



City of
KINGSTON

PUBLIC HEALTH & WELLBEING PLAN

2021 - 2025

Aboriginal Acknowledgement

The City of Kingston proudly acknowledges the Bunurong People of the Kulin Nation as the Traditional Owners and Custodians of this land, and we pay our respect to their Elders, past and present and emerging. Council acknowledges the Bunurong's continuing relationship to the land and waterways and respects that their connection and spiritual identity is maintained through ancient ceremonies, songlines, dance, art and living culture.

Council pays tribute to the invaluable contributions of the Bunurong and other Aboriginal and Torres Strait Island elders who have guided and continue to guide the work we do.

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A message from the Mayor

A message from the Mayor

Our new Public Health and Wellbeing Plan 2021–2025 envisages a future where people in Kingston can thrive.

This Plan provides direction for Kingston to achieve positive health outcomes for our diverse community and will guide the delivery of Council's health and wellbeing services, and the services delivered by the health organisations we partner with.

Creating a strong, healthy and connected community is vital to achieving our new Community Vision. A vision that is focused on inclusiveness, diversity and resilience to create a safe, healthy environment and build a liveable and sustainable city.

To draft the Plan, Council worked closely with an independently selected, representative Community Panel. The Community Panel dedicated many hours to develop the Community Vision for Kingston and a set of recommendations for the Public Health and Wellbeing Plan, and other key strategic plans.

The work of the Community Panel was complemented by extensive stakeholder and community engagement, which gave us insight into how we can tackle the important health and wellbeing issues facing our community today.

This document is a long-term strategic plan for the health and wellbeing of Kingston's residents, with a particular focus on the next four years.

In the plan we've identified five key goals to create a holistic approach to incorporating the importance of health and wellbeing in everything that Council does.

Goal 1. A healthy and well community

Goal 2. A safe and secure community

Goal 3. A kind and connected community

Goal 4. A liveable community

Goal 5. An informed and empowered community

I look forward to the implementation of this plan in all of Council's work over the next four years. I encourage everyone to work together to deliver the priorities of this plan to help drive health and wellbeing benefits for the Kingston community.

Cr Steve Staikos

Mayor

Introduction

The significant role played by Local Council's in improving the health and wellbeing of the local community is recognised through the Victorian Public Health and Wellbeing Act 2008 (the Act).

Under the Act, every four years all Councils are required to prepare a Municipal Public Health and Wellbeing Plan. The plan must be consistent with the Council Plan and Municipal Strategic Statement, have regard for the Victorian Public Health and Wellbeing Plan, specify measures to prevent family violence and incorporate climate change considerations.

Overarching strategic direction

The Kingston Public Health and Wellbeing Plan (PHWP) 2021-2025 provides an overarching strategic direction that identifies key health and wellbeing priorities for Kingston. The plan outlines areas for Council to focus on to improve the health and wellbeing of our community and how we will monitor our progress.

The PHWP sets Kingston's approach for health and wellbeing over the next four years. This approach is informed by the broader social factors that make up the conditions, environments and settings that impact quality of life and influence health equity. Collectively these social factors are referred to as the social determinants of health¹.

Having a clear strategic direction enables Council to work collaboratively with Council teams, local organisations, services and health providers. We have an opportunity to work together to create collective impact within the Kingston community to make positive change to health and wellbeing in Kingston.

Goals

The goals set by the PHWP are implemented by actions outlined in Council's social action plans. These plans have a four-year life span and are reviewed yearly to enable the health and wellbeing work of Council to be flexible and respond to the changing needs of our community.

The direction of the PHWP is set by an aim and five key goals for promoting and protecting the health and wellbeing of the Kingston community:

Goal 1. A healthy and well community

Kingston is a place that creates opportunities for all people to achieve optimal mental, physical and social wellbeing throughout all stages of life.

Goal 2. A safe and secure community

Kingston is a safe, respectful and supportive place for all to live, work and play, that is free from all forms of inequality and violence.

Goal 3. A kind and connected community

Kingston is a welcoming and inclusive place with strong social connections across generations. Reconciliation, culture and diversity are embraced, valued and celebrated.

Goal 4. A liveable community

Kingston is a sustainable and resilient place where people have equitable access to natural, built, social and economic environments.

Goal 5. An informed and empowered community

Kingston is a place that ensures that all members of the community have access to appropriate information to make informed decisions about their diverse health, education and lifelong learning needs.

Community Vision

Kingston is a resilient, inclusive and diverse community. We are building the most liveable and sustainable city in Victoria.

We champion and nurture our green and open spaces creating a safe, healthy environment.

Our shared legacy connects our community, embracing innovation, making Kingston the place to live.

Kingston's new Community Vision was launched publicly in June 2021. It sets out the long-term aspirations of the community and underpins our four-year Council Plan and the PHWP.

The Vision was developed through a deliberative engagement process to maximise input from the community to ensure it is a true reflection of our community's aspirations. Council committed to empowering the representative community panel to create the Vision and adopt it exactly as presented.

Kingston's new Community Vision and principles provide a strong basis for long term planning for Council and the community. It establishes a clear link between the future aspirations of the community and Council decision making for the future.

The Council Plan and PHWP are the first endorsed plans to act on the new Community Vision. There is close alignment between the plans and the Vision that will contribute to making the Vision a reality amongst the achievements of other policies & strategies of Council.

See kingston.vic.gov.au/Community/Your-Kingston-Your-Future for more information about the Community Vision.

Guiding principles

PRINCIPLES THAT GUIDE OUR HEALTH AND WELLBEING APPROACH

The following principles underpin the goals and objectives of the PHWP and guide our approach for implementation of actions in our community.

Collaborative approach

Partnerships are integral to the implementation, monitoring, reporting and evaluation of our PHWP. Council is committed to fostering effective partnerships with a variety of stakeholders, many of which exist already. Our ability to partner across our organisation and with community organisations and service providers is a key part of achieving successful outcomes of the PHWP.

We recognise the breadth of service providers that contribute to health and wellbeing for Kingston residents. Through our action plan consultation, we will reflect on current established partnerships and their effectiveness; identify new partnerships that can strengthen outcomes; clarify roles and responsibilities; and develop a clearer understanding of the range of collaborations available.

Health equity focus

Health equity is a key principle in the delivery of the PHWP to ensure that all members of our community are able to participate in and benefit from the goals and objectives.

Health inequities are created when barriers prevent individuals and communities from reaching their full potential to be healthy and well². We will work with partners and other sectors using an intersectional gendered lens to address barriers and factors that influence health including employment, housing, education, health care, public safety, transport and food access.

Our work is based on the principle that all members of the Kingston community are entitled to fair and equitable access to the necessary knowledge, skills and resources required for health and wellbeing. We aspire to community-centric, responsive distribution of resources and interventions.

Informed by evidence

Actions undertaken to improve the health and wellbeing of the Kingston community will be informed by data and evidence. This is with the intention of ensuring that actions are effective, impactful, make best use of resources, are focused on initiatives most likely to make a positive difference, and importantly, that they reach those in our community who are most at risk of poor health, or who are vulnerable and require increased access to support.

Social determinants of health

Health and wellbeing is influenced by a range of complex factors that collectively contribute to positive or negative health outcomes. These factors, known as social determinants, are the conditions in which people are born, grow, live, work and age³. They not only include access to health care but also factors such as socioeconomic position, education, the natural and built environment, employment, gender and social support networks.

The goals and objectives of the PHWP address a range of the social, physical and economic conditions that impact the health and wellbeing outcomes for our community. This aims to improve people's lives and reduce the conditions that contribute to health inequities.

Social justice

Every community member should have choices about how they live and the means to make those choices. People in Kingston should have their human rights respected and protected, experience equal opportunities and not be held back by things out of their control, like systemic obstacles or discrimination.

The goals and objectives of our PHWP relate to the four principles of social justice: access, equity, rights and participation. Delivery of actions related to the PHWP will help to further social justice in our community.

Reconciliation

Meaningful reconciliation requires going beyond recognising Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of this land. It requires championing the rights of First Nations peoples* and strengthening relationships with non-Indigenous peoples⁴.

Reconciliation requires historical acceptance of the devastating land dispossessions, violence and racism that are inherent in Australia's colonial history. Increasing understanding and acceptance of these injustices helps ensure that these wrongs are never repeated. This is a critical part of improving race relations and strengthening trust and respect between Aboriginal and Torres Strait Islander and non-Indigenous peoples.

A core component of reconciliation is ensuring that our First Nations peoples have the right to self-determination which involves continual choice relating to social, cultural and economic needs⁵. By valuing Aboriginal and Torres Strait Islander peoples cultures, rights, experiences, recognising the health inequities that exist, and allowing opportunities to participate equally in all aspects of life, we aim to close the gap in life outcomes to enable optimal health and wellbeing.

Kingston's first Reconciliation Action Plan is being developed to ensure we continue to make substantial progress towards reconciliation for the betterment of all Kingston residents.

**First Nations peoples is representative of Aboriginal and Torres Strait Islander peoples.*

Aim, goals and objectives

Kingston's PHWP provides a strategic direction for Council's actions to improve the health and wellbeing of the community. Collaboration with internal and external partners within a range of settings is key to responding to the needs of Kingston's diverse community.

Health and wellbeing outcomes are influenced by a range of factors. The goals and objectives of the PHWP outline how we will all work towards addressing these factors, in which many actions will contribute positive outcomes to more than one objective.

AIM

Our aim for Kingston is to be a cohesive, resilient and sustainable community that supports people to maintain and improve their health. Everyone is safe, connected and belongs; being free to identify and connect with their culture and identity. They have access to the right information, places and spaces to enable self-determination and equitable community participation.

GOALS AND OBJECTIVES

1. A healthy and well community

- 1.1 Increase participation in physical activity
- 1.2 Increase healthy eating
- 1.3 Improve mental wellbeing
- 1.4 Reduce harm from alcohol and other drugs, smoking and gambling

2. A safe and secure community

- 2.1 Improve safety in the home and community
- 2.2 Improve feelings of safety in the home and community
- 2.3 Reduce the prevalence of family violence

3. A kind and connected community

- 3.1 Increase participation in community activities and volunteering
- 3.2 Reduce social isolation and loneliness
- 3.3 Reduce discrimination
- 3.4 Increase inclusion, respect and belonging

4. A liveable community

- 4.1 Increase community understanding and resilience for health impacts of climate change
- 4.2 Increase availability of social and affordable housing
- 4.3 Increase equitable participation in the workforce and local economy
- 4.4 Increase accessible and equitable supply of facilities, services and activities
- 4.5 Increase access to and improve amenity of open spaces and the natural environment

5. An informed and empowered community

- 5.1 Improve provision of accessible health and wellbeing information, programs and services
 - 5.2 Increase participation in lifelong learning and education
-

Goal 1. A healthy and well community

Kingston is a place that creates opportunities for all people to achieve optimal mental, physical and social wellbeing throughout all stages of life.

A healthy and well community is one where people engage in physical activity; maintain a healthy, well balanced diet; and diseases and injury are minimised. Creating a healthy and well community requires a whole of community, whole of government approach.

Objectives

- 1.1 Increase participation in physical activity
- 1.2 Increase healthy eating
- 1.3 Improve mental wellbeing
- 1.4 Reduce harm from alcohol and other drugs, smoking and gambling

Why this is important

What the data tells us:

- Less than half (43%) of the population do enough physical activity each week and an increasing proportion of people are sedentary. Physical activity rates are lower for groups of people who face more barriers, including females (40%, compared to 47% males), people with a disability requiring some assistance (20%), people who are multilingual (28%), or people aged over 75 years (24%).
- The majority of the population eat enough fruit (79%) and vegetables (51%) everyday however this rate is declining
- While the majority of people report their mental health as very good/excellent; and that they are able to manage stress both of these rates are declining
- An increasing rate of people agree that alcohol consumption (12%) and illegal drugs (12%) have a negative impact on their household
- 9% of people in Kingston are at risk of harm from alcohol-related disease; and 5% are at risk of alcohol related injury; with males at a higher risk for both than females
- 15% of the population smoke; the rate of males (21%) who smoke is double that of females (10%)
- 17% agree that gambling causes harm in their neighbourhood and 8% agree that online gambling and the pokies have a negative impact on their household
- Kingston is ranked 10th of 70 local governments for highest poker machine losses in Victoria; with \$62,080,320.77 lost on pokies within in Kingston between July 2019 – March 2020.

What the community has told us:

- I believe diet, exercise and connection are critical to people's well-being (Your Kingston Your Future survey respondent)
- We need to "continue the discussion around mental health" and "have open conversations to normalise it and not make it shameful or embarrassing" (2021 Mental health consultations)
- We need outdoor areas that are attractive and engaging, encouraging people to walk, run or cycle and exercise (Your Kingston Your Future survey respondent).

Goal 2. A safe and secure community

Kingston is a safe, respectful and supportive place for all to live, work and play, that is free from all forms of inequality and violence.

A safe and secure community promotes community connection, active living and contributes to the overall health of those within it. Perceptions of safety and security, whether real or perceived, impact on the way people feel and interact in their community. A safe and secure community is not just about emergency management and crime prevention; it is about building strong, cohesive, participatory communities that are free from harm.

Objectives

- 2.1 Improve safety in the home and community
- 2.2 Improve feelings of safety in the home and community
- 2.3 Reduce prevalence of family violence

Why this is important

What the data tells us:

- Over half the population thinks that graffiti (53%) and speeding cars (59%) are a problem in their neighbourhood
- Most of the population (96%) feel safe walking in their local area during the day; however only 60% feel safe at night, with males (79%) feeling safer than females (41%)
- 76% of the population feel safe at public transport locations, this rate has decreased since 2016. Women (65%) and people with a disability (51%) are less likely to feel safe compared to men (87%) and people without a disability (78%).
- Police data shows that the total number of criminal incidents (8,930) between June 2019 to June 2020 increased by 1.8% and family violence incidents (1,693) increased by 7.3% (only about 25% of family violence incidents are reported to the police)
- More males were alleged victims of criminal incidents (39%), more females were alleged victims of family violence (74%), and males were more likely to be the alleged offender of both criminal (77%) and family violence (75%) incidents
- Some populations are more at risk of experiencing family violence including Aboriginal and Torres Strait Islander women, young women, pregnant women, women with a disability, and women experiencing financial hardships
- Children aged 0-4 years have the greatest overall risk of drowning⁶
- People from CALD communities are almost twice as likely to drown⁷.

What the community has told us:

- It's important to highlight the concept of safety both in the home and out in the community to improve awareness of different aspects of safety (Your Kingston Your Future Community Panel)
- Improve community safety and reduce fear of crime through good urban design and investment in safe public spaces and buildings that reduce the opportunity for crime to occur (Your Kingston Your Future survey respondent)
- Inform the community through campaigns around public areas to assure and encourage people that Kingston is a safe area (Kingston Health and Wellbeing Survey)
- Safety for women is really important, and so is education on zero tolerance in Kingston of violence against women (Your Kingston Your Future survey respondent).

Goal 3. A kind and connected community

Kingston is a welcoming and inclusive place with strong social connections across generations. Reconciliation, culture and diversity are embraced, valued and celebrated.

Participation in groups, clubs and volunteering provide opportunities for people to develop friendships, learn, grow, connect and be active in improving their community. A kind and connected community reduces isolation, can break down barriers between different cultures and groups, and improves mental wellbeing within the community.

Objectives

3.1 Increase participation in community activities and volunteering

3.2 Reduce social isolation and loneliness

3.3 Reduce discrimination

3.4 Increase inclusion, respect and belonging

Why this is important

What the data tells us:

- Over a third of the population (36%) belong to a club or community group, this rate has declined since 2016
- 30% of the population volunteer (14% sometimes, 16% regularly)
- Most people (91%) are content with their friendships and relationships and 86% have enough people to ask for help
- 61% feel a strong sense of belonging to a community however this rate is declining
- Only 37% people with a disability feel a sense of belonging to a community
- 90% of people have not experienced discrimination in Kingston
- People in Kingston have experienced discrimination in Kingston due to gender (3.6%); skin colour, ethnic origin or religion (3.2%); age (3.1%); physical ability (2.2%) and weight (1.8%)
- A sense of neighbourhood safety was ranked as the third most important liveability priority by 52% of people.

What the community has told us:

- A lot of people live in isolation with nothing to look forward to. Social events, where they can meet people and have a sense of belonging would help (Your Kingston Your Future survey respondent)
- Connections are everything. We need space to gather and have festivals or markets, food trucks and buskers. It will create a sense of fun and public involvement for young and old! (Liveability survey respondent)
- To feel safe and supported provide equal opportunities for the young and old to grow and develop a sense of belonging to community (Liveability Survey respondent).

Goal 4. A liveable community

Kingston is a sustainable and resilient place where people have equitable access to natural, built, social and economic environments.

Liveability refers to a community's quality of life and is a sum of factors that include: the built and natural environments, social stability and equity, environmental sustainability, alternative transport options and access to housing, education, services and facilities. A community that is liveable promotes health, benefits all people and takes action to reduce carbon emissions, protect the natural environment and is adapting to the impacts of climate change.

Objectives

- 4.1 Increase community understanding and resilience for health impacts of climate change
- 4.2 Increase availability of social and affordable housing
- 4.3 Increase equitable participation in the workforce and local economy
- 4.4 Increase accessible and equitable supply of facilities, services and activities
- 4.5 Increase access to and improve amenity of open spaces and the natural environment

Why this is important

What the data tells us:

- 8% of people in Kingston would not be able to access \$2,000 in an emergency
- Around a third of the population (31%) rate harm caused by climate change to their health as significant
- 72% of people are prepared to cope with extreme weather and keep themselves safe and well
- An increasing number of people walk or cycle to local shops or facilities (70% female, 80% male)
- 26.5% of rental households experience rental stress and this rate is increasing
- 1.9% of households in Kingston are social housing
- 4.2% of people aged 15-64 years are receiving JobSeeker (May 2021)
- Kingston has a 6.9% unemployment rate that is increasing
- Most people (83%) like the look and feel of their local area, this has declined since 2016
- Most people (84%) are satisfied with health and medical services
- 78% of people are satisfied with their local parks and playgrounds, this has declined since 2016
- The condition of public open space was rated as the top liveability priority by 65% of people; the second priority was protection of the natural environment
- If global emissions continue to rise, there will be double the number of hot days and longer fire seasons in Victoria in 2050⁸.

What the community has told us:

- Secure housing is important for proper participation in the broader community. It enables inclusion and personal development. (Your Kingston Your Future Community Panel)
- I really want Council to continue implementing and supporting measures to make our suburbs more sustainable and environmentally progressive, and to actively listen to any community concerns. (Liveability survey respondent)
- A healthy natural environment is essential for the health and wellbeing of Kingston residents. It makes for a more liveable environment. (Your Kingston Your Future Community Panel).

Goal 5. An informed and empowered community

Kingston is a place that ensures that all members of the community have access to appropriate information to make informed decisions about their diverse health, education and lifelong learning needs.

As a diverse community with diverse needs, it is important to provide accessible and appropriate information to help inform decisions about health, education, community, and economic participation. It is important to increase understanding and knowledge across these areas in order for our community to be empowered to participate and make well-informed decisions which affect their lives. This includes access to information in plain language, multiple languages, formats, and methods to cater for all members of our community.

Objectives

5.1 Increase provision of accessible health and wellbeing information, programs and services

5.2 Increase participation in lifelong learning and education

Why this is important

What the data tells us:

- Kindergarten participation rates are 92.5% and increasing
- The proportion of vulnerable children in Prep is 16.3% and increasing
- 58.5% of students completed year 12 or equivalent, this rate is increasing
- 38.6% of 15+ year olds have no qualification, this rate is decreasing
- Diversity and inclusion swim lesson enrolments have more than doubled since 2018⁹.

What the community has told us:

- Have more targeted publications (such as newsletters and community boards e.g. flyers at your local shops) and cater for the diversity of the community to ensure everyone has access to services. (Your Kingston Your Future Community Panel)
- An intersectional lens should be applied to all health planning to facilitate collaboration opportunities between key service providers on key health issues to minimise duplication and maximise reach and impact. (Staff / community partner consultation participant)
- Navigating the health and wellbeing system presents a challenge to accessing required care and support, this could be made easier and more accessible for all. (Your Kingston Your Future survey respondent)
- Greater community awareness of the health & support services currently provided for the elderly, financially disadvantaged & those with poorer mental health (Your Kingston Your Future survey respondent).

DATA SOURCES

For full details about the data provided - see kingston.vic.gov.au/healthwellbeing

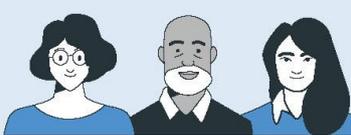
Our community

Demographic data has been analysed to tell us about who lives in Kingston and how our population is predicted to change into the future. This helps Kingston to picture who we are developing the PHWP priorities for and identify populations within the Kingston community that may benefit from targeted approaches in our work.

Council also has a large workforce with 1,405 staff, of which 34% live in Kingston. The health and wellbeing of staff is important to Council and so the priorities of the PHWP are also highly relevant to staff.

See our Health and Wellbeing Profile for a more detailed report of the demographic and health and wellbeing data at kingston.vic.gov.au/healthwellbeing

OUR COMMUNITY



51% of people are female
49% of people are male

Please note that only data for females and males was available. However, it is estimated that approximately 0.5% of Kingston's population may identify as transgender (0.1%), gender diverse (0.2%) or intersex (0.2%).

- 18%** aged < 14 years (17% in 2041)
- 11%** aged 15-24 (11% in 2041)
- 14%** aged 25-34 (13% in 2041)
- 28%** aged 35-54 (27% in 2041)
- 21%** aged 55-74 (21% in 2041)
- 8%** aged 75+ (11% in 2041)



- 33%** of homes are **owned**
- 35%** of homes are **mortgaged**
- 23%** of homes are **rented privately**
- 2%** of homes are rented through **social housing**

31% of people **were born overseas**

26% speak a **language other than English**

0.4% are **Aboriginal and/or Torres Strait Islander**



25% of people have a **bachelor or higher degree.**
(27% female, 23% male)

34% of people did not complete Year 12.

- 59%** work full-time (46% female, 71% male)
- 34%** work part-time (48% female, 21% male)
- 5.6%** are unemployed (15% young people)
- 30%** volunteer



12% of people do not have internet connection



- 28%** earn less than \$400 per week (33% female, 24% male)
- 18%** earn \$1500+ per week (11% female, 25% male)



6% of people do not have a car



- 33%** of homes are **owned**
- 35%** of homes are **mortgaged**
- 23%** of homes are **rented privately**
- 2%** of homes are rented through **social housing**



16% of people have a **disability**
(16% female, 17% male)

5% of people need assistance with **core activities**



SPOTLIGHT

- ☞ We have an ageing population, with the 75+ age group forecast to have the greatest growth between now and 2041.
- ☞ There is a gender difference in employment and income. Compared to men, more women hold a bachelor degree or higher, yet are more likely to work part-time and earn less money.
- ☞ Unemployment rates are much higher for young people.



- 9%** of household owners are experiencing mortgage stress
- 27%** of rented households are experiencing rental stress

DIVERSE POPULATION GROUPS

Health equality means that we strive for optimal health and wellbeing for all people. To achieve health equality, we need to use a health equity approach and acknowledge the health inequities that exist.

Health inequities refer to the unfair and avoidable differences in the health status of different groups of people¹⁰. These health differences exist because of varied social conditions in which people are born, grow, live, work and age.

Intersectionality refers to the way that different characteristics of a person (e.g., Aboriginality, gender, age, ability, ethnicity and sexuality) can potentially expose them to multiple layers of discrimination and marginalisation¹¹. This can then lead to poorer access to services and health outcomes.

Applying both intersectional and equity lenses allow Council to provide fair and appropriate resources and supports to people who need them most.

The following data highlights some of the health inequities that exist for different populations in Kingston.

Aboriginal and/or Torres Strait Islander Peoples

- Shorter life expectancy¹²
- Higher unemployment rates¹³
- Women have higher rates of injury and death as a result of family violence¹⁴
- Less data available.

Children and Young People

- More developmentally vulnerable children in Kingston since 2015¹⁵
- Young people eat less vegetables, eat more take-away or snack foods¹⁶, and drink more alcohol¹⁷
- More young people experience higher levels of psychological distress¹⁸
- High hospital admission rates related to illicit drugs for young people in Kingston¹⁹
- Unemployment rates are much higher for young people²⁰
- Children and young people are more at risk of experiencing family violence. The rates have increased during the pandemic²¹
- Young children are more vulnerable to the impacts of climate change.

Older People

- Older people are more at risk of elder abuse. The rates have increased during the pandemic²²
- Frail older people are more vulnerable to the impacts of climate change
- For people with lower digital literacy and digital access, the reliance on digital communication during COVID-19 restrictions has impacted social connectedness, and access to health, financial and government services²³.

Culturally and Linguistically Diverse (CALD) Communities

- Recent migrants have the highest unemployment rates²⁴
- In Kingston, fewer multilingual people do enough moderate physical activity²⁵
- COVID-19 has led to increased financial hardship, mental health symptoms, isolation, loneliness, and family violence²⁶
- Different cohorts of migrants have varying levels of language literacy, digital literacy and digital access that impacts their use of technology and digital services²⁷.

Economic disadvantage

- Clayton South and Clarinda have the highest levels of socio-economic disadvantage²⁸
- Less students have access to fresh and affordable food to meet their needs²⁹
- There are 6,881 households in housing stress in Kingston. Housing stress includes the number of homeless persons, social housing, and renting households that are paying more than 30% of the household income on rent³⁰. People experiencing homelessness are more likely to be young, female or children.

Gender

- Gender differences in employment and income.
 - More women hold a bachelor degree or higher, yet are more likely to work part-time and earn less money than men³¹.
 - Unemployment rates are higher for trans women, trans men, and non-binary people compared to cisgender women and men³²
- Higher rates of diabetes³³, obesity³⁴, and alcohol consumption³⁵ in men compared to women.
- Higher rates of anxiety and depression in women compared to men³⁶
- More women feel unsafe walking at night in Kingston compared to men³⁷
- Women, particularly young women, pregnant women, and women experiencing financial hardship, are more at risk of experiencing family violence³⁸. The prevalence and severity of domestic violence among women has increased during the pandemic³⁹.

People who identify as lesbian, gay, bisexual, transgender, intersex and/or queer (LGBTIQ+)

- Higher rates of anxiety and depression and lower life satisfaction, particularly for younger and older people⁴⁰
- Higher rates of asthma and proportion of adults with two, or more, chronic diseases⁴¹
- Higher rates of family violence⁴².

People with a Disability

- Adults rate their health more poorly, experience higher levels of psychological distress, and are more likely to have experienced violence⁴³
- Women and children with disabilities are even more likely to experience violence, with very high rates of sexual abuse for women and children with an intellectual disability⁴⁴
- Kingston residents with a disability are less likely to feel safe at the foreshore, in parks at night and at public transport locations⁴⁵
- Higher unemployment rates for people with a disability⁴⁶.

For more information about priority populations see Kingston's health and wellbeing data at kingston.vic.gov.au/healthwellbeing

COVID-19 IMPACT

The breadth of the impact of the Coronavirus (COVID-19) pandemic has been wide-reaching. Since March 2020, the Kingston community has been significantly impacted by extended periods of lockdown (particularly employment, travel and physical distancing restrictions).

There is a continued need to reduce the risk of exposure to COVID-19 whilst managing the negative impacts that come with the pandemic and related restrictions. The negative impacts of COVID-19 can be seen across all areas of health and wellbeing⁴⁷. These include:

- Reduced general life satisfaction, subjective wellbeing, and social connection
- More people experiencing high psychological distress
- Increase in family violence
- Less physical activity and aquatic education
- Financial hardship and employment insecurity increasing concerns about having enough money to buy food and requiring financial help from friends or family
- Increase in unpaid caring and educational responsibilities on parents of school-age children with more women (72%) shouldering the burden compared to men (26%)

There are particular populations that have experienced more distress and hardship than others. These include Aboriginal and/or Torres Strait Islander peoples, CALD communities, women, older people, young people, and low-income earners.

There have also been some positive and unexpected aspects of restrictions, including:

- Flexible work arrangements
- Social connection through technology
- Increase in some healthy lifestyle activities including gardening, time with family, walking to local shops and services

COVID-19 has influenced several data sources that were used to inform the update of the PHWP. The pandemic will continue to impact how Council prioritises and implements actions to support our health and wellbeing goals and objectives. It is critical that we focus on strengthening community resilience to help navigate the challenges that accompanies both the current and any future pandemics.

For more information about the impact of COVID-19 see Kingston's health and wellbeing data at kingston.vic.gov.au/healthwellbeing.

Aligning our plan

ALIGNED PRIORITIES

The objectives of the PHWP align closely with the priorities of Council's new Community Vision, Council Plan 2021-25 and Victorian Public Health and Wellbeing Plan 2019-23. This ensures the PHWP is aligned with our community, Council and state priorities.

These alignments are identified in Table 1 below as:

CV ♦ (Community Vision), CP ● (Council Plan) and VP + (Victorian PHWP).

Table 1: Alignment of PHWP Goals and Objectives with Kingston's Community Vision and Council Plan, and the Victorian Public Health and Wellbeing Plan

	CV	CP	VP
1. A healthy and well community	♦		
1.1 Increase participation in physical activity		●	+
1.2 Increase healthy eating		●	+
1.3 Improve mental wellbeing		●	+
1.4 Reduce harm from alcohol and other drugs, smoking and gambling			+
2. A safe and secure community	♦		
2.1 Improve safety in the home and community		●	+
2.2 Improve feelings of safety in the home and community		●	
2.3 Reduce the prevalence of family violence		●	+
3. A kind and connected community			
3.1 Increase participation in community activities and volunteering			
3.2 Reduce social isolation and loneliness			
3.3 Reduce discrimination	♦	●	
3.4 Increase inclusion, respect and belonging	♦	●	
4. A liveable community	♦		
4.1 Increase community understanding and resilience for health impacts of climate change	♦	●	+
4.2 Increase availability of social and affordable housing	♦	●	
4.3 Increase equitable participation in the workforce and local economy		●	
4.4 Increase accessible and equitable supply of facilities, services and activities	♦	●	
4.5 Increase access to and improve amenity of open spaces and the natural environment	♦	●	
5. An informed and empowered community	♦		
5.1 Improve provision of accessible health and wellbeing information, programs and services		●	
5.2 Increase participation in lifelong learning and education	♦	●	

RELEVANT POLICIES AND LEGISLATION

Public Health and Wellbeing Act 2008

The Public Health and Wellbeing Act 2008 (the Act) identifies that local government Councils in Victoria have a role and responsibility to 'protect, improve and promote public health and wellbeing within the municipal district'. This requires Councils to develop an evidence based, community involved Municipal Public Health and Wellbeing Plan within 12 months after each general election of the Council.

The Act requires the PHWP to:

- Be consistent with the Council Plan and Municipal Strategic Statement
- Have regard to the Victorian PHWP
- Specify measures to prevent family violence and respond to the needs of victims of family violence in the local community

Climate Change Act 2017

Under the Climate Change Act 2017 local governments must consider climate change when preparing their PHWP.

Gender Equality Act 2020

The Gender Equality Act 2020 seeks to improve workplace gender equality in the Victorian public sector, universities and local Councils. Local councils with 50 or more employees will be required to publicly report on their progress in relation to workplace gender equality and promote gender equality in policies, programs and services that impact the public. Although, Councils are not required to formally conduct Gender Impact Assessments of Council Plans or PHWPs.

Other legislation and policies

The PHWP is also responsive to other international, national and state legislation and policy, some of which include:

International

- World Health Organisation, The Ottawa Charter for Health Promotion⁴⁸
- United Nations, Sustainable Development Goals⁴⁹

National

- Australia's Long Term National Health Plan⁵⁰
 - including the National Preventative Health Strategy

State

- The Victorian Public Health and Wellbeing Plan 2019-2023⁵¹
- Victoria's 10 Year Mental Health Plan 2015⁵²
- Korin Korin Balit-Djak Aboriginal health, wellbeing and safety strategic plan 2017-27⁵³

How we developed this plan

The public health and wellbeing goals and objectives for Kingston were developed through an analysis of relevant data and demographic information, policy and legislation and stakeholder and community consultation.

A key part of the process was a new collaboration with the Your Kingston Your Future Community Panel on the PHWP with the new Community Vision for Kingston and development of the Council Plan, Finance Plan and Asset Plan.

YOUR KINGSTON YOUR FUTURE COMMUNITY PANEL

Council worked with a representative panel of community members early 2021 to develop a new Community Vision and provide key advice on strategic guiding plans, including the Council Plan and Public Health and Wellbeing Plan.

The Community Panel's task was broken into two phases:

- The first phase (2.5 days of deliberation) focussed on the Community Vision which was launched publicly on 24 June 2021
- The second phase of the Community Panel deliberations (2 days) focused on their recommendations for Council's strategic plans (four-year Council Plan, ten-year Asset Plan, ten-year Financial Plan and four-year Public Health and Wellbeing Plan).

Collectively the panel worked over 2,000 hours to develop the Community Vision (supported by 8 principles) and 23 recommendations for Council's strategic plans. The recommendations had extremely high levels of support with 88% (or more) panel members indicating their support for each recommendation. This was an incredibly favourable result given such a diverse group of people.

The Panel provided 6 recommendations for the draft goals and objectives of the PHWP. They were seriously considered, and objectives were edited to reflect the recommendation where there was alignment with the research and desired outcomes of the PHWP.

DATA AND RESEARCH

We looked into the health status of the Kingston community through an analysis of a range of health and wellbeing data, demographics, population figures and forecasting, 2017-21 PHWP performance measures and the 2020 health and wellbeing survey. We also reviewed the key achievements of the PHWP 2017-21 to identify any important learnings and challenges for the updated PHWP.

The key data and research produced was:

- Health and Wellbeing Profile 2020 (see kingston.vic.gov.au/healthwellbeing)
- Health and Wellbeing Survey 2020 – report and dashboard (see kingston.vic.gov.au/healthwellbeing)
- Review of previous Kingston PHWP 2017-2021

COMMUNITY, STAFF & PARTNER ENGAGEMENT

We engaged our community, staff and partners in a staged engagement process to inform the drafting of the updated goals and objectives. These stages were:

- Implementation of the Kingston Health and Wellbeing Survey in November 2020, which involved a representative sample of 503 residents
- Consultation through the Your Kingston Your Future community survey, which received responses from 378 community members
- Collaboration with the Your Kingston Your Future Community Panel for feedback and recommendations on the draft goals and objectives
- Consultation with 67 staff and community partners for feedback and recommendations on the draft goals and objectives

FEEDBACK ON THE DRAFT

Feedback on the draft PHWP was sought between 26 August and 12 September 2021.

Participants involved in the PHWP development, community, staff and partners were engaged to provide feedback and recommendations on the draft PHWP. The broader community was also invited to attend through communications promotions under the Your Kingston Your Future banner with the Council Plan and Financial Plan.

All responses were reviewed and the PHWP was edited where relevant.

ADOPTION

Council adopted the Kingston Public Health and Wellbeing Plan 2021-25 on 26 October 2021.

How we will implement this plan

A whole of Council approach, collaboration and clear actions for the PHWP ensure that Kingston's health and wellbeing priorities are met through the delivery of all of Council's services.

The PHWP will be implemented through a broad range of social action plans that specifically identify the relevant PHWP objectives, actions, collaborative partnerships and measures to achieve the PHWP goals over the next four years.

WHOLE OF COUNCIL APPROACH

The health and wellbeing of our community is of paramount importance to achieving Council's vision of a resilient, diverse and inclusive community. Health and wellbeing affect us all, it is intrinsically linked to all aspects of our lives including how and where we live.

Health and wellbeing is relevant for all people and requires:

- Strong family and community connections
- Affordable and accessible housing options
- Accessible services, open space, culture, education, employment and income
- A safe and sustainable environment.

Council is responsible for many services and functions that play a role in enhancing the quality of life of our community. As such, we implement a whole of Council approach to deliver positive change on the goals and objectives of the PHWP.

Council's social action plans have the most direct relationship with the PHWP. By focusing on priority population groups, the action plans ensure the diverse needs of the community are met through delivery of specific actions that address the goals and objectives of the PHWP.

COLLABORATIVE PARTNERSHIPS

Working collaboratively within Council, with local organisations, local groups and the community is an important aspect of the implementation of our health and wellbeing priorities. Partnerships have been created or strengthened through the development of this plan and will be identified in action plans where collaborative projects are developed.

Partnerships and collaboration are important opportunities to work together for collective impact within the Kingston community. Collective impact is an approach that facilitates social change through cross-sector collaboration with a focus on a common goal, interventions and initiatives.

Council is well placed to make meaningful change to improve health and wellbeing in Kingston by working with local services and organisations towards the same goals. Focusing on working together to achieve shared outcomes will deliver positive change in our community.

ALIGNED ACTION PLANS

Council has range of social action plans that focus on priority populations and topics to ensure the diverse needs of our community are met. These 'people oriented' social action plans have a direct relationship with the PHWP. They identify which PHWP objectives are most relevant and detail customised actions for making positive change for their priority population.

We will implement an action consultation process for the PHWP with community members, Council staff and partners upon the endorsement of this plan. Actions under each PHWP objective will be identified and collaborations will be detailed. We will take an intersectional approach in this consultation by analysing responses that apply to certain population groups to identify relevant specific actions for their population needs.

The following action plans have this direct alignment with the PHWP and will operate in the same four-year cycle:

- Disability Action Plan
- Healthy and Well Action Plan
- Multicultural Action Plan
- Positive Ageing Action Plan
- Prevention of Family Violence Action Plan
- Gambling Action Plan
- Reconciliation Action Plan
- Safe and Secure Action Plan

OTHER RELEVANT PLANS

A range of other action plans and strategic documents are highly relevant to the implementation of the PHWP. Actions that arise from the PHWP action consultation will be fed into these plans and reviewed in the PHWP yearly review.

Figure 1. How our PHWP links to Council's priorities, State Government priorities, Council's Action Plans and collaboration with our partners

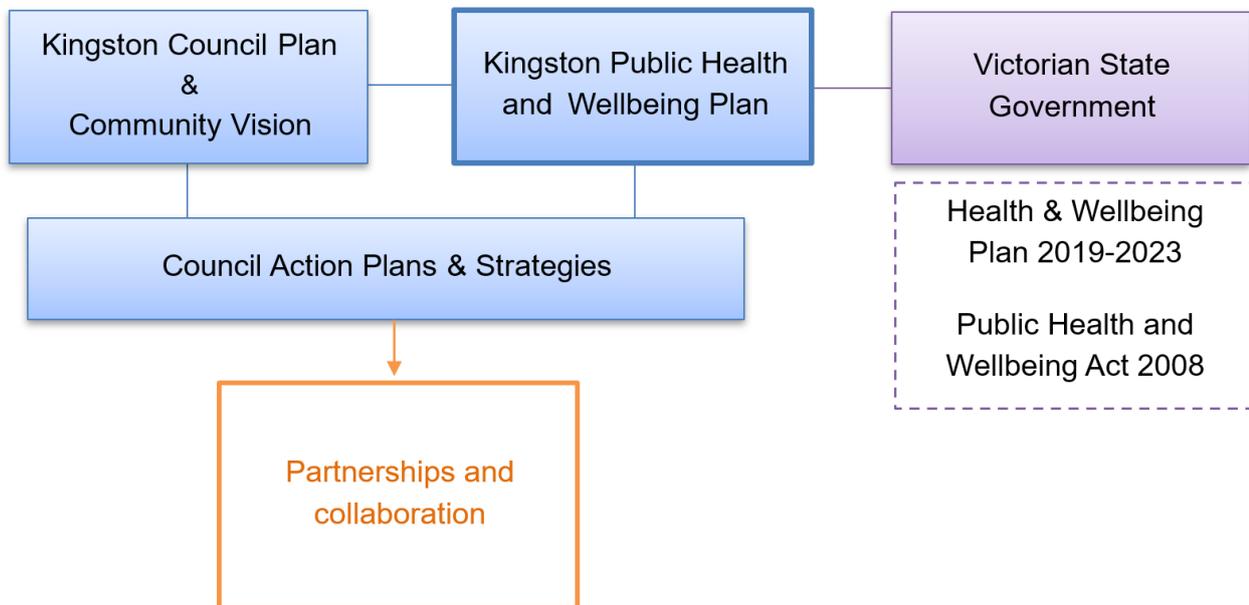


Table 1. PHWP Goals and relevant Council Plans

PHWP goal	Council Plans that will implement the PHWP goals
1. A healthy and well community	Arts and Cultural Strategy Aquatic Facilities Plan Disability Action Plan Gambling Action Plan Healthy and Well Action Plan Positive Ageing Action Plan Sport and Recreation Strategy Youth Strategy
2. A safe and secure community	Disability Action Plan Graffiti Action Plan Management Plan Municipal Emergency Prevention of Family Violence Action Plan Road Management Plan Safe and Secure Action Plan Street Lighting Maintenance Plan
3. A kind and connected community	Arts and Cultural Strategy Disability Action Plan Multicultural Action Plan Positive Ageing Plan Reconciliation Action Plan Youth Strategy
4. A liveable community	Asset Plan Aquatic Facilities Plan Climate Change Strategy Climate and Ecological Emergency Response Plan Coastal and Marine Management Plan Green Wedge Plan Integrated Transport Strategy Open Space Strategy Playground Strategy Positive Ageing Action Plan Prosperous Kingston – A framework for economic sustainability Public Toilet Strategy Social and Affordable Housing Strategy Sport and Recreation Strategy Urban Cooling Strategy Walking and Cycling Plan
5. An informed and empowered community	Aquatic Facilities Plan Family and Children’s Strategy Library Strategy Youth Strategy

How we will monitor and report on this plan

YEARLY REVIEWING AND REPORTING

It is important that we review and report on the progress made each year as we work towards achieving the objectives of the PHWP. This will involve:

- Reviewing the actions delivered through the social action plans and other strategic plans of Council; recording outputs and outcomes achieved under the relevant objectives
- Reviewing the long-term performance measures to update available data and track directional change over time.

Reviewing the outputs and outcomes of actions against the objectives they relate to will help us to understand where change in our community has been made under the PHWP. We will learn from successes and challenges experienced and adapt our plans to respond to any emerging community needs.

The performance measures detailed for our objectives are high level and focus on tracking community outcomes over time. It is not anticipated that we will see a change in these figures in the immediate years of this plan. But we expect to see changes in our community in the long term, and these measures help us to track these changes. See Appendix 1 for a copy of our PHWP performance measures.

A yearly report will be produced for Council and community detailing the review of outputs and outcomes of PHWP actions under each objective.

END OF CYCLE REVIEW AND REPORTING

A detailed review of the PHWP and associated actions will be conducted at the end of its planning cycle in 2025. This will involve a complete review of health and wellbeing data; engaging our community, Council staff and partners; and reviewing legislated requirements. This will inform the development of the next PHWP and continue the work begun in this plan.

An end of cycle report will be produced for Council and community detailing key achievements for each objective from the four years and changes in the performance measures showing change over time.

Other information

Available for download at kingston.vic.gov.au/healthwellbeing

1. Health and Wellbeing Profile 2020 – report and snapshot
2. Kingston Health and Wellbeing Survey, November 2020 – report and dashboard
3. Community Engagement Report, Kingston Public Health and Wellbeing Plan Update 2021-25

Appendix 1

PERFORMANCE MEASURES

1. A healthy and well community

1.1 Increase participation in physical activity

- Proportion of adult population who are overweight (pre-obese or obese) *Victorian Population Health Survey*
- Proportion of respondents who walked / cycled to local shops or facilities in the past week - More than once or once *KCC Health and Wellbeing Survey*
- Proportion of respondents that did 30 minutes or more of moderate physical activity more than once per day, every day or 5/6 times per week (met guidelines) *KCC Health and Wellbeing Survey*

1.2 Increase healthy eating

- Proportion of respondents who consumed at least two servings of fruit every day *KCC Health and Wellbeing Survey*
- Proportion of respondents who consumed five servings of vegetables every day *KCC Health and Wellbeing Survey*
- Level of agreement of respondents to have access to fresh and affordable food to meet their household's needs - agree or strongly agree *KCC Health and Wellbeing Survey*
- Proportion of adult population who eat take-away meals / snacks more than 1 times/week *Victorian Population Health Survey*
- Proportion of the adult population who consume sugar-sweetened soft drinks daily *Victorian Population Health Survey*

1.3 Improve mental wellbeing

- Level of agreement of respondents to 'On a scale of 1 (very poor) to 5 (excellent), please rate your level of mental health' - good, very good or excellent *KCC Health and Wellbeing Survey*
- Level of agreement respondents to 'I feel a sense of optimism about the future' - agree or strongly agree *KCC Health and Wellbeing Survey*
- Level of agreement that 'I am able to manage stress most of the time' - proportion of respondents that selected agree or strongly agree *KCC Health and Wellbeing Survey*
- Proportion of adult population ever diagnosed with anxiety or depression *Victorian Population Health Survey*
- Proportion of the population who sought professional help for a mental health problem in the previous year *Victorian Population Health Survey*

1.4 Reduce harm from alcohol and other drugs, smoking and gambling

- Alcohol - Proportion of respondents that selected 10 or less standard drinks per week (risk of harm from alcohol related disease more than 10 drinks per week) *KCC Health and Wellbeing Survey*
- Alcohol - Proportion of respondents that selected 4 or less standard drinks per day (risk of harm from alcohol-related injury drink 5+ per day) *KCC Health and Wellbeing Survey*
- Alcohol – Hospital admissions for alcohol, rate per 100,000 *AOD stats*
- Alcohol – hospital admissions for alcohol, rate per 100,000, 0-24 years *AOD stats*
- Alcohol – ambulance attendances for alcohol only (intoxication), rate per 100,000 *AOD stats*
- Alcohol – ambulance attendances for alcohol only (intoxication), rate per 100,000, 0-24 years *AOD stats*
- Alcohol - Rating of agreement that 'alcohol consumption has a negative impact on my household' - proportion of respondents that selected agree or strongly agree *KCC Health and Wellbeing Survey*
- Illicit drugs – hospital admissions, rate per 100,000 *AOD stats*
- Illicit drugs – hospital admissions, rate per 100,000, 0-24 years *AOD stats*
- Illicit drugs – ambulance attendances, rate per 100,000 *AOD stats*
- Illicit drugs – ambulance attendances, rate per 100,000, 0-24 years *AOD stats*
- Illegal drugs - Rating of agreement that 'illegal drugs have a negative impact on my household' - proportion of respondents that selected agree or strongly agree *KCC Health and Wellbeing Survey*
- Smoking - Proportion of adult population, smoking status - current smoker *Victorian Population Health Survey*
- Gambling - Rating of agreement that 'online gambling has a negative impact on my household' - proportion of respondents that selected agree or strongly agree *KCC Health and Wellbeing Survey*

- Gambling - Rating of agreement that 'pokies have a negative impact on my household' - proportion of respondents that selected agree or strongly agree *KCC Health and Wellbeing Survey*
- Gambling - Rating of agreement that 'other forms of gambling have a negative impact on my household' - proportion of respondents that selected agree or strongly agree *KCC Health and Wellbeing Survey*
- Gambling - Rating of agreement that 'gambling causes harm in my neighbourhood' - proportion of respondents that selected agree or strongly agree *KCC Health and Wellbeing Survey*
- Gambling - Total losses on poker machines in Kingston *KCC Health and Wellbeing Survey*

2. A safe and secure community

2.1 Improve safety in the home and community

- Criminal incident rate per 100,000 population *Crime Statistics Agency*
- Offence rate per 100,000 population *Crime Statistics Agency*
- Person victimisation rate *Crime Statistics Agency*
- Proportion of respondents who selected no problem to 'how much is graffiti a problem in your neighbourhood?' *KCC Health and Wellbeing Survey*

2.2 Improve feelings of safety in the home and community

- Proportion of respondents who feel safe in selected situations - Walking in local area during the day - Agree or strongly agree *KCC Health and Wellbeing Survey*
- Proportion of respondents who feel safe in selected situations – Agree or strongly agree *KCC Health and Wellbeing Survey*
 - At shopping centres
 - At foreshore, parks, reserves during the day
 - Using internet / online
 - At public transport locations
 - In industrial precincts
 - Walking in local area at night
 - At foreshore, parks, reserves at night

2.3 Reduce prevalence of family violence

- Family incidents rate, per 100,000 population *Crime Statistics Agency*
- Rating of agreement with actions which are considered to be family violence - Always – *KCC Health and Wellbeing Survey*
 - Hitting, choking or throwing objects at them
 - Forcing sexual activities on them against their own will
 - Calling them names or putting them down
 - Constantly following, calling, texting making them fearful / distressed
 - Withholding / threatening to withhold necessary living expenses
 - Controlling where they go or who they see
 - Preventing them worshipping in their desired faith
 - Family member trying to scare or control another by threatening to hurt other family members

3. A connected community that participates

3.1 Increase participation in community activities and volunteering

- Proportion of respondents who belong to a formal or informal club or community group – Yes *KCC Health and Wellbeing Survey*
- Proportion of respondents who volunteer – Sometimes *KCC Health and Wellbeing Survey*
- Proportion of respondents who volunteer – Regularly *KCC Health and Wellbeing Survey*
- Proportion of respondents who currently sit on a community group board / committee – yes *KCC Health and Wellbeing Survey*
- Number of suburbs rating High / Medium for level of investment needed for 'Evidence of community activity' *Kingston Liveability Survey*
- Number of suburbs rating High / Medium for level of investment needed for 'Local community groups and organisations' *Kingston Liveability Survey*

3.2 Reduce social isolation and loneliness

- Proportion of respondents who are content with their friendships and relationships - Agree or strongly agree *KCC Health and Wellbeing Survey*
- Proportion of respondents who have enough people they feel comfortable asking for help at any time - Agree or strongly agree *KCC Health and Wellbeing Survey*
- Proportion of respondents whose relationships are as satisfying as they would want them to be - Agree or strongly agree *KCC Health and Wellbeing Survey*
- Proportion of respondents who feel a strong sense of belonging to a community - Agree or strongly agree *KCC Health and Wellbeing Survey*
- Number of suburbs rating High / Medium for level of investment needed for 'Sense of connection to/feeling support from neighbours or community' *Kingston Liveability Survey*

3.3 Reduce discrimination

- Proportion of respondents responding yes to experiencing discrimination in Kingston in the last 12 months because of their ... *KCC Health and Wellbeing Survey*
 - Gender
 - Skin colour, ethnic origin or religion
 - Age
 - Physical ability
 - Weight
 - Sexuality
 - Gender identity
- Proportion of respondents who selected no problem to 'how much is people being harassed because of their skin colour, ethnic origin, or religion a problem in your neighbourhood?' *KCC Health and Wellbeing Survey*
- Number of suburbs rating High / Medium for level of investment needed for 'Mix or diversity of people in the area' *Kingston Liveability Survey*

3.4 Increase inclusion, respect and belonging

- Proportion of respondents who feel a strong sense of belonging to a community - Agree or strongly agree *KCC Health and Wellbeing Survey*
- Number of suburbs rating High / Medium for level of investment needed for ... *Kingston Liveability Survey*
 - Neighbourhood spirit/resilience
 - Welcoming to all people
 - Sense of belonging in the community

4. A liveable community

4.1 Increase preparedness and resilience for the impacts of climate change

- Proportion of respondents who walked / cycled to local shops or facilities in the past week - More than once or once per week *KCC Health and Wellbeing Survey*
- Proportion of respondents who agree their household would be able to access at least \$2000 in an emergency - Agree or strongly agree *KCC Health and Wellbeing Survey*
- Proportion of respondents who selected 'significant harm' in response to 'On a scale of 1 (no harm) to 5 (significant harm), how much, if at all, do you think climate change is currently harming you and / or your household's health?' *KCC Health and Wellbeing Survey*
- Proportion of respondents who selected 'prepared' or 'very prepared' in response to '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?' *KCC Health and Wellbeing Survey*
- Proportion of population who travel to work as main method of travel to work *.id ABS Census*
 - Train
 - Bus
 - Bicycle
 - Walking
 - Worked at home
 - Car (as driver)
- Number of suburbs rating High / Medium for level of investment needed for 'Sustainable behaviours in the community' *Kingston Liveability Survey*

4.2 Increase the availability of social and affordable housing

- Housing stress, percent of households *.id ABS Census*
- Mortgage stress, percent of households *.id ABS Census*
- Rental stress, percent of households *.id ABS Census*
- Households with high rental payments (more than \$450 p/week) of total renting households *.id ABS Census*
- Total number of social housing applicants on the Victorian Housing Register *Department of Families, Fairness and Housing*
- Housing tenure, renting - social housing *.id ABS Census*
- Estimate of the number of homeless persons (no.) *ABS Census*
- Estimate of the proportion of homeless persons (%) *ABS Census*

4.3 Increase participation in the workforce and the local economy

- Unemployment rate (%) *.id, ABS Labour force survey, Small area labour markets*
- JobSeeker, % of 15-64 age population *.id, Department of Social Services*
- Total number of people employed in Kingston *.id, National Institute of Economic and Industry Research (NIEIR)*
- Total number of employed residents *.id, National Institute of Economic and Industry Research (NIEIR)*
- Ratio of jobs to residents (over 1 - more jobs than residents, under 1 - less jobs than residents) *.id, National Institute of Economic and Industry Research (NIEIR)*
- Proportion of workers who live and work in Kingston *.id ABS Census*
- Proportion of workers who work in the area but live outside of Kingston *.id ABS Census*

4.4 Increase the accessible and equitable supply of facilities, services and activities

- Proportion of respondents who agree or strongly agree *KCC Health and Wellbeing Survey*
 - they are satisfied with the quality of parks, playgrounds and open spaces
 - that they like the look and feel of their local area
 - they are satisfied with the health and medical services in their local area
- Number of Council services and facilities in under-supply for population need *KCC Community Facilities and Services Review*
- Number of Council buildings with a low fit for purpose score - 'users and staff of all abilities can access and use the facility' *KCC Community Facilities and Services Review*
- Number of Council buildings not meeting requirements of the Disability Discrimination Act *KCC Community Facilities and Services Review*
- Suburbs with no provision health services below with payment types Bulk Billing Only, Co-payment, Fees and Bulk Billing, Fees Apply *Healthmap (National Health Services Directory, Service Payment Types)*
 - General Practices (GPs)
 - General Dental Practices
 - Psychology
- Number of suburbs rating High / Medium for level of investment needed for ... *Kingston Liveability Survey*
 - Family and community services
 - Child services
 - Access to shared community and commercial assets
 - Local education options
 - Spaces suitable for specific activities or special interests
 - Local businesses that provide for daily need
 - Evidence of recent public investment
 - Access and safety of walking, cycling and/or public transport
- Suburbs with no provision of community activities listed on My Community Life *KCC My Community Life website*
- Suburbs with no provision of community groups listed on My Community Life *KCC My Community Life website*

4.5 Increase access to and improve amenity of open spaces and the natural environment

- Number of suburbs in Kingston with under-supply of open space *KCC Open Space Strategy*
- Number of suburbs rating High / Medium for level of investment needed ... *Kingston Liveability Survey*
 - Landscaping and natural elements
 - Elements of natural environment
 - Amount of public space

-
- General condition of public open space
 - Free places to sit comfortably by yourself or in small groups
 - Spaces suitable for play
 - Walking/jogging/bike paths that connect housing to communal amenity

5. An informed and empowered community

5.1 Increase provision of accessible health and wellbeing information, programs and services

- Existing data not available – to be determined

5.2 Increase participation in lifelong learning and education

- 4 year old kindergarten participation rates (%) *Kingston Early Learning Profile, Department of Education and Training*
- Proportion of children at school entry who are vulnerable on one or more domain *Australian Early Development Census*
- Proportion of children at school entry who are vulnerable on two or more domains *Australian Early Development Census*
- Destinations of year 12 or equivalent completers 6 months after leaving school *On Track Survey*
 - In employment (%)
 - Looking for work (%)
 - Bachelor, certificate/diploma, apprentice/trainee (%)
- Highest level of secondary school completed - Year 12 or equivalent (% of total persons) *.id ABS Census*
- Highest qualification achieved (% of persons aged 15+) *.id ABS Census*
 - Bachelor or Higher Degree
 - Advanced Diploma or Diploma
 - Vocational

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