



**Kingston City Council**

# **2020 Health and Wellbeing Survey**

**January 2021**



**Prepared for:**

Kingston City Council

**Prepared by:**

Metropolis Research  
ABN 39 083 090 993

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## Executive summary

### *Introduction and methodology*

Metropolis Research was commissioned by the Kingston City Council to conduct this, its third, *Health and Wellbeing Survey*. The previous surveys were conducted in 2012 and 2016.

The survey was designed in consultation with officers of Kingston City Council to help inform the development of the forthcoming *Health and Wellbeing Plan*.

The *Health and Wellbeing Survey* has traditionally been conducted as a door-to-door, interview style survey. Due to the lockdowns and social distancing requirements in response to the COVID-19 pandemic, it was not possible to conduct the survey as a face-to-face, doorstep interview survey this year. Consequently, the survey was conducted as a random-sample telephone interview.

The surveying was all completed over two weeks November and December 2020. Surveys were conducted from 11am till 7pm weekdays, and 11am till 5pm on Saturdays and Sunday.

Multiple attempts were made to contact each randomly selected telephone number, to give the household multiple opportunities to participate in the research.

A total of 503 surveys were conducted from a random sample of 5,070 residential telephone numbers, including mostly mobile phone numbers, but also landlines where available.

Of the 5,070 telephone numbers, the following results were obtained:

- No answer - 3,327.
- Refused - 903.
- Call back another time - 337.
- Completed - 503.

This provides a response rate of 28.9%, reflecting the proportion of individuals who were invited to participate in the research, who ultimately participated.

The 95% confidence interval (margin of error) of these results is plus or minus 4.4% at the 50% level. In other words, if a yes / no question obtains a result of fifty percent yes, it is 95% certain that the true value of this result is within the range of 45.6% and 54.4%.

### *A healthy and well community*

The survey found that most respondents considered themselves to be relatively healthy, both in terms of their physical and mental health.

Three-quarters felt a sense of optimism about the future and felt they were able to manage stress.





Despite the positive perception of physical health, only a little less than half of the respondents reported that they engaged in a sufficient level of moderate physical activity. This is, however, a significant increase on the 27% who did a sufficient level of activity in 2016.

Almost one-quarter of respondents reported that they had started a form of physical activity such as walking, running, jogging, exercise, yoga / Pilates, cycling, or swimming during the COVID-19 pandemic, and which they would like to maintain. Almost six percent reported that they had started a form of mental relaxation activities such as meditation, yoga / Pilates, work-life balance, therapy, or “time for me”.

In terms of dietary behaviours, three-quarters of respondents reported that they consumed at least two serves of fruit every day and half consumed five servings of vegetables every day. However, almost ninety percent of respondents reported that they had access to fresh and affordable food to meet their households’ needs.

Respondents were split in terms of consuming alcoholic drinks, with a little less than half reporting that they did not consume any alcohol in the past week, a little more than one-quarter had consumed alcohol once or twice, and a little less than one-third had consumed alcohol more than twice. 6.8% of respondents reported that they consumed 10 or more standard drinks per week. The overwhelming majority of respondents, however, reported that they did not believe that alcohol consumption had a negative impact on their household.

The overwhelming majority of respondents also believed that both illegal drugs and prescription and over the counter medications did not had a negative impact on their household.

Most respondents did not believe that online sports, pokies, or other forms of gambling had a negative impact on their household, however, approximately one-sixth believed that gambling causes harm in their local neighbourhood.

The improvements most nominated by respondents that would support or improve their health and wellbeing related to improvements to parks, gardens, and open spaces; traffic management; sports and recreation facilities; safety, policing, and crime; and community activities and events.

### ***A safe and secure community***

Most respondents felt safe in the City of Kingston, including when walking during the day, at shopping centres, at the foreshore, parks, and reserves during the day, in industrial precincts, and to a lesser extent at public transport locations.

Whilst most respondents also felt safe walking locally at night and at the foreshore, parks, and reserves at night, approximately one-sixth did not feel safe. This is further borne out by the fact that the most common reason why respondents did not feel safe related to the perception of poor or inadequate lighting.

Most respondents felt safe online (using the internet).



When asked whether eight crime or anti-social behaviours were a problem in the neighbourhood, more than half of the respondents believed that people speeding in cars and graffiti were either a minor or a major problem in their neighbourhood, while approximately one-third believed that drug use or dealing and vandalism to public property were a problem.

Almost three-quarters of respondents agreed that if they needed to get advice or support for someone about family violence issues, they would know where to go or who to contact.

Whilst, on average, respondents very strongly disagreed that “women prefer a man to be in charge of the relationship” and that “men should take control in relationships and be the head of the household”, a little more than five percent agreed with these two statements.

When asked whether eight actions were “always”, “sometimes”, or “never” examples of family violence, at least three-quarters of respondents believed that all eight were always family violence. These actions including physical actions like hitting and choking, forcing sexual activity, verbal abuse, harassing by constantly following, calling, or texting, withholding necessary living expenses, controlling where people go and who they see, preventing them worshipping in their desired faiths, and trying to scare or control by threatening to hurt them. Less than seven percent believed that any of these actions were “never” family violence.

Respondents were asked whether they had personally experienced discrimination in the last year due to gender, skin colour, ethnic origin or religion, age, physical ability, weight, sexuality, or gender identity. Less than four percent of respondents reported experiencing discrimination around these characteristics.

Taking a closer look at discrimination, it is noted that 20% of the five Aboriginal or Torres Strait Islander respondents reported discrimination due to skin colour, ethnic origin, or religion, 6% of female respondents reported discrimination due to gender, 6% of respondents with a disability reported discrimination due to physical ability, 7% of the 14 respondents identifying as LGBTIQ+ reported discrimination due to sexuality, and 5% of respondents with a disability reported discrimination due to weight.

### ***A connected community that participates.***

On average, respondents were moderately in agreement that they “feel a strong sense of belonging to a community”, with 62% agreeing and 14% disagreeing.

Respondents overwhelmingly agreed that they are “content with their friendships and relationships”, “have enough people I feel comfortable asking for help at any time”, and “my relationships are as satisfying as I would want them to be”. Less than five percent disagreed with any of these three statements. Only a small number of respondents nominated any barriers to them staying connected, with the main barriers being a lack of time / busy schedule, work commitments, and distance.

On average, respondents very strongly agreed that they “have access to fresh and affordable food”, are “satisfied with the health and medical services available in the local area”. They strongly agreed that they “like the look and feel of their local area” and are “satisfied with the local parks and playgrounds”. Between three and five percent of respondents disagreed with any of these four statements.



Almost two-thirds of respondents reported that they walked or cycled to the local shops or other local facilities more than once in the past week, and a little less than one-sixth did so only once. This is significantly different to previous surveys, that found approximately one-third walking or cycling to the local shops or facilities only once and one-third doing so more than once. There was also a decline in the proportion of respondents who never walked or cycled to the local shops or facilities, down from approximately one-third to one-quarter.

Approximately one-third of respondents reported that they volunteer, evenly split between those regularly volunteering and those sometimes volunteering. One-third of respondents belong to a formal or informal club or community group, and nine percent sit on a community group board or committee.

In relation to the internet and technology, respondents, on average, very strongly agreed that they “own appropriate devices to use the internet”, “have the ability, skills and confidence to complete tasks”, “can use the internet in an accessible way”, “know where to get help with the internet, devices and technology”, and “have affordable access to high-quality internet”. Less than five percent of respondents disagreed with any of these statements.

On average, respondents were mildly in agreement that they “spend too much time looking at a screen”, with 53% agreeing and 31% disagreeing.

On average, respondents strongly disagreed that “social media has negatively impacted their mental wellbeing”, with two-thirds of respondents disagreeing and one-sixth agreeing.

### ***A livable community***

On average, respondents believe that climate change has a moderate impact on their and their household’s health, with an average harm of 4.25 out of 10. However, more than one-quarter believe that climate change has had no impact on their or their household’s health.

Respondents were asked if they had experienced any of eight health conditions in the past 12 months that are related to environment and climate change. Less than seven percent of respondents reported that they had experienced mental health consequences related to climate change, diseases because of insects, decreased nutrition due to unavailability of food, poor food quality or high cost of food, illness caused by contaminated food or water, or physical bodily harms from severe storms and / or flooding.

However, 11% of respondents reported having experienced heat stress or heat stroke from heatwaves, 15% reported having experienced health concerns related to increased air pollution, and 39% reported having experienced pollen related health concerns.

On average, respondents rated their preparedness to cope with extreme weather and to keep safe and well at a strong level of 7.13 out of 10. Almost three-quarters rated their preparedness at four or five out of five (very prepared), whilst eight percent rated their preparedness at one (very unprepared) or two out of five.

Approximately three-quarters of respondents reported that their household has access to \$2,000 in an emergency.





## Introduction

Metropolis Research was commissioned by the Kingston City Council to conduct this, its third, *Health and Wellbeing Survey*. The previous surveys were conducted in 2012 and 2016.

The survey has changed somewhat over time, although time-series results have been provided wherever possible to track the health and wellbeing profile of the Kingston community.

Many of the questions included in this survey replicate questions included in research conducted elsewhere, including state-wide research conducted by the Victorian State Government.

The survey was designed in consultation with officers of Kingston City Council to help inform the development of the forthcoming *Health and Wellbeing Plan*.

The survey covers issues around four broad themes, as follows:

- ***A healthy and well community*** – including physical activity and the perception of physical health, perception of mental health and wellbeing, healthy eating including the availability of fresh food and the consumption of fresh fruit and vegetables, the consumption of alcohol and the impact of drugs and alcohol on the household, the impact of gambling on the household, local area improvements to support and improve health and wellbeing, and health and wellbeing practices started during COVID-19.
- ***A safe and secure community*** – including the perception of safety at various times and in various locations across Kingston, the reasons why respondents feel unsafe, the perception of various types of crime in Kingston, understanding of how to deal with family violence and an understanding of different types of family violence, and personal experience of various types of discrimination.
- ***A connected community that participates*** - including the local sense of community and social connection, barriers to staying connected, access to local shops, services, facilities and public spaces, participation in types of volunteering, and engagement with and impacts of various types of technology.
- ***A livable community*** – including impacts of climate change and other environmental issues on health, plans to cope with extreme weather, the economic environment including access to emergency funds, and transport including walking to local shops and other destinations.

### ***Methodology, response rate and statistical strength***

The *Health and Wellbeing Survey* has traditionally been conducted as a door-to-door, interview style survey.



Due to the lockdowns and social distancing requirements in response to the COVID-19 pandemic, it was not possible to conduct the survey as a face-to-face, doorstop interview survey this year. Consequently, the survey was conducted as a telephone interview.

The surveying was all completed over two weeks November and December 2020. Surveys were conducted from 11am till 7pm weekdays, and 11am till 5pm on Saturdays and Sunday.

Multiple attempts were made to contact each randomly selected telephone number, to give the household multiple opportunities to participate in the research.

A total of 503 surveys were conducted from a random sample of 5,070 residential telephone numbers, including mostly mobile phone numbers, but also landlines where available.

The sample of residential telephone numbers was pre-weighted by precinct population, to ensure that each precinct contributed proportionally to the overall municipal results.

The final sample of surveys were then weighted by age and gender, to ensure that each age / gender group contributed proportionally to the overall municipal result. This was necessary given the limitations of the telephone survey methodology in obtaining a sample that reflects the age structure of the underlying population.

Of the 5,070 telephone numbers, the following results were obtained:

- No answer - 3,327.
- Refused - 903.
- Call back another time - 337.
- Completed - 503.

This provides a response rate of 28.9%, reflecting the proportion of individuals who were invited to participate in the research, who ultimately participated.

The 95% confidence interval (margin of error) of these results is plus or minus 4.4% at the 50% level. In other words, if a yes / no question obtains a result of fifty percent yes, it is 95% certain that the true value of this result is within the range of 45.6% and 54.4%.

This is based on a total sample size of 503 respondents, and an underlying population of the City of Kingston of approximately 162,500.

The margin of error increases as the sample size decreases, such as for the regional results, and the breakdown of results for individual age groups, genders, and other sub-groupings for which results are provided. Each separate result has a different margin of error based on its unique sample size and the actual result.

By way of a guide, the margin of error is approximately 8.7% for the region level results, and in the order of 6.5% for the gender breakdown results. The margin of error for the age structure breakdown of results is in the order of approximately ten percent.



## Regions

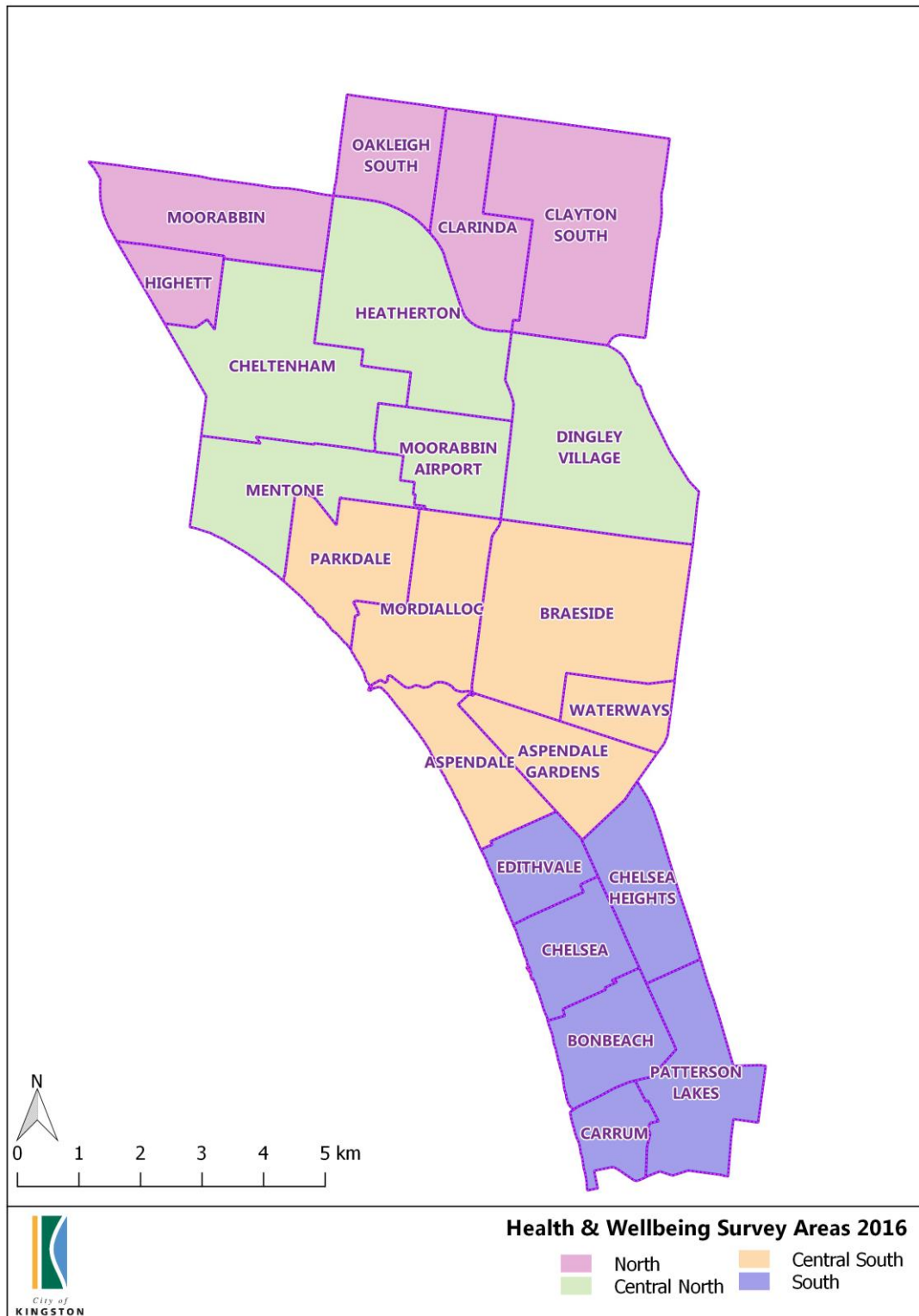
At the request of Council officers, this report includes a breakdown of the results into four regions. These regions are based on the suburb areas as used in Council's *Community Profile*.

The sample of residents has been pre-weighted by suburb, so that suburb and region contribute proportionally to the municipal result.

**Region breakdown**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
*(Number and percent of total respondents)*

Region	Suburb	Sample size	
		Number	Percent
North	Clayton South	47	9.3%
	Clarinda	30	6.0%
	Moorabbin	16	3.2%
	Oakleigh South	16	3.2%
	Highett	15	3.0%
	<b>Total</b>	<b>124</b>	<b>24.7%</b>
Central North	Cheltenham	67	13.3%
	Mentone - Moorabbin Airport	35	7.0%
	Dingley Village	28	5.6%
	Heatherton	7	1.4%
	<b>Total</b>	<b>137</b>	<b>27.2%</b>
Central South	Parkdale	40	8.0%
	Mordialloc - Braeside	33	6.6%
	Aspendale Gardens	25	5.0%
	Aspendale	18	3.6%
	Waterways	15	3.0%
	<b>Total</b>	<b>131</b>	<b>26.0%</b>
South	Chelsea	24	4.8%
	Patterson Lakes	22	4.4%
	Bon Beach	18	3.6%
	Chelsea Heights	17	3.4%
	Edithvale	16	3.2%
	Carrum	14	2.8%
	<b>Total</b>	<b>111</b>	<b>22.1%</b>
<b>Total respondents</b>		<b>503</b>	<b>100%</b>

(\*) based on Kingston Council's *Community Profile*, produced by i.d consulting



## **Glossary of terms**

### *Precinct / Region*

The term precinct and / or region is used by Metropolis Research to describe the small areas within the municipality. For this project, the description of the regions is outlined in the [Regions](#) section of the report and are based on groups of suburbs.

### *Measurable and statistically significant*

A measurable difference is one where the difference between or change in results is sufficiently large to ensure that they are in fact different results, i.e., the difference is statistically significant at the 95% confidence level. This is because survey results are subject to a margin of error or an area of uncertainty.

### *95% confidence interval*

Average satisfaction results are presented in this report with a 95% confidence interval included. These figures reflect the range of values within which it is 95% certain that the true average satisfaction falls.

The 95% confidence interval based on a one-sample t-test is used for the mean scores presented in this report. The margin of error around the other results in this report at the municipal level is plus or minus 4.4%.

### *Significant result*

Metropolis Research uses the term *significant result* to describe a change or difference between results that Metropolis Research believes to be of sufficient magnitude that they may impact on relevant aspects of policy development, service delivery and the evaluation of performance and are therefore identified and noted as significant or important.

### *Somewhat / notable / marginal*

Metropolis Research will describe some results or changes in results as being marginally, somewhat, or notably higher or lower. These are not statistical terms rather they are interpretive. They are used to draw attention to results that may be of interest or relevant to policy development and service delivery. These terms are often used for results that may not be statistically significant due to sample size or other factors but may nonetheless provide some insight.





### Percentage results

Tables and graphs that display percentage results include either the “percent of total respondents” or “percent of respondents providing a response”.

The “percent of total respondents” is calculated as the percentage of the entire sample of respondents who were asked the question. For this project that is most often 503 respondents.

The “percent of respondents providing a response” is calculated as the percent of the respondents who answered the question. This is commonly used for factual rather than opinion questions where all respondents will have an answer, but not all respondents chose to provide an answer. This provides a more reliable set of results as it excludes the respondents who did not answer the question.

### Satisfaction categories

Metropolis Research typically categorises satisfaction results to assist in the understanding and interpretation of the results.

These categories have been developed over many years as a guide to the scores presented in the report and are designed to give a general context, and are defined as follows:

- ⊗ **Excellent** - scores of 7.75 and above are categorised as excellent.
- ⊗ **Very good** - scores of 7.25 to less than 7.75 are categorised as very good.
- ⊗ **Good** - scores of 6.5 to less than 7.25 are categorised as good.
- ⊗ **Solid** - scores of 6 to less than 6.5 are categorised as solid.
- ⊗ **Poor** - scores of 5.5 to less than 6 are categorised as poor.
- ⊗ **Very Poor** - scores of 5 to less than 5.5 are categorised as very poor.
- ⊗ **Extremely Poor** – scores of less than 5 are categorised as extremely poor.



## A healthy and well community

### *Physical activity and health*

#### Perception of physical health

Respondents were asked:

*“On a scale of 1 (very poor) to 5 (excellent), please rate your level of physical health.”*

Consistent with the results recorded in 2016, the overwhelming majority (94.2% up from 90.8%) of respondents providing a response to this question, perceived their physical health to be “good” or better.

There was a notable increase this year in the proportion of respondents who perceived their physical health to be “very good”, and a small decline in the proportion perceiving their physical health to be “excellent” or “good”.

Just 1.4% (down from 2.2%) of respondents perceived their physical health to be “poor”.

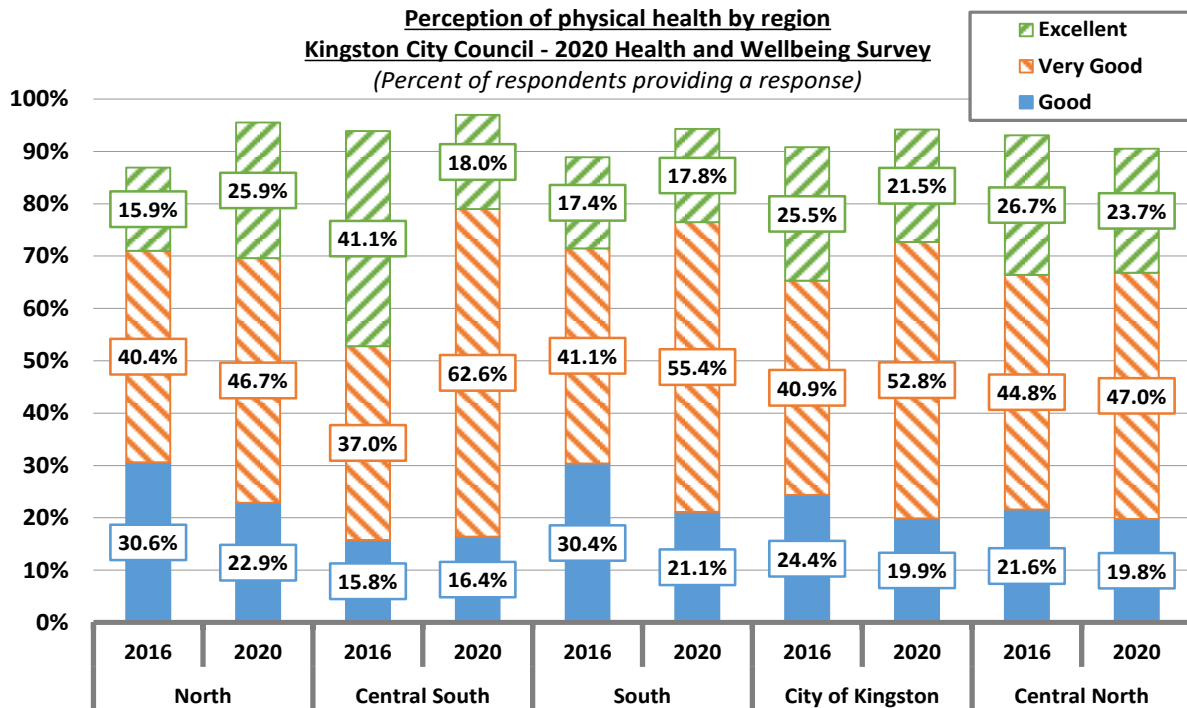
**Perception of physical health**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
 (Number and percent of respondents providing a response)

Response	2020		2016
	Number	Percent	
Excellent	108	21.5%	25.5%
Very good	265	52.8%	40.9%
Good	100	19.9%	24.4%
Fair	22	4.4%	7.0%
Poor	7	1.4%	2.2%
Can't say	1		1
<b>Total</b>	<b>503</b>	<b>100%</b>	<b>500</b>

This result was relatively consistent across the four regions comprising the City of Kingston, with more than 90% of respondents from each region perceiving their physical health to be at least “good”. There was some variation noted, however, as follows:

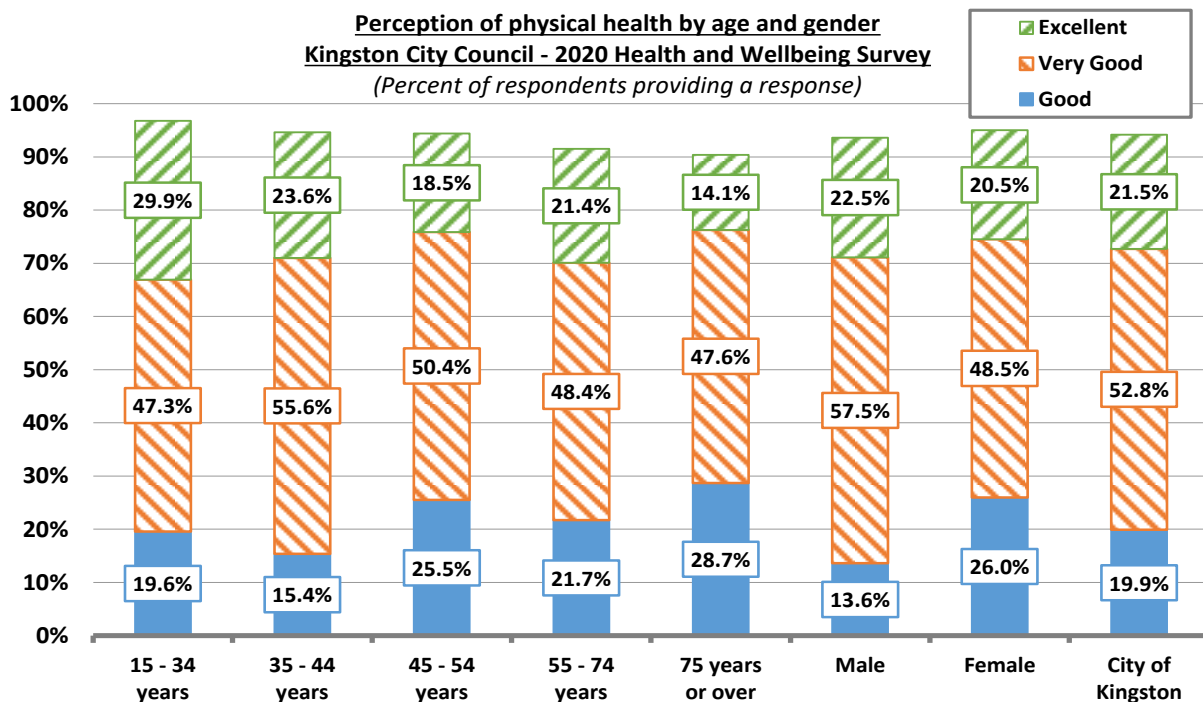
- **Central North** – respondents were measurably more likely than average to perceive their physical health to be “good”.





The perception of physical health was relatively consistent by respondent age structure and gender, although the following variations are noted:

- **Younger adults (aged 15 to 34 years)** – respondents were measurably more likely than other respondents to perceive their physical health to be “excellent”.
- **Senior citizens (aged 75 years and over)** – respondents were measurably more likely than average to perceive their physical health to be “good”, and less likely “excellent”.
- **Gender** – female respondents were measurably more likely than male respondents to perceive their physical health to be “good”.



## Moderate physical activity

Respondents were asked:

*“How many times per week in the past week did you do 30 minutes or more of moderate physical activity that increases your heart rate or makes you breath harder than normal.”*

This question relating to moderate physical activity was modified in 2020 compared to the question in 2016, so direct comparison for all response categories is not available.

Based on the standard categorisation of the level of moderate physical activity undertaken by respondents, it is observed that:

- **Sufficient** – a little less than half (43.3%) of respondents usually engage in a sufficient level of moderate physical activity per week (i.e., five or more sessions per week). This is a measurable and significant increase on the 26.8% recorded in 2016.
- **Insufficient** – a little less than half (46.6%) of respondents usually engage in an insufficient level of moderate physical activity per week (i.e., less than five sessions per week). This is a measurable and significant decline on the 65.2% recorded in 2016.
- **Sedentary** – Ten percent (10.1%) of respondents were usually sedentary (i.e., they did not usually engage in moderate physical activity). This is only a small increase on the eight percent recorded in 2016.

Given the four-year gap between surveys, it is not possible to attribute all of this increase in the frequency of undertaking moderate physical to the COVID-19 pandemic.

**Moderate physical activity per week**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
*(Number and percent of respondents providing a response)*

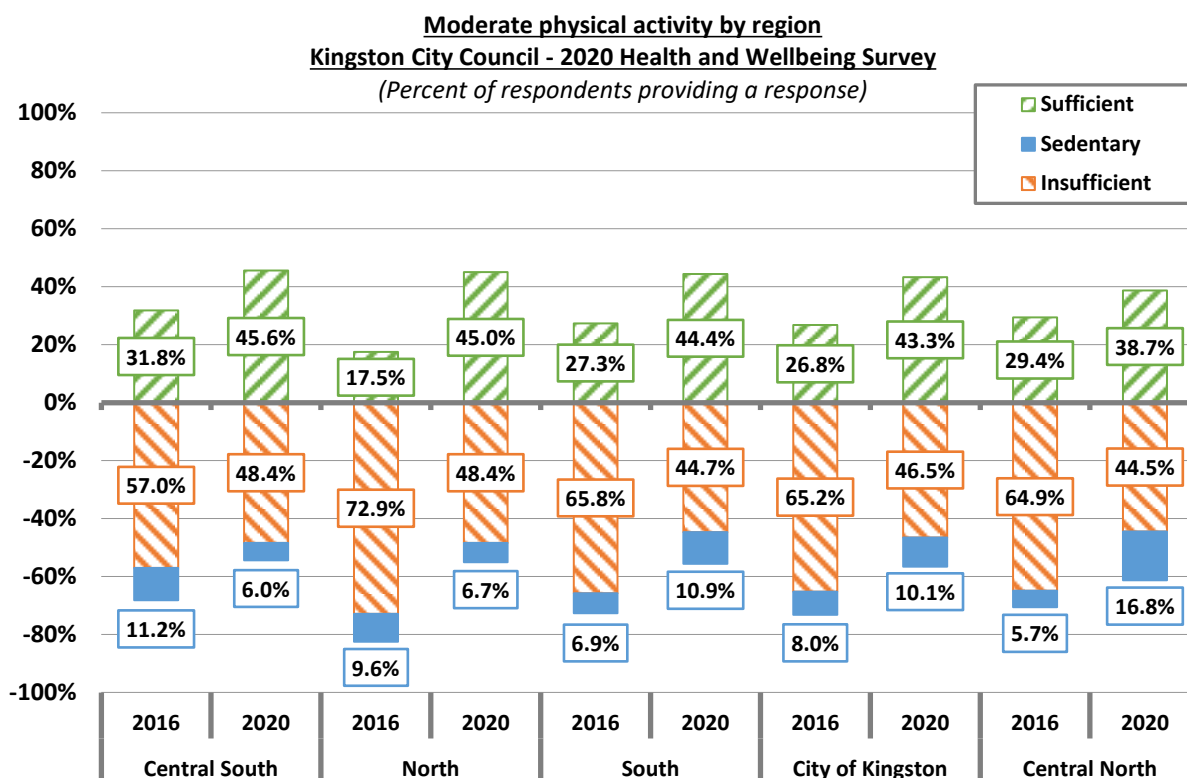
Response	2020		2016
	Number	Percent	Percent
More than once day	9	1.8%	
Every day	129	25.6%	26.8%
5 or 6 times	80	15.9%	
3 or 4 times	103	20.5%	
2 or 3 times	98	19.5%	65.2%
Once	33	6.6%	
None	51	10.1%	8.0%
Can't say	0		15
<b>Total</b>	<b>503</b>	<b>100%</b>	<b>500</b>

There was no statistically significant variation in the proportion of respondents undertaking sufficient or insufficient moderate physical activity, or who were sedentary observed across the four regions comprising the City of Kingston.



It is noted, however that respondents from all four regions were measurably more likely to be undertaking sufficient moderate physical activity in 2020 compared to 2016.

Attention is also drawn to the measurable and significant increase in the proportion of sedentary respondents in Central North region in 2020 compared to 2016.

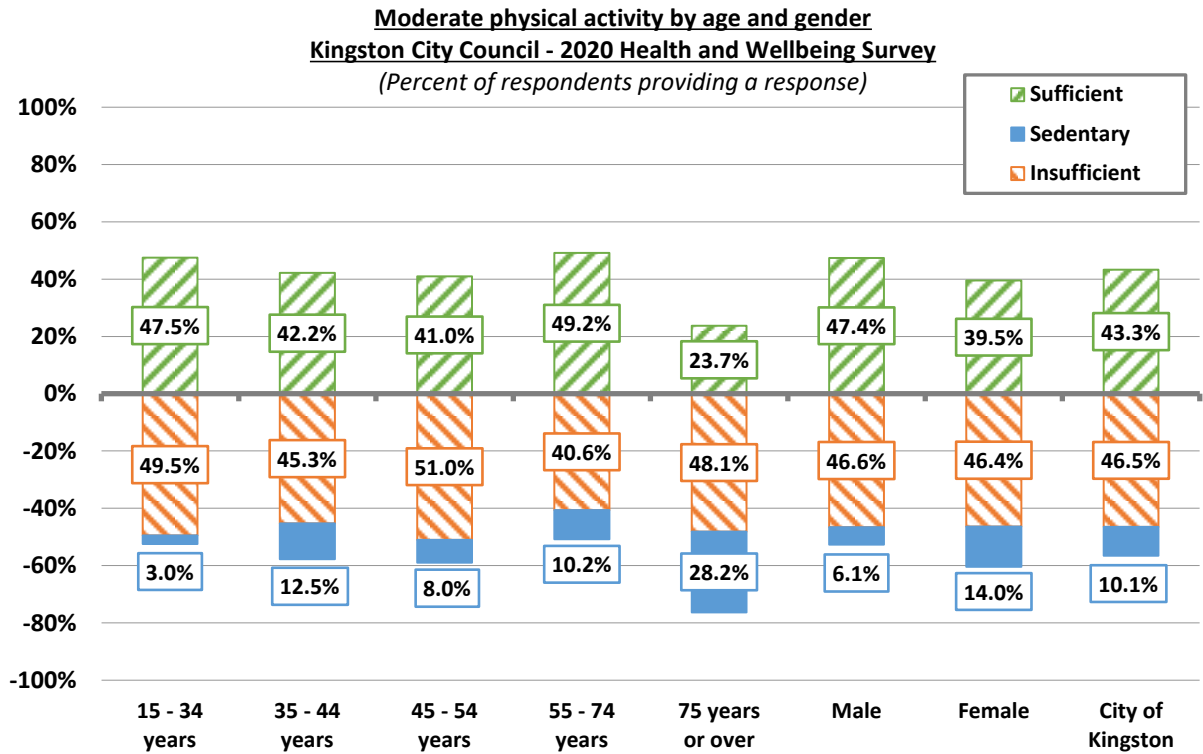


There was meaningful variation in the level of moderate physical activity observed by respondent profile, as follows:

- **Older adults (aged 55 to 74 years)** – respondents were somewhat more likely than average to engage in insufficient moderate physical activity.
- **Senior citizens (aged 75 years and over)** – respondents were notably more likely than average to engage in sufficient moderate physical activity.
- **Gender** – male respondents were measurably more likely than female respondents to engage in sufficient moderate physical activity, whilst female respondents were measurably more likely to be sedentary. This result is different to the results from 2016, where approximately eight percent of both male and female respondents were sedentary.







## Mental wellbeing

### Perception of mental health

Respondents were asked:

*“On a scale of 1 (very poor) to 5 (excellent), please rate your level of mental health.”*

The overwhelming majority (95.8% down from 97.3%) of respondents perceived their mental health to be “good” or better.

There was a substantial decline in 2020 over 2016, in the proportion of respondents who perceived their mental health to be “excellent”, and a corresponding increase in the proportion who perceived their mental health to be “good”.

Despite doubling from the 2016 result, less than two percent of respondents perceived their mental health to be “poor”.

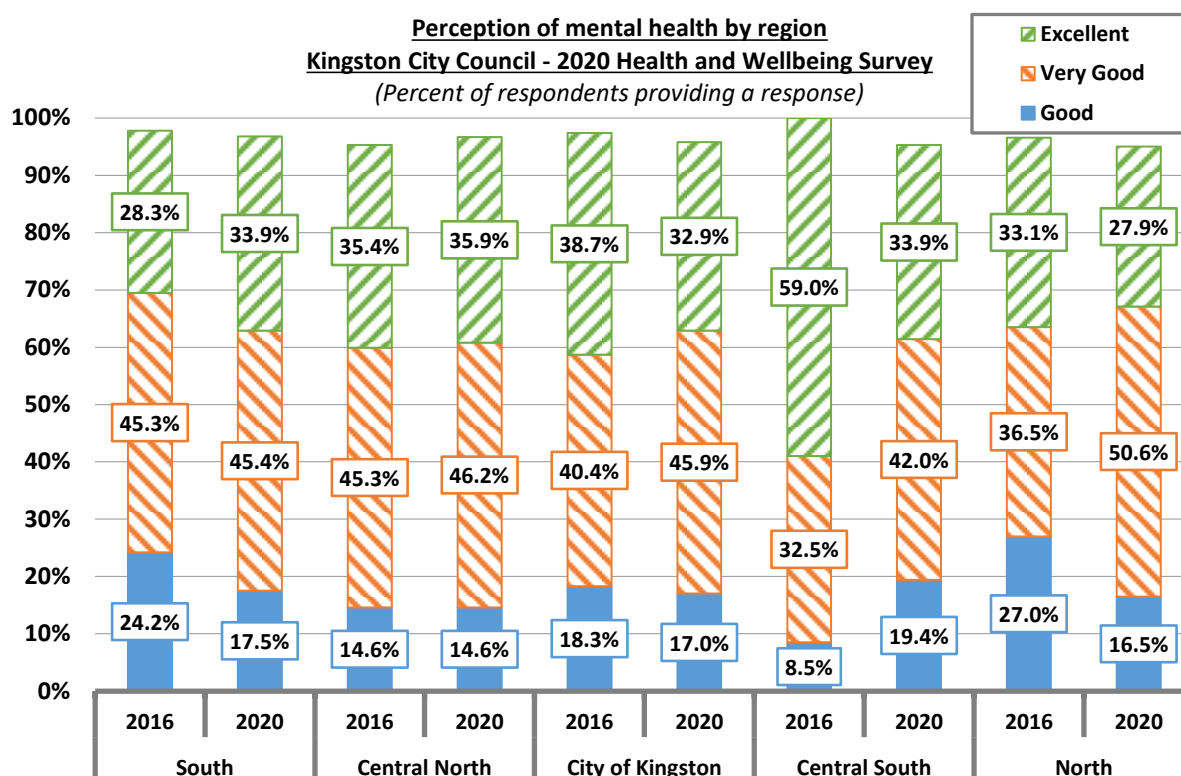


**Perception of mental health**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
 (Number and percent of respondents providing a response)

Response	2020		2016
	Number	Percent	
Excellent	165	32.9%	38.6%
Very good	230	45.9%	40.4%
Good	85	17.0%	18.3%
Fair	12	2.4%	2.0%
Poor	9	1.8%	0.6%
Can't say	2		8
<b>Total</b>	<b>503</b>	<b>100%</b>	<b>500</b>

There was no significant variation in the perception of mental health observed across the four regions comprising the City of Kingston in 2020.

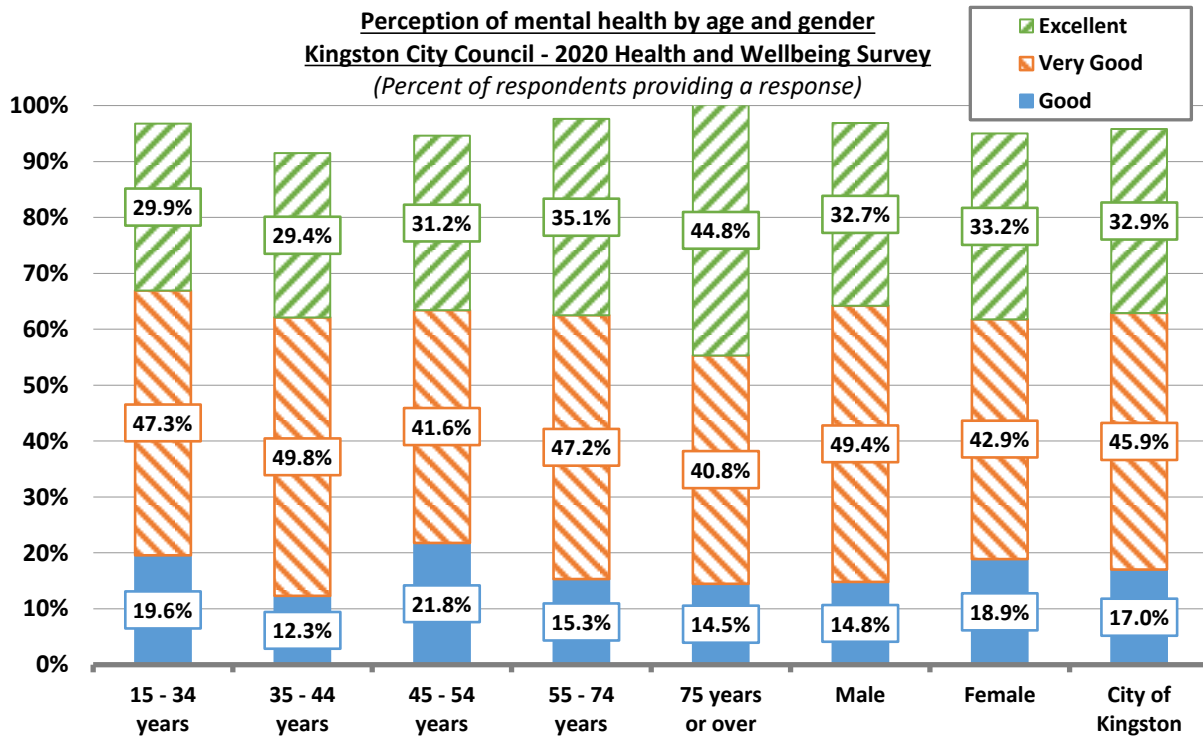
It is noted, however, that respondents from Central South and North regions were less likely this year than in 2016 to perceive their mental health to be “excellent”, although for the respondents from Central North, this decline was from a very high result in 2016.



Consistent with the very high perception of mental health at the municipal level, there was relatively little meaningful variation in the perception of mental health observed by respondent profile. Attention is however, drawn to the following variations:



- **Senior citizens (aged 75 years and over)** – respondents were significantly more likely than average to perceive their mental health to be “excellent”.
- **Gender** – male respondents were measurably more likely than female respondents to perceive their mental health as “very good”, whilst female respondents were more likely to perceive it as “good”.



### Mental health related statements

Respondents were asked:

*“On a scale of 1 (strongly disagree) to 5 (strongly agree), please rate your agreement with the following statements.”*

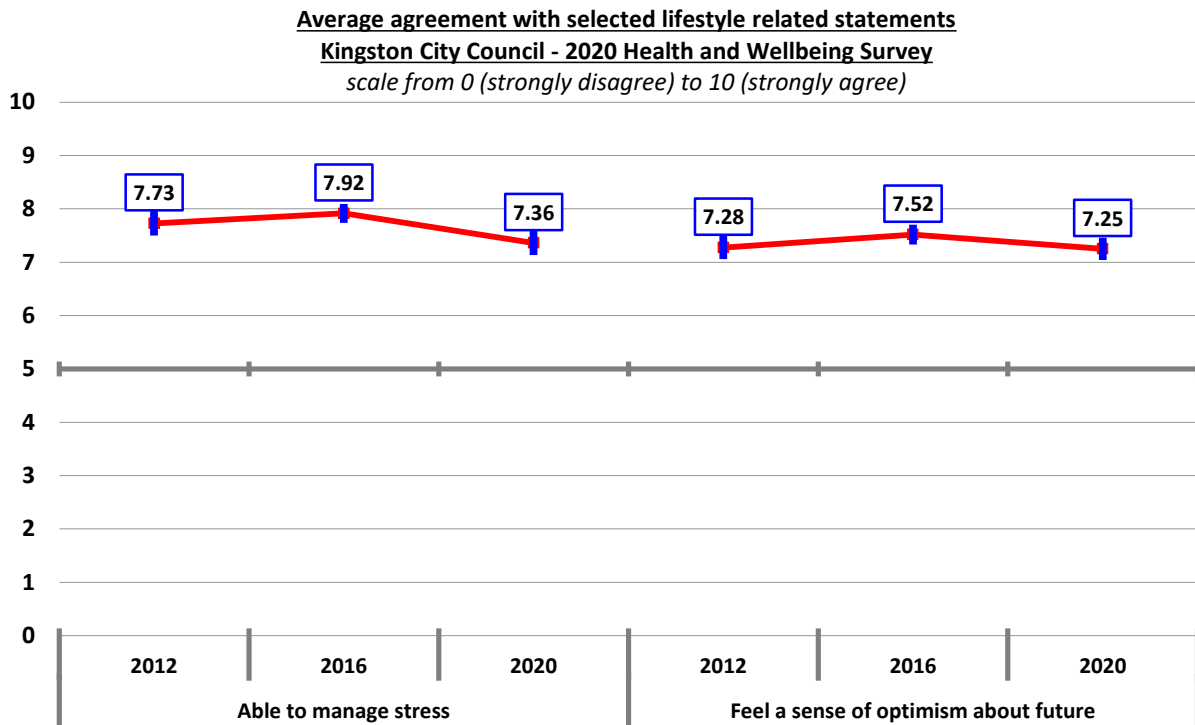
Respondents were asked to rate their level of agreement with two statements about mental health and wellbeing, on a five-point scale.

The average agreement with these statements has been indexed out of 10, as outlined in the following graph.

On average, respondents strongly agreed that they “are able to manage stress most of the time” (7.36) and that they “feel a sense of optimism about the future” (7.25).

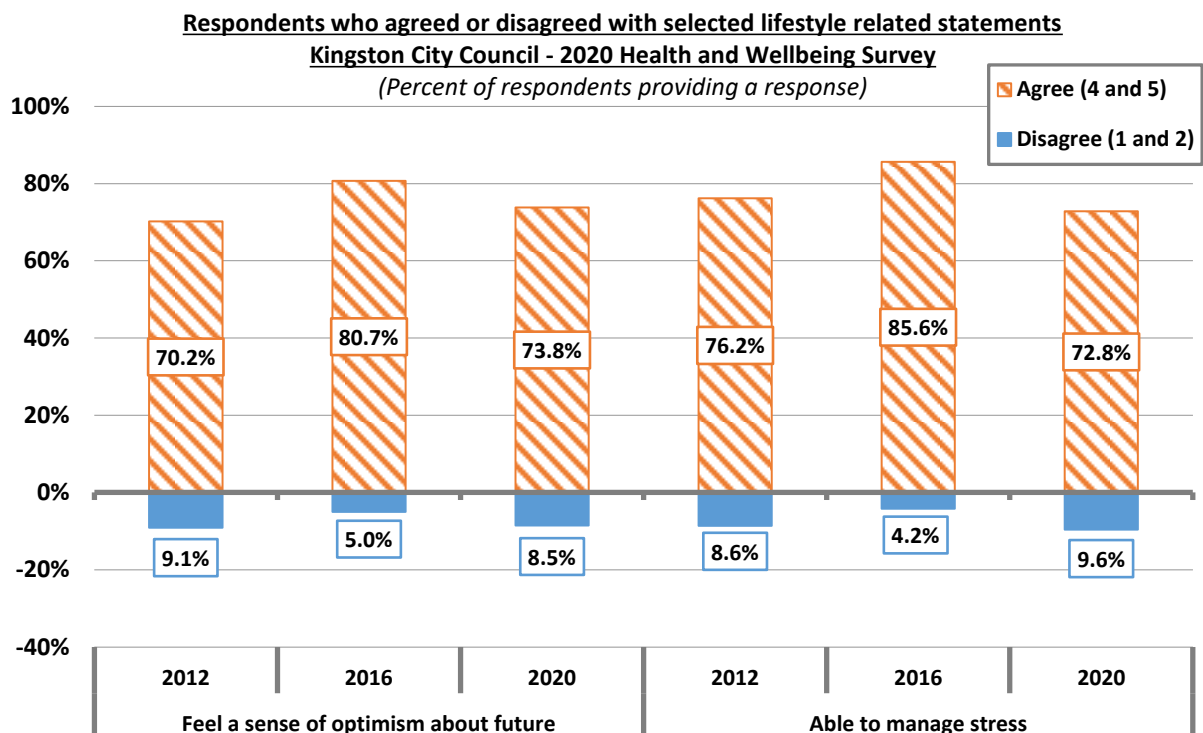
Metropolis Research notes that the average agreement with both these statements declined somewhat this year, with agreement that they can “manage stress most of the time” declining sharply this year, down 7.1%.





Approximately three-quarters of respondents agreed (rated agreement at four or five) with these two mental health related statements, whilst a little less than 10% disagreed (rated agreement at one or two).

It is noted that, consistent with the decline in average agreement, there was a decline in the proportion of respondents who agreed with these two statements. There was a sharp rise (approximately doubling) in the proportion of respondents who disagreed that they feel a sense of optimism or can manage stress most of the time.



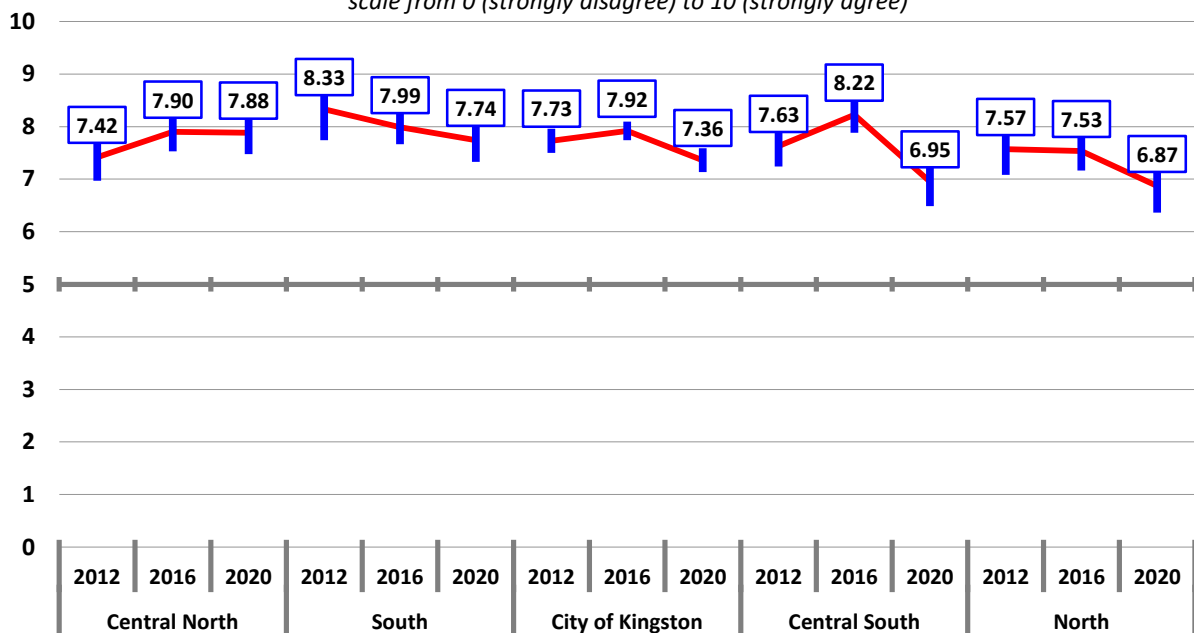
**Agreement with selected lifestyle related statements**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
 (Number and percent of total respondents)

Statement	Year	Agreement			Can't say	Average agreement
		Disagree	Neutral	Agree		
I am able to manage stress most of the time	2012	8.6%	15.2%	76.2%	2	<b>7.73</b>
	2016	4.2%	10.2%	85.6%	6	<b>7.92</b>
	2020	9.6%	17.6%	72.8%	2	<b>7.36</b>
I feel a sense of optimism about the future	2012	9.1%	20.8%	70.2%	6	<b>7.28</b>
	2016	5.0%	14.3%	80.7%	15	<b>7.52</b>
	2020	8.5%	17.8%	73.8%	5	<b>7.25</b>

**I am able to manage stress most of the time.**

There was no statistically significant variation in average agreement that respondents “are able to manage stress most of the time” observed across the four regions. The average agreement declined in all four regions, with the decline being statistically significant for respondents from the Central South region.

**Agreement with "I am able to manage stress most of the time" by region**  
 Kingston City Council - 2020 Health and Wellbeing Survey  
 scale from 0 (strongly disagree) to 10 (strongly agree)



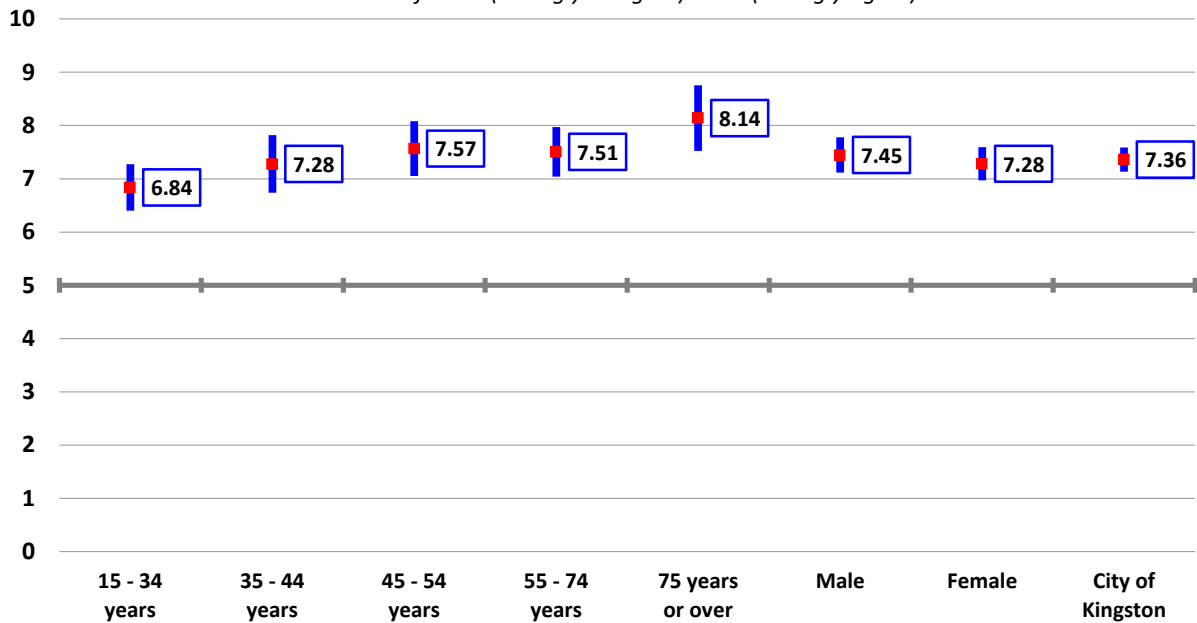
There was statistically significant variation in average agreement that the respondents “are able to manage stress most of the time” observed by the respondents’ age and gender, as it is noted that the average agreement increased substantially with the respondents’ age.

- **Senior citizens (aged 75 years and over)** – respondents were measurably and significantly more in agreement that they can manage stress most of the time than young adults (aged 15 to 34 years).





**Agreement with "I am able to manage stress most of the time" by age and gender**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
*scale from 0 (strongly disagree) to 10 (strongly agree)*

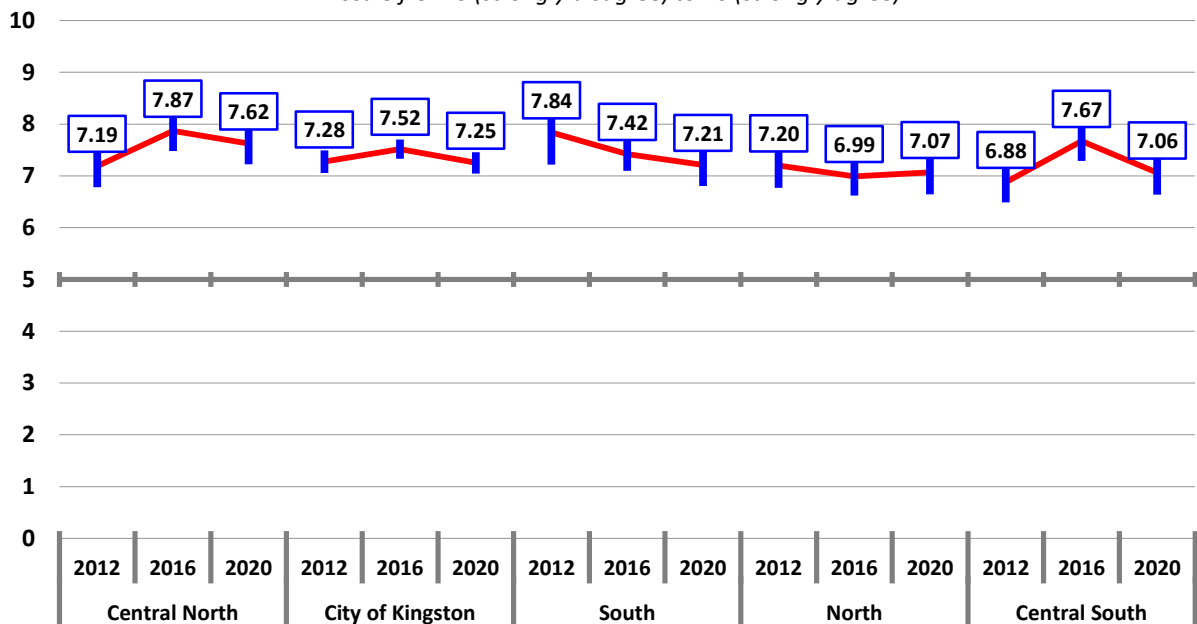


**I feel a sense of optimism about the future.**

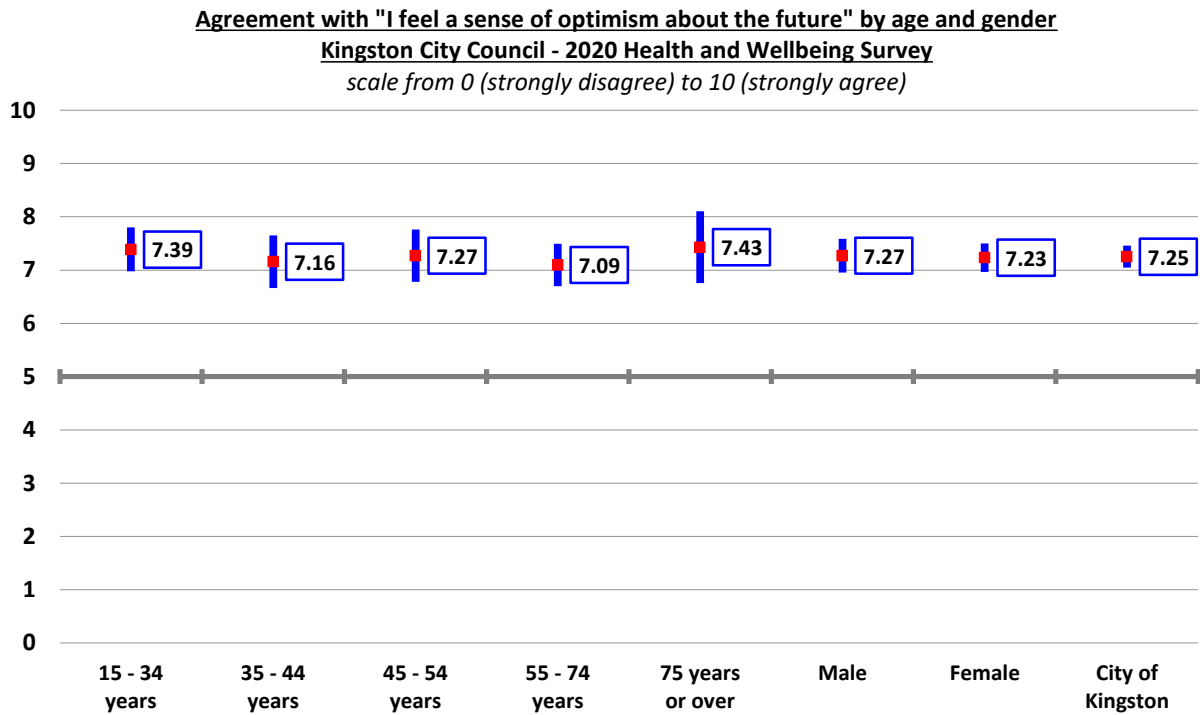
There was no statistically significant variation in average agreement that respondents “feel a sense of optimism about the future” observed across the four regions of the City of Kingston.

It is noted, however, that there was a sharp, but not statistically significant, decline in average agreement by respondents in Central South region. Respondents from this region appears to report more volatile results to many questions than respondents from other regions.

**Agreement with "I feel a sense of optimism about the future" by region**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
*scale from 0 (strongly disagree) to 10 (strongly agree)*



There was not statistically significant or meaningful variation in the average agreement that respondents “feel a sense of optimism about the future” observed by respondents’ age and gender.



## Healthy eating

### Consumption of fresh fruit

Respondents were asked:

*“In the past week, did you consume the following?”*

In 2020, three-quarters (75.4%) of respondents reported that they had consumed at least two servings of fruit every day in the past week, which is a slight decline on the 80.1% reported in 2016, but consistent with the 2012 result.

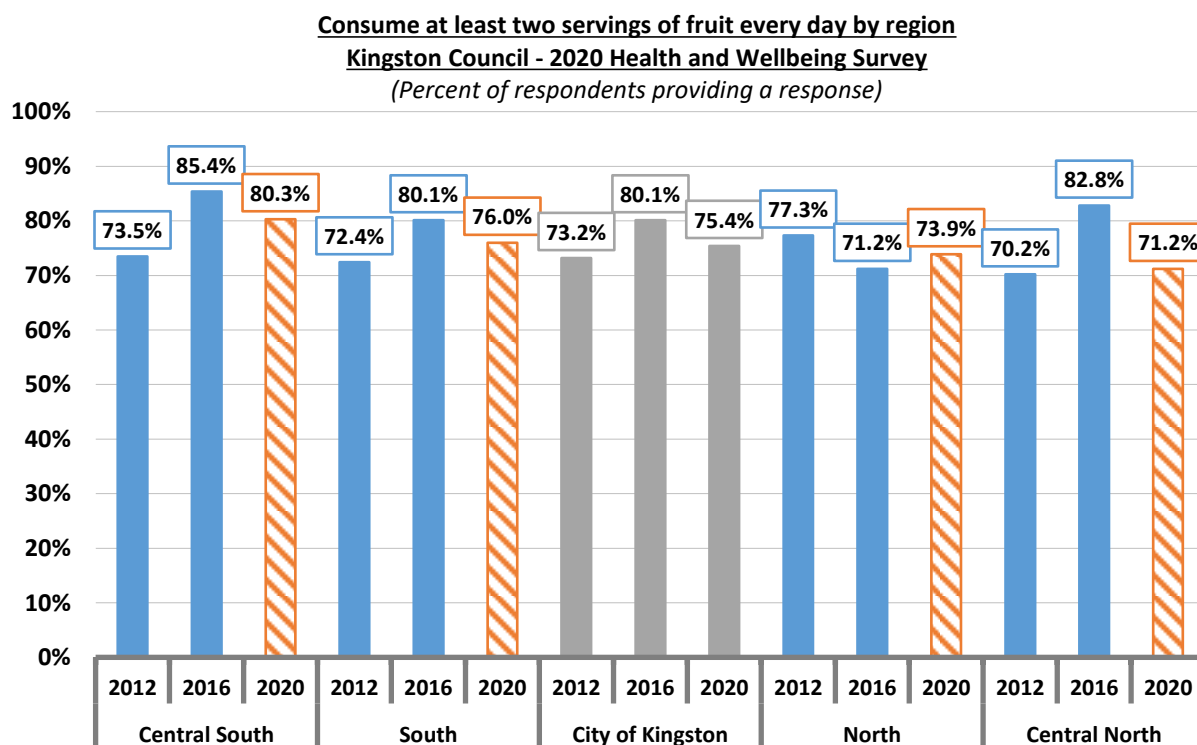
**Consume at least two servings of fruit every day**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
*(Number and percent of respondents providing a response)*

Response	2020		2016	2012
	Number	Percent		
Yes	376	75.4%	80.1%	73.2%
No	123	24.6%	19.9%	26.8%
Can't say	4		13	5
<b>Total</b>	<b>503</b>	<b>100%</b>	<b>500</b>	<b>512</b>



There was no statistically significant variation in this result observed across the four regions comprising the City of Kingston.

It is noted, however, that respondents from Central North were significantly less likely to consume two servings of fruit per day in 2020 than the unusually high result of 82.8% recorded in 2016.

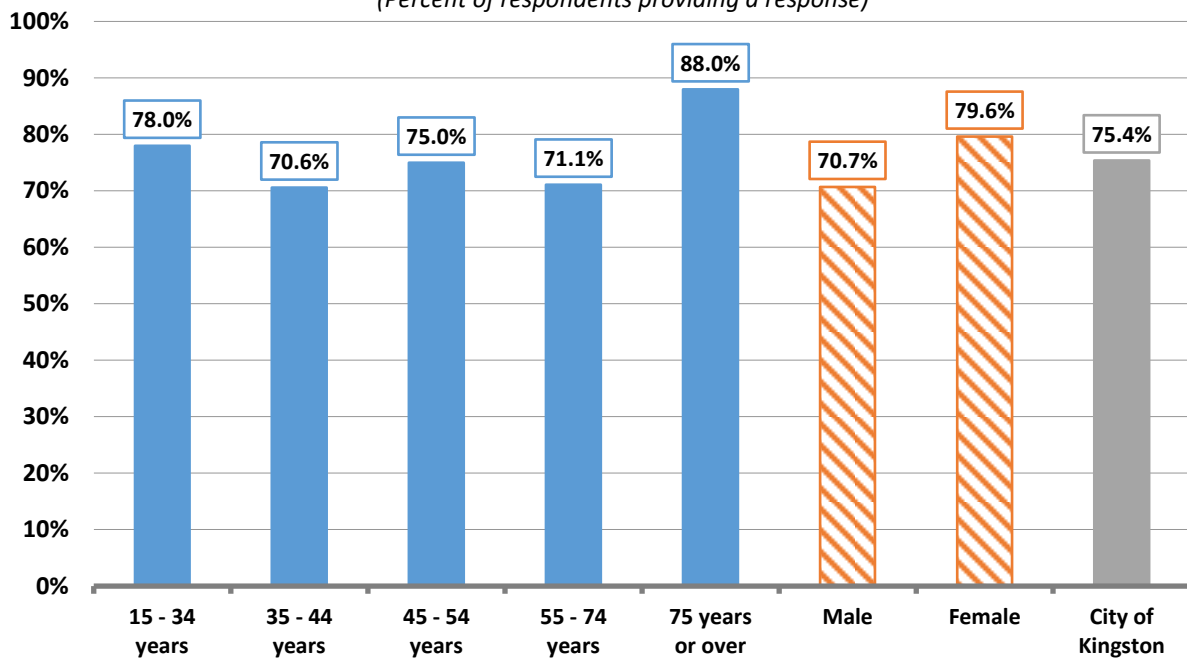


There was some variation in the consumption of two servings of fruit per day observed by respondents' age and gender, as follows:

- **Senior citizens (aged 75 years and over)** – respondents were measurably more likely than average to consume two servings of fruit per day.
- **Gender** – female respondents were measurably more likely than male respondents to consume two servings of fruit per day.



**Consume at least two servings of fruit every day by age and gender**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
 (Percent of respondents providing a response)



### Consumption of vegetables

Respondents were asked:

*“In the past week, did you consume the following?”*

In 2020, half (50.6%) of the respondents providing a response to this question, reported that they consumed five servings of vegetables every day in the past week. This is a significant decline on the 64.5% recorded in 2016 and is slightly lower than the 54.6% recorded back in 2012.

**Consume five servings of vegetables every day**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
 (Number and percent of respondents providing a response)

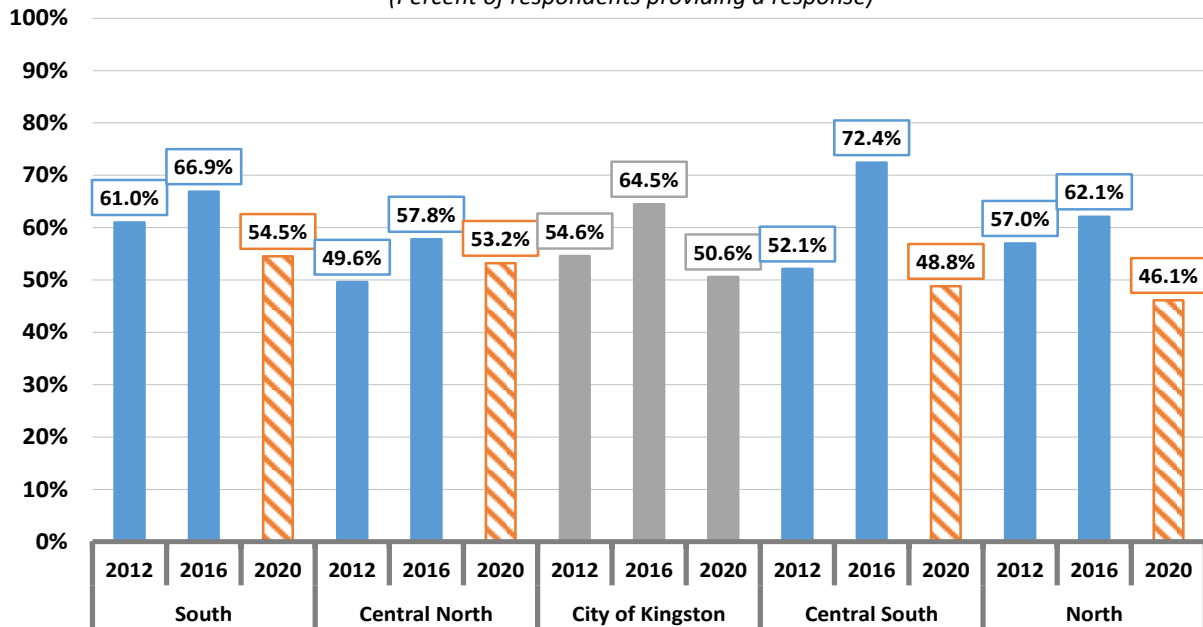
Response	2020		2016	2012
	Number	Percent		
Yes	251	50.6%	64.5%	54.6%
No	245	49.4%	35.5%	45.4%
Can't say	7		16	3
<b>Total</b>	<b>503</b>	<b>100%</b>	<b>500</b>	<b>512</b>

There was no statistically significant variation in the consumption of five servings of vegetable per day observed across the four regions of the City of Kingston.



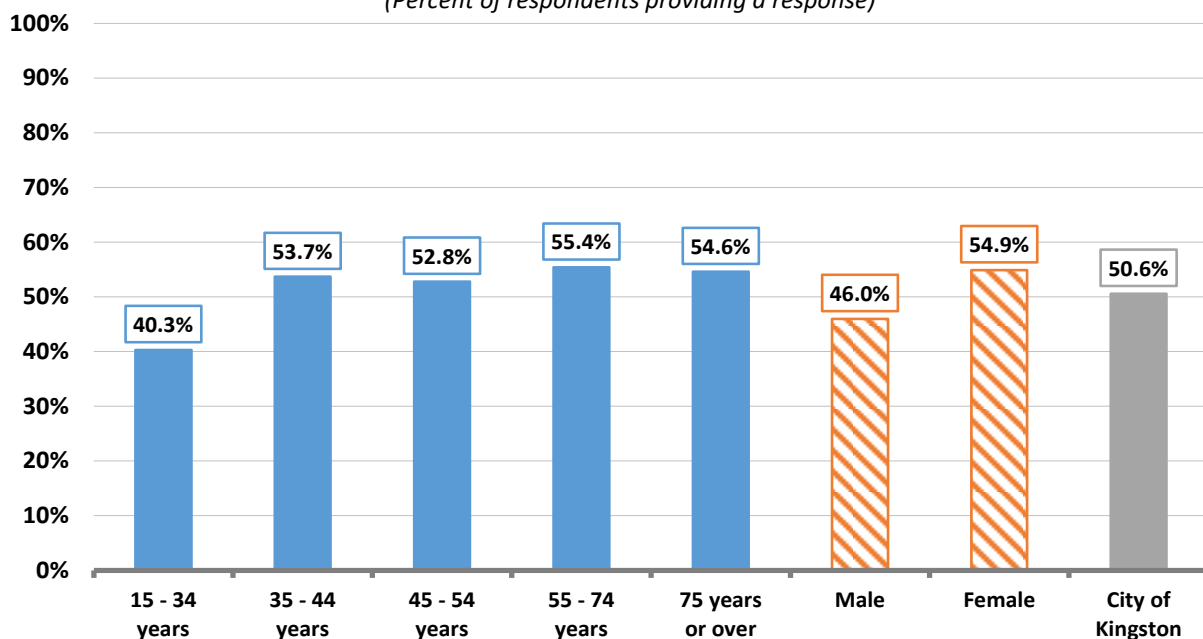
It is noted, however, that the proportion of respondents who reported that they consumed at least five servings of vegetables per day declined sharply for respondents from South, Central South, and North regions. As with many other questions in this survey, respondents from Central South appear to be more volatile over time in some of their responses.

**Consume five servings of vegetables every day by region**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
*(Percent of respondents providing a response)*



There was meaningful variation in this result observed by respondents' age and gender. Young adults (aged 15 to 34 years) were measurably less likely to consume five servings of vegetable per day than other respondents, and male respondents were measurably less likely than female respondents.

**Consume five servings of vegetables every day by age and gender**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
*(Percent of respondents providing a response)*





## Access to fresh and affordable food

Respondents were asked:

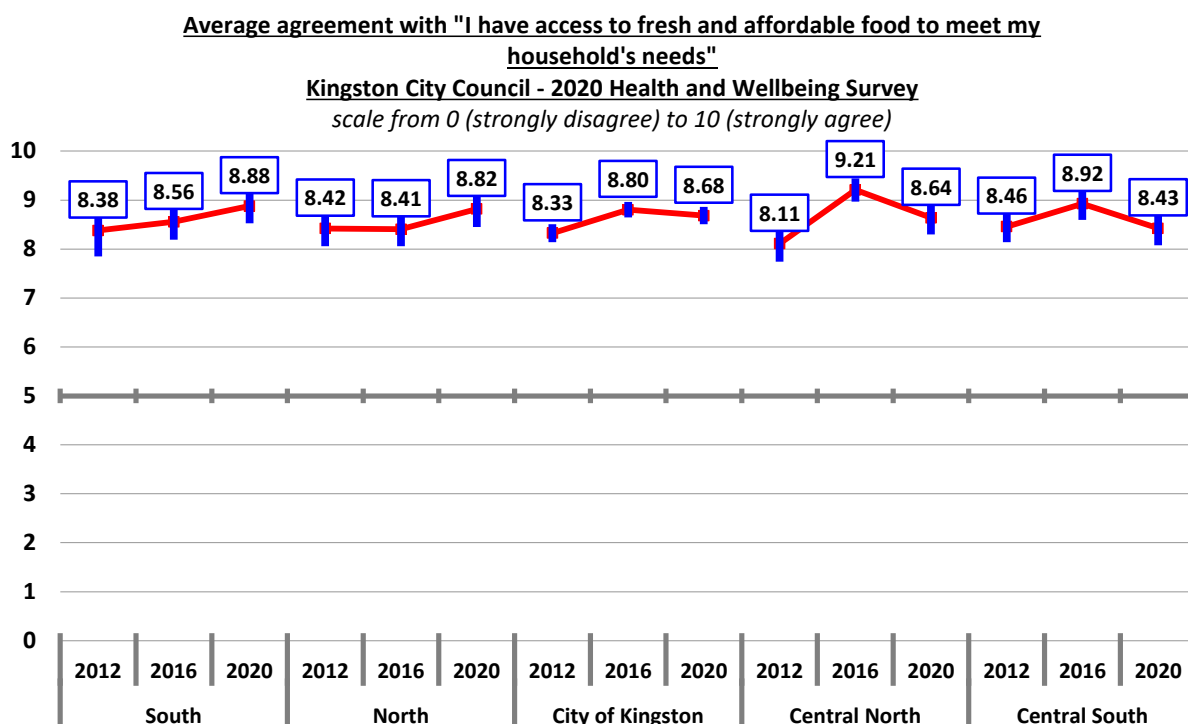
*“On a scale of 1 (strongly disagree) to 5 (strongly agree), please rate your agreement with the following statements.”*

Respondents were asked to rate their agreement that “I have access to fresh and affordable food to meet my household’s needs”, on a five-point scale. The results have been indexed on a scale from zero to ten, with the average agreement outlined in the following graph.

On average, respondents very strongly agreed that they have access to fresh and affordable food that meets their household’s needs, with an average agreement of 8.68 out of 10.

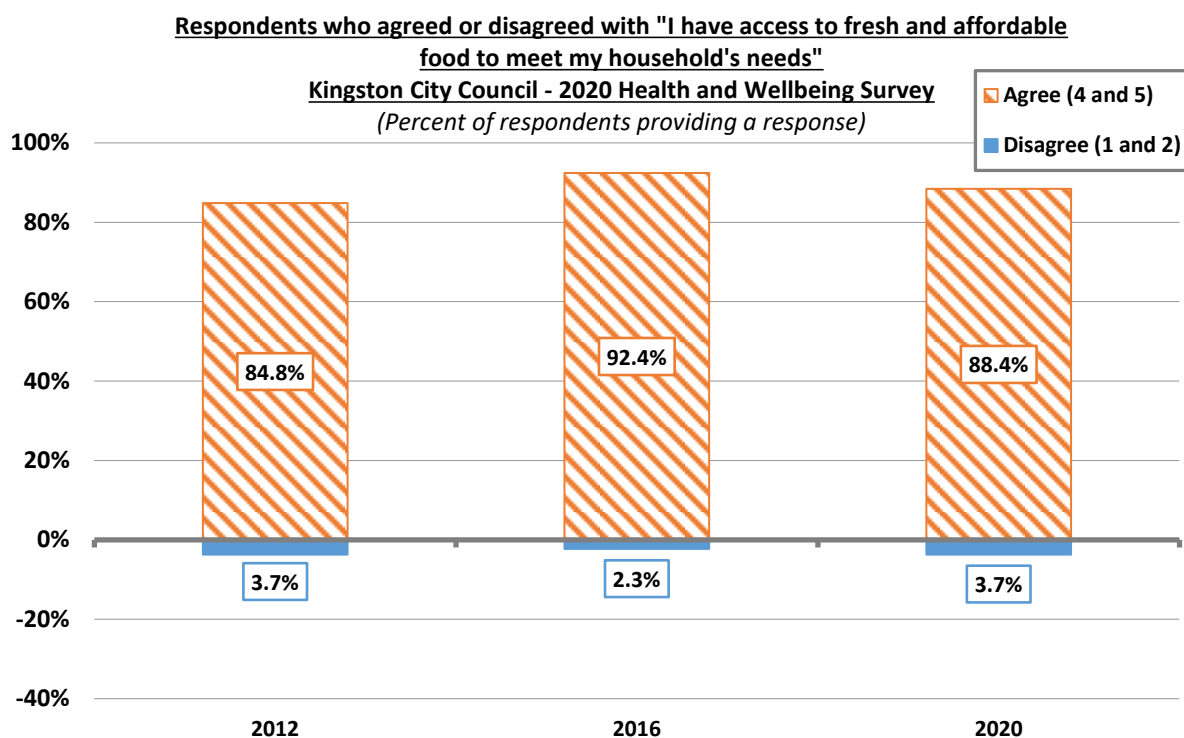
This is a small and statistically insignificant decline on the 8.80 recorded in 2016, but marginally but not measurably higher than the 8.33 recorded back in 2012.

There was no statistically significant variation in this result observed across the four regions, although it is noted that respondents from Central South region rated their agreement marginally, but not measurably lower than respondents from other regions.



Consistent with the very strong average agreement with this statement, approximately 90% of respondents agreed (i.e., rated agreement at four or five) that they have access to fresh and affordable food that meets their household’s needs, whilst less than four percent disagreed.





**Agreement with selected services related statements**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
 (Number and percent of total respondents)

Statement	Year	Agreement			Can't say	Average agreement
		Disagree	Neutral	Agree		
I have access to fresh and affordable food to meet my household's needs	2012	3.7%	11.5%	84.8%	1	<b>8.33</b>
	2016	2.3%	5.3%	92.4%	0	<b>8.80</b>
	2020	3.7%	7.9%	88.4%	2	<b>8.68</b>

### Impact of alcohol and drugs on the household

Respondents were asked:

*"On a scale of 1 (strongly disagree) to 5 (strongly agree), please rate your agreement with the following statements."*

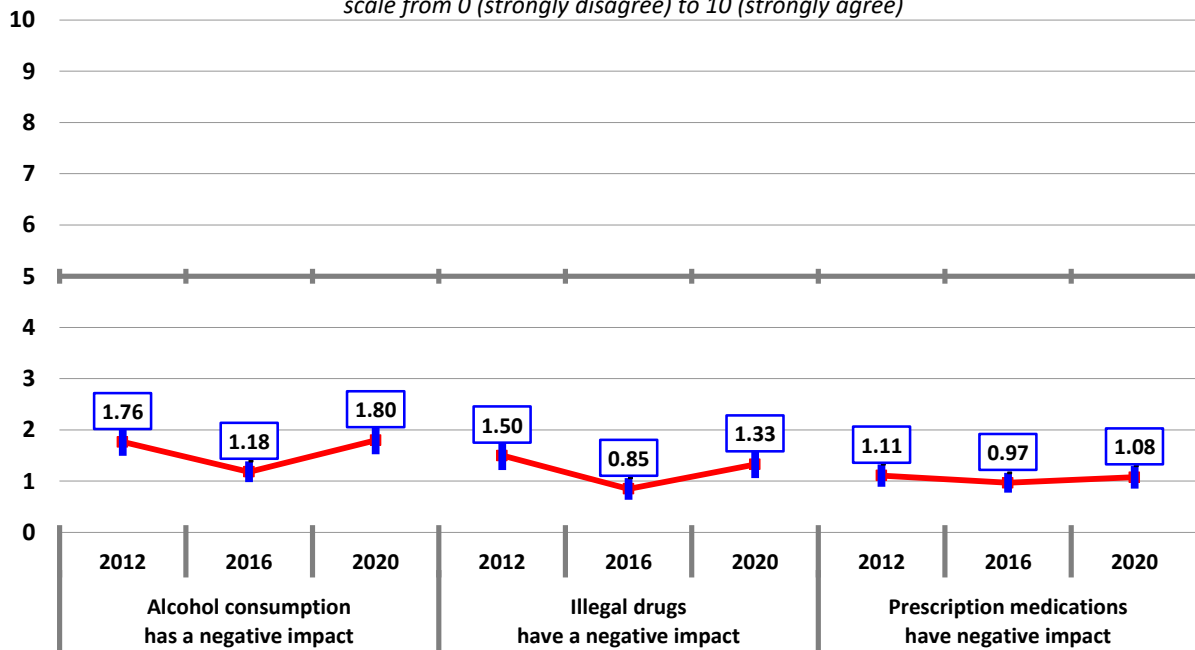
Respondents were again in 2020, asked to rate (on a five-point scale) their agreement with three statements about the impact of drugs and alcohol on their household.

These results have been indexed out of 10, as outlined in the following graph.

On average, respondents very strongly disagreed with each of the three statements, with average agreement scores of less than two out of 10.



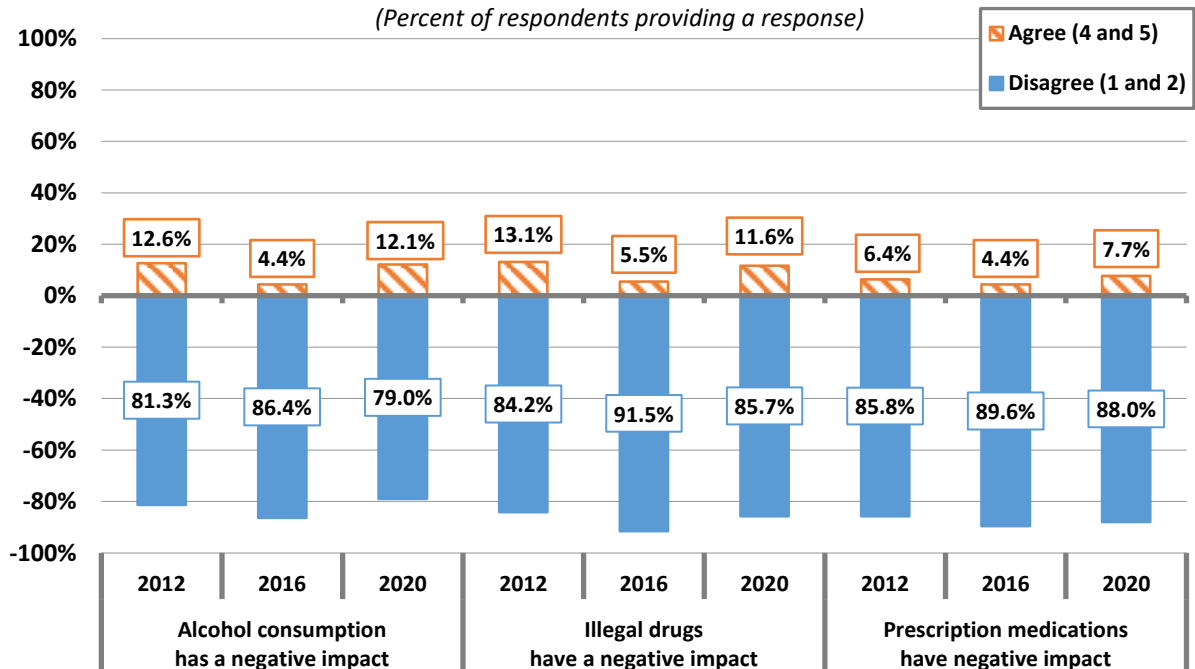
**Average agreement with selected health related statements**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
*scale from 0 (strongly disagree) to 10 (strongly agree)*



Consistent with the low average scores discussed above, only a relatively small proportion of respondents agreed that alcohol consumption (12.1%), illegal drugs (11.6%), or prescription medications (7.7%) have a negative impact on their household.

It is noted that the proportion of respondents who agreed that these factors had a negative impact on their household increased in 2020 over the results recorded in 2016. It does appear that the 2016 results were unusually low compared to 2012 and 2020.

**Respondents who agreed or disagreed with selected health related statements**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
*(Percent of respondents providing a response)*



**Agreement with selected health related statements**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
 (Number and percent of total respondents)

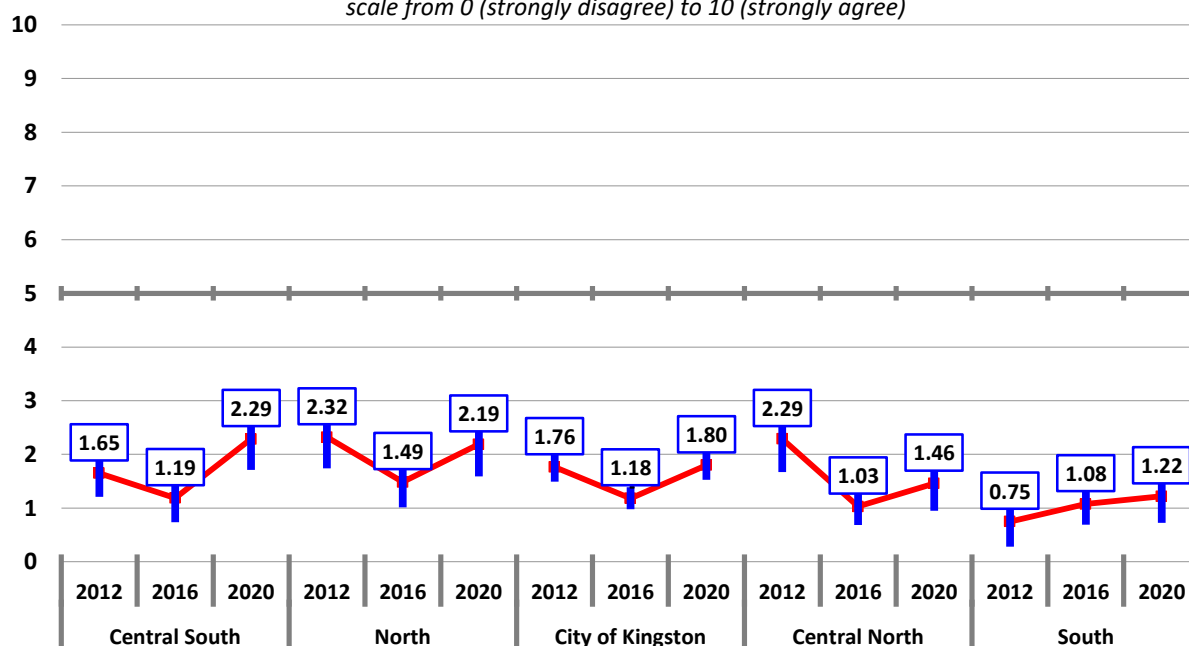
Statement	Year	Agreement			Can't say	Average agreement
		Disagree	Neutral	Agree		
Alcohol consumption has a negative impact on my household	2012	81.3%	6.1%	12.6%	1	<b>1.76</b>
	2016	86.4%	9.2%	4.4%	28	<b>1.18</b>
	2020	79.0%	8.9%	12.1%	9	<b>1.80</b>
Illegal drugs have a negative impact on my household	2012	84.2%	2.8%	13.1%	5	<b>1.50</b>
	2016	91.5%	3.0%	5.5%	73	<b>0.85</b>
	2020	85.7%	2.7%	11.6%	17	<b>1.33</b>
Over the counter and / or prescription medications have a negative impact on my household	2012	85.8%	7.7%	6.4%	7	<b>1.11</b>
	2016	89.6%	6.0%	4.4%	56	<b>0.97</b>
	2020	88.0%	4.3%	7.7%	12	<b>1.08</b>

**Alcohol consumption has a negative impact on my household.**

There was no statistically significant variation in agreement that “alcohol consumption has a negative impact on my household” observed across the four City of Kingston regions.

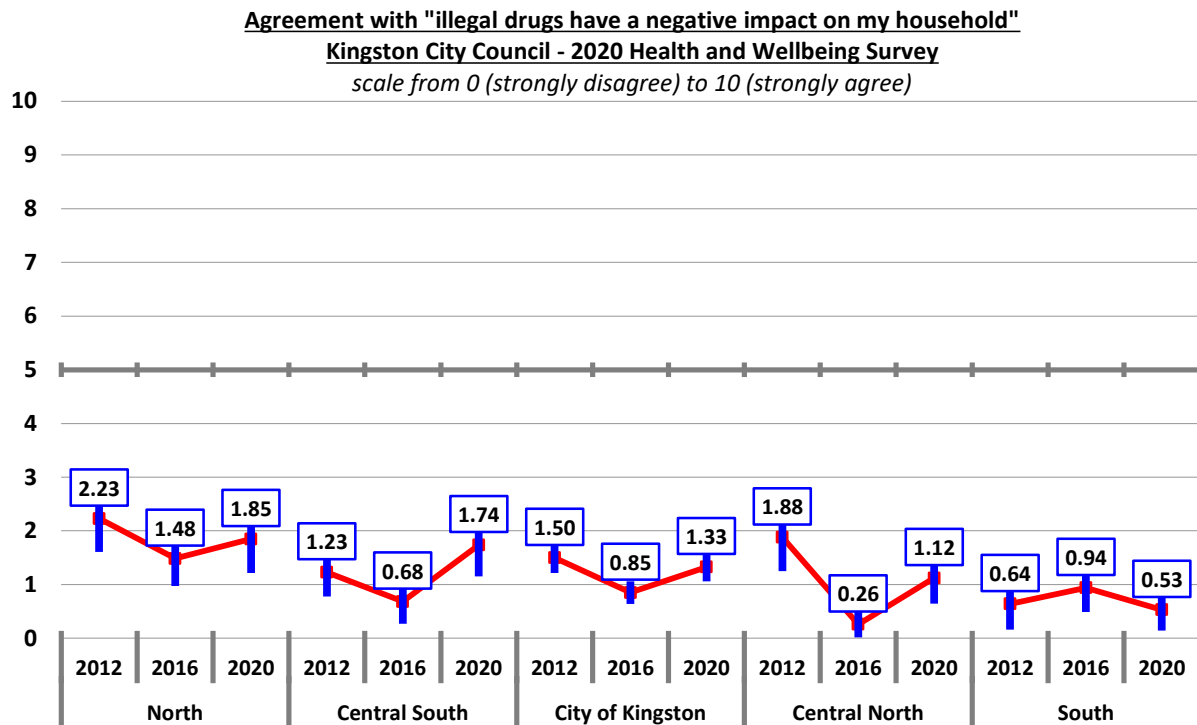
It is noted, however, that respondents from Central South and North regions were notably more likely than respondents from South region to agree that alcohol consumption has a negative impact on their household. This variation was not, however, statistically significant, but has been observed in each of the three surveys.

**Agreement with "alcohol consumption has a negative impact on my household"**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
 scale from 0 (strongly disagree) to 10 (strongly agree)



**Illegal drugs have a negative impact on my household.**

There was no statistically significant variation in the average agreement that “illegal drugs have a negative impact on my household” observed across the four regions, although it is noted that respondents from South region were notably less in agreement than respondents from the other regions.



**Over the counter and/or prescription medications have a negative impact on my household.**

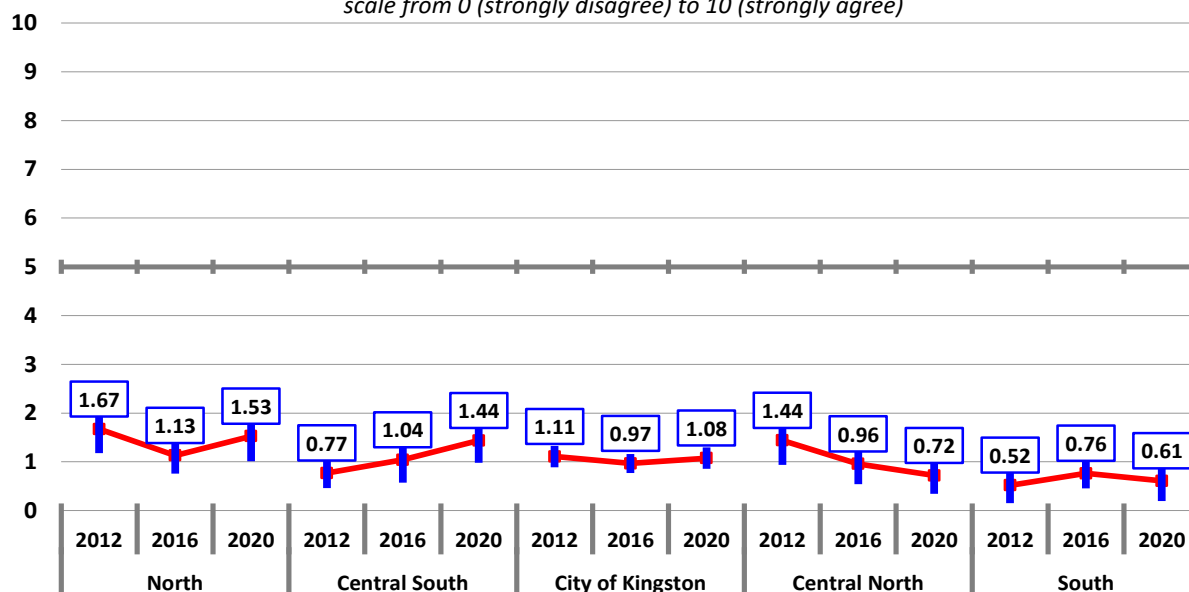
There was no statistically significant variation in the average agreement that “over the counter and / or prescription medications have a negative impact on my household” observed across the four City of Kingston regions.

Like the results for alcohol consumption and illegal drugs, respondents from the South precinct were notably, but not measurably, less likely to agree with this statement than respondents from the other precincts.



**Agreement with "over the counter and / or prescription medications have a negative impact on my household"**

**Kingston City Council - 2020 Health and Wellbeing Survey**  
scale from 0 (strongly disagree) to 10 (strongly agree)



## Consumption of alcohol

### Consumption of alcoholic drinks in the last seven days

Respondents were asked:

*"How many times in the past week (7 days), have you had an alcoholic drink of any kind?"*

A little less than half (41.6%) of respondents reported that they had not had an alcoholic drink of any kind in the past week, whilst a further 28.6% reported that they had consumed alcohol no more than two times in the past week. It is important to bear in mind that these results reflect what respondents choose to report and are not a direct count of alcohol consumption.

There was some variation in this result observed across the municipality and by respondent profile, as follows:

- **Central South region** - respondents were notably more likely than average to have consumed alcohol three or four times in the past week.
- **North region** – respondents were measurably and significantly more likely than average to have not consumed alcohol at all in the past week.
- **Older adults and senior citizens (aged 55 years and over)** – respondents were notably more likely than average to consume alcoholic drinks almost or every day.
- **Gender** – female respondents were measurably more likely than male respondents to report that they did not consume alcoholic drinks in the last seven days.
- **Language spoken at home** – respondents from multi-lingual households were measurably more likely than those from English speaking households to have not consumed any alcoholic drinks in the last seven days.





**Consumption of alcoholic drinks per week**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
 (Number and percent of respondents providing a response)

Response	2020		North	Central North	Central South	South
	Number	Percent				
Everyday	33	6.6%	3.5%	5.1%	8.1%	10.5%
5 to 6 times	32	6.4%	1.5%	7.7%	9.9%	6.3%
3 to 4 times	42	8.5%	7.3%	7.0%	13.7%	5.6%
2 to 3 times	41	8.2%	3.0%	11.0%	8.1%	11.4%
1 to 2 times	142	28.6%	25.4%	29.4%	29.5%	29.9%
I did not drink alcohol	207	41.6%	59.3%	39.8%	30.6%	36.4%
Prefer not to say	6		0	4	2	0
<b>Total</b>	<b>503</b>	<b>100%</b>	<b>124</b>	<b>137</b>	<b>131</b>	<b>111</b>

**Consumption of alcoholic drinks per week by respondent profile**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
 (Number and percent of respondents providing a response)

Response	18 to 34 years	35 to 54 years	55 to 74 years	75 years and over	Male	Female	English speaking	Multi-lingual
Everyday	1.7%	4.5%	11.8%	14.7%	6.4%	7.0%	7.2%	5.8%
5 to 6 times	6.6%	4.4%	6.8%	12.1%	7.3%	5.6%	8.6%	1.3%
3 to 4 times	9.9%	8.7%	8.1%	4.9%	9.3%	7.8%	8.4%	9.0%
2 to 3 times	4.0%	10.3%	10.5%	7.3%	8.3%	8.3%	10.4%	3.5%
1 to 2 times	39.6%	25.9%	23.3%	22.2%	31.8%	25.5%	27.8%	27.3%
I did not drink alcohol	38.1%	46.3%	39.4%	38.9%	36.8%	45.9%	37.5%	53.2%
Prefer not to say	1	2	2	1	3	2	3	1
<b>Total</b>	<b>134</b>	<b>185</b>	<b>131</b>	<b>53</b>	<b>242</b>	<b>261</b>	<b>352</b>	<b>144</b>

**Number of standard drinks consumed per day in the last week.**

Respondents who consumed alcoholic drinks in the past week were asked:

*“When you had an alcoholic drink in the past week (7 days), how many standard drinks did you usually have on one day?”*

A little less than half (42.8%) of the respondents who reported that they consumed any alcoholic drinks in the past week, consumed either one (23.1%) or two (19.7%) drinks per day. Just 3.1% of these respondents reported that they consumed five or more.

Metropolis Research draws attention to the fact that, of the 290 respondents who reported that they consumed any alcoholic drinks in the last seven days, only 167 (57.6%) provided a response to this question about how many drinks they would typically consume each day that they had an alcoholic drink. This large non-response has the effect of under-reporting the percentage of respondents consuming the numbers of drinks as outlined in the table.



Whilst the sample size for this question is relatively small at the regional level, it is noted that respondents from North region were considerably more likely than average to consume either four or 10 or more standard drinks per day. Respondents from Central North were more likely than average to consume three standard drinks per day, and respondents from Central South were more likely to consume one standard drink per day.

**Consumption of standard alcoholic drinks per day**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
*(Number and percent of respondents who consumed alcoholic drinks)*

Response	2020		North	Central North	Central South	South
	Number	Percent				
10 or more standard drinks	5	1.7%	9.0%	0.0%	0.0%	0.0%
5 to 9 standard drinks	4	1.4%	0.0%	1.6%	0.0%	3.2%
4 standard drinks	7	2.4%	6.9%	0.9%	0.0%	3.9%
3 standard drinks	24	8.3%	10.0%	11.4%	4.6%	8.5%
2 standard drinks	57	19.7%	18.1%	16.2%	14.8%	31.4%
1 standard drink	67	23.1%	13.9%	17.8%	25.0%	33.0%
Half a standard drink	3	1.0%	1.6%	0.0%	0.0%	3.2%
Prefer not to say / can't say	123	42.4%	40.5%	52.1%	55.6%	16.8%
<b>Total</b>	<b>290</b>	<b>100%</b>	<b>51</b>	<b>80</b>	<b>89</b>	<b>71</b>

The following table provides a breakdown of these results by respondent profile. The variation in the percent of respondents who chose not to provide an answer to this question does make comparison between the different groups to be problematic, although it is noted:

- **Young adults (aged 15 to 34 years)** – respondents were the only age group to report that any respondents consumed 10 or more standard drinks per day.
- **Senior citizens (aged 75 years and over)** – respondents were notably more likely than other respondents to consume one standard drink per day.

**Consumption of standard alcoholic drinks per day by respondent profile**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
*(Number and percent of respondents who consumed alcoholic drinks)*

Response	15 to 34 years	35 to 54 years	55 to 74 years	75 years and over	Male	Female	English speaking	Multi-lingual
10 or more standard drinks	5.5%	0.0%	0.0%	0.0%	3.0%	0.0%	2.1%	0.0%
5 to 9 standard drinks	0.0%	1.6%	0.9%	4.1%	1.3%	1.1%	1.3%	1.1%
4 standard drinks	3.7%	2.5%	1.8%	0.0%	2.6%	2.2%	2.6%	1.9%
3 standard drinks	16.1%	6.7%	4.1%	3.9%	7.3%	9.5%	7.1%	11.3%
2 standard drinks	21.4%	16.3%	25.5%	11.9%	18.6%	21.0%	21.5%	16.0%
1 standard drink	12.8%	22.7%	24.2%	47.9%	20.2%	26.1%	21.6%	29.6%
Half a standard drink	2.7%	0.0%	1.0%	0.0%	1.5%	0.6%	1.0%	1.2%
Prefer not to say / can't say	37.7%	50.2%	42.4%	32.1%	45.4%	39.5%	42.7%	39.0%
<b>Total</b>	<b>83</b>	<b>98</b>	<b>78</b>	<b>31</b>	<b>151</b>	<b>140</b>	<b>218</b>	<b>67</b>



## Number of standard drinks consumed in a usual week.

The following set of results have been calculated from the results of the previous two questions asking respondents how many times they had consumed alcoholic drinks in the past week, and then how many drinks they would usually consume per day.

A little less than half (41.2%) of the total sample of 503 respondents reported that they had not consumed any alcoholic drinks in the past week, whilst a total of just 6.8% of respondents reported that they consumed more than 10 standard drinks per week.

It is important to note that a significant number of respondents did not provide a response to one or both, of the two underlying questions, with 123 respondents who reported that they consumed some alcoholic drinks not providing a response as to the number of drinks they consumed per day. This substantial non-response to the number of standard drinks consumed each day is a significant limiting factor on these results. This is because the 25.8% of respondents not providing an answer to either of the two underlying questions has the effect of reducing the percentage reported for the number of standard drinks consumed, and the actual results will be higher than those reported.

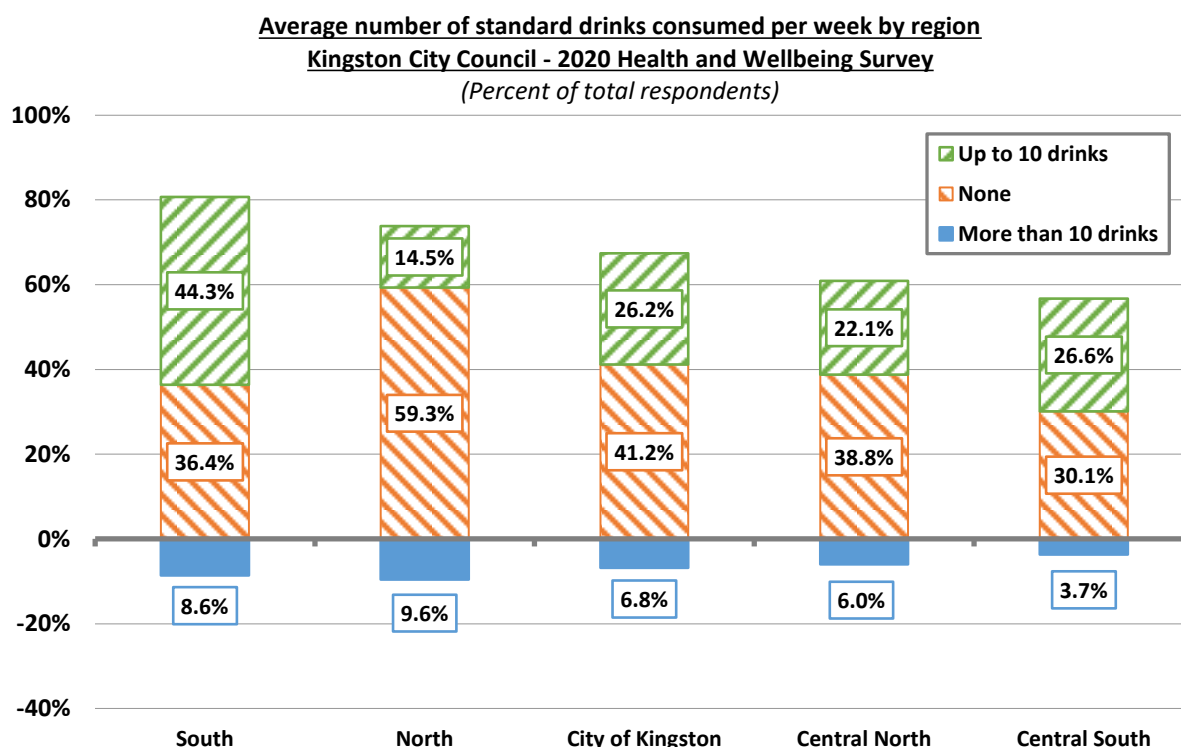
**Average number of standard drinks consumed per week**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
*(Number and percent of total respondents)*

Response	2020	
	Number	Percent
More than 10 standard drinks	34	6.8%
10 standard drinks	1	0.2%
9 standard drinks	0	0.0%
8 standard drinks	3	0.6%
7 standard drinks	11	2.2%
6 standard drinks	13	2.6%
5 standard drink	23	4.6%
4 standard drinks	4	0.8%
3 standard drinks	35	7.0%
2 standard drinks	39	7.8%
1 standard drink	3	0.6%
No standard drinks	207	41.2%
Prefer not to say / can't say	130	25.8%
<b>Total</b>	<b>503</b>	<b>100%</b>

Whilst there was no statistically significant variation in the proportion of respondents consuming more than 10 standard drinks per week observed across the four regions comprising the City of Kingston, it is noted that:

- **South region** – respondents were measurably more likely than average to consume up to 10 standard drinks per week.
- **North region** – respondents were measurably more likely than average to consume no alcoholic drinks per week.



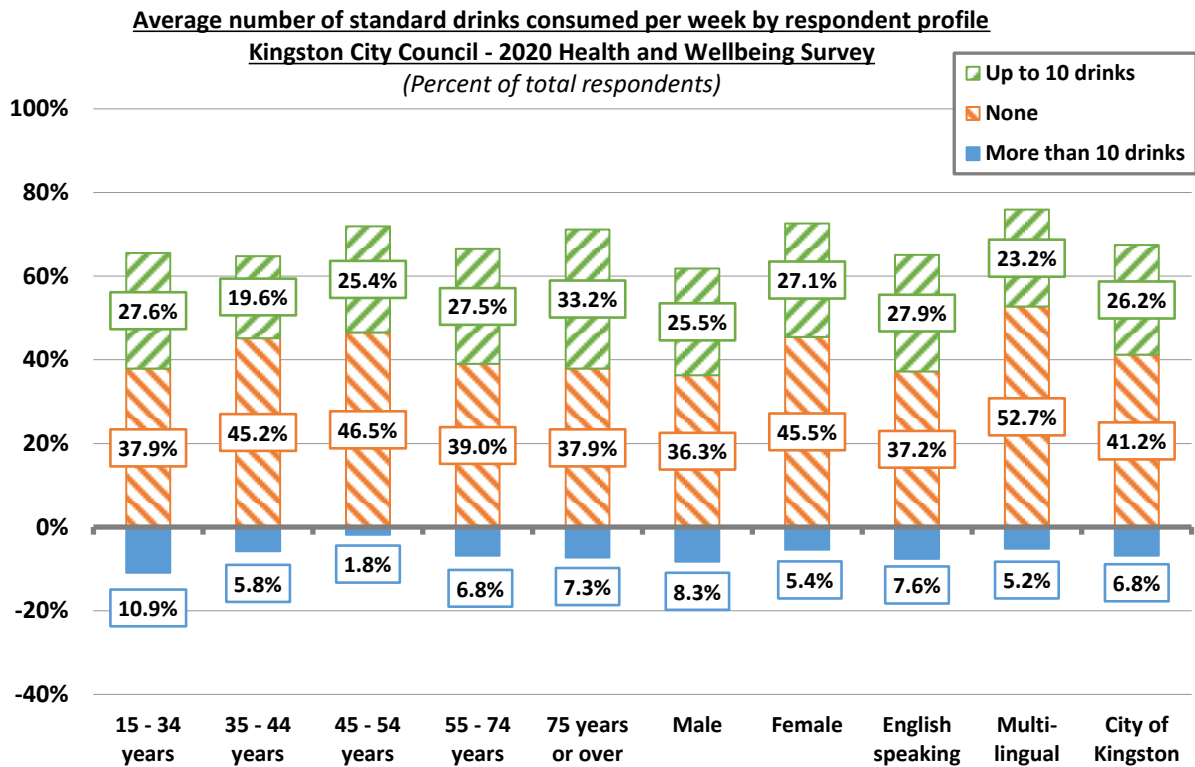


It is important to bear in mind the limitations of these results given the large non-response to the question, as well as the fact that these results reflect what respondents said they consume and is therefore not a factual record of the actual consumption of alcoholic drinks by respondents.

Cognisant of the limitations discussed above, there was some variation in these results observed by respondent profile, as follows:

- **Younger adults (aged 15 to 34 years)** – respondents were somewhat more likely than average to consume 10 or more standard drinks.
- **Adults and middle-aged adults (aged 35 to 54 years)** – respondents were marginally more likely than average to consume no standard drinks per week, and middle-aged adults were notably less likely than average to consume more than 10 standard drinks per week.
- **Senior citizens (aged 75 years and over)** – respondents were notably more likely than average to consume up to 10 standard drinks per week.
- **Gender** – female respondents were measurably more likely than male respondents to consume no standard drinks per week.
- **Language spoken at home** – respondents from English speaking households were somewhat more likely to be consuming up to 10 standard drinks per week and measurably less likely to be consuming none, than respondents from multi-lingual households.





## Gambling

Respondents were asked:

*“On a scale of 1 (strongly disagree) to 5 (strongly agree), please rate your agreement with the following statements.”*

Respondents were again in 2020, asked to rate (on a five-point scale) their agreement with four statements about the impact of drugs and alcohol on their household.

In past years, the survey included three gambling related statements, focusing on negative impacts of forms of gambling on the respondents’ household. The 2020 survey included an additional statement focused on the degree to which gambling causes harm in the neighbourhood.

These results have been indexed out of 10, as outlined in the following graph.

On average, respondents very strongly disagreed with each of the three statements about gambling causing harm to the respondents’ household, with average agreement scores of less than two out of 10.

Respondents, on average, were measurably and significantly more in agreement that gambling causes harm in their neighbourhood than has a negative impact on their household.



It is worth reflecting on the fact that respondents were more than twice as likely to agree that gambling causes harm in their neighbourhood as they were to agree that gambling causes harm in their household.

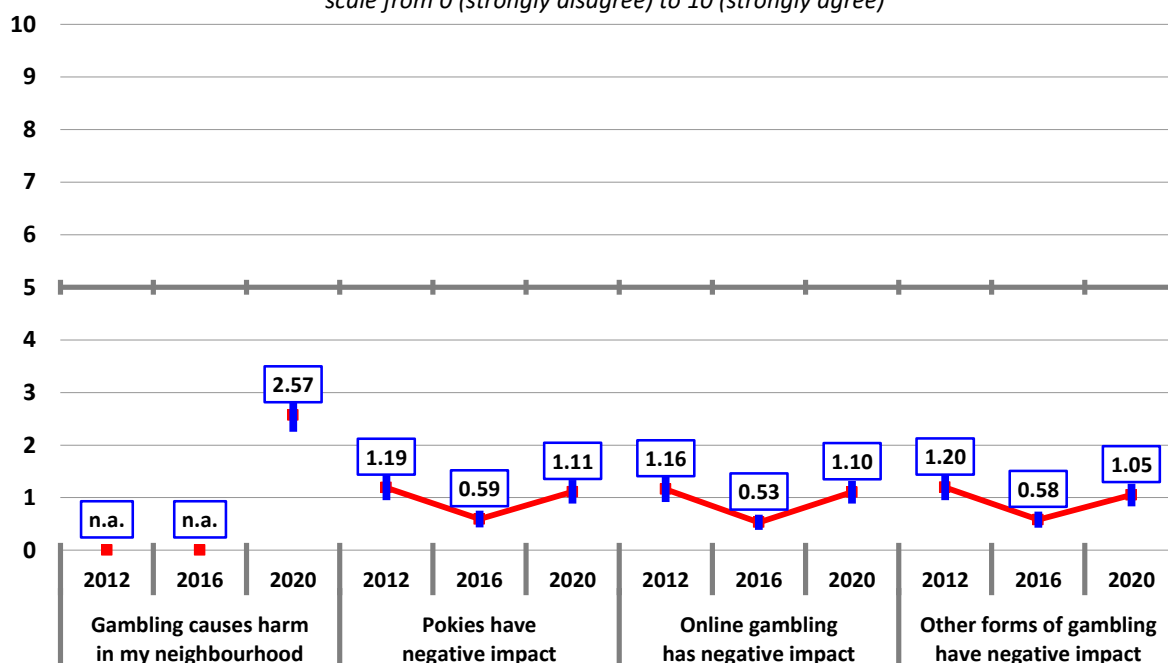
It is noted that these average agreements that forms of gambling have a negative impact on the respondents’ household were all reported as measurably stronger disagreement in 2016 than in either 2012 or 2020. This is not to suggest in any way that there was any deficiency in the results in 2016.

There is no additional information provided by respondents in relation to this issue that explains the variation. It may well be a random fluctuation in the results, or it may have been highlighting a lower level of concern about gambling issues in 2016 than in either 2012 or 2020.

Despite this variation on average, respondents in the City of Kingston have consistently disagreed that gambling has a negative impact on their household. This key message from the results has remained stable over the course of the three surveys.

Specifically, in relation to the results in 2020, factors such as COVID-19 are likely to have influenced many results in this survey this year, including potentially changing behaviours in relation to issues such as gambling.

**Average agreement with selected gambling related statements**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
*scale from 0 (strongly disagree) to 10 (strongly agree)*

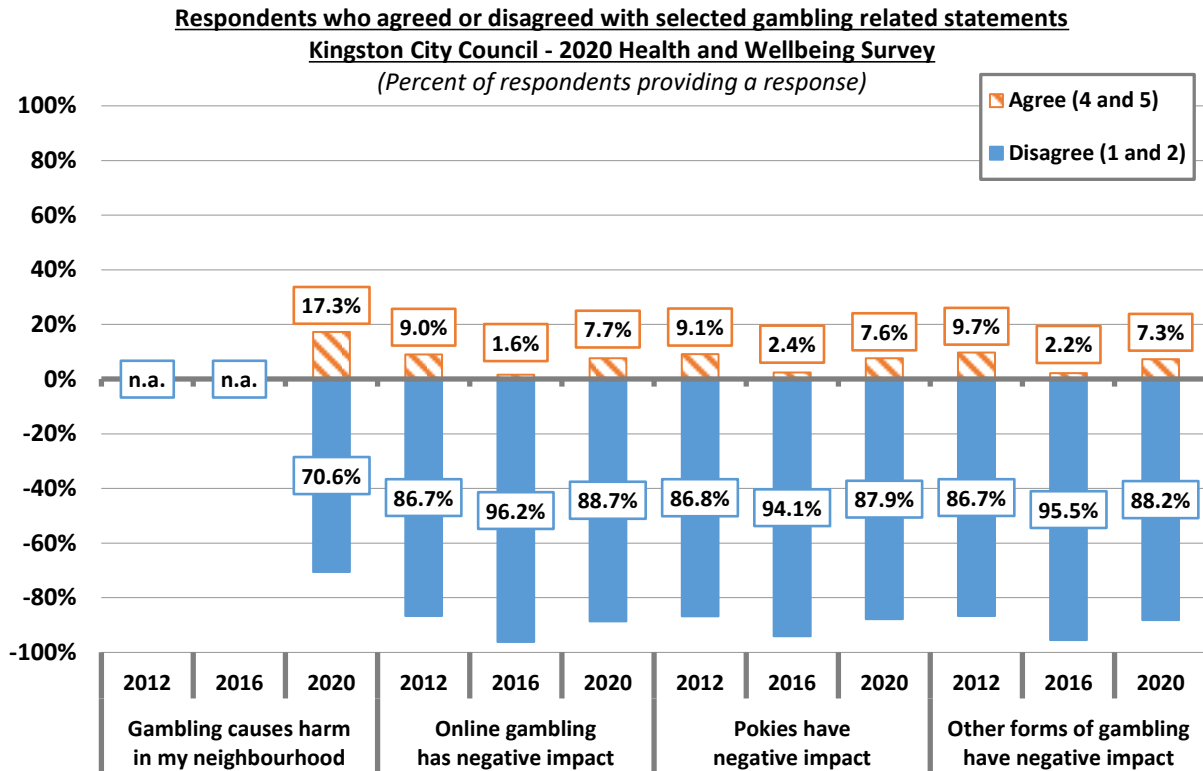


Consistent with the low average agreement scores outlined above, the overwhelming majority (more than 85%) of respondents disagreed that any of the three included forms of gambling causes harm to their household, with less than eight percent agreeing.





It is noted that approximately one-sixth (17.3%) of respondents agreed that “gambling causes harms in my neighbourhood”, whilst 70.6% disagreed.



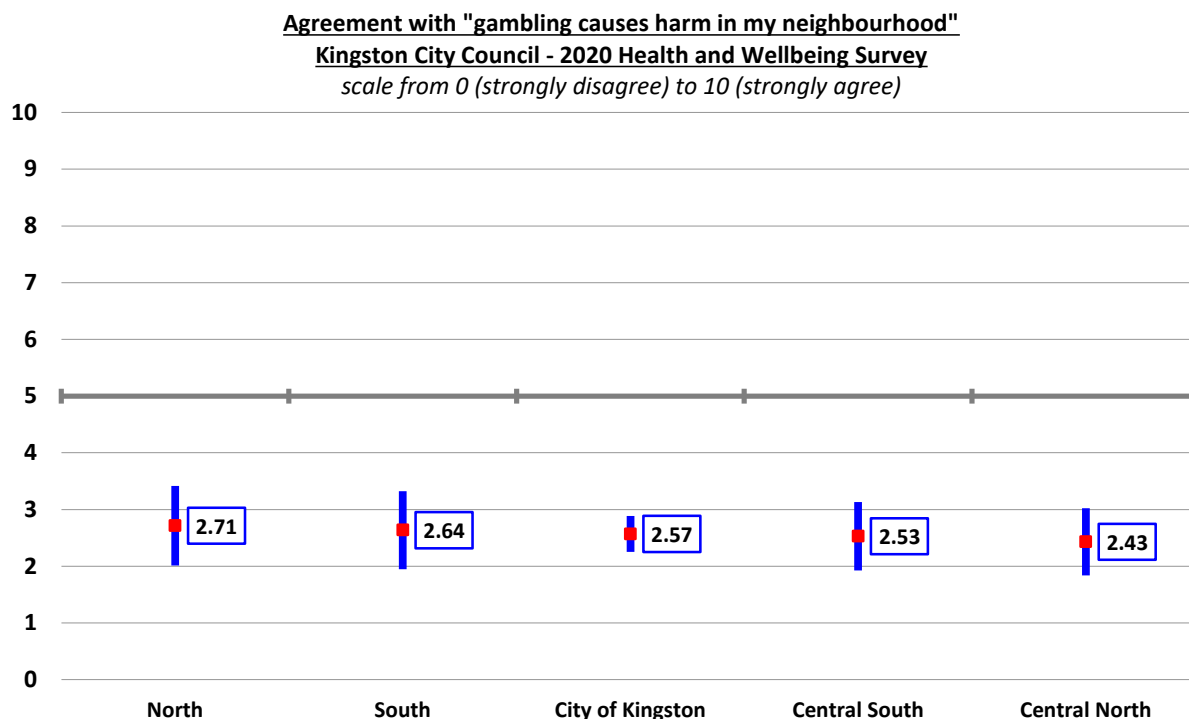
**Agreement with selected gambling related statements**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
*(Number and percent of total respondents)*

Statement	Year	Agreement			Can't say	Average agreement
		Disagree	Neutral	Agree		
Gambling causes harm in my neighbourhood	2012	n.a.	n.a.	n.a.	n.a.	n.a.
	2016	n.a.	n.a.	n.a.	n.a.	n.a.
	2020	70.6%	12.1%	17.3%	69	<b>2.57</b>
Pokies have a negative impact on my household	2012	86.8%	4.1%	9.1%	4	<b>1.19</b>
	2016	94.1%	3.5%	2.4%	60	<b>0.59</b>
	2020	87.9%	4.5%	7.6%	18	<b>1.11</b>
Online gambling has a negative impact on my household	2012	86.7%	4.4%	9.0%	6	<b>1.16</b>
	2016	96.2%	2.2%	1.6%	60	<b>0.53</b>
	2020	88.7%	3.5%	7.7%	14	<b>1.10</b>
Other forms of gambling have a negative impact on my household	2012	86.7%	3.5%	9.7%	7	<b>1.20</b>
	2016	95.5%	2.3%	2.2%	58	<b>0.58</b>
	2020	88.2%	4.6%	7.3%	14	<b>1.05</b>



### Gambling causes harm in my neighbourhood.

There was not statistically significant or meaningful variation in the average agreement that “gambling causes harm in my neighbourhood” observed across the four regions comprising the City of Kingston.



### Online gambling has a negative impact on my household.

Whilst there was no statistically significant variation in the average agreement that “online gambling has a negative impact on my household” observed across the four regions, it is noted that respondents from North region were somewhat more in agreement than respondents from South region.

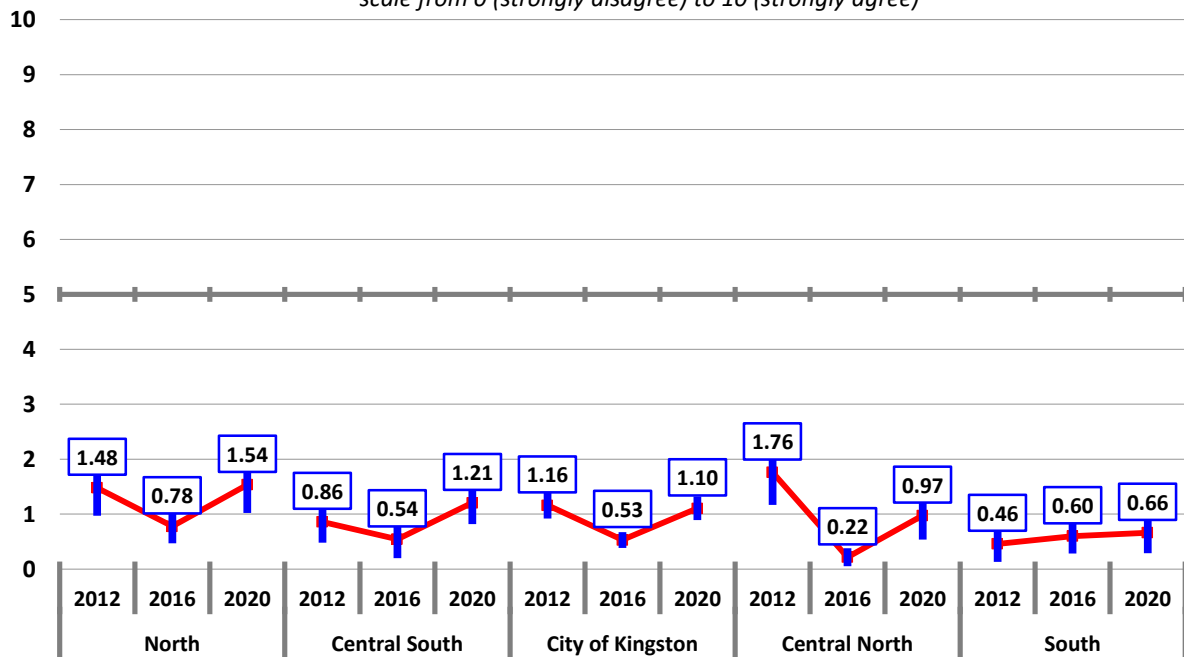
Despite some variability over time in the North, Central South, and Central North regions, there has been no statistically significant variation in the regional results for this question this year.



**Agreement with "online gambling has negative impact on my household"**

**Kingston City Council - 2020 Health and Wellbeing Survey**

scale from 0 (strongly disagree) to 10 (strongly agree)



**“Pokies” have a negative impact on my household.**

There was no statistically significant variation in the average agreement that “pokies have a negative impact on my household” observed across the four regions.

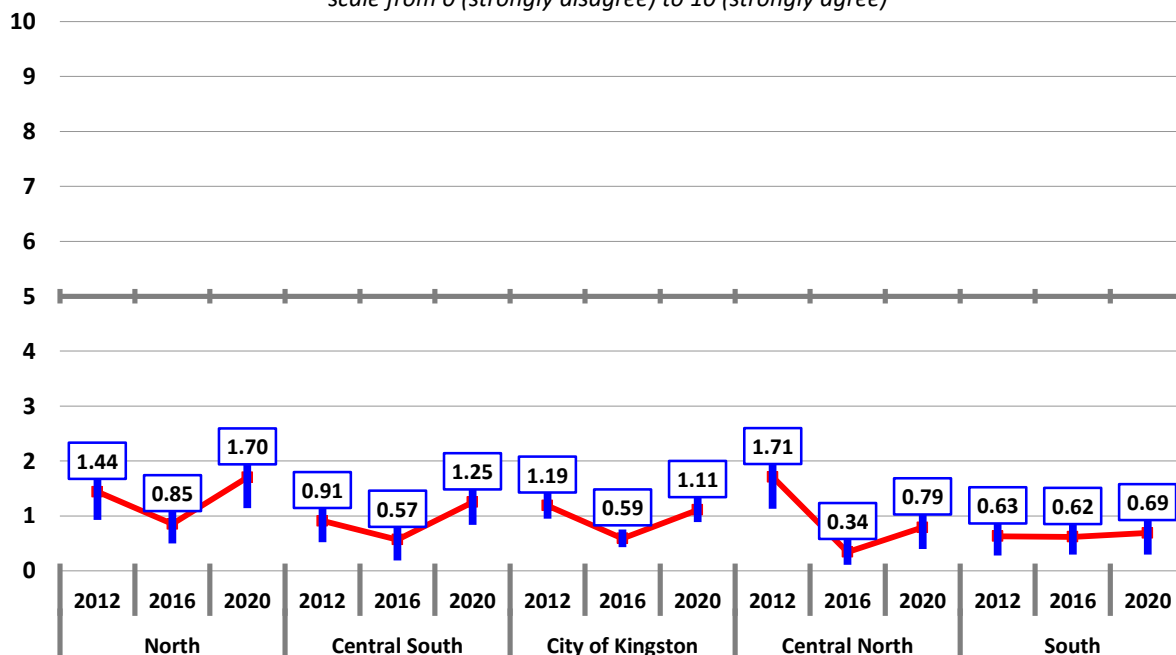
It is noted, however, that respondents from North region were, on average, twice as strongly in agreement that “pokies” have a negative impact on their household than respondents from the South region.



**Agreement with "pokies have a negative impact on my household"**

Kingston City Council - 2020 Health and Wellbeing Survey

scale from 0 (strongly disagree) to 10 (strongly agree)



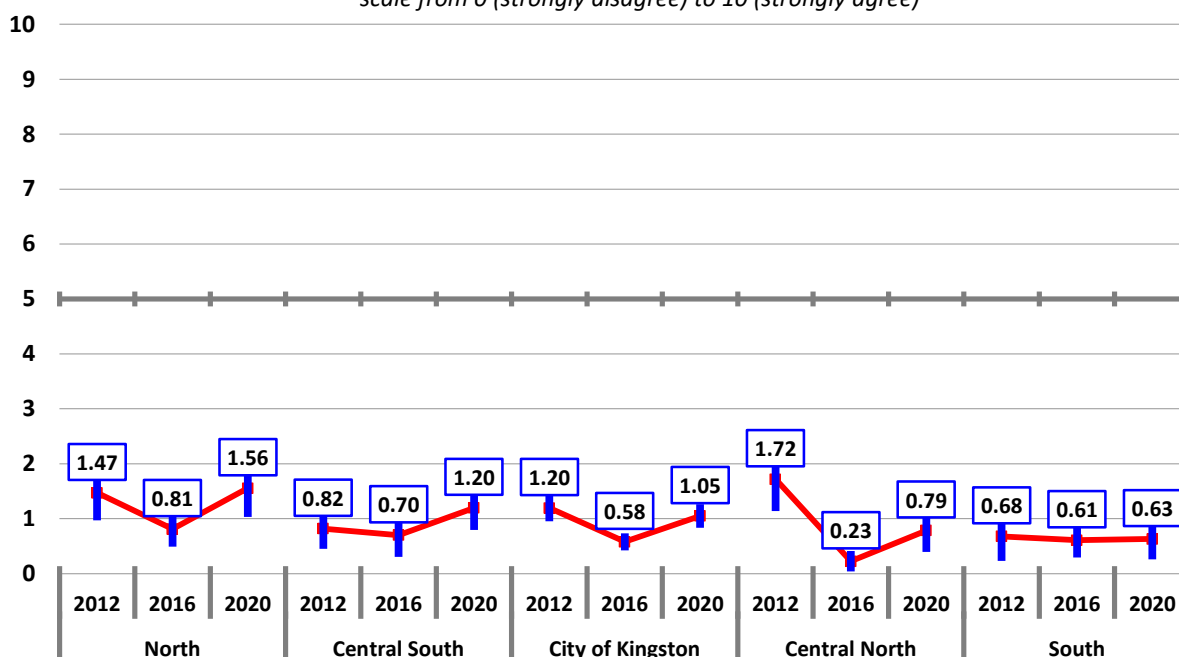
**Other forms of gambling have a negative impact on my household.**

There was no statistically significant variation in the average agreement that “other forms of gambling have a negative impact on my household” observed across the four regions. It is noted, however, that respondents from North region were, on average, twice as strongly in agreement than respondents from the Central North and South regions.

**Agreement with "other forms of gambling have negative impact on my household"**

Kingston City Council - 2020 Health and Wellbeing Survey

scale from 0 (strongly disagree) to 10 (strongly agree)



## **Local area improvements to support and improve health and wellbeing.**

Respondents were asked:

*“What three things could be improved or changed in your local area that would support or improve your health and well-being?”*

Respondents were again in 2020, asked what three things could be improved or changed in their local area that would support or improve their health and wellbeing.

These open-ended responses have been broadly categorised as outlined in the following tables. The verbatim responses underpinning these summary results are available on request.

A total of 254 respondents representing 50.5% of the total sample of 503 respondents provided at least one response to this question. This is an increase on the 35.4% providing a response in 2016, but down a little on the 60.1% from 2012.

The most common improvements nominated by respondents remain relatively similar to previous surveys, and include improvements to parks, gardens, and open spaces (9.3% up from 5.4%), traffic management (4.8% up from 3.0%), sports and recreation facilities (4.6% up from 4.2%), safety, policing, and crime issues (4.2% up from 3.4%), and community activities and events (3.8% up from 1.2%).

Except for the increase in the proportion of respondents nominating improvements to parks, gardens, and open spaces, there was no substantial increase in the proportion of respondents nominating the other improvements.

It is noted that the proportion of respondents nominating improvements to street lighting declined a little this year, down from 3.8% in 2012 and 3.2% in 2016 to 1.4% this year.

As discussed in the previous reports, attention is drawn to the fact that a relatively small number of respondents nominated each of a wide range of improvements.

This highlights the fact there are no substantial and significant issues of concern in relation to health and wellbeing in the City of Kingston that are identified by a substantial proportion of the community.

Whilst there was no statistically significant variation in these results observed across the four regions comprising the City of Kingston, it is noted that:

- **North region** – respondents were marginally more likely than average to nominate traffic management, rates, animal management, and pollution issues.
- **Central North region** – respondents were marginally more likely than average to nominate noise, employment and job creation, and family violence issues.
- **Central South region** – respondents were marginally more likely than average to nominate dog-off leash/dog-friendly park, and children’s facilities and activities related issues.
- **South region** – respondents were marginally more likely than average to nominate public transport, parking, and rubbish and waste related issues.



**Improvements needed in local area to support / improve health and wellbeing**

**Kingston City Council - 2020 Health and Wellbeing Survey**

(Number and percent of total respondents)

Response	2020		2016	2012
	Number	Percent		
Parks, gardens, open space	47	9.3%	5.4%	11.0%
Traffic management	24	4.8%	3.0%	6.9%
Sports and recreation facilities	23	4.6%	4.2%	4.6%
Safety, policing and crime	21	4.2%	3.4%	7.8%
Community activities and events	19	3.8%	1.2%	0.9%
Quality and provision of local shops	17	3.4%	1.8%	3.8%
Noise	15	3.0%	1.0%	0.5%
Dog off-leash / dog-friendly parks	14	2.8%	n.a.	n.a.
Parking	13	2.6%	1.2%	2.9%
Building, housing, planning and development	13	2.6%	2.2%	1.4%
Public transport	13	2.6%	2.4%	5.6%
Environment, conservation and climate change	12	2.4%	0.2%	0.1%
Bicycles and bike tracks	12	2.4%	2.8%	3.1%
Public health / medical facilities	11	2.2%	1.8%	4.5%
Consultation, communication & provision of info	10	2.0%	1.0%	4.7%
Animal management	10	2.0%	0.6%	1.1%
Street trees	10	2.0%	2.0%	3.9%
Rates	8	1.6%	0.4%	1.5%
Rubbish and waste including recycling	8	1.6%	0.6%	5.2%
Cleaning and maintenance	8	1.6%	n.a.	n.a.
Street lighting	7	1.4%	3.2%	3.8%
Community support	7	1.4%	0.2%	0.0%
Pollution	6	1.2%	0.2%	0.0%
Personal fitness programs	6	1.2%	n.a.	n.a.
Facilities and activities for children	5	1.0%	0.6%	0.7%
Drug and alcohol issues	5	1.0%	0.6%	2.3%
COVID-19 issues	5	1.0%	n.a.	n.a.
Services and facilities for the elderly (aged care)	4	0.8%	0.8%	0.9%
Employment, job creation / support local business	4	0.8%	0.2%	0.0%
Public toilets	4	0.8%	0.6%	0.5%
Provision and maintenance of general infrastructure	4	0.8%	0.8%	0.0%
Graffiti	4	0.8%	0.4%	0.0%
Family violence	4	0.8%	n.a.	n.a.
Community amenities	4	0.8%	n.a.	n.a.
Activities and facilities for youth	2	0.4%	0.2%	1.6%
Smoking issues	2	0.4%	n.a.	n.a.
All other issues	16	3.2%	14.0%	21.0%
<b>Total responses</b>	<b>397</b>		<b>273</b>	<b>507</b>
<i>Respondents nominating at least one improvement</i>	<i>254</i> <i>(50.5%)</i>		<i>177</i> <i>(35.4%)</i>	<i>308</i> <i>(60.1%)</i>





**Improvements needed in local area to support / improve health and wellbeing by region**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
 (Number and percent of total respondents)

North	
Parks, gardens, open space	8.1%
Traffic management	8.1%
Safety, policing and crime	6.5%
Rates	4.8%
Animal management	4.8%
Community activities and events	4.8%
Public transport	4.0%
Pollution	4.0%
Parking	3.2%
Consultation and communication	3.2%
Bicycles and bike tracks	3.2%
Other (21 categories)	29.0%

**Total responses** **104**

Respondents nominating at least one improvement 64 (51.5%)

Central North	
Parks, gardens, open space	9.5%
Noise	6.6%
Quality and provision of local shops	5.8%
Sports and recreation facilities	5.1%
Street trees	3.6%
Bicycles and bike tracks	3.6%
Community activities and events	3.6%
Traffic management	2.9%
Consultation and communication	2.2%
Building, housing, planning, development	2.2%
Safety, policing and crime	2.2%
Employment and job creation	2.2%
Family violence	2.2%
Other (20 categories)	21.9%

**Total responses** **101**

Respondents nominating at least one improvement 65 (47.6%)

Central South	
Parks, gardens, open space	9.5%
Dog off leash / dog-friendly parks	6.6%
Sports and recreation facilities	5.8%
Traffic management	4.4%
Community activities and events	4.4%
Facilities and activities for children	3.6%
Safety, policing and crime	3.6%
Public health / medical facilities	3.6%
Building, housing, planning, development	2.9%
COVID-19 issues	2.9%
Cleaning and maintenance	2.2%
Personal fitness programs	2.2%
Other (17 categories)	20.4%

**Total responses** **99**

Respondents nominating at least one improvement 64 (49.1%)

South	
Parks, gardens, open space	9.9%
Public transport	6.3%
Sports and recreation facilities	5.4%
Quality and provision of local shops	5.4%
Parking	4.5%
Traffic management	4.5%
Building, housing, planning, development	3.6%
Environment, conservation, climate change	3.6%
Safety, policing and crime	3.6%
Public health / medical facilities	3.6%
Rubbish, waste, garbage collection	3.6%
Noise	2.7%
Animal management	2.7%
Community support	2.7%
Graffiti	2.7%
Other (20 categories)	25.2%

**Total responses** **100**

Respondents nominating at least one improvement 60 (54.5%)



## **Health and wellbeing practices started during COVID-19.**

Respondents were asked:

*“Are there any health and wellbeing practices or activities that you have started during the COVID-19 pandemic and want to maintain?”*

Respondents were asked to nominate any health and wellbeing practices or activities that they had started during the COVID-19 pandemic that they wanted to maintain.

A total of 163 respondents representing 32.4% of the total sample provided 182 responses, which have been broadly categorised and outlined in the following tables.

The verbatim responses underpinning these summary results are available on request.

The most common health and wellbeing practices or activities undertaken by respondents during COVID-19 were walking (10.5%), exercise / personal training (6.8%), meditation (2.6%), yoga / Pilates (2.4%), and cycling (2.0%).

Summarising these results found that:

- **Physical activity** - almost one-quarter (23.5%) of respondents reported that they started a form of physical activity (including walking, exercise, yoga / Pilates, cycling, running / jogging, and swimming) during COVID-19 which they would like to maintain.
- **Mental relaxation** – 5.8% of respondents reported that they had started a form of mental relaxation related activities including meditation, Yoga / Pilates, work-life balance, therapy, or “time for me”.



**Health and wellbeing practices or activities started during the COVID-19 pandemic****Kingston City Council - 2020 Health and Wellbeing Survey***(Number and percent of total respondents)*

Response	2020	
	Number	Percent
Walking	53	10.5%
Exercise / personal training	34	6.8%
Meditation	13	2.6%
Yoga / pilate	12	2.4%
Cycling	10	2.0%
Family time	9	1.8%
Running / jogging	8	1.6%
Hygiene	6	1.2%
Eating healthier	4	0.8%
Board / card games / chess	3	0.6%
Eating at home	3	0.6%
Art / painting	2	0.4%
Cooking	2	0.4%
Work-life balance / work from home	2	0.4%
Zoom / internet technology	2	0.4%
Crafts	1	0.2%
Hobbies	1	0.2%
Less shopping	1	0.2%
Masks	1	0.2%
More take away	1	0.2%
Park, gardens, beach	1	0.2%
Play music e.g. piano	1	0.2%
Swimming / pool	1	0.2%
Therapy	1	0.2%
Time for me	1	0.2%
Other	9	1.8%
<b>Total responses</b>	<b>182</b>	
<i>Respondents identifying at least one practice</i>	<b>163</b> <i>(32.4%)</i>	

There was no statistically significant variation in these results observed across the four regions comprising the City of Kingston, although it is noted that:

- **Central North region** – respondents were marginally more likely than average to spend more family time.
- **Central South region** – respondents were marginally more likely than average to have taken up running / jogging.
- **North region** – respondents were marginally more likely than average to have taken up meditation.



**Health and wellbeing practices or activities started during the COVID-19 pandemic by region**

**Kingston City Council - 2020 Health and Wellbeing Survey**

(Number and percent of total respondents)

Central North		South	
Walking	11.7%	Walking	7.2%
Exercise / personal training	8.8%	Exercise / personal training	5.4%
Family time	4.4%	Yoga / pilate	3.6%
Cycling	2.9%	Meditation	2.7%
Hygiene	2.2%	Eating at home	1.8%
Yoga / pilate	1.5%	Eating healthier	1.8%
Board / card games / chess	0.7%	Cooking	1.8%
Running / jogging	0.7%	Cycling	0.9%
Meditation	0.7%	Art / painting	0.9%
Zoom / internet technology	0.7%	Running / jogging	0.9%
Eating at home	0.7%	Family time	0.9%
Eating healthier	0.7%	Crafts	0.9%
Less shopping	0.7%	Park, gardens, beach	0.9%
Masks	0.7%	Swimming / pool	0.9%
Play music e.g. piano	0.7%	Hobbies	0.9%
Work-life balance / work from home	0.7%		

**Total responses 52**

**Total responses 35**

*Respondents nominating at least once practice* 46 (33.5%)

*Respondents nominating at least once practice* 31 (27.9%)

Central South		North	
Walking	13.7%	Walking	8.9%
Exercise / personal training	4.6%	Exercise / personal training	8.9%
Running / jogging	3.8%	Meditation	5.6%
Cycling	3.1%	Yoga / pilate	2.4%
Yoga / pilate	1.5%	Hygiene	1.6%
Meditation	1.5%	Board / card games / chess	0.8%
Family time	1.5%	Cycling	0.8%
Work-life balance / work from home	1.5%	Art / painting	0.8%
Hygiene	0.8%	Running / jogging	0.8%
Eating healthier	0.8%	Zoom / internet technology	0.8%
Time for me	0.8%	Therapy	0.8%
More take away	0.8%	Other	4.8%
Other	2.3%		

**Total responses 49**

**Total responses 47**

*Respondents nominating at least once practice* 44 (33.6%)

*Respondents nominating at least once practice* 42 (33.7%)

The following table outlines the health and wellbeing practices, or activities started during the COVID-19 pandemic that respondents would like to maintain by the respondents' age and gender.



There was no statistically significant variation in these results observed, and readers should bear in mind the relatively small sample size for some of these results, given that only one-third of the total sample of respondents nominated any activities they had started.

**Health and wellbeing practices or activities started during the COVID-19 pandemic by respondent profile**  
**Kingston City Council - 2020 Health and Wellbeing Survey**

(Number and percent of total respondents)

15 - 34 years		35 - 44 years	
Exercise / personal training	8.2%	Walking	9.6%
Meditation	6.7%	Exercise / personal training	7.4%
Yoga / pilate	6.0%	Running / jogging	3.2%
Family time	3.7%	Family time	2.1%
Walking	3.0%	Yoga / pilate	2.1%
Running / jogging	2.2%	Meditation	2.1%
Cooking	1.5%	Cycling	2.1%
Cycling	0.7%	Hygiene	2.1%
Art / painting	0.7%	Art / painting	1.1%
Eating healthier	0.7%	Eating healthier	1.1%
Hygiene	0.7%	Eating at home	1.1%
Work-life balance / work from home	0.7%	Less shopping	1.1%
Hobbies	0.7%	Zoom / internet technology	1.1%
Other	5.2%	Therapy	1.1%
<b>Total responses</b>	<b>55</b>	<b>Total responses</b>	<b>35</b>
<i>Respondents nominating at least once practice</i>	47 (34.8%)	<i>Respondents nominating at least once practice</i>	32 (34.1%)
45 - 54 years		55 - 74 years	
Walking	15.4%	Walking	16.0%
Exercise / personal training	6.6%	Exercise / personal training	6.9%
Cycling	4.4%	Cycling	2.3%
Family time	2.2%	Meditation	1.5%
Running / jogging	2.2%	Family time	0.8%
Yoga / pilate	1.1%	Yoga / pilate	0.8%
Eating healthier	1.1%	Hygiene	0.8%
Hygiene	1.1%	Work-life balance / work from home	0.8%
Work-life balance / work from home	1.1%	Zoom / internet technology	0.8%
Eating at home	1.1%	Crafts	0.8%
Park, gardens, beach	1.1%	Play music e.g. piano	0.8%
Other	2.2%	More take away	0.8%
		Other	0.8%
<b>Total responses</b>	<b>34</b>	<b>Total responses</b>	<b>42</b>
<i>Respondents nominating at least once practice</i>	31 (34.4%)	<i>Respondents nominating at least once practice</i>	38 (28.7%)



**Health and wellbeing practices or activities started during the COVID-19 pandemic by respondent profile**

**Kingston City Council - 2020 Health and Wellbeing Survey**

(Number and percent of total respondents)

75 years and over	
Walking	9.4%
Board / card games / chess	5.7%
Exercise / personal training	1.9%
Eating healthier	1.9%
Hygiene	1.9%
Eating at home	1.9%
Swimming / pool	1.9%
Time for me	1.9%
Masks	1.9%

Male	
Walking	9.1%
Exercise / personal training	5.4%
Meditation	2.9%
Cycling	2.5%
Running / jogging	2.5%
Family time	2.1%
Cooking	0.8%
Yoga / pilate	0.8%
Zoom / internet technology	0.8%
Board / card games / chess	0.4%
Eating at home	0.4%
Eating healthier	0.4%
Hygiene	0.4%
Play music e.g. piano	0.4%
Therapy	0.4%
Other	1.2%

**Total responses** 16  
*Respondents nominating at least once practice* 15 (28.5%)

**Total responses** 74  
*Respondents nominating at least once practice* 69 (28.6%)

Female	
Walking	12.3%
Exercise / personal training	8.0%
Yoga / pilate	3.4%
Meditation	2.3%
Hygiene	1.9%
Cycling	1.5%
Family time	1.1%
Eating healthier	1.1%
Running / jogging	1.1%
Eating at home	0.8%
Art / painting	0.8%
Work-life balance / work from home	0.8%
Board / card games / chess	0.4%
Crafts	0.4%
Park, gardens, beach	0.4%
Swimming / pool	0.4%

City of Kingston	
Walking	10.5%
Exercise / personal training	6.8%
Meditation	2.6%
Yoga / pilate	2.4%
Cycling	2.0%
Family time	1.8%
Running / jogging	1.6%
Hygiene	1.2%
Eating healthier	0.8%
Board / card games / chess	0.6%
Eating at home	0.6%
Art / painting	0.4%
Cooking	0.4%
Work-life balance / work from home	0.4%
Zoom / internet technology	0.4%
Crafts	0.2%

**Total responses** 108  
*Respondents nominating at least once practice* 94 (35.8%)

**Total responses** 182  
*Respondents nominating at least once practice* 163 (32.4%)





## A safe and secure community

### Perception of safety

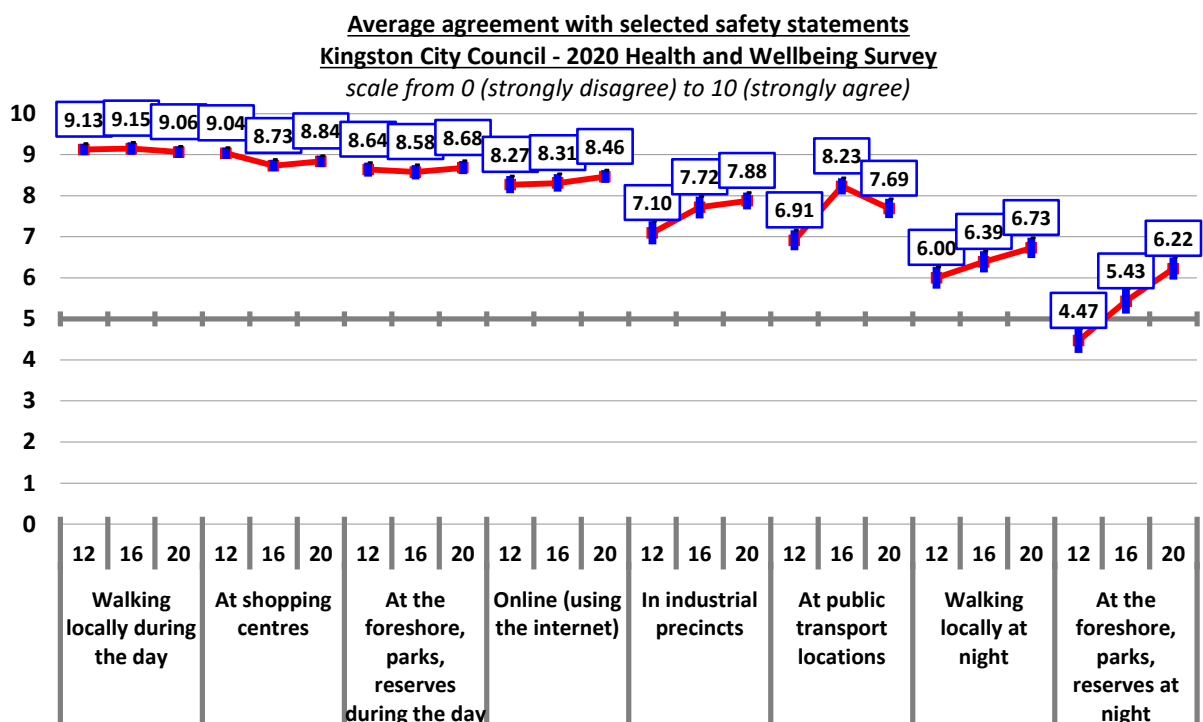
Respondents were asked:

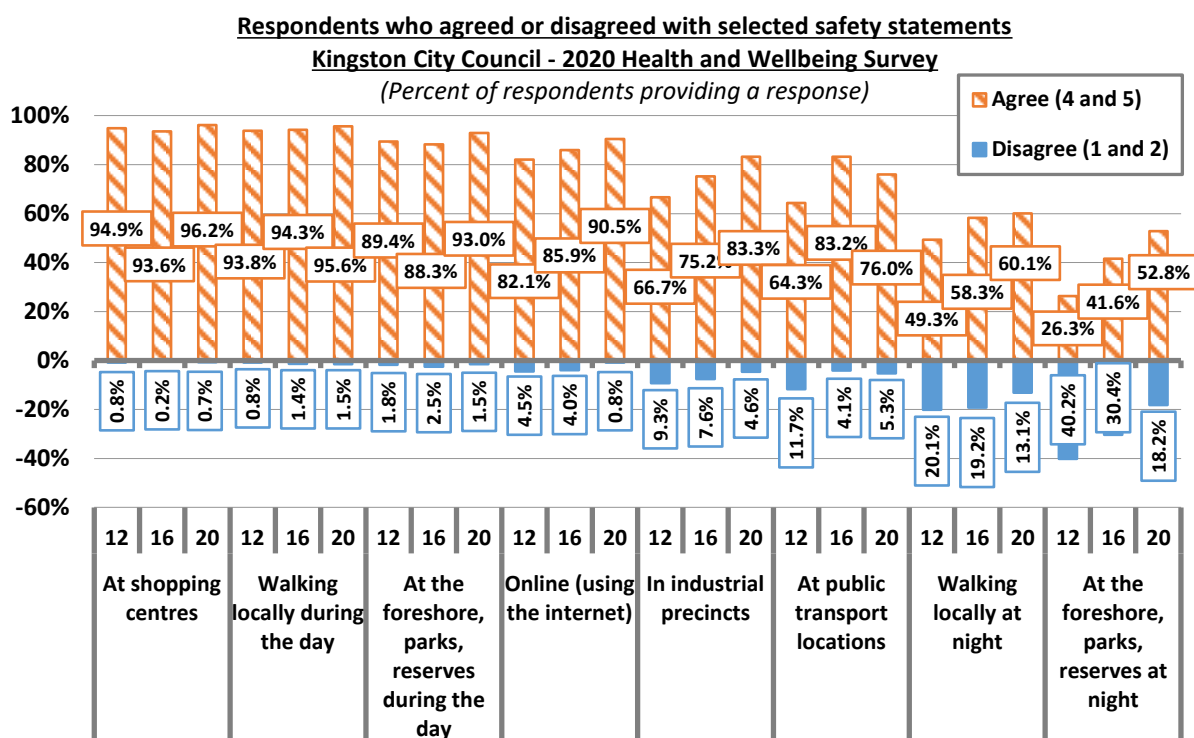
*“On a scale of 1 (strongly disagree) to 5 (strongly agree), please rate your agreement with the following statements.”*

Respondents were again in 2020, asked to rate on a five-point scale, their agreement with eight statements about the perception of safety. These results have been indexed onto the same 10-point scale used for all questions in this survey.

As is evident in the following graph, on average, respondents reported:

- **Very Strong Agreement** – that respondents felt safe walking locally during the day, at shopping centres, at the foreshore, parks, and reserves during the day, and online (using the internet). More than 90% of respondents agreed with these statements, whilst less than two percent disagreed. These results have remained very stable over the three surveys.
- **Strong Agreement** – that respondents felt safe in industrial precincts and at public transport locations. More than four-fifths of respondents agreed with these two statements, whilst approximately five percent disagreed. It is noted that the perception of safety at public transport locations declined somewhat this year, although not measurably.
- **Moderate Agreement** – that respondents felt safe walking locally at night and at the foreshore, parks, and reserves at night. A little more than half of the respondents agreed with these two statements, whilst approximately one-sixth disagreed. Agreement with both these statements increased somewhat again this, although not measurably.





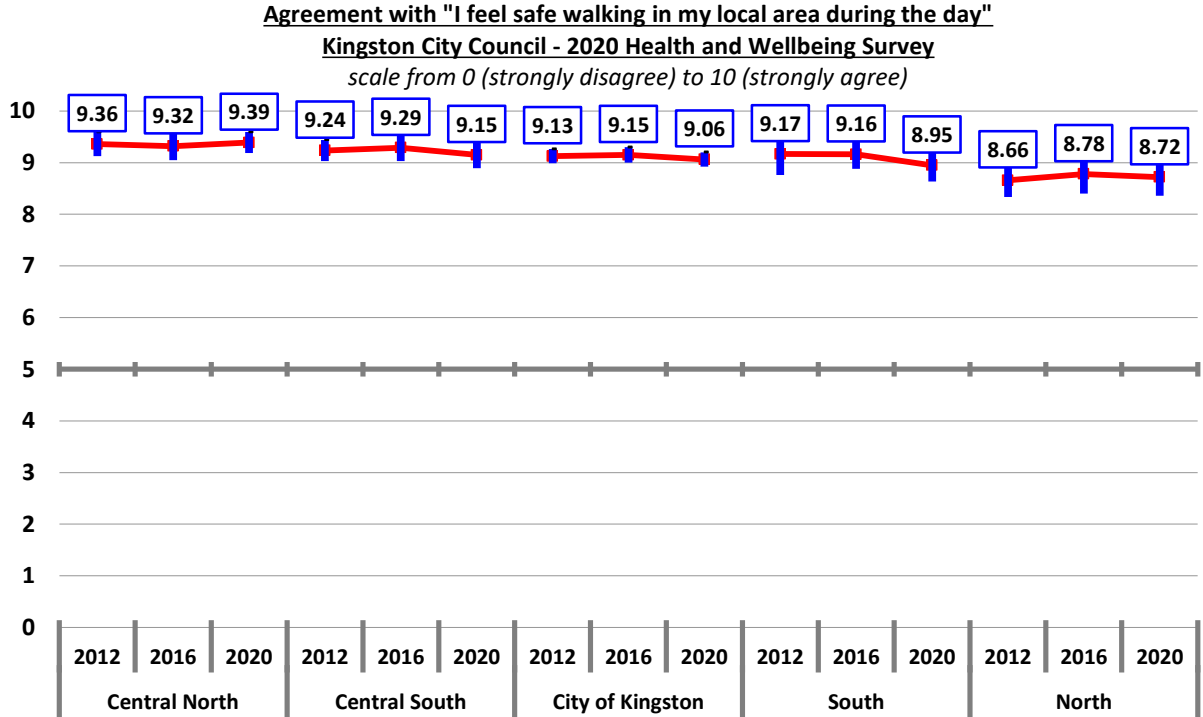
**Average agreement with selected safety statements**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
*(Number and percent of respondents providing a response)*

Statement	Year	Agreement			Can't say	Average agreement
		Disagree	Neutral	Agree		
I feel safe walking in my local area during the day	2012	0.8%	5.4%	93.8%	4	9.13
	2016	1.4%	4.3%	94.3%	7	9.15
	2020	1.5%	2.9%	95.6%	5	9.06
I feel safe at shopping centres	2012	0.8%	4.4%	94.9%	7	9.04
	2016	0.2%	6.2%	93.6%	15	8.73
	2020	0.7%	3.1%	96.2%	11	8.84
I feel safe at the foreshore, in parks or reserves during the day	2012	1.8%	8.9%	89.4%	32	8.64
	2016	2.5%	9.2%	88.3%	34	8.58
	2020	1.5%	5.5%	93.0%	15	8.68
I feel safe online (using the Internet)	2012	4.5%	13.5%	82.1%	58	8.27
	2016	4.0%	10.1%	85.9%	83	8.31
	2020	0.8%	8.7%	90.5%	14	8.46
I feel safe in industrial precincts	2012	9.3%	24.0%	66.7%	190	7.10
	2016	7.6%	17.2%	75.2%	136	7.72
	2020	4.6%	12.0%	83.3%	81	7.88
I feel safe at public transport locations	2012	11.7%	23.9%	64.3%	79	6.91
	2016	4.1%	12.7%	83.2%	71	8.23
	2020	5.3%	18.7%	76.0%	118	7.69
I feel safe walking in my local area at night	2012	20.1%	30.6%	49.3%	52	6.00
	2016	19.2%	22.5%	58.3%	32	6.39
	2020	13.1%	26.8%	60.1%	36	6.73
I feel safe at the foreshore, in parks or reserves at night	2012	40.2%	33.5%	26.3%	120	4.47
	2016	30.4%	28.0%	41.6%	94	5.43
	2020	18.2%	29.0%	52.8%	62	6.22

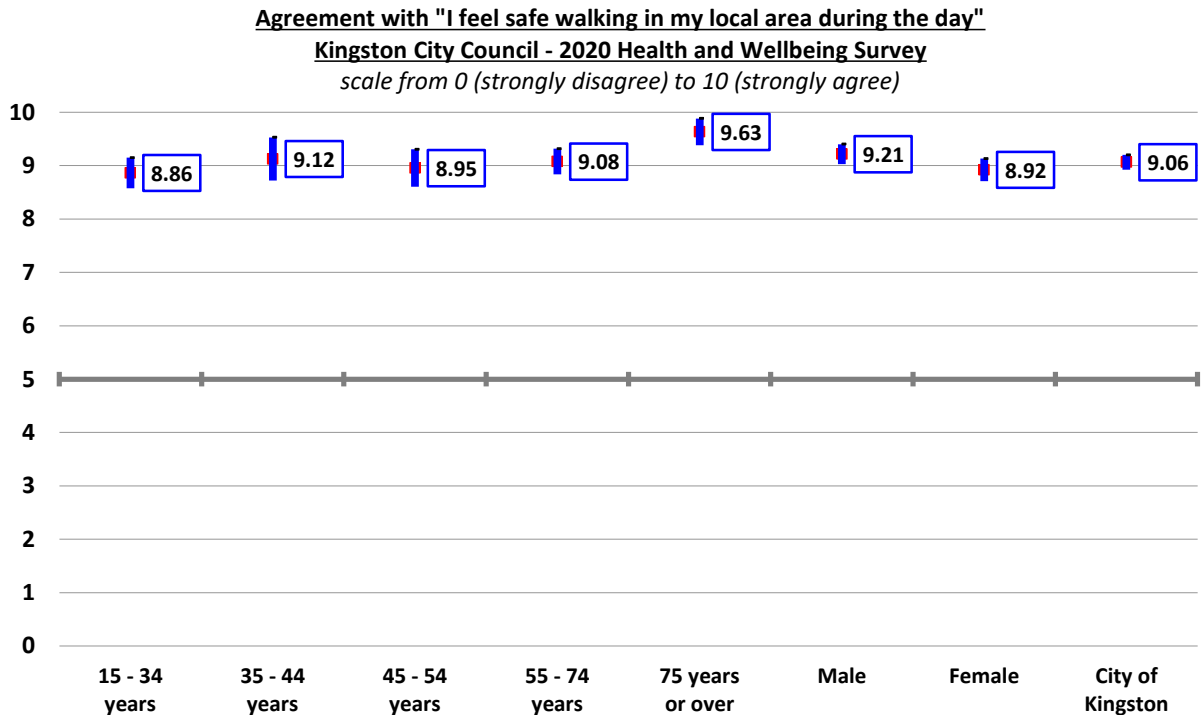


**I feel safe walking in my local area during the day.**

There was no statistically significant or meaningful variation in average agreement that “I feel safe walking in my local area during the day” observed across the four City of Kingston regions.

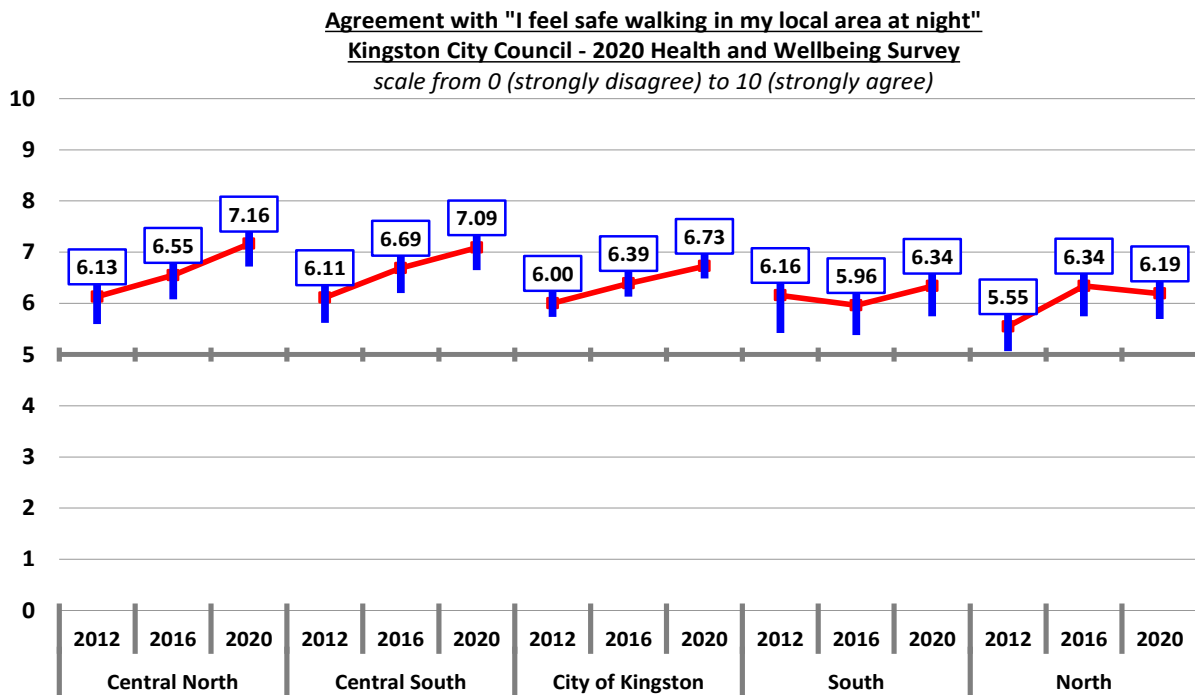


Whilst there was no statistically significant variation in this result observed by the respondents’ age or gender, it is noted that senior citizens (aged 75 years and over) were somewhat more in agreement than other respondents, and male respondents were somewhat more in agreement than female respondents.



**I feel safe walking in my local area at night.**

There was no statistically significant or meaningful variation in average agreement that “I feel safe walking in my local area at night” observed across the four City of Kingston regions, although it is noted that agreement has increased strongly over time in Central North and Central South regions.

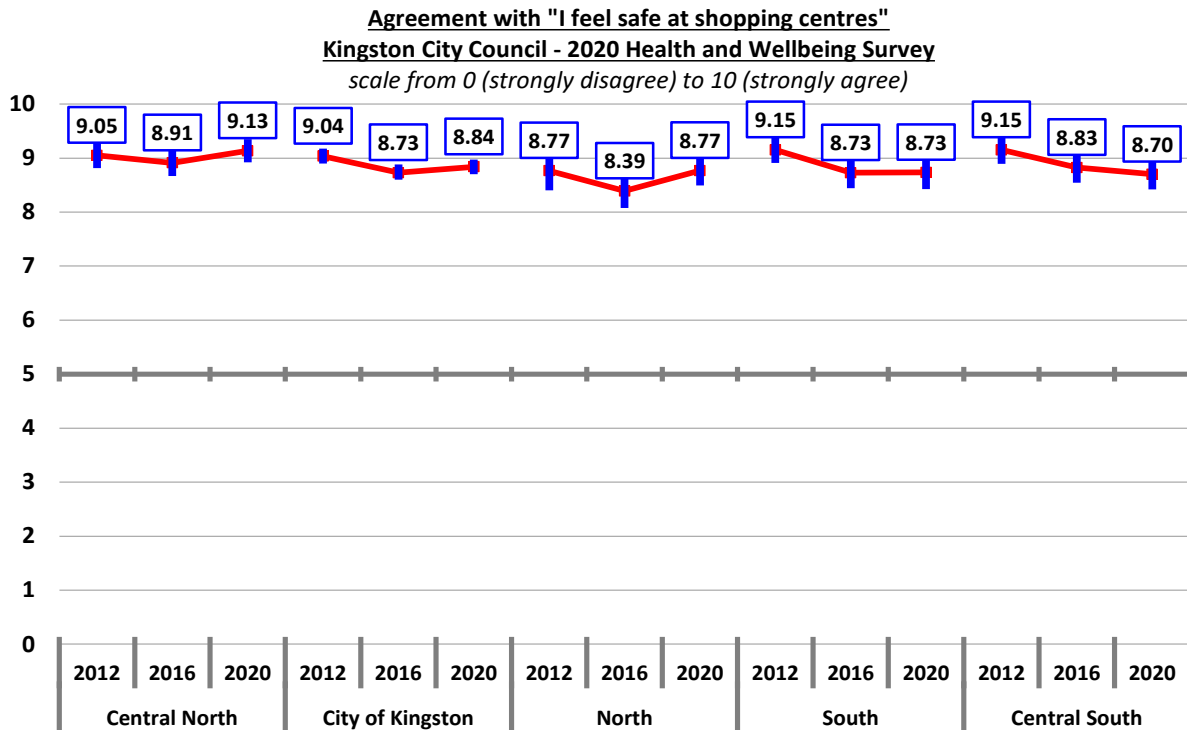


There was no statistically significant variation in this result observed by age structure, although it is noted that older adults (aged 55 to 74 years) were less in agreement that they felt safe at night and senior citizens (aged 75 years and over) somewhat more. Female respondents felt measurably and significantly less safe at night in the local area than males.

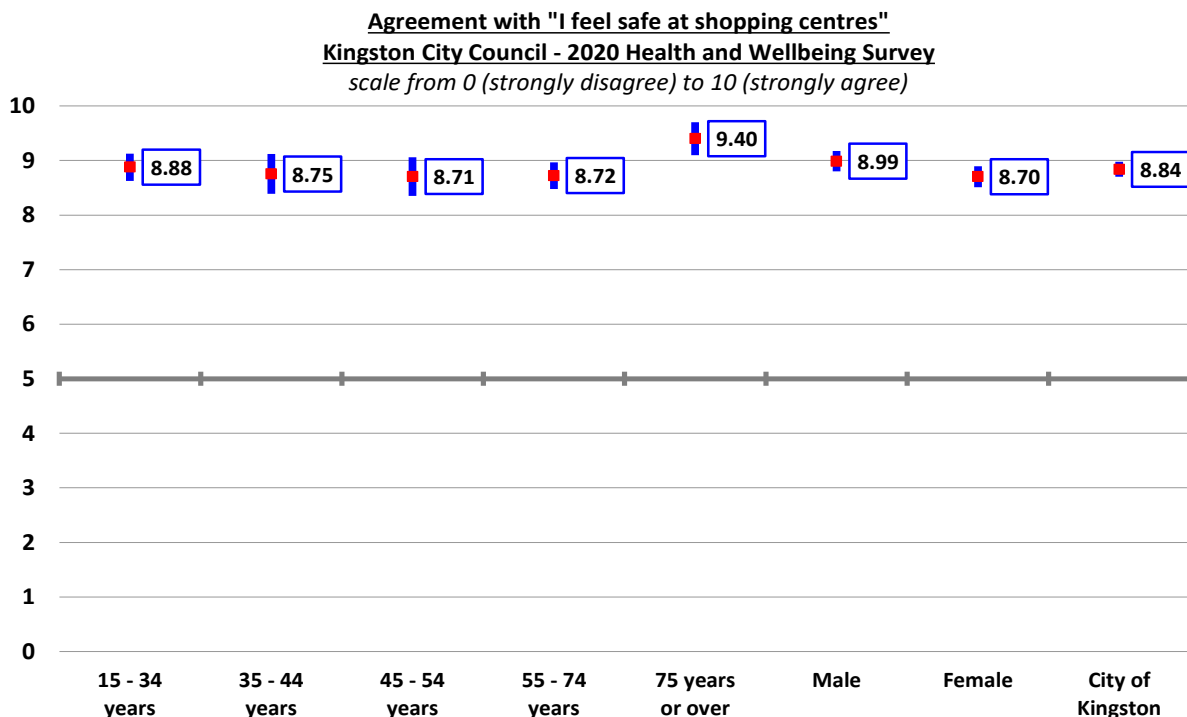


**I feel safe at shopping centres.**

There was no statistically significant variation in the average agreement that “I feel safe at shopping centres” observed across the four City of Kingston regions.

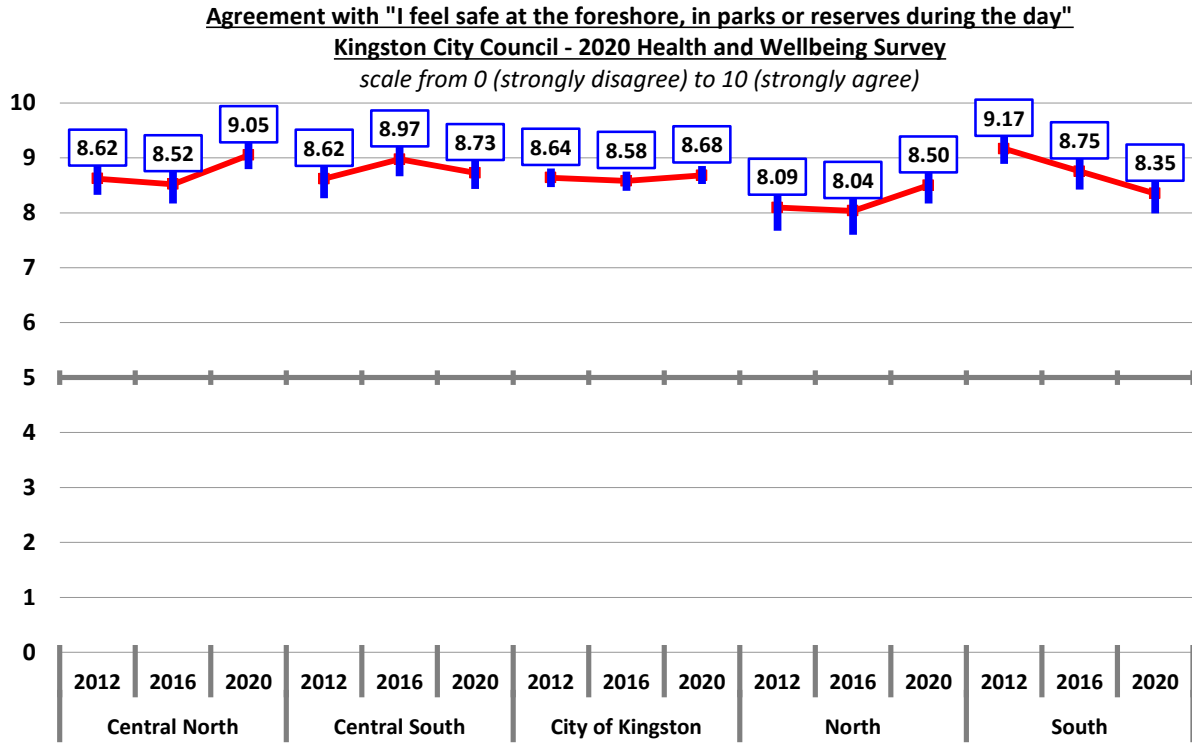


There was some statistically significant variation in this result observed by the respondents’ age or gender, with senior citizens (aged 75 years and over) measurably more in agreement than other respondents, and male respondents were somewhat more in agreement than female respondents.



**I feel safe at the foreshore, in parks and reserves during the day.**

There was no statistically significant variation in the average agreement that “I feel safe at the foreshore, in parks, and reserves during the day” observed across the four regions. It is noted that average agreement has declined marginally over time in South region.



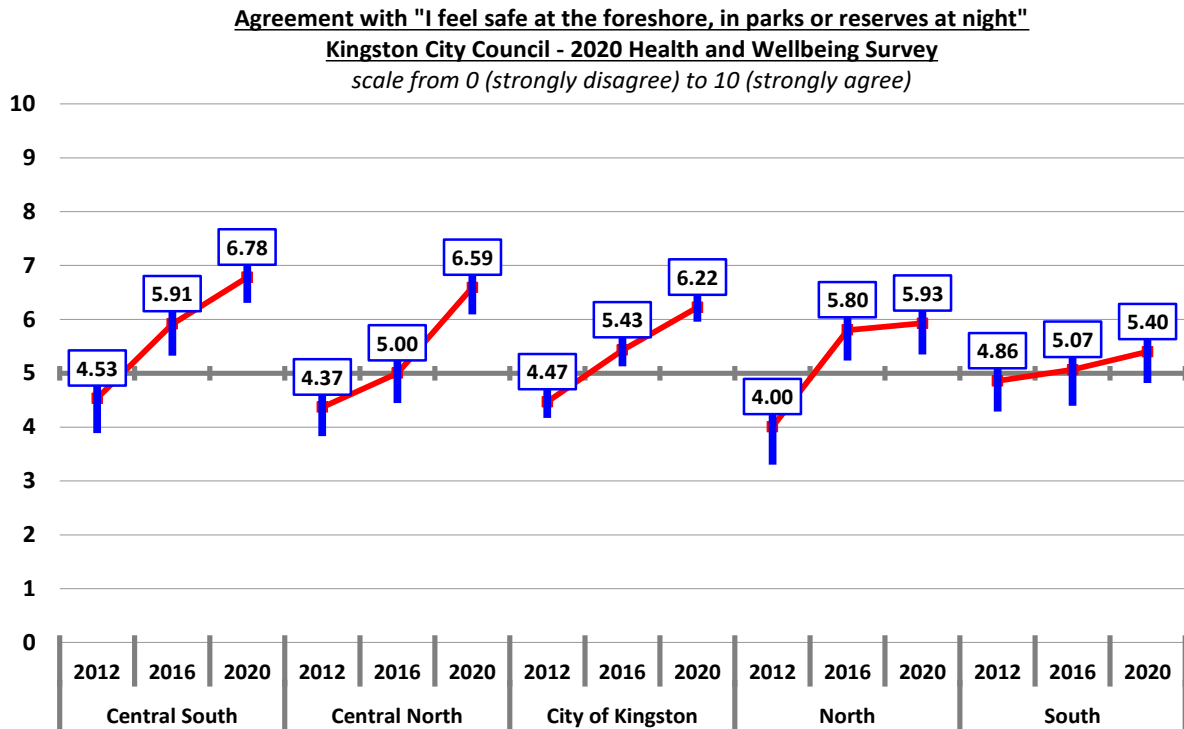
There was some statistically significant variation in this result observed by the respondents' age or gender, with male respondents measurably more in agreement than females.



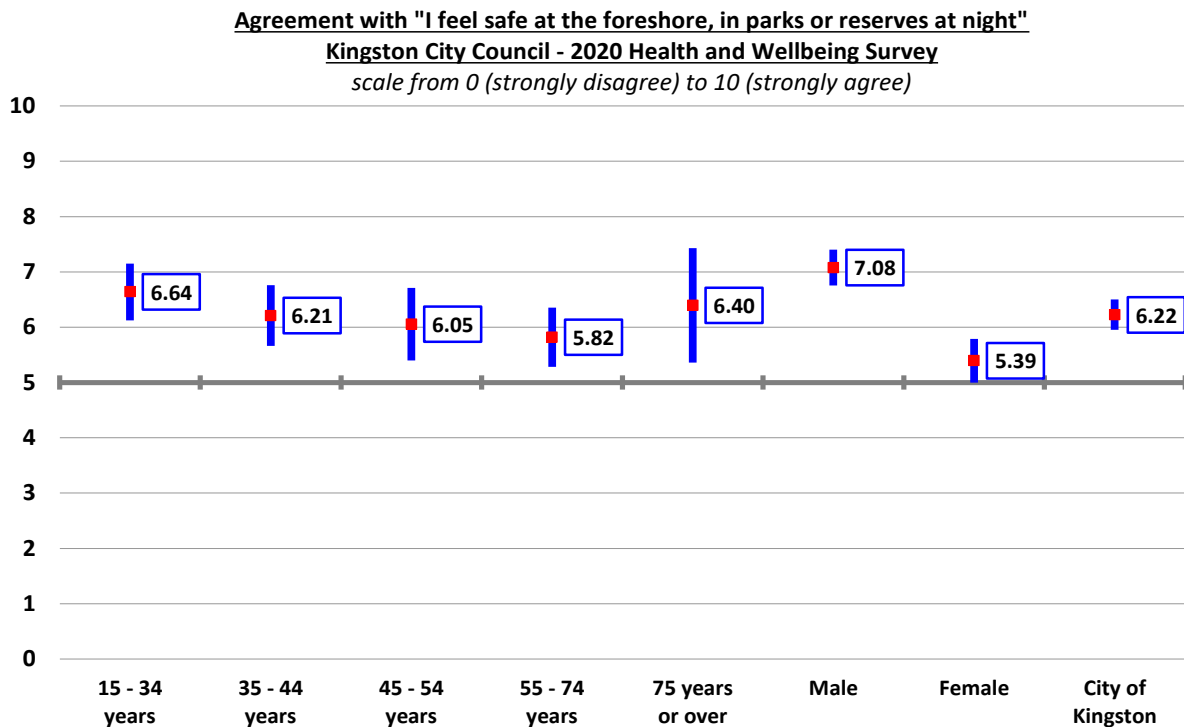


**I feel safe at the foreshore, in parks and reserves at night.**

There was no statistically significant variation in the average agreement that “I feel safe at the foreshore, in parks, and reserves at night” observed across the four regions. It is noted that there was a significant increase in agreement in Central South and Central North regions since 2012.

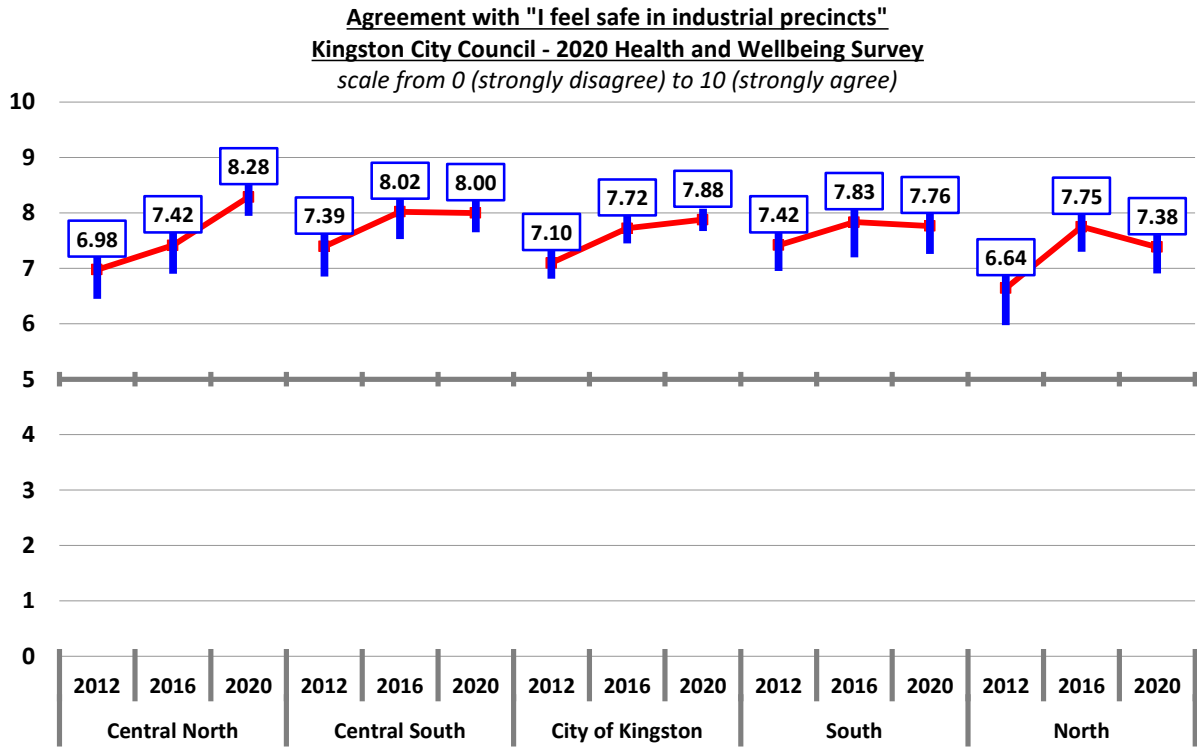


There was some statistically significant variation in this result observed by the respondents' age or gender, with male respondents measurably more in agreement than females.

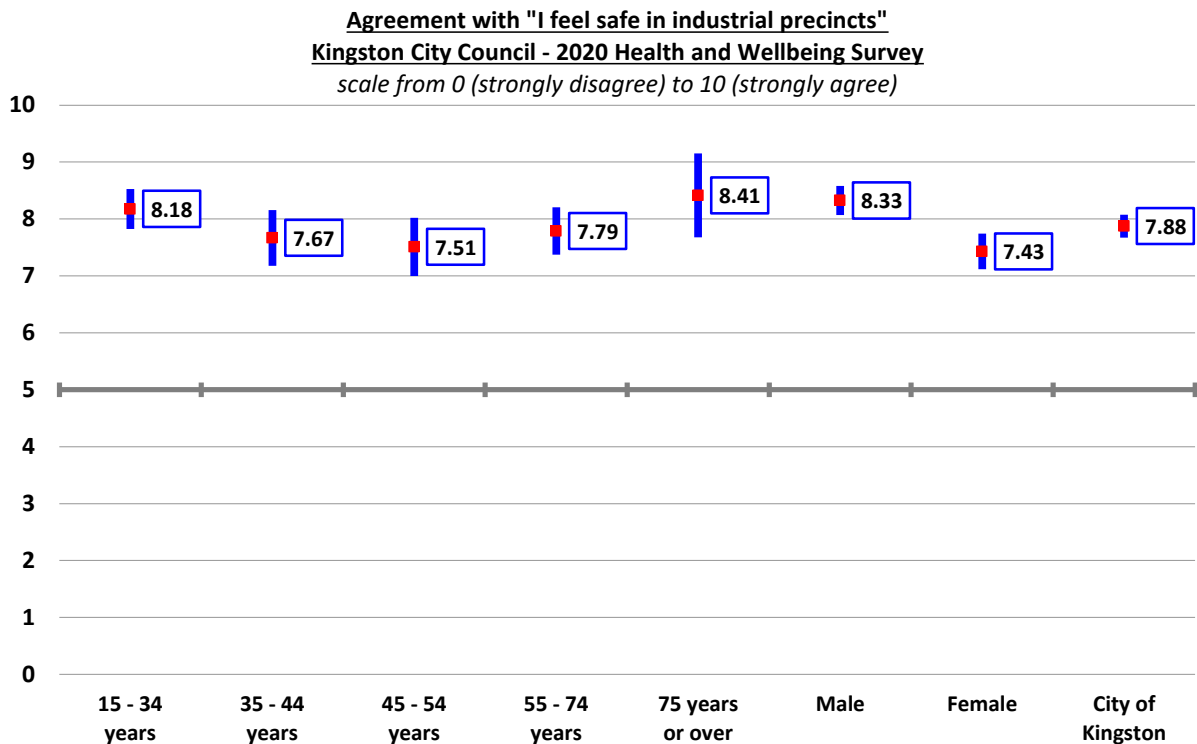


**I feel safe in industrial precincts.**

There was no statistically significant variation in the average agreement that “I feel in industrial precincts” observed across the four regions. It is noted that there has been a significant increase in agreement in Central South region since 2012.

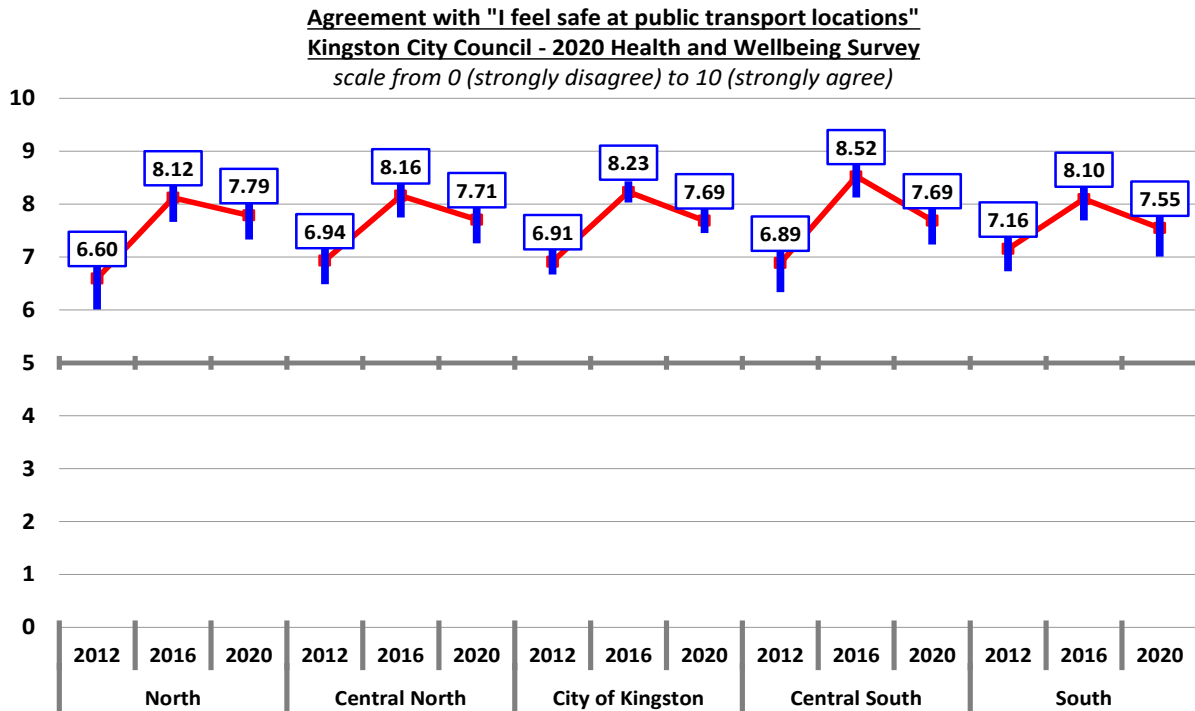


There was some statistically significant variation in this result observed by the respondents' age or gender, with male respondents measurably more in agreement than female.

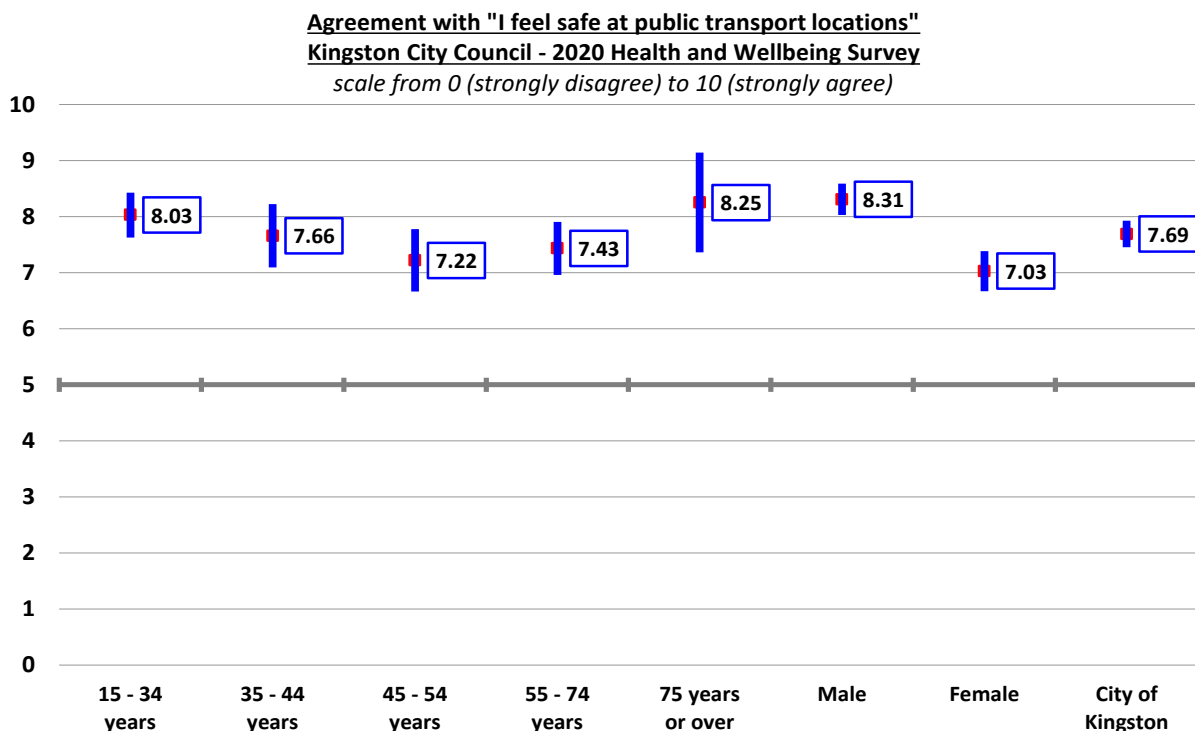


**I feel safe at public transport locations.**

There was no statistically significant variation in the average agreement that “I feel safe at public transport locations” observed across the four regions. Readers are reminded of the small sample size at the region level for this question, given not everyone uses public transport.

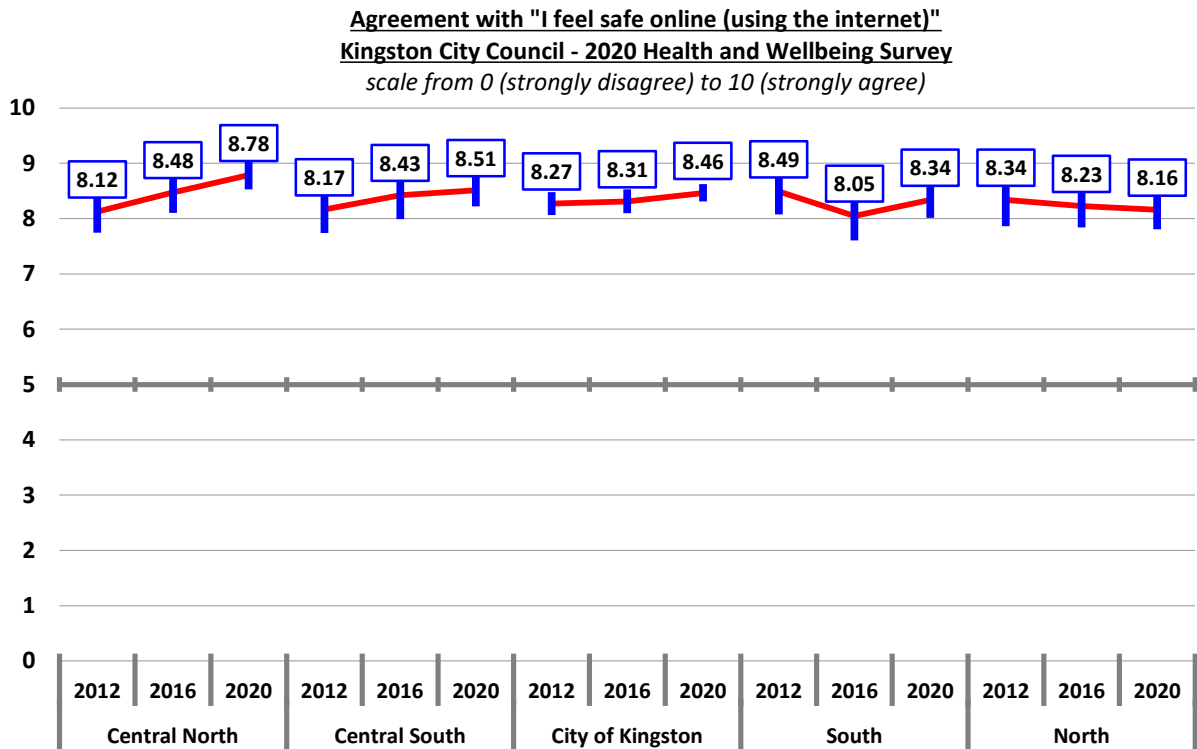


There was some statistically significant variation in this result observed by the respondents’ age or gender, with male respondents measurably more in agreement than female.

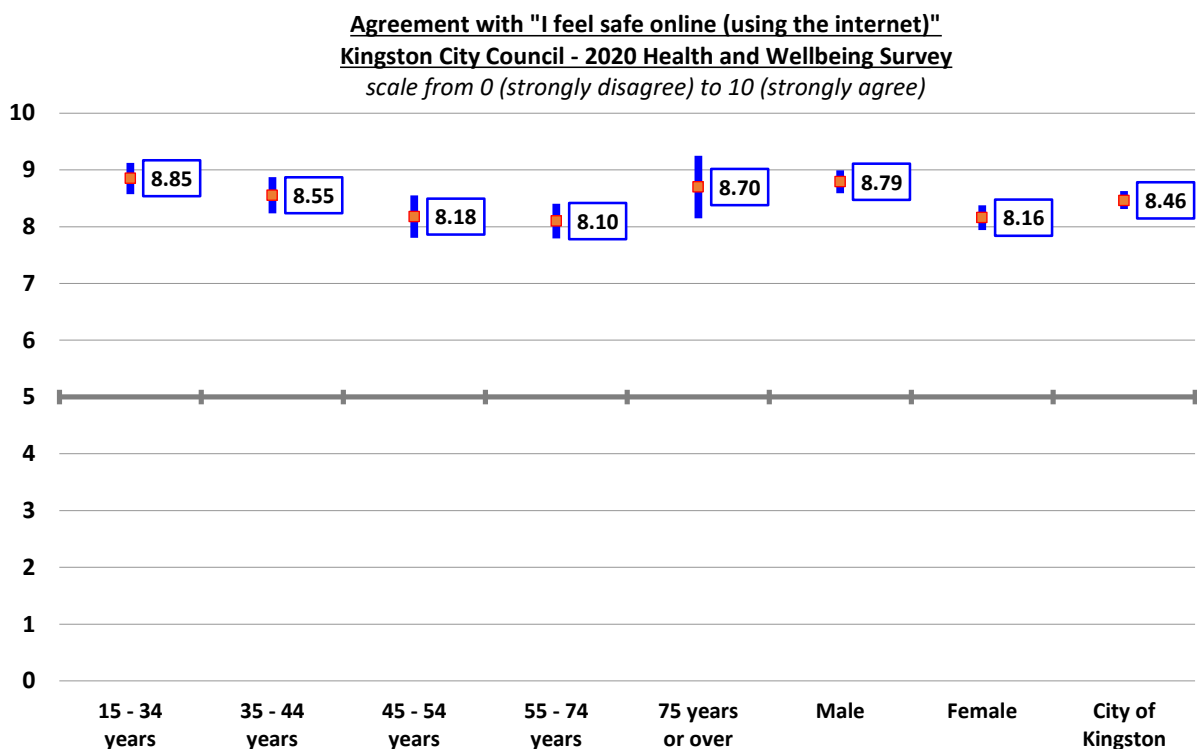


**I feel safe online (using the internet).**

There was no statistically significant variation in the average agreement that “I feel safe online (using the internet)” observed across the four City of Kingston regions.



There was some statistically significant variation in this result observed by the respondents’ age or gender, with younger adults (aged 15 to 34 years) somewhat more in agreement than average, and male respondents measurably more in agreement than female.



## Reasons for feeling unsafe.

Respondents who felt unsafe in any location / situation were asked:

*“If any of these rated less than 3, why do you say that?”*

Respondents were asked the reasons why they did not agree that they “felt safe” in any of the eight locations or situations.

Given that most respondents felt safe in each of the eight situations and locations included on the survey, only a relatively small number of respondents provided a response to this question outlining the reasons why they felt unsafe.

A total of 76 responses were received from respondents, and these have been broadly categorised as follows:

The three most common reasons why respondents felt unsafe in the City of Kingston in 2020 were related to a perception of poor or no lighting (18.4% of responses), concerns about people in the area (11.8% of responses), and general safety related concerns (10.5% of responses).

These results are generally consistent with those recorded in previous surveys, although it is noted that there were a few more responses relating to concerns about safety due to being female this year.

**Reasons for feeling unsafe**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
(Number of total responses)

Reasons	2020		2016	2012
	Number	Percent	Percent	Percent
Poor / no lighting	14	18.4%	10.6%	6.7%
People	9	11.8%	19.1%	14.0%
General safety concerns	8	10.5%	4.3%	17.1%
Being female	7	9.2%	4.3%	3.1%
Drugs and alcohol	7	9.2%	8.5%	8.7%
Gangs, youth, hoons	7	9.2%	4.2%	4.3%
Safety at night	7	9.2%	8.5%	13.0%
Lack of people / isolated areas	5	6.6%	0.0%	0.0%
News / incidents	4	5.3%	8.5%	6.2%
Personal experience	4	5.3%	4.3%	4.3%
Being older	2	2.6%	0.0%	0.0%
Lack of police presence	1	1.3%	0.0%	0.0%
Other	1	1.3%	27.7%	22.6%
<b>Total</b>	<b>76</b>	<b>100%</b>	<b>47</b>	<b>193</b>

**Reasons for feeling unsafe**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
 (Number of total responses)

<i>Response</i>	<i>Number</i>
<i>Poor / no lighting</i>	
Street lighting	5
Street lighting; bad crowd	4
Low / no street lighting	3
Not much lighting at the station	1
Street lighting; use solar lighting	1
<b>Total</b>	<b>14</b>
<i>People</i>	
Weird, shady, creepy people	5
I live very close to the beach. People in bushes and trouble on the beach	1
Just don't feel safe because of the attitude of the people	1
My men	1
Wrong type of people goes out at night	1
<b>Total</b>	<b>9</b>
<i>General safety concerns</i>	
Just don't feel safe	2
Anyone feels unsafe	1
Don't want to put myself in those situation	1
Feel vulnerable	1
Live on my own; feel vulnerable	1
Scary	1
In winter I don't feel safe	1
<b>Total</b>	<b>8</b>
<i>Being female</i>	
Because I am a female	4
As a female, I feel it is unsafe after dark to go to parks and other open areas	1
As a woman, it's risky. Men are inappropriate	1
Gender	1
<b>Total</b>	<b>7</b>





*Drugs and alcohol*

Lot of druggies in our area	3
Lot of drunk people around	2
I know druggies hang around the beaches and parks	1
Unsafe neighbourhood. Druggies. Public housing. Calling names and intimidating	1
<b>Total</b>	<b>7</b>

*Gangs, youth, hoons*

Because of the African gangs	1
Gang related issues at the beach, bullying residents	1
Gathering of hoons	1
I find a lot of young people drinking at Mordialloc	1
If it's a hot day, there are gangs hanging in groups	1
Too many kids around hanging around and making noise	1
Young people who come to the area from outside and cause trouble	1
<b>Total</b>	<b>7</b>

*Safety at night*

It's dark	3
Don't feel safe anywhere at night	1
Industrial areas are very lonely areas and don't trust anyone at night	1
Risk in parks at night	1
Walking alone at night always unsafe	1
<b>Total</b>	<b>7</b>

*Lack of people / isolated areas*

Spooky cause no one is there	2
Isolated areas	1
Isolation	1
Only when people are around, I feel safe	1
<b>Total</b>	<b>5</b>

*News / incidents*

There have been some instances of stabbing	2
I have heard bad news about robbery	1
Too many episodes I've heard of	1
<b>Total</b>	<b>4</b>



<i>Personal experience</i>	
Have been hacked a couple of times	2
Past experiences like druggies	1
Sometimes I pick up virus	1
<b>Total</b>	<b>4</b>
<i>Being older</i>	
Being older	1
Wouldn't walk alone because of old age	1
<b>Total</b>	<b>2</b>
<i>Lack of police presence</i>	
Not enough patrol	1
<b>Total</b>	<b>1</b>
<i>Other</i>	
Empty bottles and rubbish	1
<b>Total</b>	<b>1</b>
<b>Total</b>	<b>76</b>

### ***Crime or anti-social behaviour***

Respondents were asked:

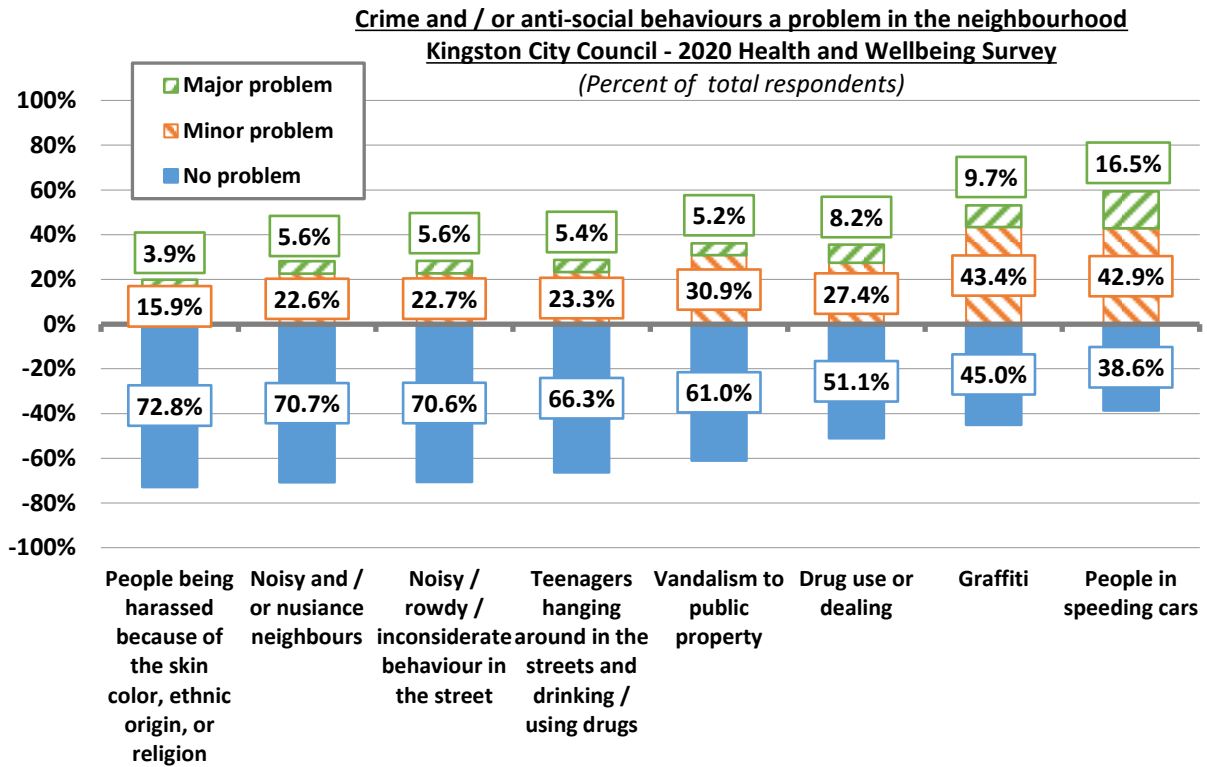
*“On a scale of 1 (no problem) to 3 (major problem), how much are the following a problem in your neighbourhood?”*

Respondents were asked whether they considered each of eight types of anti-social or criminal behaviour to be no problem, a minor, or a major problem in their neighbourhood.

The crime or anti-social behaviours that respondents most believe to be a problem in their neighbourhood are people in speeding cars (59.4%) and graffiti (53.1%). It is also noted that eight percent of respondents believe that drug use or dealing is a major problem in their neighbourhood.

It is noted that a significant proportion (between approximately one-fifth and one-third) of respondents considered that each of the remaining six behaviours were at least a minor problem in the City of Kingston.





**Selected problems in your neighbourhood**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
*(Number and percent of total respondents)*

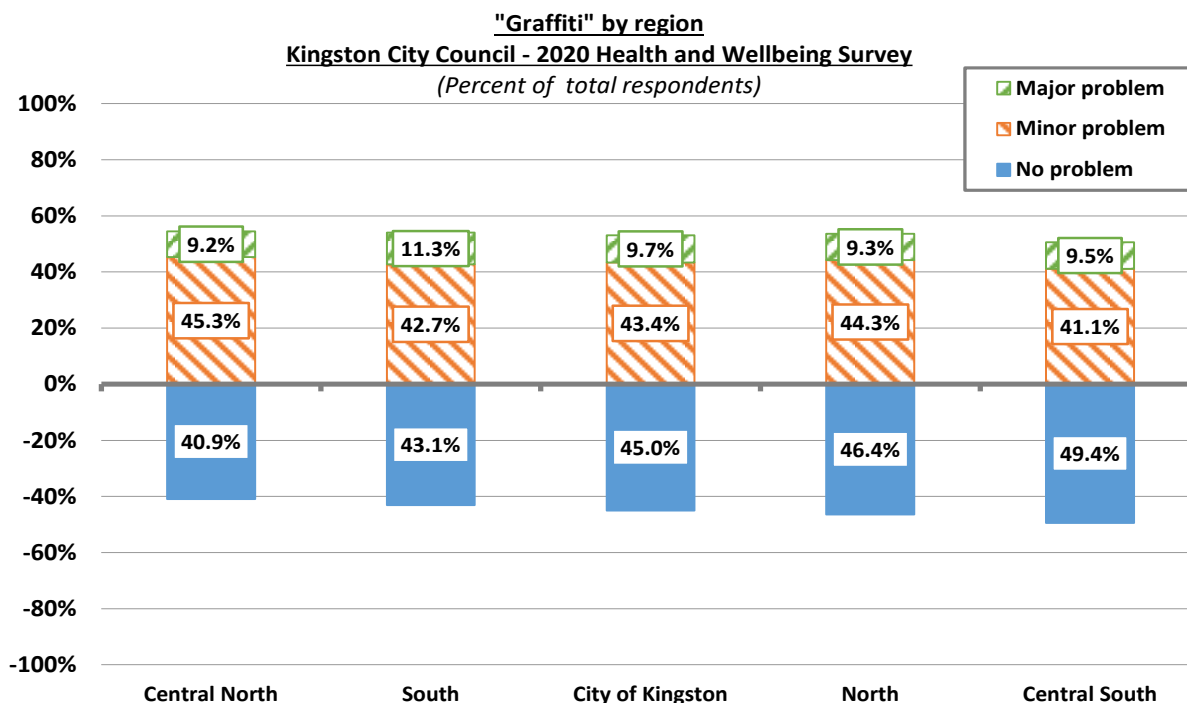
Aspect	No problem	Minor problem	Major problem	Can't say	Total
People being harassed because of the skin color, ethnic origin, or religion	72.8%	15.9%	3.9%	7.5%	503
Noisy and / or nuisance neighbours	70.7%	22.6%	5.6%	1.0%	503
Noisy / rowdy / inconsiderate behaviour in the street	70.6%	22.7%	5.6%	1.2%	503
Teenagers hanging around in the streets and drinking / using drugs	66.3%	23.3%	5.4%	5.0%	503
Vandalism to public property	61.0%	30.9%	5.2%	2.9%	503
Drug use or dealing	51.1%	27.4%	8.2%	13.3%	503
Graffiti	45.0%	43.4%	9.7%	1.9%	503
People in speeding cars	38.6%	42.9%	16.5%	2.0%	503

The following section provides a breakdown of these results across the four regions comprising the City of Kingston.



## Graffiti

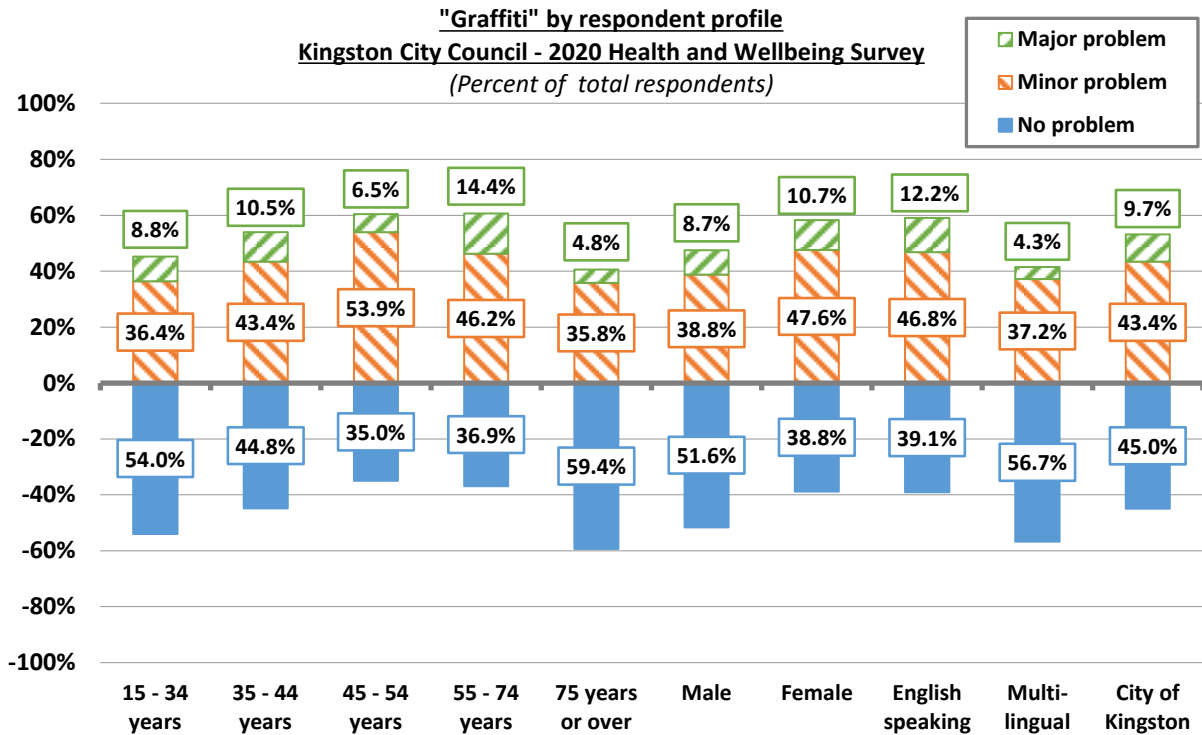
There was no statistically significant variation in the extent to which graffiti is a problem in the neighbourhood observed across the four regions of the City of Kingston.



There was some variation in this result observed by respondent profile, as follows:

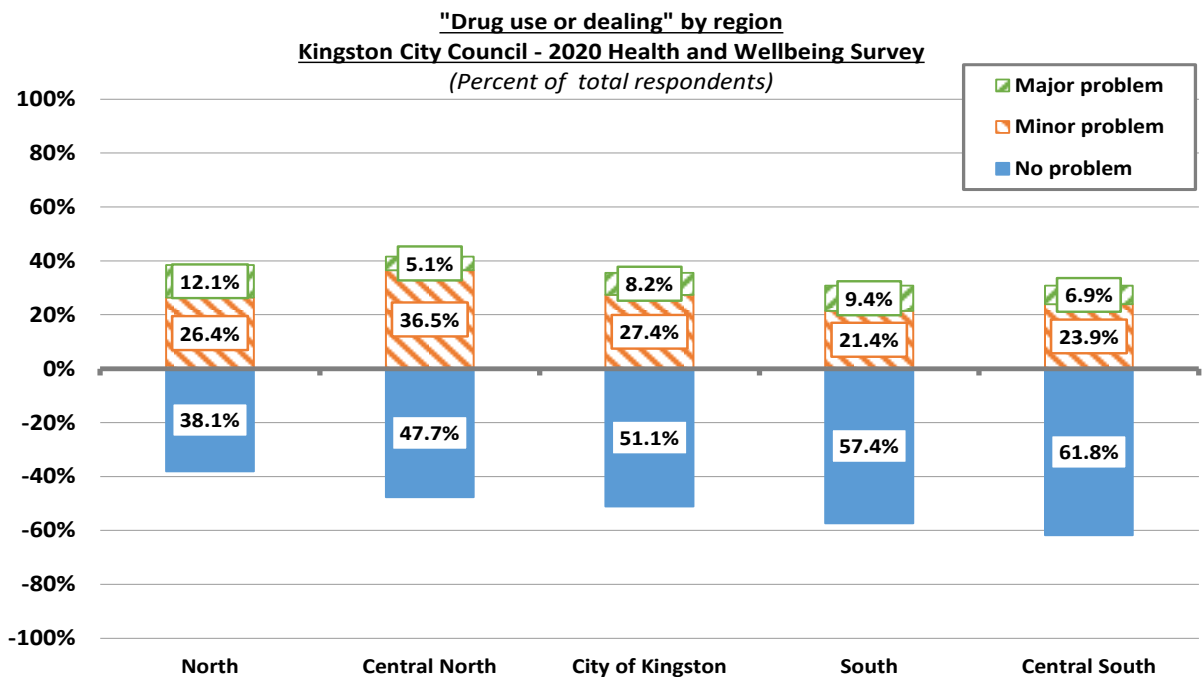
- **Young adults (aged 15 to 34 years)** – respondents were measurably more likely than average to consider that graffiti was not a problem.
- **Middle-aged and older adults (aged 45 to 74 years)** – respondents were measurably more likely than average to consider graffiti was a problem.
- **Senior citizens (aged 75 years and over)** – respondents were notably more likely than average to consider that graffiti was not a problem.
- **Gender** – female respondents were measurably more likely than male respondents to consider graffiti to be a minor problem.
- **Language spoken at home** – respondents from English speaking households were measurably more likely than those from multi-lingual households to consider graffiti a problem.





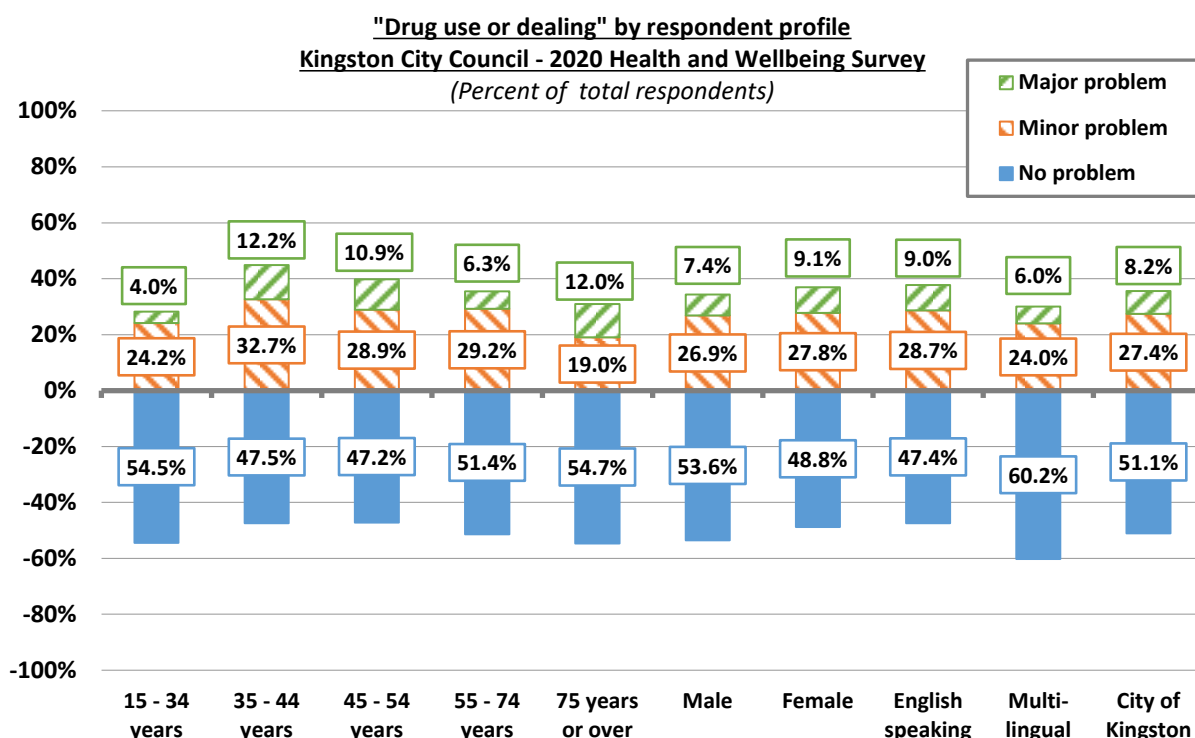
**Drug use or dealing**

There was some variation in the extent to which drug use or dealing is a problem in the neighbourhood observed across the municipality, with respondents from Central North notably more likely to consider this a minor problem than the municipal average, and respondents from Central South region measurably more likely to believe it is not a problem.



There was relatively little significant variation in these results observed by respondent profile, although attention is drawn to the following:

- **Adults (aged 35 to 44 years)** – respondents were notably, but not measurably more likely than average to consider drug use or dealing to be a problem.
- **Gender** – male respondents were marginally but not measurably more likely than female respondents to consider drug dealing or use to not be a problem.
- **Language spoken at home** – respondents from English speaking households were measurably more likely than those from multi-lingual households to consider graffiti a problem.

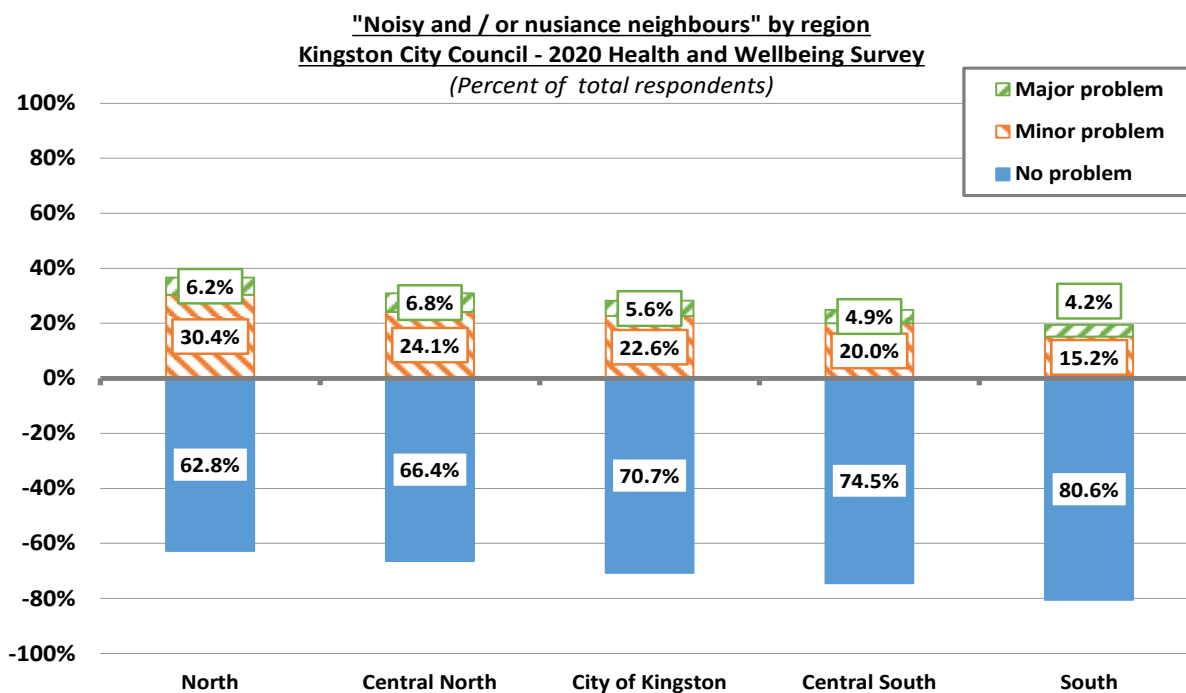


### Noisy and / or nuisance neighbours

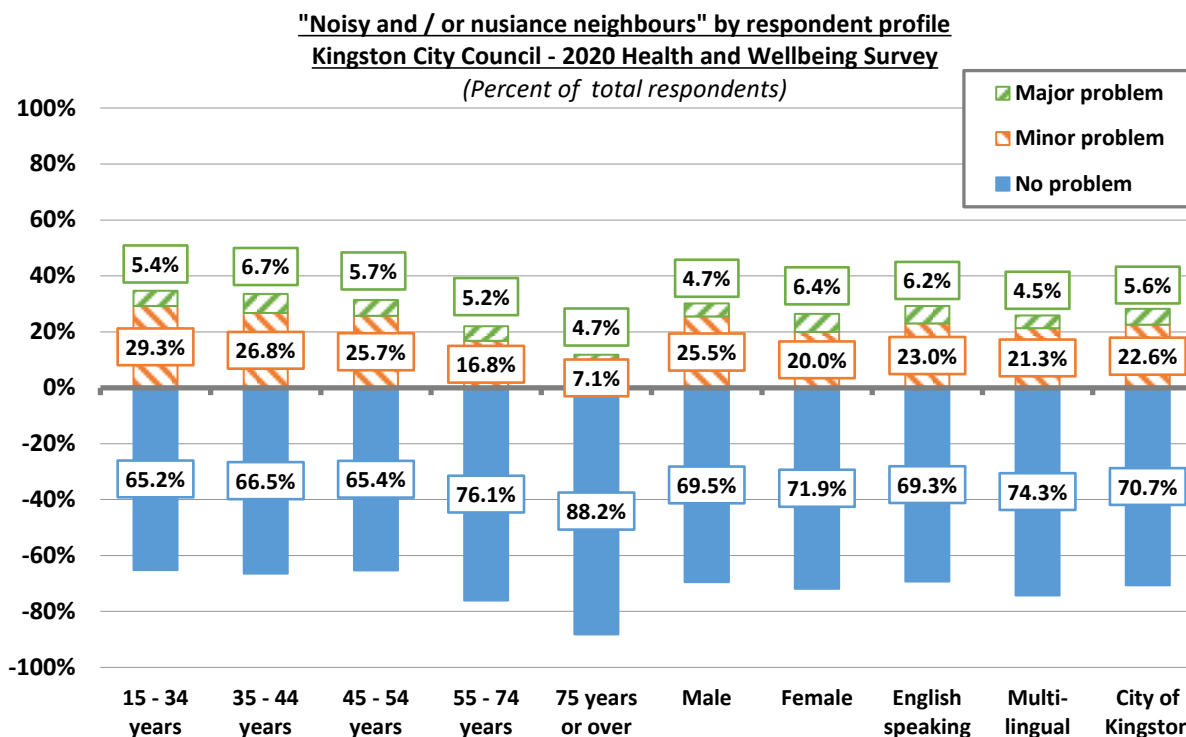
There was some measurable variation in the extent to which noisy and / or nuisance neighbours are a problem in the neighbourhood observed across the four regions, with respondents from North region somewhat more likely than average to believe this is a problem, and respondents from South region measurably more likely to believe it is not.





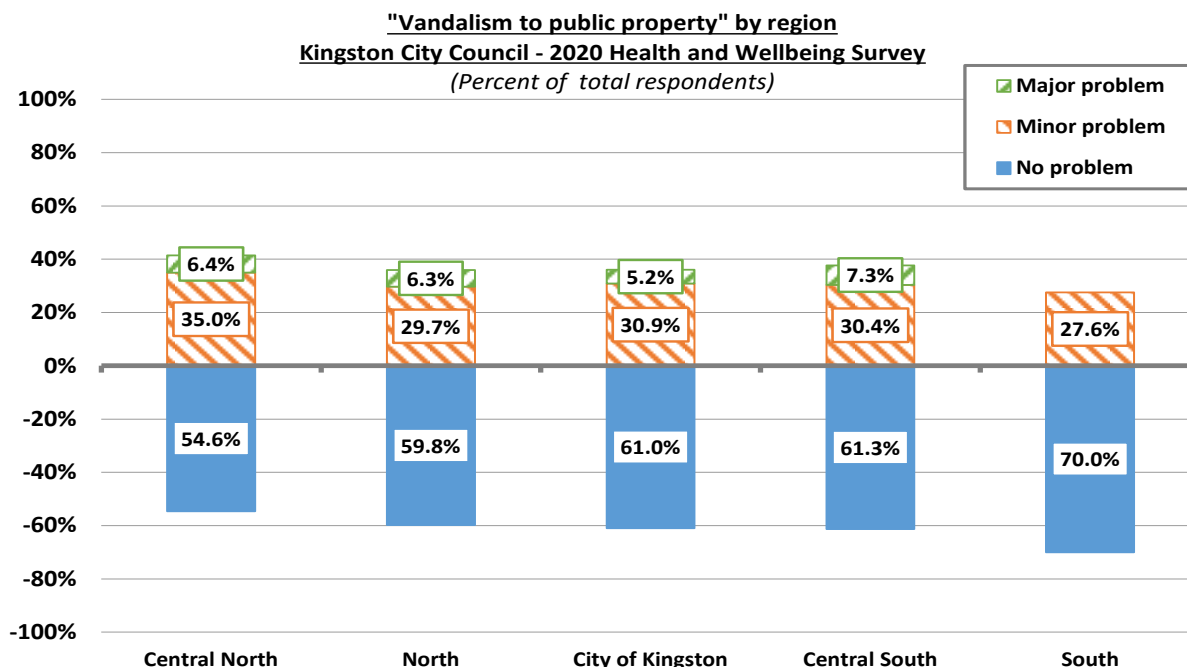


Whilst there was no statistically significant variation in these results observed by respondent profile, it is noted that the small sample of 42 senior citizens (aged 75 years and over) were notably more likely than average to consider that noisy and / or nuisance neighbours were not a problem.

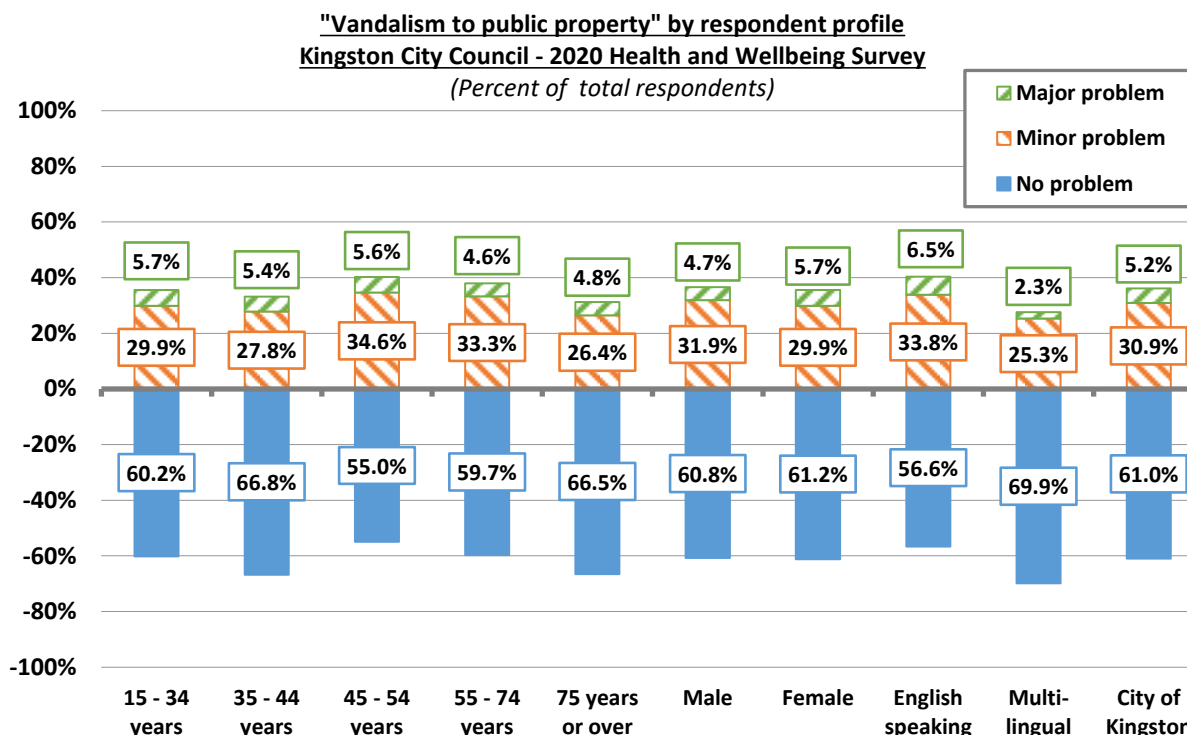


### Vandalism to public property

There was some measurable variation in the extent to which vandalism is a problem in the neighbourhood observed across the four regions, with respondents from South region measurably more likely to believe it is not a problem than the municipal average.

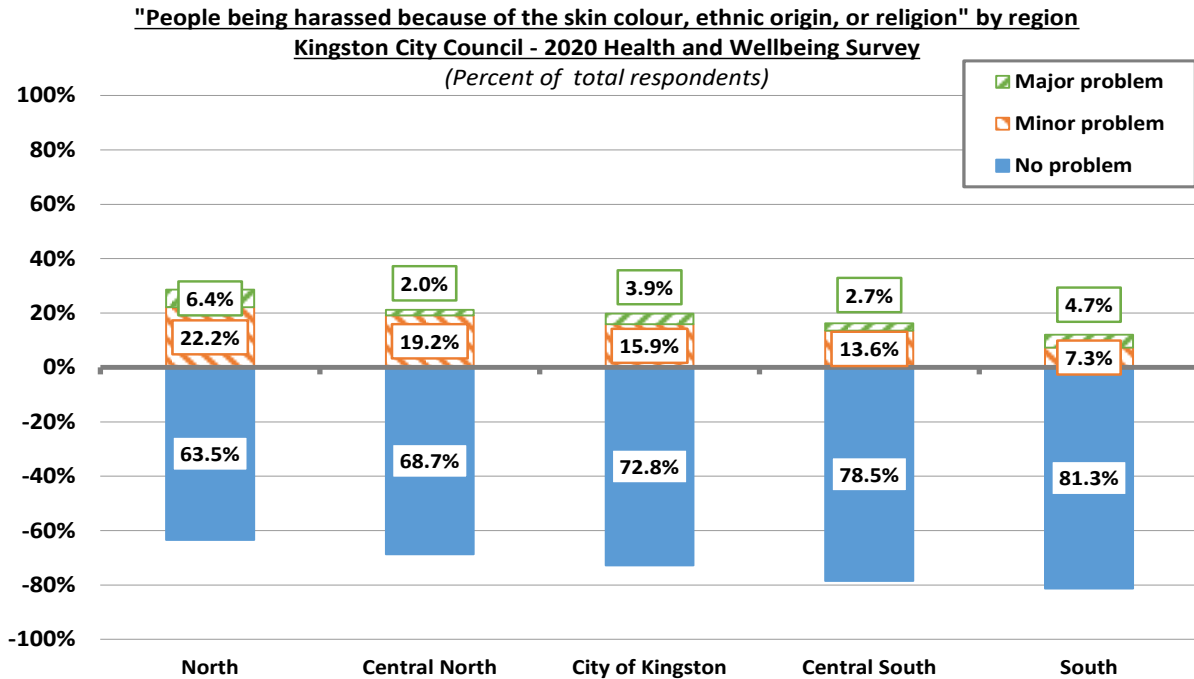


There was no significant variation in these results observed by respondents' age or gender, however it is noted that respondents from English speaking households were measurably more likely than those from multi-lingual households to consider this issue a problem.



**People being harassed because of the skin colour, ethnic origin, or religion.**

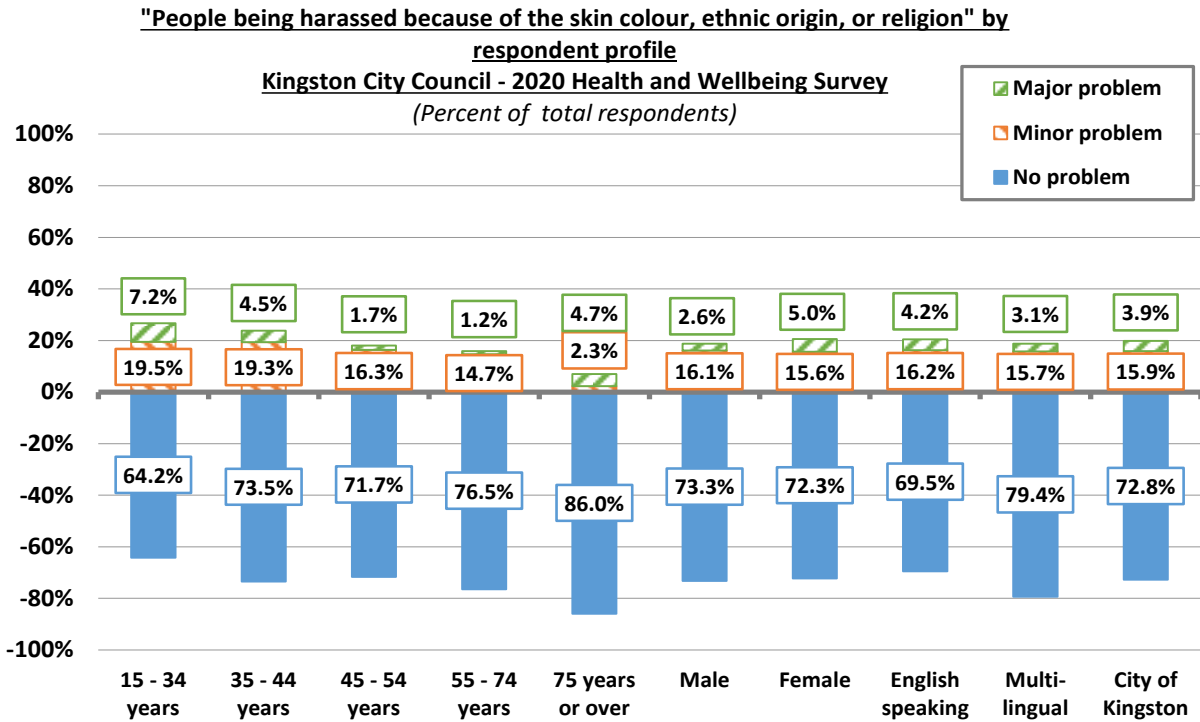
There was some measurable variation in the extent to which harassment is a problem in the neighbourhood observed across the municipality, with respondents from North region somewhat more likely than average to believe it is a problem and respondents from South region measurably more likely to believe it is not a problem in the neighbourhood.



There was some minor variation in these results observed by respondent profile, with attention drawn to the following:

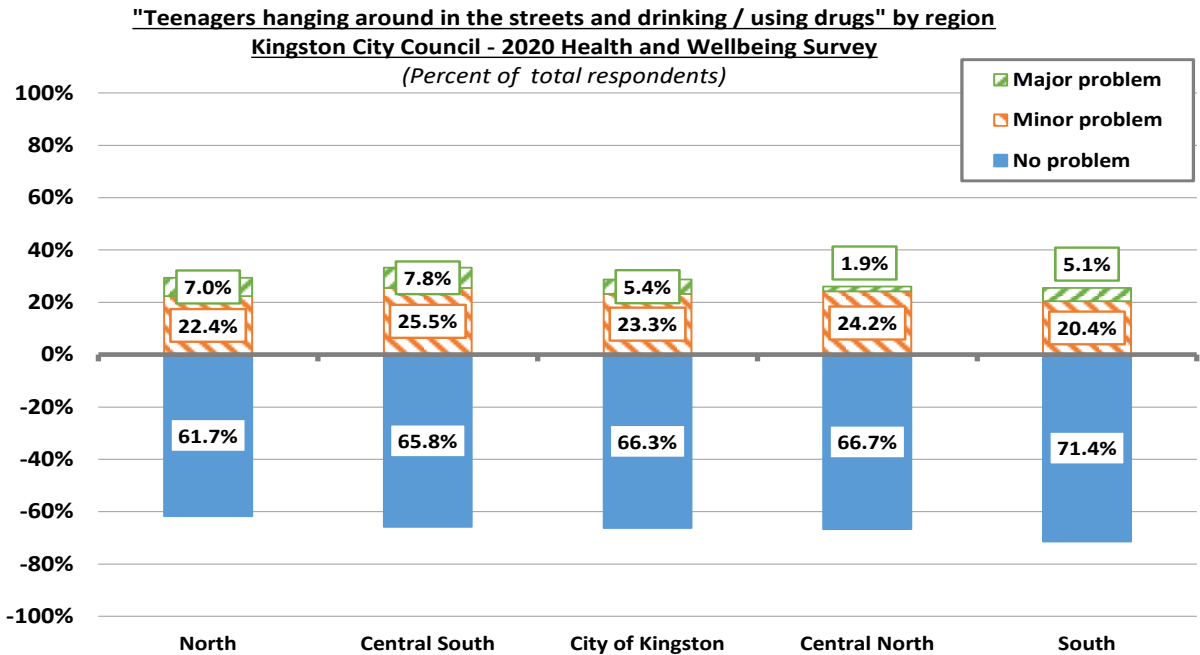
- **Age structure** – the proportion of respondents who considered that people being harassed because of their skin colour, ethnic origin, or religion declined measurably with the respondents’ age, from a high of 26.7% of young adults (aged 15 to 34 years) to a low of seven percent of senior citizens (aged 75 years and over).
- **Gender** – there was no meaningful variation in these results observed between male and female respondents.
- **Language spoken at home** – respondents from multi-lingual households were measurably more likely than respondents from English speaking households to consider this was not a problem.



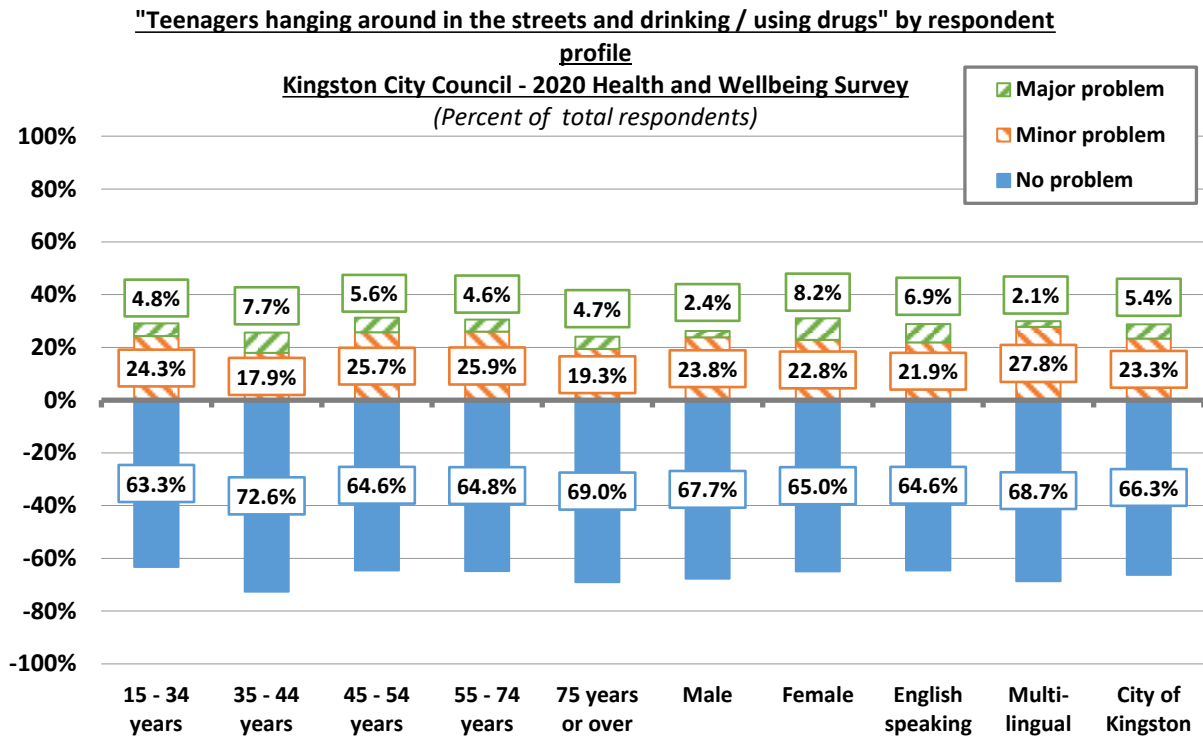


**Teenagers hanging around in the streets and drinking / using drugs.**

There was no statistically significant variation in the extent to which teenagers hanging around in the streets and drinking / using drugs is a problem in the neighbourhood observed across the municipality.

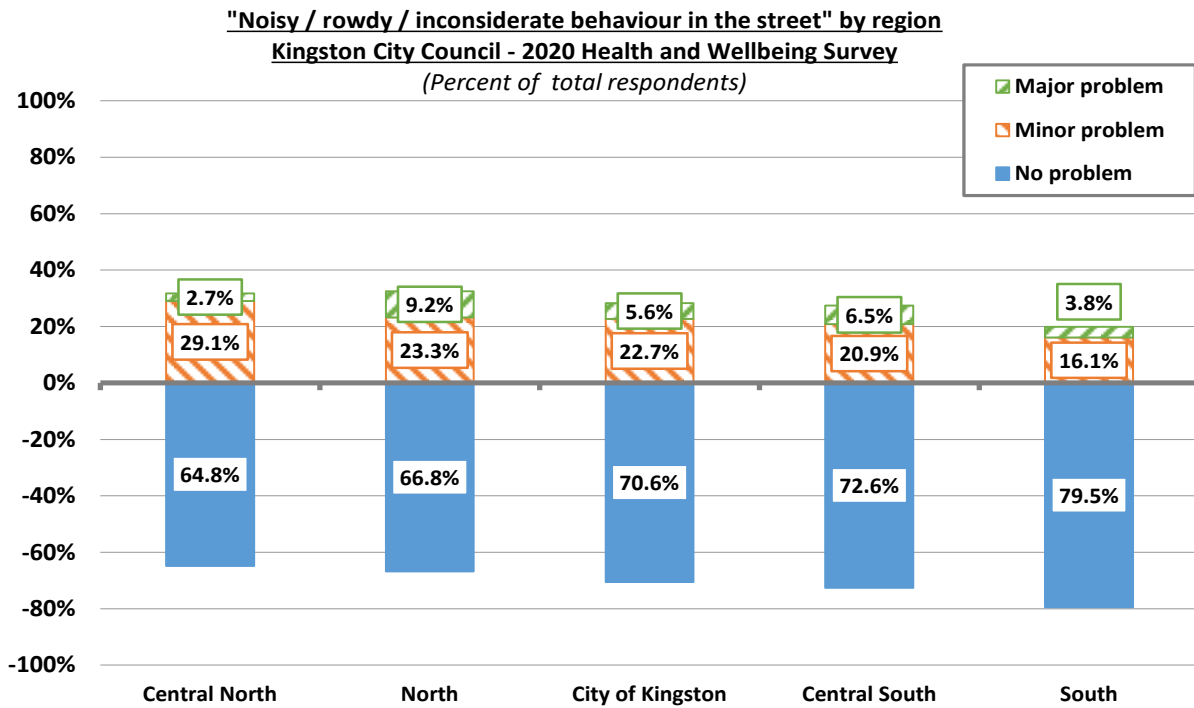


There was no statistically significant variation in these results observed by respondent profile, including age structure, gender, or language spoken at home.



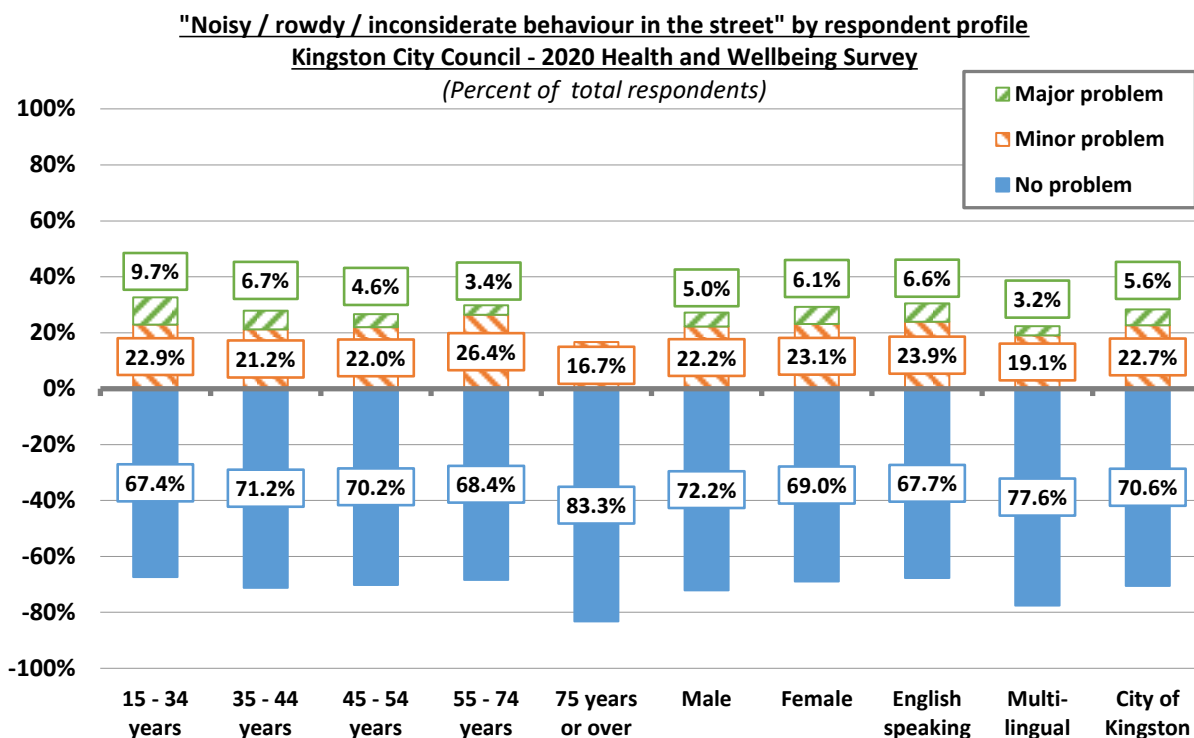
### Noisy / rowdy / inconsiderate behaviour in the street

Whilst there was no statistically significant variation in the extent to which noisy / rowdy / inconsiderate behaviour is a problem in the neighbourhood observed across the municipality, respondents in South region were notably more likely than average to believe it is not.



There was some variation in these results observed by respondent profile, as follows:

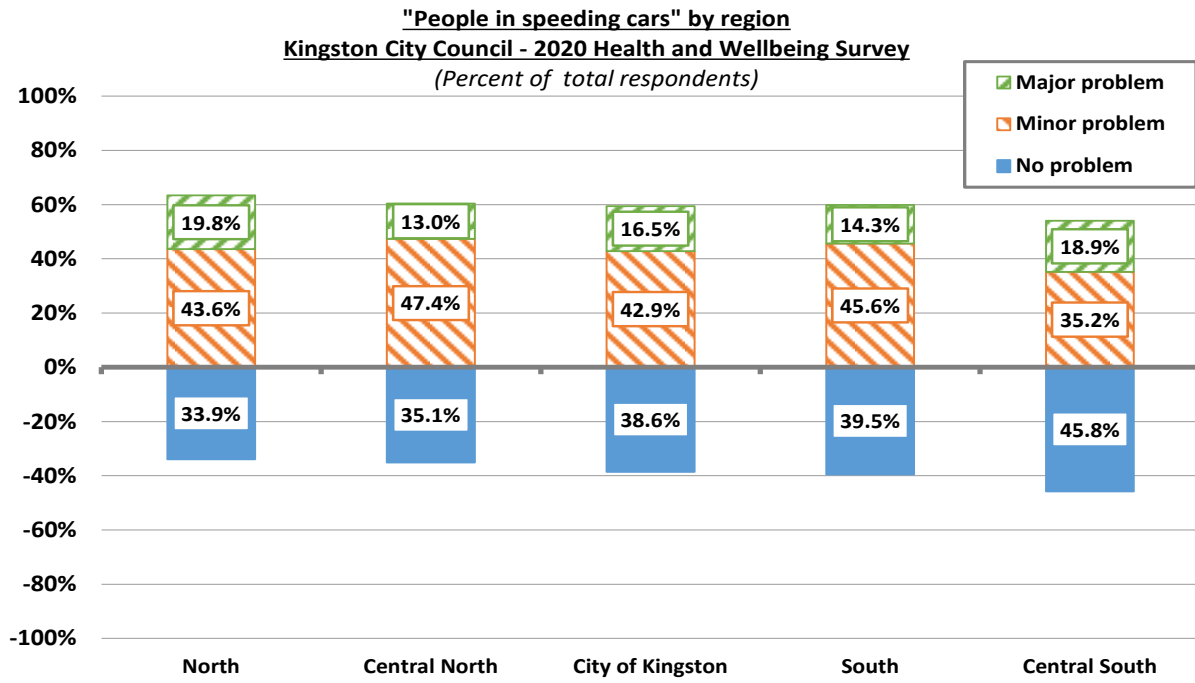
- **Senior citizens (aged 75 years and over)** – respondents were notably more likely than average to consider that noisy / rowdy / inconsiderate behaviour in the street was not a problem.
- **Language spoken at home** – respondents from multi-lingual households were measurably more likely than respondents from English speaking households to consider this was not a problem.





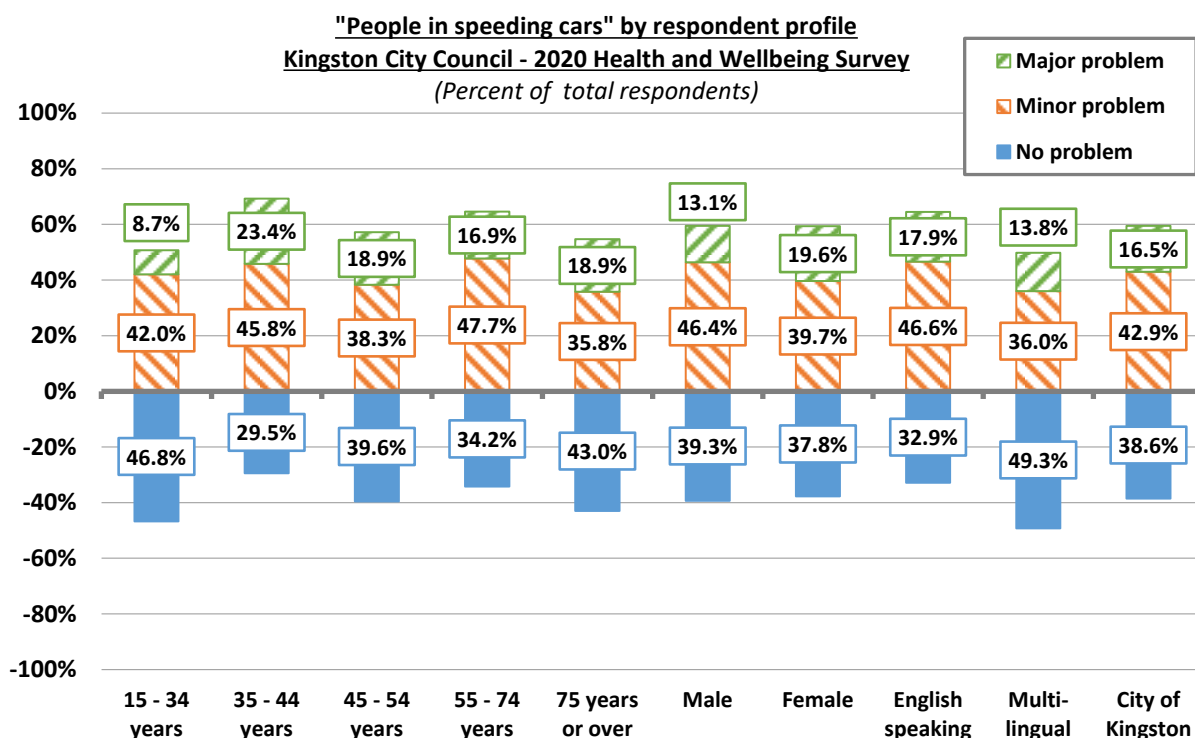
## People in speeding cars

Whilst there was no statistically significant variation in the extent to which people in speeding cars is a problem in the neighbourhood observed across the municipality, respondents in Central South region were less likely than average to believe it is a problem.



There was measurable variation in these results observed by respondent profile, as follows:

- **Adults (aged 35 to 44 years)** – respondents were measurably more likely than average to consider people speeding in cars to be a problem.
- **Gender** – male respondents were notably more likely than female respondents to consider this a minor problem, whilst female respondents were more likely to consider this a major problem.
- **Language spoken at home** – respondents from English speaking households were measurably more likely than respondents from multi-lingual households to consider this a problem, whilst respondents from multi-lingual households were measurably more likely to consider this was not a problem.



## Family violence

### Relationships and family violence related statements

Respondents were asked:

*“On a scale of 1 (strongly disagree) to 5 (strongly agree), please rate your agreement with the following statements.”*

Respondents were in 2020 asked to rate their agreement with three statements about relationships and family violence, on a five-point scale.

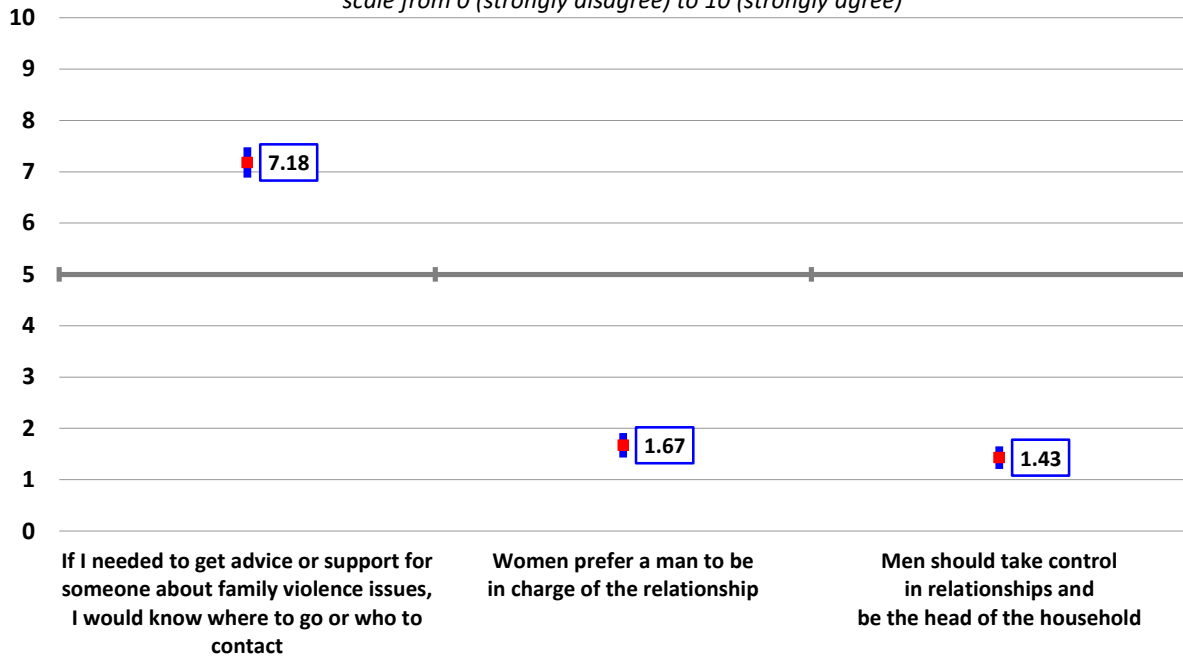
The following graph provides the average agreement on a scale from zero (strongly disagree) to 10 (strongly agree), in line with all other questions included in the survey.

These results can best be summarised as follows:

- **Strong Agreement** - that “if I needed to get advice or support for someone about family violence issues, I would know where to go or who to contact”. Three-quarters (72.3%) of respondents agreed with this statement, whilst 17% disagreed.
- **Very Strong Disagreement** – that “women prefer a man to be in charge of the relationship” and “men should take control in relationships and be the head of the household”. More than three-quarters of respondents disagreed with these two statements, whilst less than eight percent agreed.

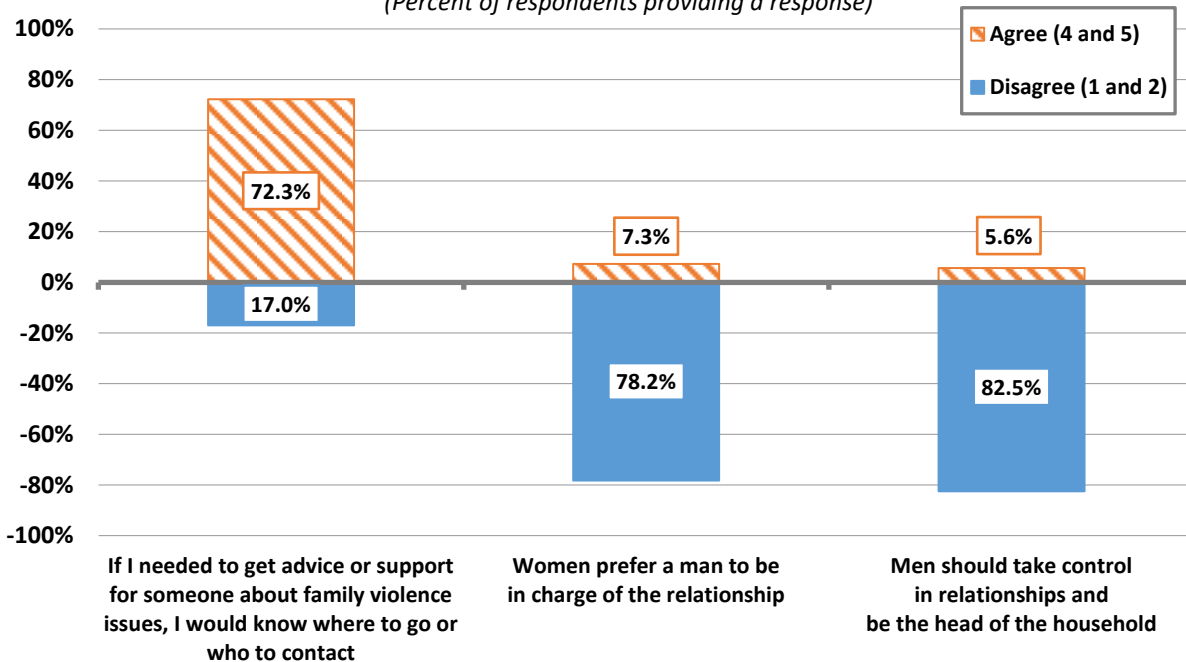


**Average agreement with selected relationships and family violence statements**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
*scale from 0 (strongly disagree) to 10 (strongly agree)*



**Respondents who agreed or disagreed with selected relationships and family violence statements**

**Kingston City Council - 2020 Health and Wellbeing Survey**  
*(Percent of respondents providing a response)*



**Average agreement with selected relationships and family violence statements**

**Kingston City Council - 2020 Health and Wellbeing Survey**

(Number and percent of respondents providing a response)

Statement	Agreement			Can't say	Average agreement
	Disagree	Neutral	Agree		
If I needed to get advice or support for someone about family violence issues, I would know where to go or who to contact	17.0%	10.8%	72.3%	30	<b>7.18</b>
Women prefer a man to be in charge of the relationship	78.2%	14.5%	7.3%	30	<b>1.67</b>
Men should take control in relationships and be the head of the household	82.5%	11.8%	5.6%	20	<b>1.43</b>

**Men should take control in relationships and be the head of the household.**

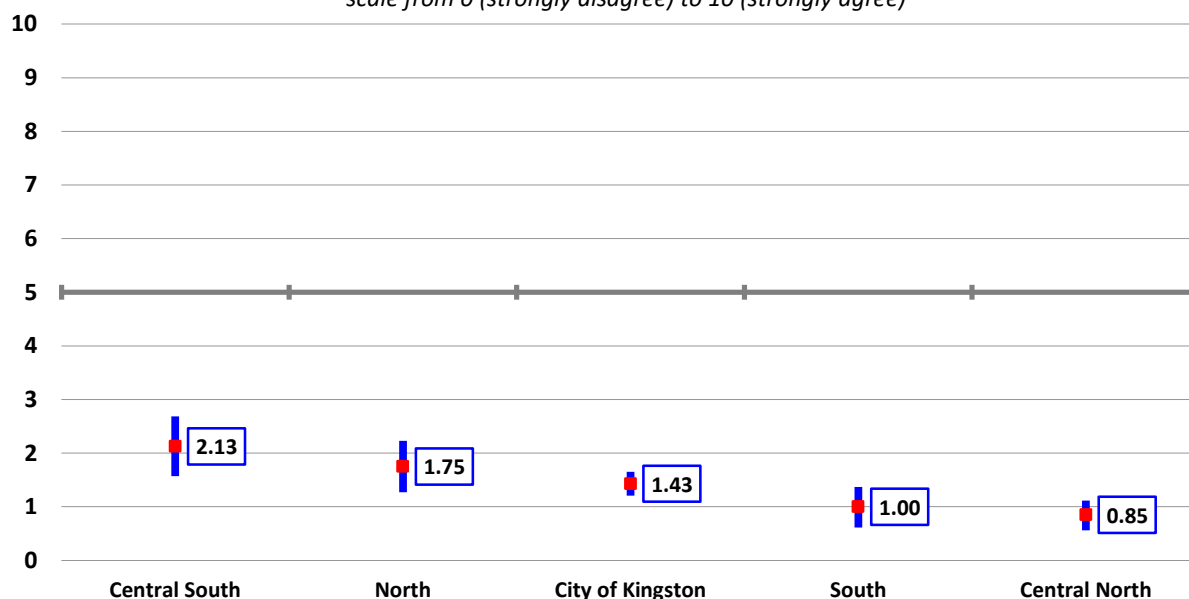
There was some meaningful variation in the average agreement that “men should take control in relationships and be the head of the household” observed across the municipality, as follows:

- **Central South region** - respondents were somewhat, but not measurably more likely than average to agree with the statement.
- **South and Central North region** – respondents were measurably less in agreement with this statement than the municipal average.

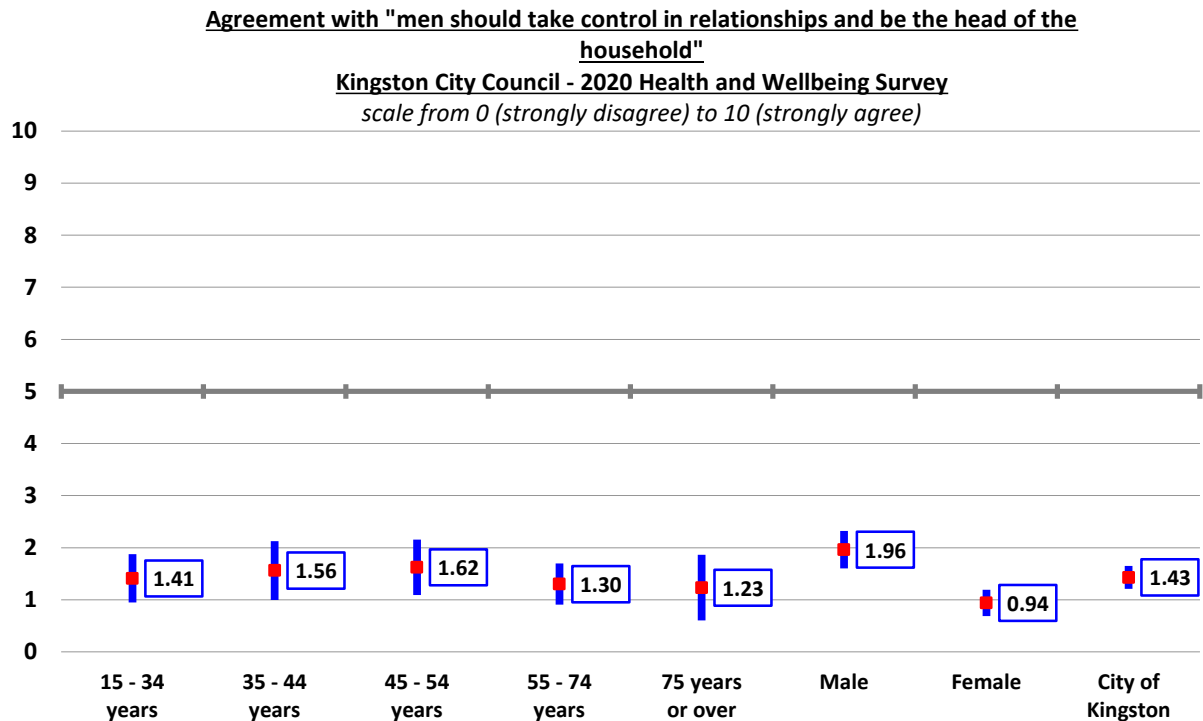
**Agreement with "men should take control in relationships and be the head of the household"**

**Kingston City Council - 2020 Health and Wellbeing Survey**

scale from 0 (strongly disagree) to 10 (strongly agree)



There was no statistically significant variation in the average agreement with this statement observed by the respondents’ age structure, however, it is noted that male respondents were measurably and significantly more likely to agree with this statement than female respondents.

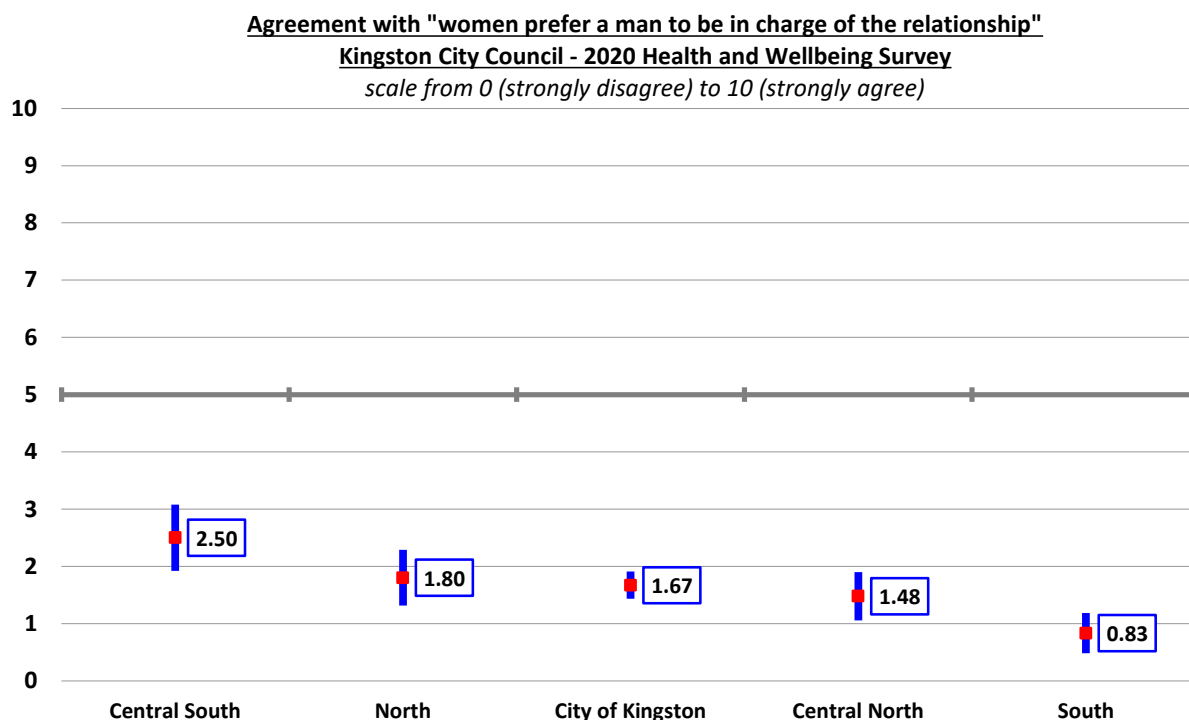


**Women prefer a man to be in charge of the relationship.**

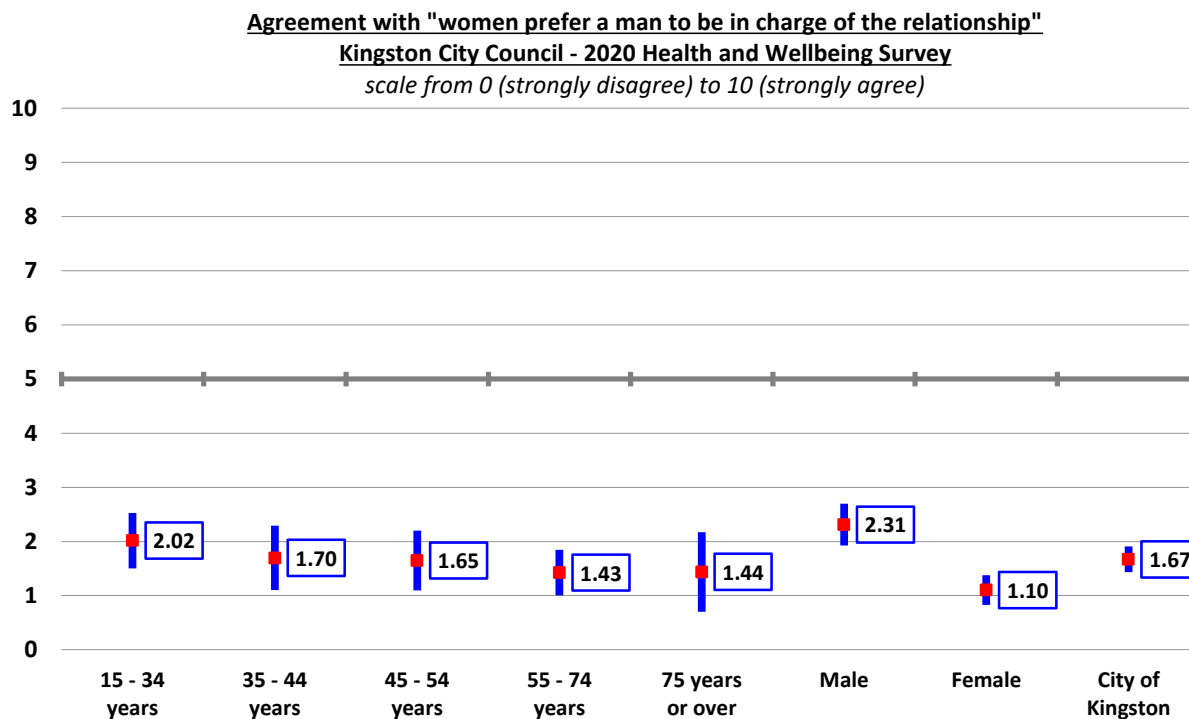
There was some meaningful variation in the average agreement that “women prefer a man to be in charge of the relationship” observed across the municipality, as follows:

- **Central South region** - respondents were measurably more likely than average to agree with the statement.
- **South region** – respondents were measurably less in agreement with this statement than the municipal average.



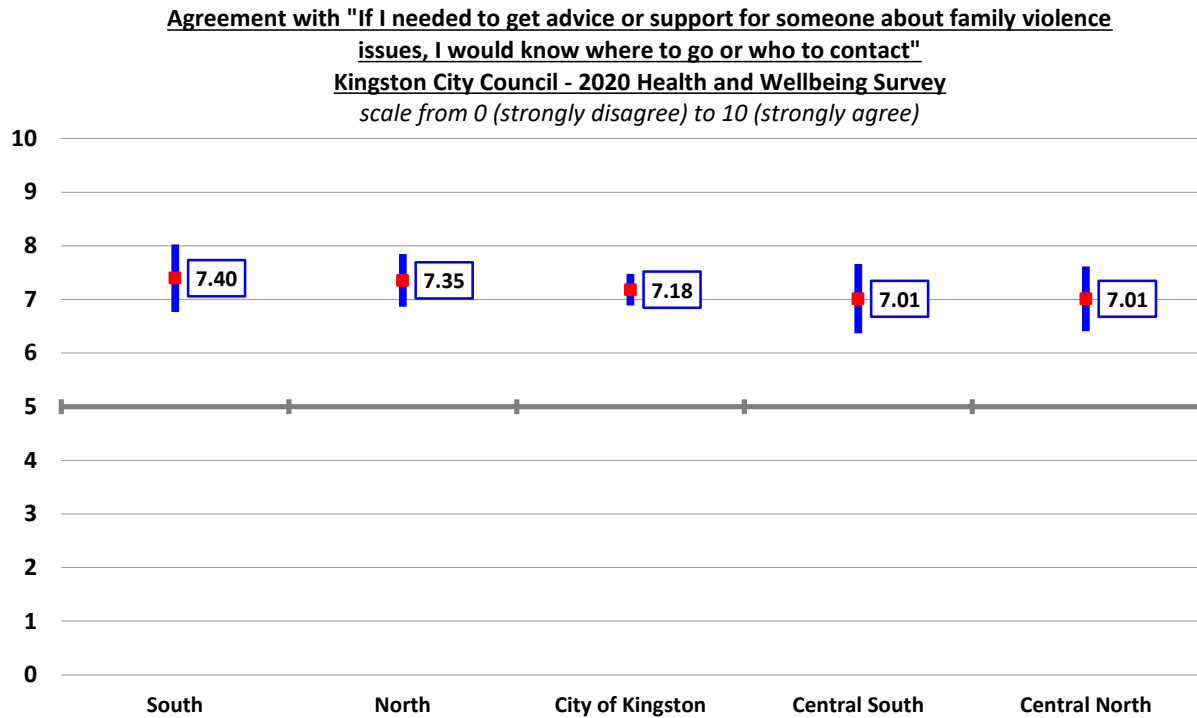


There was no statistically significant variation in the average agreement with this statement observed by the respondents' age structure, however, it is noted that male respondents were measurably and significantly more likely to agree with this statement than female respondents.

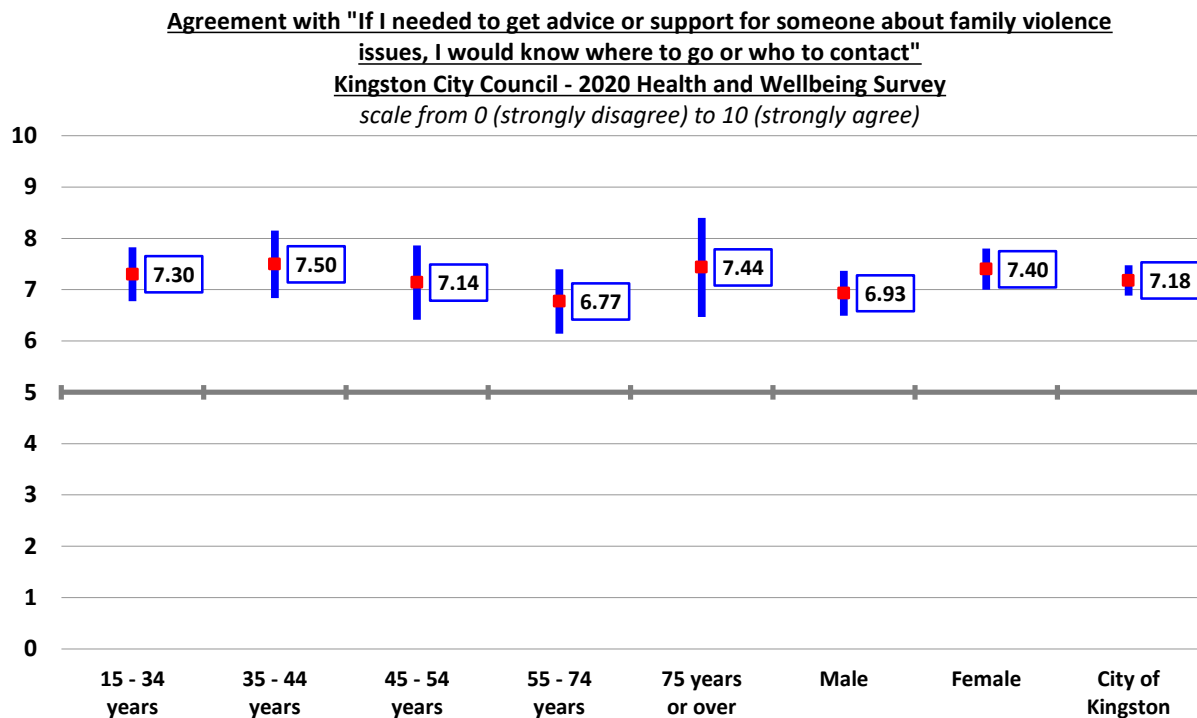


**If I needed to get advice or support for someone about family violence issues, I would know where to go and who to contact.**

There was no meaningful variation in the average agreement that respondents know where to get advice or support for someone about family violence issues observed across the four regions comprising the City of Kingston.



There was also no statistically significant variation in this result observed by the respondents' age or gender, although female respondents were somewhat more in agreement than males.





## Examples of family violence

Respondents were asked:

*“Which, if any, of the following actions do you believe are examples of family violence?”*

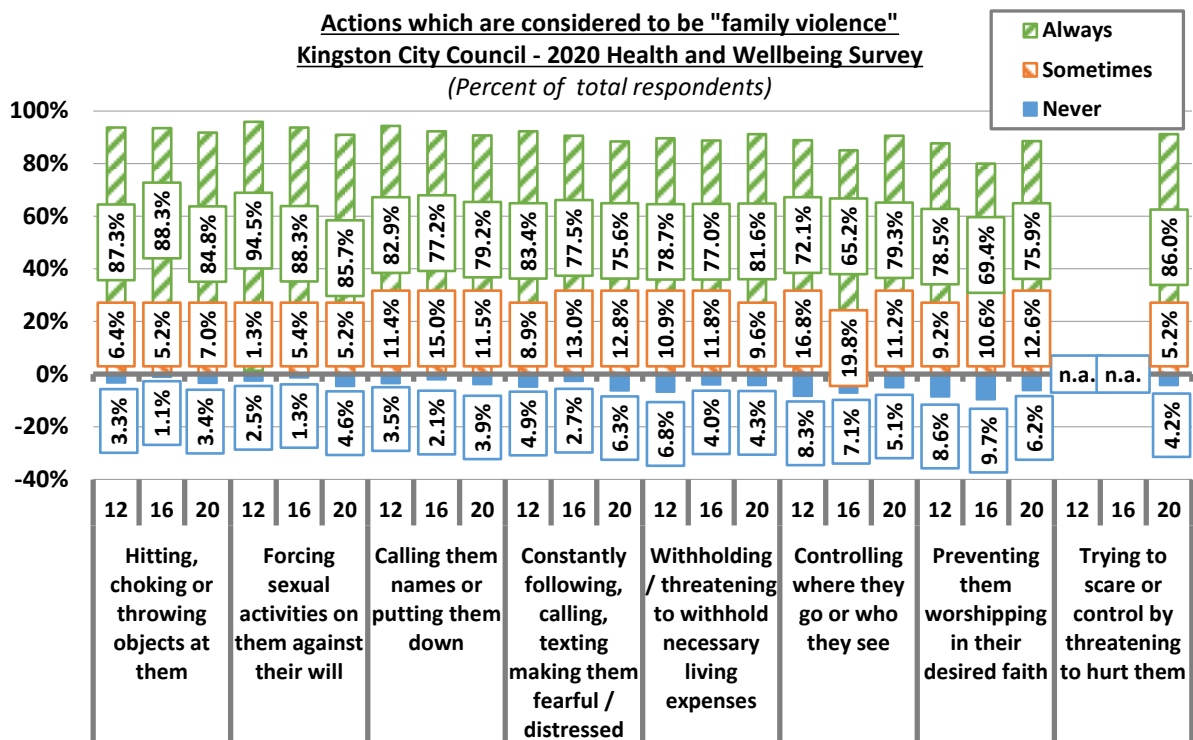
Respondents were again in 2020, asked which of eight actions they believed to be examples of family violence.

As is evident in the following graph and table, the overwhelming majority (three-quarters or more) of respondents believe that all eight actions were always examples of family violence.

There were only three actions that more than five percent of respondents believed were never examples of family violence, those being: “constantly following, calling, texting, resulting in them feeling distressed or fearful” (6.3%), “preventing them from worshipping in their desired faith” (6.2%), and “controlling where they go or who they see” (5.1%).

It is noted, however, that approximately five percent of respondents were not able to say whether these eight actions were examples of family violence.

There were two actions that respondents were significantly more likely to consider to always be examples of family violence in 2020 than in 2016, those being “a family member controlling where another goes or who they see” (79.3% up from 65.2%), and “a family member preventing another from worshipping in their desired faith” (75.9% up from 69.4%).



**Actions which are considered to be "family violence"**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
*(Number and percent of total respondents)*

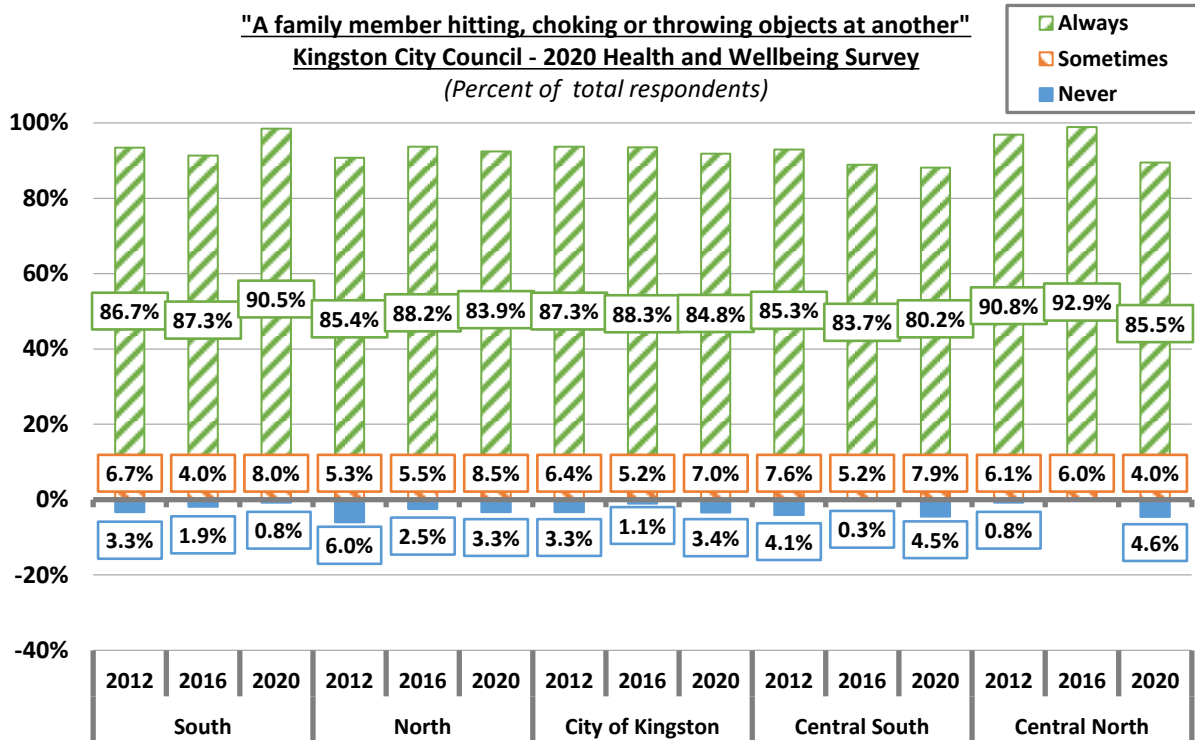
<i>Statement</i>	<i>Year</i>	<i>Never</i>	<i>Sometimes</i>	<i>Always</i>	<i>Can't say</i>	<i>Total</i>
A family member hitting, choking or throwing objects at another	2012	3.3%	6.4%	87.3%	2.9%	<b>512</b>
	2016	1.1%	5.2%	88.3%	5.4%	<b>500</b>
	2020	3.4%	7.0%	84.8%	4.7%	<b>503</b>
A family member forcing another to engage in sexual activities against their will	2012	2.5%	1.3%	94.5%	1.7%	<b>512</b>
	2016	1.3%	5.4%	88.3%	5.0%	<b>500</b>
	2020	4.6%	5.2%	85.7%	4.5%	<b>503</b>
A family member repeatedly calling another names or putting them down	2012	3.5%	11.4%	82.9%	2.2%	<b>512</b>
	2016	2.1%	15.0%	77.2%	5.6%	<b>500</b>
	2020	3.9%	11.5%	79.2%	5.4%	<b>503</b>
A family member checking up on another by following them or constantly calling or texting them resulting in them feeling distressed or fearful	2012	4.9%	8.9%	83.4%	2.8%	<b>512</b>
	2016	2.7%	13.0%	77.5%	6.8%	<b>500</b>
	2020	6.3%	12.8%	75.6%	5.3%	<b>503</b>
A family member withholding or threatening to withhold the necessary living expenses of a person or child	2012	6.8%	10.9%	78.7%	3.6%	<b>512</b>
	2016	4.0%	11.8%	77.0%	7.2%	<b>500</b>
	2020	4.3%	9.6%	81.6%	4.5%	<b>503</b>
A family member controlling where another goes or who they see	2012	8.3%	16.8%	72.1%	2.8%	<b>512</b>
	2016	7.1%	19.8%	65.2%	7.9%	<b>500</b>
	2020	5.1%	11.2%	79.3%	4.5%	<b>503</b>
A family member preventing another from worshipping in their desired faith	2012	8.6%	9.2%	78.5%	3.8%	<b>512</b>
	2016	9.7%	10.6%	69.4%	10.2%	<b>500</b>
	2020	6.2%	12.6%	75.9%	5.3%	<b>503</b>
A family member trying to scare or control another by threatening to hurt other family members	2012	n.a.	n.a.	n.a.	n.a.	<b>n.a.</b>
	2016	n.a.	n.a.	n.a.	n.a.	<b>n.a.</b>
	2020	4.2%	5.2%	86.0%	4.6%	<b>503</b>

The following section provides a breakdown of these results for each individual action by region and by the respondents' age and gender.

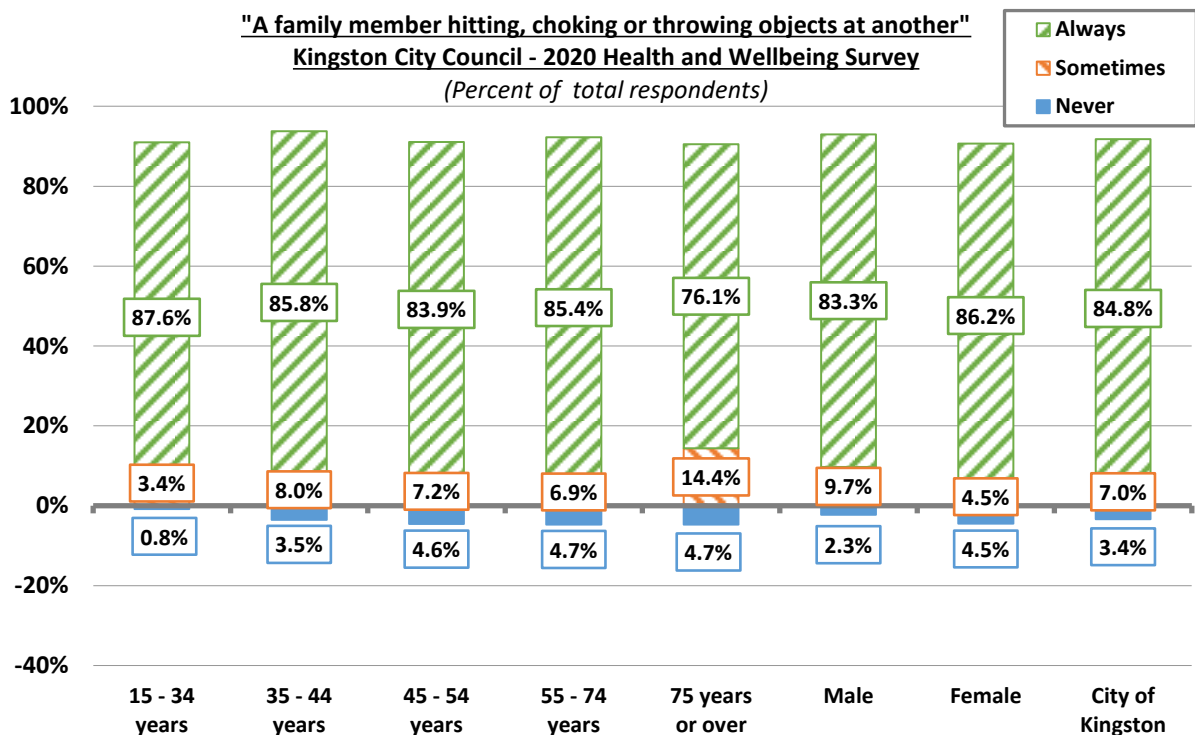


**A family member hitting, choking, or throwing objects at another.**

There was no statistically significant variation in the proportion of respondents across the four regions who believe that “a family member hitting, choking, or throwing objects at another member” is always or sometimes family violence.

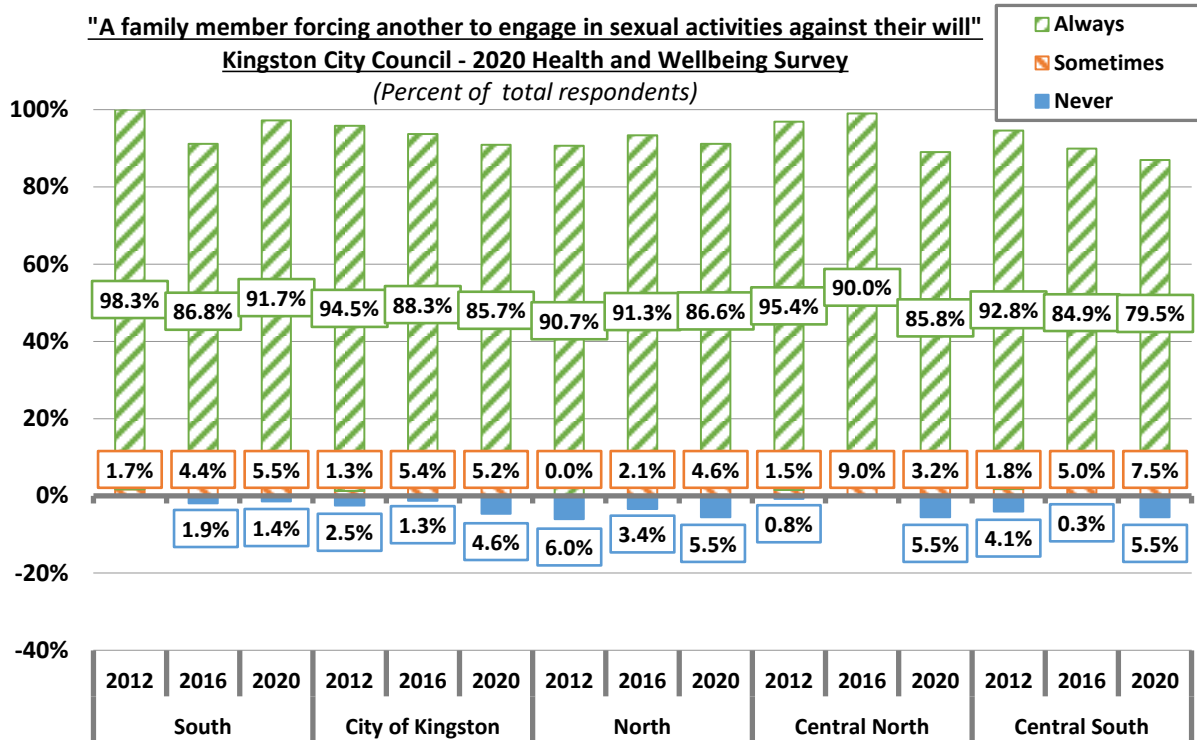


Senior citizens (aged 75 years and over) were measurably less likely than average to believe that this always constituted family violence, and more likely to believe that it was sometimes.

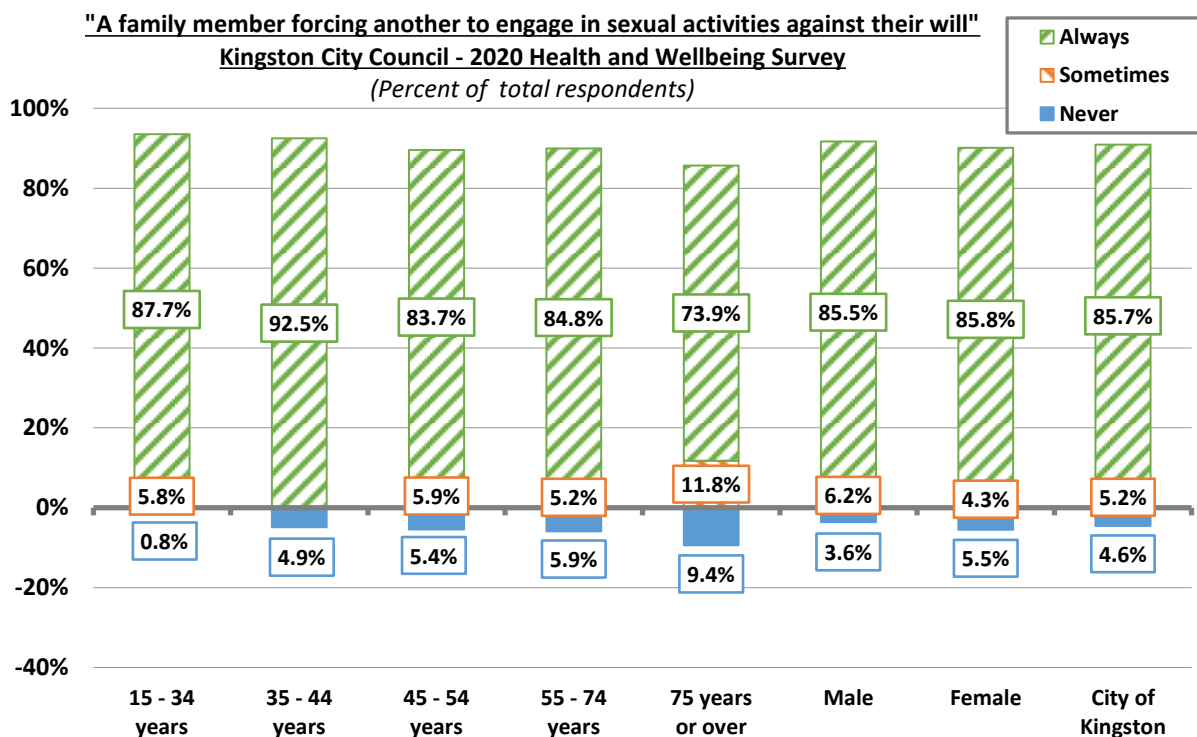


**A family member forcing another to engage in sexual activities against their will.**

There was no statistically significant variation in the proportion of respondents across the four regions who believe that “a family member forcing another to engage in sexual activities against their will” is always or sometimes family violence.

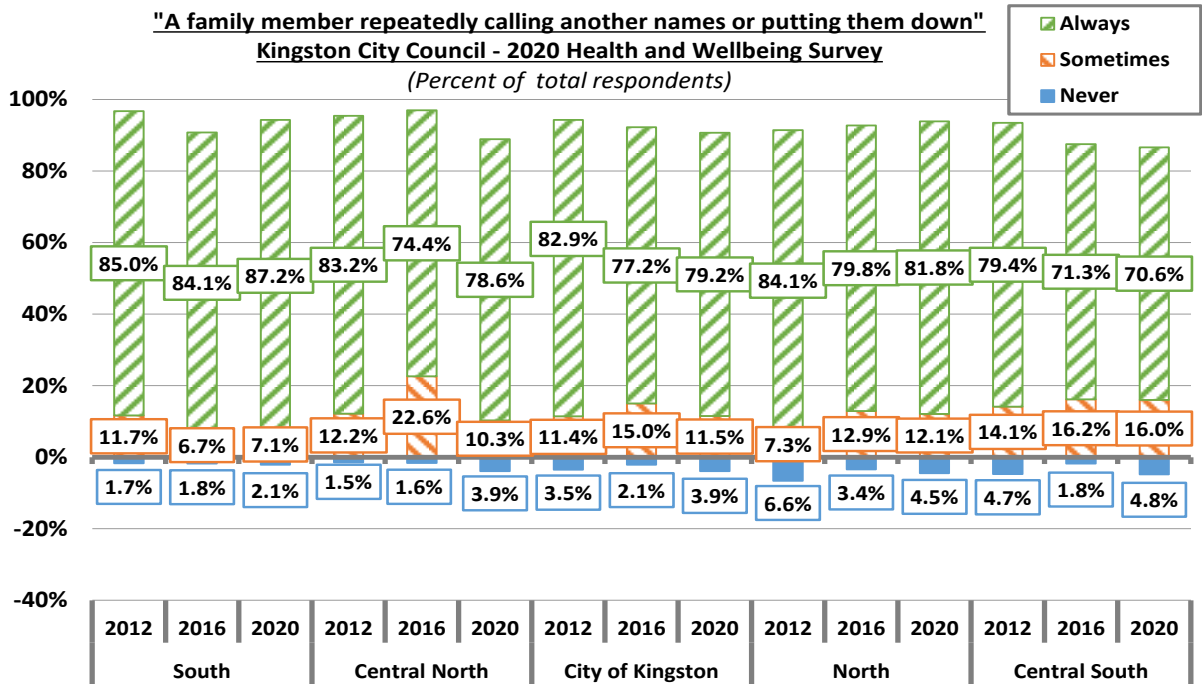


Senior citizens (aged 75 years and over) were measurably less likely than average to believe that this always constituted family violence, and more likely to believe that it was sometimes.

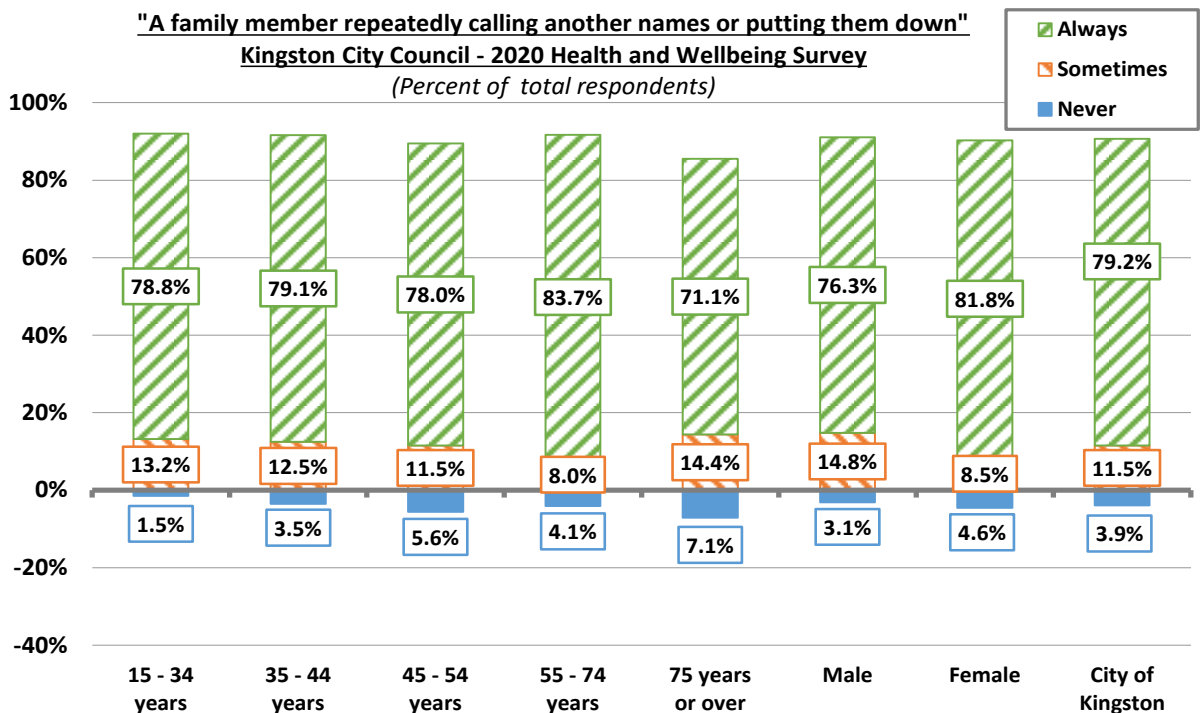


**A family member repeatedly calling another names or putting them down.**

There was some variation observed in the proportion of respondents across the four regions who believe that “a family member repeatedly calling another names or putting them down” is always or sometimes family violence, with respondents from South region measurably more likely than the municipal average to believe this is always family violence.



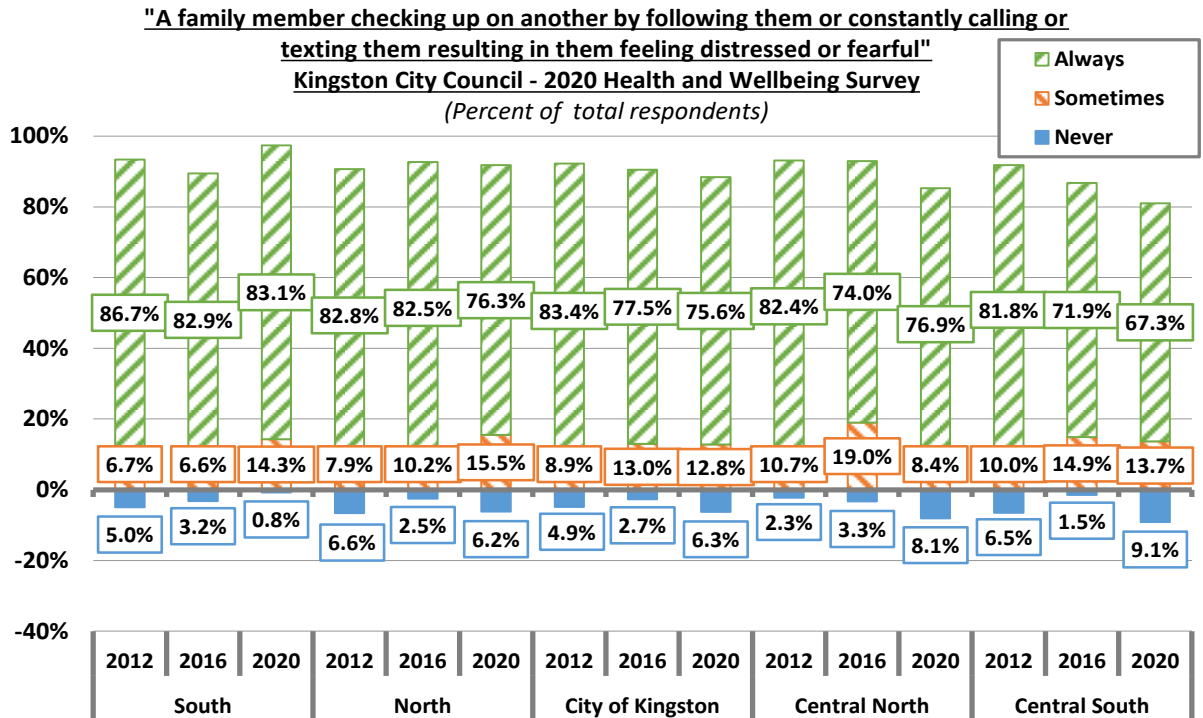
Senior citizens (aged 75 years and over) were measurably less likely than average to believe that this always constituted family violence, and more likely to believe that it was sometimes. Female respondents were measurably more likely than males to believe that this was always family violence.



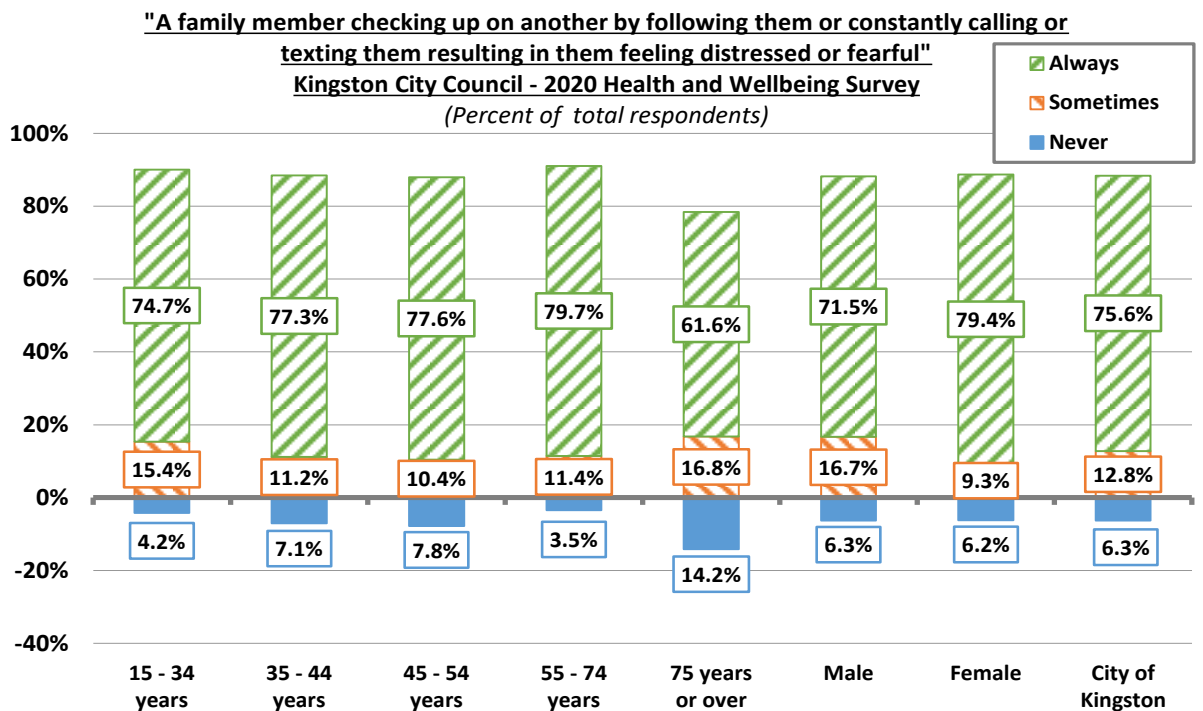


**A family member checking up on another by following them or constantly calling or texting them resulting in them feeling distressed or fearful.**

There was some measurable variation in the proportion of respondents who believe that “a family member checking up on another resulting in them feeling distressed or fearful” is always or sometimes family violence, with South region respondents measurably more likely.

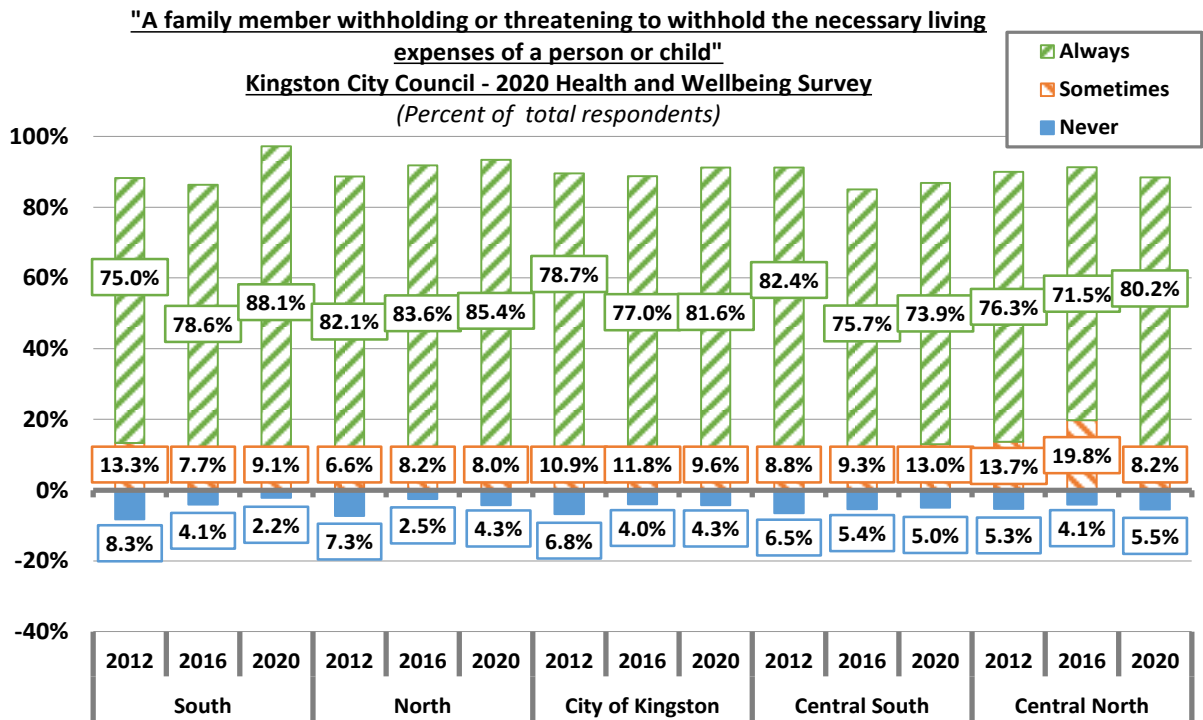


Senior citizens (aged 75 years and over) were measurably less likely than average to believe that this always constituted family violence, and more likely to believe that it was never. Female respondents were measurably more likely than males to believe it was always.

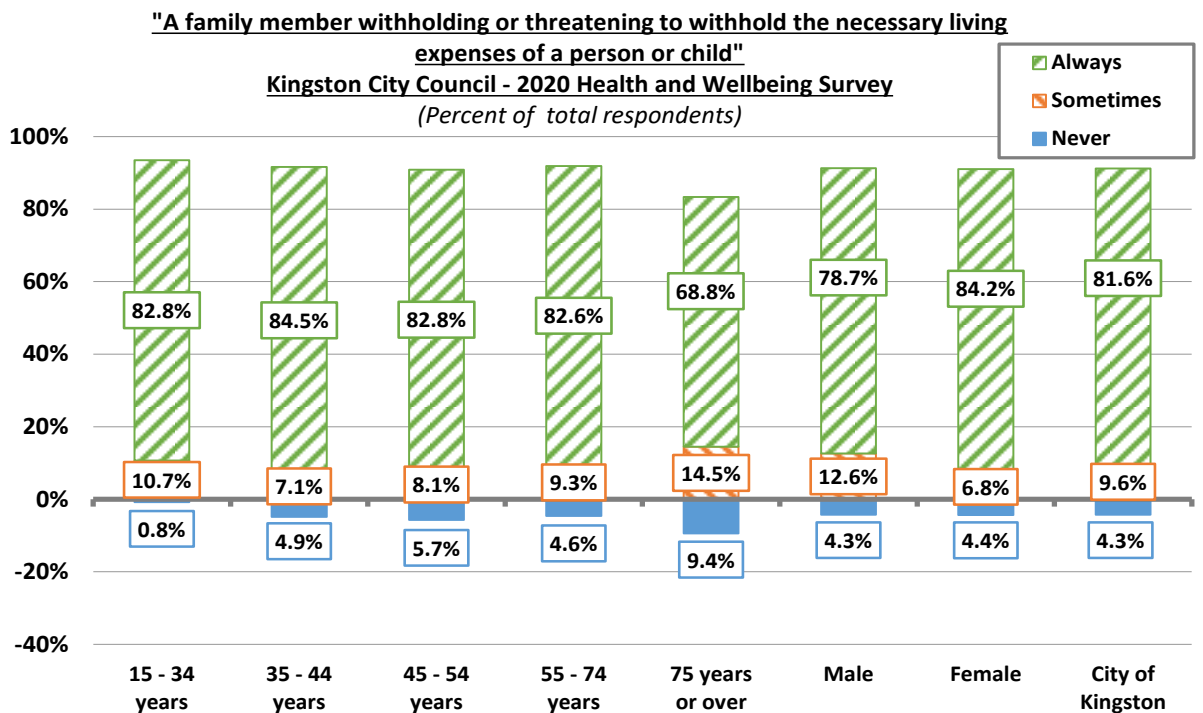


**A family member withholding or threatening to withhold the necessary living expenses of a person or child.**

There was no statistically significant variation in the proportion of respondents across the four regions who believe that “a family withholding or threatening to withhold necessary living expenses of a person or child” is always or sometimes family violence.



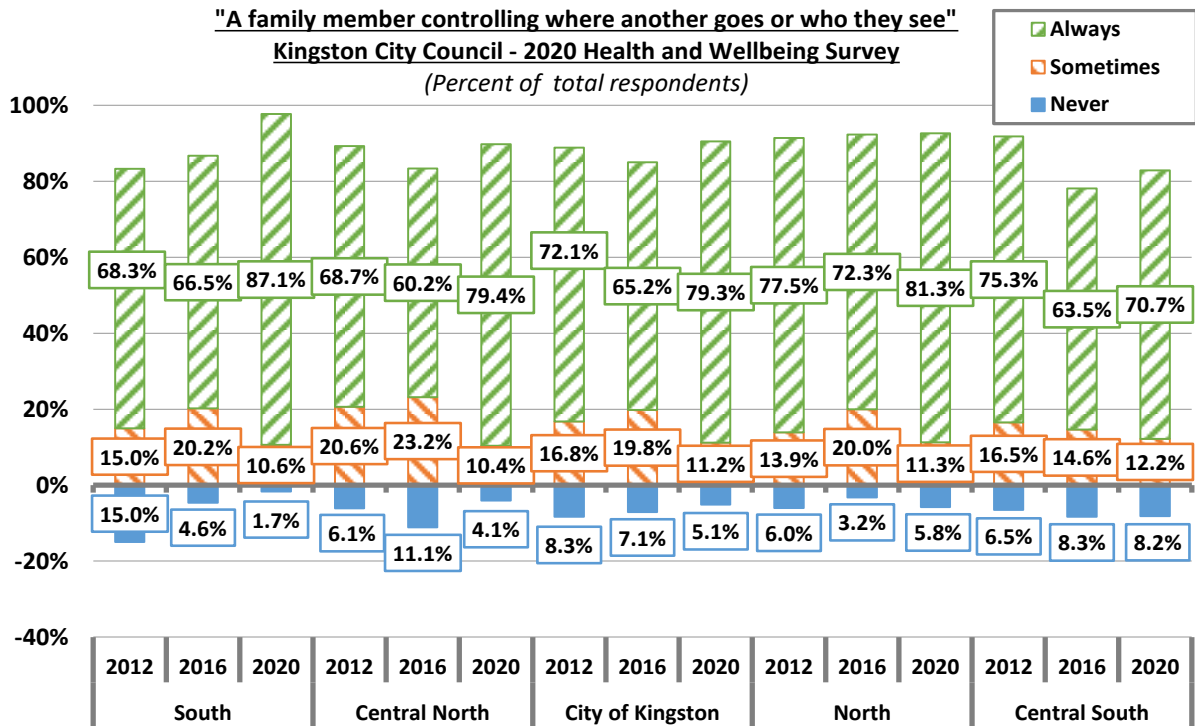
Senior citizens (aged 75 years and over) were measurably less likely than average to believe that this always constituted family violence, and more likely to believe that it was sometimes. Female respondents were measurably more likely than males to believe it was always.



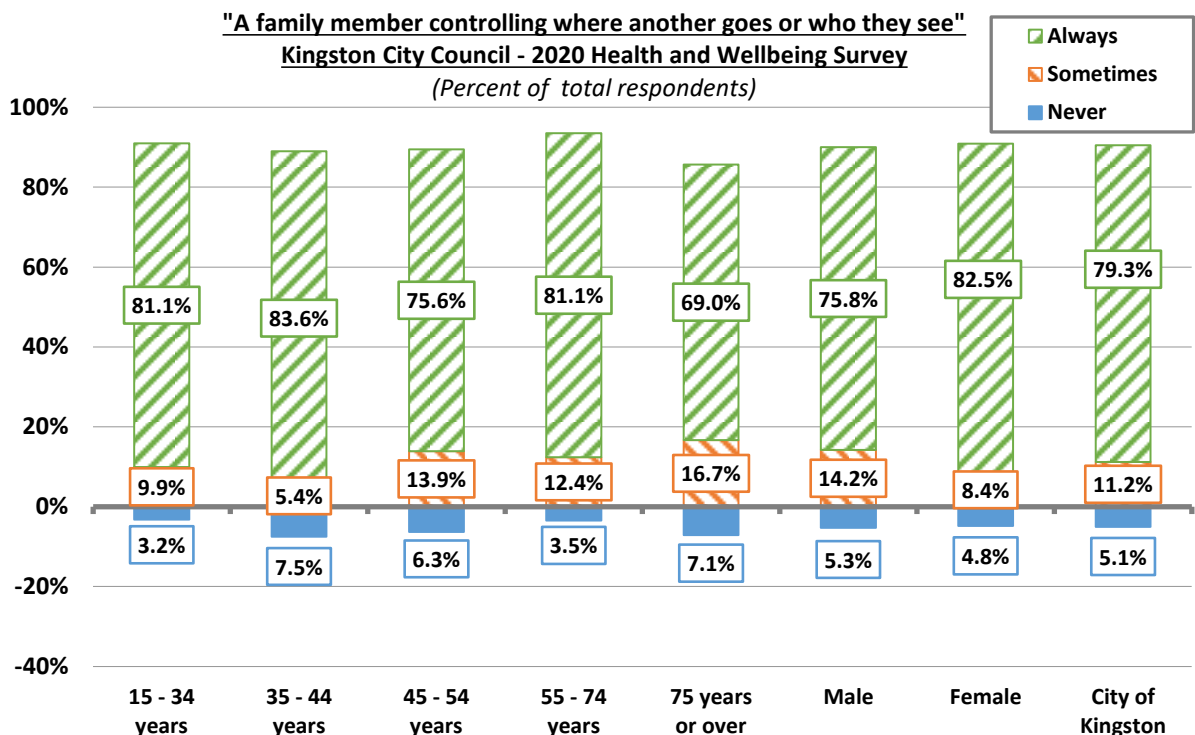


**A family member controlling where another goes or who they see.**

There was no statistically significant variation in the proportion of respondents across the four regions who believe that “a family withholding or threatening to withhold necessary living expenses of a person or child” is always or sometimes family violence.

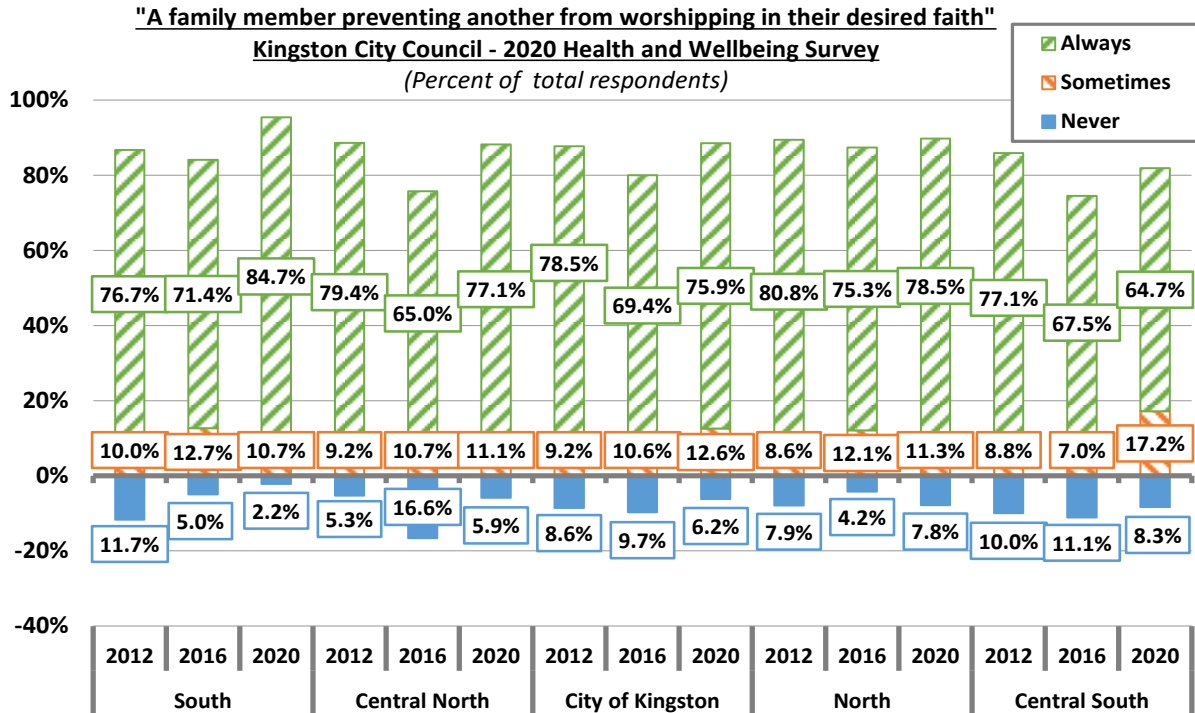


Senior citizens (aged 75 years and over) were measurably less likely than average to believe that this always constituted family violence, and more likely to believe that it was sometimes. Female respondents were measurably more likely than males to believe it was always.

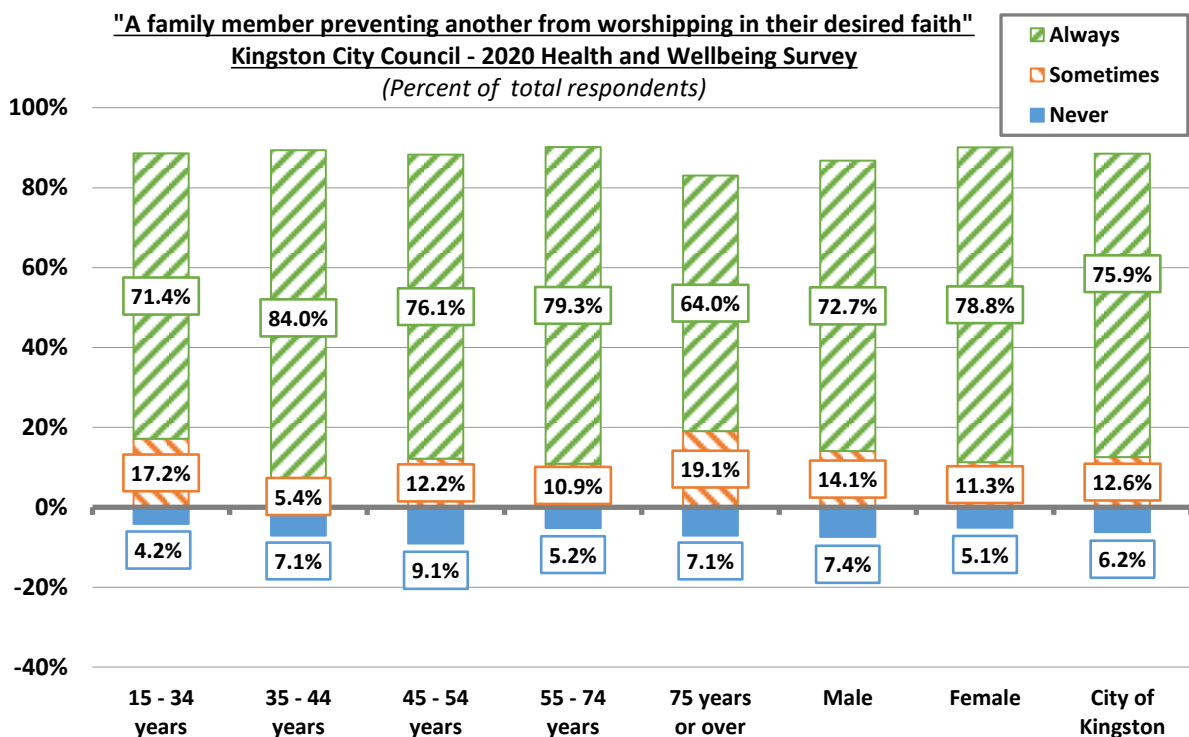


**A family member preventing another from worshipping in their desired faith.**

There was no statistically significant variation in the proportion of respondents across the four regions who believe that “a family withholding or threatening to withhold necessary living expenses of a person or child” is always or sometimes family violence.

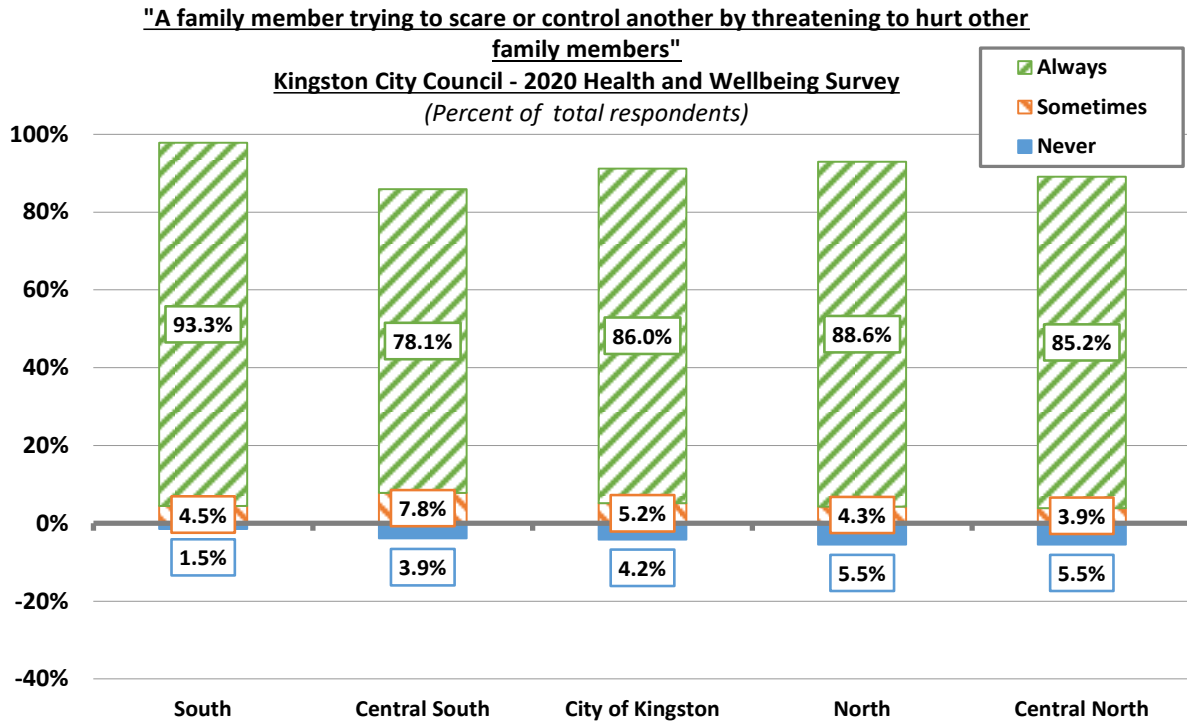


Senior citizens (aged 75 years and over) were measurably less likely than average to believe that this always constituted family violence, and more likely to believe that it was sometimes. Female respondents were measurably more likely than males to believe it was always.

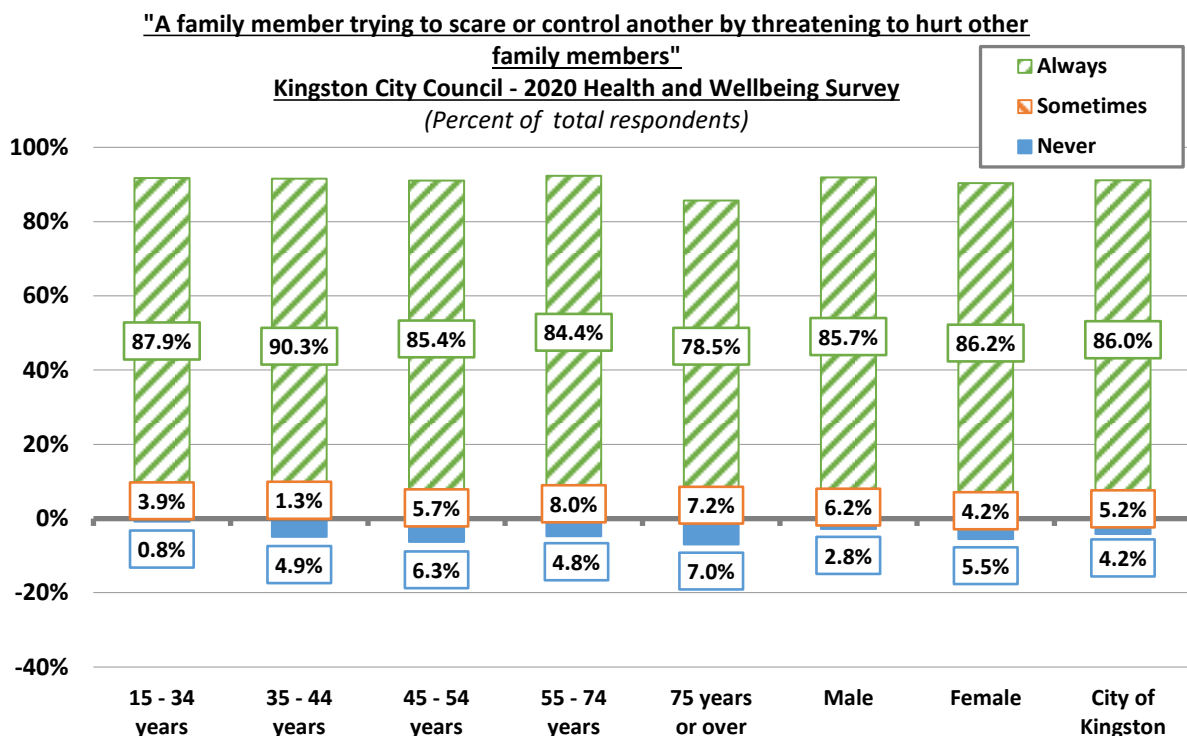


**A family member trying to scare or control another by threatening to hurt other family members.**

There was no statistically significant variation in the proportion of respondents across the four regions who believe that “a family trying to scare or control another by threatening to hurt other family members” is always or sometimes family violence.



There was no statistically significant variation in this result observed by the respondents’ age or gender.



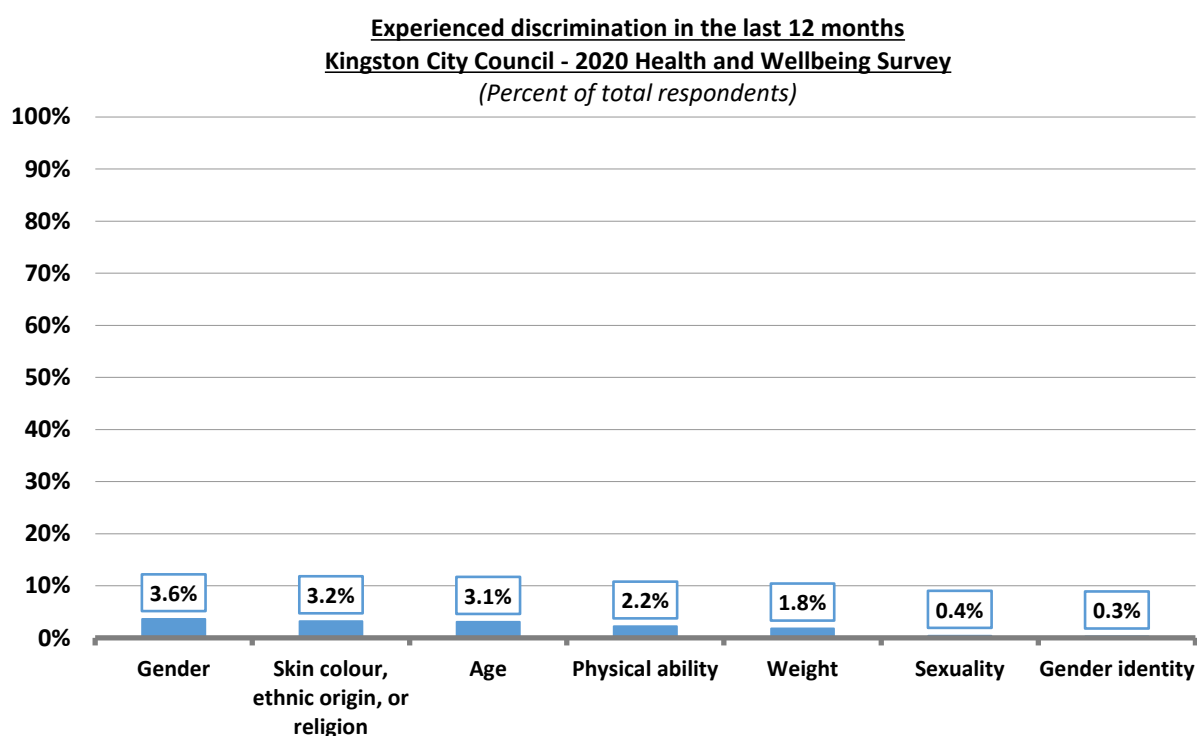
## Discrimination

Respondents were asked:

*“Have you experienced discrimination in Kingston in the last 12 months because of your?”*

Respondents were asked if they had experienced discrimination due to eight personal characteristics, including gender, gender identity, sexuality, age, skin colour, ethnic origin or religion, physical ability, or weight.

Metropolis Research notes that less than four percent of respondents reported experiencing discrimination due to any of the seven characteristics.



**Experienced discrimination in the last 12 months**  
Kingston City Council - 2020 Health and Wellbeing Survey  
(Number and percent of total respondents)

Aspect	Yes	No	Unsure	Prefer not to say	Total
Gender	3.6%	94.9%	1.3%	0.2%	503
Skin colour, ethnic origin, or religion	3.2%	95.6%	0.8%	0.4%	503
Age	3.1%	95.6%	1.2%	0.2%	503
Physical ability	2.2%	96.1%	1.6%	0.1%	503
Weight	1.8%	96.8%	1.4%	0.0%	503
Sexuality	0.4%	98.7%	0.8%	0.2%	503
Gender identity	0.3%	98.5%	1.0%	0.1%	503



There was no statistically significant variation in the proportion of respondents who had experienced discrimination due to any of the seven characteristics observed across regions.

It is noted, however, that respondents from North region were marginally, but not measurably more likely than the municipal average to have experienced discrimination in relation to skin colour, ethnic origin or religions, gender, age, physical ability, and weight. They were not, however, more likely to report experiencing discrimination due to sexuality or gender identity.

**Experienced discrimination in the last 12 months by region**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
*(Number and percent of total respondents)*

<i>Response</i>	<i>North</i>	<i>Central North</i>	<i>Central South</i>	<i>South</i>	<i>City of Kingston</i>
<i>Skin colour, ethnic origin, or religion</i>					
Yes	5.9%	2.9%	1.7%	2.3%	3.2%
No	91.0%	96.6%	97.7%	96.9%	95.6%
Unsure	1.3%	0.5%	0.6%	0.8%	0.8%
Prefer not to say	1.8%	0.0%	0.0%	0.0%	0.4%
<b>Total</b>	<b>124</b>	<b>137</b>	<b>100</b>	<b>111</b>	<b>503</b>
<i>Gender</i>					
Yes	6.3%	3.4%	1.4%	3.7%	3.6%
No	89.3%	95.4%	98.6%	96.3%	94.9%
Unsure	4.4%	0.6%	0.0%	0.0%	1.3%
Prefer not to say	0.0%	0.6%	0.0%	0.0%	0.2%
<b>Total</b>	<b>124</b>	<b>137</b>	<b>131</b>	<b>111</b>	<b>503</b>
<i>Age</i>					
Yes	4.4%	4.1%	1.7%	2.0%	3.1%
No	92.0%	94.3%	98.3%	98.0%	95.6%
Unsure	3.6%	1.0%	0.0%	0.0%	1.2%
Prefer not to say	0.0%	0.6%	0.0%	0.0%	0.2%
<b>Total</b>	<b>124</b>	<b>137</b>	<b>100</b>	<b>111</b>	<b>503</b>
<i>Physical ability</i>					
Yes	4.6%	1.6%	1.2%	1.3%	2.2%
No	93.0%	95.1%	98.8%	97.6%	96.1%
Unsure	2.3%	2.8%	0.0%	1.2%	1.6%
Prefer not to say	0.0%	0.5%	0.0%	0.0%	0.1%
<b>Total</b>	<b>124</b>	<b>137</b>	<b>100</b>	<b>111</b>	<b>503</b>

**Experienced discrimination in the last 12 months by region**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
 (Number and percent of total respondents)

<i>Response</i>	<i>North</i>	<i>Central North</i>	<i>Central South</i>	<i>South</i>	<i>City of Kingston</i>
<i>Sexuality</i>					
Yes	0.0%	0.6%	0.0%	0.9%	0.4%
No	97.7%	97.9%	100.0%	99.1%	98.7%
Unsure	2.3%	0.9%	0.0%	0.0%	0.8%
Prefer not to say	0.0%	0.6%	0.0%	0.0%	0.2%
<b>Total</b>	<b>124</b>	<b>137</b>	<b>100</b>	<b>111</b>	<b>503</b>
<i>Gender identity</i>					
Yes	0.5%	0.6%	0.0%	0.0%	0.3%
No	98.2%	97.6%	99.4%	99.1%	98.5%
Unsure	1.3%	1.2%	0.6%	0.9%	1.0%
Prefer not to say	0.0%	0.5%	0.0%	0.0%	0.1%
<b>Total</b>	<b>124</b>	<b>137</b>	<b>100</b>	<b>111</b>	<b>503</b>
<i>Weight</i>					
Yes	4.1%	2.1%	0.0%	0.8%	1.8%
No	91.8%	96.9%	99.5%	99.2%	96.8%
Unsure	4.1%	1.0%	0.5%	0.0%	1.4%
Prefer not to say	0.0%	0.0%	0.0%	0.0%	0.0%
<b>Total</b>	<b>124</b>	<b>137</b>	<b>100</b>	<b>111</b>	<b>503</b>

The following section provides a breakdown of these results by respondent profile, including age structure, gender, language spoken at home, ATSI status, sexuality , and disability status.

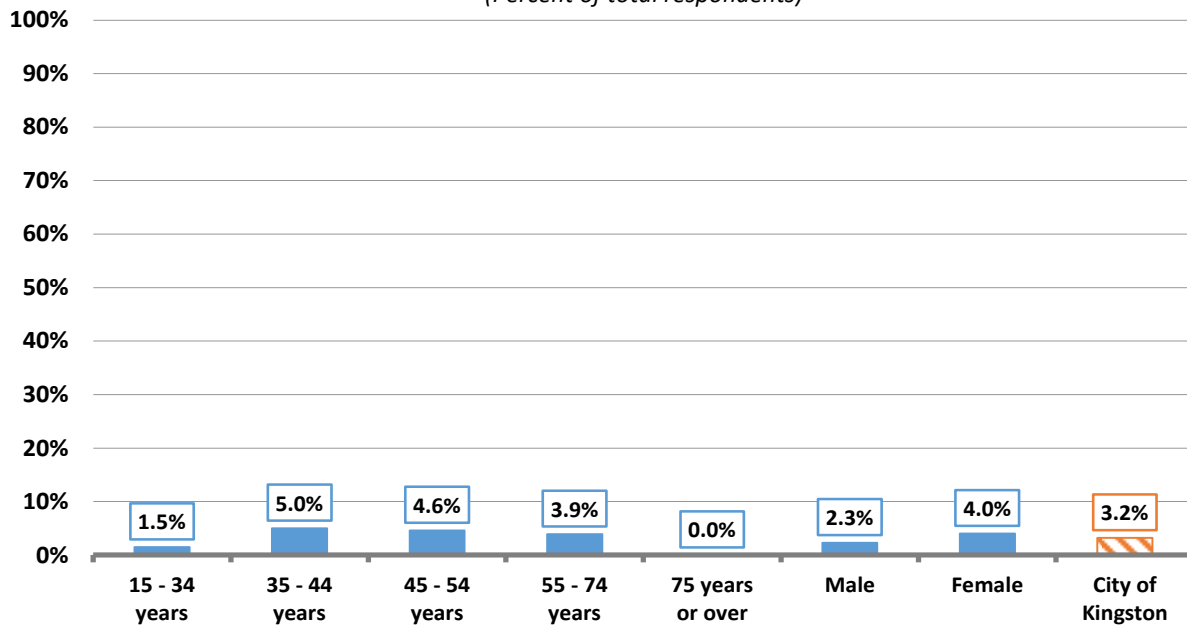


### Skin colour, ethnic origin, or religion

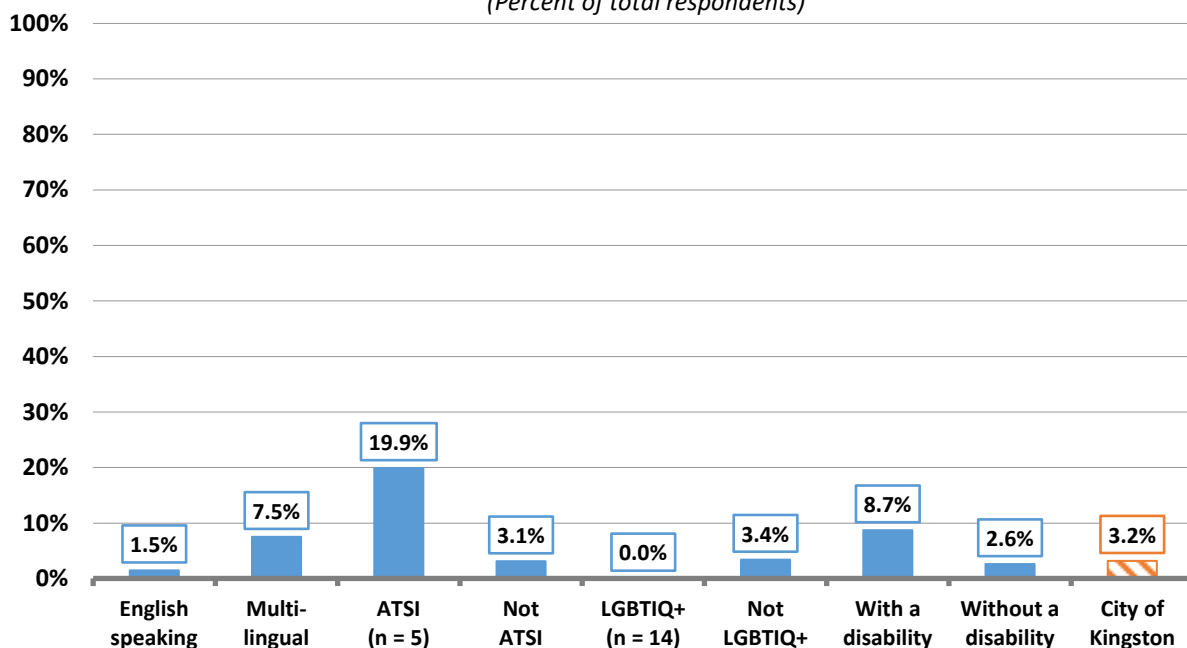
There was no statistically significant variation in the proportion of respondents who reported having experienced discrimination due to skin colour, ethnic origin or religion observed by age structure, gender, or sexuality.

Respondents who were Aboriginal and / or Torres Strait Islander, spoke a language other than English at home, or had a disability were all somewhat more likely to report having experienced this type of discrimination than other respondents.

**"Skin colour, ethnic origin, or religion" by age and gender**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
*(Percent of total respondents)*



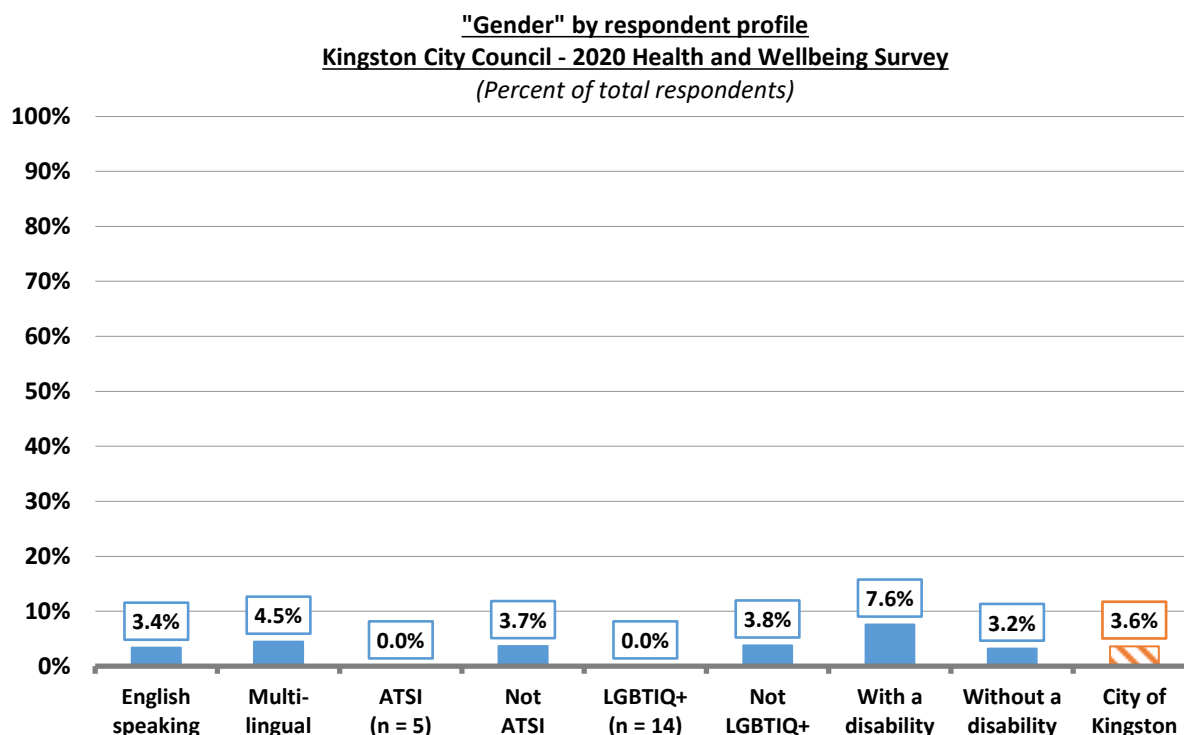
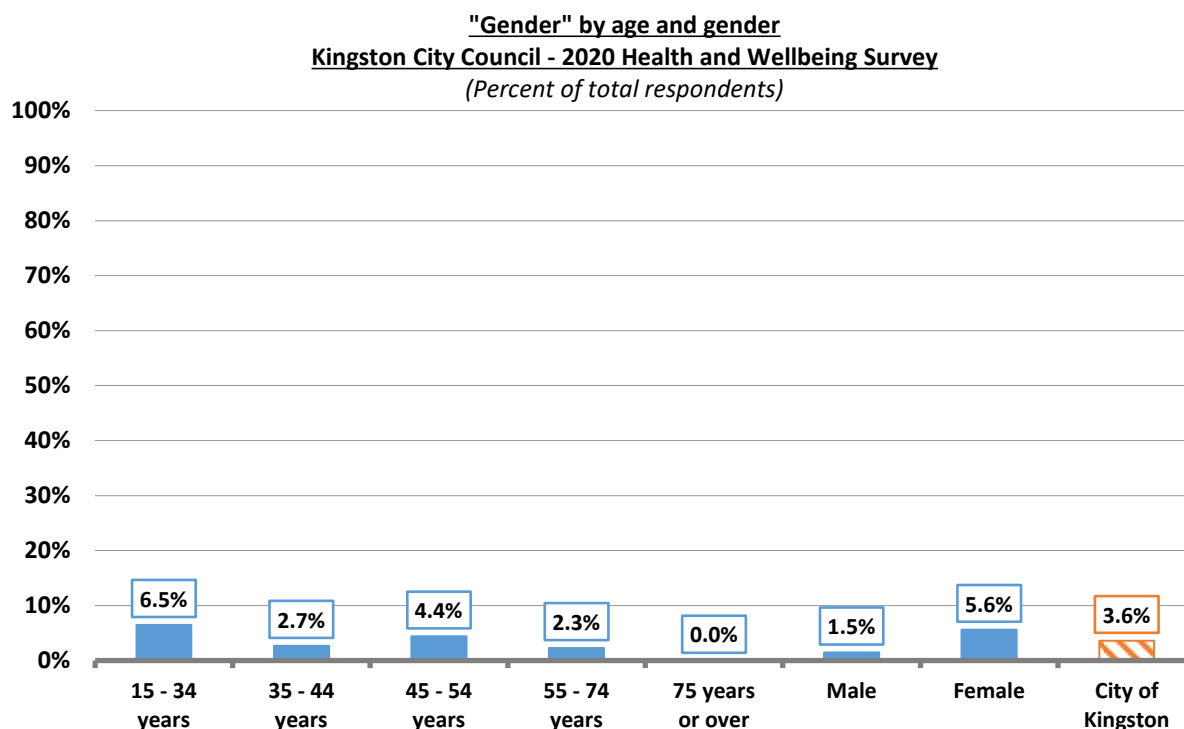
**"Skin colour, ethnic origin, or religion" by respondent profile**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
*(Percent of total respondents)*





## Gender

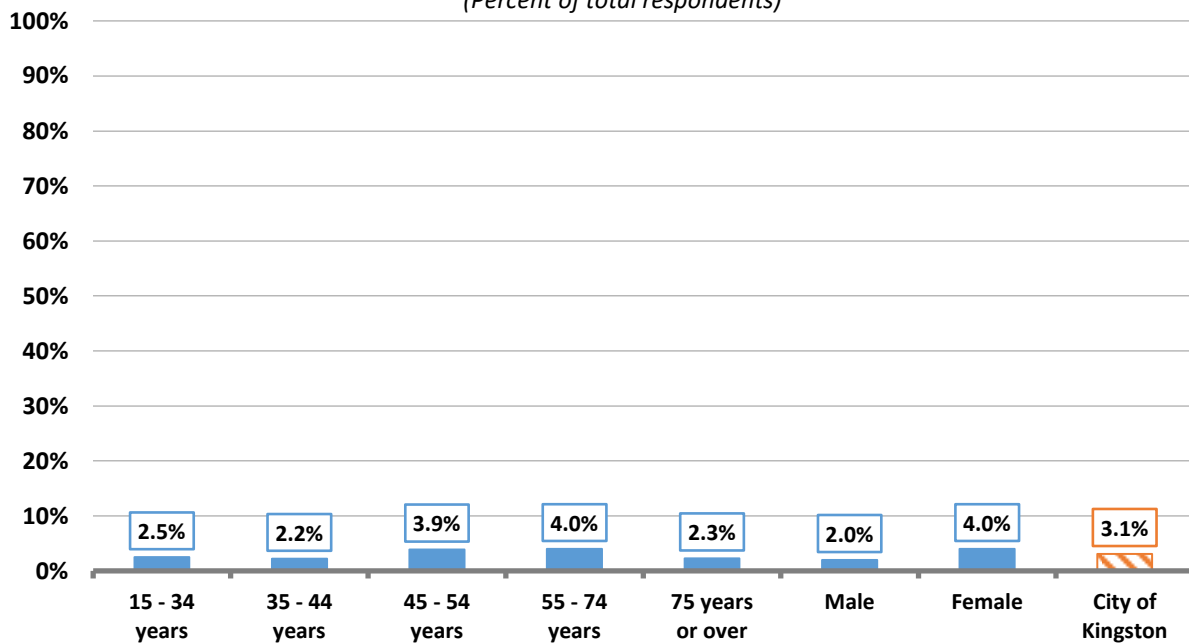
There was no statistically significant variation in the proportion of respondents who reported having experienced gender discrimination observed by age structure, language spoken at home, or sexuality. It is noted, however, that female respondents and respondents with a disability were marginally more likely than other respondents to report experiencing this type of discrimination.



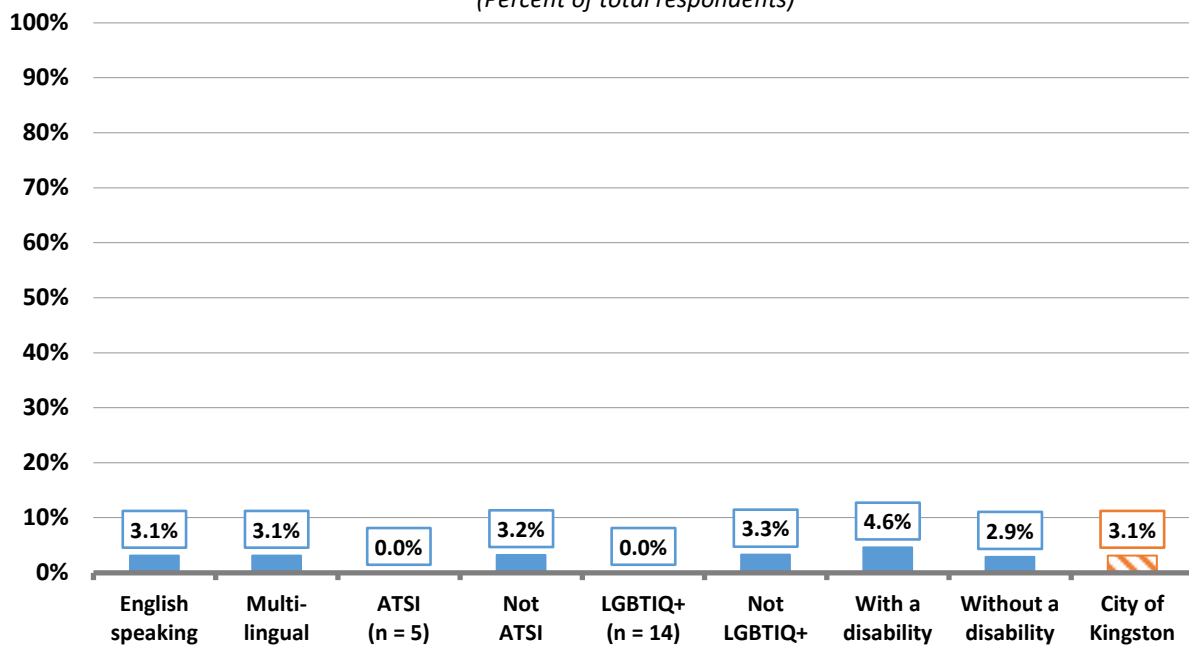
**Age**

There was no statistically significant variation in the proportion of respondents who reported having experienced age discrimination observed by age structure, gender, language spoken at home, ATSI status, sexuality, or disability status.

**"Age" by age and gender**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
 (Percent of total respondents)



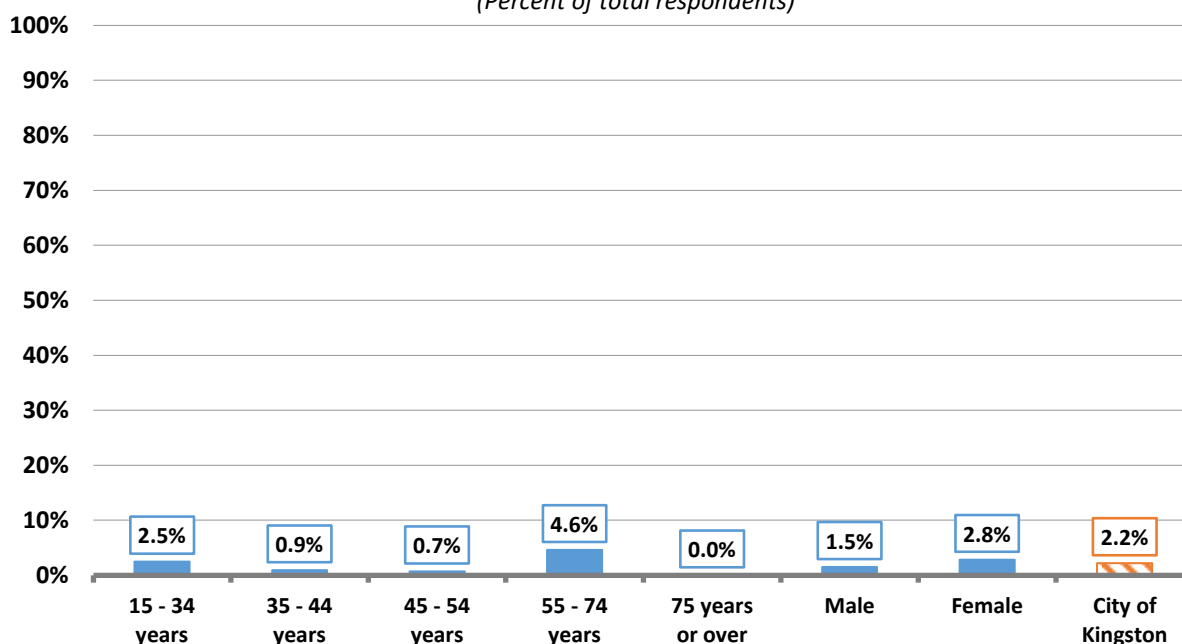
**"Age" by respondent profile**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
 (Percent of total respondents)



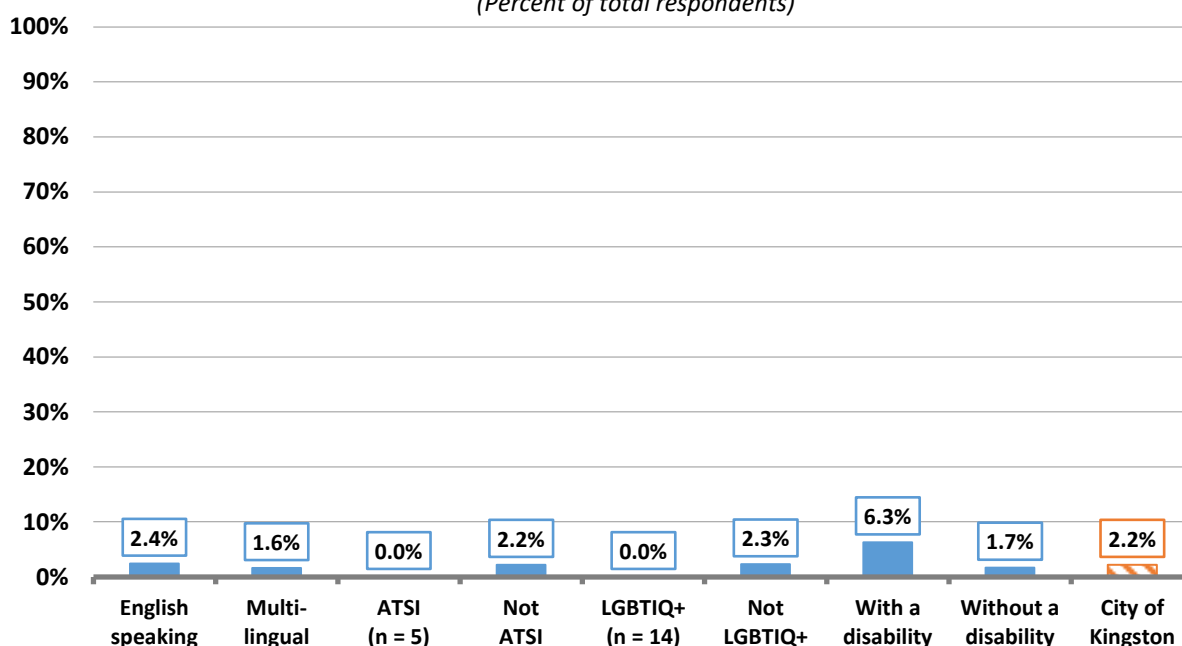
## Physical ability

There was no statistically significant variation in the proportion of respondents who reported having experienced discrimination due to physical ability observed by age structure, gender, language spoken at home, ATSI status, or sexuality. Respondents with a disability, however, were notably more likely to report having experienced this type of discrimination than other respondents.

**"Physical ability" by age and gender**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
 (Percent of total respondents)



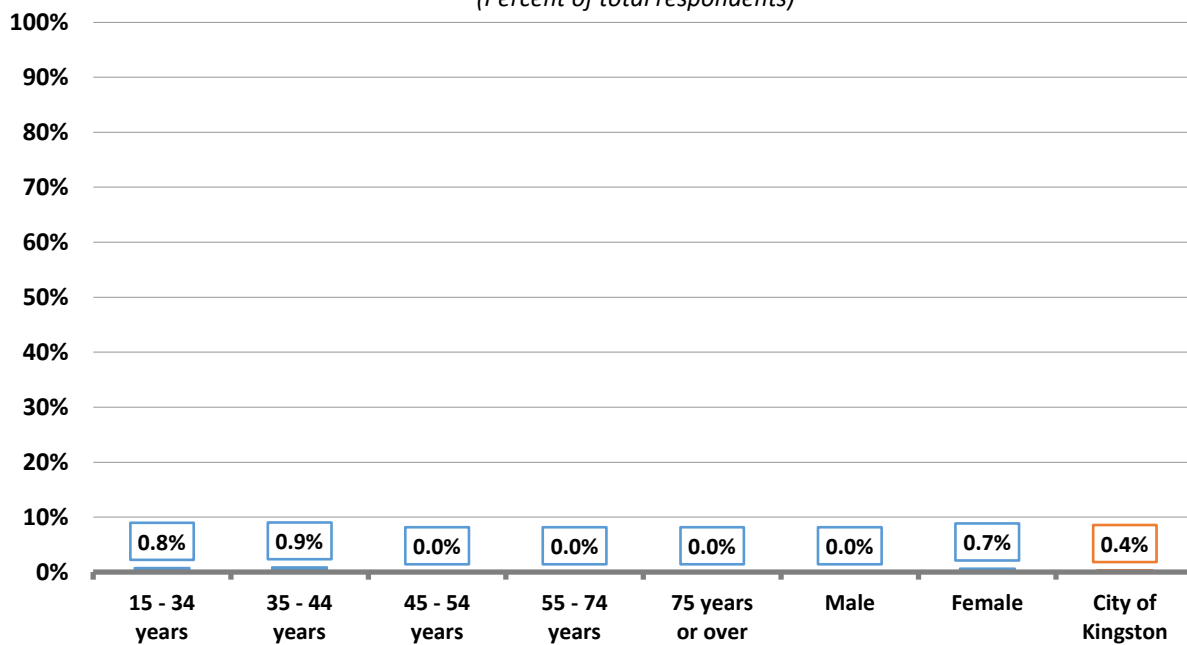
**"Physical ability" by respondent profile**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
 (Percent of total respondents)



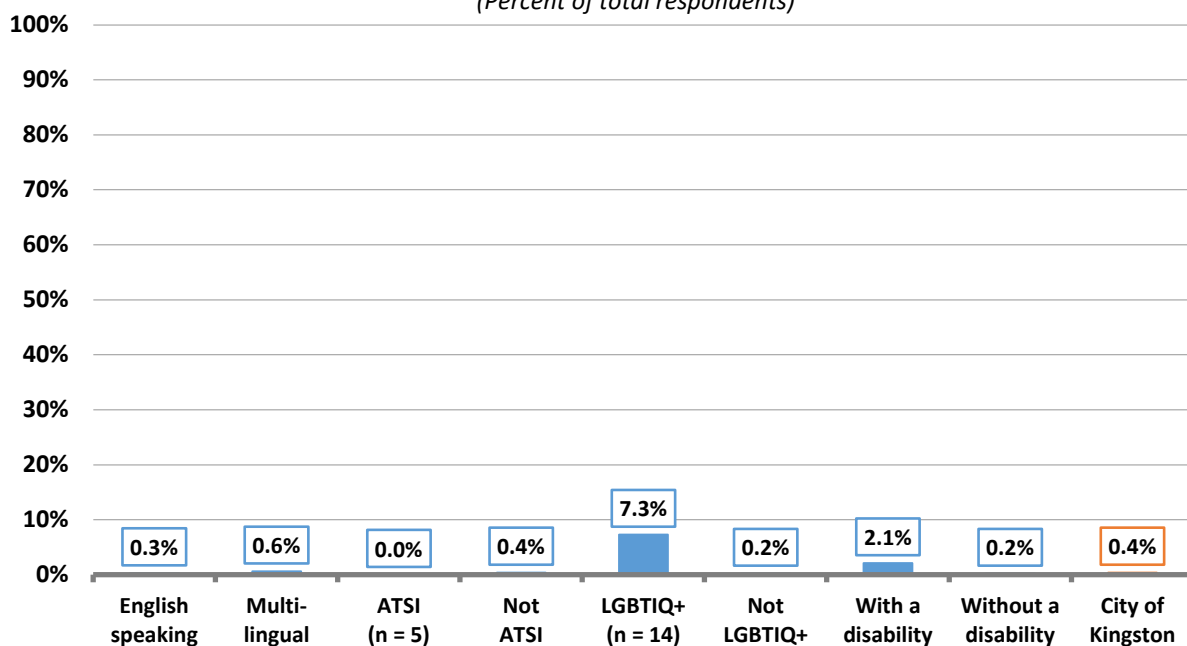
## Sexuality

There was no statistically significant variation in the proportion of respondents who reported having experienced discrimination due to sexuality observed by age structure, gender, language spoken at home, ATSI status, or disability status. Respondents identifying as LGBTIQ+ were, however, notably more likely to report having experienced this type of discrimination than other respondents.

**"Sexuality" by age and gender**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
 (Percent of total respondents)

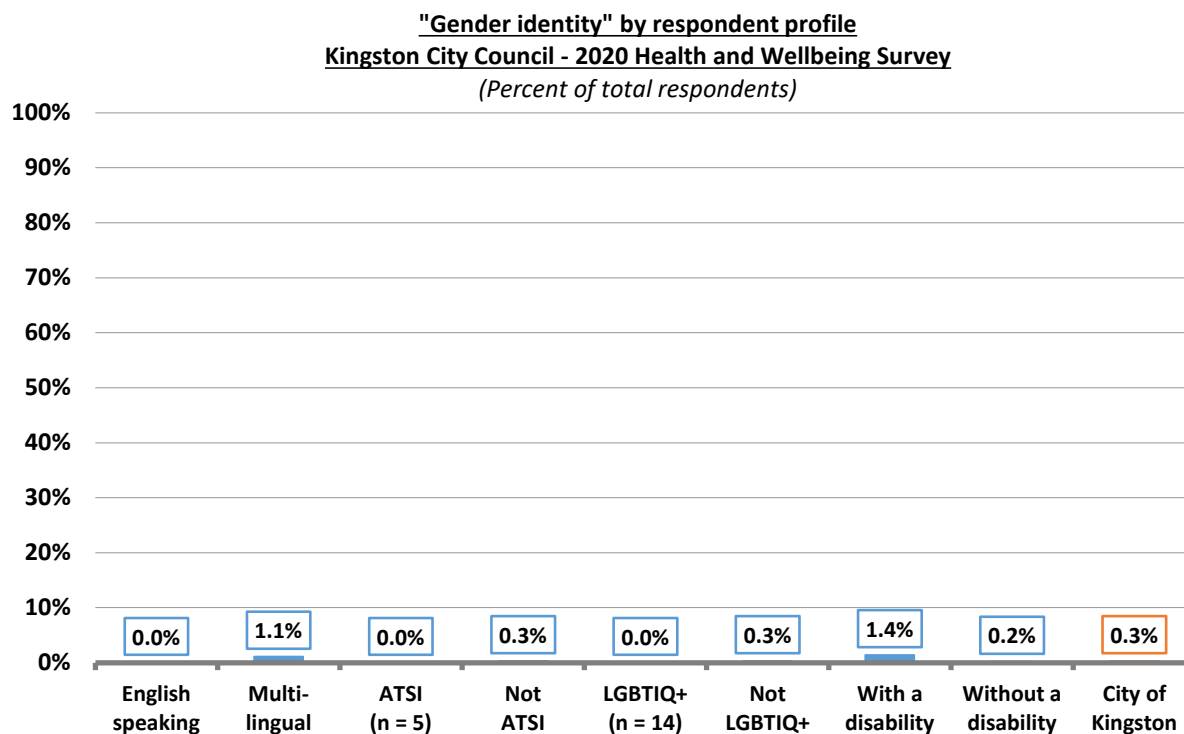
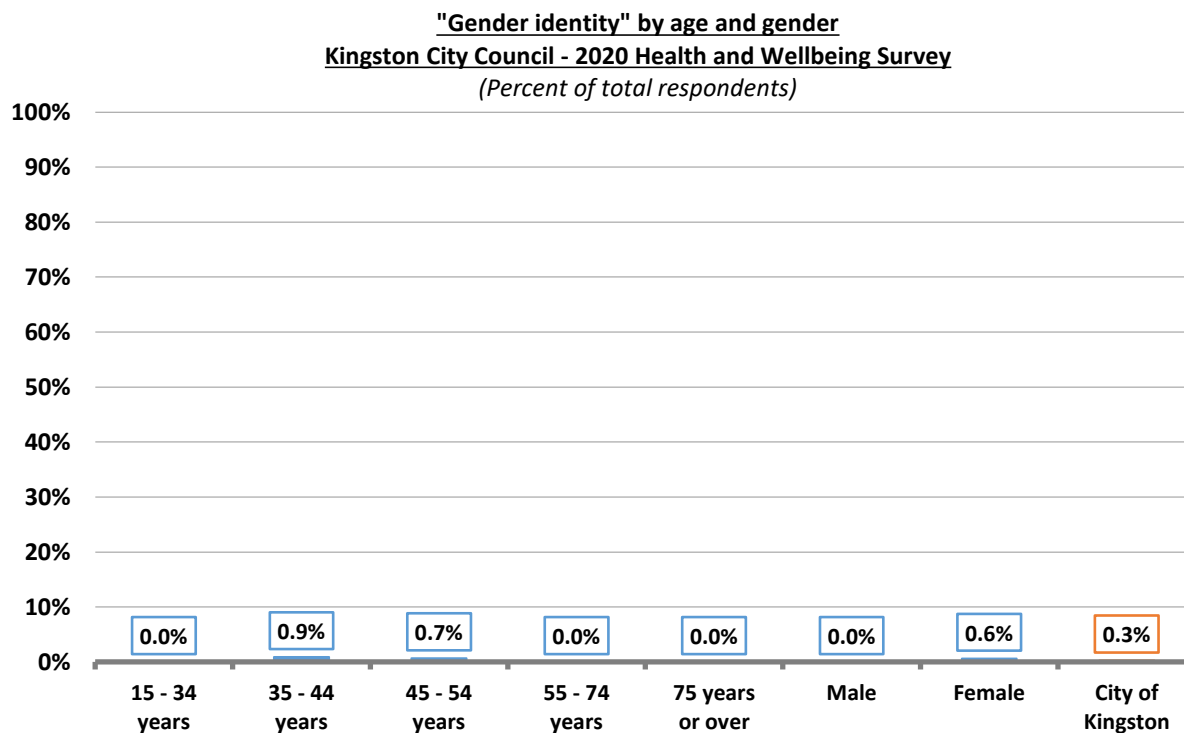


**"Sexuality" by respondent profile**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
 (Percent of total respondents)



## Gender identity

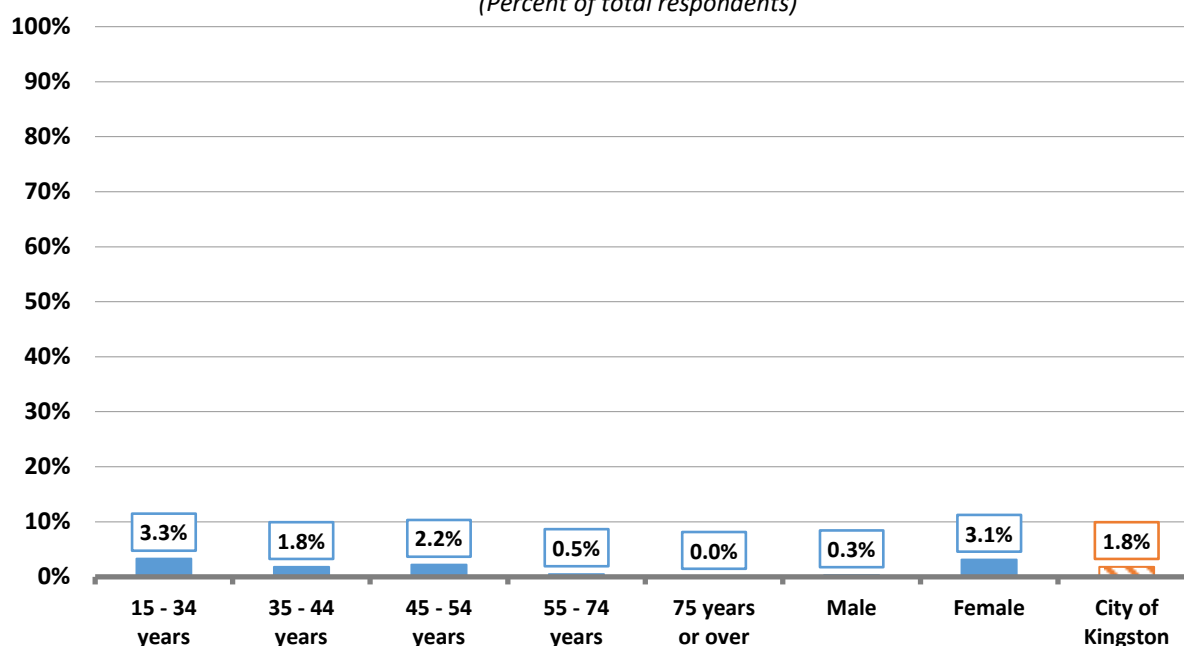
There was no statistically significant variation in the proportion of respondents who reported having experienced discrimination due to gender identity observed by age structure, gender, language spoken at home, ATSI status, sexuality, or disability status.



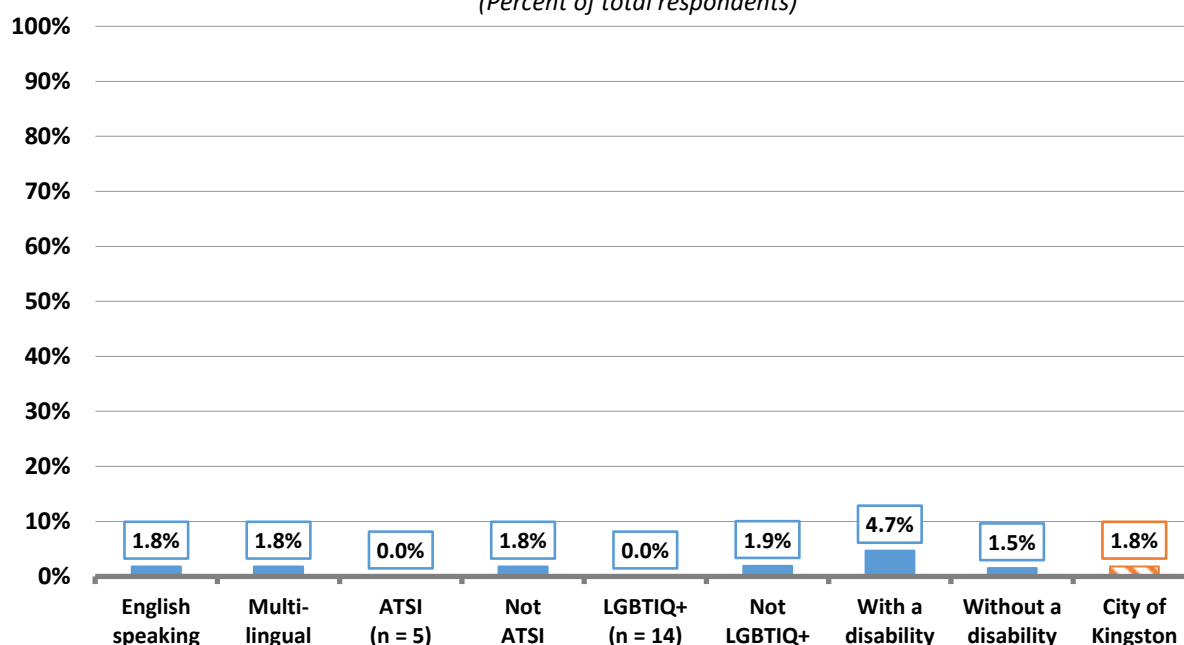
## Weight

There was no statistically significant variation in the proportion of respondents who reported having experienced discrimination due to their weight observed by age structure, gender, language spoken at home, ATSI status, sexuality, or disability status. It is noted, however, that younger respondents (aged 15 to 34 years), female respondents and respondents with a disability were marginally more likely to report having experienced this type of discrimination than other respondents.

**"Weight" by age and gender**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
 (Percent of total respondents)



**"Weight" by respondent profile**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
 (Percent of total respondents)



## A connected community that participates.

### Sense of belonging.

#### Feel a strong sense of belonging to a community.

Respondents were asked:

*“On a scale of 1 (strongly disagree) to 5 (strongly agree), please rate your agreement with the following statements.”*

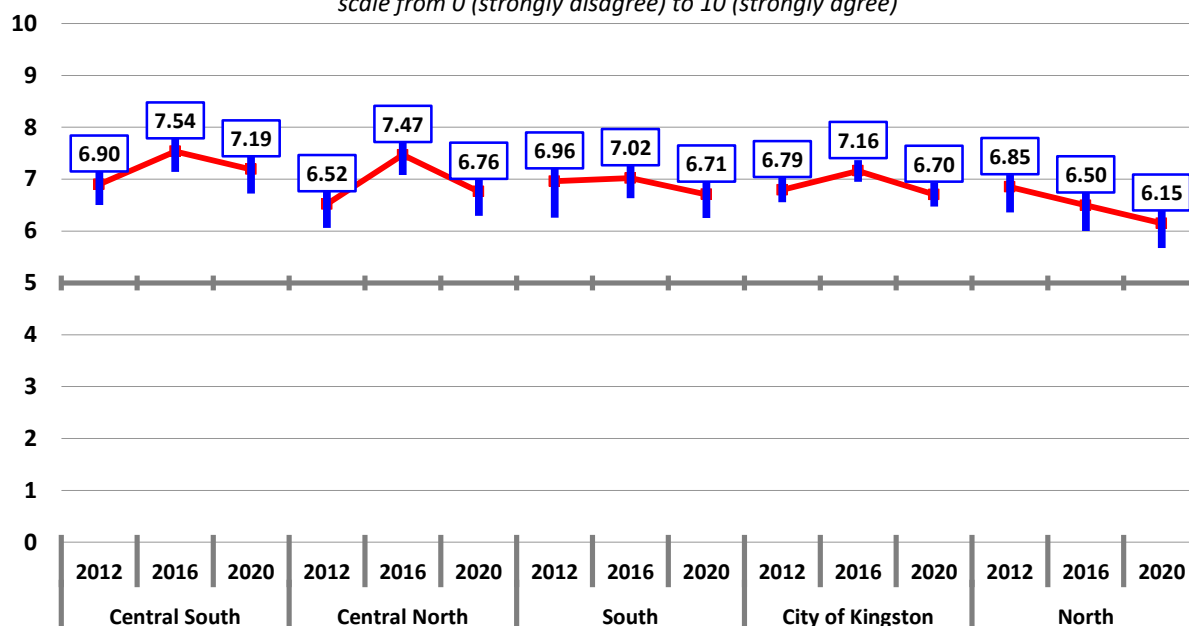
Respondents were again in 2020, asked to rate on a five-point scale, their agreement that they “feel a sense of belonging to a community”.

These results have been indexed to the 10-point scale used for all questions in this survey.

The average agreement that respondents feel a sense of belonging to a community declined marginally but not measurably this year and remains relatively consistent around the long-term average over the course of the three surveys of 6.89. This is a solid level of agreement.

There was no statistically significant variation in this result observed across the four regions comprising the City of Kingston, although it is noted that respondents from North region reported a somewhat lower, and declining, agreement than the municipal average.

**Average agreement with "I feel a strong sense of belonging to a community"**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
*scale from 0 (strongly disagree) to 10 (strongly agree)*

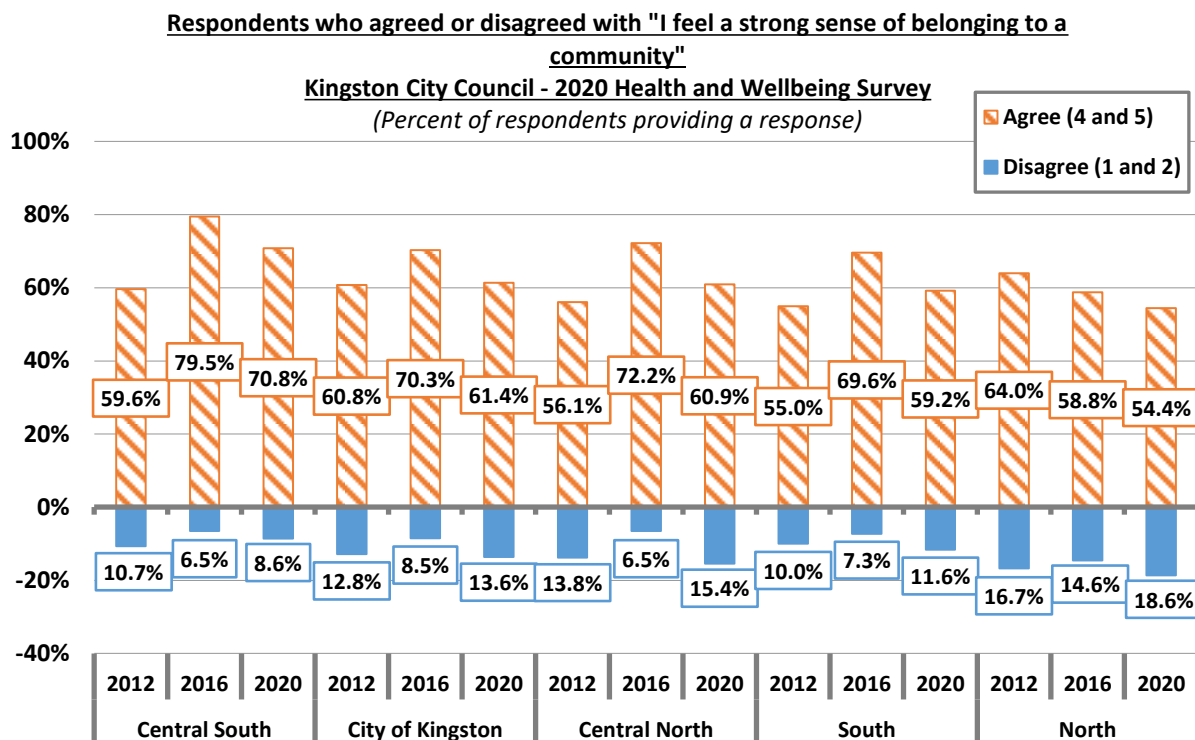


Consistent with this solid level of agreement, a little less than two-thirds (61.4% down from 70.3%) of respondents agreed that they feel a sense of belonging to a community, whilst 13.6% (up from 8.5%) disagreed.





There was no statistically significant variation in these results observed across the four regions compared to the municipal average, although it is noted that respondents from North region were measurably more likely to disagreement that they feel a sense of belonging than respondents in Central South region.



**Agreement with selected community related statements**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
 (Number and percent of total respondents)

Statement	Year	Agreement			Can't say	Average agreement
		Disagree	Neutral	Agree		
I feel a strong sense of belonging to a community	2012	12.8%	26.3%	60.8%	3	6.79
	2016	8.5%	21.2%	70.3%	10	7.16
	2020	13.6%	25.0%	61.4%	8	6.70

## Relationships and social connections statements

Respondents were asked:

*"On a scale of 1 (strongly disagree) to 5 (strongly agree), please rate your agreement with the following statements about relationships and social connections."*

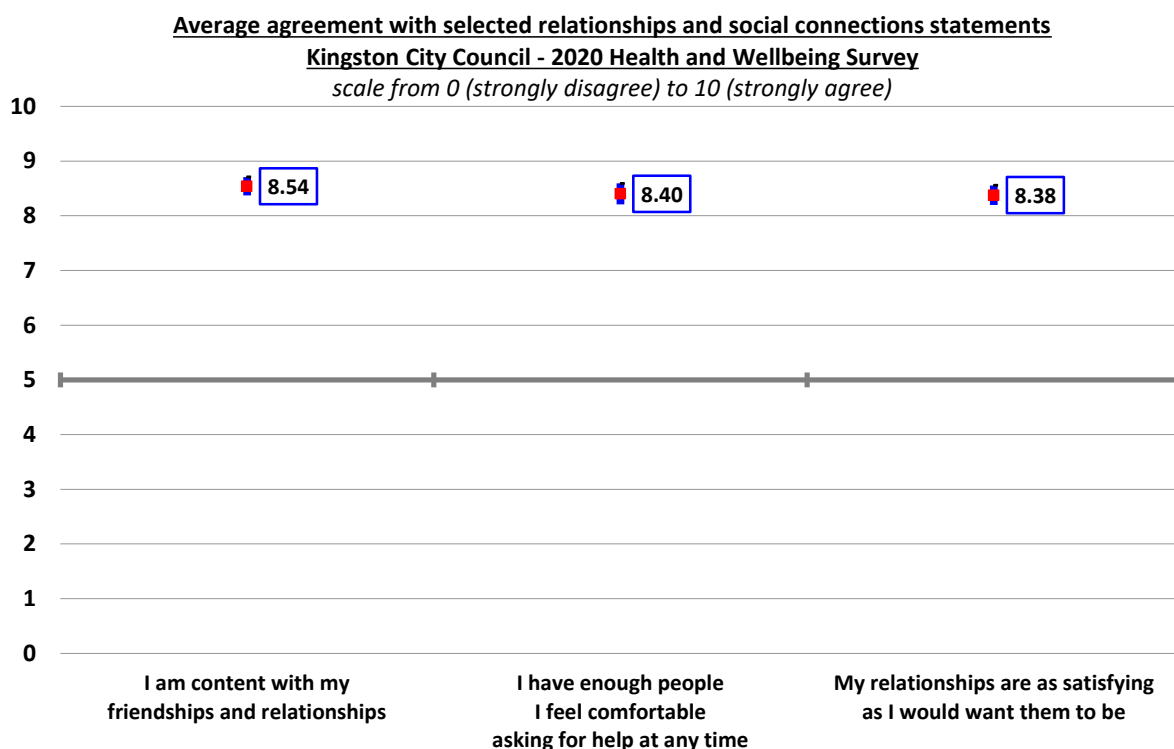
This set of questions regarding relationships and social connections were included for the first time in the 2020 survey. Respondents were asked to rate their agreement on a five-point scale with three statements about relationships and social connections.



The results have been indexed onto the same 10-point scale used for all the questions in this survey, with the average agreement out of 10 outlined in the following graph.

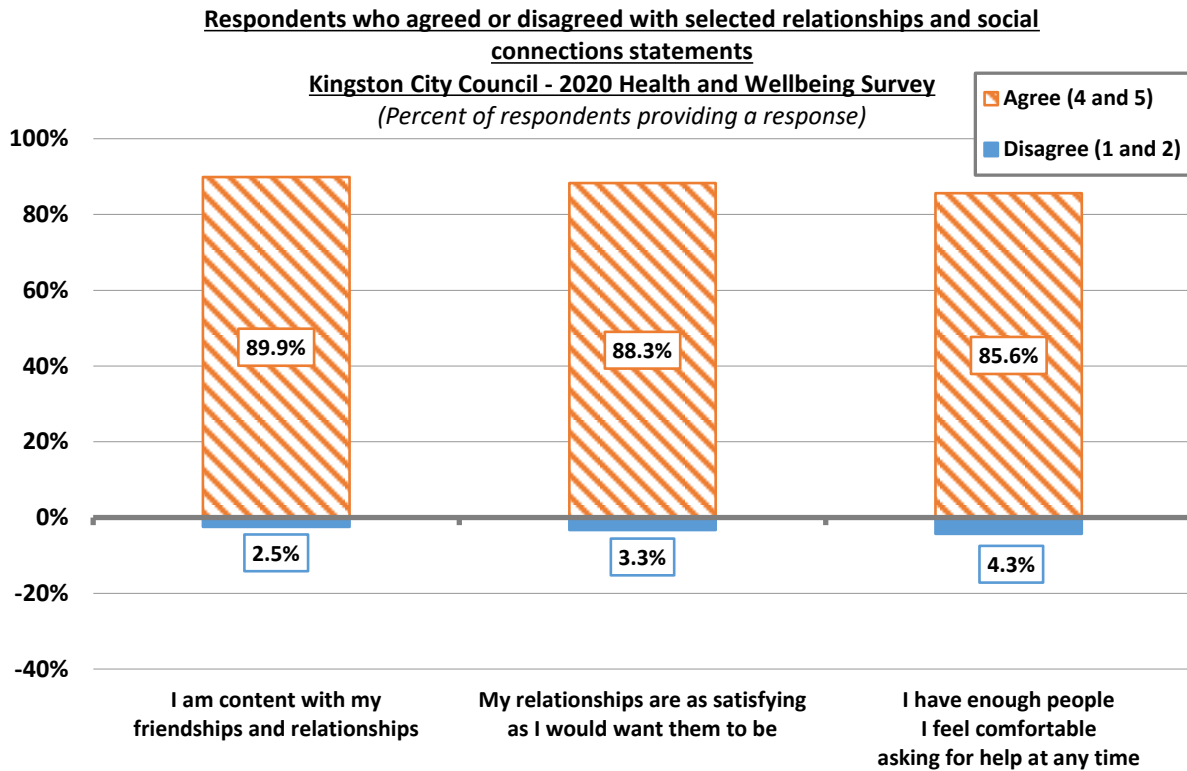
On average, respondents were very strongly in agreement that they “are content with their friendships and relationships”, “have enough people they feel comfortable asking for help at any time”, and that their “relationships are as satisfying as they would want them to be”.

It is important to bear in mind that these questions were asked over the telephone by interview, and it cannot be discounted that there may be some reticence by some respondents to report that they are not content with their relationships and social connections.



Consistent with the very strong average agreement with these three statements, more than four-fifths of respondents agreed with these statements, whilst less than five percent disagreed.





**Average agreement with selected relationships and social connections statements**

**Kingston City Council - 2020 Health and Wellbeing Survey**

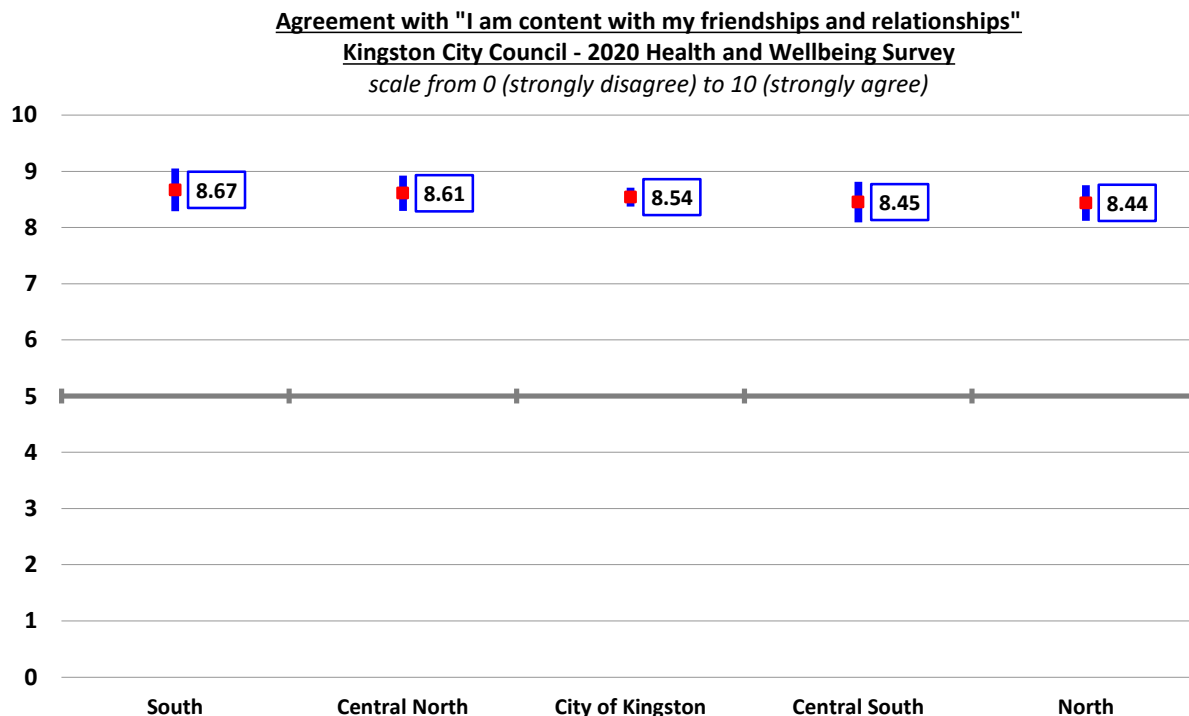
(Number and percent of respondents providing a response)

Statement	Agreement			Can't say	Average agreement
	Disagree	Neutral	Agree		
I am content with my friendships and relationships	2.5%	7.6%	89.9%	5	<b>8.54</b>
I have enough people I feel comfortable asking for help at any time	4.3%	10.2%	85.6%	4	<b>8.40</b>
My relationships are as satisfying as I would want them to be	3.3%	8.4%	88.3%	4	<b>8.38</b>

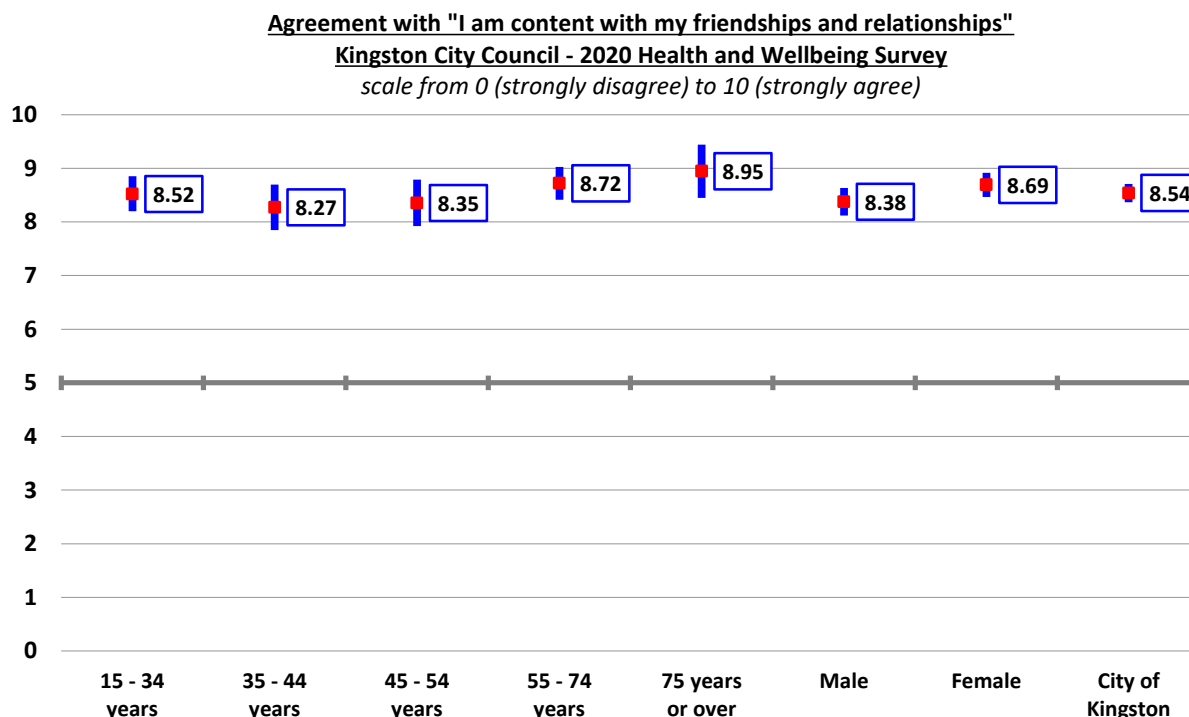


**I am content with my friendships and relationships.**

There was no meaningful variation in the average agreement that “I am content with my friendships and relationships” observed across the municipality.

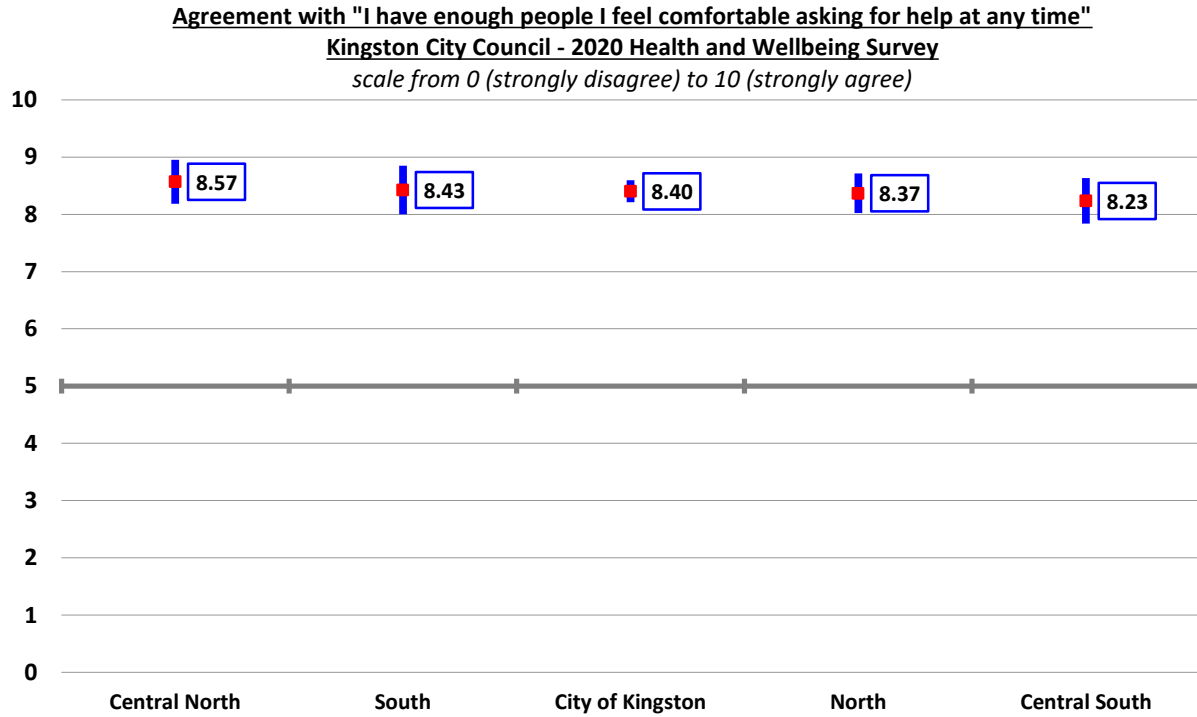


Whilst there was no statistically significant variation in this result observed by respondents’ age or gender, it is noted that older adults and senior citizens (aged 55 years and over) were marginally but not measurably more in agreement than younger respondents. It is also noted that female respondents rated agreement marginally but not measurably higher than males.

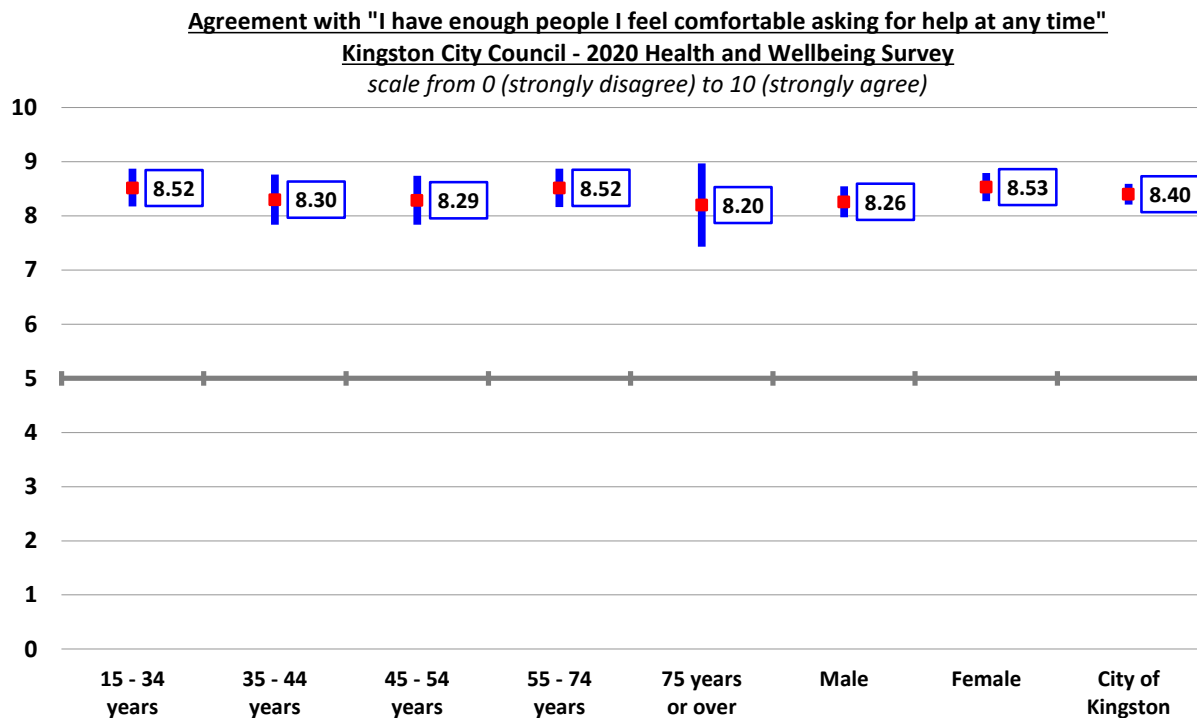


**I have enough people I feel comfortable asking for help at any time.**

There was no meaningful variation in the average agreement that “I have enough people I feel comfortable asking for help at any time” observed across the municipality.

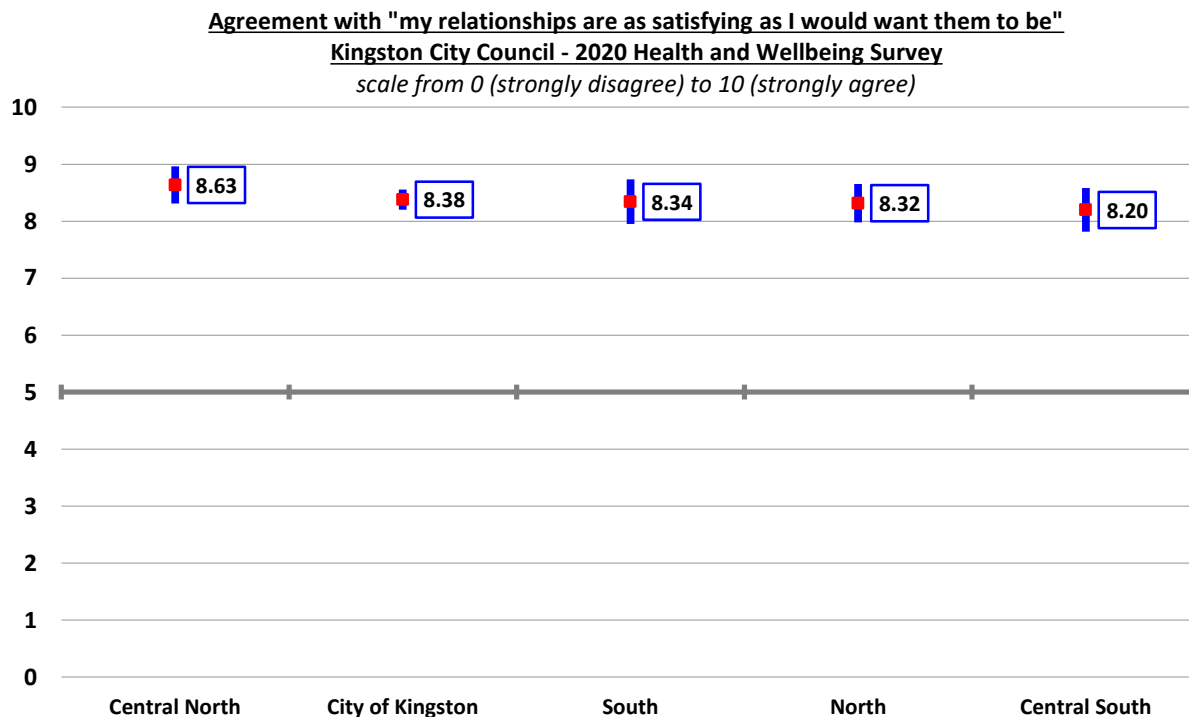


Whilst there was no statistically significant variation in this result observed by respondents’ age or gender, it is noted that female respondents rated agreement marginally but not measurably higher than males.

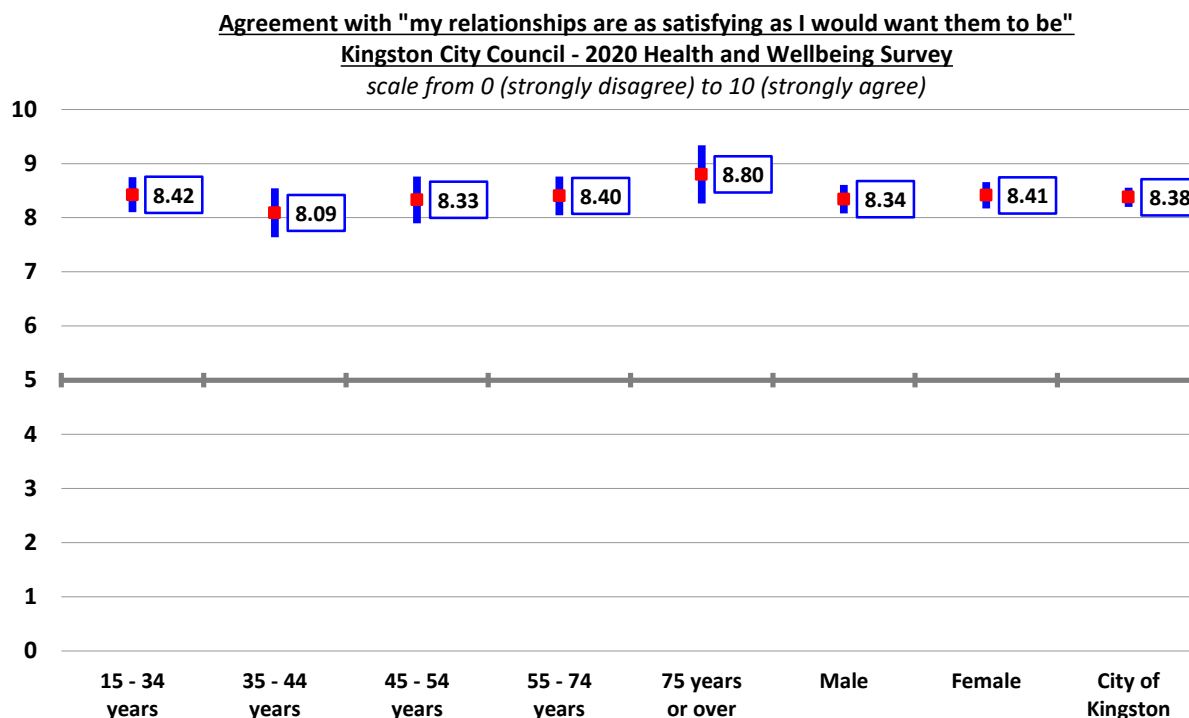


**My relationships are as satisfying as I would want them to be.**

There was no meaningful variation in the average agreement that “my relationships are as satisfying as I would want them to be” observed across the municipality.



Whilst there was no statistically significant variation in this result observed by respondents’ age or gender, it is noted that senior citizens (aged 75 years and over) were marginally but not measurably more in agreement than other respondents.



## Barriers to staying connected (excluding COVID-19)

Respondents were asked:

*“Excluding the COVID-19 restrictions, what, if anything, is the main barrier for you to stay connected with others?”*

Respondents were asked if there were any barriers to them staying connected with others, excluding the COVID-19 restrictions.

Consistent with the fact that only a handful of respondents disagreed with the three relationship and social connection statements, only a small number of responses were received from respondents outlining any barriers to staying connected.

These open-ended responses have been broadly categorised as outlined in the following table. The most common barriers to staying connected were a lack of time / busy schedule (26.1% of responses), work commitments (21.6% of responses), and distance (18.2% of responses).

**Barriers to staying connected (excluding COVID-19)**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
 (Number and percent of responses)

Response	2020	
	Number	Percent
Lack of time / busy schedule	23	26.1%
Work commitments	19	21.6%
Distance	16	18.2%
Family commitments / kids	5	5.7%
Travel	4	4.5%
Medical condition	3	3.4%
Mental health	2	2.3%
Being able to get out	1	1.1%
Daughter is at an risk job	1	1.1%
Don't have a connection to anyone	1	1.1%
I've just moved into the area	1	1.1%
Lack of community networking	1	1.1%
Language barriers	1	1.1%
Limited dog hours at beach	1	1.1%
Mask	1	1.1%
Don't drive	1	1.1%
Parents live in nursing home and not well enough to visit	1	1.1%
Parking issues and decisions	1	1.1%
People around are druggies and alcoholics	1	1.1%
People don't want to talk just text	1	1.1%
Peoples common sense	1	1.1%
Plenty of things I don't have in common	1	1.1%
Social media, calling	1	1.1%
<b>Total responses</b>	<b>88</b>	<b>100%</b>



## Local shops, services, facilities, and public spaces

### Community and services related statements.

Respondents were asked:

*“On a scale of 1 (strongly disagree) to 5 (strongly agree), please rate your agreement with the following statements.”*

Respondents were again in 2020, asked to rate their agreement on a five-point scale, with four statements about community and services in their local area.

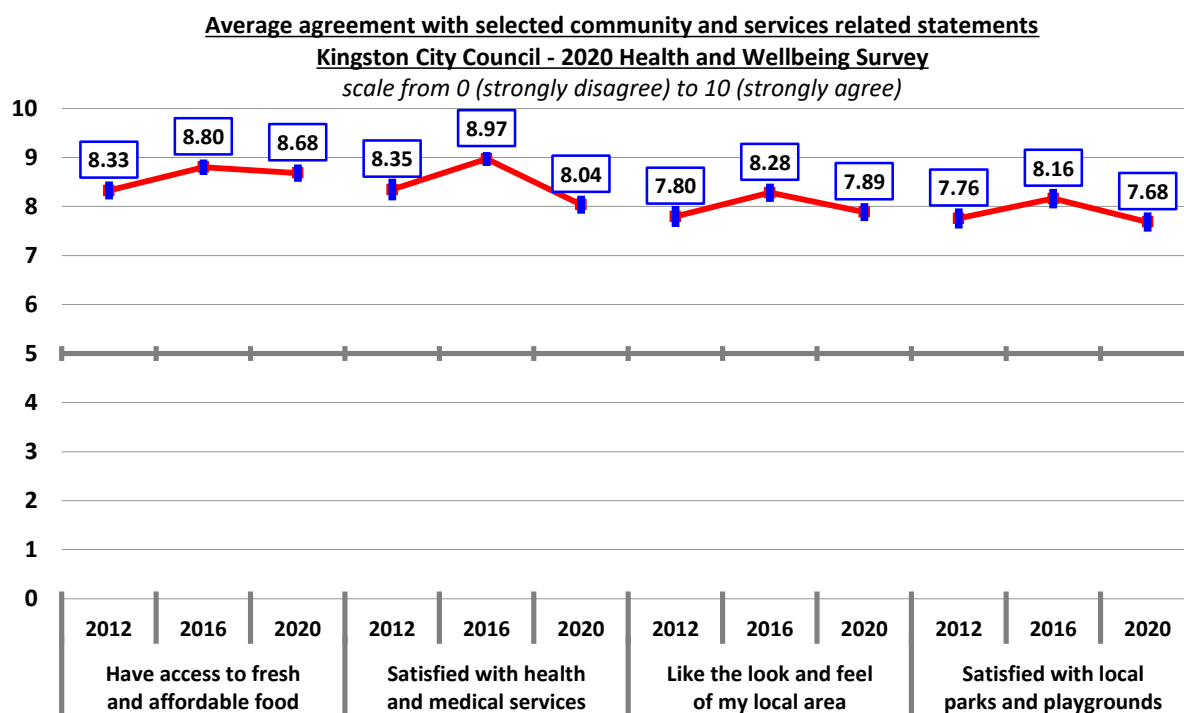
The results have been indexed to the same 10-point scale used for all questions in this survey.

Respondents were, on average, very strongly in agreement that they have access to fresh and affordable food (8.68)

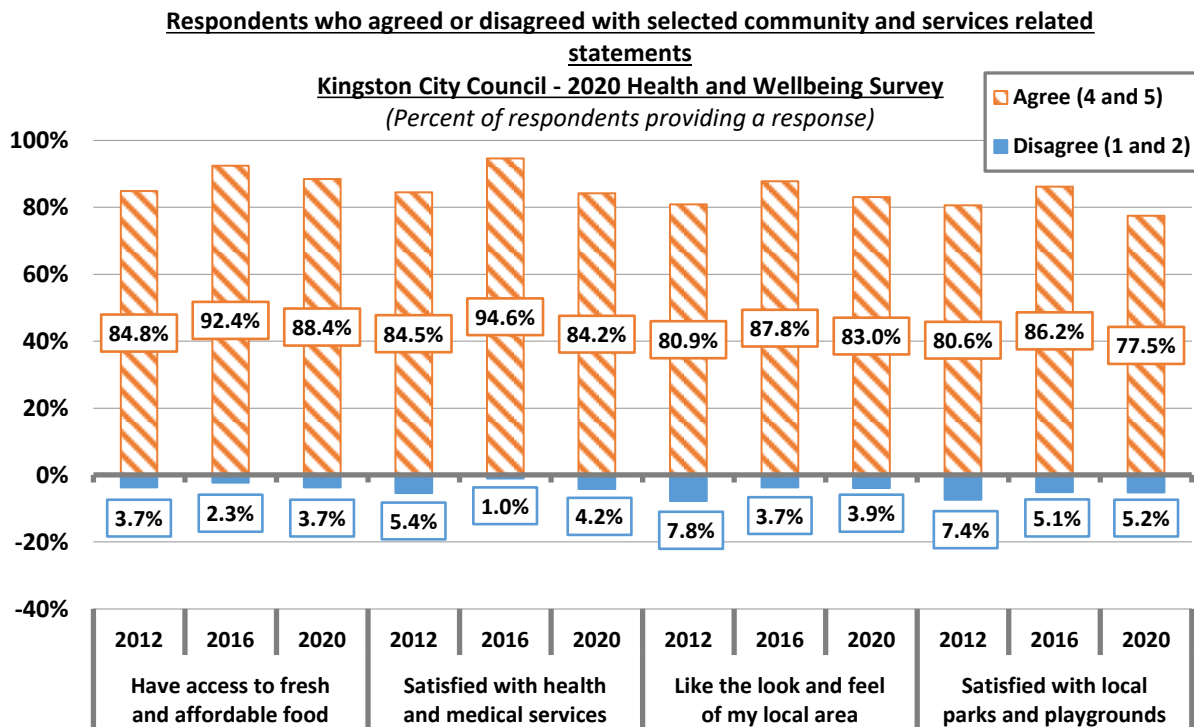
They were strongly in agreement that they are satisfied with health and medical services in their local area (8.04), like the look and feel of their local area (7.89) and are satisfied with local parks and playgrounds (7.68).

The average agreement that respondents are satisfied with the health and medical services in their local area declined measurably in 2020, down from the very high 8.97 recorded in 2016, and down marginally on the 8.35 recorded back in 2012.

The average agreement with the remaining three statements all declined marginally but not measurably this year.



Consistent with the strong to very strong levels of average agreement with these local community and services statements, more than three-quarters of respondents agreed with each statement, whilst five percent of respondents or less disagreed.



**Agreement with selected community and services related statements**

**Kingston City Council - 2020 Health and Wellbeing Survey**

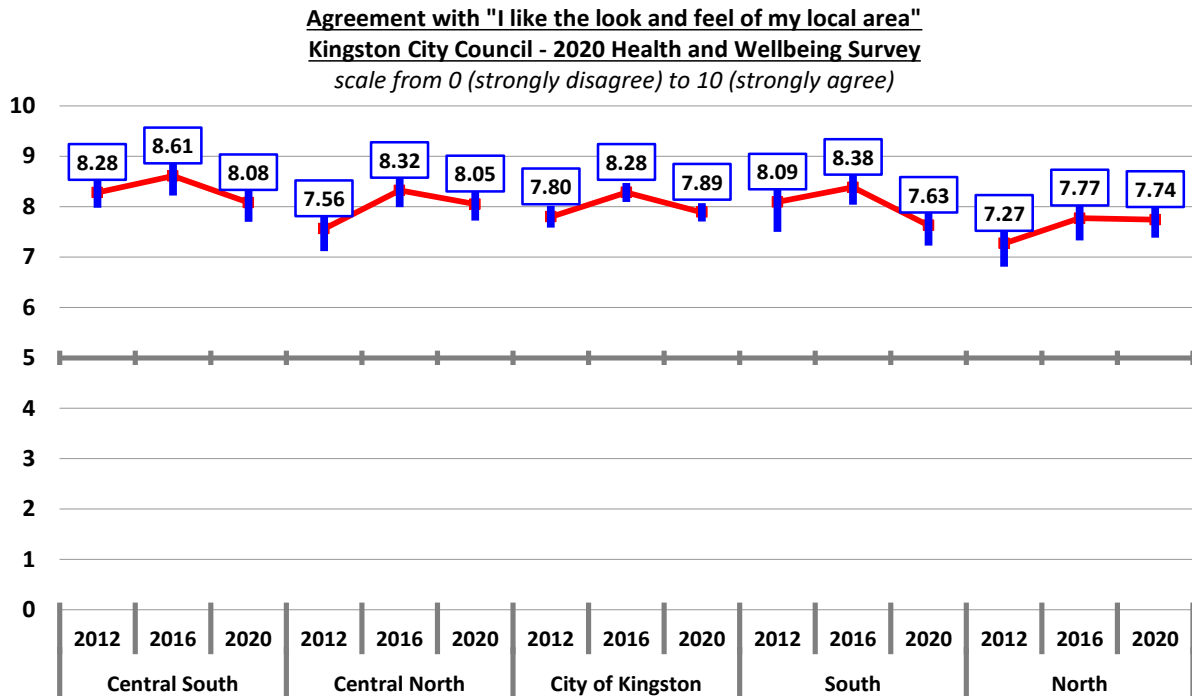
(Number and percent of total respondents)

Statement	Year	Agreement			Can't say	Average agreement
		Disagree	Neutral	Agree		
I have access to fresh and affordable food to meet my household's needs	2012	3.7%	11.5%	84.8%	1	<b>8.33</b>
	2016	2.3%	5.3%	92.4%	0	<b>8.80</b>
	2020	3.7%	7.9%	88.4%	2	<b>8.68</b>
I am satisfied with the health and medical services in my local area	2012	5.4%	10.2%	84.5%	42	<b>8.35</b>
	2016	1.0%	4.4%	94.6%	25	<b>8.97</b>
	2020	4.2%	11.6%	84.2%	8	<b>8.04</b>
I like the look and feel of my local area	2012	7.8%	11.4%	80.9%	3	<b>7.80</b>
	2016	3.7%	8.5%	87.8%	1	<b>8.28</b>
	2020	3.9%	13.2%	83.0%	2	<b>7.89</b>
I am satisfied with the quality of the parks, playgrounds and open spaces in my local area	2012	7.4%	11.9%	80.6%	7	<b>7.76</b>
	2016	5.1%	8.7%	86.2%	3	<b>8.16</b>
	2020	5.2%	17.3%	77.5%	10	<b>7.68</b>



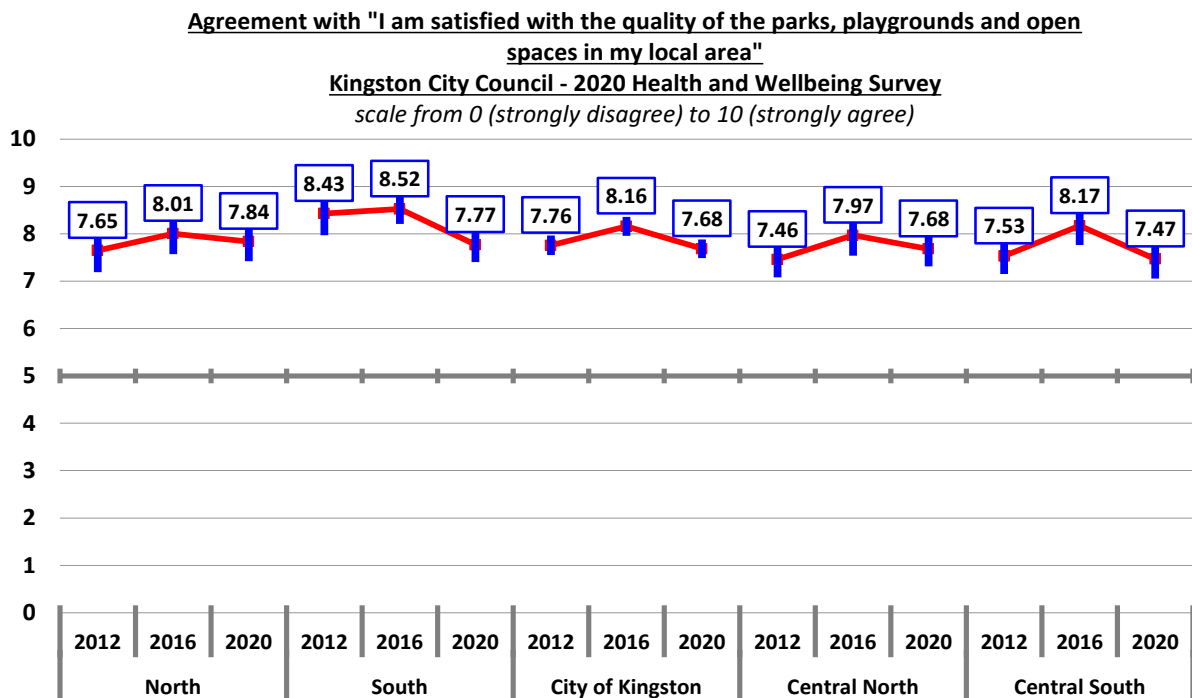
**I like the look and feel of my local area.**

There was no statistically significant variation in average agreement that “I like the look and feel of my local area” observed across the four City of Kingston regions.



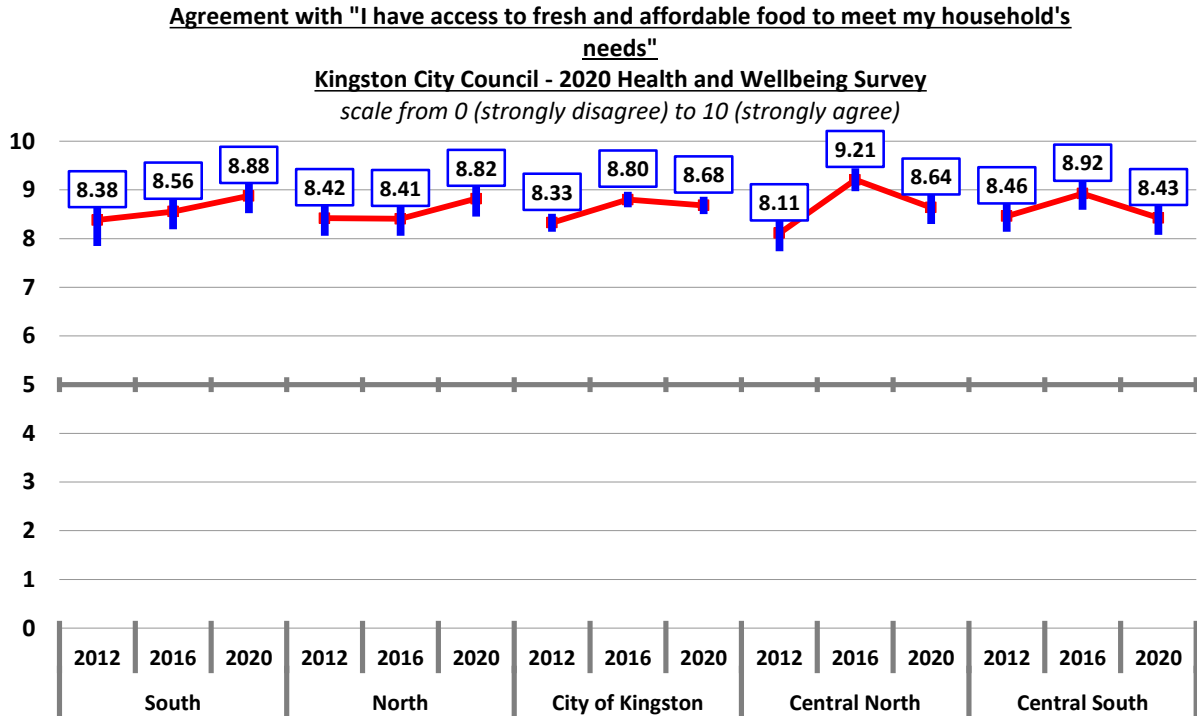
**I am satisfied with the quality of the parks, playgrounds, and open spaces in my local area.**

There was no statistically significant variation in average agreement that “I am satisfied with the quality of the parks, playgrounds, and open spaces in my local area” observed across the four City of Kingston regions.



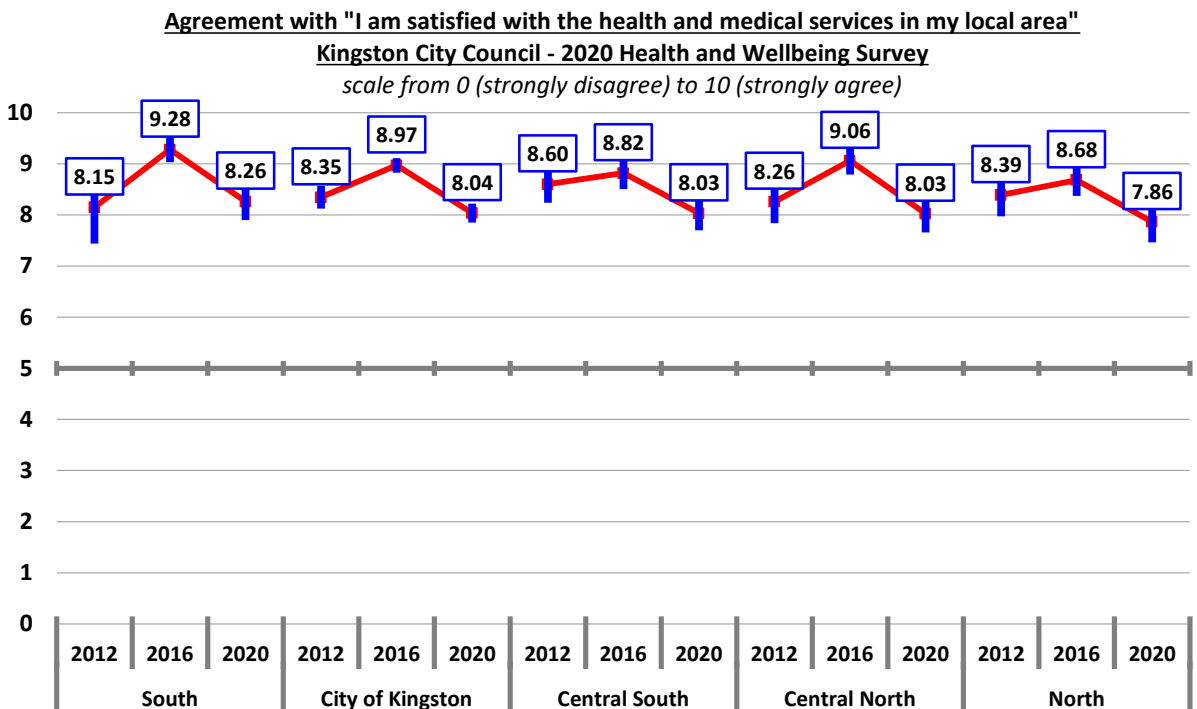
**I have access to fresh and affordable food to meet my household’s needs.**

There was no statistically significant variation in average agreement that “I have access to fresh and affordable food to meet my household’s needs” observed across the municipality.



**I am satisfied with the health and medical services in my local area.**

There was no statistically significant variation in average agreement that “I am satisfied with the health and medical services in my local area” observed across the municipality.



## Health and medical services with low satisfaction and the reasons for dissatisfaction

Respondents were asked:

*“Which types of services are you dissatisfied with and why?”*

Consistent with the fact that only a handful (21) respondents were dissatisfied with the health and medical services available in the local area, there were only 19 responses received from respondents outlining services with which they were dissatisfied and the reasons for their dissatisfaction. These have been presented in the following table.

**Services with low satisfaction and reasons for dissatisfaction**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
 (Number of total responses)

Services	Reasons	Number
Allied health services	Physio and dietician don't know, long waiting time	1
Dental services	Waiting for a couple of years	1
	There should be more	1
Gym	Not a lot of fitness centres	1
Medical services	Not enough doctors	2
	Bulk billed medical centres are poor quality and medical costs are high	1
	Distance and cost	1
	Lack of medical specialist in immediate area	1
	Like to see more specialised doctors	1
	No ultrasound	1
	Too much waiting list when going down to medical centres	1
X-Ray - very hard to find them have to go a long way to Monash or Frankston	1	
Mental health care	Not much concern is observed	1
Parks	Parks aren't clean	1
Public transport	Better maintenance and more	1
Railway	Destroyed the nature	1
Services for kids	More accessibility for kids	1
Not specific services	Lack of information	1
<b>Total</b>		<b>19</b>



## Walking to local shops / destinations

Respondents were asked:

*“In the past week, have you walked or cycled to the local shops or local facilities?”*

Respondents were again in 2020, asked whether they had walked or cycled to the local shops or local facilities in the past week.

It is noted that the proportion of respondents reporting that they did not walk or cycle to the local shops or facilities has declined marginally over the course of the three surveys, down from a high of 35.2% back in 2012 to 25.2% this year.

Particular attention this year is drawn to the fact that almost two-thirds (62.2%) of respondents reported that they had walked or cycled to the local shops or facilities more than once in the past week. This is up measurably and significantly on the results from both 2016 (35.9%) or 2012 (42.3%).

Metropolis Research suggests that this increase this year may well be the result, at least in part, to the impact of COVID-19 on respondents’ travel patterns.

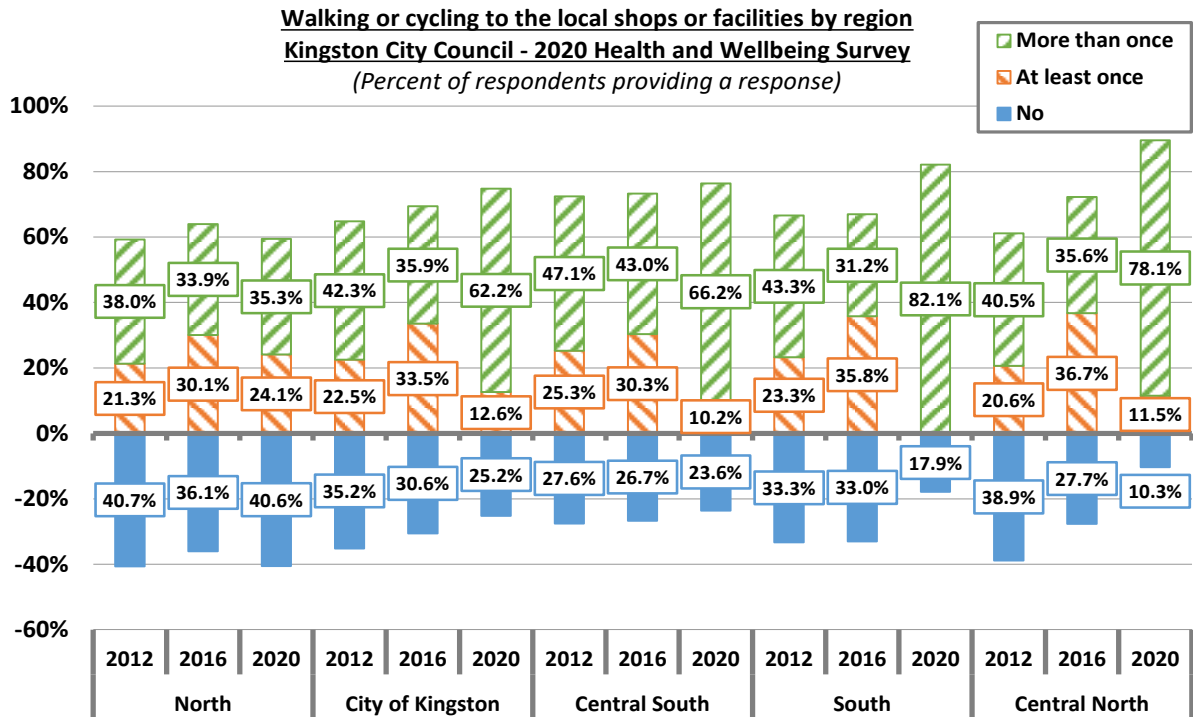
**Walking or cycling to the local shops or facilities**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
*(Number and percent of respondents providing a response)*

Response	2020		2016	2012
	Number	Percent		
Yes - more than once	311	62.2%	35.9%	42.3%
Yes - at least once	63	12.6%	33.5%	22.5%
No	126	25.2%	30.6%	35.2%
Can't say	3		29	1
<b>Total</b>	<b>503</b>	<b>100%</b>	<b>500</b>	<b>512</b>

There was some variation in these results observed across the municipality, as follows:

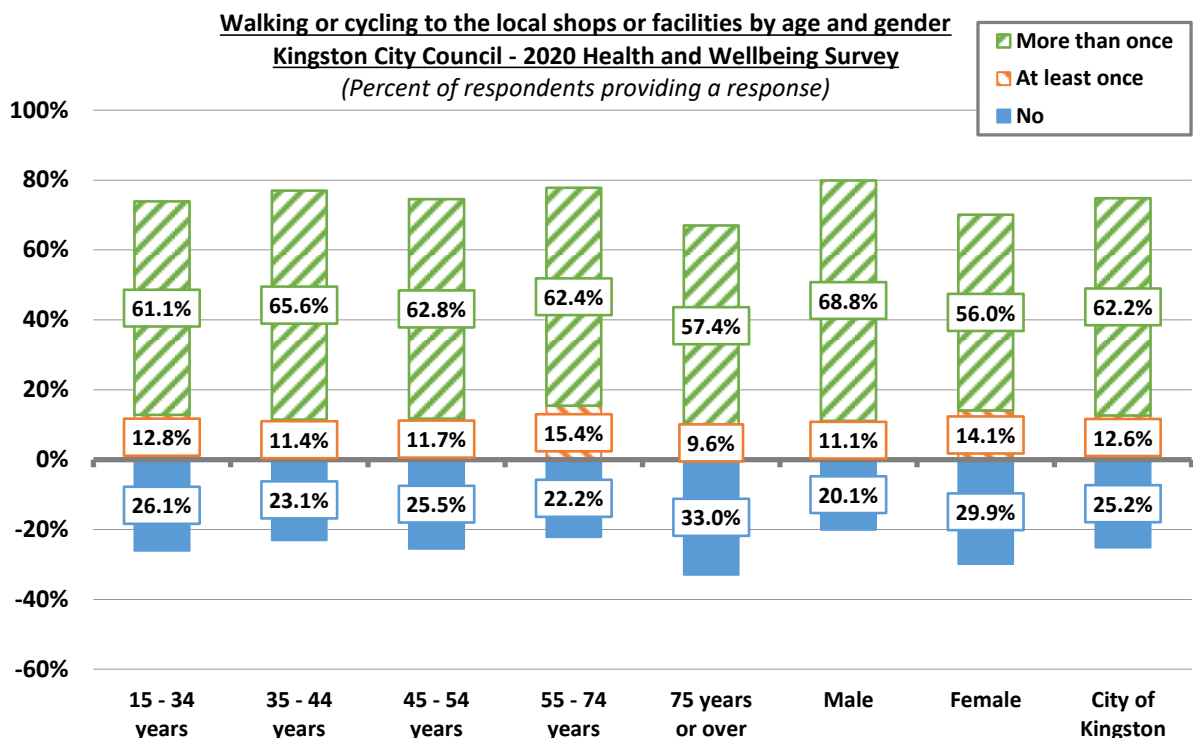
- **North region** – respondents were measurably less likely than average to have walked or cycled to the local shops or facilities more than once in the past week and were more likely to have walked or cycled only once or never.
- **South and Central North region** - respondents were measurably more likely to have walked or cycled to the local shops or facilities more than once in the past week and less likely to have never done so in the past week.





There was also some variation in these results observed by respondents' age and gender:

- **Senior citizens (aged 75 years and over)** – respondents were somewhat less likely than average to have walked or cycled to the local shops or facilities more than once in the past week and were more likely to have not done so at all in the past week.
- **Gender** – male respondents were measurably and significantly more likely than female respondents to have walked or cycled to the local shops or facilities more than once in the past week and were measurably less likely to have never done so in the past week.





## Community participation

Respondents were asked:

*“Are you actively involved in your local community in any of the following ways?”*

Respondents were in 2020, asked if they volunteer regularly or sometimes volunteer, whether they belong to a formal or informal club or community group, and whether they currently sit on a community group board or committee.

### Volunteering

This question was expanded in 2020 from the previous format which asked only if the respondent regularly volunteered. In 2020, this was expanded to include “sometimes” and “regularly” volunteer.

Metropolis Research notes that the 2020 combined results for sometimes and regularly volunteering sum almost exactly to the 2012 and 2016 results for regularly volunteer.

Consistent with the results recorded in previous surveys, a little less than one-third (30.0% up from 27.8%) of respondents reported that they volunteer.

**Volunteering**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
(Number and percent of respondents providing a response)

Response	2020		2016	2012
	Number	Percent		
Regularly volunteer	80	16.0%	27.8%	30.6%
Sometimes volunteer	70	14.0%	n.a.	n.a.
Do not volunteer	350	70.0%	72.2%	69.4%
Can't say	3		7	3
<b>Total</b>	<b>503</b>	<b>100%</b>	<b>500</b>	<b>512</b>

Whilst there was no statistically significant variation in this result observed across the four regions comprising the City of Kingston, it is noted that respondents from Central South region were marginally more likely, and respondents from North region were marginally less likely to volunteer.

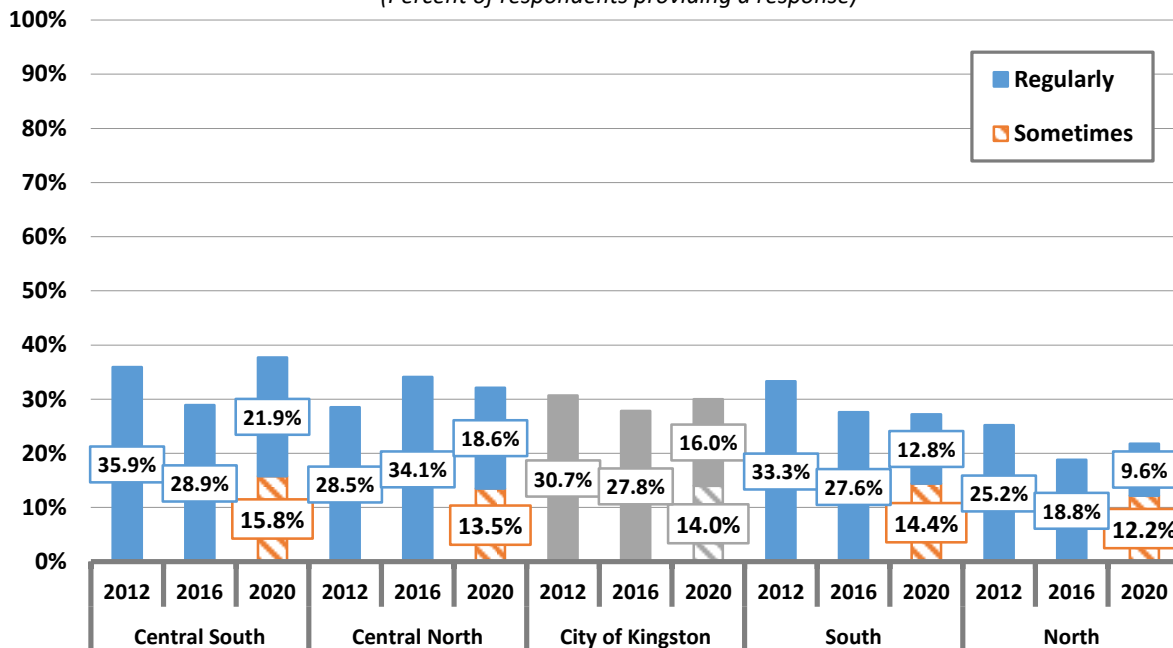
There was some meaningful variation in the proportion of respondents who volunteer observed by the respondents' age or gender, as follows:

- **Adults (aged 35 to 44 years)** – respondents were measurably more likely than average to sometimes volunteer.

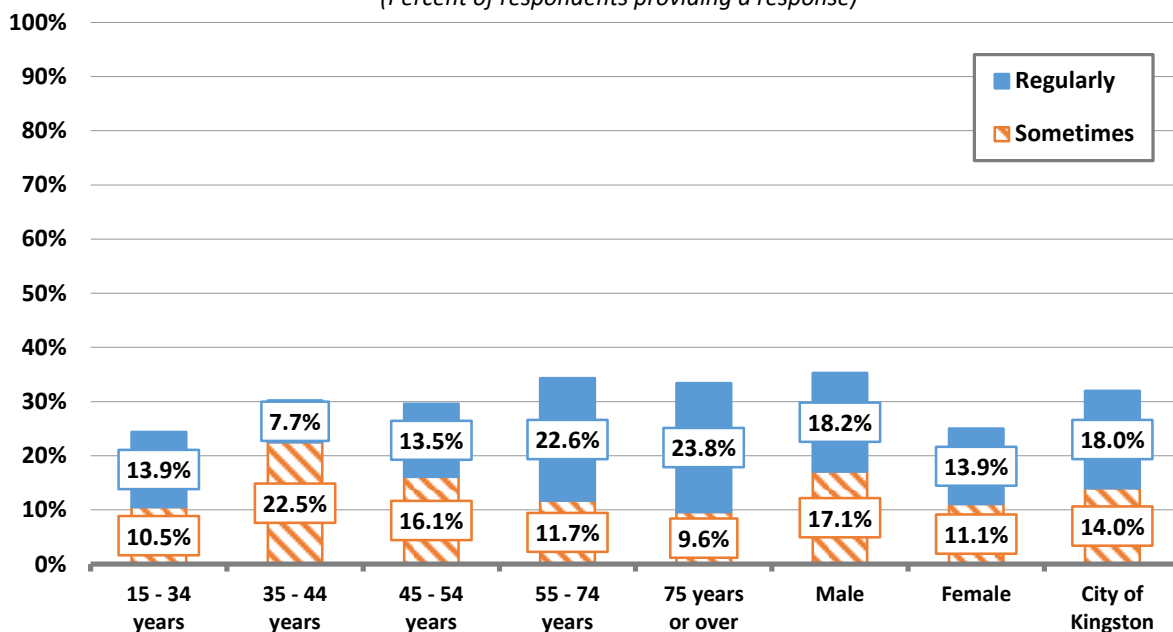


- **Older adults and senior citizens (aged 55 years and over)** – respondents were notably more likely than average to regularly volunteer.
- **Gender** – male respondents were measurably more likely than female respondents to volunteer regularly and sometimes.

**Volunteering by region**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
 (Percent of respondents providing a response)



**Volunteering by respondent profile**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
 (Percent of respondents providing a response)



### Belong to a formal or informal club or community group.

This question was modified in 2020 compared to the wording in 2012 and 2016. In previous years, the question asked if the respondent was an “active member of a club or community group”. While comparative results have been provided, readers are advised to bear in mind the change in the wording of the question in 2020 when analysing change over time.

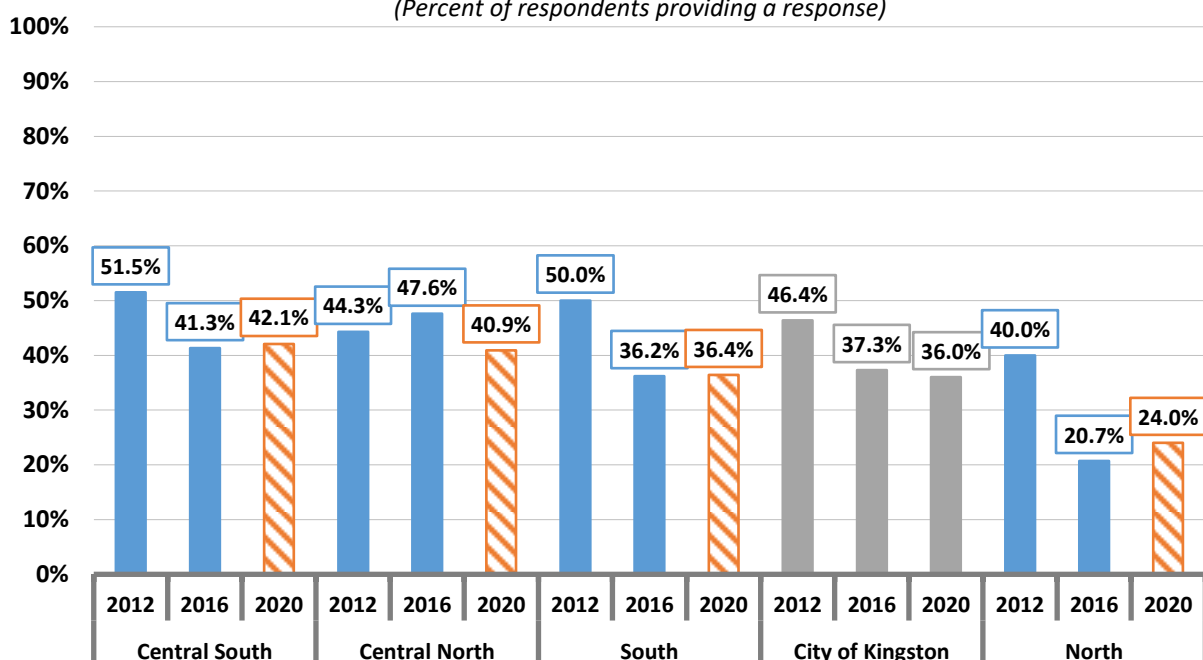
Consistent with the results recorded in 2016, a little more than one-third (36.0% down from 37.3%) of respondents reported that they belong to a formal or informal club or community group.

**I belong to a formal or informal club or community group**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
*(Number and percent of respondents providing a response)*

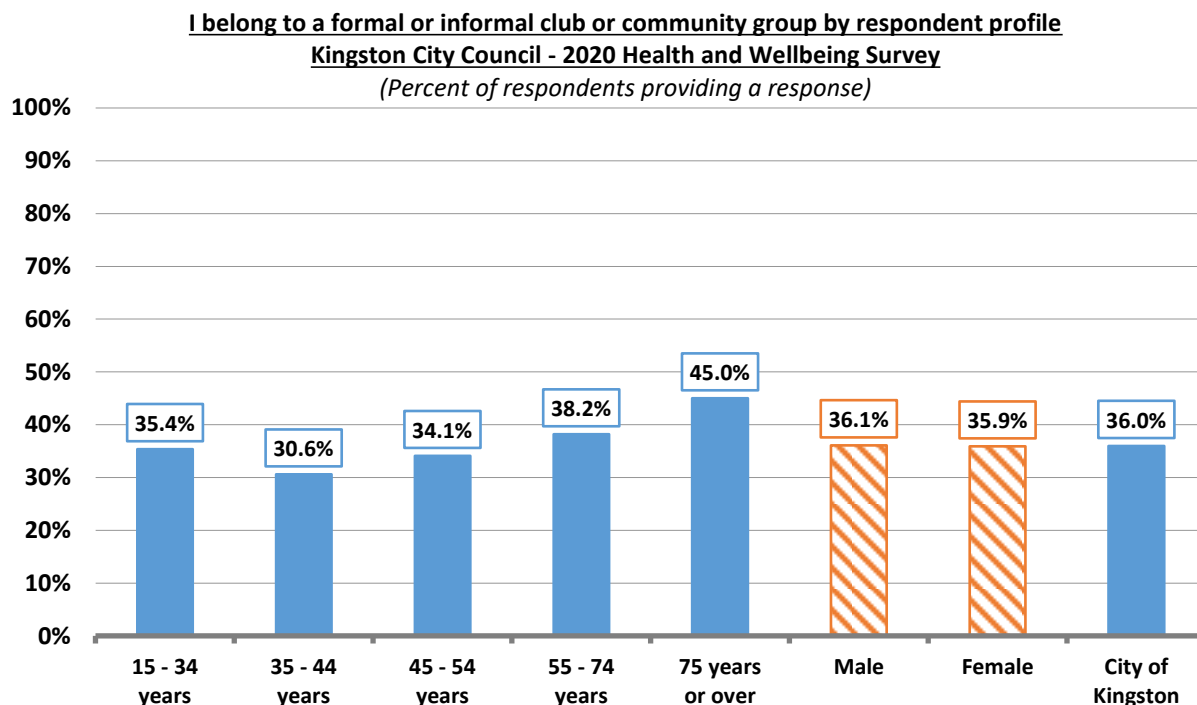
Response	2020		2016	2012
	Number	Percent		
Yes	179	36.0%	37.3%	46.4%
No	318	64.0%	62.7%	53.6%
Can't say	6		7	1
<b>Total</b>	<b>503</b>	<b>100%</b>	<b>500</b>	<b>512</b>

There was statistically significant variation in this result observed across the four regions comprising the City of Kingston, with respondents from North region measurably and significantly less likely than average to belong to a formal or informal club or community group.

**I belong to a formal or informal club or community group by region**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
*(Percent of respondents providing a response)*



Whilst there was no statistically significant variation in this result observed by the respondents’ age structure or gender, it is noted that senior citizens (aged 75 years and over) were somewhat more likely than other respondents to report that they belong to a formal or informal club or community group.



### Currently sit on a community group board or committee.

This question was included for the first time in the survey program in 2020.

Nine percent of respondents reported that they currently sit on a community group board or committee.

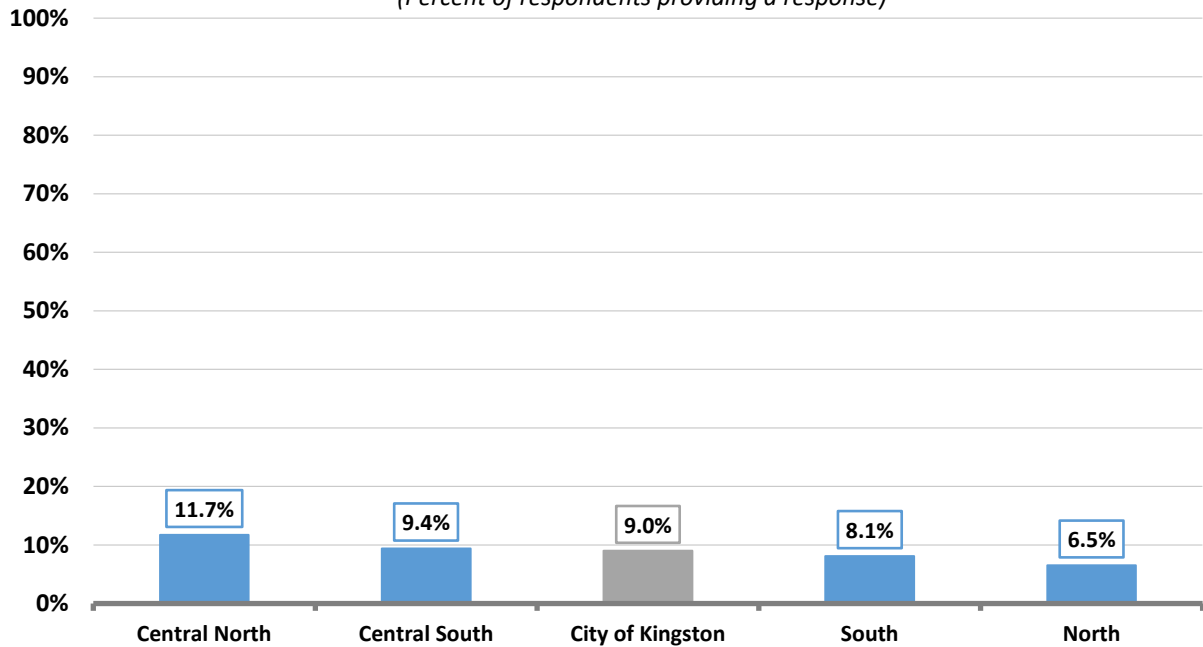
**I currently sit on a community group board / committee**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
*(Number and percent of respondents providing a response)*

Response	2020	
	Number	Percent
Yes	45	9.0%
No	454	91.0%
Can't say	4	
<b>Total</b>	<b>503</b>	<b>100%</b>



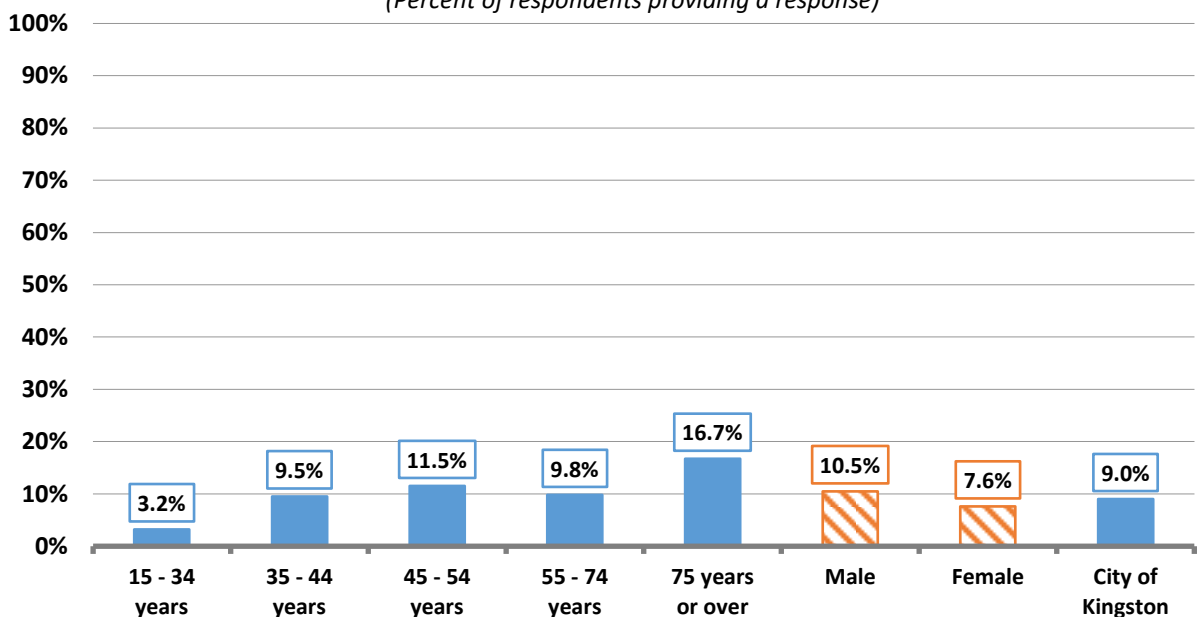
Whilst there was no statistically significant variation in this result observed across the four regions comprising the City of Kingston, it is noted that respondents from Central North region were twice as likely as those from North region to currently sit on a community group board or committee.

**I currently sit on a community group board / committee by region**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
*(Percent of respondents providing a response)*



There was some measurable variation in this result observed by the respondents' age structure, with younger adults (aged 15 to 34 years) measurably less likely and senior citizens (aged 75 years and over) measurably more likely to currently sit on a community group board or committee than other respondents.

**I currently sit on a community group board / committee by respondent profile**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
*(Percent of respondents providing a response)*



## Technology

Respondents were asked:

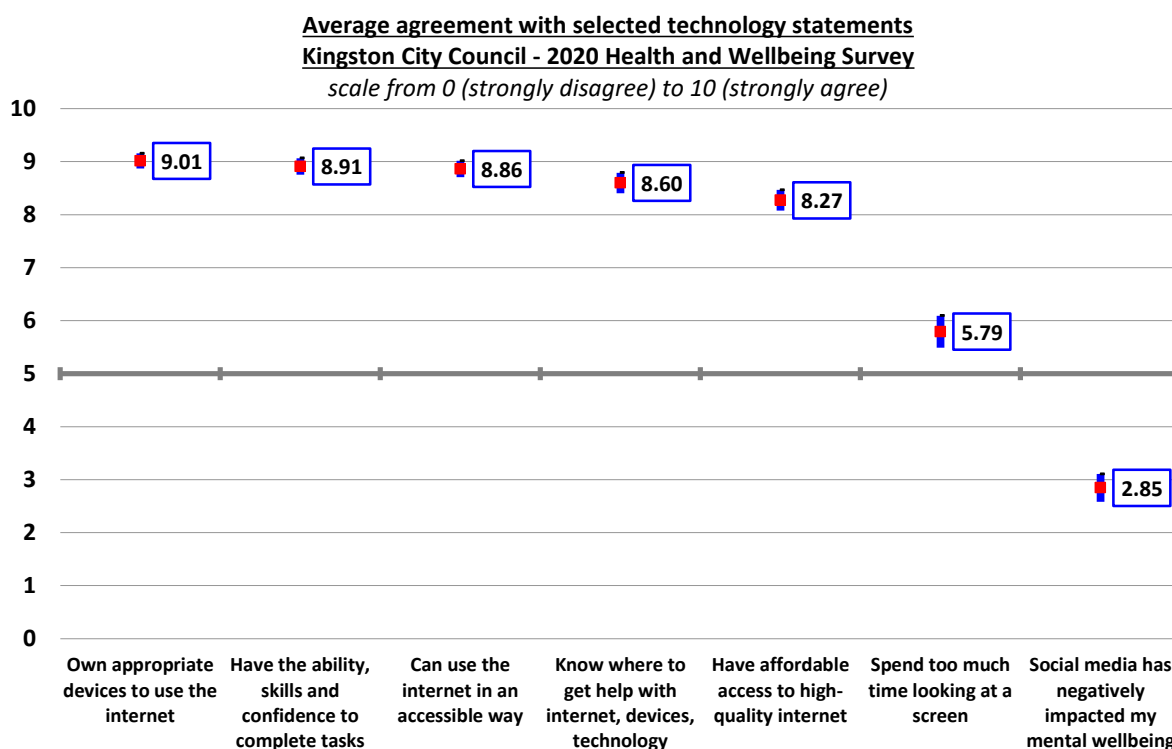
*“On a scale of 1 (strongly disagree) to 5 (strongly agree), please rate your agreement with the following statements about technology.”*

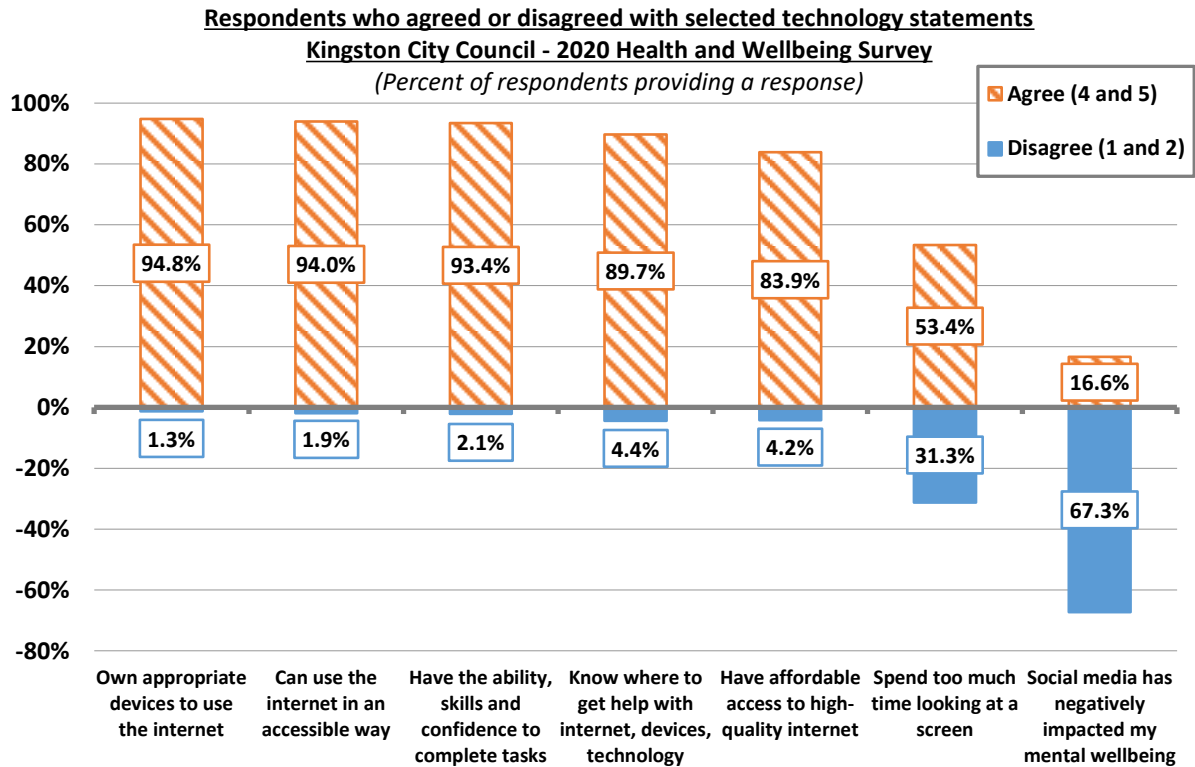
Respondents were asked to rate, on a five-point scale, their agreement with seven technology related statements.

These results have been indexed to the same 10-point scale used for all questions included in this survey, as outlined in the following graph.

In summary, these results can best be summarised as follows:

- **Extremely Strong Agreement** – that respondents own appropriate devices to use the internet, have the ability, skills, and confidence to complete tasks, can use the internet in an accessible way, and know where to get help with internet devices and technology. Ninety percent or more of respondents agreed with these statements, whilst less than five percent disagreed.
- **Very Strong Agreement** – that respondents have affordable access to high-quality internet. More than four-fifths of respondents agreed with this statement, whilst less than five percent disagreed.
- **Mild Agreement** – that respondents spend too much time looking at a screen. Whilst a little more than half of the respondents agreed with this statement, almost one-third disagreed.
- **Strong Disagreement** – that social media has negatively impacted my mental wellbeing. Two-thirds of respondents disagreed with this statement, whilst one-sixth agreed.





**Average agreement with selected technology statements**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
 (Number and percent of respondents providing a response)

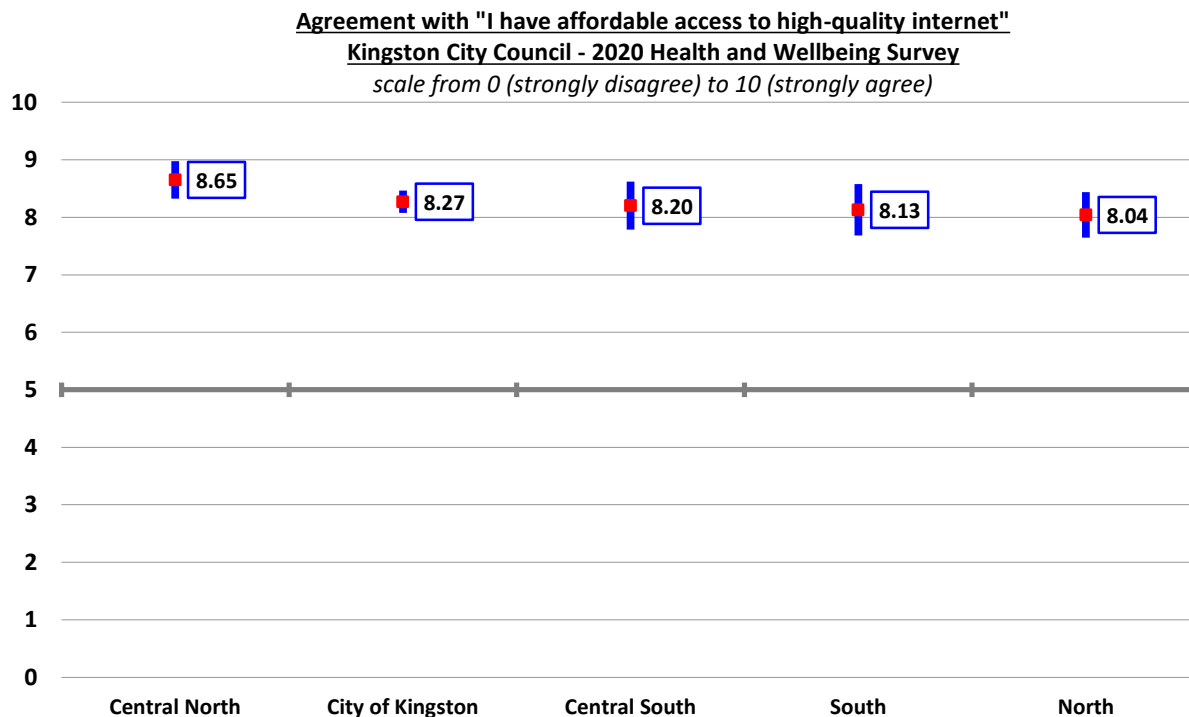
Statement	Agreement			Can't say	Average agreement
	Disagree	Neutral	Agree		
I own appropriate devices to use the internet	1.3%	3.9%	94.8%	5	9.01
I have the ability, skills and confidence to complete tasks	2.1%	4.5%	93.4%	4	8.91
I can use the internet in an accessible way	1.9%	4.1%	94.0%	7	8.86
I know where to get help with internet, devices, technology	4.4%	6.0%	89.7%	3	8.60
I have affordable access to high-quality internet	4.2%	12.0%	83.9%	4	8.27
I spend too much time looking at a screen	31.3%	15.3%	53.4%	3	5.79
Social media has negatively impacted my mental wellbeing	67.3%	16.1%	16.6%	11	2.85



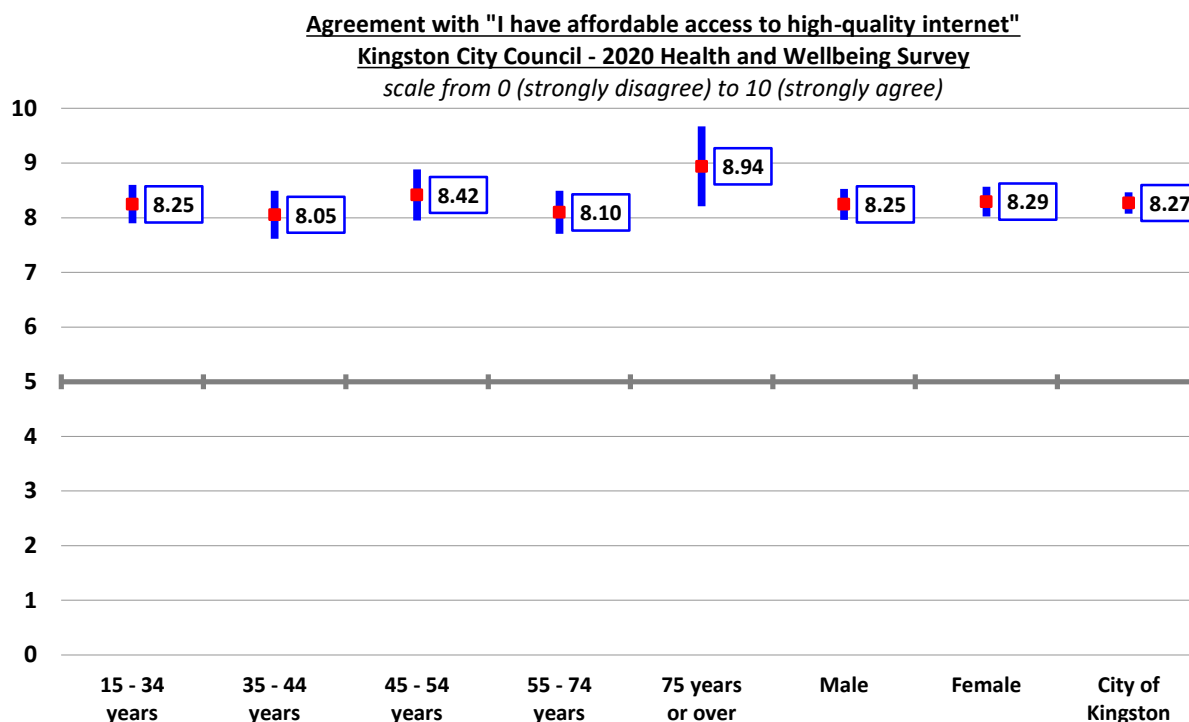


**I have affordable access to high-quality internet.**

There was no statistically significant or meaningful variation in the average agreement that “I have affordable access to high-quality internet” observed across the four regions comprising the City of Kingston.

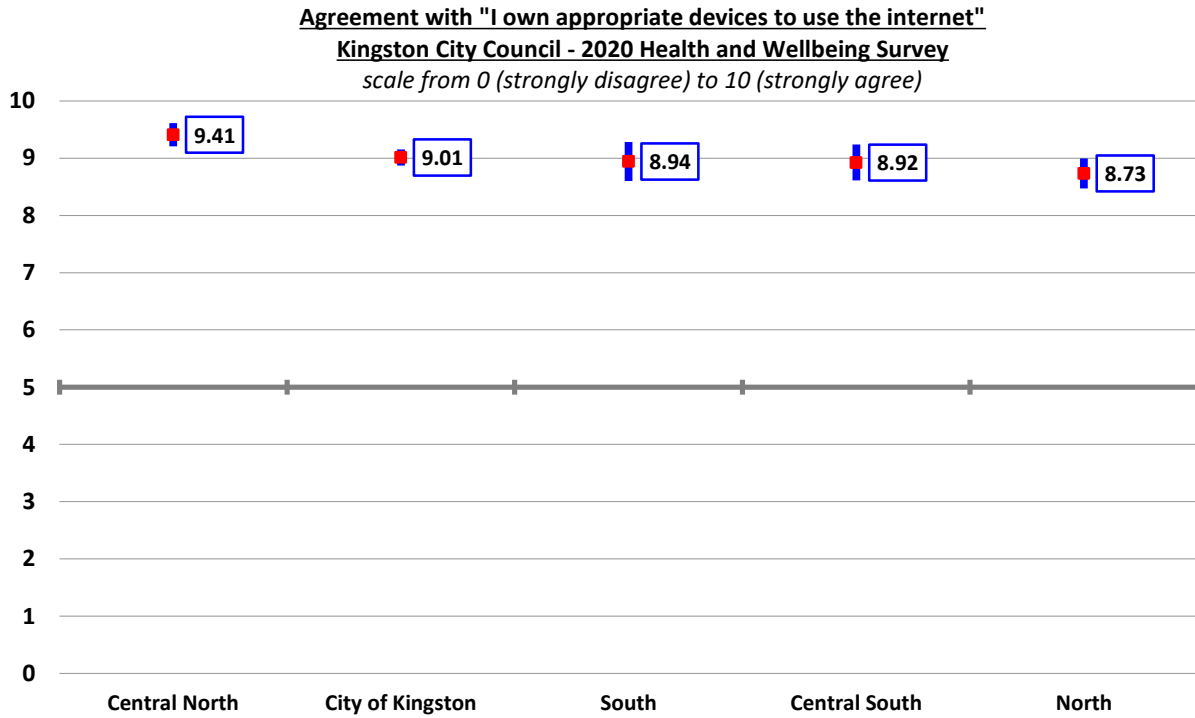


There was no statistically significant variation in average agreement with this statement observed by the respondents’ age or gender.

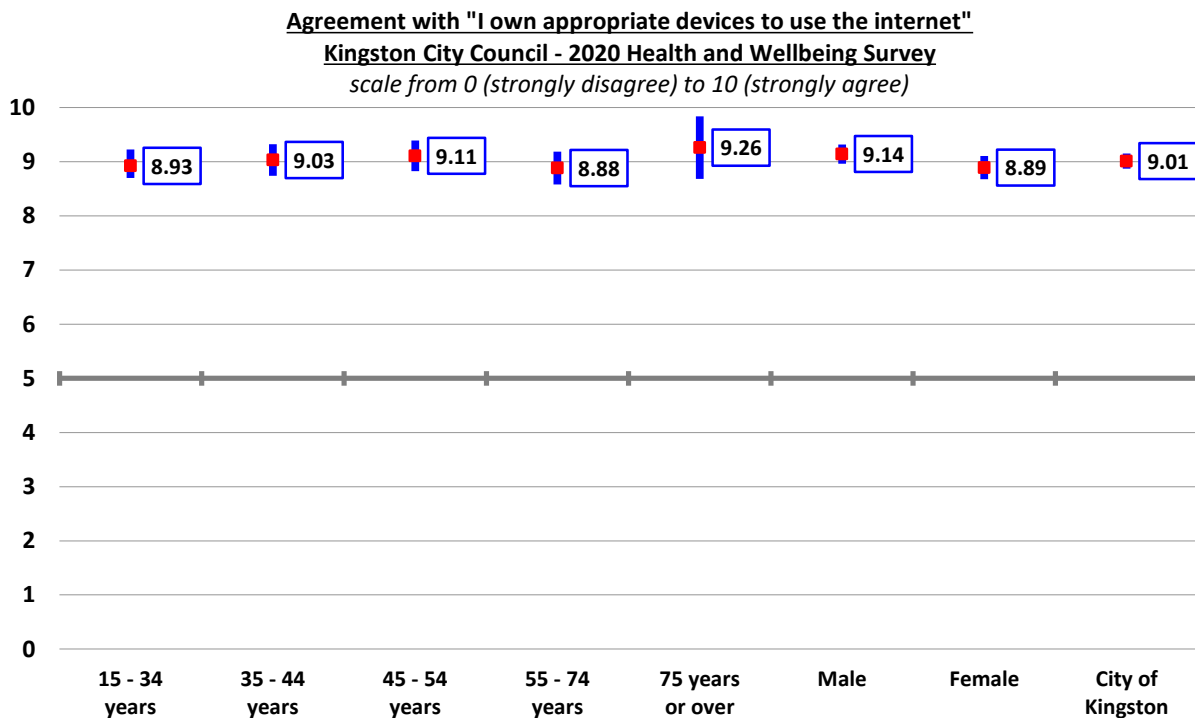


**I own appropriate devices to use the internet.**

There was some statistically significant variation in the average agreement that “I own appropriate devices to use the internet” observed across the municipality, with respondents from Central North region measurably more in agreement than average.

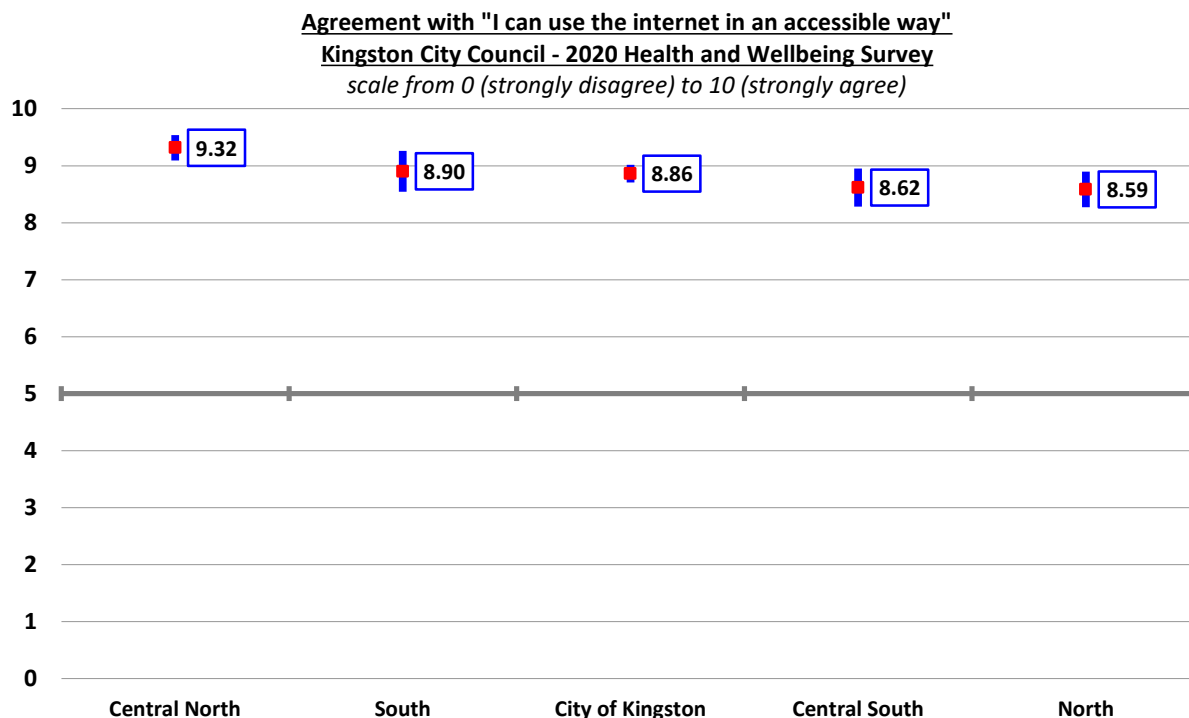


There was no statistically significant variation in average agreement with this statement observed by the respondents’ age or gender.

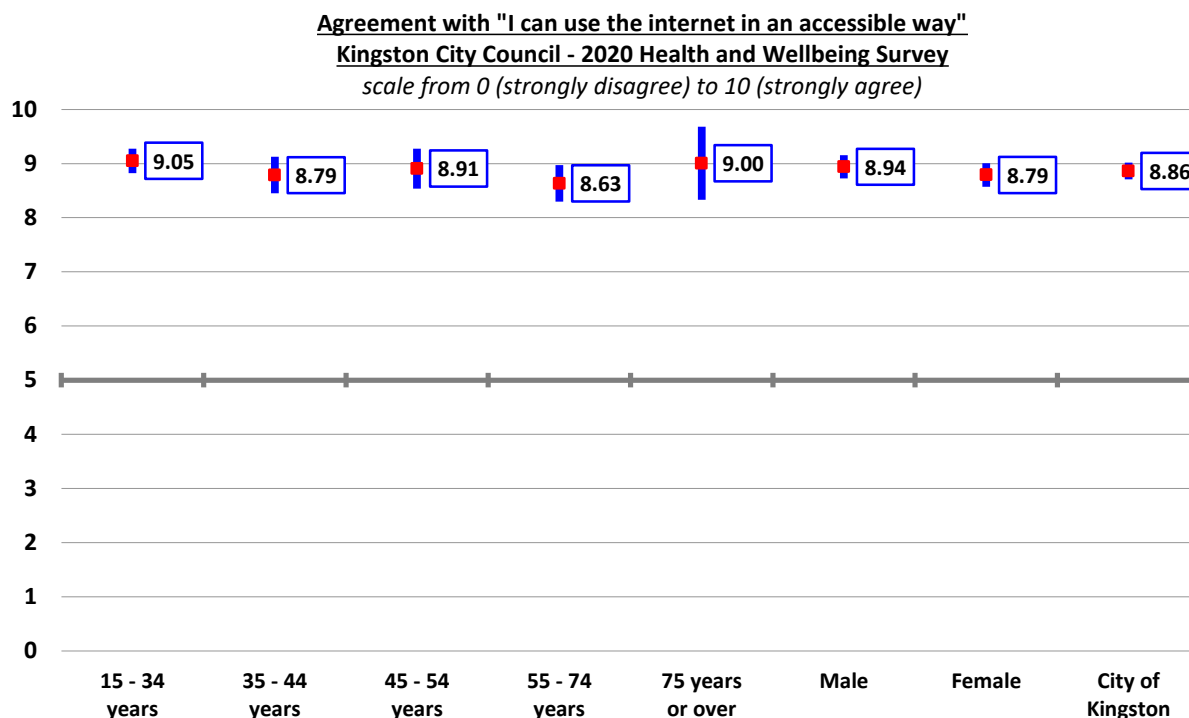


**I can use the internet in an accessible way.**

There was some statistically significant variation in the average agreement that “I can use the internet in an accessible way” observed across the municipality, with respondents from Central North region measurably more in agreement than average.

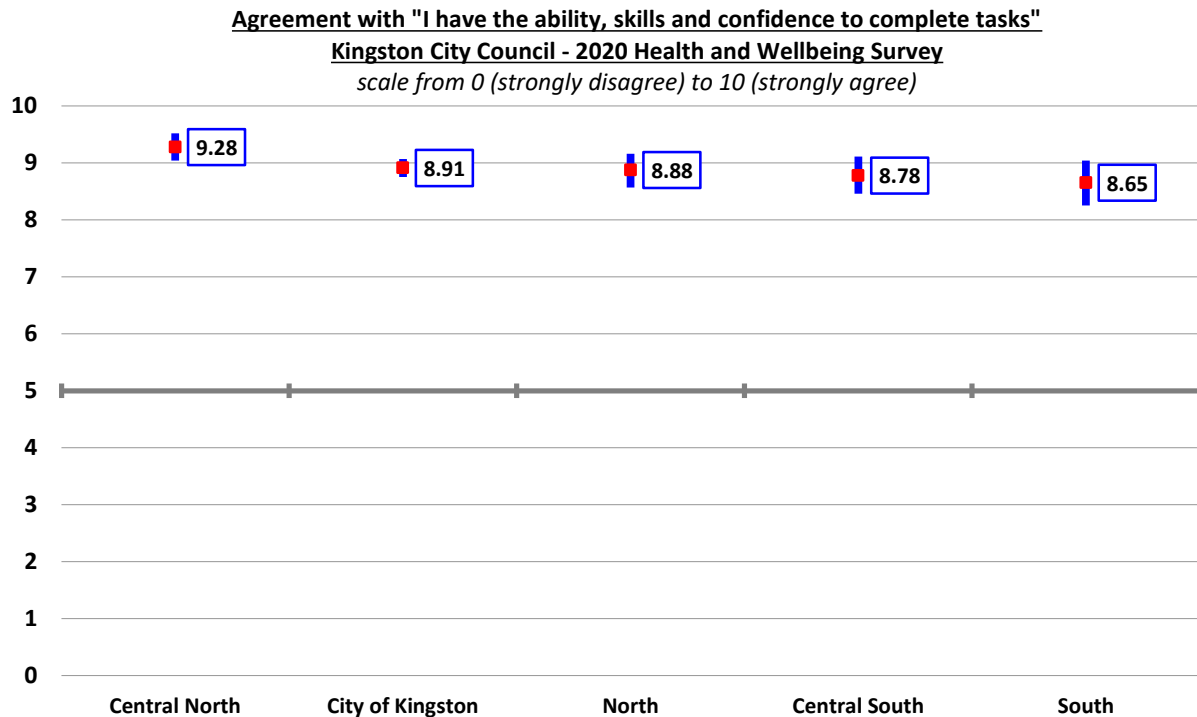


There was no statistically significant variation in average agreement with this statement observed by the respondents’ age or gender. It is, however, noted that younger respondents rated their agreement with this statement notably higher than older adults.

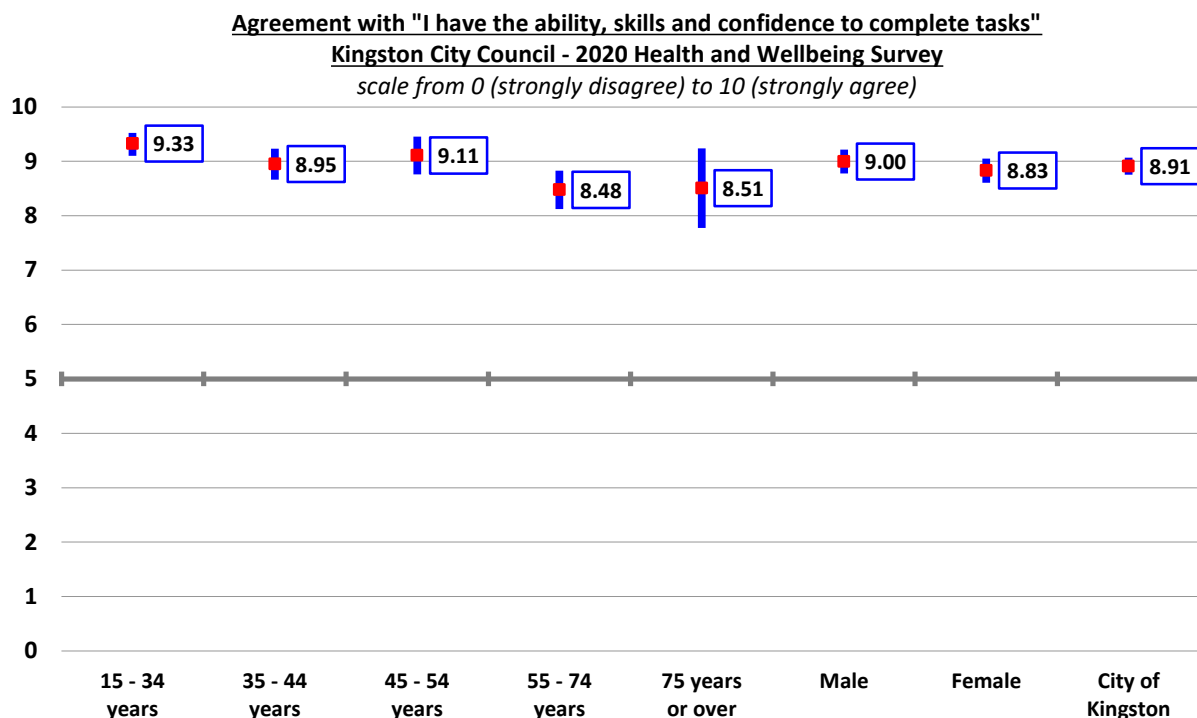


**I have the ability, skills, and confidence to complete tasks.**

There was some statistically significant variation in the average agreement that “I have the ability, skills, and confidence to complete tasks” observed across the municipality, with respondents from Central North region measurably more in agreement than average.

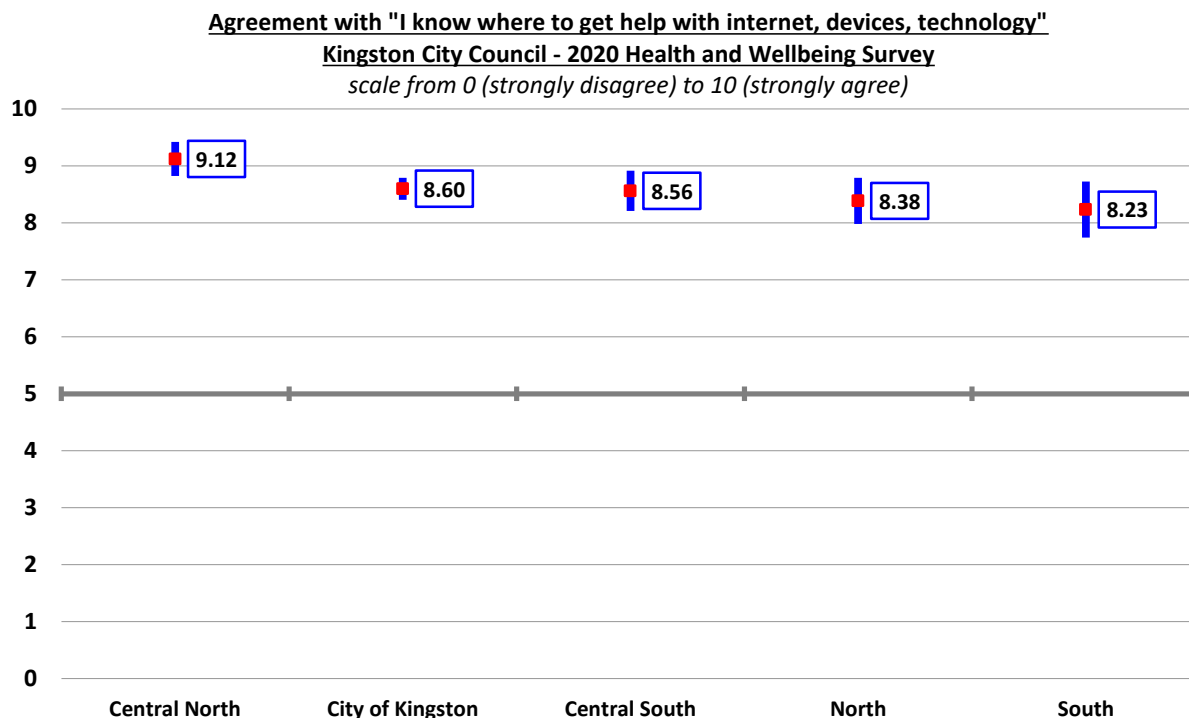


There was some variation in this result observed by respondents’ age structure, with younger adults (aged 15 to 34 years) measurably more in agreement than older adults and senior citizens (aged 55 years and over).

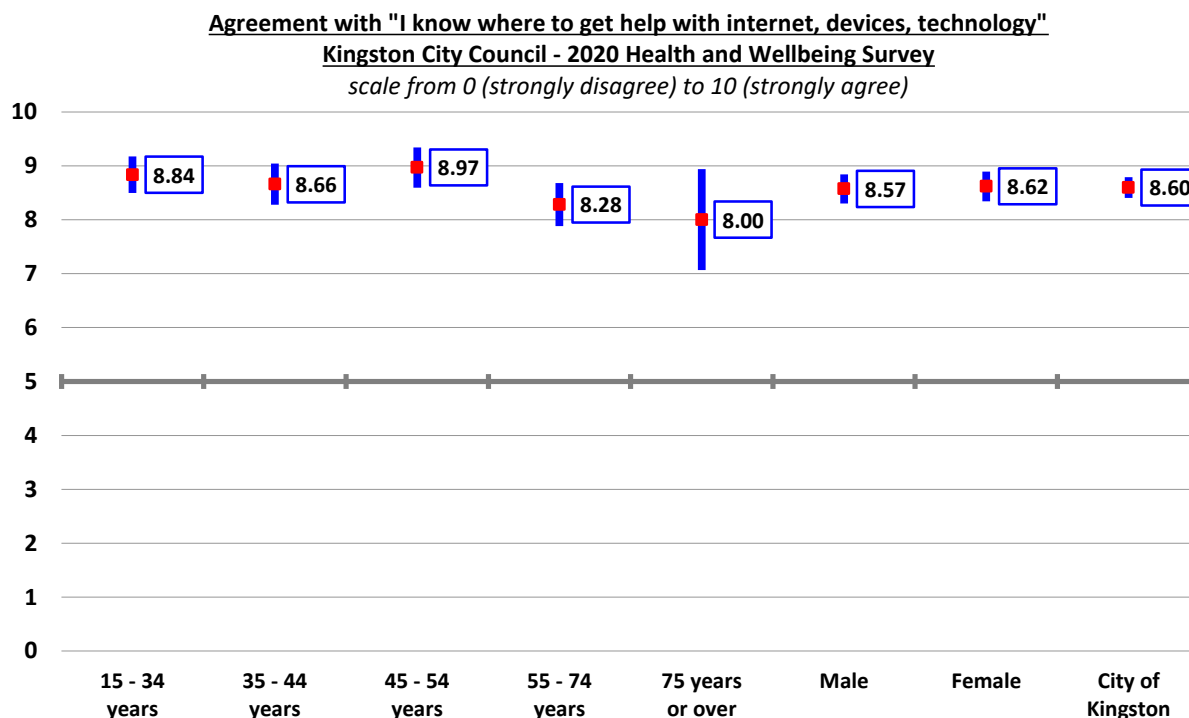


**I know where to get help with internet, devices, technology.**

There was some statistically significant variation in the average agreement that “I know where to go to get help with internet, devices, and technology” observed across the municipality, with respondents from Central North region measurably more in agreement than average.

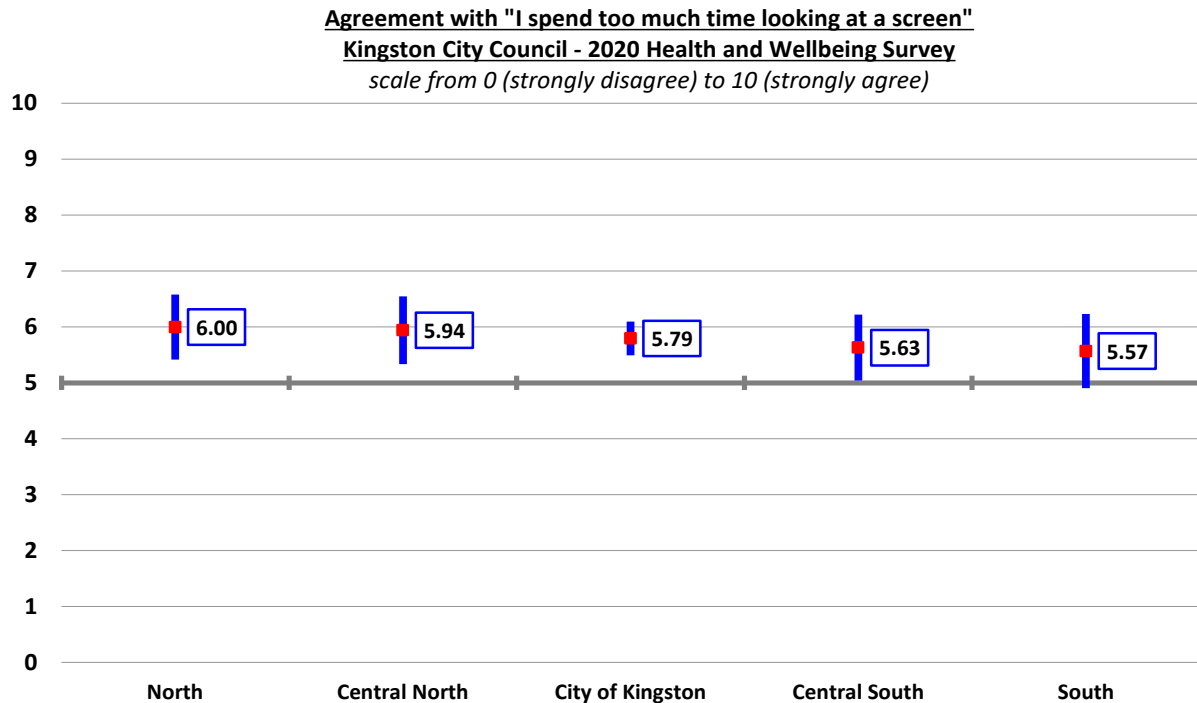


Whilst there was no statistically significant variation in these results observed by respondents’ age and gender, it is noted that younger respondents (aged 15 to 54 years) were somewhat more in agreement with this statement than older respondents (aged 55 years and over).

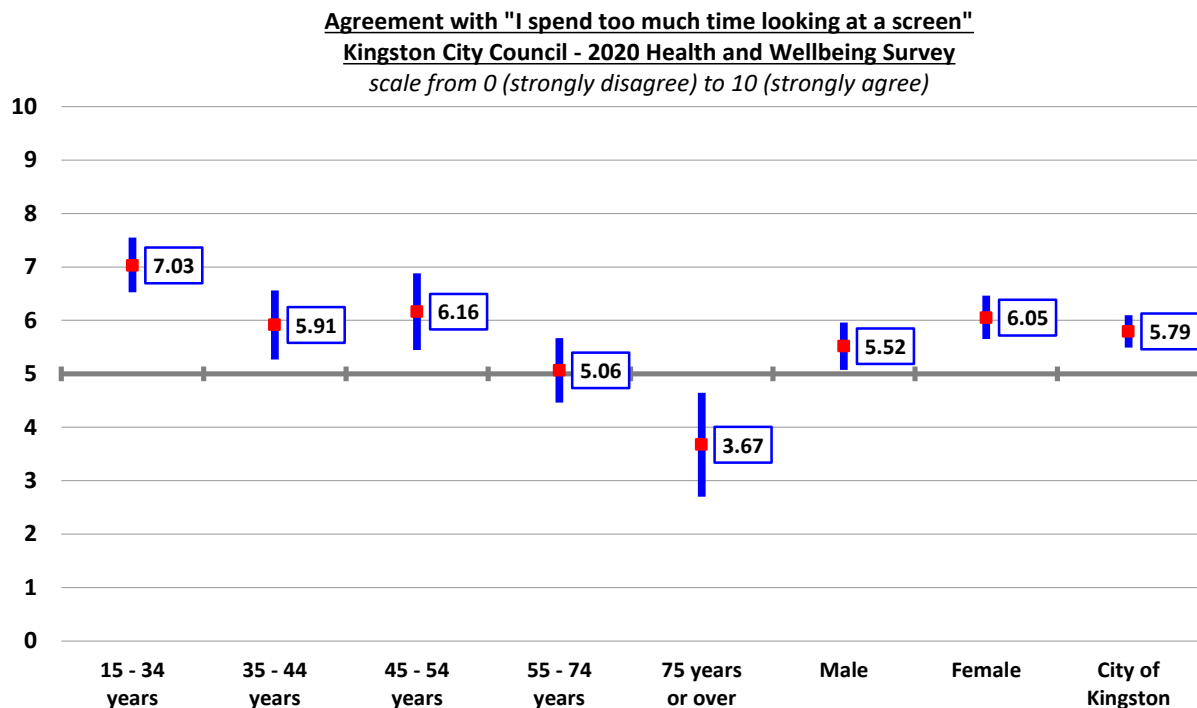


**I spend too much time looking at a screen.**

There was no statistically significant or meaningful variation in the average agreement that “I spend too much time looking at a screen” observed across the four City of Kingston regions.

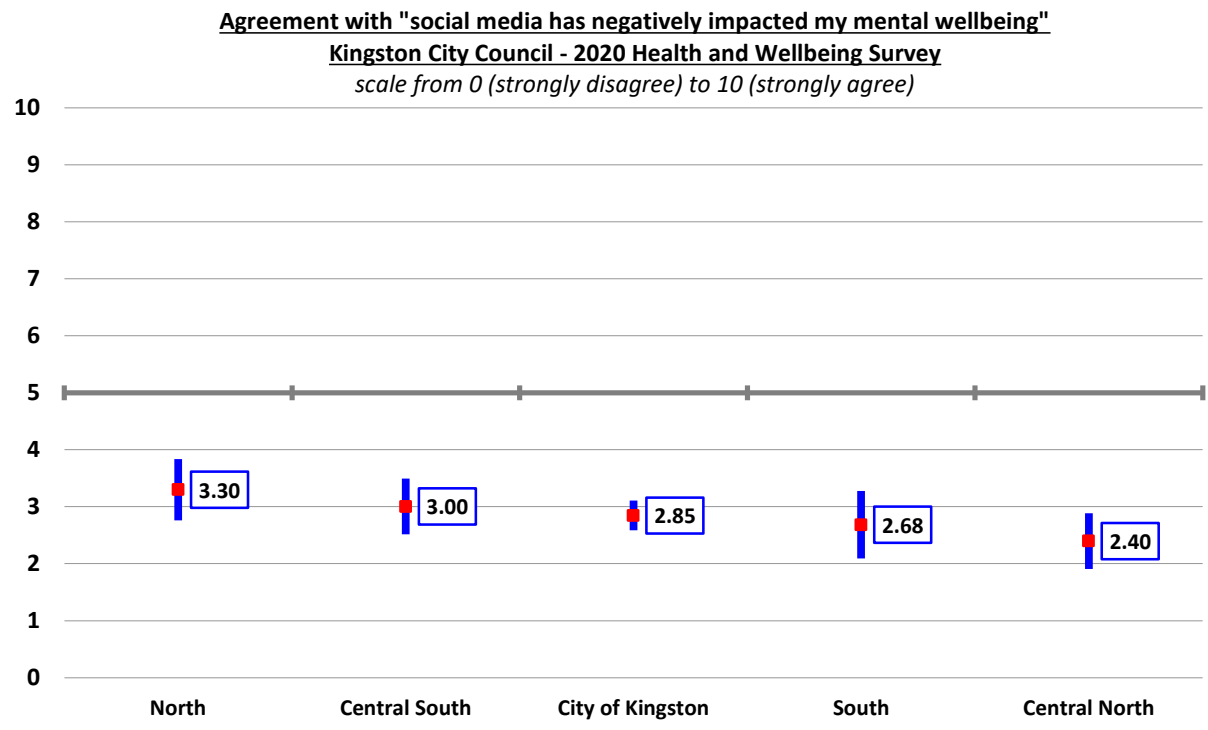


There was measurable and significant variation in this result observed by age structure and gender, with agreement trending measurably lower with the respondents age, from strong agreement for younger adults (aged 15 to 34 years) to moderate disagreement for senior citizens (aged 75 years and over). It is also noted that female respondents were notably but not quite measurably more in agreement than male respondents.

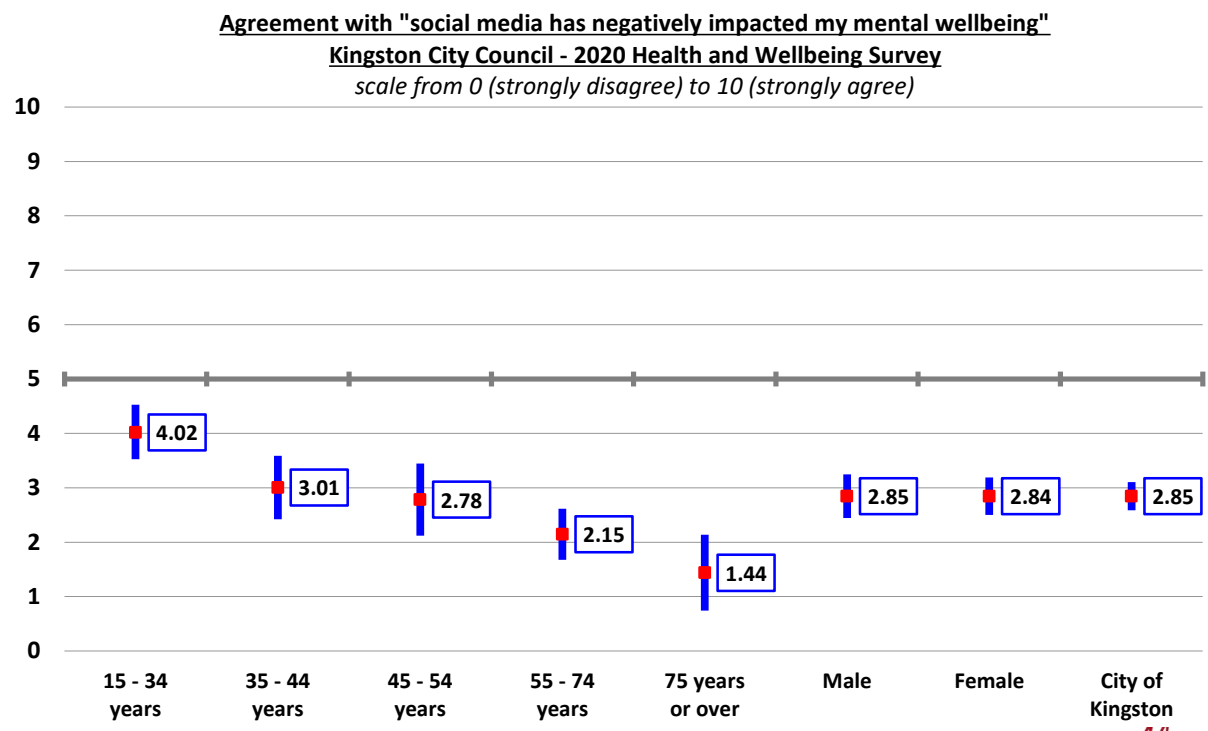


**Social media has negatively impacted my mental wellbeing.**

There was no statistically significant variation in average agreement that “social media has negatively impacted my mental wellbeing” observed across the four City of Kingston regions.



There was measurable and significant variation in this result observed by age structure and gender, with agreement trending measurably lower with the respondents age, from mild disagreement for younger adults (aged 15 to 34 years) to very strong disagreement for senior citizens (aged 75 years and over).





## A liveable community

### Climate change

#### Access to funds in an emergency

Respondents were asked:

*“Would this household be able to access at least \$2,000 in an emergency?”*

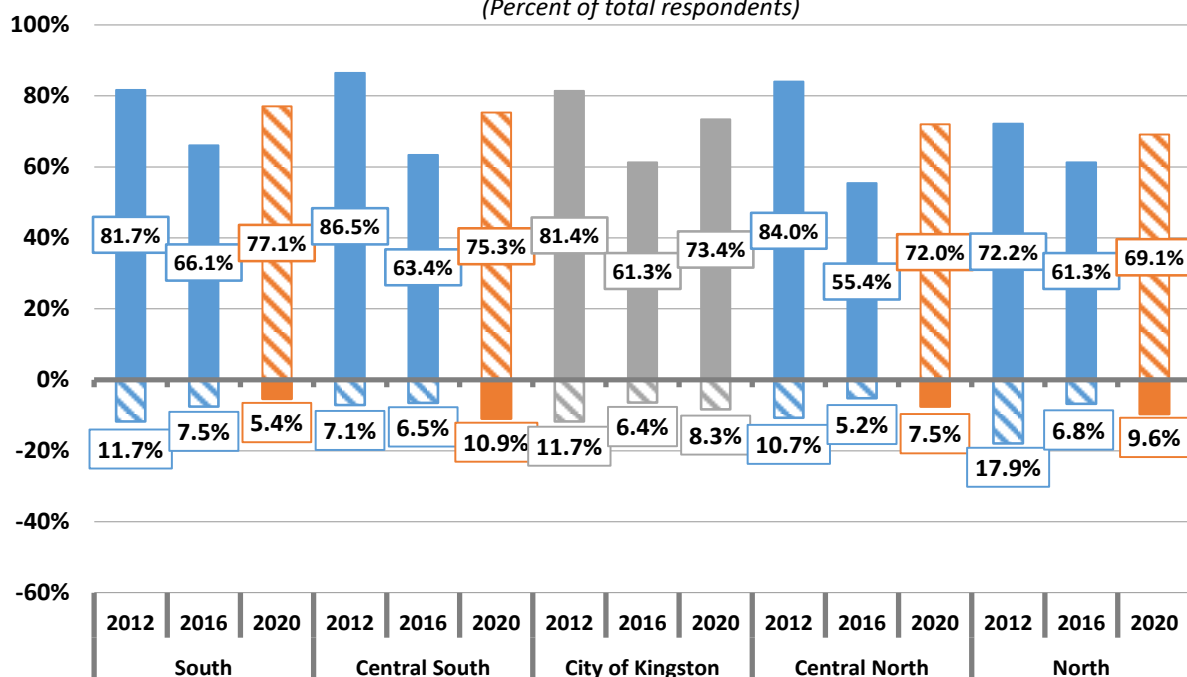
Almost three-quarters (73.4%) of respondents reported that they would be able to access \$2,000 in an emergency, an increase on the 61.3% recorded in 2016, but somewhat lower than the 81.4% in 2012. A total of 8.3% said that they would not be able to access the funds.

**Ability to access at least \$2,000 in an emergency**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
 (Number and percent of total respondents)

Response	2020		2016	2012
	Number	Percent		
Yes	369	73.4%	61.3%	81.4%
No	42	8.3%	6.4%	11.7%
Can't say	92	18.3%	32.3%	7.0%
<b>Total</b>	<b>503</b>	<b>100%</b>	<b>500</b>	<b>512</b>

There was no statistically significant variation in this result observed across the four regions. It is also noted that the increase in the proportion of respondent households able to access the funds increased in all four regions this year, reversing the lower results recorded in 2016.

**Ability to access at least \$2,000 in an emergency**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
 (Percent of total respondents)

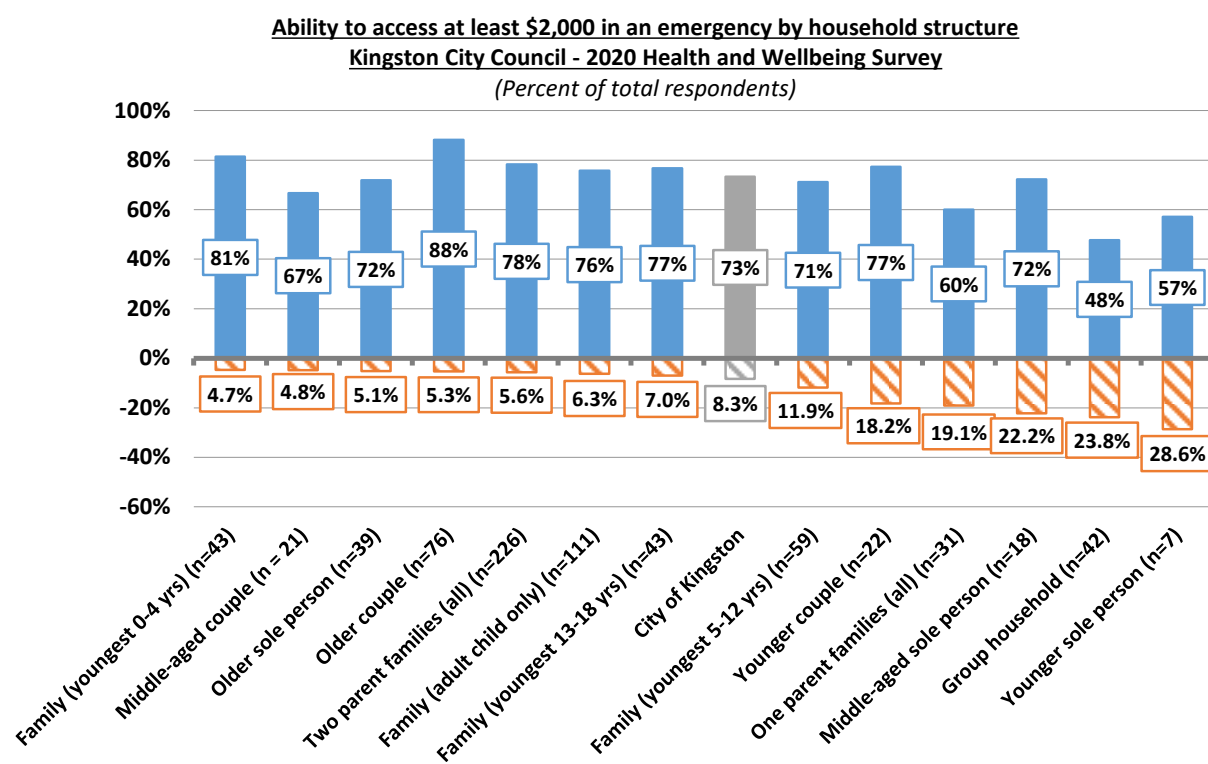


The following graph provides a breakdown of these results by the respondents’ age-based household structure. It also includes a summary result for one-parent families (31 respondents) and two-parent families (226 respondents), as well as the summary for families based on the age of youngest child. It is noted that the sample size for some of these results is quite small and some caution should be exercised in the interpretation of the results.

Whilst a substantial majority of most respondent households were able to access \$2,000 in an emergency, there remains a small proportion of all household types who reported that they could not access these funds.

Particular attention is drawn to the fact that it was younger couples (18.2%), middle-aged sole persons (22.2%), group households, who are mostly younger persons (23.%), and younger sole person households (28.6%) who were the most likely to report that they could not access \$2,000 in an emergency.

Whilst the sample size is quite small for one-parent families, it is noted that one-parent families were substantially less likely than two-parent families to be able to access at least \$2,000 in an emergency.



### Impact of climate change on health

Respondents were asked:

*“On a scale of 1 (no harm) to 5 (significant harm), how much, if at all, do you think that climate change is currently harming you and / or your household’s health?”*

Respondents were asked to rate on a five-point scale, the extent to which they believe that climate change is currently harming them and / or their households’ health.



Averaging the level of harm onto the same 10-point scale used for all questions in this report, on average, respondent households rated the current harm to their personal and households' health due to climate change at 4.25 out of 10, or a moderate level of harm.

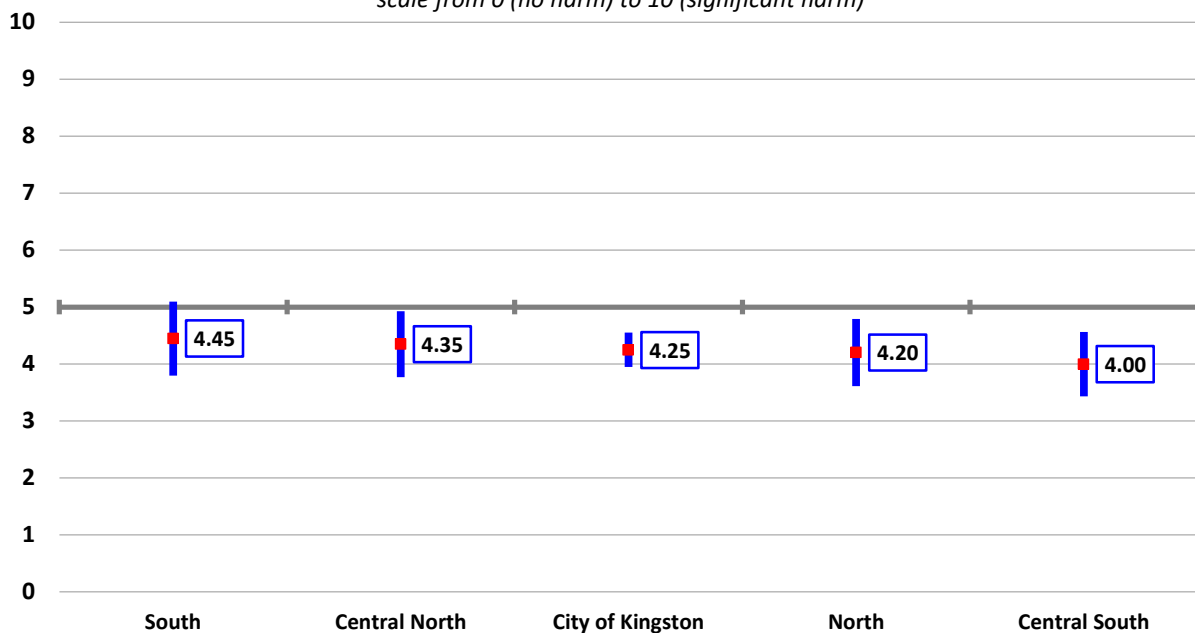
It is noted that almost one-third (31.1%) of respondents rated the harm caused to them or their households' health due to climate change at four or five (significant harm) out of five, whilst 41.3% rated the harm at one (no harm) or two out of five.

**The impact of climate change on your health**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
*(Number and percent of respondents providing a response)*

Response	2020	
	Number	Percent
Five (significant harm)	38	8.0%
Four	110	23.1%
Three	131	27.5%
Two	64	13.4%
One (no harm)	133	27.9%
Can't say	27	
<b>Total</b>	<b>503</b>	<b>100%</b>

There was no statistically significant variation in the average harm caused to respondents' and their households' health due to climate change observed across the four regions comprising the City of Kingston.

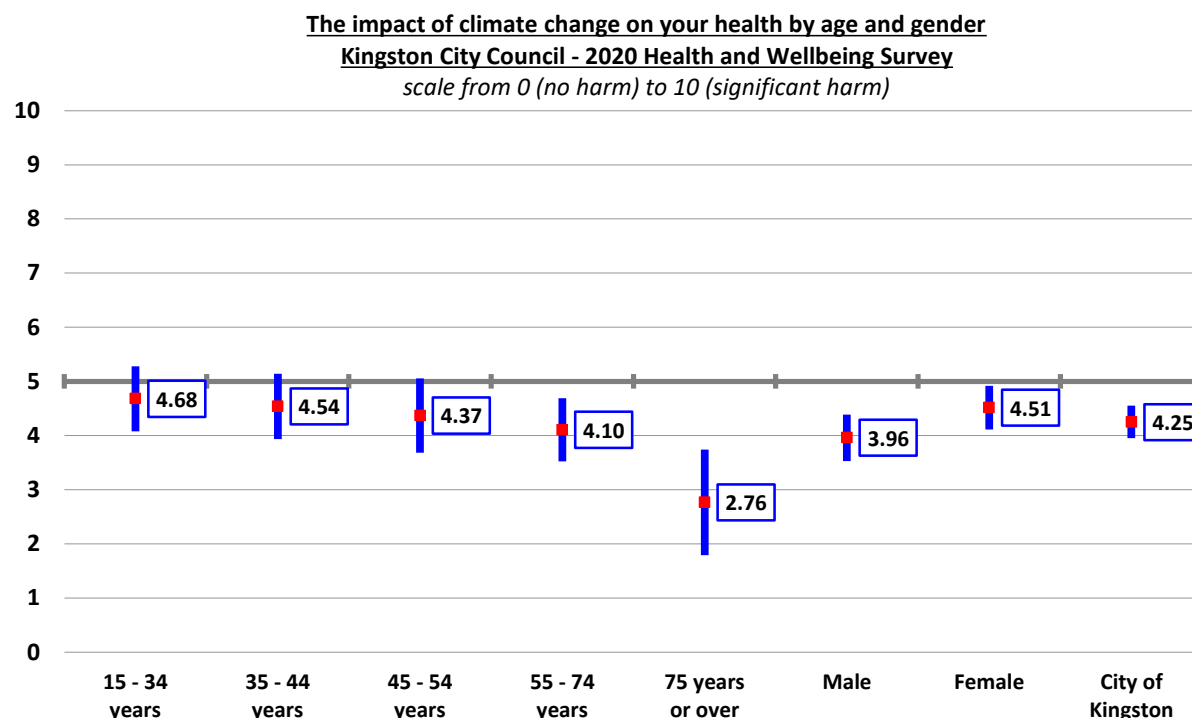
**The impact of climate change on your health by region**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
*scale from 0 (no harm) to 10 (significant harm)*



The following graph provides a breakdown of the average harm respondents believe is caused to them or their households’ health due to climate change by respondents’ age and gender.

It is noted that senior citizens (aged 75 years and over) rated the harm to their or their households’ health caused by climate change measurably and significantly lower than other respondents.

Female respondents rated the harm caused to their or their households’ health due to climate change marginally but not measurably higher than male respondents.



## Environment related health conditions

Respondents were asked:

*“In the past year, have you experienced any of the following health conditions?”*

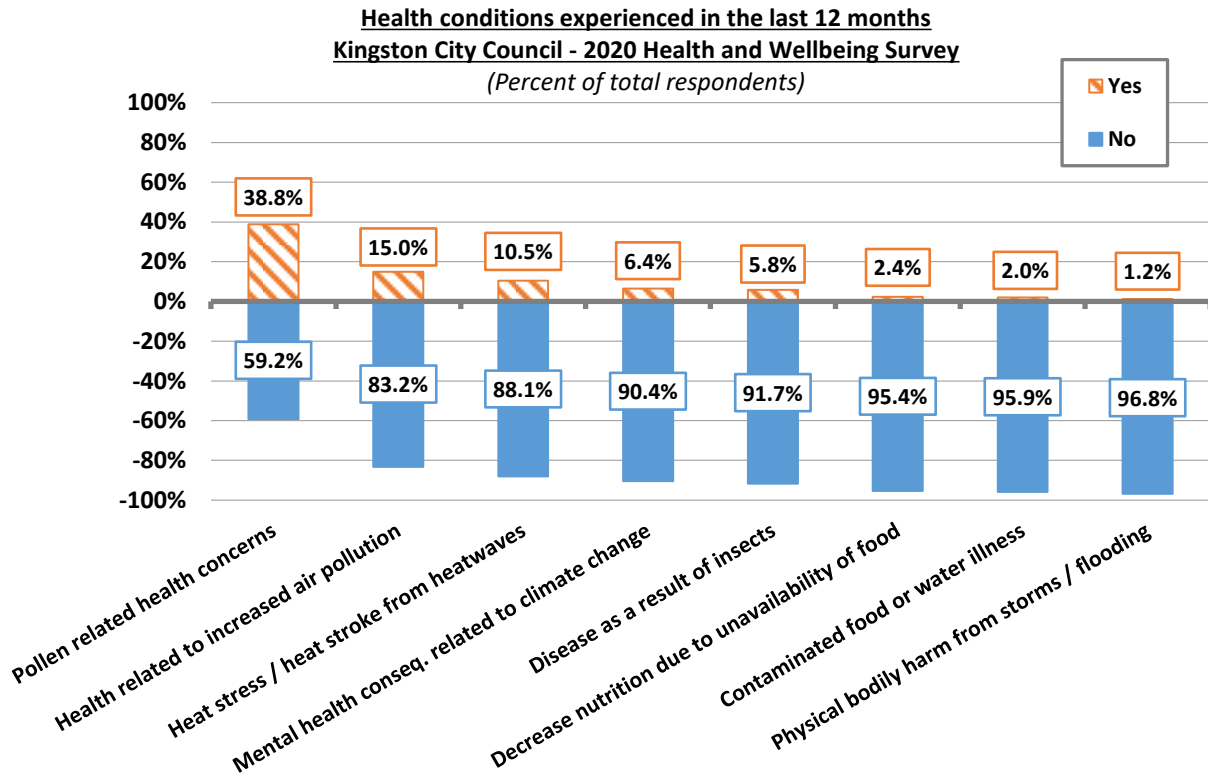
Respondents were asked whether, in the past year, they had experienced any of eight health conditions.

A little more than one-third (38.8%) of respondents reported that they had experience pollen related health concerns, and almost one-sixth (15.0%) reported health concerns related to increased air pollution.

Ten percent (10.5) of respondents reported that they had experienced heat stress or heat stroke from heatwaves.



Less than seven percent of respondents reported that they had experience any of the remaining five health conditions in the past 12 months.



**Health conditions experienced in the last 12 months**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
 (Number and percent of total respondents)

Aspect	Yes	No	Not sure / can't say	Total
Pollen related health concerns	38.8%	59.2%	2.0%	503
Health concerns related to increased air pollution	15.0%	83.2%	1.8%	503
Heat stress or heat stroke from heatwaves	10.5%	88.1%	1.5%	503
Mental health consequences related to climate change	6.4%	90.4%	3.2%	503
Disease as a result of insects	5.8%	91.7%	2.5%	503
Decrease nutrition due to unavailability of food, poor food quality, or high cost of food	2.4%	95.4%	2.2%	503
Illness caused by contaminated food or water	2.0%	95.9%	2.1%	503
Physical bodily harm from severe storms and / or flooding	1.2%	96.8%	2.0%	503



The following table provides a breakdown of these results for each of the four regions comprising the City of Kingston. There was no statistically significant variation in these results observed across the four regions.

**Health conditions experienced in the last 12 months by region**

**Kingston City Council - 2020 Health and Wellbeing Survey**

*(Number and percent of total respondents)*

<i>Response</i>	<i>North</i>	<i>Central North</i>	<i>Central South</i>	<i>South</i>	<i>City of Kingston</i>
<i>Heat stress or heat stroke from heatwaves</i>					
Yes	10.6%	14.9%	6.2%	9.7%	10.5%
No	87.3%	83.3%	92.0%	90.3%	88.1%
Not sure / can't say	2.1%	1.8%	1.7%	0.0%	1.5%
<b>Total</b>	<b>124</b>	<b>137</b>	<b>100</b>	<b>111</b>	<b>503</b>
<i>Physical bodily harm from severe storms and / or flooding</i>					
Yes	1.5%	1.8%	0.6%	0.6%	1.2%
No	94.2%	96.4%	97.7%	99.4%	96.8%
Not sure / can't say	4.3%	1.8%	1.7%	0.0%	2.0%
<b>Total</b>	<b>124</b>	<b>137</b>	<b>131</b>	<b>111</b>	<b>503</b>
<i>Health concerns related to increased air pollution</i>					
Yes	15.5%	15.0%	11.7%	18.3%	15.0%
No	81.8%	82.6%	86.6%	81.7%	83.2%
Not sure / can't say	2.8%	2.3%	1.7%	0.0%	1.8%
<b>Total</b>	<b>124</b>	<b>137</b>	<b>100</b>	<b>111</b>	<b>503</b>
<i>Pollen related health concerns</i>					
Yes	43.4%	44.0%	31.9%	35.7%	38.8%
No	52.4%	54.2%	66.4%	64.3%	59.2%
Not sure / can't say	4.3%	1.8%	1.7%	0.0%	2.0%
<b>Total</b>	<b>124</b>	<b>137</b>	<b>100</b>	<b>111</b>	<b>503</b>



**Health conditions experienced in the last 12 months by region**

**Kingston City Council - 2020 Health and Wellbeing Survey**

(Number and percent of total respondents)

Response	North	Central North	Central South	South	City of Kingston
<i>Decrease nutrition due to unavailability of food, poor food quality, or high cost of food</i>					
Yes	1.6%	2.7%	2.4%	3.0%	2.4%
No	94.9%	94.6%	95.9%	96.2%	95.4%
Not sure / can't say	3.4%	2.7%	1.7%	0.7%	2.2%
<b>Total</b>	<b>124</b>	<b>137</b>	<b>100</b>	<b>111</b>	<b>503</b>
<i>Mental health consequences related to climate change</i>					
Yes	9.1%	7.7%	1.9%	7.0%	6.4%
No	87.3%	88.2%	94.0%	92.3%	90.4%
Not sure / can't say	3.6%	4.1%	4.1%	0.7%	3.2%
<b>Total</b>	<b>124</b>	<b>137</b>	<b>131</b>	<b>111</b>	<b>503</b>
<i>Disease as a result of insects</i>					
Yes	7.7%	3.6%	5.2%	7.1%	5.8%
No	89.4%	93.5%	92.5%	90.9%	91.7%
Not sure / can't say	2.9%	2.9%	2.2%	1.9%	2.5%
<b>Total</b>	<b>124</b>	<b>137</b>	<b>100</b>	<b>111</b>	<b>503</b>
<i>Illness caused by contaminated food or water</i>					
Yes	1.7%	2.3%	2.2%	1.7%	2.0%
No	94.4%	95.8%	96.0%	97.5%	95.9%
Not sure / can't say	3.9%	1.8%	1.7%	0.8%	2.1%
<b>Total</b>	<b>124</b>	<b>137</b>	<b>100</b>	<b>111</b>	<b>503</b>





## Plans to cope with extreme weather / keeping safe.

Respondents were asked:

*“On a scale of 1 (very unprepared) to 5 (very prepared), to what extent does your household have its own resources and a plan to cope with extreme weather and to keep yourself / yourselves safe and well?”*

Respondents were asked to rate on a five-point scale, the extent to which they believe their household has “its own resources and plan to cope with extreme weather and to keep themselves safe and well”.

Averaging the level preparedness onto the same 10-point scale used for all questions in this report, on average, respondent households rated their current level of preparedness at 7.17 out of 10, or a strong level of preparedness.

Almost three-quarters (71.8%) of respondent households rated their preparedness at four or five (very prepared), whilst just 7.7% rated their preparedness at one (very unprepared) or two out of five.

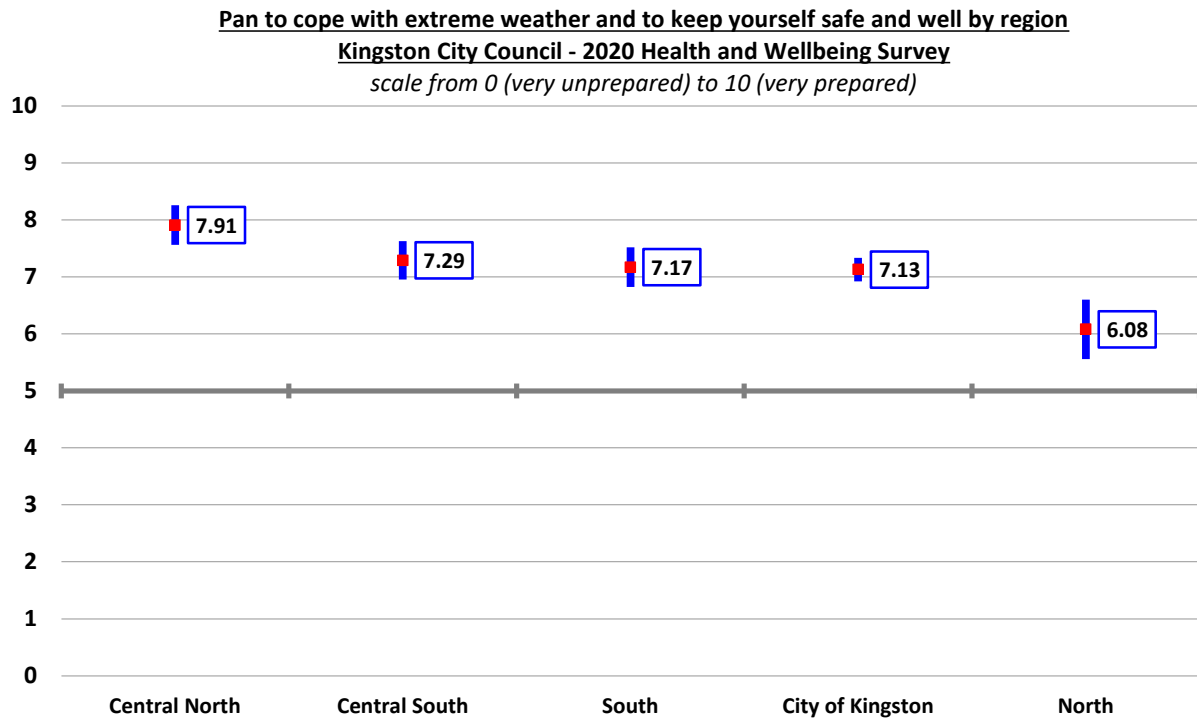
**Plan to cope with extreme weather and to keep yourself safe and well**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
*(Number and percent of respondents providing a response)*

Response	2020	
	Number	Percent
Five (very prepared)	113	23.4%
Four	234	48.4%
Three	99	20.5%
Two	27	5.6%
One (very unprepared)	10	2.1%
Can't say	20	
<b>Total</b>	<b>503</b>	<b>100%</b>

There was measurable and significant variation in this result observed across the municipality, as follows:

- **Central North region** – respondents rated their level of preparedness measurably higher than the municipal average.
- **North region** – respondents rated their level of preparedness measurably and significantly lower than the municipal average, and at a moderate compared to a strong level.



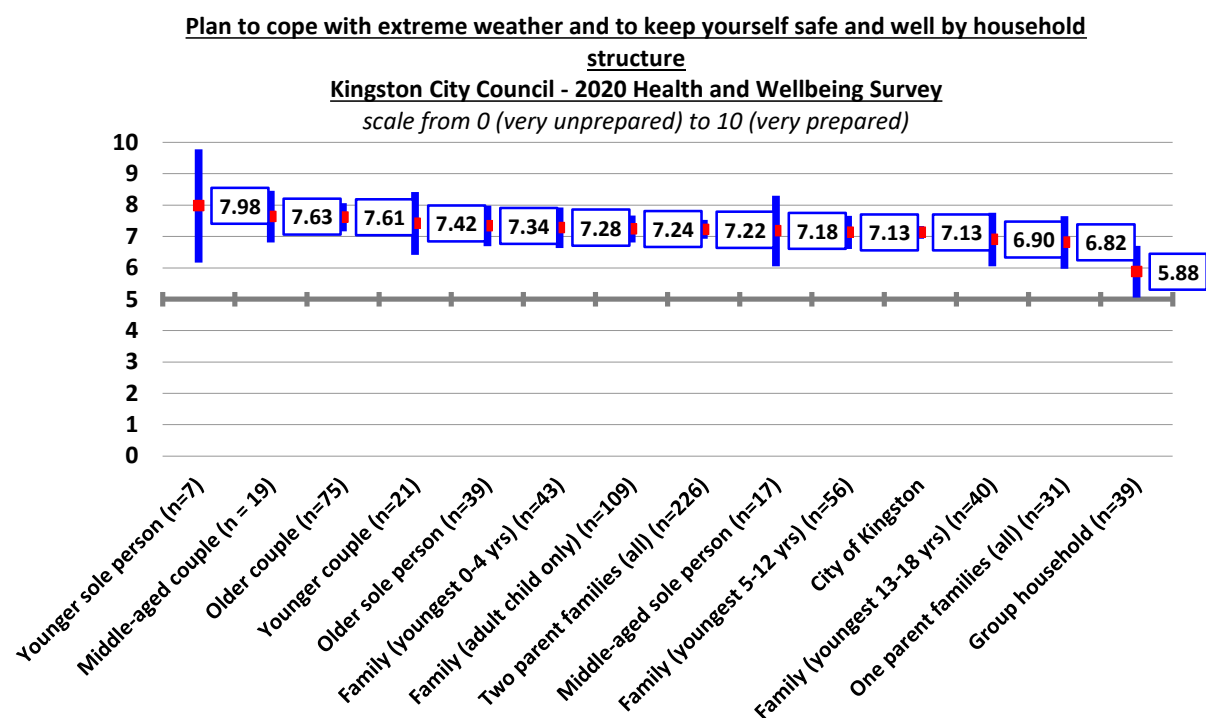


The following graph provides a breakdown of the average level of preparedness by age-related household structure, including a summary for both one and two-parent families. Readers are reminded of the relatively small sample size for some of these household structures, and some caution should therefore be exercised.

Attention is drawn to the fact that group households (mostly younger persons such as university students living together) were measurably and significantly less prepared than all other household types.

It is also noted that respondents from two-parent families (7.22) were notably but not measurably more likely to be prepared and have their own resources in place to cope with extreme weather and to keep themselves safe and well than respondents from one-parent families (6.82).





## Economic environment

### Access to funds in an emergency

Respondents were asked:

*“Would this household be able to access at least \$2,000 in an emergency?”*

Almost three-quarters (73.4%) of respondents reported that they would be able to access \$2,000 in an emergency, an increase on the 61.3% recorded in 2016, but somewhat lower than the 81.4% in 2012. A total of 8.3% said that they would not be able to access the funds.

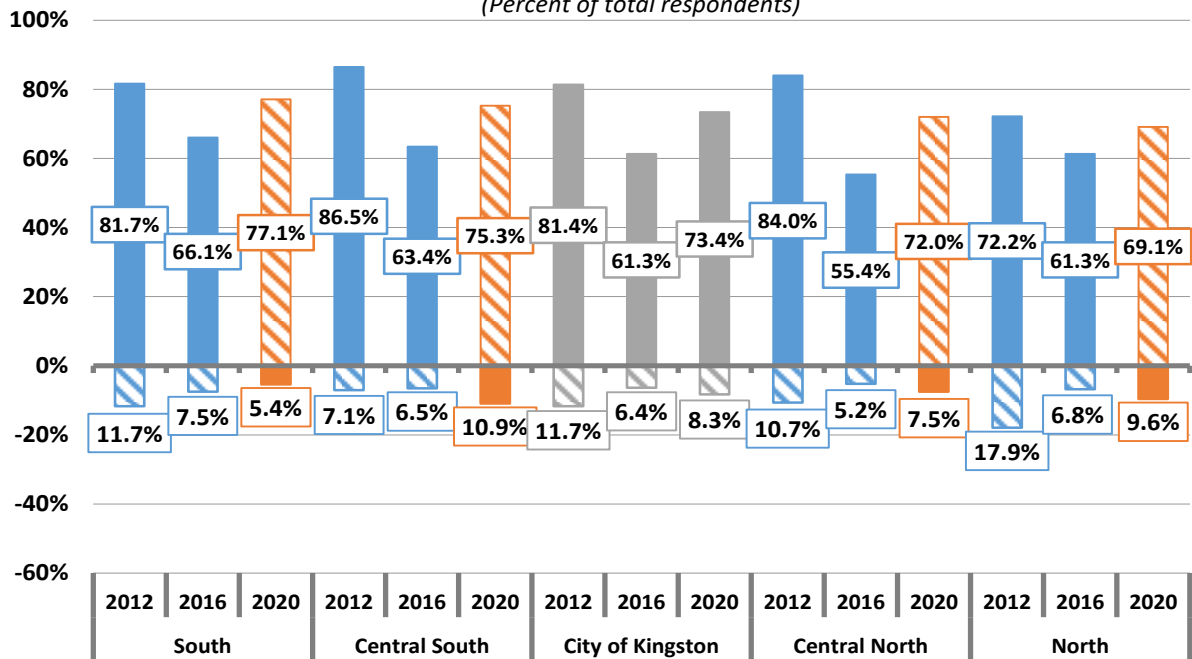
**Ability to access at least \$2,000 in an emergency**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
*(Number and percent of total respondents)*

Response	2020		2016	2012
	Number	Percent		
Yes	369	73.4%	61.3%	81.4%
No	42	8.3%	6.4%	11.7%
Can't say	92	18.3%	32.3%	7.0%
<b>Total</b>	<b>503</b>	<b>100%</b>	<b>500</b>	<b>512</b>

There was no statistically significant variation in this result observed across the four regions. It is also noted that the increase in the proportion of respondent households able to access the funds increased in all four regions this year, reversing the lower results recorded in 2016.



**Ability to access at least \$2,000 in an emergency**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
 (Percent of total respondents)



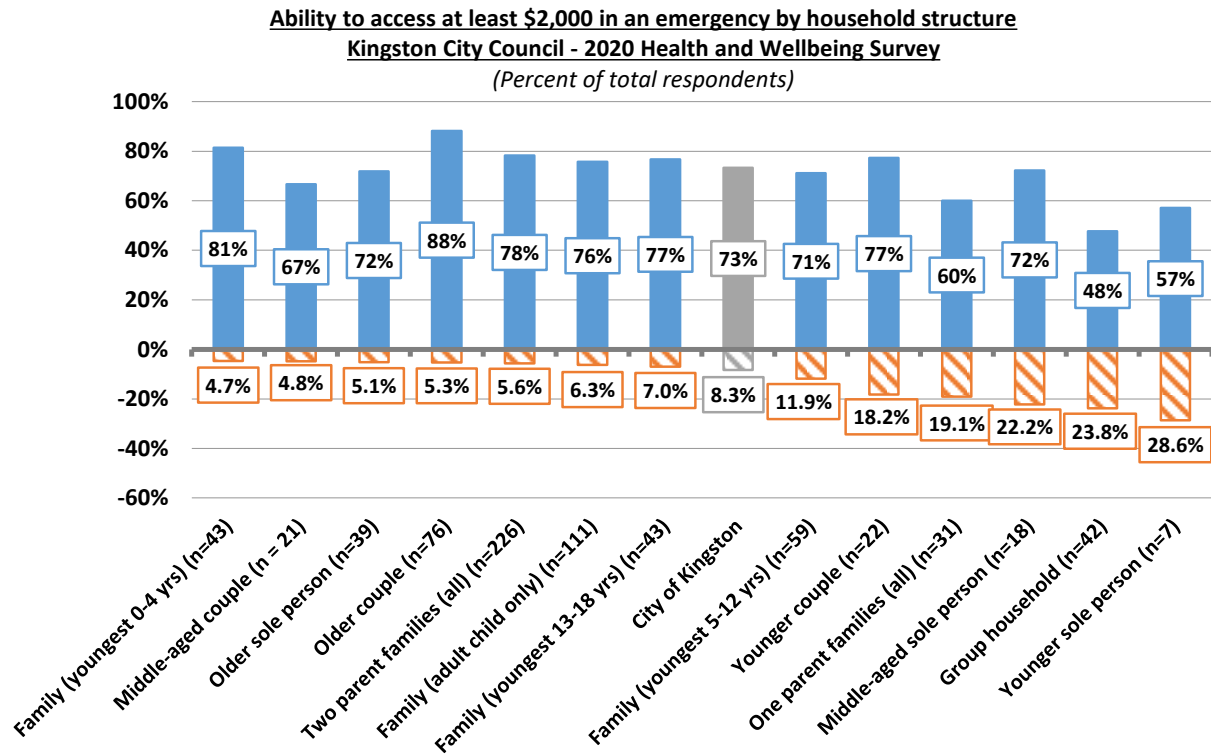
The following graph provides a breakdown of these results by the respondents' age-based household structure. It also includes a summary result for one-parent families (31 respondents) and two-parent families (226 respondents), as well as the summary for families based on the age of youngest child. It is noted that the sample size for some of these results is quite small and some caution should be exercised in the interpretation of the results.

Whilst a substantial majority of most respondent households were able to access \$2,000 in an emergency, there remains a small proportion of all household types who reported that they could not access these funds.

Particular attention is drawn to the fact that it was younger couples (18.2%), middle-aged sole persons (22.2%), group households, who are mostly younger persons (23%), and younger sole person households (28.6%) who were the most likely to report that they could not access \$2,000 in an emergency.

Whilst the sample size is quite small for one-parent families, it is noted that one-parent families were substantially less likely than two-parent families to be able to access at least \$2,000 in an emergency.





## Transport

### Walking to local shops / destinations

Respondents were asked:

*“In the past week, have you walked or cycled to the local shops or local facilities?”*

Respondents were again in 2020, asked whether they had walked or cycled to the local shops or local facilities in the past week.

It is noted that the proportion of respondents reporting that they did not walk or cycle to the local shops or facilities has declined marginally over the course of the three surveys, down from a high of 35.2% back in 2012 to 25.2% this year.

Particular attention this year is drawn to the fact that almost two-thirds (62.2%) of respondents reported that they had walked or cycled to the local shops or facilities more than once in the past week. This is up measurably and significantly on the results from both 2016 (35.9%) or 2012 (42.3%). Metropolis Research suggests that this increase this year may well be the result, at least in part, to the impact of COVID-19 on respondents’ travel patterns.

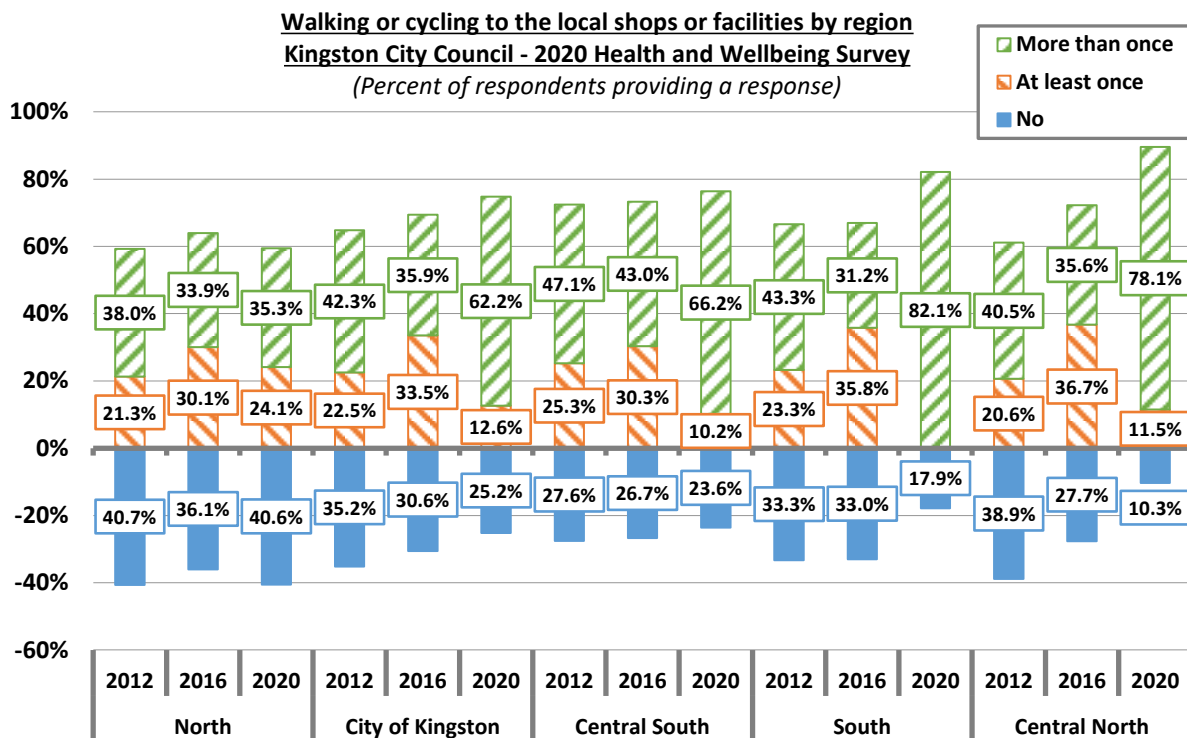


**Walking or cycling to the local shops or facilities**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
*(Number and percent of respondents providing a response)*

Response	2020		2016	2012
	Number	Percent		
Yes - more than once	311	62.2%	35.9%	42.3%
Yes - at least once	63	12.6%	33.5%	22.5%
No	126	25.2%	30.6%	35.2%
Can't say	3		29	1
<b>Total</b>	<b>503</b>	<b>100%</b>	<b>500</b>	<b>512</b>

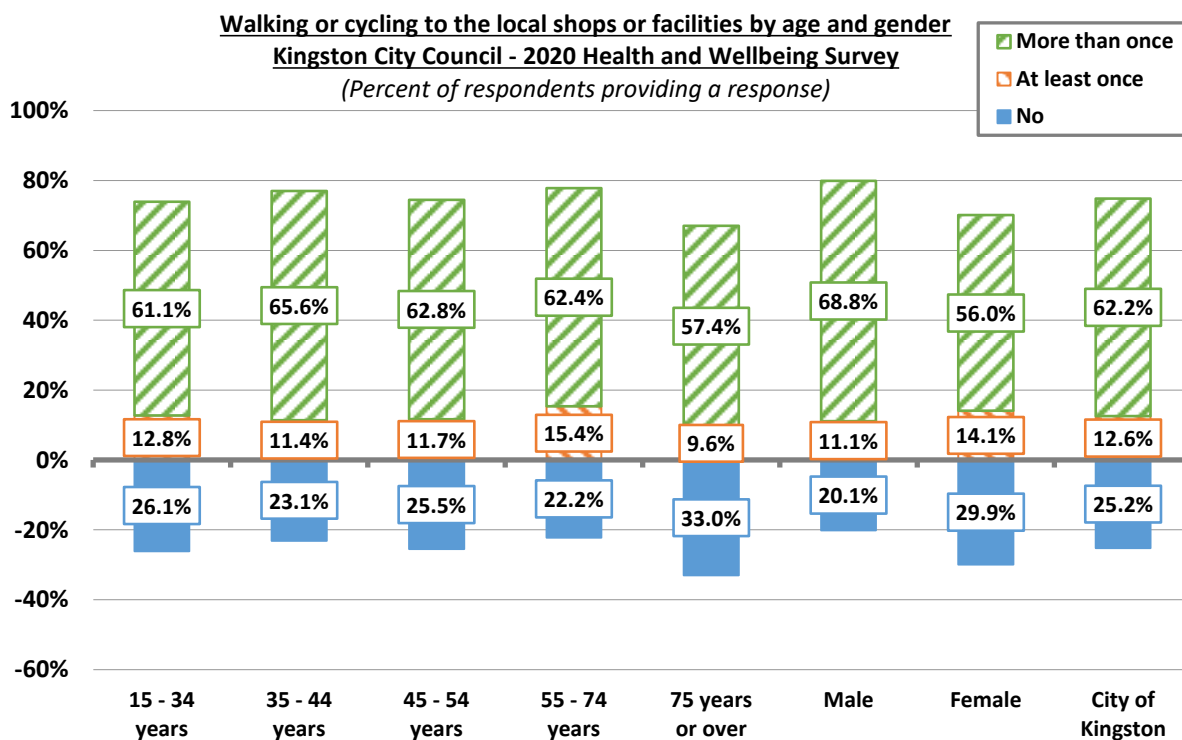
There was some variation in these results observed across the municipality.

- **North region** - respondents were significantly less likely than average to have walked or cycled to the local shops or facilities more than once in the past week and were more likely to have walked or cycled only once or never.
- **South and Central North region** - respondents were more likely to have walked or cycled to the local shops or facilities more than once.



There was also some variation in these results observed by respondents’ age and gender:

- **Senior citizens (aged 75 years and over)** – respondents were somewhat less likely than average to have walked or cycled to the local shops or facilities more than once in the past week and were more likely to have not done so in the past week at all.
- **Gender** – male respondents were measurably and significantly more likely than female respondents to have walked or cycled to the local shops or facilities more than once in the past week and were measurably less likely to have never done so in the past week.





## Respondent profile

The following section provides the demographic profile of the respondents surveyed for the *Kingston City Council – 2020 Health and Wellbeing Survey*.

### Age structure

To ensure that the sample of respondents to the survey reflected accurately the age and gender profile of the underlying City of Kingston community, the results have been weighted by age and gender to reflect the 2016 *Census* results. The results outlined in the following table therefore provide both the unweighted and weighted results. It is noted that the door-to-door methodology used in 2016 and 2012 was much more effective at obtaining a sample that reflected the underlying community.

**Age structure**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
(Number and percent of respondents providing a response)

Age group	2020 (unweighted)		2020	2016	2012
	Number	Percent	(weighted)		
Adolescent (15 - 24 years)	13	2.6%	10.2%	6.0%	6.1%
Young adults (25 - 34 years)	60	11.9%	16.5%	16.0%	16.6%
Adults (35 - 44 years)	93	18.5%	18.8%	21.6%	25.4%
Middle-aged adults (45 - 54 years)	122	24.3%	18.0%	18.8%	19.9%
Older adults (55 - 74 years)	173	34.4%	26.0%	26.8%	25.8%
Senior citizens (75 years and over)	42	8.3%	10.5%	10.8%	6.3%
<b>Total</b>	<b>503</b>	<b>100%</b>	<b>503</b>	<b>500</b>	<b>512</b>

### Gender

The survey obtained a near 50/50 distribution between male and female respondents.

**Gender**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
(Number and percent of respondents providing a response)

Gender	2020		2016	2012
	Number	Percent		
Male	242	48.1%	51.2%	36.9%
Female	261	51.9%	48.8%	63.1%
Other	0	0.0%	0.0%	n.a
Prefer not to say	0		2	0
<b>Total</b>	<b>503</b>	<b>100%</b>	<b>500</b>	<b>512</b>



### Language spoken at home.

A little more than one-quarter (29.3%) of respondents reported that they speak a language other than English at home. This result is almost identical to the 2016 *Census* result of 27.4%.

**Language spoken at home**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
*(Number and percent respondents providing a response)*

Language	2020		2016	2012
	Number	Percent		
English	352	70.7%	77.9%	79.4%
Mandarin	17	3.4%	1.2%	0.2%
Greek	16	3.2%	4.8%	2.2%
Italian	13	2.6%	2.0%	1.6%
Hindi	12	2.4%	1.4%	2.0%
French	8	1.6%	0.2%	1.2%
Vietnamese	7	1.4%	0.6%	1.0%
Nepali	5	1.0%	0.0%	0.0%
German	4	0.8%	0.8%	0.4%
Russian	4	0.8%	0.2%	1.2%
Arabic	3	0.6%	1.0%	0.4%
Chinese n.f.d	3	0.6%	1.0%	0.3%
Maltese	3	0.6%	0.0%	0.0%
Tamil	3	0.6%	0.2%	0.4%
Bengali	2	0.4%	0.0%	0.0%
Danish	2	0.4%	0.0%	0.0%
Hebrew	2	0.4%	0.0%	0.0%
Hungarian	2	0.4%	0.2%	0.4%
Polish	2	0.4%	0.4%	0.3%
Punjabi	2	0.4%	0.2%	0.3%
Turkish	2	0.4%	0.6%	0.3%
Urdu	2	0.4%	0.1%	0.0%
Other languages (22)	22	4.4%	3.1%	3.1%
Finnish	0	0.0%	0.3%	0.0%
Frisian	0	0.0%	0.1%	0.0%
Japanese	0	0.0%	0.2%	0.6%
Persian	0	0.0%	0.2%	0.0%
Shona	0	0.0%	0.2%	0.0%
Thai	0	0.0%	0.2%	0.6%
Ukrainian	0	0.0%	0.3%	0.0%
Bosnian	0	0.0%	0.1%	0.0%
Czech	0	0.0%	0.2%	0.0%
Korean	0	0.0%	0.2%	0.4%
Multiple	4	0.8%	1.8%	2.2%
Other languages n.f.d	6	1.2%	0.2%	1.6%
Not stated	5	1.0%	200.0%	100.0%
<b>Total</b>	<b>503</b>	<b>100%</b>	<b>500</b>	<b>512</b>



## Aboriginal or Torres Strait Islander

Consistent with the 2016 *Census* of 0.3%, one percent of respondents providing a response to the question identified as Aboriginal or Torres Strait Islander. This is a very good result which reflects well on the quality of the random sample and the implementation.

Readers are reminded, however, that the sample of five Aboriginal and Torres Strait Islander is insufficient to provide a meaningful and statistically reliable insight into the views of the Aboriginal and Torres Strait Islander community in the City of Kingston.

**Identify as aboriginal and / or Torres Strait Islander**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
*(Number and percent of respondents providing a response)*

Response	2020	
	Number	Percent
Yes - Aboriginal	5	1.0%
Yes - Torres Strait Islander	0	0.0%
No	490	99.0%
Prefer not to say	8	
<b>Total</b>	<b>503</b>	<b>100%</b>

## Sexuality

A total of 14 respondents identified as lesbian, gay, bisexual, transgender, intersex, queer or of diverse sexuality. It is not possible to make a statement as to how reliable an estimate this result is of the underlying LGBTIQ+ community in the City of Kingston, given that there is no *Census* like comparison result available.

Readers are also reminded that the sample of 14 respondents is insufficient to provide a meaningful and statistically reliable insight into the views of the LGBTIQ+ community in the City of Kingston.

**Identify as lesbian, gay, bisexual, transgender, intersex, queer, or diverse sexuality**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
*(Number and percent of respondents providing a response)*

Response	2020	
	Number	Percent
Yes	14	2.9%
No	477	97.1%
Prefer not to say	12	
<b>Total</b>	<b>503</b>	<b>100%</b>



## Household structure

Consistent with the results recorded in the previous surveys and the 2016 *Census*, approximately half of the sample were from two-parent families (47% compared to 54% in the *Census*), one-quarter were from couple only households without children (25% compared to 21%), a little less than one-sixth were sole person households (13% compared to 11%), a little less than ten percent were group households (9% compared to 3%), and a little more than five percent from one parent families (6% compared to 11%).

These results are generally consistent with the 2016 *Census* results, although they are not directly comparable given variation in the structure of the question.

**Household structure**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
 (Number and percent of respondents providing a response)

Structure	2020		2016	2012
	Number	Percent		
<b>Two parent family total</b>	<b>226</b>	<b>47.0%</b>	<b>46.0%</b>	<b>54.7%</b>
<i>youngest child 0 - 4 yrs</i>	40	8.3%	10.0%	18.2%
<i>youngest child 5 - 12 yrs</i>	56	11.6%	11.8%	16.0%
<i>youngest child 13 - 18 yrs</i>	39	8.1%	10.6%	9.9%
<i>adult children only</i>	91	18.9%	13.6%	10.5%
<b>One parent family total</b>	<b>31</b>	<b>6.4%</b>	<b>5.5%</b>	<b>6.9%</b>
<i>youngest child 0 - 4 yrs</i>	3	0.6%	0.2%	0.8%
<i>youngest child 5 - 12 yrs</i>	4	0.8%	2.0%	0.6%
<i>youngest child 13 - 18 yrs</i>	4	0.8%	1.0%	2.6%
<i>adult children only</i>	20	4.2%	2.2%	3.0%
Couple only household	119	24.7%	24.2%	20.8%
Group household	41	8.5%	6.9%	4.0%
Sole person household	63	13.1%	15.5%	13.1%
Other families	1	0.2%	1.8%	0.6%
Not stated	22		9	7
<b>Total</b>	<b>503</b>	<b>100%</b>	<b>500</b>	<b>512</b>

## Dwelling type

The following table provides the dwelling type results as reported by respondents. The sample slightly over-represents separate detached houses (70.5% compared to 60.1% from the *Census*), slightly under-represents semi-detached row and terrace houses (9.1% compared to 25.8%).

Given that the question was asked of respondents rather than accurately answered by the interviewer, which is the process used by the *Census*, it is likely that some of the variation is due to the misunderstanding of the difference between a separate detached house and a semi-detached, row or terrace house.



**Dwelling type****Kingston City Council - 2020 Health and Wellbeing Survey***(Number and percent of respondents providing a response)*

Response	2020	
	Number	Percent
A separate detached home	339	70.5%
Semi-detached, row, or terrace house	44	9.1%
Low-rise flat, unit, or apartment	84	17.5%
High-rise apartment	9	1.9%
Other	5	1.0%
Can't say / prefer not to say	22	
<b>Total</b>	<b>503</b>	<b>100%</b>

**Employment status**

Whilst there has been some minor variation in these results over the course of the three surveys, the results have been generally relatively stable.

Approximately two-thirds of the respondents were employed (full time, part time, casually, and self-employed), approximately one-fifth retired, a little more than five percent studying (full time, part time or studying and employed), and less than five percent unemployed. It is noted, however, that the proportion of respondents reporting that they were engaged in 'home duties' has declined with each survey, from 7.6% in 2012 to just two percent this year.

The employment status results presented below are not directly comparable to the *Census* given the questions asked, however the 2016 *Census* reported 41% employed full time and 21% employed part time.

**Employment status****Kingston City Council - 2020 Health and Wellbeing Survey***(Number and percent of respondents providing a response)*

Response	2020		2016	2012
	Number	Percent		
Employed full time	209	42.7%	35.6%	34.6%
Employed part time / casually	76	15.5%	15.6%	22.7%
Self employed	33	6.7%	5.7%	5.3%
Full time studies	21	4.3%	3.6%	2.9%
Part time studies	0	0.0%	0.8%	0.2%
Employed and studying	11	2.2%	0.8%	1.0%
Unemployed seeking work	24	4.9%	2.4%	3.7%
Retired	101	20.6%	29.7%	20.1%
Home duties	10	2.0%	4.8%	7.6%
Disability pension / workcover	3	0.6%	0.8%	n.a
Other	2	0.4%	0.2%	2.0%
Not stated	13		5	0
<b>Total</b>	<b>503</b>	<b>100%</b>	<b>500</b>	<b>512</b>



## Disability

There was a measurable and significant decline this year in the proportion of respondents identifying as having a permanent or long-term disability or illness, with 9.5% recorded in 2020 compared to 20.0% in 2016. Metropolis Research is unable to provide any insight into this variation.

**Permanent or long-term disability or illness**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
*(Number and percent of total respondents)*

Disability	2020		2016
	Number	Percent	
Physical / limited mobility	20	4.0%	8.2%
Long term illness	14	2.8%	7.8%
Mental health or psychological	11	2.2%	1.2%
Hearing impairment	4	0.8%	3.0%
Vision impairment	4	0.8%	7.4%
Learning or intellectual	2	0.4%	0.0%
Acquired brain injury (ABI)	1	0.2%	0.4%
None	457	90.9%	80.4%
<b>Total responses</b>	<b>513</b>		<b>542</b>
<i>Respondents with a disability / illness</i>	<i>48</i> <i>(9.5%)</i>		<i>100</i> <i>(20.0%)</i>

## Disability assistance

Whilst the proportion of respondents identifying as having a permanent or long-term disability or illness declined sharply this year, the proportion of respondents with a disability or long-term illness who reported that they required some assistance with the disability increased sharply. This is particularly true in relation to those requiring “a little assistance” (31.3% up from 16.2%).

**Require assistance with a long-term disability or illness**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
*(Number and percent of respondents with a disability providing a response)*

Response	2020		2016
	Number	Percent	
No assistance	25	52.1%	73.7%
A little assistance	15	31.3%	16.2%
Need help with daily tasks	5	10.4%	7.1%
Full time support / care	3	6.3%	3.0%
<b>Total</b>	<b>48</b>	<b>100%</b>	<b>100</b>

## General comments

Respondents were asked:

*“Do you have any other comments you would like to make?”*

The following table provides the open-ended general comments received from respondents to the *Kingston City Council – 2020 Health and Wellbeing Survey*.

**General comments**  
**Kingston City Council - 2020 Health and Wellbeing Survey**  
(Number of total responses)

<i>Response</i>	<i>Number</i>
Fix the traffic in Kingston, way too much	2
All good	2
Local infrastructure needs more development	2
There is more graffiti than used to be, stop it	2
Basketball stadium must be larger	1
Chelsea line onwards till end of Kingston is unsafe and need more lighting and more police patrolling and police engagement instead of more enforcing	1
Clarifying planning and use of open space and look at overdevelopment	1
Clayton South seems to be a bit neglected. The roads and public spaces in Clayton South are dirty with rubbish lying around	1
Clean the area more often and on the streets	1
Council needs to focus on young people and their mental health	1
Council should improve the golf course	1
Dowling Rd should have a roundabout or speed breaker to reduce cars that are over speeding	1
Drug problem is big	1
Encourage gardening	1
Family violence is a big issue in Kingston	1
Garbage collectors are throwing our bins and therefore causing them to break	1
Gum tree behind house is falling onto my garage and backyard	1
Homelessness is an issue	1
I am very happy with the environment here. Thank you and bless you	1
I hope that the animal department improves. The Cranbourne animal shelter has killed kittens that I have rescued	1
I think Council could do more economical development along the beach side like open up cafes, restaurants etc.	1
I think Council is doing a terrific job, they pick up whenever I call and get things done	1
I would like to see all the focus on the environment	1
I would like to see the Council reject multi-storey buildings	1
Informing through campaigns around public areas to ensure and encourage people that it is a safe area	1
Kingston is a beautiful area in most of the areas and we need to ensure to keep the beaches clean and have more measures to keep them clean	1
Lack of parking spaces for vehicles	1
Less high-rise buildings to maintain dynamics of the area	1





Mental abuse is very common in the community	1
Mental health system is broken, there is no support, and it leads to homelessness	1
More bins around beach area around summers specially Mordialloc beach	1
More clean parks	1
More groups to engage within community to understand people from diverse backgrounds to reduce the crime	1
More Indigenous culture recognition in the area would be nice	1
More public transport, more bus frequency	1
More services for retired people who want to stay at home and not go to retirement homes.	1
More transparency needed about where the Council money goes to	1
No cameras in carpark at Clayton Station, car got broken into	1
Partnership with companies that could develop the community	1
Rubbish bin knowledge should be better. No update of food waste management	1
Survey is useful and insightful	1
Swim centre is not suitable for elderly	1
The parked cars in our area are way too much	1
There is more rubbish than used to be	1
We need adequate housing	1
We need jobs	1
We need more support	1
We need signs or fines to pick up trash at the bike track	1
Youth between 18 and 20 are becoming a problem in my area with the graffiti and noise. Seems like our neighbourhood is going backwards in terms of youth character	1
<b>Total</b>	<b>53</b>



## Appendix One - survey form



**1**

On a scale of 1 (strongly disagree) to 5 (strongly agree), please rate your agreement with the following statements.

	<i>Strongly disagree</i>		<i>Neutral</i>		<i>Strongly agree</i>	<i>Can't say</i>
1. I like the look and feel of my local area	1	2	3	4	5	9
2. I am satisfied with the quality of the parks, playgrounds and open spaces in my local area	1	2	3	4	5	9
3. I have access to fresh and affordable food to meet my household's needs	1	2	3	4	5	9
4. Alcohol consumption has a negative impact on my household	1	2	3	4	5	9
5. Illegal drugs have a negative impact on my household	1	2	3	4	5	9
6. Over the counter and / or prescription medications have a negative impact on my household	1	2	3	4	5	9
7. Gambling causes harm in my neighbourhood	1	2	3	4	5	9
8. Online gambling has a negative impact on my household	1	2	3	4	5	9
9. Pokies have a negative impact on my household	1	2	3	4	5	9
10. Other forms of gambling have a negative impact on my household	1	2	3	4	5	9
11. I am able to manage stress most of the time.	1	2	3	4	5	9
12. I feel a strong sense of belonging to a community	1	2	3	4	5	9
13. I feel a sense of optimism about the future	1	2	3	4	5	9
14. I am satisfied with the health and medical services in my local area	1	2	3	4	5	9

**2**

If Q1\_14 less than 3, which types of services are you dissatisfied with and why?

1.	Reason:
2.	Reason:

**3**

On a scale of 1 (very poor) to 5 (excellent), please rate your level of:

	<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Very Good</i>	<i>Excellent</i>	<i>Can't say</i>
1. Physical health	1	2	3	4	5	9
2. Mental health	1	2	3	4	5	9

**4****In the past week, have you walked or cycled to the local shops or local facilities?**

Yes - at least once	1	No	3
Yes - more than once	2	Can't say	9

**5****How many times per week in the past week did you do 30 minutes or more of moderate physical activity that increases your heart rate or makes you breath harder than normal?***(e.g. walking, carrying light loads, bicycling at regular pace)*

More than once a day	1	2 or 3 times	5
Every day	2	Once	6
5 or 6 times	3	None	7
3 or 4 times	4	Can't say	9

**6****In the past week, did you consume the following?***(Interviewer note: one serve of fruit is one medium sized fruit (i.e. an apple) or two small pieces (i.e. two apricots)" "one serve of vegetables is around ½ a cup cooked vegetables, beans or lentils, or 1 cup leafy vegetables)*

	Yes	No	Can't say
At least two servings of fruit every day	1	2	9
Five servings of vegetables every day	1	2	9

**7****How many times in the past week (7 days), have you had an alcoholic drink of any kind?**

Every day	1	1 to 2 times	5
5 to 6 times	2	I did not drink alcohol <i>(go to Q.9)</i>	6
3 to 4 times	3	Prefer not to say	9
2 to 3 times	4		

**8****When you had an alcoholic drink in the past week (7 days), how many standard drinks did you usually have on one day?***(A standard drink is equal to 1 pot of full strength beer, 1 small glass of wine or 1 pub size nip of spirits)*

10 or more standard drinks	1	2 standard drinks	5
5 to 9 standard drinks	2	1 standard drink	6
4 standard drinks	3	Half a standard drink	7
3 standard drinks	4	Prefer not to say / can't say	9

**9**

**On a scale of 1 (strongly disagree) to 5 (strongly agree), please rate your agreement with the following statements about relationships and social connections.**

	<i>Strongly disagree</i>		<i>Neutral</i>		<i>Strongly agree</i>	<i>Can't say</i>
1. I am content with my friendships and relationships.	1	2	3	4	5	9
2. I have enough people I feel comfortable asking for help at any time.	1	2	3	4	5	9
3. My relationships are as satisfying as I would want them to be.	1	2	3	4	5	9

**10**

**Excluding the COVID-19 restrictions, what, if anything, is the main barrier for you to stay connected with others?**

<b>Barrier One:</b>	

**11**

**Are you actively involved in your local community in any of the following ways?**

	<i>Yes</i>	<i>No</i>	<i>Can't say</i>
1. I belong to a formal or informal club or community group	1	2	9
2. I sometimes volunteer ( <i>less often than approximately monthly</i> )	1	2	9
3. I regularly volunteer ( <i>approximately monthly or more often</i> )	1	2	9
4. I currently sit on a community group board / committee	1	2	9

**12**

**On a scale of 1 (strongly disagree) to 5 (strongly agree), please rate your agreement with the following statements about technology.**

	<i>Strongly disagree</i>		<i>Neutral</i>		<i>Strongly agree</i>	<i>Can't say</i>
1. I have affordable access to high-quality internet	1	2	3	4	5	9
2. I own appropriate devices to use the internet	1	2	3	4	5	9
3. I can use the internet in an accessible way ( <i>e.g. websites are available in languages other than English, accessible for people with a disability, etc</i> )	1	2	3	4	5	9
4. I have the ability, skills and confidence to complete tasks on the internet that benefit me.	1	2	3	4	5	9
5. I know where to get help with the internet, my devices and technology.	1	2	3	4	5	9
6. I spend too much time looking at a screen.	1	2	3	4	5	9
7. Social media has negatively impacted my mental wellbeing.	1	2	3	4	5	9

13

Have you experienced discrimination in Kingston in the last 12 months because of your?

	Yes	No	Unsure	Prefer not to say
1. Skin colour, ethnic origin, or religion	1	2	3	9
2. Gender	1	2	3	9
3. Age	1	2	3	9
4. Physical ability	1	2	3	9
5. Sexuality	1	2	3	9
6. Gender identity	1	2	3	9
7. Weight	1	2	3	9

14

On a scale of 1 (strongly disagree) to 5 (strongly agree), please rate your agreement with the following statements.

	Strongly disagree		Neutral		Strongly agree	Can't say
1. I feel safe walking in my local area during the day	1	2	3	4	5	9
2. I feel safe walking in my local area at night	1	2	3	4	5	9
3. I feel safe at public transport locations	1	2	3	4	5	9
4. I feel safe at the foreshore, in parks or reserves during the day	1	2	3	4	5	9
5. I feel safe at the foreshore, in parks or reserves at night	1	2	3	4	5	9
6. I feel safe at shopping centres	1	2	3	4	5	9
7. I feel safe in industrial precincts	1	2	3	4	5	9
8. I feel safe online (using the Internet)	1	2	3	4	5	9

If any of these rated less than 3, please say why?


15

On a scale of 1 (no problem) to 3 (major problem), how much are the following a problem in your neighbourhood?

	No problem	Minor problem	Major problem	Can't say
1. Graffiti	1	2	3	9
2. Drug use or dealing	1	2	3	9
3. Noisy and / or nuisance neighbours	1	2	3	9
4. Vandalism to public property (e.g. street signs, phone booths)	1	2	3	9
5. People being harassed because of the skin colour, ethnic origin, or religion	1	2	3	9
6. Teenagers hanging around in the streets and drinking / using drugs	1	2	3	9
7. Noisy / rowdy / inconsiderate behaviour in the street	1	2	3	9
8. People in speeding cars (e.g. hoons)	1	2	3	9

16

Would this household be able to access at least \$2,000 in an emergency?

Yes	1	Not sure	3
No	2	Prefer not to say	9

17

On a scale of 1 (no harm) to 5 (significant harm), how much, if at all, do you think that climate change is currently harming you and / or your household's health?

	No harm		Significant harm			Can't say
1. Harm to health caused by climate change	1	2	3	4	5	9

18

In the past year, have you experienced any of the following health conditions?

	Yes	No	Not sure Can't say
1. Heat stress or heat stroke from heatwaves	1	2	9
2. Physical bodily harm from severe storms and / or flooding	1	2	9
3. Health concerns related to increased air pollution (e.g. asthma or lung disease)	1	2	9
4. Pollen related health concerns (e.g. thunderstorm asthma, hay fever)	1	2	9
5. Decreased nutrition due to unavailability of food, poor food quality, or high cost of food	1	2	9
6. Mental health consequences related to climate change (e.g. depression, anxiety, or post-traumatic stress disorder)	1	2	9
7. Disease as a result of insects (e.g. mosquitos)	1	2	9
8. Illness caused by contaminated food or water	1	2	9
9. Other: (specify)	1	2	9

19

On a scale of 1 (very unprepared) to 5 (very prepared), to what extent does your household have its own resources and a plan to cope with extreme weather and to keep yourself / yourselves safe and well?

	Very unprepared		Very prepared			Can't say
1. Prepared to cope with extreme weather	1	2	3	4	5	9

20

On a scale of 1 (strongly disagree) to 5 (strongly agree), please rate your agreement with the following statements.

	Strongly disagree	Neutral			Strongly agree	Can't say
1. Men should take control in relationships and be the head of the household.	1	2	3	4	5	9
2. Women prefer a man to be in charge of the relationship.	1	2	3	4	5	9
3. If I needed to get advice or support for someone about family violence issues, I would know where to go or who to contact.	1	2	3	4	5	9



**21****Which, if any, of the following actions do you believe are examples of family violence?**

Action	Never	Some-times	Always	Can't say
1. A family member hitting, choking or throwing objects at another	1	2	3	9
2. A family member forcing another to engage in sexual activities against their will	1	2	3	9
3. A family member repeatedly calling another names or putting them down	1	2	3	9
4. A family member checking up on another by following them or constantly calling or texting them resulting in them feeling distressed or fearful (e.g. at work, calling family/friends)	1	2	3	9
5. A family member withholding or threatening to withhold the necessary living expenses of a person or child	1	2	3	9
6. A family member controlling where another goes or who they see	1	2	3	9
7. A family member preventing another from worshipping in their desired faith	1	2	3	9
8. A family member trying to scare or control another by threatening to hurt other family members.	1	2	3	9

For the next two questions, please keep in mind that your health and wellbeing is a combination of physical, mental, emotional, and social factors.

**22****What three things could be improved or changed in your local area that would support or improve your health and well-being?**

One:	
Two:	
Three:	

**23****Are there any health and wellbeing practices or activities that you have started during the COVID-19 pandemic and want to maintain?**

One:	
Two:	
Three:	

**24****Please indicate which of the following best describes you.**

15 - 24 Years	1	45 - 54 Years	4
25 - 34 Years	2	55 - 74 Years	5
35 - 44 Years	3	75 Years or Over	6

**25****With which gender do you identify?**

Male	1	Self-described (please specify if comfortable) _____	3
Female	2	Prefer not to say	9

**26****Do any members of this household speak a language other than English at home?**

English only	1	Other : _____	2
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**27****Do you identify as Aboriginal and / or Torres Strait Islander?**

Yes - Aboriginal	1	No	3
Yes - Torres Strait Islander	2	Prefer not to say	9

**28****Do you identify as lesbian, gay, bisexual, transgender, intersex, queer, or diverse sexuality?**

Yes	1	Prefer not to say	9
No	2		

**29****What is the structure of this household?**

Two parent family ( <i>youngest 0 - 4 yrs</i> )	1	One parent family ( <i>13-18 yrs</i> )	7
Two parent family ( <i>youngest 5 - 12 yrs</i> )	2	One parent family ( <i>adult child</i> )	8
Two parent family ( <i>youngest 13 - 18 yrs</i> )	3	Group household	9
Two parent family ( <i>adult child only</i> )	4	Sole person household	10
One parent family ( <i>youngest 0 - 4 yrs</i> )	5	Couple only household	11
One parent family ( <i>youngest 5 - 12 yrs</i> )	6	Other ( <i>specify</i> ): _____	12

**30****What is your current employment status?**

Employed full time	1	Employed and studying	6
Employed part time / casually	2	Unemployed seeking work	7
Self employed	3	Retired	8
Full time studies	4	Home duties	9
Part time studies	5	Other ( <i>specify</i> ): _____	10

**31****Do you have a permanent or long-term disability?***(Please circle as many as appropriate)*

Vision impairment	1	Physical disability / limited mobility	5
Hearing impairment	2	Acquired brain injury (ABI)	6
Learning or intellectual disability	3	Long term illness	7
Mental health or psychological condition	4	None	9

**32****If you have a permanent or long-term disability, do you require any assistance in living with your disability?***(Please circle one only)*

No assistance	<b>1</b>	Need help with daily tasks	<b>3</b>
A little assistance	<b>2</b>	Full time support / care	<b>4</b>

**33****Why type of dwelling do you currently live in?**

A separate detached home	<b>1</b>	High-rise apartment (3+ storey)	<b>4</b>
Semi-detached, row, or terrace house	<b>2</b>	Other	<b>5</b>
Low-rise flat, unit, or apartment (1 or 2 storey)	<b>3</b>	Can't say / prefer not to say	<b>9</b>

**34****Do you have any other comments you would like to make?**


**THANK YOU FOR YOUR TIME AND FEEDBACK****© Metropolis Research Pty Ltd, 2020**