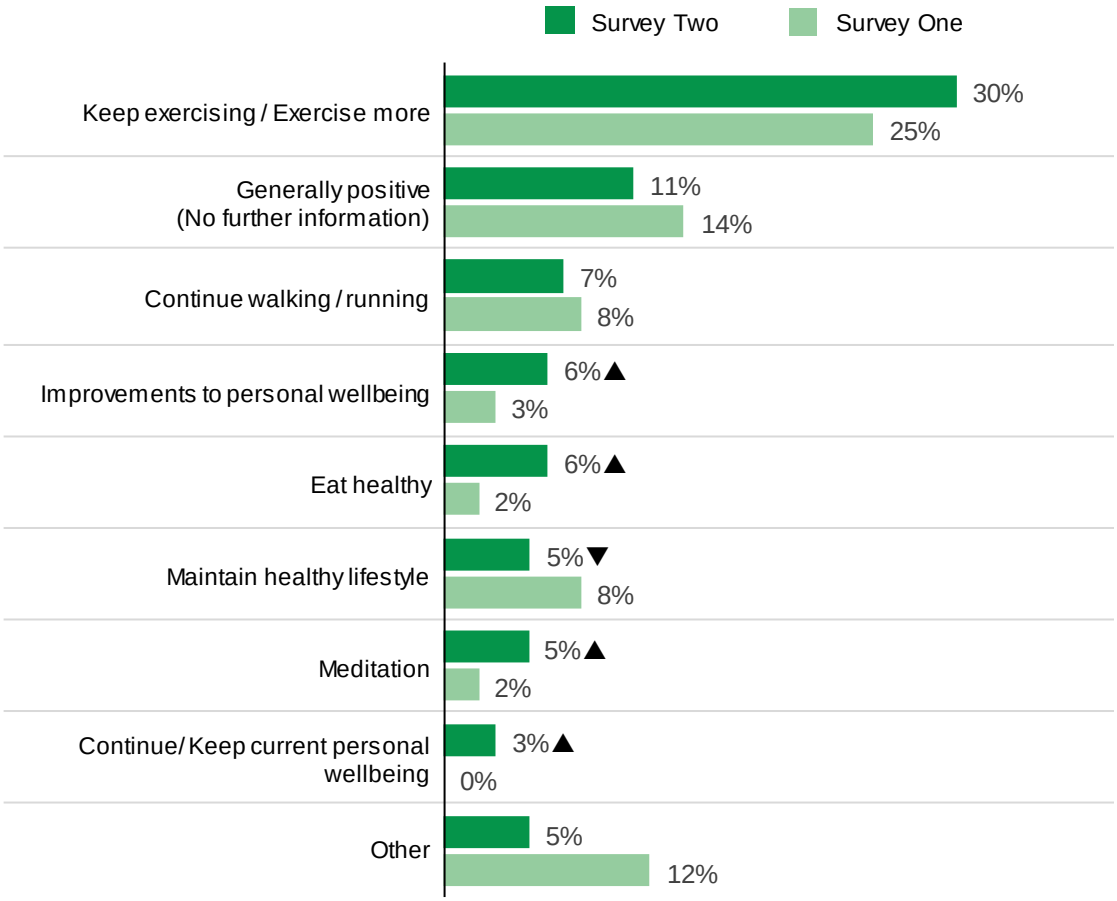
Base: Provided a response – Survey Two (n=958), Survey One (n=927).

Note: Not shown; None – Survey Two (12%), Survey One (10%); Not applicable – Survey Two (3%), Survey One (2%); Prefer not to say – Survey Two (<1%), Survey One (1%); Not sure – Survey Two (<1%), Survey One (<1%).
There were no significant differences across the main reasons between Survey One and Two.

11.4. Personal wellbeing

Aspects of personal wellbeing that respondents reported they would like to retain in Survey Two were commonly related to physical activity, as shown in Figure 102. Many would like to keep exercising (30%). Compared to Survey One, respondents were more likely to cite improvements in personal wellbeing (6%), eating healthy (6%), meditation (5%), and keeping their current personal wellbeing (3%) as aspects they would like to maintain from the time of pandemic restrictions.

Figure 102 Positive aspects of personal wellbeing, results from Survey One and Survey Two



G15 Thinking about your work life, social life, home life and your wellbeing, are there any aspects from the coronavirus period that you would like to maintain after restrictions are over? Personal wellbeing (e.g. keep exercising, look after my health, meditate).
Base: Provided a response – Survey Two (n=958), Survey One (n=927).
Note: Not shown; None – Survey Two (9%), Survey One (10%); Not applicable – Survey Two (2%), Survey One (1%); Prefer not to say – Survey Two (<1%), Survey One (<1%); Not sure – Survey Two (<1%), Survey One (<1%).
There were no significant differences across the main reasons between Survey One and Two.

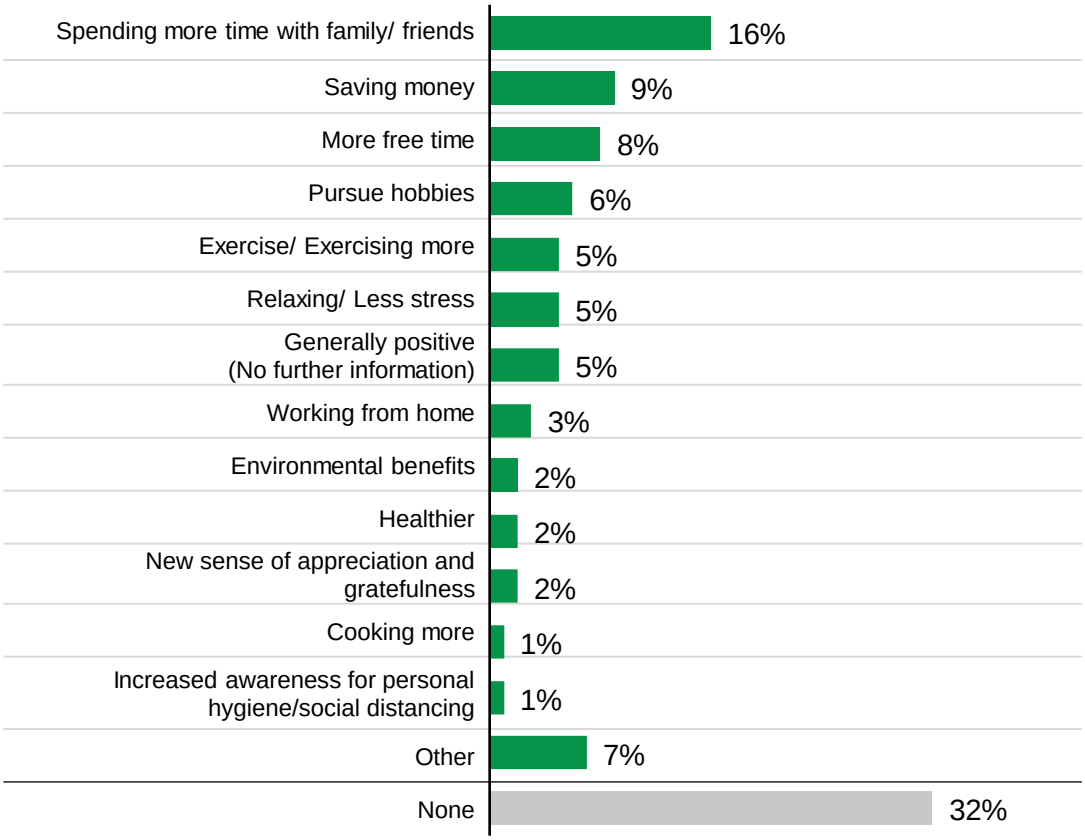
11.5. Positive impacts

In Survey Two, respondents were given the opportunity to describe any other impacts, positive or negative, that the pandemic had on them more generally. Respondents were prompted to provide detailed verbatim responses separately for positive impacts and negative impacts, and they could provide as much detail as they liked. The coded responses are shown in Figure 103.

The most commonly mentioned positive impact of the pandemic was spending more time with family and friends, with one in six (16%) respondents stating this. Aside from saving money (9%), the next most commonly mentioned positive aspects relate to personal wellbeing, such as more free time (8%), pursuing hobbies (6%), exercising more (5%), and relaxing and being less stressed (5%).

A third (32%) of respondents did not describe any positive impacts of the pandemic.

Figure 103 Overall positive impacts of the pandemic, results from Survey Two



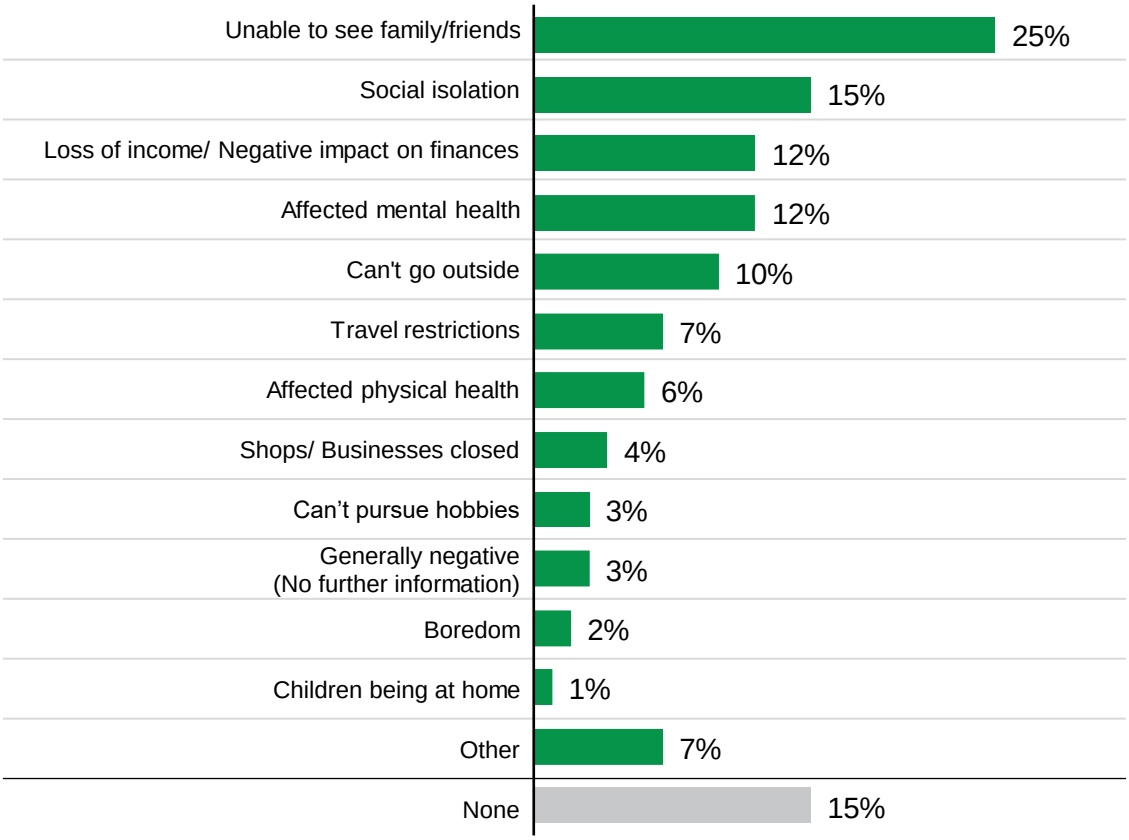
G22 Could you describe any other impacts, positive or negative, that the outbreak of coronavirus has had on your life? Positive impacts.
Base: All – Survey Two (n=2,000).
Note: Not shown; Doing things online/remotely (<1%), Not applicable (2%), Prefer not to say (1%), Not sure (2%).

11.6. Negative impacts

When asked to describe the negative impacts of the pandemic, not being able to see family and friends was mentioned by one in four (25%) respondents, as shown in Figure 104. Related to this is social isolation, which was the next most commonly stated negative impact, reported by one in seven respondents (15%). The pandemic was also reported to have had a negative impact on finances (12%) and mental health (12%) and physical health (6%).

One in seven (15%) respondents did not describe any negative impacts of the pandemic.

Figure 104 Overall negative impacts of the pandemic, results from Survey Two



G22 Could you describe any other impacts, positive or negative, that the outbreak of coronavirus has had on your life? Negative impacts.
Base: All – Survey Two (n=2,000).
Note: Not shown; Not applicable (2%), Prefer not to say (<1%), Not sure (2%).

12. Key indicators: Young people (aged 18 to 24), results from Survey Two

Wellbeing

- Subjective wellbeing and life satisfaction results among young people aged 18 to 24 were on par with Victoria overall in Survey Two.
- Consistent with the results for Victoria overall, the subjective wellbeing indicator score among those aged 18 to 24 was significantly less in Survey Two (59.8) compared to Survey One (64.7) (see Figure 7).
- One in four (24%) of those aged 18 to 24 reported high scores for psychological distress.

Physical activity

- The proportion of inactivity among those aged 18 to 24 was significantly lower compared to the state level in Survey Two (15% compared to 25%).
- There was a significant increase in young people aged 18 to 24 getting the recommended levels of physical activity in Survey Two (40%) compared to Survey One (29%) (see Figure 30).

Social connection

- Consistent with Survey One findings, those aged 18 to 24 showed no significant differences in their level of social connection with others compared to the overall Victorian result in Survey Two.
- Males aged 18 to 24 were more likely to agree that they feel connected with others compared to the state level.
- There were no further significant differences between younger Victorians aged 18 to 24 and Victorians overall across other social connection measures (e.g. trusting their neighbours, proud to be a member of their community, ease of staying in contact with friends and family).

Healthy eating

- Results from Survey Two indicate that young Victorians aged 18 to 24 were more likely to drink sugar sweetened beverages daily compared to Victorians overall (38% compared to 29%). However, consumption of sugar sweetened beverages significantly decreased among this group compared to Survey One (50%) (see Figure 47). In particular, consumption decreased significantly among males aged 18 to 24 (36% in Survey Two compared to 52% in Survey One).
- Young Victorians were also more likely to consume takeaway food three or more times per week (8% compared to 4%). Again, higher levels of this behaviour were reported by males of this age group (9%).
- This young age group were also more likely to report experiencing food insecurity in Survey Two, which is also consistent with the findings from Survey One. However, compared to the Survey One, there has been a decrease in 18 to 24-year olds who relied on a restricted range of low-cost unhealthy food (29% in Survey Two compared to 44%) (see Figure 68).
- Amongst males aged 18 to 24, there was a decrease in those reporting a reliance on a restricted range of low-cost unhealthy food in Survey Two (30%) compared to Survey One (49%).

Alcohol consumption

- 11% of Victorians aged 18 to 24 were drinking alcohol at levels consistent with short term harm, however, this is not significantly more than the rate for all Victorians.

Smoking

- There were no significant differences observed in the proportion of those in this age group who smoke daily compared to Victorians overall.

Financial hardship

- Significantly more 18 to 24-year olds reported experiencing financial hardship in Survey Two compared to Victorians overall (30% compared to 18% of Victorians overall). However, this has decreased since Survey One (39%).
- Consistent with Survey One results, 18 to 24-year olds were also more likely to report they had lost their job (16%) compared to 8% of Victorians overall.

Table 22 Indicator results from Survey Two for young people aged 18 to 24 years compared to the Victorian result

Indicator	Measure	VIC result	Young people (Aged 18-24)
General wellbeing			
Life satisfaction – Survey Two(A1)	0 to 6 out of 10	**53%**	58%
Life satisfaction – Survey One (A1)	0 to 6 out of 10	**49%**	57%
Subjective wellbeing indicator (A2)	Mean score	**62.0**	59.8
Psychological distress (K6) (A4)	% high	**17%**	24%
Physical Activity			
Days exercised – Survey Two(B4a)	% 5 or more	**33%**	40%
Days exercised – Survey One	% 5 or more	**32%**	29%
Days exercised – Survey Two (B4a)	% 0-1	**25%**	15%
Days exercised – Survey One(B4b)	% 0-1	**27%**	19%
Social Connectedness			
I feel connected with others –Survey Two (C1a)	% disagree	**29%**	25%
I feel connected with others – Survey One(C1a)	% disagree	**23%**	24%
Social solidarity	Mean score	**20.8**	21.1
Ease of staying connected with family and friends (C4W)	% hard / very hard	**42%**	42%
Healthy Eating			
Vegetable serves per day (D1)	% 5 or more	**9%**	9%
	Average	**2.6**	2.3
Frequency of sugary drink consumption (N1)	% everyday	**29%**	38%
Takeaway food frequency (N3)	% 3 or more per week	**4%**	8%
Times dinners cooked each week (D4)	% 4 times or fewer	**12%**	18%
Restricted range of low-cost food (D7a)	% yes	**18%**	29%
Went without meals (G12d)	% yes	**5%**	11%
Attended a food relief agency to access food relief (G12g)	% yes	**3%**	9%
Worried about having enough money to buy food (G12h)	% yes	**12%**	16%
Skipped a meal in order to feed your household (G12i)	% yes	**5%**	13%
Ran out of food and could not afford to buy more (G12j)	% yes	**5%**	11%
Alcohol			
Long term harm - 3 or more drinks 5 or more times a week	%	**6%**	3%
Short term harm - More than 4 drinks at least once a week	%	**7%**	11%
Smoking			
Smoke cigarettes, cigars, pipes or other products (F1)	% smoke daily	**12%**	8%
Financial hardship			
Could not pay bills on time (G12a)	% yes	**8%**	15%
Could not pay the rent or mortgage on time (G12b)	% yes	**6%**	12%
Pawned or sold something (G12c)	% yes	**6%**	12%
Asked for financial help from friends or family (G12e)	% yes	**7%**	14%
Asked for help from community organisations (G12f)	% yes	**4%**	10%
Applied for early access to superannuation (G12k)	% yes	**7%**	9%
Any form of financial hardship –Survey Two	% yes	**18%**	30%
Any form of financial hardship – Survey One	% yes	**24%**	39%

Base: Aged 18 to 24 – Survey Two (n=247), Survey One (n=256)

	Significantly different more favourable result
	Significantly different less favourable result

13. Key indicators: Young people (aged 25 to 34), results from Survey Two

Wellbeing

- In Survey two, two in three Victorians aged 25 to 34 rated low levels of life satisfaction (62%). This rate is significantly higher than the Victorian rate (53%).
- This age group was also significantly more likely to experience high psychological distress (28%) compared to the state level (17%).
- The life satisfaction and frequency of high psychological distress for 25 to 34-year olds in Survey Two was less favourable compared to Survey One, where there were no significant differences in wellbeing among 25 to 34-year olds compared to Victoria overall. These results indicate that the wellbeing of this age group has declined during the second wave of the pandemic.
- In particular, among females aged 25 to 34, the subjective wellbeing score was significantly lower in Survey Two (57.6) compared to Survey One (62.8); and psychological distress was significantly higher (36% in Survey Two compared to 21% in Survey One).

Physical activity

- The physical activity levels among those aged 25 to 34 were on par with the state level, with results for one in three (36%) of this group in Survey Two indicating that they were getting the recommended levels of physical activity.
- However, physical activity results were lower among this age group in Survey Two compared to Survey One, (32% compared to 41%). They were also less likely to be inactive than the rest of the state (17% compared to 27%).

Social connection

- Consistent with Survey One findings, those aged 25 to 34 showed no significant differences in their level of social connection compared to Victorians overall in Survey Two. Their levels of social solidarity were also consistent with Victorians overall.
- However, among females aged 25 to 34, there was an increase in those disagreeing with the statement 'I feel connected with others' in Survey Two (41%) compared to Survey One (26%).

Healthy eating

- Aligned with Survey One findings, eating takeaway or fast food more than 3 times a week continued to be more common for Victorians aged 25 to 34 than Victorians overall (10% compared to 4%) in Survey Two.
- There was a significant decrease in those aged 25 to 34 who ran out of food and could not buy more in Survey Two (7%) compared to Survey One (15%) (See Figure 68).

Alcohol consumption

- Alcohol consumption among Victorians aged 25 to 34 was on par with the rest of the state.
- Compared to Survey One results, drinking consistent with short-term harm among those aged 25 to 34 in Survey Two was lower (16% compared to 8%) (See Figure 70).

Smoking

- There were no significant differences observed in the proportion of those in this age group who smoke daily compared to Victorians overall.

Financial hardship

- The proportion of younger Victorians aged 25 to 34 experiencing hardship reported in Survey Two was lower than the Survey One result (28% compared to 44%), however, this age group continued to report higher rates of hardship (28%) compared to Victorians overall (18%) in Survey Two.
- Victorians aged 25 to 34 were more likely than the Victorians overall to have pawned or sold something (10% compared to 6%) or asked for financial help from friends or family (12% compared to 7%).
- Amongst males aged 25 to 34, there was a decrease in those experiencing financial hardship in Survey Two (29%) compared to Survey One (46%).

Table 23 Indicator results from Survey Two for people aged 25 to 34 compared to the Victorian result

Indicator	Measure	VIC result	Young people (Aged 25-34)
General wellbeing			
Life satisfaction – Survey Two(A1)	0 to 6 out of 10	**53%**	62%
Life satisfaction – Survey One (A1)	0 to 6 out of 10	**49%**	57%
Subjective wellbeing indicator (A2)	Mean score	**62.0**	59.2
Psychological distress (K6) (A4)	% high	**17%**	28%
Physical Activity			
Days exercised – Survey Two (B4a)	% 5 or more	**33%**	36%
Days exercised – Survey One(B4a)	% 5 or more	**32%**	41%
Days exercised – Survey Two (B4a)	% 0-1	**25%**	21%
Days exercised – Survey One (B4a)	% 0-1	**27%**	17%
Social Connectedness			
I feel connected with others – Survey Two(C1a)	% disagree	**29%**	31%
I feel connected with others – Survey One(C1a)	% disagree	**23%**	22%
Social solidarity	Mean score	**20.8**	20.1
Ease of staying connected with family and friends (C4W)	% hard / very hard	**42%**	41%
Healthy Eating			
Vegetable serves per day (D1)	% 5 or more	**9%**	6%
	Average	**2.6**	2.3
Frequency of sugary drink consumption (N1)	% everyday	**29%**	36%
Takeaway food frequency (N3)	% 3 or more per week	**4%**	10%
Times dinners cooked each week (D4)	% 4 times or fewer	**12%**	17%
Restricted range of low cost food (D7a)	% yes	**18%**	28%
Went without meals (G12d)	% yes	**5%**	6%
Attended a food relief agency to access food relief (G12g)	% yes	**3%**	5%
Worried about having enough money to buy food (G12h)	% yes	**12%**	15%
Skipped a meal in order to feed your household (G12i)	% yes	**5%**	6%
Ran out of food and could not afford to buy more (G12j)	% yes	**5%**	7%
Alcohol			
Long term harm - 3 or more drinks 5 or more times a week	%	**6%**	2%
Short term harm - More than 4 drinks at least once a week	%	**7%**	8%
Smoking			
Smoke cigarettes, cigars, pipes or other products (F1)	% smoke daily	**12%**	9%
Financial hardship			
Could not pay bills on time (G12a)	% yes	**8%**	12%
Could not pay the rent or mortgage on time (G12b)	% yes	**6%**	10%
Pawned or sold something (G12c)	% yes	**6%**	10%
Asked for financial help from friends or family (G12e)	% yes	**7%**	12%
Asked for help from community organisations (G12f)	% yes	**4%**	7%
Applied for early access to superannuation (G12k)	% yes	**7%**	11%
Any form of financial hardship – Survey Two	% yes	**18%**	28%
Any form of financial hardship – Survey One	% yes	**24%**	44%

Base: Aged 25 to 34 – Survey Two (n=229), Survey One (n=295)

	Significantly different more favourable result
	Significantly different less favourable result

14. Key indicators: Aboriginal and Torres Strait Islander people, results from Survey Two

Although the number of respondents who were Aboriginal or Torres Strait Islanders was too small to show any significant differences from the results for Victorians overall in Survey Two, the results for this group are indicative of less favourable outcomes in some areas and the most favourable outcomes in other areas.

Wellbeing

- The proportion of Aboriginal and Torres Strait Islander Victorians reporting low levels of life satisfaction in Survey Two was on par with Survey One (68% compared to 70%).
- One in three (33%) Aboriginal and Torres Strait Islander people reported high levels of psychological distress in Survey Two, compared to one in four (28%) in Survey One.
- Subjective wellbeing for this group was on par with Victorians overall.

Physical activity

- In Survey Two, one in two (57%) Aboriginal and Torres Strait Islander Victorians reported exercising five days or more a week, the highest of all sub-populations, compared to one in three (38%) in Survey One.

Social connection

- Levels of connection to others, social solidarity and community group/club involvement for Aboriginal and Torres Strait Islanders were amongst the highest compared to all other sub-populations.
- In Survey Two, one in three (38%) Aboriginal and Torres Strait Islander Victorians reported finding it hard to stay connected with family and friends outside their household, which was a decrease from one in two (51%) in Survey One.

Healthy eating

- Eating habits among Aboriginal and Torres Strait Islander Victorians is on par with the rest of the state. However, in Survey Two a higher proportion of these respondents were:
    - drinking soft drinks daily (77%)
    - eating takeaway food 3 times or more a week (22%)
    - experiencing high levels of food insecurity.

Alcohol consumption

- One in four (25%) Aboriginal and Torres Strait Islander Victorians reported drinking alcohol at levels consistent with short term harm in Survey Two, which is much higher than the state level of 7%, whereas risk of long-term harm from alcohol consumption was similar to the state level.

Smoking

- The proportion of Aboriginal and Torres Strait Islander participants who were daily smokers (14%) was similar to results for the state overall (12%).

Financial hardship

- In Survey Two, many Aboriginal and Torres Strait Islander respondents reported experiencing financial hardship (67%), similar to results for Survey One (74%).

Table 24 Indicator results from Survey Two for Aboriginal and Torres Strait Islanders compared to the Victorian result

Indicator	Measure	VIC result	Aboriginal, Torres Strait Islander
General wellbeing			
Life satisfaction – Survey Two(A1)	0 to 6 out of 10	**53%**	68%
Life satisfaction – Survey One(A1)	0 to 6 out of 10	**49%**	70%
Subjective wellbeing indicator (A2)	Mean score	**62.0**	60.6
Psychological distress (K6) (A4)	% high	**17%**	33%
Physical Activity			
Days exercised – Survey Two (B4a)	% 5 or more	**33%**	57%
Days exercised – Survey One (B4a)	% 5 or more	**32%**	38%
Days exercised – Survey Two (B4a)	% 0-1	**25%**	1%
Days exercised – Survey One (B4a)	% 0-1	**27%**	6%
Social Connectedness			
I feel connected with others – Survey Two (C1a)	% disagree	**29%**	14%
I feel connected with others – Survey One(C1a)	% disagree	**23%**	28%
Social solidarity	Mean score	**20.8**	23.1
Ease of staying connected with family and friends (C4W)	% hard / very hard	**42%**	38%
Healthy Eating			
Vegetable serves per day (D1)	% 5 or more	**9%**	1%
	Average	**2.6**	2.3
Frequency of sugary drink consumption (N1)	% everyday	**29%**	77%
Takeaway food frequency (N3)	% 3 or more per week	**4%**	22%
Times dinners cooked each week (D4)	% 4 times or fewer	**12%**	32%
Restricted range of low-cost food (D7a)	% yes	**18%**	56%
Went without meals (G12d)	% yes	**5%**	29%
Attended a food relief agency to access food relief (G12g)	% yes	**3%**	29%
Worried about having enough money to buy food (G12h)	% yes	**12%**	41%
Skipped a meal in order to feed your household (G12i)	% yes	**5%**	23%
Ran out of food and could not afford to buy more (G12j)	% yes	**5%**	28%
Alcohol			
Long term harm - 3 or more drinks 5 or more times a week	%	**6%**	5%
Short term harm - More than 4 drinks at least once a week	%	**7%**	25%
Smoking			
Smoke cigarettes, cigars, pipes or other products (F1)	% smoke daily	**12%**	14%
Financial hardship			
Could not pay bills on time (G12a)	% yes	**8%**	38%
Could not pay the rent or mortgage on time (G12b)	% yes	**6%**	35%
Pawned or sold something (G12c)	% yes	**6%**	35%
Asked for financial help from friends or family (G12e)	% yes	**7%**	38%
Asked for help from community organisations (G12f)	% yes	**4%**	28%
Applied for early access to superannuation (G12k)	% yes	**7%**	32%
Any form of financial hardship – Survey Two	% yes	**18%**	67%
Any form of financial hardship – Survey One	% yes	**24%**	74%

Base: Aboriginal and/or Torres Strait Islander – Survey Two (n=Aboriginal and/or Torres Strait Islander – Survey Two (n=61), Survey One (n=61)

	Significantly different more favourable result
	Significantly different less favourable result

15. Key indicators: Geographic region, results from Survey Two

The geographic regions in this report include the seven region types that are used to classify Local Government Areas by the Municipal Association of Victoria. See Appendix 4 for the full list of Local Government Areas and their corresponding region type.

Wellbeing

- One in three (30%) Victorians based in inner metro Melbourne experienced high psychological distress in Survey Two. This was significantly higher compared to Victorians overall (17%).
- Those based in a regional city were more likely to report low life satisfaction compared to Victorians overall (44% compared to 53%) in Survey Two; whereas Victorians based in large shires were more likely to have higher subjective wellbeing indicator scores with an of average of 67.1 compared to 62.0 for Victorians overall.
- Consistent with the results for Victoria overall, those living in an interface region or a small shire were more likely to report low to medium life satisfaction in Survey Two compared to Survey One.
- The subjective wellbeing indicator score among those living in an interface region also significantly declined in Survey Two (60.3) compared to Survey One (63.9) (see Figure 7).

Physical activity

- Victorians in middle metro areas were less likely to report physical inactivity (20% compared to 25% for Victoria overall). Furthermore, the proportion of those in middle metro areas reporting physical inactivity in Survey Two (20%) was significantly lower than Survey One (29%).

Social connection

- In Survey Two, higher levels of social solidarity were recorded for those living in small shires, 22.6 compared to 20.8 for Victorians overall.
- Amongst those living in inner metro, middle metro and interface areas, there was an increase in those disagreeing with the statement 'I feel connected with others' in Survey Two compared to Survey One.

Healthy eating

- Victorians based in inner metro Melbourne reported less favourable healthy eating habits in Survey two compared to Victorians overall, being significantly more likely to:
    - consume takeaway food three times a week or more (9% compared to Victoria 4%)
    - cook dinner four times a week or less (20% compared to Victoria 12%)
    - experience food insecurity across most measures (all but one).
- Takeaway food consumption among those living in outer metro areas significantly decreased in Survey Two (2%) compared to Survey One (7%) (See Figure 50).
- Amongst those living in interface areas, there was a decrease in those who relied on a restricted range of low-cost unhealthy food in Survey Two (29%) compared to Survey One (19%) (see Figure 68).

Alcohol consumption

- No areas of Victoria showed significantly different levels of risk of short- or long-term harm due to alcohol consumption.

Smoking

- Victorians living in small shires were more likely than Victorians overall to be daily smokers in Survey Two (29%) with results showing a notable shift from Survey One (20%).

Financial hardship

- Victorians based in inner metro Melbourne and small shires were more likely to report experiencing hardship in Survey Two (31% and 36% respectively) compared to Victorians overall (18%).
- Amongst those living in middle metro and interface areas, there was a decrease in those experiencing financial hardship in Survey Two compared to Survey One (see Figure 88).

Table 25 Indicator results from Survey Two for metropolitan geographic regions compared to the Victorian result

Indicator	Measure	VIC result	Inner metro	Middle metro	Outer metro	Interface
General wellbeing						
Life satisfaction – Survey Two (A1)	0 to 6 out of 10	**53%**	54%	53%	57%	55%
Life satisfaction – Survey One (A1)	0 to 6 out of 10	**49%**	53%	50%	54%	46%
Subjective wellbeing indicator (A2)	Mean score	**62.0**	59.6	62.3	59.9	60.6
Psychological distress (K6) (A4)	% high	**17%**	30%	15%	16%	19%
Physical Activity						
Days exercised – Survey Two (B4a)	% 5 or more	**33%**	36%	36%	34%	30%
Days exercised – Survey One (B4a)	% 5 or more	**32%**	43%	31%	33%	29%
Days exercised – Survey Two (B4a)	% 0-1	**25%**	22%	20%	22%	30%
Days exercised – Survey One (B4a)	% 0-1	**27%**	17%	29%	19%	29%
Social Connectedness						
I feel connected with others – Survey Two (C1a)	% disagree	**29%**	35%	26%	31%	32%
I feel connected with others – Survey One (C1a)	% disagree	**23%**	18%	19%	27%	24%
Social solidarity	Mean score	**20.8**	20.5	20.9	20.1	20.5
Ease of staying connected with family and friends (C4W)	% hard / very hard	**42%**	45%	41%	42%	44%
Healthy Eating						
Vegetable serves per day (D1)	% 5 or more	**9%**	9%	8%	12%	9%
	Average	**2.6**	2.4	2.4	2.5	2.5
Frequency of sugary drink consumption (N1)	% everyday	**29%**	35%	29%	25%	27%
Takeaway food frequency (N3)	% 3 or more per week	**4%**	9%	4%	2%	4%
Times dinners cooked each week (D4)	% 4 times or fewer	**12%**	20%	10%	14%	11%
Restricted range of low-cost food (D7a)	% yes	**18%**	33%	13%	21%	19%
Went without meals (G12d)	% yes	**5%**	14%	3%	7%	4%
Attended a food relief agency to access food relief (G12g)	% yes	**3%**	9%	3%	3%	2%
Worried about having enough money to buy food (G12h)	% yes	**12%**	20%	10%	13%	11%
Skipped a meal in order to feed your household (G12i)	% yes	**5%**	11%	4%	5%	5%
Ran out of food and could not afford to buy more (G12j)	% yes	**5%**	8%	3%	5%	5%
Alcohol						
Long term harm – 3 or more drinks 5 or more times a week	%	**6%**	5%	6%	5%	5%
Short term harm – More than 4 drinks at least once a week	%	**7%**	8%	8%	5%	6%
Smoking						
Smoke cigarettes, cigars, pipes or other products (F1)	% smoke daily	**12%**	8%	9%	9%	13%
Financial hardship						
Could not pay bills on time (G12a)	% yes	**8%**	17%	6%	9%	6%
Could not pay the rent or mortgage on time (G12b)	% yes	**6%**	14%	6%	4%	5%
Pawned or sold something (G12c)	% yes	**6%**	10%	4%	5%	6%
Asked for financial help from friends or family (G12e)	% yes	**7%**	18%	5%	4%	4%
Asked for help from community organisations (G12f)	% yes	**4%**	11%	3%	6%	3%
Applied for early access to superannuation (G12k)	% yes	**7%**	12%	6%	5%	8%
Any form of financial hardship – Survey Two	% yes	**18%**	31%	15%	17%	16%
Any form of financial hardship – Survey One	% yes	**24%**	36%	22%	26%	23%

Base: Inner Metro – Survey Two (n=194), Survey One (n=218); Middle Metro – Survey Two (n=602), Survey One (n=588); Outer Metro – Survey Two (n=260), Survey One (n=244); Interface – Survey Two (n=488), Survey One (n=493)Inner Metro – Survey Two (n=194), Survey One (n=218); Middle Metro – Survey Two (n=602), Survey One (n=588); Outer Metro – Survey Two (n=260), Survey One (n=244); Interface – Survey Two (n=488), Survey One (n=493)

	Significantly different more favourable result
	Significantly different less favourable result

Table 26 Indicator results from Survey Two for rural geographic regions compared to the Victorian result

Indicator	Measure	VIC result	Regional city	Large shire	Small shire
General wellbeing					
Life satisfaction – Survey Two (A1)	0 to 6 out of 10	**53%**	44%	49%	54%
Life satisfaction – Survey One (A1)	0 to 6 out of 10	**49%**	52%	45%	31%
Subjective wellbeing indicator (A2)	Mean score	**62.0**	65.3	67.1	65.1
Psychological distress (K6) (A4)	% high	**17%**	14%	12%	15%
Physical Activity					
Days exercised – Survey Two (B4a)	% 5 or more	**33%**	34%	37%	22%
Days exercised – Survey One (B4a)	% 5 or more	**32%**	32%	31%	34%
Days exercised – Survey Two (B4a)	% 0-1	**25%**	31%	30%	29%
Days exercised – Survey One (B4a)	% 0-1	**27%**	25%	33%	34%
Social Connectedness					
I feel connected with others – Survey Two (C1a)	% disagree	**29%**	23%	24%	32%
I feel connected with others – Survey One (C1a)	% disagree	**23%**	31%	19%	26%
Social solidarity	Mean score	**20.8**	21.6	20.8	22.6
Ease of staying connected with family and friends (C4W)	% hard / very hard	**42%**	47%	38%	32%
Healthy Eating					
Vegetable serves per day (D1)	% 5 or more	**9%**	7%	15%	17%
	Average	**2.6**	2.6	3.2	3.4
Frequency of sugary drink consumption (N1)	% everyday	**29%**	37%	24%	27%
Takeaway food frequency (N3)	% 3 or more per week	**4%**	3%	2%	5%
Times dinners cooked each week (D4)	% 4 times or fewer	**12%**	11%	6%	9%
Restricted range of low-cost food (D7a)	% yes	**18%**	21%	8%	18%
Went without meals (G12d)	% yes	**5%**	5%	4%	9%
Attended a food relief agency to access food relief (G12g)	% yes	**3%**	5%	3%	-
Worried about having enough money to buy food (G12h)	% yes	**12%**	14%	11%	14%
Skipped a meal in order to feed your household (G12i)	% yes	**5%**	5%	4%	4%
Ran out of food and could not afford to buy more (G12j)	% yes	**5%**	5%	5%	8%
Alcohol					
Long term harm – 3 or more drinks 5 or more times a week	%	**6%**	7%	6%	5%
Short term harm – More than 4 drinks at least once a week	%	**7%**	8%	6%	5%
Smoking					
Smoke cigarettes, cigars, pipes or other products (F1)	% smoke daily	**12%**	12%	17%	29%
Financial hardship					
Could not pay bills on time (G12a)	% yes	**8%**	11%	5%	19%
Could not pay the rent or mortgage on time (G12b)	% yes	**6%**	9%	1%	15%
Pawned or sold something (G12c)	% yes	**6%**	5%	6%	10%
Asked for financial help from friends or family (G12e)	% yes	**7%**	7%	7%	23%
Asked for help from community organisations (G12f)	% yes	**4%**	4%	4%	2%
Applied for early access to superannuation (G12k)	% yes	**7%**	8%	7%	12%
Any form of financial hardship – Survey Two	% yes	**18%**	17%	18%	36%
Any form of financial hardship – Survey One	% yes	**24%**	21%	21%	27%

Base: Regional city – Survey Two (n=250), Survey One (n=247); Large shire – Survey Two (n=136), Survey One (n=146); Small shire – Survey Two (n=70), Survey One (n=64)Regional city – Survey Two (n=250), Survey One (n=247); Large shire – Survey Two (n=136), Survey One (n=146); Small shire – Survey Two (n=70), Survey One (n=64)

	Significantly different more favourable result
	Significantly different less favourable result

Appendix 1 List of key indicators

Indicator and question	Score processing	Measure	Base	Comparison survey
Subjective wellbeing [range 0–00] Question A2	Average score of 7 domains is combined into a Personal Wellbeing Index score and converted into a scale maximum score with a range of 0 (completely dissatisfied) to 100 (completely satisfied). Null responses excluded from mean calculation	average	All respondents (exclude Not sure and Prefer not to say)	VicHealth Indicators, 2015
Satisfaction with life as a whole Question A1W	Rating of general satisfaction with life on a scale of 0 to 10 where 0 is completely dissatisfied and 10 is completely satisfied. Low to medium life satisfaction is a score between 0 and 6 out of 10. Null responses excluded from mean calculation	%	All respondents	Victorian Population Health Survey, 2017
Psychological distress / K6 Question A4	The Kessler 6 is a combined score across 6 areas of psychological distress. Each person can score a minimum of 6 and maximum of 30. Scores of 19 or more are classified as probable serious mental illness and those with a score of 6 to 18 are classified as no probable serious mental illness. Null responses to 2 or more of the 6 statements are excluded from the mean calculation, with adjustments made for those who gave a null response to 1 statement.	sum	All respondents (exclude Not sure and Prefer not to say for 2 or more statements)	Victorian Public Health Survey (K10) 2017
Social Solidarity Question C2	Responses for all six questions were assigned the following values: Strongly disagree = 1, Disagree = 2, Neither agree nor disagree = 3, Agree = 4, Strongly agree = 5. Any respondents providing a 'don't know' or 'prefer not to answer' response to any of the six questions was excluded from the analysis. The final score out of a maximum of 30 and minimum of six was used by summing the values of the six categories.	sum	All respondents (exclude Not sure and Prefer not to say)	Not applicable
Exercise 0 – 1 days per week Question B4	% of people who do 0 to 1 days of physical activity each week	%	All respondents	VicHealth Indicators, 2015
Exercise 5 or more days per week Question B4	% of people who do 5 or more days of physical activity each week	%	All respondents	VicHealth Indicators, 2015
Vegetable consumption (1) Question D1	Average number of vegetables serves consumed in a day	average	All respondents (exclude	Victorian Population Health Survey, 2017

Indicator and question	Score processing	Measure	Base	Comparison survey
			Not sure and Prefer not to say)	
Vegetable consumption (2) Question D1	% of people who consume 5 or more serves of vegetables each day	%	All respondents	Victorian Population Health Survey, 2017
Sugar sweetened beverage consumption Question N1	% of people who consume sugar sweetened beverages daily	%	All respondents	Victorian Population Health Survey, 2017
Takeaway meals Question N3	Percentage of people consuming take-away food at least three times a week	%	All respondents	VicHealth Indicators, 2015
Home cooked dinners Question D4	% of people who cook dinner 4 times a week or less	%	All respondents	Not applicable
Food insecurity (1) Question D7	% of people who relied on a restricted range of low-cost unhealthy food	%	All respondents	
Food insecurity (2) Question G12j	% of people who ran out of money to buy food	%	All respondents	Victorian Population Health Survey, 2014
Short-term harm from alcohol Questions E1 and E3	% of people having 5 or more standard drinks in a session at least weekly	%	All respondents	Victorian Population Health Survey, 2017
Long-term harm from alcohol Questions E1 and E3	% of people having 3 or more drinks in a session, drinking 5 to 7 days	%	All respondents	Not applicable
Tobacco Question F1	% of those smoking daily	%	All respondents	Victorian Population Health Survey, 2017
Financial hardship Question G12a-f	Answered yes to any of six responses about a shortage of money	%	All respondents	Not applicable

Appendix 2 Questionnaire

VicHealth coronavirus Victorian Wellbeing Impact Follow-up Survey Questionnaire
August – September 2020

MODULE A: GENERAL WELLBEING

*(ALL)

A1W Thinking about your own life and your personal circumstances, how satisfied are you with your life as a whole? Please use a scale from 0-10, where 0 is completely dissatisfied and 10 is completely satisfied.

Please provide a response for the time during the current (August and September) coronavirus restrictions.

	During the current *(August and September)* coronavirus restrictions
0 – Completely dissatisfied	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10 – Completely satisfied	
98. Not sure	
99. Prefer not to say	

*(ALL)

A2 Turning now to various areas of your life. How satisfied are you with…? Record number (Allowable range = 0 to 10)

Please use a scale from 0-10, where 0 is completely dissatisfied and 10 is completely satisfied).

Please provide a response for each statement.

	During the current coronavirus restrictions
a. your standard of living	
b. your health	
c. what you are currently achieving in life	
d. your personal relationships	
e. how safe you feel	

f.	feeling part of your community	
g.	your future security	

98. Not sure
99. Prefer not to say

*(ALL)

A4 Now a question about your wellbeing, during the **last month**, how often did you feel…

(STATEMENTS)
a) Nervous?
b) Hopeless?
c) Restless or fidgety?
d) So depressed that nothing could cheer you up?
e) That everything was an effort?
f) Worthless?

(RESPONSE FRAME)
1. All of the time
2. Most,
3. Some,
4. A little, or
5. None of the time

98. Not sure
99. Prefer not to say

MODULE B: PHYSICAL ACTIVITY

*(ALL)

B1 Now some questions about physical activity. Overall, do you feel you are doing more, less or about the same level of physical activity now – during the current coronavirus restrictions, compared to earlier in the year **before** any coronavirus restrictions began?

Please select an option

1. A lot more now
2. A little more now
3. About the same
4. A little less now
5. A lot less now

98. Not sure
99. Prefer not to say

*(B1=4 OR 5, DOING LESS PHYSICAL ACTIVITY)

B2 What is the main reason your physical activity level has been less during the current coronavirus restrictions?

Please select all that apply

1. Low motivation
2. Poor health or injury
3. Having less time
4. I have no-one to exercise with
5. Nowhere to exercise at home
6. More childcare responsibilities

7. No suitable park or path for physical activity outside
8. I've been concerned about catching coronavirus
9. I don't feel safe being physically active outside
10. Having to wear a mask
11. One-hour limit for outdoor physical activity
12. 8pm/9pm-5am curfew
13. 5km zone travel restriction
14. Can only exercise with one other person
15. Other (please specify)

98. Not sure *(EXCLUSIVE)
99. Prefer not to say *(EXCLUSIVE)

*(B1=1, 2 OR 3, DOING MORE OR SAME PHYSICAL ACTIVITY)

B3 What is the main reason your physical activity level has been more (or same) during the current coronavirus restrictions?

Please select all that apply

1. Having more time
2. I like catching up with others whilst exercising
3. I like my local area
4. I have more flexible work arrangements
5. Less childcare responsibilities
6. To get out of the house
7. I wanted to improve my health in general
8. I felt lonely
9. Other (please specify)

98. Not sure *(EXCLUSIVE)
99. Prefer not to say *(EXCLUSIVE)

*(ALL)

B4 In a usual week during the current coronavirus restrictions, on how many days do you do a total of 30 minutes or more of physical activity, which was enough to raise your breathing rate?

	During the current coronavirus restrictions
0	
1	
2	
3	
4	
5	
6	
7	

98. Not sure
99. Prefer not to say

*(B4=1–7, DOES SOME KIND OF PHYSICAL ACTIVITY)

B5 Have you done any of the following activities during the current coronavirus restrictions?

	During the current coronavirus restrictions
Walking	
Cycling	

Running	
Muscle strengthening exercises at home	
Yoga/Pilates/stretching at home	
Fitness/aerobics class at home	
Online training sessions with local sports clubs	
None of the above	
98. Not sure	
99. Prefer not to say	

MODULE C: CONNECTING WITH OTHERS

*(ALL)

C1 Please rate the degree to which you agree or disagree with the following statement:

I feel connected with others

	During the current coronavirus restrictions
Strongly disagree	
Disagree	
Mildly disagree	
Mildly agree	
Agree	
Strongly agree	
98. Not sure	
99. Prefer not to say	

*(ALL)

C2 To what extent do you currently agree with the following statements…?

Please provide a response for each statement.

(STATEMENTS)

a) I am proud to be a member of my community
b) I feel I am part of the community
c) People in my neighbourhood share the same values
d) My neighbourhood is a good place to live
e) I trust my neighbours
f) People work together to get things done for this community
g) My neighbours are helping each other get through the current coronavirus restrictions

(RESPONSE FRAME)

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree

98. Not sure
99. Prefer not to say

*(ALL)

C4W Since the coronavirus restrictions started, how easy has it been to stay connected with family and friends outside your household?

1. Very easy
2. Easy
3. Neither easy nor hard
4. Hard
5. Very hard

98. Not sure
99. Prefer not to say

*(ALL)
C6 Are you involved with any community groups?

Please include groups such as sports clubs, book clubs, cultural groups, religious groups, fitness/exercise groups, and any related groups.

Please select an option

1. Yes
2. No

98. Not sure
99. Prefer not to say

*(C6=1, INVOLVED IN COMMUNITY GROUPS)
C7 How many community groups are you involved in?

Please enter a response

1. Record number of groups *(RECORD NUMBER BETWEEN 0 AND 50)

98. Not sure
99. Prefer not to say

*(C6=1, INVOLVED IN COMMUNITY GROUPS)
C8 Which of the following community groups or committees were you involved in earlier in the year before any coronavirus restrictions began, and which ones are you involved in now, during the current coronavirus restrictions?

Please select all that apply for earlier in the year before any coronavirus restrictions began and during the current coronavirus restrictions.

	a) Earlier in the year before any coronavirus restrictions began	b) During the current coronavirus restrictions
1. Sports club		
2. Community social benefit group (e.g. charity)		
3. Book club		
4. School/kindergarten/crèche volunteer group		
5. Parents of young children group/mothers group		
6. Education/study groups		
7. Environmental group		
8. Informal exercise group		

9. Formal fitness class/group		
10. Online social/gaming group		
11. Arts group		
12. Music group		
13. Dance group		
14. Religious group		
15. Cultural/ethnic group		
16. Political group		
17. Hobby group		
96. Other (Please specify)		
97. None of the above		
98. Not sure		
99. Prefer not to say		

*(COMMUNITY GROUPS SELECTED IN BOTH C8a AND C8b, INVOLVED BOTH BEFORE AND NOW)

C9 How has your level of involvement in the following community groups changed during the current coronavirus restrictions, compared to earlier in the year **before** any coronavirus restrictions began?

(STATEMENTS) (ONLY SHOW IF SELECTED AT C8a AND C8b)

a) Sports club
b) Community social benefit group (e.g. charity)
c) Book club
d) School/kindergarten/crèche volunteer group
e) Parents of young children group/mothers group
f) Education/study groups
g) Environmental group
h) Informal exercise group
i) Formal fitness class/group
j) Online social/gaming group
k) Arts group
l) Music group
m) Dance group
n) Religious group
o) Cultural/ethnic group
p) Political group
q) Hobby group
r) Other

(RESPONSE FRAME)

1. A lot more now
2. A little more now
3. About the same
4. A little less now
5. A lot less now

98. Not sure
99. Prefer not to say

*(ALL)

C10 Do you plan to be involved in any of the following once the coronavirus restrictions are over?

(STATEMENTS)

a) Sports club
b) Community social benefit group (e.g. charity)
c) Book club
d) School/kindergarten/crèche volunteer group
e) Parents of young children group/mothers group
f) Education/study groups

g) Environmental group
h) Informal exercise group
i) Formal fitness class/group
j) Online social/gaming group
k) Arts group
l) Music group
m) Dance group
n) Religious group
o) Cultural/ethnic group
p) Political group
q) Hobby group
r) Other

(RESPONSE FRAME)
1. Yes
2. No

98. Not sure
99. Prefer not to say

MODULE D: HEALTHY EATING

*(ALL)

D1 During the current coronavirus restrictions, how many serves of vegetables are you usually eating each day?

A 'serve' is ½ cup of cooked vegetables or 1 cup of salad vegetables.

'Vegetables' includes potatoes, hot potato chips, but excludes potato crisps and vegetable juice.

Please enter a response.

1. Record number of serves *(RECORD NUMBER BETWEEN 0 AND 50)

98. Not sure
99. Prefer not to say

*(ALL)

D2 Overall, do you feel you are eating more, less or about the same amount of vegetables now – during the current coronavirus restrictions, compared to earlier in the year **before** any coronavirus restrictions began?

Please select an option

1. A lot more now
2. A little more now
3. About the same
4. A little less now
5. A lot less now

98. Not sure
99. Prefer not to say

*(D2=CODES 1 OR 2, EATING MORE VEGETABLES DURING COVID)

D2a What is the main reason you've eaten more vegetables during the current coronavirus restrictions?

Please select all that apply

1. I'm cooking more
2. I have more time
3. I've learnt new ways to prepare or cook them
4. I want to look after my health more than before
5. Other (please specify)

98. Not sure *(EXCLUSIVE)
99. Prefer not to say *(EXCLUSIVE)

*(D2=CODES 4 OR 5, EATING LESS VEGETABLES DURING COVID)

D2b What is the main reason you've eaten less vegetables during the current coronavirus restrictions?

Please select all that apply

1. They're too expensive
2. I don't like them
3. It's easier to prepare other food
4. I can't get the vegetables I usually buy
5. Other (please specify)

98. Not sure *(EXCLUSIVE)
99. Prefer not to say *(EXCLUSIVE)

*(ALL)

N1 During the current coronavirus restrictions, how many glasses of soft drink, cordial, flavoured mineral water, energy drink or sports drink are you consuming every day (excluding diet variety)?

1. None
2. Less than 1 per day
3. 1–2 per day
4. 3–4 per day
5. 5+ per day

98. Not sure
99. Prefer not to say

*(ALL)

N2 Overall, do you feel you are drinking more, less or about the same amount of soft drink, cordial, flavoured mineral water, energy drink or sports drink now – during the current coronavirus restrictions, compared to earlier in the year **before** any coronavirus restrictions began?

Please select an option

1. A lot more now
2. A little more now
3. About the same
4. A little less now
5. A lot less now

98. Not sure
99. Prefer not to say

*(N2=CODES 4 OR 5, DRINKING LESS SSBs)

N2a What is the main reason you've been drinking less sugary drinks during the current coronavirus restrictions?

Please select all that apply

1. They're too expensive
2. They're not good for my health
3. I don't keep them at home
4. Other (please specify)

98. Not sure *(EXCLUSIVE)
99. Prefer not to say *(EXCLUSIVE)

*(N2=CODES 1 TO 3, DRINKING MORE SSBs)

N2b What is the main reason you've had more (or same) sugary drinks during the current coronavirus restrictions?

Please select all that apply

1. It's a treat
2. I enjoy it
3. I drink them when I'm bored
4. They're easy to buy
5. I've been buying it for others in my household
6. I've been ordering more takeaway and getting soft drinks with it
7. It's always available at home
8. They were on sale/discounted
9. Other (please specify)

98. Not sure *(EXCLUSIVE)
99. Prefer not to say *(EXCLUSIVE)

*(ALL)

N3 During the current coronavirus restrictions, how often are you having meals or snacks such as burgers, pizza, chicken or chips from places like McDonalds, Hungry Jacks, Pizza Hut, KFC, Red Rooster, or local take-away places?

Please do not include sushi, take-away Asian foods, salads, sandwiches or rolls

1. Most days (6–7 times per week)
2. 3–5 times per week
3. 1–2 times per week
4. 2–3 times per month
5. Once per month
6. Less than once per month
7. Never

98. Not sure
99. Prefer not to say

*(ALL)

N4 Overall, do you feel you are having more, less or about the same number of meals or snacks such as burgers, pizza, chicken or chips from places like McDonalds, Hungry Jacks, Pizza Hut, KFC, Red Rooster, or local take-away places now – during the current coronavirus restrictions, compared to earlier in the year **before** any coronavirus restrictions began?

Please do not include sushi, take-away Asian foods, salads, sandwiches or rolls

Please select an option

1. A lot more now
2. A little more now
3. About the same

4. A little less now
5. A lot less now

98. Not sure
99. Prefer not to say

*(N4=CODES 4 OR 5, HAD LESS TAKEAWAY)

N4a What is the main reason you've had less take-away food during the current coronavirus restrictions?

Please select all that apply

1. They're too expensive
2. They're not good for my health
3. It's too hard to buy
4. I have more time to cook meals
5. I'm concerned I'll get coronavirus
96. Other (Please specify)

98. Not sure *(EXCLUSIVE)
99. Prefer not to say *(EXCLUSIVE)

*(N4=CODES 1 TO 3, HAD MORE TAKEAWAY)

N4b What is the main reason you've had more (or same) take away food during the current coronavirus restrictions?

Please select all that apply

1. It's a treat
2. Something to break up the week
3. I don't have enough time to cook
4. It's easy to buy
5. It's easier than cooking
6. They were on sale/discounted
7. Other (Please specify)

98. Not sure *(EXCLUSIVE)
99. Prefer not to say *(EXCLUSIVE)

*(ALL)

D3 Have you or anyone in your household **started** doing the following during the current coronavirus restrictions?

Please provide a response for each statement.

(STATEMENTS)

a) Planted vegetable seeds or seedlings or grown food
b) Purchased food from a farmers' market, vegetable box scheme or local farm
c) Ordered a takeaway from an online delivery service (e.g. Deliveroo, Uber Eats etc.)
d) Ordered food directly from a local restaurant or cafe
e) Planned meals for the week
f) Kept more food and other essentials at home
g) Shopped locally, for example started going to local grocer, fruit and vegetable supply, butcher

(RESPONSE FRAME)

1. Yes
2. No

98. Not sure

99. Prefer not to say

*(IF YES TO ANY STATEMENT AT D3)
*(DISPLAY ONLY CODES ANSWERED YES IN D3)

D3a Do you plan to continue with any of the following after the current coronavirus restrictions are over?

Please provide a response for each statement.

(STATEMENTS)
*(DISPLAY ONLY CODES ANSWERED YES IN D3)

a) Plant vegetable seeds or seedlings or other grown food
b) Purchase food from a farmers' market, vegetable box scheme or local farm
c) Order a takeaway from an online delivery service (e.g. Deliveroo, Uber Eats etc.)
d) Order food directly from a local restaurant or cafe
e) Plan meals for the week
f) Keep more food and other essentials at home
g) Shop locally, for example started going to local grocer, fruit and vegetable supply, butcher

(RESPONSE FRAME)
1. Yes
2. No

98. Not sure
99. Prefer not to say

*(ALL)

D4 On average, during the current COVID restrictions, how many times do you and your household cook dinner each week?

Please enter a response

1. Record number of meals *(RECORD NUMBER BETWEEN 0 AND 7)

98. Not sure
99. Prefer not to say

*(ALL)

D7a During the current coronavirus restrictions, did you have to rely on a restricted range of low-cost unhealthy food because you were running out of money to buy food?

1. No, not at all
2. Not often
3. Sometimes, or
4. Yes, definitely

98. Not sure
99. Prefer not to say

MODULE E: ALCOHOL

*(ALL)

E1 During the current coronavirus restrictions, how often have you had an alcoholic drink of any kind?

Please select an option.

1. Every day

2. 5 to 6 days a week
3. 3 to 4 days a week
4. 1 to 2 days a week
5. 2 to 3 days a month
6. About 1 day a month
7. Less often
8. I never drink alcohol

98. Not sure
99. Prefer not to say

*(DRINKS ALCOHOL, E1=1–7, 98, 99)

E2 Would you say this is more, less, or about the same now – during the current coronavirus restrictions, compared to earlier in the year **before** any coronavirus restrictions began?

Please select an option

1. A lot more now
2. A little more now
3. About the same
4. A little less now
5. A lot less now

98. Not sure
99. Prefer not to say

*(E2=1 OR 2, DRINKING ALCOHOL ON MORE DAYS)

E5 What is the main reason you've drank alcohol on *more days* during the current coronavirus restrictions?

Please select ALL that apply

1. I had more time
2. I was bored
3. I was anxious or stressed
4. I felt lonely
5. I had more income
6. I had less income
7. I didn't need to stay below .05 for driving
8. The person/people I live with are drinking alcohol
9. Socialising online often involves alcohol
10. Other (please specify)

98. Not sure *(EXCLUSIVE)
99. Prefer not to say *(EXCLUSIVE)

*(E2=4 OR 5, DRINKING ALCOHOL ON LESS DAYS)

E6 What is the main reason you've drank alcohol on *less days* during the current coronavirus restrictions?

Please select ALL that apply

1. I had fewer opportunities to drink at home
2. I wanted to improve my health in general
3. The places where I usually drink are closed e.g. bars, clubs, restaurants
4. I was specifically concerned that drinking alcohol could increase the risk or severity of coronavirus
5. I can't socialise with the people I usually drink with

6. I had more income
7. I had less income
8. Other (please specify)

98. Not sure *(EXCLUSIVE)
99. Prefer not to say *(EXCLUSIVE)

*(DRINKS ALCOHOL, E1=1-7, 98, 99)

E3 Still thinking about during the current coronavirus restrictions… On a day that you have an alcoholic drink, how many standard drinks do you usually have?

A standard drink is equal to 1 pot of full-strength beer, 1 small glass of wine or 1 pub-sized nip of spirits.

Please select an option.

1. 20 or more standard drinks
2. 16 – 19 standard drinks
3. 13 – 15 standard drinks
4. 11 – 12 standard drinks
5. 9 – 10 standard drinks
6. 7 – 8 standard drinks
7. 5 – 6 standard drinks
8. 3 – 4 standard drinks
9. 2 standard drinks
10. 1 standard drink
11. Half a standard drink

98. Not sure
99. Prefer not to say

*(DRINKS ALCOHOL, E1=1-7, 98, 99)

E4 Would you say this is more, less, or about the same now – during the current coronavirus restrictions, compared to earlier in the year **before** any coronavirus restrictions began?

Please select an option

1. A lot more now
2. A little more now
3. About the same
4. A little less now
5. A lot less now

98. Not sure
99. Prefer not to say

MODULE F: SMOKING

*(ALL)

F1 Now I'd like to ask you some questions about smoking. Do you now smoke cigarettes, cigars, pipes or any other tobacco products?

1. Daily
2. At least weekly (not daily)
3. Less often than weekly, or
4. Not at all

98. Not sure
99. Prefer not to say

*(CURRENT SMOKER (F1=1-3))

F2 During the current coronavirus restrictions, did you do any of the following?

1. Smoked *more* than usual Go to QF3
2. Smoked *less* than usual Go to F4
3. Attempted to quit Go to F5
4. Quit smoking Go to QF6
5. Did not change my smoking behaviour Go to G1

98. Not sure
99. Prefer not to say

*(F2=1, SMOKING MORE)

F3 What is the main reason you smoked *more* than usual during the current coronavirus restrictions?

Please select ALL that apply

1. I had more time
2. I was bored
3. I was anxious or stressed
4. I had more disposable income
5. I felt lonely
6. Other (please specify)

98. Not sure *(EXCLUSIVE)
99. Prefer not to say *(EXCLUSIVE)

*(F2=2, SMOKING LESS)

F4 What is the main reason you smoked *less* than usual during the current coronavirus restrictions?

Please select ALL that apply

1. I had fewer opportunities to smoke at home
2. I wanted to improve my health in general
3. I was specifically concerned that smoking could increase the risk or severity of coronavirus
4. My income was reduced
5. Other (please specify)

98. Not sure *(EXCLUSIVE)
99. Prefer not to say *(EXCLUSIVE)

*(F2=3, TRIED TO QUIT)

F5 What is the main reason you attempted to quit during the current coronavirus restrictions?

Please select ALL that apply

1. I had fewer opportunities to smoke at home
2. I tried to quit smoking to improve my health in general
3. I was specifically concerned that smoking could increase the risk or severity of coronavirus
4. I tried to quit smoking to save money, as my income was reduced
5. I tried to quit smoking because the cost of cigarettes/tobacco went up
6. Other (please specify)

98. Not sure *(EXCLUSIVE)
99. Prefer not to say *(EXCLUSIVE)

*(F2=4, QUIT)

F6 What is the main reason you've quit during the current coronavirus restrictions?

Please select ALL that apply

1. I had fewer opportunities to smoke at home
2. I quit smoking to improve my health in general
3. I was specifically concerned that smoking could increase the risk or severity of coronavirus
4. I quit smoking to save money, as my income was reduced
5. I quit smoking because the cost of cigarettes/tobacco went up
6. Other (please specify)

98. Not sure *(EXCLUSIVE)
99. Prefer not to say *(EXCLUSIVE)

MODULE G: WORKING AND HOME LIFE DURING COVID

*(ALL)

G1 Now we are going to ask some questions about your home life. Which of these best describes your household…?

1. Person living alone
2. Couple living alone
3. Couple with child / children
4 One parent family with child / children, co-parenting with other parent living elsewhere
5 One parent family with child / children
6. Adults sharing house /apartment / flat
96. Something else (please specify)

98. Not sure
99. Prefer not to say

*(ALL)

G1a Which of these best describes your current main activity? Are you…? / And how about your partner?

	*(ALL)	*(G1=CODES 2 OR 3, HAS PARTNER AT HOME)
	a) Which of these best describes your main activity since coronavirus restrictions started? Are you…?	b) And how about your partner?
1. Self employed		
2. Employed for wages, salary or payment in kind		
3. Unemployed		
4. Engaged in home duties		
5. A student		
6. Retired		
7. Unable to work		
96. Something else (please specify)		
98. Not sure		
99. Prefer not to say		

*(NEW)

G2 Which of these best describes your main activity in February 2020? Were you…?

1. Self employed
2. Employed for wages, salary or payment in kind
3. Unemployed
4. Engaged in home duties
5. A student
6. Retired
7. Unable to work
96. Something else (please specify)

98. Not sure
99. Prefer not to say

*(G2=1-2, HAD JOB IN FEBRUARY 2020)
G3 And in February 2020, how many hours did you do in your job?

If you had more than one job, please enter the number of hours for ALL your jobs.

1. Enter number of hours (ALLOWABLE RANGE: 1–100)

98. Not sure
99. Prefer not to say

*(G2=1-2, HAD JOB IN FEBRUARY 2020)
G4 What industry did you work in for your main job in February 2020?

If you had more than one job, please enter the usual place of work for your MAIN job.

1. Agriculture, forestry and fishing
2. Mining
3. Manufacturing
4. Electricity, gas, water and waste services
5. Construction
6. Wholesale trade
7. Retail trade
8. Accommodation and food services (e.g., hotels, cafes, restaurants, pubs, takeaway)
9. Transport, postal and warehousing
10. Information media and telecommunications
11. Financial and insurance services
12. Rental, hiring and real estate services
13. Professional, scientific and technical services
14. Administrative and support services
15. Public administration and safety
16. Education and training
17. Health care and social assistance
18. Arts services
19. Sports and recreation services
20. Something else (please specify)

98. Not sure
99. Prefer not to say

*(G2=1-2, HAD JOB IN FEBRUARY 2020)
G5 And in February 2020, where was your usual place of work?

If you had more than one job, please enter the usual place of work for your MAIN job.

1. Worked mainly from home with standard hours
2. Worked mainly from home with flexible start and finish times
3. Worked mainly from another location e.g. office with standard hours
4. Worked mainly from another location e.g. office with flexible start and finish times

98. Not sure
99. Prefer not to say

*(ALL)

G6 Thinking now about since the coronavirus restrictions started, have **you** experienced any of the following?

(STATEMENTS)

a) Had your hours of work reduced
b) Your hourly rate of pay / salary been reduced not related to the number of hours you work
c) Not received a bonus that you were entitled to
d) Lost your job
e) Required to take paid leave
f) Required to take unpaid leave
g) The company you worked for ceased operating / had to close my business

(RESPONSE FRAME)

1. Yes
2. No

98. Not sure *(EXCLUSIVE)
99. Prefer not to say *(EXCLUSIVE)

*(G1a=1 OR 2, CURRENTLY EMPLOYED)

G7 During the current COVID -19 restrictions, where is your usual place of work?

	~~a)~~ During the current coronavirus restrictions, where is your usual place of work? *If you had more than one job, please enter the usual place of work for your MAIN job*
1. Worked mainly from home with standard hours	
2. Worked mainly from home with flexible start and finish times	
3. Worked mainly from another location e.g. office with standard hours	
4. Worked mainly from another location e.g. office with flexible start and finish times	
98. Not sure	
99. Prefer not to say	

*(ALL)

G7a Since coronavirus restrictions started which of the following apply to you, if any?

Please select ALL that apply

1. Received, or have been notified that you will receive JobKeeper
2. Received, or have been notified that you will receive JobSeeker

97. None of these *(EXCLUSIVE)
98. Not sure *(EXCLUSIVE)
99. Prefer not to say *(EXCLUSIVE)

*(G1=3, 4 OR 5, HOUSEHOLD STRUCTURE HAS CHILDREN)
G8 Thinking about your household, how many children aged under 18, if any, live in your household (at least 50% of the time)?

1. Number of children given (please specify) *(ALLOWABLE RANGE 1–20)
2. None

98. Not sure *(EXCLUSIVE)
99. Prefer not to say *(EXCLUSIVE)

*(G8=1, HAS DEPENDENT CHILDREN IN HOUSEHOLD)
*(IF G8=1 IS 1, ONE DEPENDENT CHILD IN HOUSEHOLD, SHOW 'child'.
IF G8=1 IS <1, MORE THAN ONE DEPENDENT CHILDREN IN HOUSEHOLD, SHOW 'child with the most recent birthday'.)
G8a Thinking about your <child/child with the most recent birthday>, how old are they?

1. Age of <child/child with most recent birthday> (please specify) *(ALLOWABLE RANGE 0-18)

99. Prefer not to say *(EXCLUSIVE)

*(G8=1, has dependent children in household)
G9 Which of the following applied to you during most of the current coronavirus restrictions?

Please select ALL that apply

1. I have kept my child/children in childcare or kindergarten
2. I have started my child/children in childcare or kindergarten
3. I have discontinued my child/children going to childcare or kindergarten
4. I was unable to send my child/children to childcare or kindergarten because the centre(s) was shut down as a result of coronavirus restrictions

5. I have child/children at school
6. I have child/children doing school at home

97. None of these *(EXCLUSIVE)
98. Not sure *(EXCLUSIVE)
99. Prefer not to say *(EXCLUSIVE)

*(CHILDREN DISCONTINUED CHILDCARE, G9=3 OR 4 AND G1=3 OR 4, ANOTHER PARENT INVOLVED)
G10 Who would you say is spending, or has spent, the most time looking after your preschool child(ren) during the current coronavirus restrictions?

1. I am
2. My partner or other parent
3. Shared equally between my partner / the other parent and myself
4. Someone else in the household (please specify)

98. Not sure *(EXCLUSIVE)
99. Prefer not to say *(EXCLUSIVE)

*(CHILDREN DOING HOME SCHOOLING, G9=6 AND G1=3 OR 4, ANOTHER PARENT INVOLVED)

G11 Who would you say is spending, or has spent, the most time helping your child(ren) with school at home during the current coronavirus restrictions?

1. I am
2. My partner or other parent
3. Shared equally between my partner / the other parent and myself
4. Someone else in the household (please specify)

98. Not sure *(EXCLUSIVE)
99. Prefer not to say *(EXCLUSIVE)

*(G8=1, HAS DEPENDENT CHILDREN IN HOUSEHOLD)

*(IF G8=1 IS 1, ONE DEPENDENT CHILD IN HOUSEHOLD, SHOW 'child'.
IF G8=1 IS <1, MORE THAN ONE DEPENDENT CHILDREN IN HOUSEHOLD, SHOW 'child aged [INSERT AGE FROM G8a]'.
IF G8a=99, PREFER NOT TO SAY AGE OF CHILD, SHOW 'child with the most recent birthday')

G17 Thinking about your <child/child aged [INSERT AGE FROM G8a]/child with the most recent birthday >, during the current coronavirus restrictions, how many glasses of soft drink, cordial, flavoured mineral water, energy drink or sports drink does your child consume every day (exclude diet variety)?

*(IF G8=2 OR MORE CHILDREN UNDER 18) *Please think about your child with the most recent birthday.*

1. None
2. Less than 1 per day
3. 1–2 per day
4. 3–4 per day
5. 5+ per day

98. Not sure
99. Prefer not to say

*(G8=1, HAS DEPENDENT CHILDREN IN HOUSEHOLD)

G17a And would you say this is more, less or about the same as earlier in the year **before** any coronavirus restrictions began?

Please select an option.

1. A lot more now
2. A little more now
3. About the same
4. A little less now
5. A lot less now

98. Not sure
99. Prefer not to say

*(G8=1, HAS DEPENDENT CHILDREN IN HOUSEHOLD)

G18 During the current coronavirus restrictions, how often does your child have meals or snacks such as burgers, pizza, chicken or chips from places like McDonalds, Hungry Jacks, Pizza Hut, KFC, Red Rooster, or local take-away places?

Please do not include sushi, take-away Asian foods, salads, sandwiches or rolls

*(IF G8=2 OR MORE CHILDREN UNDER 18) *Please think about your child with the most recent birthday.*

1. Most days (6–7 times per week)
2. 3–5 times per week
3. 1–2 times per week
4. 2–3 times per month
5. Once per month
6. Less than once per month
7. Never

98. Not sure
99. Prefer not to say

*(G8=1, HAS DEPENDENT CHILDREN IN HOUSEHOLD)

G18a And would you say this is more, less or about the same as earlier in the year **before** any coronavirus restrictions began?

Please select an option

1. A lot more now
2. A little more now
3. About the same
4. A little less now
5. A lot less now

98. Not sure
99. Prefer not to say

*(G8=1, HAS DEPENDENT CHILDREN IN HOUSEHOLD)

G20 During the current coronavirus restrictions, how many times a day does your child eat snack foods (e.g. chips, shapes, crackers, sweet biscuits, muesli bars or cakes)?

Please enter a response

1. Record number of times *(RECORD NUMBER BETWEEN 0 AND 50)

98. Not sure
99. Prefer not to say

*(G8=1, HAS DEPENDENT CHILDREN IN HOUSEHOLD)

G21 And would you say this is more, less or about the same as earlier in the year **before** any coronavirus restrictions began?

Please select an option

1. A lot more now
2. A little more now
3. About the same
4. A little less now
5. A lot less now

98. Not sure
99. Prefer not to say

*(G8=1, HAS DEPENDENT CHILDREN IN HOUSEHOLD)

G19 During the current coronavirus restrictions, in a usual week, on how many days does your child do a total of one hour or more of physical activity, which was enough to raise their breathing rate?

	During the current coronavirus restrictions
0	
1	
2	
3	
4	
5	
6	
7	
98. Not sure	
99. Prefer not to say	

*(G8=1, HAS DEPENDENT CHILDREN IN HOUSEHOLD)

G19a And would you say this is more, less or about the same as earlier in the year **before** any coronavirus restrictions began?

Please select an option

1. A lot more now
2. A little more now
3. About the same
4. A little less now
5. A lot less now

98. Not sure
99. Prefer not to say

*(ALL)

G12 Since coronavirus restrictions began, did any of the following happen because of a shortage of money?

	During the current coronavirus restrictions
a. Could not pay electricity, gas or telephone bills on time	
b. Could not pay the rent or mortgage on time	
c. Pawned or sold something (Definition of 'pawned' – when an individual receives money for their personal property (e.g. Cash Converters))	
d. Went without meals	
e. Asked for financial help from friends or family	
f. Asked for help from welfare/community organisations	
g. Attended a food relief agency, food bank or food pantry (or similar) to access food relief	
h. Worried about having enough money to buy food	
i. Skipped a meal in order to feed your household	

j. Ran out of food and could not afford to buy more	
k. Applied for early access to my superannuation	

(RESPONSE FRAME)
1. Yes
2. No

98. Not sure
99. Prefer not to say

*(ALL)

G13 Thinking about how you feel right now, on a scale of 1 to 5, where 1 is very concerned and 5 is not at all concerned, would you say...?

(STATEMENTS)
a) I feel concerned about my future employment/job prospects
b) I feel concerned about the stability of my housing
c) I feel concerned about my loss of connection to others outside my household

(RESPONSE FRAME)
1. 1 – Very concerned
2. 2
3. 3
4. 4
5. 5 – Not at all concerned

98. Not sure
99. Prefer not to say

*(ALL)

G14 Please identify if you or those you know have been diagnosed with coronavirus?

1. Self
2. Close family member
3. Family member
4. Close friend
5. Friend
6. Household member
7. Work colleague
8. Recent acquaintance
9. I don’t know anyone who has been diagnosed with coronavirus

98. Not sure
99. Prefer not to say

*(ALL)

G15 Some people have found that some of the changes made during the coronavirus pandemic have been positive.

Thinking about your **work life, social life, home life and your wellbeing**, are there any aspects from the coronavirus period that you would like to maintain after restrictions are over?

Please write in your response to each of the following:

Life area	Yes, please tell us what changes you would like to keep	No	Not sure	Prefer not to say
Work life (e.g. work from home, change my job, ask for flexible hours)				
Social life (e.g. walking with friends, using zoom or facetime to talk to friends, see more of my neighbours)				
Home life (e.g. spend more time with my children, do more with my household/family, keep doing gardening)				
Personal wellbeing (e.g. keep exercising, look after my health, meditate)				

*(ALL)

G22 Could you describe any other impacts, positive or negative, that the outbreak of coronavirus has had on your life?

Positive impacts
(INSERT OPEN-END TEXT BOX)

Negative impacts
(INSERT OPEN-END TEXT BOX)

MODULE S: SOCIO-DEMOGRAPHICS AND OTHER COVARIATES

*(NEW)

H1 Where were you located during the 2019/2020 summer bushfires?

Please select one option

1. Community member in bushfire affected area
2. Holidaying in or travelling through bushfire affected area
3. Not located in a bushfire affected area

98. Not sure *(EXCLUSIVE)
99. Prefer not to say *(EXCLUSIVE)

*(NEW)

H2 To what degree would you say you were affected by the 2019/2020 summer bushfires?

1. Not affected at all
2. Slightly affected
3. Affected a fair amount
4. Severely affected

98. Not sure *(EXCLUSIVE)
99. Prefer not to say *(EXCLUSIVE)

*(NEW)

S1W Now I have some questions to help us analyse the results. Just to confirm, what gender do you identify as?

1. Male
2. Female
3. Non-binary
96. Other

98. Not sure *(EXCLUSIVE)
99. Prefer not to say *(EXCLUSIVE)

*(ALL)
S2W How old were you last birthday?

1. Age given *(RECORD AGE IN YEARS – ALLOWABLE RANGE 18 TO 99)

99. Prefer not to say *(EXCLUSIVE)

*(G2=99, REFUSED AGE)

S3W Which of the following broad age groups are you in?

1. 18 – 24 years
2. 25 – 34 years
3. 35 – 44 years
4. 45 – 54 years
5. 55 – 64 years
6. 65 – 74 years
7. 75+ years

99. Prefer not to say *(EXCLUSIVE)

*(ALL)
S4W What is your postcode?

1. Record postcode

98. Not sure *(EXCLUSIVE)
99. Prefer not to say *(EXCLUSIVE)

*(S4=98 OR 99, REFUSED POSTCODE)

S5 Would you be happy to provide your locality or suburb?

1. Record locality

98. Not sure *(EXCLUSIVE)
99. Prefer not to say *(EXCLUSIVE)

*(ALL)
S6W Which of the following best describes your housing situation?

1. Own outright
2. Own with a mortgage
4. Renting
5. Occupying rent free
3. Purchasing under a shared equity scheme (A shared equity scheme is a way to share the cost of buying a home with an equity partner, such as a private investor, not-for profit organisation or government housing authority.)
6. Occupying under a life tenure scheme (A life tenure scheme is a contract to live in the dwelling for the term of your life without the full rights of ownership. This is a common arrangement in retirement villages.)
7. Some other arrangement (please specify)

98. Not sure *(EXCLUSIVE)
99. Prefer not to say *(EXCLUSIVE)

*(ALL)

S7W Which of the following best describes your current relationship status? Are you…?

1. Married
2. Living with a partner
3. Widowed
4. Divorced
5. Separated
6. Never married

98. Not sure *(EXCLUSIVE)
99. Prefer not to say *(EXCLUSIVE)

*(NEW)

S8W Are you of Aboriginal or Torres Strait Islander origin?

1. No, not Aboriginal or Torres Strait Islander
2. Yes, Aboriginal
3. Yes, Torres Strait Islander
4. Yes, Aboriginal and Torres Strait Islander

98. Not sure *(EXCLUSIVE)
99. Prefer not to say *(EXCLUSIVE)

*(NEW)

S9W In which country were you born?

1. Australia (includes External Territories)
2. United Kingdom (incl. England, Scotland, Wales, Northern Ireland)
3. New Zealand
4. Italy
5. Greece
6. China
7. Vietnam
8. Lebanon
9. India
10. Philippines
96. Other (please specify)

98. Not sure *(EXCLUSIVE)
99. Prefer not to say *(EXCLUSIVE)

*(NEW)

S10W Do you speak a language other than English at home?

1. Yes
2. No

98. Not sure (EXCLUSIVE)
99. Prefer not to say (EXCLUSIVE)

*(NEW)

S11W What is the highest year of schooling you have completed?

1. Year 12 or equivalent
2. Year 11 or equivalent
3. Year 10 or equivalent
4. Years 7–9 or equivalent
5. Completed primary school but did not go to high school
6. Some primary school only
7. Did not go to school

98. Not sure (EXCLUSIVE)
99. Prefer not to say (EXCLUSIVE)

*(NEW)

S12W What is the highest post-school educational qualification that you have obtained?

Apprenticeship can be coded to Cert III or IV. Traineeship can usually be coded to Cert I or II.

1. No post school educational qualification
2. Certificate I or Certificate II
3. Certificate III or Certificate IV
4. Associate Diploma
5. Undergraduate Diploma
6. Bachelor Degree
7. Master's Degree, Postgraduate Degree or Postgraduate Diploma
8. Doctorate
96. Other (please specify)

98. Not sure (EXCLUSIVE)
99. Prefer not to say (EXCLUSIVE)

*(ALL)

S13aW Which of the following ranges best describes your <personal / household> approximate income, from all sources, before tax is taken out, up to February 2020? Please include wages and salaries, government pensions, benefits and allowances, and income from interest, dividends or other sources.

*(PROGRAMMER NOTE: IF G1=1 or 6, USE PERSONAL, ELSE USE HOUSEHOLD'S)

1. Less than $10,000
2. $10,000 – less than $20,000
3. $20,000 – less than $30,000
4. $30,000 – less than $40,000
5. $40,000 – less than $50,000
6. $50,000 – less than $60,000
7. $60,000 – less than $80,000
8. $80,000 – less than $100,000
9. $100,000 – less than $125,000
10. $125,000 – less than $150,000
11. $150,000 – to less than $200,000
12. $200,000 or more

98. Not sure (EXCLUSIVE)
99. Prefer not to say (EXCLUSIVE)

*(ALL)

S13b Is your income more, less or the same now – during the current coronavirus restrictions, compared to earlier in the year **before** any coronavirus restrictions began?

Please select an option.

1. A lot more now
2. A little more now
3. About the same
4. A little less now
5. A lot less now

98. Not sure (EXCLUSIVE)
99. Prefer not to say (EXCLUSIVE)

*(ALL)

P_DISABILITYW Do you currently have a disability, health condition or injury that has lasted, or is likely to last, 6 months or more which restricts your everyday activities?

1. Yes
2. No

98. Not sure
99. Prefer not to say

*(ALL)

S21W Other than a Medicare card, are you the holder of a health care card or a pensioner concession card?

Health care cards are issued by Centrelink and are different to Medicare cards.

1. Yes
2. No

98. Not sure
99. Prefer not to say

*(ALL)

S22 In order to analyse the results of this survey at a local level, we'd like to make a note of the nearest cross street intersection to your house. This information will only be used so we can join your answers with others in your neighbourhood. It will not be used to identify you. Are you able to give me the nearest cross street intersection?

1. Suburb
2. Postcode
3. Cross streets given (specify Street One and Street Two separately)

98. Not sure *(EXCLUSIVE)
99. Prefer not to say *(EXCLUSIVE)

*(ALL)

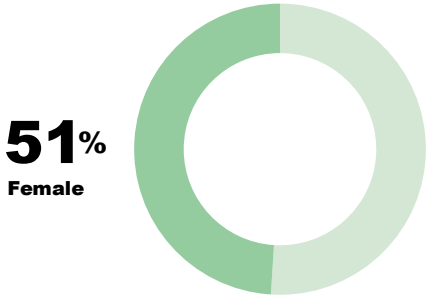
R1 Would you be happy to be recontacted to take part in a similar survey in the future?

1. Yes
2. No

99. Prefer not to say

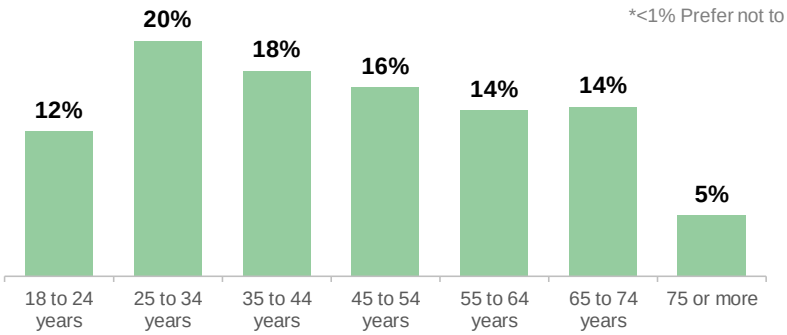
Appendix 3 Survey One participant profile (weighted)

Gender



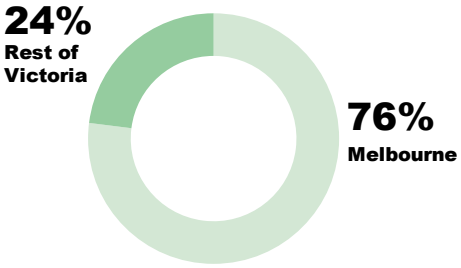
*<1% Prefer not to say
*<1% Non-binary

Age

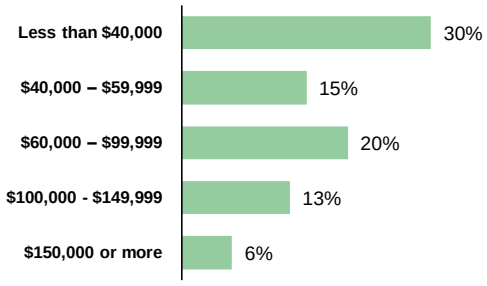


*<1% Prefer not to say

Location



Income



*16% Not sure/Prefer not to say

Aboriginal or Torres Strait Islander

Aboriginal	3%
Torres Strait Islander	1%
Aboriginal and Torres Strait Islander	<1%
Any of the above	4%

Special interest groups

From a bushfire impacted community	4%
Self-reported disability	23%
Speaks a language other than English at home	29%

Appendix 4 Geographic classification concordances

Local Government Area	Location (according to Australian Bureau of Statistics Greater Capital City Statistical Area [GCCSA] classification)	Accessibility/ Remoteness Index of Australia (ARIA)	Municipal Association of Victoria (MAV) regions
Alpine	Rest of state	Inner regional Australia / Outer regional Australia	Small shire
Ararat	Rest of state	Inner Regional Australia	Small shire
Ballarat	Rest of state	Inner Regional Australia	Regional city
Banyule	Capital city	Major Cities of Australia	Metropolitan
Bass Coast	Rest of state	Inner Regional Australia	Large shire
Baw Baw	Rest of state	Inner Regional Australia	Large shire
Bayside	Capital city	Major Cities of Australia	Metropolitan
Benalla	Rest of state	Inner Regional Australia	Small shire
Boroondara	Capital city	Major Cities of Australia	Metropolitan
Brimbank	Capital city	Major Cities of Australia	Metropolitan
Buloke	Rest of state	Outer Regional Australia	Small shire
Campaspe	Rest of state	Inner Regional Australia	Large shire
Cardinia	Capital city	Major Cities of Australia / Inner Regional Australia	Interface
Casey	Capital city	Major Cities of Australia	Interface
Central Goldfields	Rest of state	Inner Regional Australia	Small shire
Colac-Otway	Rest of state	Inner Regional Australia	Large shire
Corangamite	Rest of state	Inner regional Australia / Outer regional Australia	Large shire
Darebin	Capital city	Major Cities of Australia	Metropolitan
East Gippsland	Rest of state	Outer Regional Australia	Large shire
Frankston	Capital city	Major Cities of Australia	Metropolitan
Gannawarra	Rest of state	Outer Regional Australia	Small shire
Glen Eira	Capital city	Major Cities of Australia	Metropolitan
Glenelg	Rest of state	Outer Regional Australia	Large shire
Golden Plains	Rest of state	Inner Regional Australia	Large shire
Greater Bendigo	Rest of state	Inner Regional Australia	Regional city
Greater Dandenong	Capital city	Major Cities of Australia	Metropolitan
Greater Geelong	Rest of state	Major Cities of Australia / Inner Regional Australia	Regional city
Greater Shepparton	Rest of state	Inner Regional Australia	Regional city
Hepburn	Rest of state	Inner Regional Australia	Small shire
Hindmarsh	Rest of state	Outer Regional Australia	Small shire
Hobsons Bay	Capital city	Major Cities of Australia	Metropolitan
Horsham	Rest of state	Outer Regional Australia	Regional city
Hume	Capital city	Major Cities of Australia	Interface
Indigo	Rest of state	Inner Regional Australia	Small shire
Kingston	Capital city	Major Cities of Australia	Metropolitan
Knox	Capital city	Major Cities of Australia	Metropolitan

Local Government Area	Location (according to Australian Bureau of Statistics Greater Capital City Statistical Area [GCCSA] classification)	Accessibility/ Remoteness Index of Australia (ARIA)	Municipal Association of Victoria (MAV) regions
Latrobe	Rest of state	Inner Regional Australia	Regional city
Loddon	Rest of state	Inner regional Australia / Outer regional Australia	Small shire
Macedon Ranges	Capital city / Rest of state	Inner Regional Australia	Large shire
Manningham	Capital city	Major Cities of Australia	Metropolitan
Mansfield	Rest of state	Outer Regional Australia	Small shire
Maribyrnong	Capital city	Major Cities of Australia	Metropolitan
Maroondah	Capital city	Major Cities of Australia	Metropolitan
Melbourne	Capital city	Major Cities of Australia	Metropolitan
Melton	Capital city	Major Cities of Australia	Interface
Mildura	Rest of state	Outer Regional Australia	Regional city
Mitchell	Capital city / Rest of state	Inner Regional Australia	Large shire
Moira	Rest of state	Inner Regional Australia	Large shire
Monash	Capital city	Major Cities of Australia	Metropolitan
Moonee Valley	Capital city	Major Cities of Australia	Metropolitan
Moorabool	Capital city / Rest of state	Inner Regional Australia	Large shire
Moreland	Capital city	Major Cities of Australia	Metropolitan
Mornington Peninsula	Capital city	Major Cities of Australia	Interface
Mount Alexander	Rest of state	Inner Regional Australia	Large shire
Moyne	Rest of state	Inner regional Australia / Outer regional Australia	Large shire
Murrindindi	Capital city / Rest of state	Inner regional Australia / Outer regional Australia	Small shire
Nillumbik	Capital city	Major Cities of Australia	Interface
Northern Grampians	Rest of state	Inner regional Australia / Outer regional Australia	Small shire
Port Phillip	Capital city	Major Cities of Australia	Metropolitan
Pyrenees	Rest of state	Inner Regional Australia	Small shire
Queenscliffe	Rest of state	Inner Regional Australia	Small shire
South Gippsland	Rest of state	Inner Regional Australia	Large shire
Southern Grampians	Rest of state	Inner regional Australia / Outer regional Australia	Large shire
Stonnington	Capital city	Major Cities of Australia	Metropolitan
Strathbogie	Rest of state	Inner Regional Australia	Small shire
Surf Coast	Rest of state	Inner Regional Australia	Large shire
Swan Hill	Rest of state	Outer Regional Australia	Large shire
Towong	Rest of state	Inner regional Australia / Outer regional Australia	Small shire
Wangaratta	Rest of state	Inner Regional Australia	Regional city
Warrnambool	Rest of state	Inner Regional Australia	Regional city
Wellington	Rest of state	Inner Regional Australia	Large shire
West Wimmera	Rest of state	Outer Regional Australia	Small shire
Whitehorse	Capital city	Major Cities of Australia	Metropolitan

Local Government Area	Location (according to Australian Bureau of Statistics Greater Capital City Statistical Area [GCCSA] classification)	Accessibility/ Remoteness Index of Australia (ARIA)	Municipal Association of Victoria (MAV) regions
Whittlesea	Capital city	Major Cities of Australia	Interface
Wodonga	Rest of state	Inner Regional Australia	Regional city
Wyndham	Capital city	Major Cities of Australia	Interface
Yarra	Capital city	Major Cities of Australia	Metropolitan
Yarra Ranges	Capital city	Major Cities of Australia / Inner Regional Australia	Interface
Yarriambiack	Rest of state	Outer Regional Australia	Small shire

Appendix 5 Key indicators by age and gender

Table 27 Indicator results from Survey Two for females by age group compared to the overall Victorian result

Indicator	Measure	VIC result	Female, 18 to 24	Female, 25 to 34	Female, 35 to 44	Female, 45 to 54	Female, 55 to 64	Female, 65 to 74	Female, 75 or more
General wellbeing									
Life satisfaction – Survey Two (A1)	0 to 6 out of 10	**53%**	67%	66%	54%	57%	51%	47%	47%
Life satisfaction – Survey One (A1)	0 to 6 out of 10	**49%**	57%	54%	50%	50%	50%	37%	40%
Subjective wellbeing indicator (A2)	Mean score	**62.0**	60.5	57.6	60.2	59.6	64.6	65.8	68.1
Psychological distress (K6) (A4)	% high	**17%**	28%	36%	20%	15%	16%	7%	4%
Physical Activity									
Days exercised – Survey Two (B4a)	% 5 or more	**33%**	45%	34%	27%	32%	33%	27%	24%
Days exercised – Survey One (B4a)	% 5 or more	**32%**	27%	43%	21%	32%	26%	27%	21%
Days exercised – Survey Two (B4a)	% 0-1	**25%**	13%	21%	31%	29%	33%	32%	41%
Days exercised – Survey One (B4a)	% 0-1	**27%**	23%	23%	32%	26%	35%	35%	36%
Social Connectedness									
I feel connected with others – Survey Two (C1a)	% disagree	**29%**	20%	41%	27%	26%	30%	35%	25%
I feel connected with others – Survey One (C1a)	% disagree	**23%**	19%	26%	23%	19%	25%	23%	25%
Social solidarity	Mean score	**20.8**	20.8	19.4	21.0	20.0	21.1	22.0	22.2
Ease of staying connected with family and friends (C4W)	% hard / very hard	**42%**	39%	42%	37%	45%	44%	49%	56%
Healthy Eating									
Vegetable serves per day (D1)	% 5 or more	**9%**	4%	6%	9%	12%	10%	18%	19%
	Average	**2.6**	2.3	2.4	2.3	2.7	2.8	3.0	3.3
Frequency of sugary drink consumption (N1)	% everyday	**29%**	40%	25%	26%	22%	17%	17%	16%
Takeaway food frequency (N3)	% 3 or more per week	**4%**	7%	7%	1%	3%	2%	-	-
Times dinners cooked each week (D4)	% 4 times or fewer	**12%**	14%	14%	10%	12%	6%	3%	6%
Restricted range of low-cost food (D7a)	% yes	**18%**	26%	28%	20%	13%	9%	8%	6%
Went without meals (G12d)	% yes	**5%**	12%	4%	4%	6%	4%	3%	1%
Attended a food relief agency to access food relief (G12g)	% yes	**3%**	13%	4%	2%	2%	1%	2%	-
Worried about having enough money to buy food (G12h)	% yes	**12%**	14%	14%	17%	15%	6%	8%	4%
Skipped a meal in order to feed your household (G12i)	% yes	**5%**	12%	4%	2%	6%	2%	4%	-
Ran out of food and could not afford to buy more (G12j)	% yes	**5%**	11%	5%	2%	4%	2%	2%	1%
Alcohol									
Long term harm – 3 or more drinks 5 or more times a week	%	**6%**	1%	3%	2%	5%	4%	7%	2%
Short term harm – More than 4 drinks at least once a week	%	**7%**	11%	8%	1%	4%	5%	4%	-
Smoking									

Indicator	Measure	VIC result	Female, 18 to 24	Female, 25 to 34	Female, 35 to 44	Female, 45 to 54	Female, 55 to 64	Female, 65 to 74	Female, 75 or more
Smoke cigarettes, cigars, pipes or other products (F1)	% smoke daily	**12%**	8%	9%	7%	22%	17%	12%	7%
Financial hardship									
Could not pay bills on time (G12a)	% yes	**8%**	21%	13%	6%	11%	5%	6%	3%
Could not pay the rent or mortgage on time (G12b)	% yes	**6%**	17%	10%	5%	6%	3%	4%	1%
Pawned or sold something (G12c)	% yes	**6%**	14%	9%	4%	3%	5%	2%	-
Asked for financial help from friends or family (G12e)	% yes	**7%**	19%	9%	7%	4%	3%	2%	2%
Asked for help from community organisations (G12f)	% yes	**4%**	12%	7%	2%	4%	1%	1%	-
Applied for early access to superannuation (G12k)	% yes	**7%**	13%	8%	10%	10%	4%	3%	-
Any form of financial hardship – Survey Two	% yes	**18%**	30%	27%	16%	19%	11%	11%	6%
Any form of financial hardship – Survey One	% yes	**24%**	42%	39%	22%	14%	11%	10%	4%

Base: Female 18 to 24 – Survey Two (n=76), Survey One (n=120); Female 25 to 34 – Survey Two (n=121), Survey One (n=148); Female 35 to 44 – Survey Two (n=166), Survey One (n=231); Female 45 to 54 – Survey Two (n=256), Survey One (n=234); Female 55 to 64 – Survey Two (n=220), Survey One (n=197); Female 65 to 74 – Survey Two (n=186), Survey One (n=120); Female 75 or more – Survey Two (n=60), Survey One (n=34)

	Significantly different more favourable result
	Significantly different less favourable result

Table 28 Indicator results from Survey Two for males by age group compared to the overall Victorian result

Indicator	Measure	VIC result	Male, 18 to 24	Male, 25 to 34	Male, 35 to 44	Male, 45 to 54	Male, 55 to 64	Male, 65 to 74	Male, 75 or more
General wellbeing									
Life satisfaction – Survey Two(A1)	0 to 6 out of 10	**53%**	54%	56%	53%	38%	50%	42%	40%
Life satisfaction – Survey One (A1)	0 to 6 out of 10	**49%**	56%	59%	43%	50%	44%	40%	32%
Subjective wellbeing indicator (A2)	Mean score	**62.0**	59.5	61.6	61.4	59.8	63.8	68.2	69.5
Psychological distress (K6) (A4)	% high	**17%**	22%	18%	13%	13%	12%	6%	8%
Physical Activity									
Days exercised – Survey Two (B4a)	% 5 or more	**33%**	38%	39%	32%	38%	36%	38%	31%
Days exercised – Survey One (B4a)	% 5 or more	**32%**	31%	41%	29%	30%	36%	40%	35%
Days exercised – Survey Two (B4a)	% 0-1	**25%**	16%	20%	17%	24%	26%	29%	26%
Days exercised – Survey One (B4a)	% 0-1	**27%**	17%	12%	22%	33%	29%	29%	37%
Social Connectedness									
I feel connected with others – Survey Two (C1a)	% disagree	**29%**	27%	20%	36%	38%	30%	24%	14%
I feel connected with others – Survey One (C1a)	% disagree	**23%**	27%	19%	22%	23%	32%	18%	26%
Social solidarity	Mean score	**20.8**	21.2	20.8	19.0	20.9	20.8	21.8	22.5
Ease of staying connected with family and friends (C4W)	% hard / very hard	**42%**	44%	40%	29%	34%	40%	53%	49%
Healthy Eating									
Vegetable serves per day (D1)	% 5 or more	**9%**	11%	6%	4%	6%	9%	5%	14%
	Average	**2.6**	2.4	2.2	2.1	2.5	2.7	2.6	2.8
Frequency of sugary drink consumption (N1)	% everyday	**29%**	36%	49%	37%	35%	32%	25%	26%
Takeaway food frequency (N3)	% 3 or more per week	**4%**	9%	10%	2%	1%	3%	-	-
Times dinners cooked each week (D4)	% 4 times or fewer	**12%**	19%	20%	22%	6%	8%	8%	2%
Restricted range of low-cost food (D7a)	% yes	**18%**	30%	29%	27%	10%	13%	7%	4%
Went without meals (G12d)	% yes	**5%**	11%	8%	5%	3%	9%	4%	-
Attended a food relief agency to access food relief (G12g)	% yes	**3%**	8%	7%	5%	2%	1%	1%	-
Worried about having enough money to buy food (G12h)	% yes	**12%**	17%	16%	9%	13%	10%	5%	4%
Skipped a meal in order to feed your household (G12i)	% yes	**5%**	13%	8%	6%	8%	6%	2%	-
Ran out of food and could not afford to buy more (G12j)	% yes	**5%**	11%	8%	7%	2%	4%	2%	-
Alcohol									
Long term harm – 3 or more drinks 5 or more times a week	%	**6%**	5%	2%	8%	14%	10%	19%	9%
Short term harm – More than 4 drinks at least once a week	%	**7%**	11%	7%	10%	15%	14%	14%	2%
Smoking									

Indicator	Measure	VIC result	Male, 18 to 24	Male, 25 to 34	Male, 35 to 44	Male, 45 to 54	Male, 55 to 64	Male, 65 to 74	Male, 75 or more
Smoke cigarettes, cigars, pipes or other products (F1)	% smoke daily	**12%**	9%	7%	7%	15%	15%	17%	7%
Financial hardship									
Could not pay bills on time (G12a)	% yes	**8%**	12%	12%	10%	5%	5%	4%	1%
Could not pay the rent or mortgage on time (G12b)	% yes	**6%**	10%	10%	5%	8%	3%	3%	-
Pawned or sold something (G12c)	% yes	**6%**	11%	11%	5%	2%	3%	2%	-
Asked for financial help from friends or family (G12e)	% yes	**7%**	11%	14%	7%	3%	3%	1%	-
Asked for help from community organisations (G12f)	% yes	**4%**	9%	6%	5%	2%	4%	1%	-
Applied for early access to superannuation (G12k)	% yes	**7%**	7%	13%	8%	9%	4%	2%	-
Any form of financial hardship – Survey two	% yes	**18%**	30%	29%	13%	15%	16%	8%	1%
Any form of financial hardship – Survey One	% yes	**24%**	37%	46%	23%	30%	18%	8%	-

Base: Male 18 to 24 – Survey Two (n=171), Survey One (n=136); Male 25 to 34 – Survey Two (n=107), Survey One (n=144); Male 35 to 44 – Survey Two (n=131), Survey One (n=149); Male 45 to 54 – Survey Two (n=125), Survey One (n=155); Male 55 to 64 – Survey Two (n=166), Survey One (n=164); Male 65 to 74 – Survey Two (n=141), Survey One (n=118); Male 75 or more – Survey Two (n=69), Survey One (n=43)

	Significantly different more favourable result
	Significantly different less favourable result

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VicHealth is committed to health equity, which means levelling the playing field between people who can easily access good health and people who face barriers, to achieve the highest level of health for *everyone*.

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VicHealth acknowledges the Traditional Custodians of the land. We pay our respects to all Elders past, present and future.