

# Health and Wellbeing Profile

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City of Kingston

March 2021

*community inspired leadership*



City of  
**KINGSTON**

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## Glossary

<b>AOD</b>	Alcohol and other drugs
<b>ASR</b>	Indirectly age-standardised rate per population
<b>CALD</b>	Culturally and linguistically diverse
<b>COVID-19</b>	Coronavirus disease of 2019
<b>LGBTIQ+</b>	People who identify as lesbian, gay, bisexual, transgender, intersex and/or queer
<b>VPHS</b>	Victorian Population Health Survey

## Attachments

**Attachment 1.** Multicultural Profile November 2018 [18/607750 - Multicultural Profile - November 2018](#)

**Attachment 2.** COVID-19 Social Impact Survey - Report 3 [20/295720 - COVID-19 Social Impact Survey - Report 3 - January 2021](#)

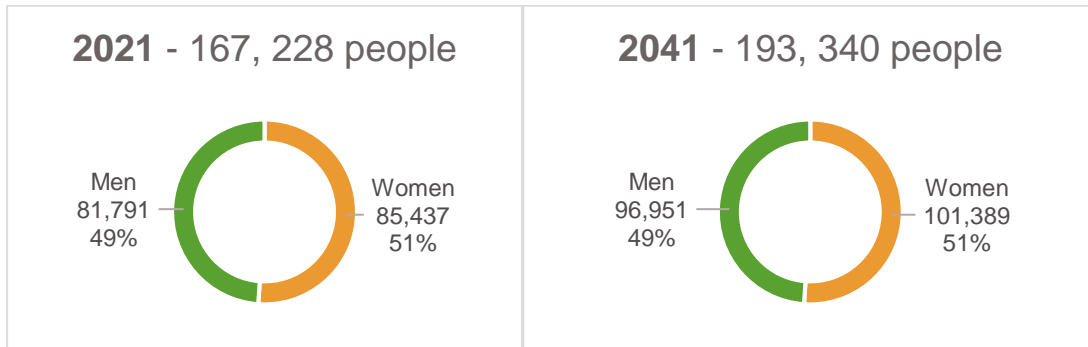
**Attachment 3.** Health and Wellbeing Survey Kingston City Council 2020 Report - [21/50726 - Health and Wellbeing Survey Kingston City Council 2020 - Metropolis Research - Final Report](#)

# 1. Demographics

## 1.1 OUR POPULATION – AGE, GENDER AND SEXUALITY

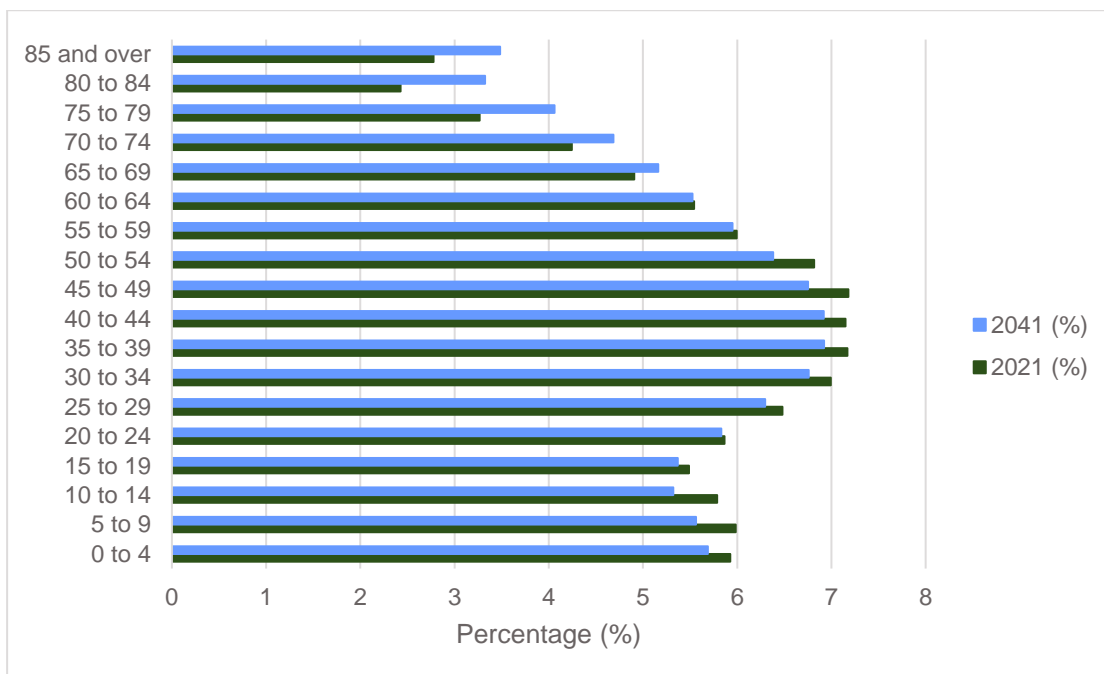
The City of Kingston population forecast for 2021 is 167,228 and is predicted to grow by 18.6% to a total of 193,340 people in 2041. In 2016, 579 Kingston residents (0.4%) identified as Aboriginal and/or Torres Strait Islander.<sup>i</sup>

Kingston population by gender 2021 and 2041<sup>ii</sup>



Note. These figures are based on 2016 Census data that only summarised data for females and males. However, based on the Victorian Population Health Survey, 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%).<sup>iii</sup>

Percentage of Kingston population across age groups (2021 and 2041)<sup>iv</sup>



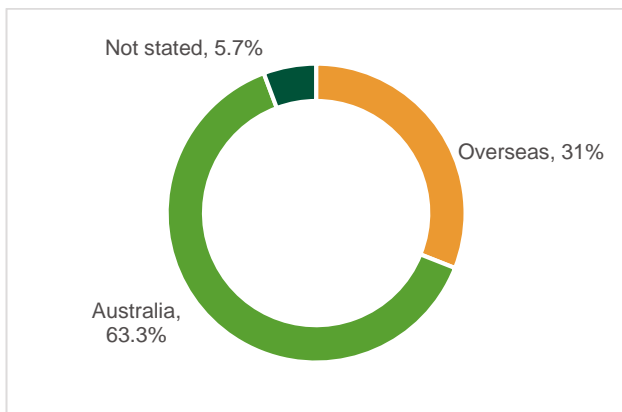
These forecasts indicate an ageing population with 21% of our population expected to be aged over 65 years by 2041.

## Lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ+) population

Exact numbers of people who identify as LGBTIQ+ in Kingston are unknown. The proportion of survey respondents from the Victorian Population Health Survey (VPHS, 2017) provide a good approximation for Kingston prevalence. Kingston VPHS respondents included 4.4% who identified as LGBTIQ+, 90.7% identified as heterosexual, 2.5% did not know if heterosexual, and 2.5% refused to answer.<sup>v</sup> The proportions were similar to Victorian averages (5.7% LGBTIQ+, 88.1% heterosexual, 2.8% did not know if heterosexual, and 3.4% refused to answer).

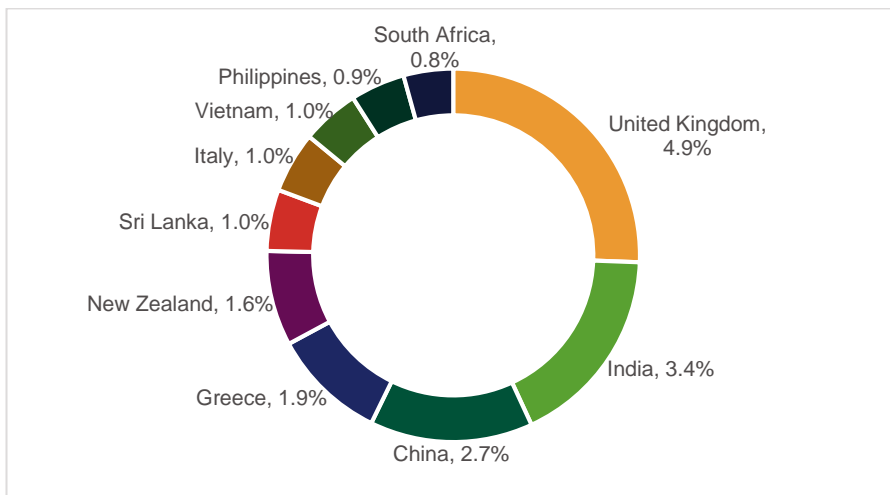
## 1.2 CULTURAL DIVERSITY

### Place of birth of Kingston residents (% of population)<sup>vi</sup>



- 46,931 people (31%) were born overseas. It is predicted that Kingston’s population will be negatively impacted by reduced overseas migration due to the impact of COVID-19.<sup>vii</sup>

### Kingston residents born overseas – Top 10 countries (% of population)<sup>viii</sup>



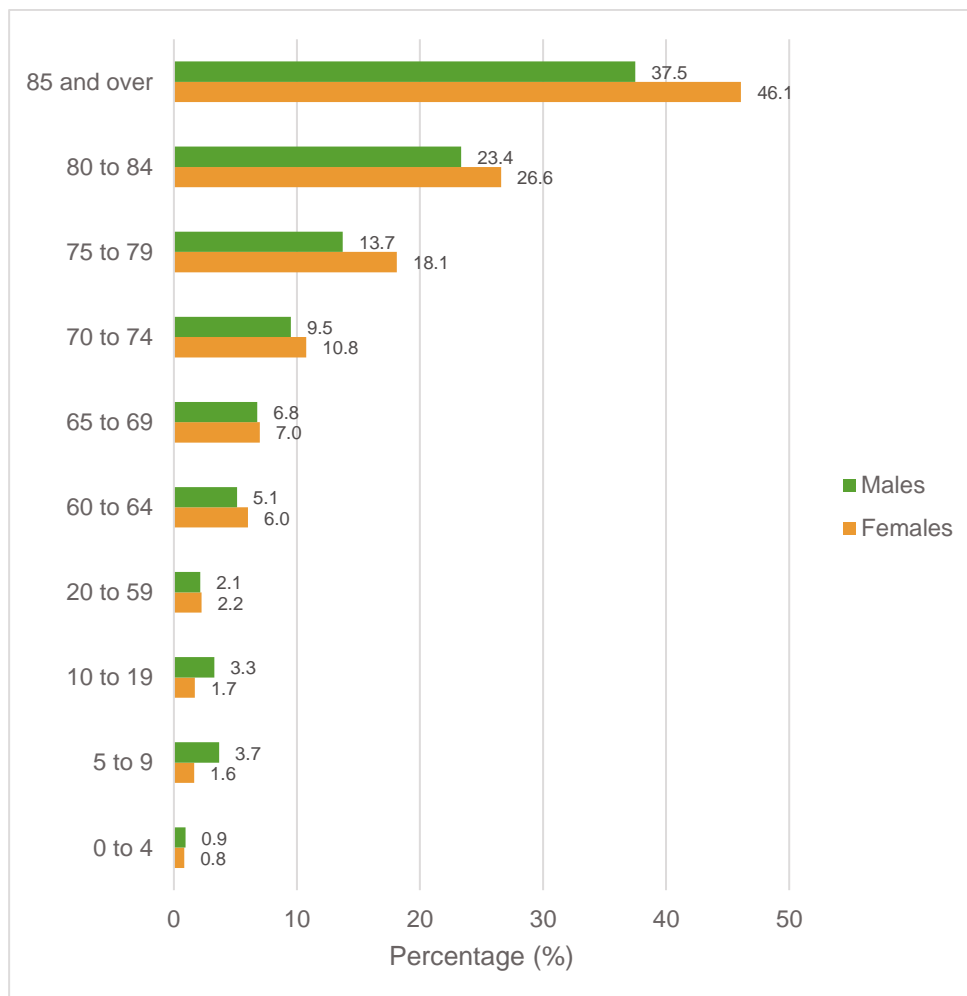
- Between 2011 and 2016, the number of people born overseas increased by 4,122 (9.6%) from 42,801 to 46,565 with the largest changes seen for people born in China (+1,547), India (+715), the Philippines (+243), and South Africa (+199).
- The number of people living in Kingston born overseas from a non-English Speaking Background (NESB) has increased by 3,565 (11.6%) between 2011 and 2016 from 30,772 in 2011 to 34,337 respectively.

- In 2016 Clayton South had the largest population of people born overseas (7,991) and the highest proportion of its population (63%). Carrum had the smallest population (826), while Aspendale had the smallest proportion of people born overseas (18%).
- Approximately 26% of Kingston residents spoke a language other than English at home in 2016. The most common languages were Greek (4.5%), Mandarin (3.0%) and Italian (1.5%). 6,488 (4.3%) Kingston residents reported difficulty speaking English.<sup>ix</sup>
- The proportion of asylum seeker / refugees who have settled in Australia and Kingston has reduced dramatically in 2020 compared with earlier years due to COVID-19.
- For more detailed information about cultural diversity in Kingston, see the Multicultural Profile November 2018 (Attachment 1).

### 1.3 PEOPLE WHO HAVE A DISABILITY

In 2016, **7,610 people (5%) of Kingston residents reported needing help with day-to-day living due to a disability**. Examination of this 5% of residents, shows gender differences with more males needing assistance during childhood (0-19 years) and more females requiring assistance with core activities later in life (after 60 years of age). The gender gap may reflect the gender differences in average life expectancy.<sup>x</sup>

Kingston residents needing assistance with core activities by age and gender<sup>xi</sup>

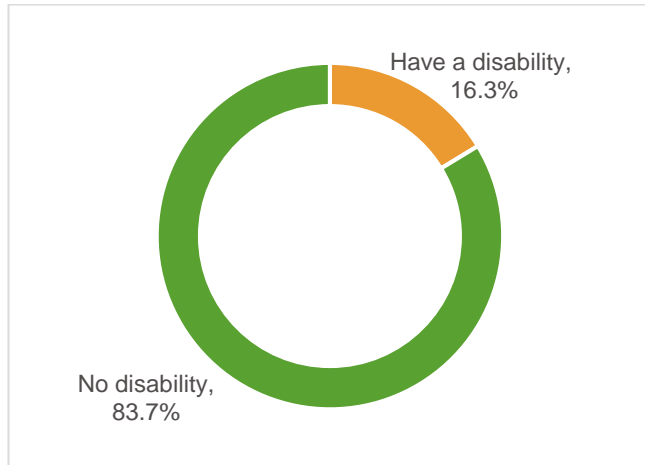


The above data only reflects people with disabilities requiring support with day-to-day activities (i.e., severe disabilities) and is an underestimation of the population who have a disability. Based on national

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data representative of all types of disability, **16.3% of Victorian's reported having a disability (16.0% females, 16.7% males)**.<sup>xii</sup>

Proportion of Victorians who have a disability in 2018<sup>xiii</sup>

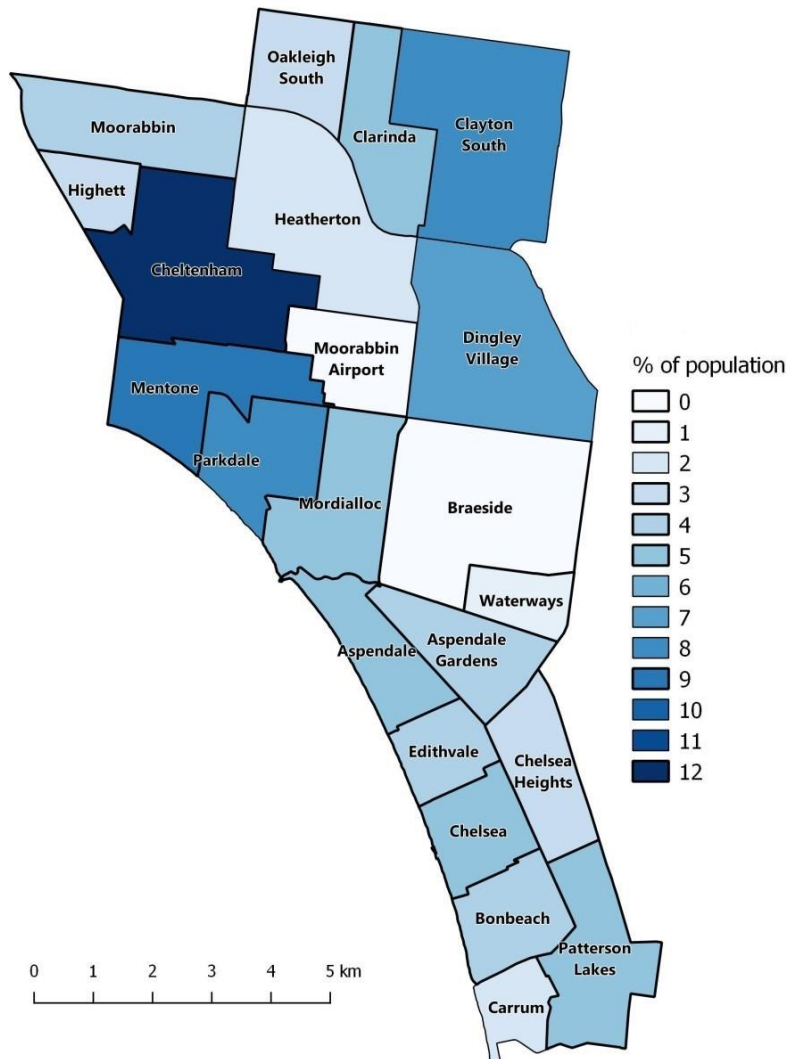


This equates to **an estimate of 27,258 Kingston residents** based on 2021 population forecasts.



## 1.4 WHERE WE LIVE

Percentage of Kingston population by suburb 2021<sup>xiv</sup>



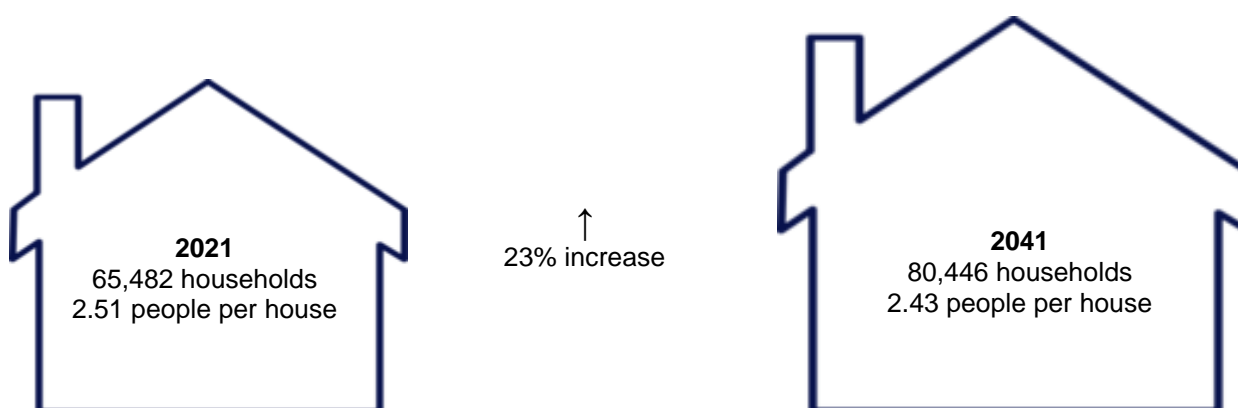
The majority of Kingston residents live in Cheltenham (12.9%), Mentone (8.9%), and Clayton South (8.6%). Forecast population changes between 2021 and 2041 anticipate an increase in population for all suburbs other than Waterways (-8.5%). The highest level of population growth is expected in the north-west area of the municipality, in Highett (121.9%), Moorabbin (96.6%), and Cheltenham (24.4%).

## Forecast population change by suburb 2021 to 2041<sup>xv</sup>

	2021		2041		% change 2021-2041	
	No. people	% of pop.	No. people	% of pop.		
<b>City of Kingston</b>	<b>167,228</b>		<b>198,340</b>		<b>18.6%</b>	
Cheltenham	21,609	12.9%	26,883	13.6%	24.4%	Largest population
Mentone - Moorabbin Airport	14,843	8.9%	18,269	9.2%	23.1%	
Clayton South	14,343	8.6%	16,966	8.6%	18.3%	
Parkdale	12,654	7.6%	13,915	7.0%	10.0%	
Dingley Village	10,772	6.4%	11,280	5.7%	4.7%	
Mordialloc - Braeside	9,622	5.8%	10,449	5.3%	8.6%	
Chelsea	8,814	5.3%	10,140	5.1%	15.0%	
Patterson Lakes	8,312	5.0%	8,569	4.3%	3.1%	
Clarinda	7,876	4.7%	8,212	4.1%	4.3%	
Aspendale	7,308	4.4%	7,851	4.0%	7.4%	
Bonbeach	7,033	4.2%	7,628	3.8%	8.5%	
Aspendale Gardens	6,652	4.0%	6,858	3.5%	3.1%	
Moorabbin	6,572	3.9%	12,922	6.5%	96.6%	
Edithvale	6,450	3.9%	7,046	3.6%	9.2%	
Chelsea Heights	5,514	3.3%	5,715	2.9%	3.6%	
Highett	4,648	2.8%	10,315	5.2%	121.9%	Largest growth suburb
Carrum	4,497	2.7%	5,514	2.8%	22.6%	
Oakleigh South	4,195	2.5%	4,311	2.2%	2.8%	
Heatherton	3,054	1.8%	3,248	1.6%	6.4%	
Waterways	2,461	1.5%	2,251	1.1%	-8.5%	

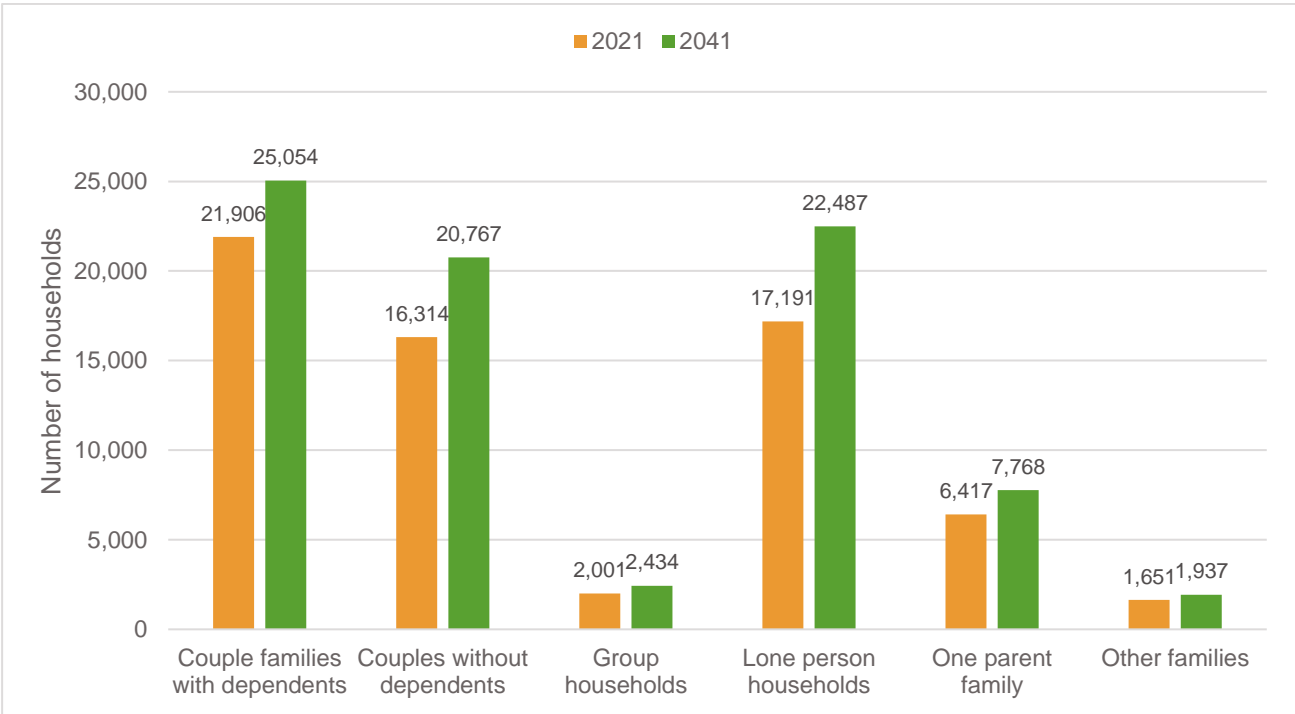
## 1.5 HOW WE LIVE

### Housing growth in Kingston 2021 to 2041<sup>xvi</sup>



It is predicted that there will be a 23% increase in households in Kingston by 2041. Based on 2016 Census data, the majority of households live in purchased properties (33% fully owned, 35% mortgage).<sup>xvii</sup> Approximately 23% rent privately and 2% rent through social housing. Across the municipality, most dwellings are separate houses (58%) or medium density (38%), with a smaller proportion of high density dwellings (3%).<sup>xviii</sup> However, differences in dwelling structure are noticeable between suburbs and impacted by an increase in apartment living.

Kingston's changing households 2021 to 2041<sup>xix</sup>



Couple families with dependents will remain the most dominant household type (approximately 33% of all households in 2021 and 31% in 2041). The proportion of lone person households is likely to increase the most (21% of all households in 2021 to 28% in 2041).

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## 2. A Healthy and Well Community

### 2.1 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) within metropolitan Melbourne.

The VicHealth Coronavirus Wellbeing Impact Study<sup>xx</sup> conducted during the first lockdown showed:

- Reduced general life satisfaction, subjective wellbeing, and social connection
- More people experiencing high psychological distress
- Less physical activity
- Slight improvement in healthy eating, whilst concerns with food access and food insecurity
- Minimal change in alcohol consumption and the proportion of people who smoke daily. Restrictions may have been a catalyst for some people either attempting to and/or successfully stopping smoking.
- Financial hardship and employment insecurity increasing concerns about having enough money to buy food and requiring financial help from friends or family. Low-income earners (less than \$40,000/year) had amongst the highest rates for low-medium life satisfaction (58%), disagreeing that they feel connected with others (30%) as well as low rates of subjective wellbeing (61.4).
- Some positive aspects of restrictions including working from home, flexible work hours, social connection through technology, time with family and friends, gardening, exercising and maintaining a healthy lifestyle.

#### Gender equity

Lockdown and the transition to a remote learning model saw the increased need for parents to supervise their children's learning from the home. During the first lockdown in Victoria<sup>xxi</sup> there was an imbalance in childcare responsibilities:

- More women (72%) were responsible for caring for school age children on compared with men (26%)
- 16% of women indicated that it was a shared responsibility compared to 33% of men
- Similar proportions for preschool aged children, more frequently cared for by women (76%)

Women have also experienced higher levels of depression (35% females, 19% males) and stress (27% females, 10% males) with a 2800% increase in demand to the women's mental health clinic at the Alfred Hospital in a month.<sup>xxii</sup>

There has been an increase in prevalence and severity of domestic violence among women during the pandemic due to a range of factors including victims and offenders spending more time together, increased social isolation, increased situational stressors (financial stress, job insecurity), increased alcohol consumption amongst perpetrators.<sup>xxiii</sup> There were higher rates of domestic violence for women in cohabiting relationships:

- 4.2 percent of all women and 8.2 percent of women in cohabiting relationships experienced physical violence;
- 2.2 percent of all women and 4.2 percent of women in cohabiting relationships experienced sexual violence; and
- 11.6 percent of all women and 22.4 percent of women in cohabiting relationships experienced emotionally abusive, harassing and controlling behaviours.

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## Young people

Young people aged 18–24 years experienced the impact of the first lockdown differently to other subgroups.<sup>xxiv</sup> Daily consumption of sugary drinks (50%) and risk of short term harm from alcohol (17%) were amongst the highest in the state. Around a quarter (26%) of young women lost their job during the first lockdown, compared to 11% of young men of the same age group. This age group report higher rates of strengthening of relationships with others in their household during the first lockdown (30%) compared to Victorians overall (21%), but also has the highest rate of high psychological distress (23%) compared to all other age groups. More young women (37%) reported suicidal thoughts compared to young men (17%).<sup>xxv</sup>

The long-term impact of COVID restrictions on school-aged children, including remote learning, reduced face-to-face socialisation, and increased technology are yet to be determined. 59% of Victorian young people (13-17 years) believe they are behind in their education, compared to where they were before the pandemic.<sup>xxvi</sup>

## Older people

The direct health impacts of COVID-19 has been seen by higher risk of infection and fatalities in older adults.<sup>xxvii</sup> Restrictions also resulted in an increase in the risk of isolation and loneliness for older adults within both private and aged-care homes.<sup>xxviii</sup> There are extreme differences in familiarity, access, and use of technology in older adult populations.<sup>xxix</sup> For people with lower digital literacy and digital access, the reliance on digital communication during COVID-19 restrictions impacted social connectedness, and access to health, financial and government services. Subsequently, there have been increasing efforts to reduce the digital divide, increase digital literacy and support digital inclusion and access for older adults.

## Aboriginal or Torres Strait Islanders

A small sample of Aboriginal or Torres Strait Islanders completed the VicHealth Coronavirus Wellbeing Study.<sup>xxx</sup> Low numbers of survey respondents meant that results were not analysed for statistically significant differences. With this in mind, and being aware that results cannot be generalised, it remains important to note that this subgroup reported experiencing higher rates of high psychological distress (28%), financial hardship (74%), risk of short term harm from alcohol (48%), daily sugary drink consumption (80%) and running out of food and unable to afford more (46%) than Victoria overall. They also reported very favourable rates of sufficient physical activity (38%), daily serves of vegetables (3.0) and relatively low rates of daily smoking (9%).

## CALD communities

During the COVID-19 pandemic CALD communities felt more isolated. Research and media sources reported that they were uncertain about testing sites and restrictions, experienced conflicts and stress at home, including family violence, financial hardship and employment or housing problems. GPs are reporting increased mental health symptoms, isolation and loneliness in CALD patients.

Events prior to migration (such as trauma and exposure to violence), combined with lack of support networks, discrimination and, in some cases, uncertainty about visa status can add to vulnerability within CALD communities. Some faith communities also believed they could deal with mental health issues by themselves and were reluctant to seek help due to the fear of being judged by others outside their community.

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## Kingston's COVID-19 Social Impact Assessment Survey 2020

Kingston community members were invited to participate in a survey to measure and track the impact of COVID-19 with responses from between 97 to 432 participants recorded each month from May to November 2020. The following key results were found:

- Increase in stress-ratings during COVID-19 that aligned with Victorian restrictions. The proportion of people with higher stress levels peaked in August-September and reduced in November as restrictions eased. 15% of people were concerned about their mental health or feeling lonely (September 2020).
- The proportion of respondents reporting they felt lonely was highest in August (47%), this level was maintained through September (44%) and October (46%) before declining to 32% in November.
- Virtual contact with friends and family remained consistently high from May to November, with 79-91% of people maintaining regular virtual contact with friends
- In November, a large proportion of participants remain worried about being infected (51%), are confident that family members or themselves would not recover if infected (41%), believe that social distancing has had a negative impact on their community (45%), and do not feel safe going out (33%).
- Most people have had access to accurate facts and information on when to get tested ranging from 95% in May to 97% in November
- Concerns about the impact of COVID-19 on the economy remain high with approximately 80% worried about the impact. There has been a decline in the proportion of people who felt their job was at risk from the peak in July (32%) to October and November (18-20%).
- Most people have remained confident that they can continue providing for their family, with the proportion of people reporting they are unable to continue to decline from May (16%) to November (11%), this is the lowest it has been.
- The proportion of people worried that they will not be able to afford basic supplies increased from May (5%) to September (9%) and has steadily declined to 6% by November.
- Throughout the pandemic respondents have felt vulnerable members of their community were well supported, with 17 – 28% disagreeing. In November 21% felt that vulnerable members of the community were not well supported.

For more detailed information about fluctuations during restrictions, see COVID-19 Social Impact Survey - Report 3 (Attachment 2).

## Kingston Community Health and Wellbeing Survey 2020<sup>xxxi</sup>

A key data source for this profile was the Kingston community Health and Wellbeing Survey that was completed in December 2020 (see Attachment 3 for the full report). The responses to this survey are inherently impacted by the global pandemic and metropolitan Melbourne restrictions because of the timing of data collection.

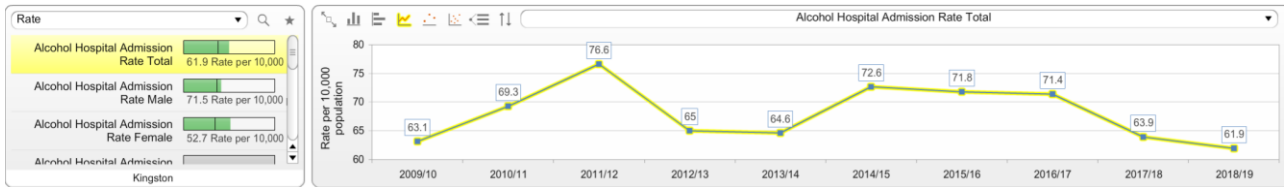
Respondents were asked to nominate any health and wellbeing practices or activities that they had started during the COVID-19 pandemic that they wanted to maintain. One-quarter (23.5%) of respondents reported that they started a form of physical activity (including walking, exercise, yoga / Pilates, cycling, running / jogging, and swimming) during COVID-19 which they would like to maintain. 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%).

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

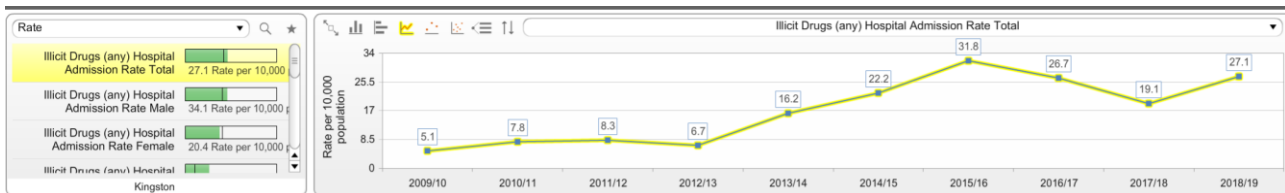
## 2.2 ALCOHOL AND OTHER DRUGS (AOD)

### AOD Hospital Admissions in Kingston<sup>xxxii</sup>

In 2018-2019, there were 1012 alcohol-related and 443 illicit drug-related hospital admissions in Kingston. Over the past 10 years, there has been a slight reduction in the rates of alcohol-related hospital admissions.



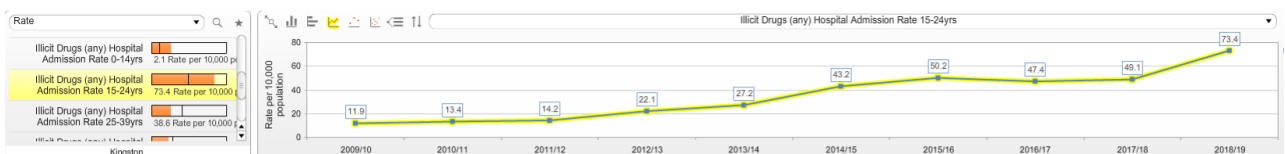
Conversely, rates of hospital admissions related to illicit drugs (any) have increased significantly from 5.1 per 10,000 population in 2009/10 to 27.1 in 2018/19.



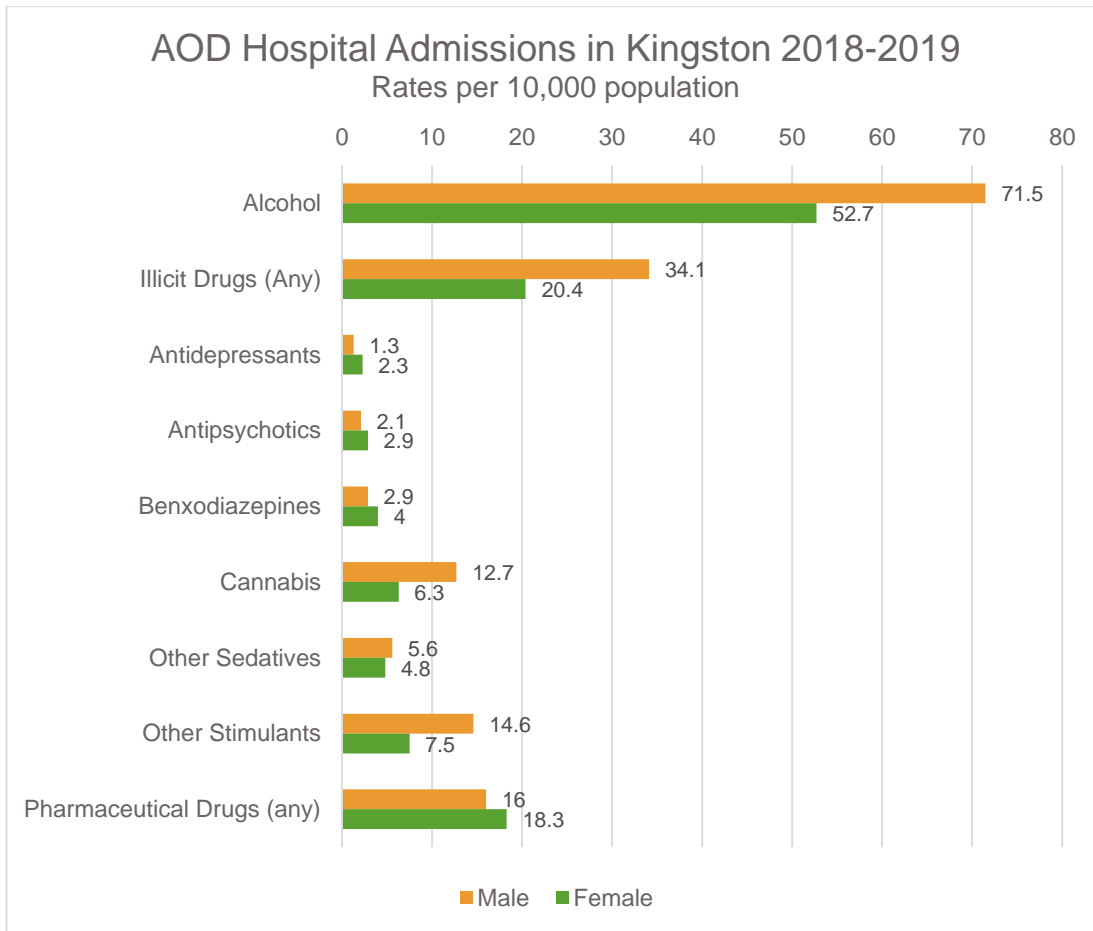
When looking at AOD hospital admissions across the lifespan, 2018-2019 rates for alcohol-related admissions were highest for the 40-64 age group (99.1 per 10,000 population). The most recent available data (2015-2016) for young people (aged 15-24 years) showed hospital admission rates of 33.7 per 10,000 population.

Age Group (years)	0-14	15-24	25-39	40-64	65+
<b>Alcohol</b> (Rate per 10,000 population)	No data	No data	49.5	99.1	73
<b>Illicit Drugs (any)</b> (Rate per 10,000 population)	2.1	73.4	38.6	27.3	6.5

Hospital admissions rates related to illicit drug were significantly higher for young people (aged 15-24 years) at 73.4 per 10,000 population. The rate for this age group is 2.7 times higher than the average total illicit drug admission rate (27.1 per 10,000 population) and higher than the total average rate for alcohol-related hospital admissions (61.9 per 10,000 population).



Gender differences in AOD hospital admissions show that rates were higher for males for alcohol, cannabis, other sedatives, and other stimulants. Whereas, female admissions were higher for antidepressants, antipsychotics, benzodiazepines and pharmaceutical drugs (more likely to be prescription medications).



#### Alcohol consumption

Based on the results of Kingston’s Health and Wellbeing Survey<sup>xxxiii</sup>, 12.1% agreed that alcohol consumption has a negative impact on their household. 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. From those who answered the question (n = 167), approximately 9% (7.5% female, 12% male) consumed more than 10 standard alcoholic drinks in the past week (risk of harm from alcohol-related disease). Approximately 5% (1% female, 4% male) consumed 5 or more drinks on one day (risk of harm from alcohol-related injury). Consumption of alcohol per day and across the week is higher for males than females and younger people (15-34 years) compared to other age groups. See the Power BI dashboard for further analyses of different subgroups ([kingston.vic.gov.au/healthwellbeing](http://kingston.vic.gov.au/healthwellbeing)).

#### Impact of drugs

Respondents from Kingston’s Health and Wellbeing Survey<sup>xxxiv</sup> were asked for their level of agreement with statements about the impact of drugs on their household. Similar to alcohol, 11.6% of respondents agreed that illegal drugs have a negative impact on their household. A smaller proportion, 7.7% agreed that prescription drugs have a negative impact.

#### Smoking

The Victorian Population Health Survey (2017) showed that 15.4% of Kingston residents are current smokers (daily and occasional) with more males (20.8%) smoking than females (9.8%).<sup>xxxv</sup> Based on the Victorian population, significantly more adults who identified as LGBTIQ+ were current smokers (24.1%) compared to heterosexual, not LGBTIQ+ adults (16.6%).<sup>xxxvi</sup>

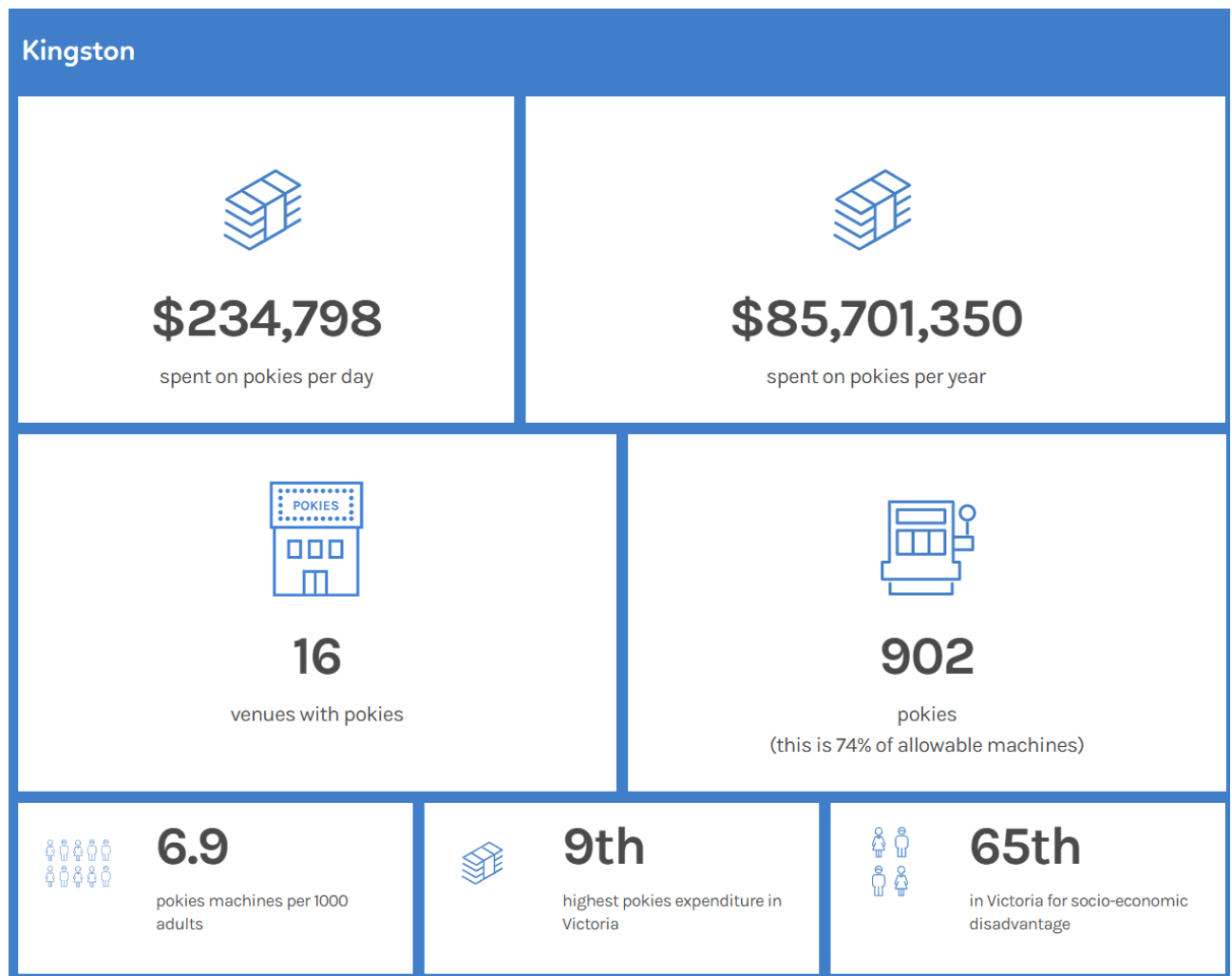


## 2.3 GAMBLING

### Electronic Gaming Machine (EGM) Expenditure

Over the past 10 years Kingston's annual electronic gaming machine (EGM) expenditure has remained within the top 10 local government areas in Victoria with money lost by people playing poker machines in Kingston averaging more than \$83 million per year<sup>xxxvii</sup>. EGM expenditure in Kingston reduced by over \$20 million in the 2019-2020 financial year (total expenditure of \$62,080,320.77) as a direct impact of COVID-19 restrictions resulting in gaming venue closures from 22 March 2020. There will continue to be reduced expenditure in the 2020-2021 financial year with gaming venues closed until 8 November 2020 and strict number restrictions enforced (max. 10 people per gaming room). Considering these extenuating circumstances, data from the 2018-2019 financial year is presented as it is more representative of gaming statistics that have remained consistent across the past decade in Kingston.

#### Poker machine statistics for Kingston 2018-2019<sup>xxxviii</sup>



Sources: [Victorian Commission for Gambling and Liquor Regulation](#) (pokies data 2018-2019); [Australian Bureau of Statistics - Socio-economic indexes for areas](#) (ranking of socio-economic disadvantage, 2016 Census)

### Gambling harm

In Victoria, approximately 330,000 adults who gamble (9.6 per cent) experience at least one form of gambling-related harm (including economic, psychological and social harms).<sup>xxxix</sup> Poker machines alone

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account for 37.7 per cent of gambling harm in Victoria. This has a flow-on effect for significant others with 6.1 per cent of Victorian adults – about 300,000 people – harmed by someone else’s gambling.

### Online gambling

Online gambling is growing in popularity, with 19.2 per cent of Victorian adults who gamble betting online.<sup>xi</sup> 71.7 per cent of people who participate in sports betting place bets via online bookmakers or mobile apps. This is a dramatic increase from 22.4 per cent in 2008 and 52 per cent in 2014.

Changes in gambling behaviours during COVID-19 can be predicted based on data collected in June/July 2020 from 2000 people who gamble across Australia.<sup>xii</sup> Key findings include:

- Almost 1 in 3 survey participants signed up for a new online betting account during COVID-19, and 1 in 20 started gambling online.
- Even with limited access to venues, overall, participants gambled more often during COVID-19. The proportion who gambled 4 or more times a week increased from 23% to 32%.
- Horse racing, sports betting, greyhound racing and lotto were the main products that participants gambled on before and during COVID-19.
- Of concern, 79% of participants were classified as being at risk of, or already experiencing, gambling-related harm.
- Young men (aged 18-34 years) were the sub-population most likely to sign up for new online accounts, to increase their frequency and monthly spending on gambling (from \$687 to \$1,075), and to be at risk of gambling-related harm.
- Key experts noted that the temporary closure of poker machine venues had had immediate benefits for some people who gamble, including more money for essential items and increased savings.
- Around half of the survey participants reported that their physical and/or mental health had been negatively affected during COVID-19.

### Perception of Gambling

Based on the results of Kingston’s Health and Wellbeing Survey<sup>xiii</sup>, on average, respondents very strongly disagreed three statements about gambling causing harm to the respondents’ household.

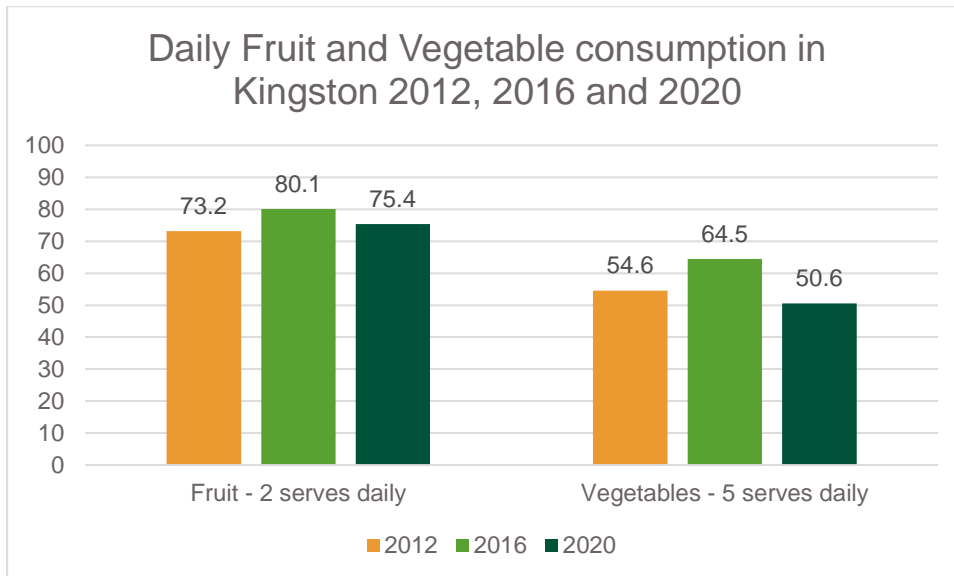
- 7.6% agree that pokies have a negative impact on their household
- 3.5% agree that online gambling has a negative impact on their household
- 4.6% agree that other forms of gambling have a negative impact on their household

Respondents, on average, were measurably and significantly more in agreement that gambling causes harm in their neighbourhood (17.3%). 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.

## 2.4 HEALTHY EATING

### Daily fruit and vegetable consumption in Kingston<sup>xiii</sup>

In 2020, approximately 3 out of 4 Kingston residents are consuming enough fruit (75.4%) and 1 in 2 residents are consuming enough vegetables (50.6%) each day. This is less than estimates recorded from 2016 data and 2012 data for vegetable intake. Females were more likely to consume enough fruit and vegetables than males. Young adults (15-34 years) were significantly less likely to consume enough vegetables and older people (aged 75 years and over) were more likely to consume enough fruit per day than other survey respondents. See the Power BI dashboard for further analyses of different subgroups ([kingston.vic.gov.au/healthwellbeing](https://kingston.vic.gov.au/healthwellbeing)).



### Food Access and Affordability

Based on the results of Kingston's Health and Wellbeing Survey 2020<sup>xiv</sup> 84.8% of respondents agreed that they have access to fresh and affordable food to meet their household's needs. The equivalent of 1 in 25 people disagreed to this statement, indicating that they do not have access to fresh and affordable food to meet their household's needs.

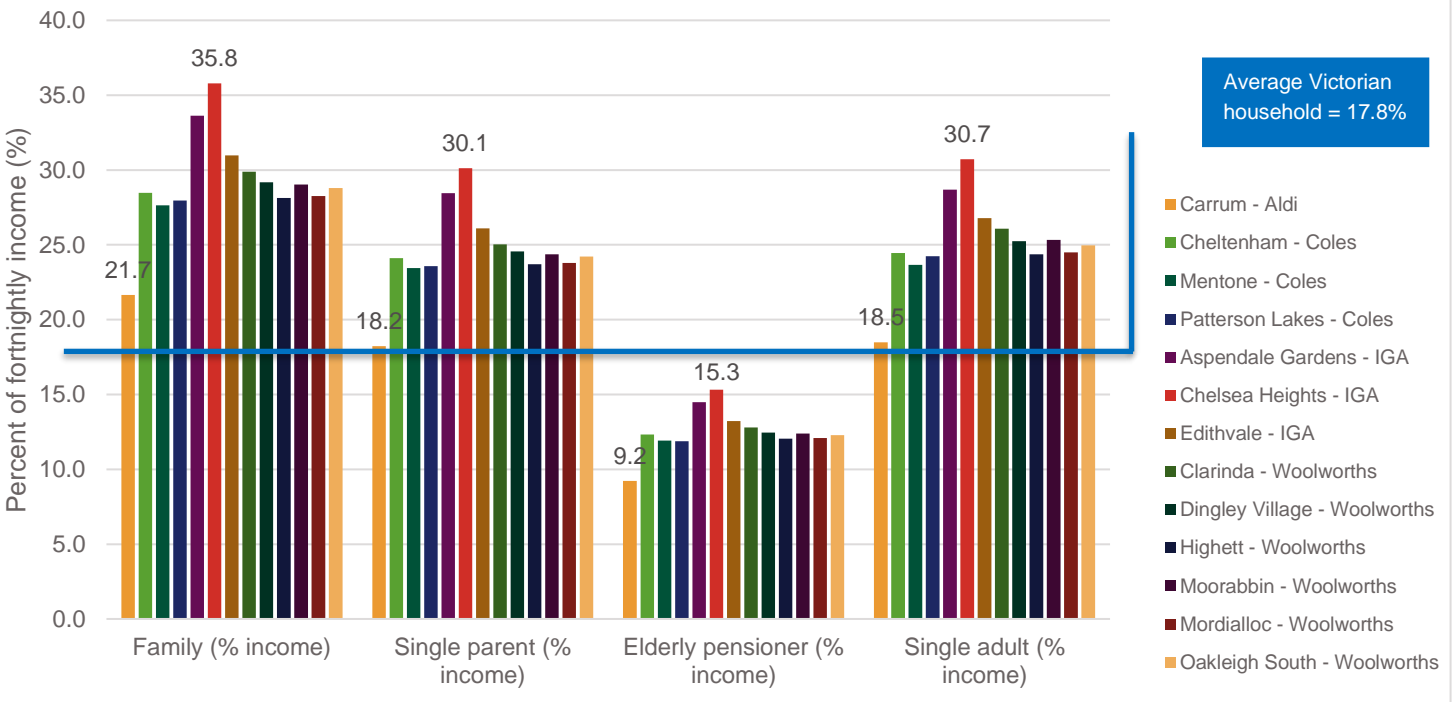
On average, Victorians spend 17.8% of their disposable income on food and non-alcoholic beverages.<sup>xiv</sup> The affordability of food is dependent on income and variable prices across local supermarkets. The **Victorian Healthy Food Basket**<sup>xvi</sup> survey is a tool to assess the affordability of a healthy diet. The basket provides both healthy food choices (meeting nutritional requirements) and foods that represent typical purchases of Victorians. Local data<sup>xvii</sup> is being collected to assesses the affordability of four different household types receiving government assistance:

- Family = 44 year old male and female (both unemployed), 18 year old female (full-time student), and 8 year old male
- Single Parent Family = 44 year old female (unemployed), 18 year old female (full-time student), and 8 year old male
- Elderly Pensioner = 71 year old female
- Single Adult = adult male > 19 years (unemployed)

Kingston data shows broad differences in the cost of food baskets dependent on location and supermarket chain. Unsurprisingly, the proportion of income spent on food was higher for family (21.7% to 35.8%), single parent (18.2% to 30.1%) and single adult (18.5% to 30.7%) households receiving solely government assistance compared to the Victorian average (17.8%). Lower rates for elderly pensioners (9.2% to 15.3%) support food affordability for this population. Food baskets were the cheapest from Carrum Aldi and the most expensive from Chelsea Heights IGA. This difference equated to more than \$200 for a family of four.

Price differences were found for the same supermarket chain between suburbs. Notably, Clarinda Woolworths was more expensive than other Woolworths surveyed which contradicts the needs of the lower socio-economic profile of this area.

## Proportion of government assistance income spent on food across Kingston suburbs per household type (2018)



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## Water consumption

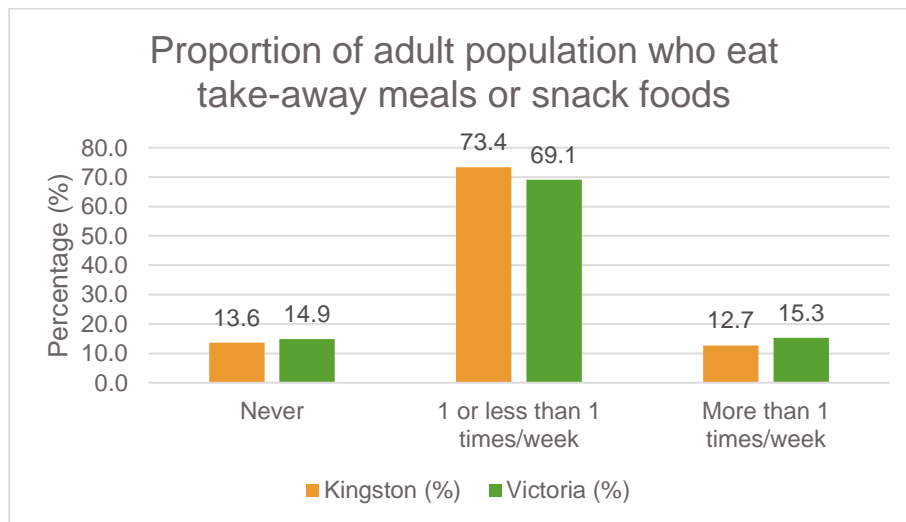
Kingston residents drink **5.5 cups of water per day** on average.<sup>xlviii</sup> This is on par with the Victorian estimate of 5.4 cups per day. This is below national health recommendations of a daily intake of approximately 10 cups for adult men and 8 cups for adult women.<sup>xlix</sup>

## Sugar-sweetened beverages consumption

In 2017 the proportion of Kingston adults who consumed at least one sugar-sweetened drink daily was 8.1%.<sup>i</sup> This was not significantly different from the state average (10.1%). Whilst we do not have Kingston-specific data, it would be expected that Kingston residents will have increased this intake during 2020 due to the impact of COVID-19 similar to changes observed across the state. VicHealth Coronavirus Wellbeing Impact Studies showed that the percentage of respondents consuming a sugar sweetened drink at least once a day approximately tripled during 2020 (32% in June<sup>ii</sup> and 29% in September)<sup>iii</sup>.

## Proportion of adults who eat take-away meals or snacks

The majority of Kingston adults eat take-away meals or snacks once or less than one time per week (73.4%).<sup>liii</sup>



Age and gender differences are not known for Kingston specifically, however, we would expect to see similar trends with those observed across the state. Victorian averages show that younger age groups eat significantly more take-away or snack foods. This is even higher for young males (44.6% of 18-24 year olds and 30.7% of 25-34 year olds eat take-away or snack foods more than once per week) compared to young females (22.8% of 18-24 year olds and 15.0% of 25-34 year olds eat take-away or snack foods more than once per week).<sup>liv</sup>

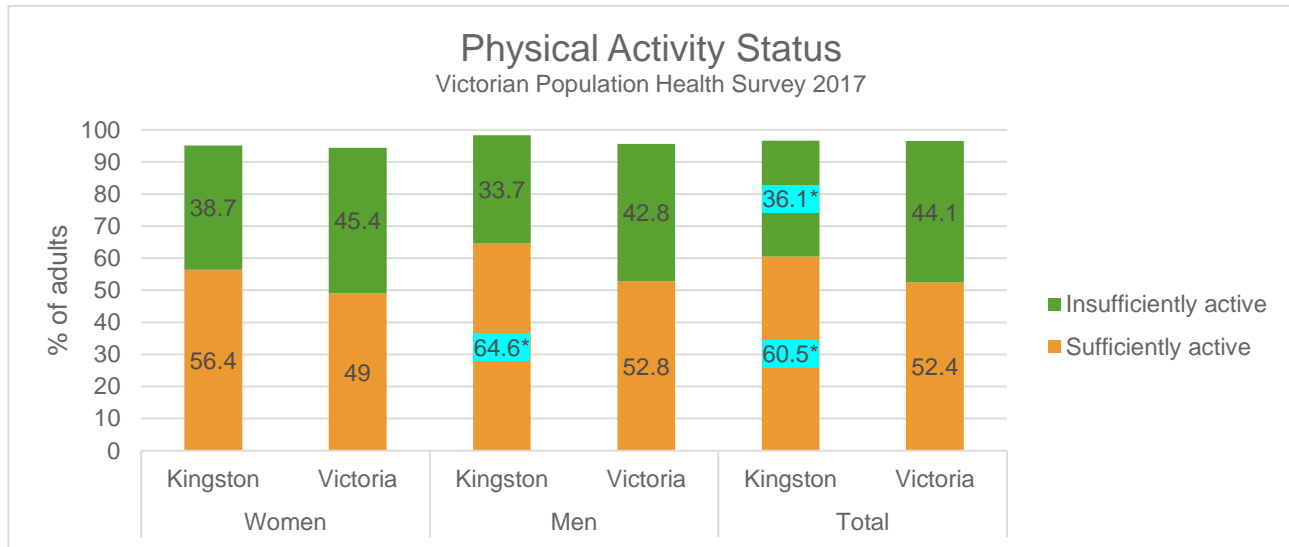
## 2.5 PHYSICAL ACTIVITY

### Perceptions of physical health

Based on the results of Kingston's Health and Wellbeing Survey 2020<sup>lv</sup> the overwhelming majority (94.2% up from 90.8% in 2016) of respondents providing a response to this question, perceived their physical health to be "good" or better. These perceptions of health contrast the physical activity status of Kingston residents. People with a disability who require assistance rated their physical health significantly lower than the Kingston average. See the Power BI dashboard for further analyses of different subgroups ([kingston.vic.gov.au/healthwellbeing](https://kingston.vic.gov.au/healthwellbeing)).

## Physical activity status

Physical activity guidelines suggest that sufficient weekly activity is equivalent to at least 150 minutes of moderate-intensity activity (e.g. walking) or at least 75 minutes of vigorous activity, and muscle-strengthening activities on at least 2 days.<sup>lvi</sup> In 2017, approximately 60% of Kingston residents are sufficiently active according to these guidelines which is significantly more than the Victorian average (52.4%).<sup>lvii</sup> More Kingston males (64.6%) are sufficiently active compared with Kingston females (56.4%).



\* Significantly different from Victorian average

2020 data<sup>lviii</sup> suggests that the percentage of sufficiently physically active people has reduced to less than half (43.3%). Male respondents (47.4%) were significantly more likely than female respondents (39.5%) to engage in sufficient moderate physical activity. People with a disability requiring some assistance (20.1%), people who are multilingual (27.9%), and people aged over 75 years (23.7%) were significantly less likely to engage in sufficient moderate physical activity than the Kingston average. See the Power BI dashboard for further analyses of different subgroups ([kingston.vic.gov.au/healthwellbeing](https://kingston.vic.gov.au/healthwellbeing)).

## Sedentary behaviour

The amount of time spent sitting per day impacts health with recommendations indicating to minimise the amount of time spent in prolonged sitting and to break up long periods of sitting as often as possible to support better health outcomes.<sup>lix</sup> Approximately 29% of Kingston residents spend more than 7 hours sitting on an average weekday compared with 13% on an average weekend day.<sup>lx</sup> These rates are similar to Victorian averages (27% >7hrs weekday, 14% >7hrs weekend day).

## 2.6 MENTAL WELLBEING

### Perceptions of mental health, managing stress and sense of optimism

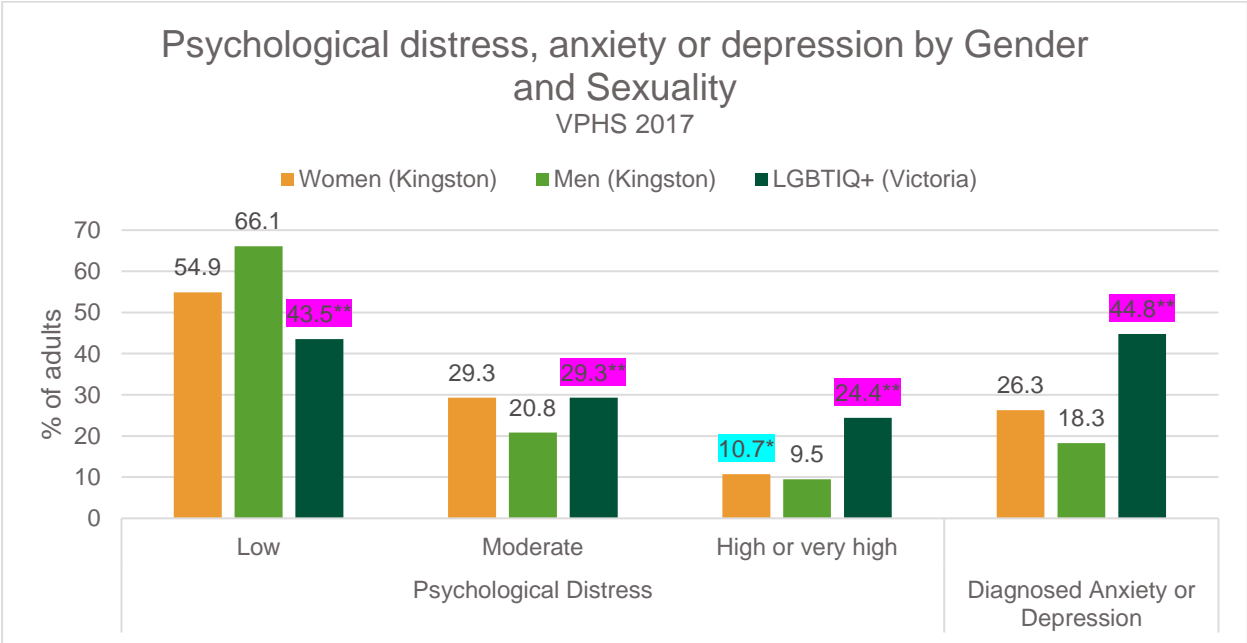
Based on the results of Kingston's Health and Wellbeing Survey 2020<sup>lxi</sup> the overwhelming majority (95.8% down from 97.3% in 2016) of respondents to this question perceived their mental health to be "good" (17.0%), "very good" (45.9%), or excellent (32.9%). There was a substantial decline in 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". Similar to perceptions of physical health, there were differences observed when respondents were asked statements related to specific aspects of mental health. People with a disability requiring some assistance (67.5%) were less likely to rate their mental health as good or better.

Approximately 3 out of 4 people feel a sense of optimism about the future (73.8% down from 80.7% in 2016) and agree that they are able to manage stress (72.8% down from 85.6% in 2016). Significantly less young people aged 15-24 years (37.7%) and students (28.1%) felt able to manage stress than the Kingston average. Significantly less people from families with children aged 5-12 years (54.5%) felt optimistic about the future. Whereas more young people aged 15-24 years (86.8%) felt a sense of optimism compared to the Kingston average. See the Power BI dashboard for further analyses of different subgroups ([kingston.vic.gov.au/healthwellbeing](http://kingston.vic.gov.au/healthwellbeing)).

Psychological distress, anxiety and depression

In the VPHS 2017, the majority of adults in Kingston reported mild levels of psychological distress (60%) which was not significantly different to the state average (54%).<sup>lxii</sup> However, significantly less people in Kingston reported high or very high levels of psychological distress (10% in Kingston compared with 15% across Victoria). Gender differences can be seen with women more likely to report moderate levels of psychological distress. Women (26%) were also more likely to have ever received a diagnosis of anxiety or depression than men (18%). More than 1 in 5 people in Kingston (23%) reported doctor diagnosed anxiety or depression which is slightly lower but not significantly different from the state average (27%). Similarly, women (22% Kingston, 21% Victoria) were more likely to seek professional help for a mental health problem in the previous year than men (10% Kingston, 14% Victoria).

Levels of psychological distress were significantly higher in adult LGBTIQ+ populations across Victoria with over half experiencing moderate (29%) or high/very high (24%) distress.<sup>lxiii</sup> Nearly half of LGBTIQ+ population had ever received a diagnosis of anxiety or depression (45% of LGBTIQ+ adults, 27% of heterosexual adults). Adults identifying as LGBTIQ+ were also significantly more likely to seek professional help for a mental health problem in the previous year (37% of LGBTIQ+ adults, 17% of heterosexual adults).

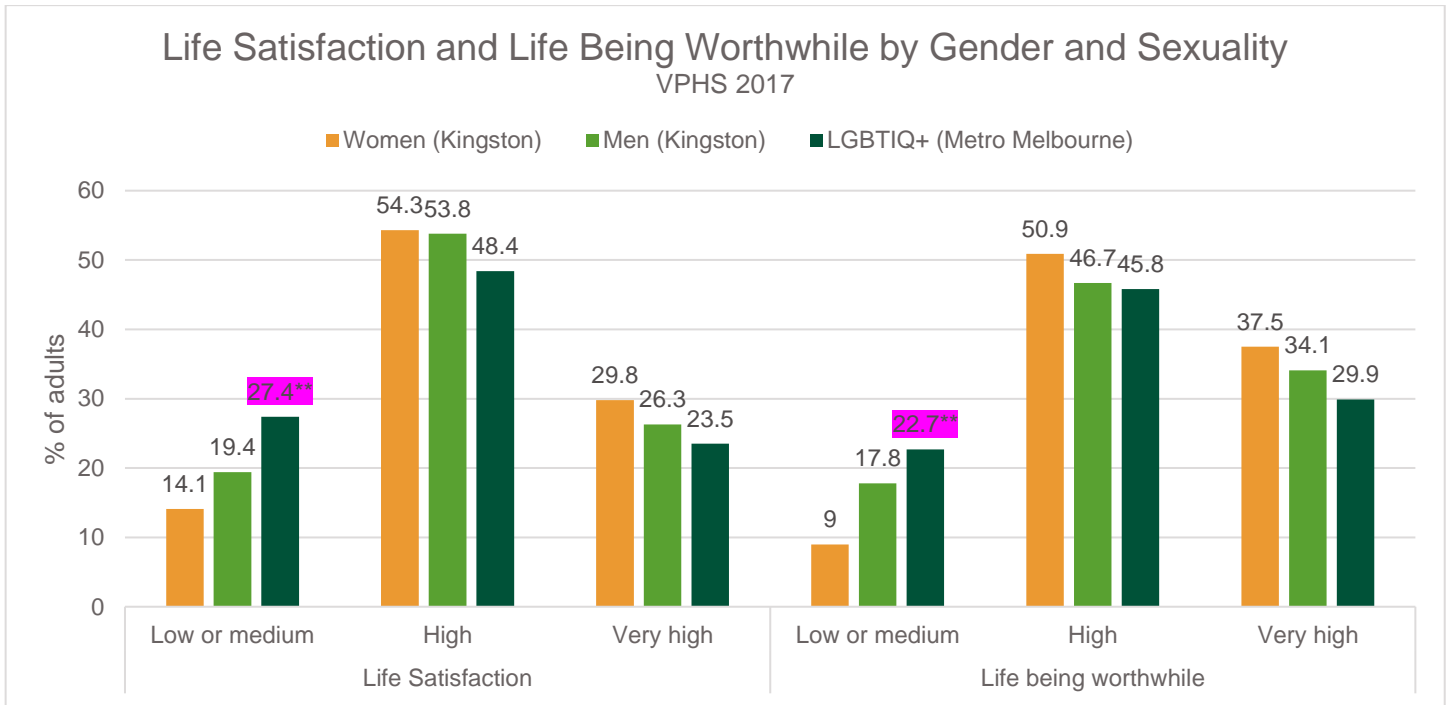


\* Significantly different from Victorian average  
 \*\* Significantly different from Victorian heterosexual population average

Kingston-specific data for specific age groups was not available. However, across the state, a larger proportion of younger people reported moderate (29% aged 18-24 years, 28% aged 25-34 years) and high/very high (23% aged 18-24 years, 18% 25-34 years) levels of psychological distress.<sup>lxiv</sup>

## Life Satisfaction and Life Being Worthwhile

In the VPHS 2017, approximately half of adults in Kingston reported high levels of life satisfaction (54%) and high feelings of life being worthwhile (49%).<sup>lxv</sup> Ratings were similar to state averages (51% rate high life satisfaction and 45% rate high feelings of life being worthwhile). There were no statistically significant differences between ratings from women and men in Kingston.



\*\* Significantly different from Victorian heterosexual population average

There was a difference between LGBTIQ+ status groups, with more people identifying as bisexual, queer or pansexual reporting low or medium satisfaction with life (34%, significantly more than heterosexual population, 20%) compared with more people who identify as gay or lesbian rating high satisfaction with life (59%, significantly more than heterosexual population, 51%).<sup>lxvi</sup> Across age groups, a larger percentage of both younger (38% aged 18-25 years) and older (39% aged 75-84 years) people identifying as LGBTIQ+ rated lower life satisfaction compared with their heterosexual peers (21% aged 18-24 years, 17% aged 75-84 years).

## People with a disability

Based on national data<sup>lxvii</sup>:

- 24% of adults with a disability rate their health as excellent or very good compared to 65% of adults without a disability
- 42% of adults with a disability rate their health as fair or poor compared to 7% of adults without a disability
- 32% of adults with a disability experience a high or very high level of psychological distress compared to 8% of adults without a disability



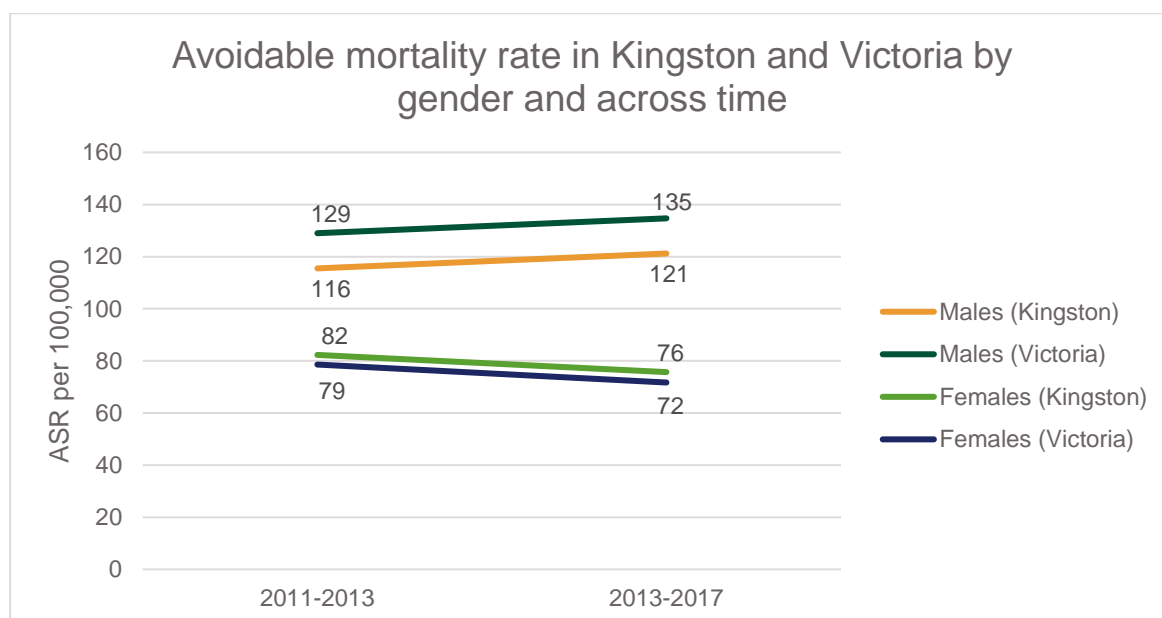
## 2.7 HEALTH CONDITIONS AND DISEASES

### Life Expectancy

The average life expectancy in Kingston is 81 years for men and 85 years for women.<sup>lxviii</sup> This is similar to the averages for Greater Melbourne (80 years for men, 85 years for women). Based on the available national data (NSW, QLD, SA, WA and NT), the average life expectancy for Aboriginal and/or Torres Strait Islander people (56 years for men, 61 years for women)<sup>lxix</sup> is significantly lower than non-indigenous Australians (78 years for men, 84 years for women). The average life expectancy of Aboriginal and/or Torres Strait Islander people within Victoria is unknown because of incomplete coverage of Indigenous deaths in all states and territory registration systems.<sup>lxx</sup>

### Avoidable Mortality

There is a gender difference in the avoidable mortality rates with significantly higher rates for males (Kingston: 121 per 100,000) compared to females (Kingston: 76 per 100,000).<sup>lxxi</sup>



### Avoidable Mortality by Cause 2013-2017 (ASR per 100,000)<sup>lxxii</sup>

	Kingston	Victoria
<b>Cancer</b>	<b>29.9</b>	27.8
<i>Cancer - colorectal</i>	9.9	9.4
<i>Cancer - breast</i>	17.5	15.7
<b>Circulatory system diseases</b>	<b>28.5</b>	31.9
<i>Ischaemic heart disease</i>	18.7	20.2
<i>Cerebrovascular diseases</i>	6.2	7.6
<b>Diabetes</b>	4.4	4.8
<b>Respiratory system diseases</b>	6.8	8.9
<i>Chronic obstructive pulmonary disease</i>	6.4	8.3
<b>Falls, fires, burns, suicide, self-inflicted injuries</b>	12	12.2
<i>Suicide and self-inflicted injuries</i>	9.5	10.5
<b>Transport accidents, accidental drowning and submersion</b>	10.8	13.1
<i>Transport accidents</i>	3.2	4.5

Cancer and circulatory system diseases are the two most common categories of avoidable causes of death in Kingston for people aged 0-74 years. Only rates of death caused by cancer were slightly higher (not statistically significant) than state averages.

## Cancer

The most recent data of cancer incidence rates in Kingston (2010-2014) shows an average of 886 residents (414 females and 472 males) are diagnosed with malignant cancers each year.<sup>lxxiii</sup> Prostate cancer in men and breast cancer in women are the most frequently diagnosed cancers which is equivalent to state and national trends. The most common cancers for both genders are colorectal cancer, lung cancer and melanoma.

### Cancer incidence 2010 - 2014

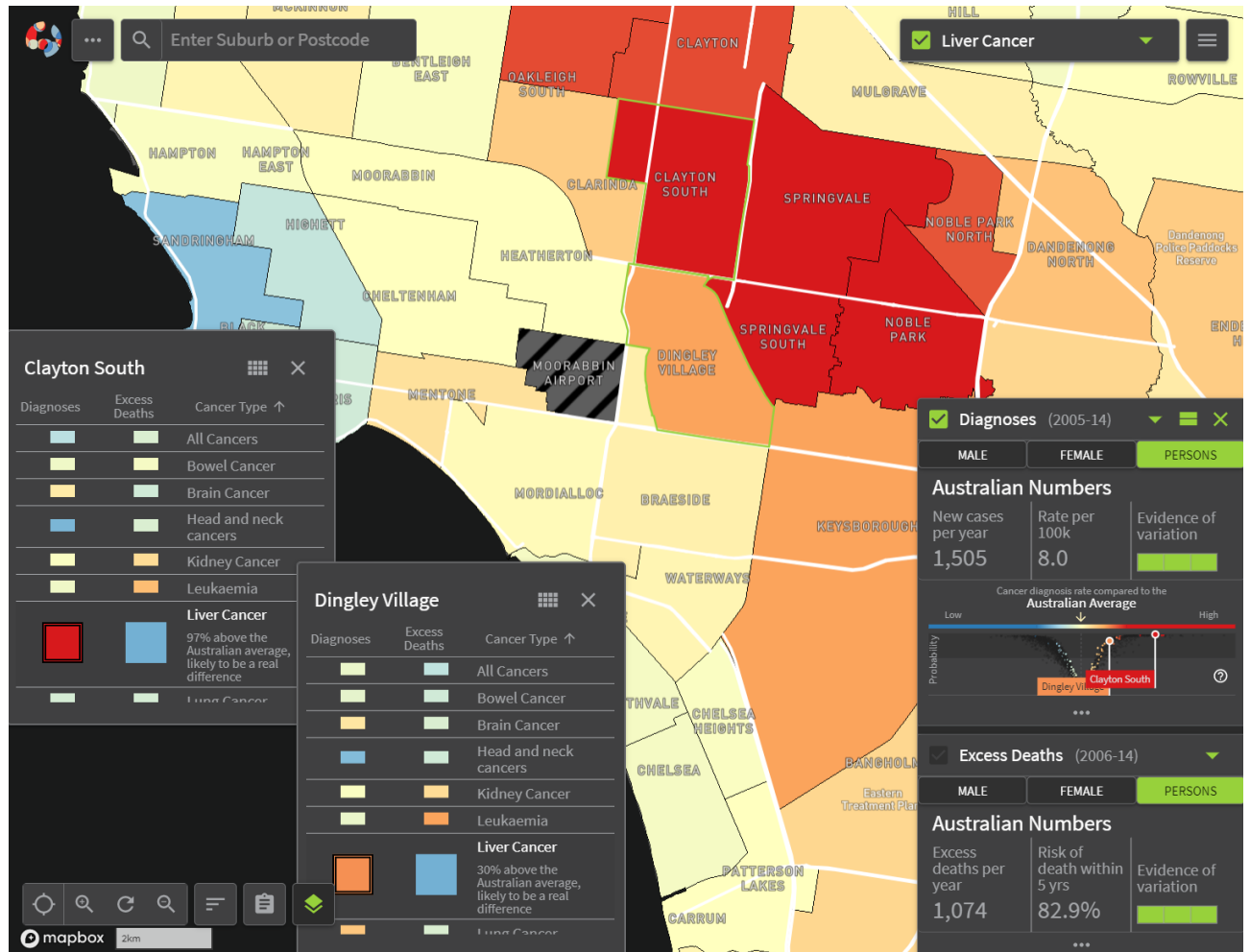
	ASR per 100,000			
	Females (Kingston)	Females (Victoria)	Males (Kingston)	Males (Victoria)
<b>All cancers</b>	<b>487.3</b>	<b>469.6</b>	<b>594.2</b>	<b>580.5</b>
Breast cancer	138.7	134.2		
Prostate cancer			187.5	165.2
Colorectal cancer	59.9	59.1	72.5	71.6
Lung cancer	45.2	38.3	51.7	55.6
Melanoma	37.1*	34.2*	49.9*	46.2*
Head and neck cancer			24.4	24.5
Uterine cancer	24.3	23.1		
Lymphoma	22.2	20.5	30.7	28.2
Thyroid cancer	14.3	13.8		
Ovarian cancer	13	12.3		
Bladder cancer			17.2	18.3
Leukaemia	12.4	12.6	16.3	18.6
Kidney cancer			15.6	17.9
Stomach cancer			12.9	13.2
Pancreatic cancer	12.8	12.4	10.9	14
All other cancers	107	108.6	105	107

\*Significantly below the Australian average (females = 44.6, males = 63.7)

Rates of cancer vary across the municipality and between genders. For example, diagnoses of liver cancer were significantly higher for residents in Clayton South (97% above), Dingley Village (30% above), Keysborough (28%) and Clarinda (20%).<sup>lxxiv</sup> There was a gender difference across these suburbs with males recording higher rates. This was most noticeable in Clayton South, where rates of liver cancer diagnoses were substantially higher in men (101% above the Australian average) compared with women (33% above the Australian average).

## Rates of Liver Cancer Diagnosis by Suburb

(see <https://atlas.cancer.org.au/app> for more information about cancer rates by suburb and gender).



## Chronic Disease

### Proportion of self-reported chronic diseases in Kingston, Victoria and LGBTIQ+ population (VPHS 2017)

	Kingston (%)	Victoria (%)	LGBTIQ+ (% Victoria)
Proportion of adult population ever diagnosed with a selected chronic disease			
Asthma	16.6	20.0	29.0*
Type 1 diabetes	N/A	0.8	0.6^
Type 2 diabetes	5.6	5.5	7.0
Heart disease	7.9	6.7	6.3
Stroke	2.3^	2.4	2.4^
Cancer	5.8	8.1	9.3
Osteoporosis	4.5	5.7	7.4
Anxiety or depression	22.8	27.4	44.8*
Arthritis	19.3	20.6	21.5
Proportion of adult population diagnosed with a chronic disease			
No chronic disease	48.5	42.2	28.1*
One chronic disease%	29.9	32.3	35.8
Two, or more, chronic diseases%	21.6	25.5	36.1*

^ Small sample, interpret with caution \* Significantly different to heterosexual population

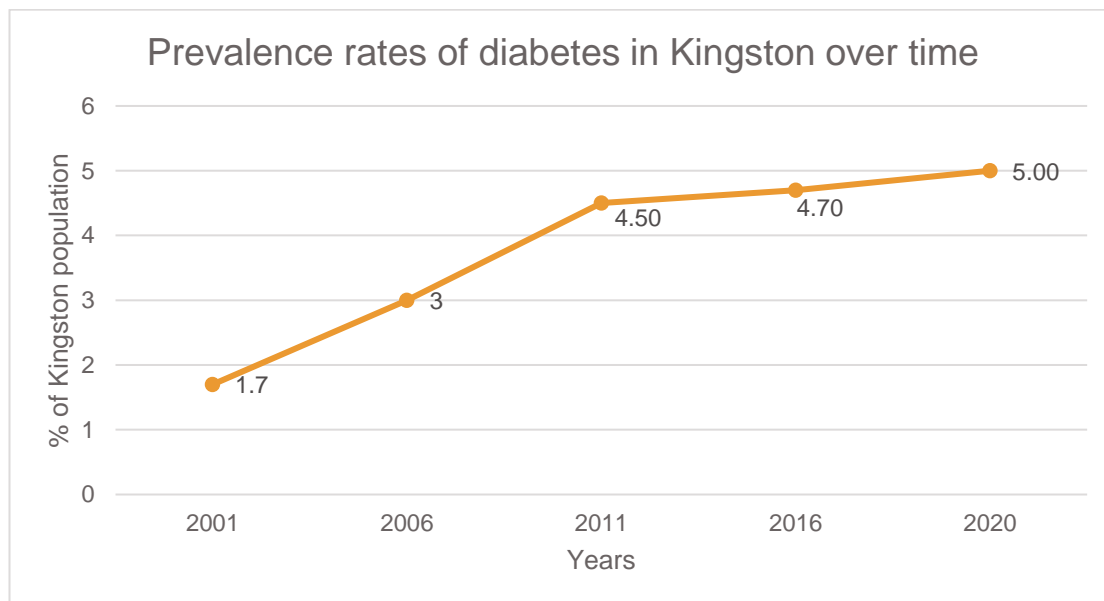
Based on self-reported data, the most common chronic diseases in Kingston were Anxiety or Depression (22.8%), Arthritis (19.3%) and Asthma (16.6%).<sup>lxxv</sup> Proportions in Kingston rates reflect state rates (not significantly different). Although not Kingston-specific, significantly more Victorian LGBTIQ+ respondents experienced Anxiety or Depression (44.8%), Asthma (29.0%), and have two or more chronic diseases (36.1%), compared with Victorian heterosexual respondents (Anxiety or depression = 26.7%, Asthma = 20.1%, Two or more chronic diseases = 25.1%).<sup>lxxvi</sup>

### Dementia

In 2017, dementia was the second leading cause of death in Australia.<sup>lxxvii</sup> In Kingston in 2017, there were 3081 people living with dementia with estimates of this growing to 7918 by 2050 (157% growth).<sup>lxxviii</sup> In comparison to other local government areas in Victoria, Kingston had the 7th highest prevalence in 2017 that is estimated to drop to the 15<sup>th</sup> highest prevalence by 2050. It is noted that there are several gaps in data about dementia, particularly related to under-reporting, inconsistent coding of dementia and limited data on dementia in Aboriginal and Torres Strait Islander populations.<sup>lxxix</sup>

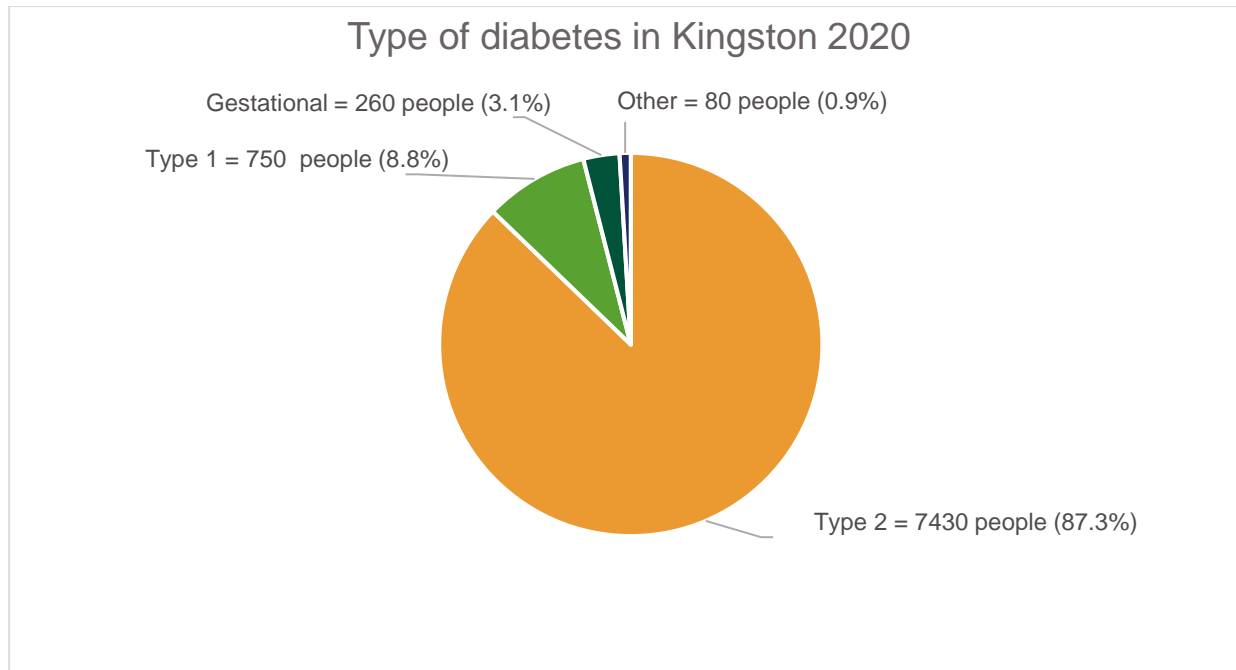
### Diabetes

The prevalence of diabetes in Kingston is approximately 5% (8510 people) which is similar to the Victorian rate of 5.2% (2020 data).<sup>lxxx</sup> Diabetes is more common in men (52% of Kingston residents with diabetes) than women (48% of Kingston residents with diabetes). This gender difference is consistent with rates across Victoria and Australia more broadly.



The diabetes growth rate has decreased over the past 10 years.

## Type of diabetes in Kingston 2020



Type 2 diabetes is the most common type of diabetes in Kingston (87.3%) and similar to proportions from national data (88.6%). The proportion of people with Gestational diabetes is higher in Kingston (3.1%) compared to national data (1.8%).

### Immunisation Rates

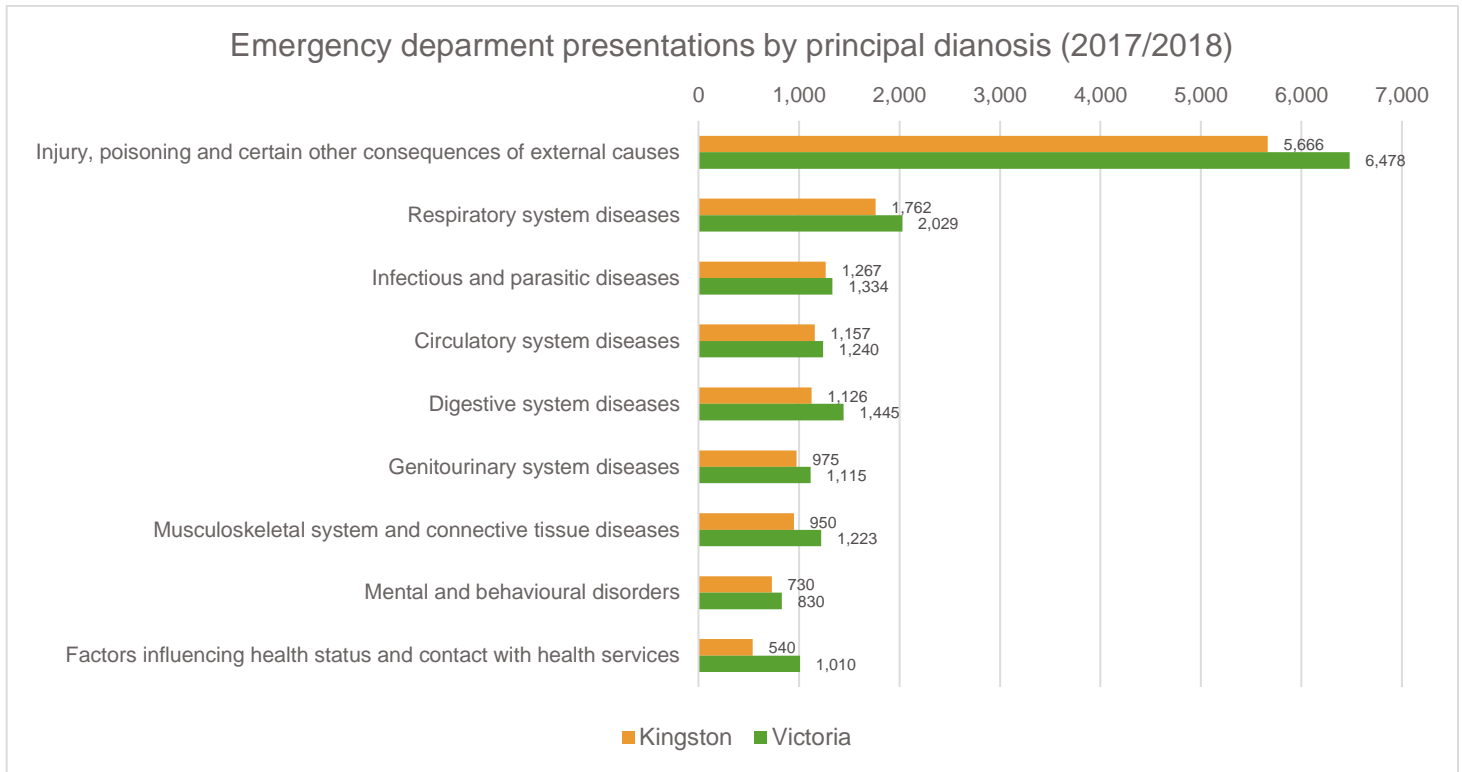
#### Childhood immunisation coverage in Kingston 2020<sup>lxxxix</sup>

Age Group	% DTP	% Polio	% HIB	% HEP	% MMR	% Pneumo	% MenC	% Varicella	% Fully Vaccinated
<b>12-&lt;15 Months</b>	96.01	96.01	95.87	95.73	N/A	96.15	N/A	N/A	<b>94.80</b>
<b>24-&lt;27 Months</b>	95.03	97.48	95.16	97.34	94.82	97.00	97.00	95.10	<b>93.80</b>
<b>60-&lt;63 Months</b>	95.86	95.49	N/A	N/A	N/A	N/A	N/A	N/A	<b>95.42</b>

The proportion of fully vaccinated children in Kingston changes across age groups (12 months = 94.8%, 24 months = 93.8%, and 60 months = 95.4%). Kingston is within the average range in comparison to other regions in Victoria (Statistical Area Level 3, SA3).

Age Group	Kingston % Fully Vaccinated	Kingston SA3 Ranking	Highest ranked SA3 (% Fully Vaccinated)	Lowest ranked SA3 (% Fully Vaccinated)
12-<15 Months	94.80%	41/66	Grampians (98.06%)	Loddon – Elmore (92.63%)
24-<27 Months	93.80%	29/66	Gippsland – East (96.29%)	Stonnington – West (88.31%)
60-<63 Months	95.42%	49/66	Moira (98.53)	Stonnington – West (88.24%)

## Injury



The rate of total presentations to emergency rooms was lower in Kingston (22,310 per 100,000) than across the state (25,888 per 100,000) and nationally (30,533 per 100,000).<sup>lxxxii</sup> The most common principal diagnosis for emergency room presentations was injury, poisoning and certain other consequences of external causes. Falls were the most common type of unintentional injury with higher rates for women (1140 per 100,000) compared to men (857 per 100,000). Gender differences were observed for all types of injuries requiring hospital admission Kingston and the state.

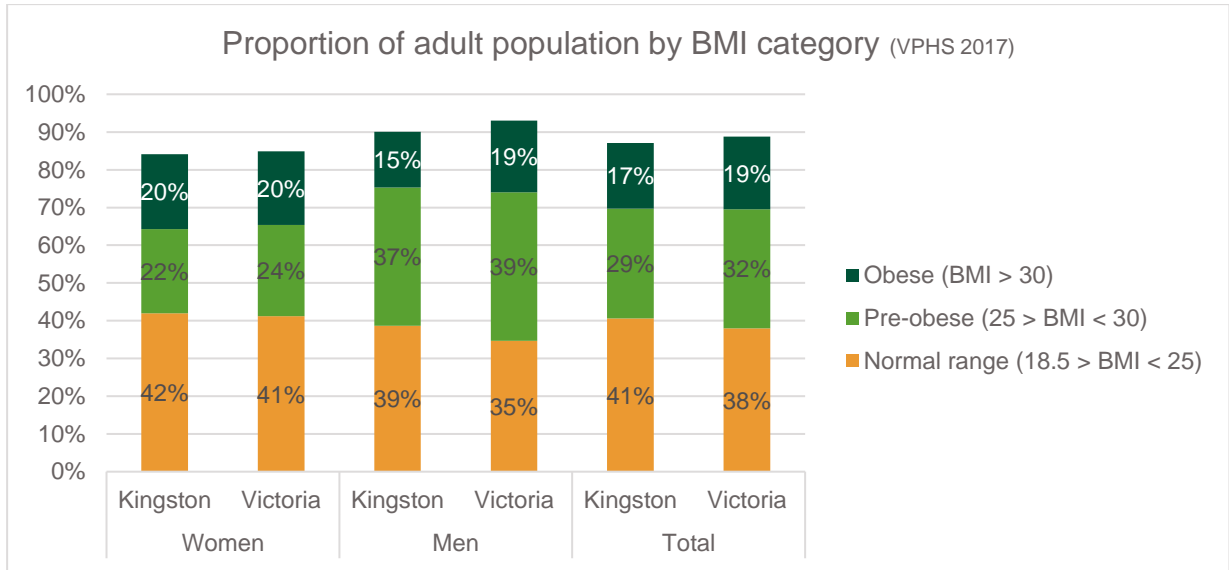
### Hospital Admissions by type of injury 2017-2018 (ASR per 100,000)

	Kingston		Victoria	
	Males	Females	Males	Females
Transport crash	253	170	322	188
Falls	857	1140	768	1016
Thrown or fallen object, cuts etc.	388	147	426	152
Accidentally hit, bitten etc. by a person/animal	112	40	114	67
Intentional self-harm <sup>^</sup>	58	120	58	116
Assault <sup>^</sup>	85	22	79	32
Other injury or poisoning by external cause	462	317	444	305
<b>Total</b>	<b>2218</b>	<b>1967</b>	<b>2222</b>	<b>1875</b>

<sup>^</sup>public hospitals only

## Obesity

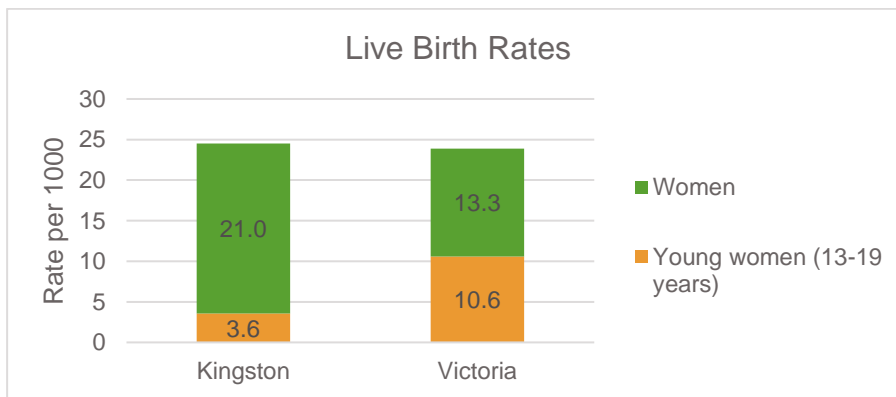
It is estimated that nearly half the adult population in Kingston is overweight (47% pre-obese or obese).<sup>lxxxiii</sup> Rates are higher in men (51%) compared to women (42%). Rates in Kingston are similar to the state average.



## 2.8 SEXUAL AND REPRODUCTIVE HEALTH

### Birth rates

The rate of live births in Kingston (24.53 per 1000 females) is similar to Victorian rates (23.9 per 1000 females). Whilst, the number of live births from young women in Kingston (3.6 per 1000) was considerably lower than the state average (10.6 per 1000).<sup>lxxxiv</sup>



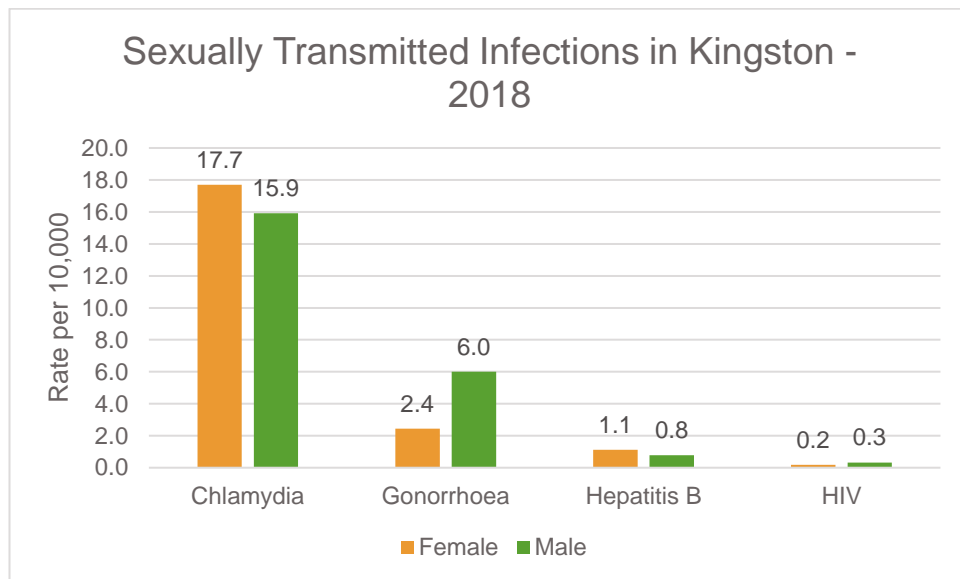
### Cervical screening and HPV immunisation in Kingston<sup>lxxxv</sup>

	HPV 3 dose received by 30 June 2017		Cervical screening (females aged 20-69 years)	
	% Females aged 15	% Males aged 15	2014-2015 <sup>lxxxvi</sup>	2015-2016
Kingston	77.5%	75.6%	61.1%	59.8%
Victoria	80.0%	76.5%	60.5%	57.1%

### Sexually Transmitted Infections (STI)

Chlamydia is the most commonly diagnosed STI in Australia. Rates of Chlamydia in Kingston are lower than state averages (females = 20.8 per 10,000, males = 18.1 per 10,000). Gender differences in rates are observed across types of infection, with higher rates of Chlamydia and Hepatitis B seen in females and higher rates of Gonorrhoea and HIV in males. Rates of Gonorrhoea in Kingston females have consistently been slightly higher than state averages, compared with Kingston males where rates have

been consistently lower than state averages. See Women's Health Atlas for trends (<https://victorianwomenshealthatlas.net.au/>).



### Young People and Safe Sex

Safe sex practices are hard to accurately assess and no Kingston-specific data is available. The National Survey of Australian Secondary Students (Years 10-12) and Sexual Health showed that most sexually active students **often** or **always** use a condom (62.2%).<sup>lxxxvii</sup> There were gender differences in reporting with 44.6% of male students stating they **always** used a condom compared with 34.5% of female students. 12.8% of all students stated they **never** used condoms.

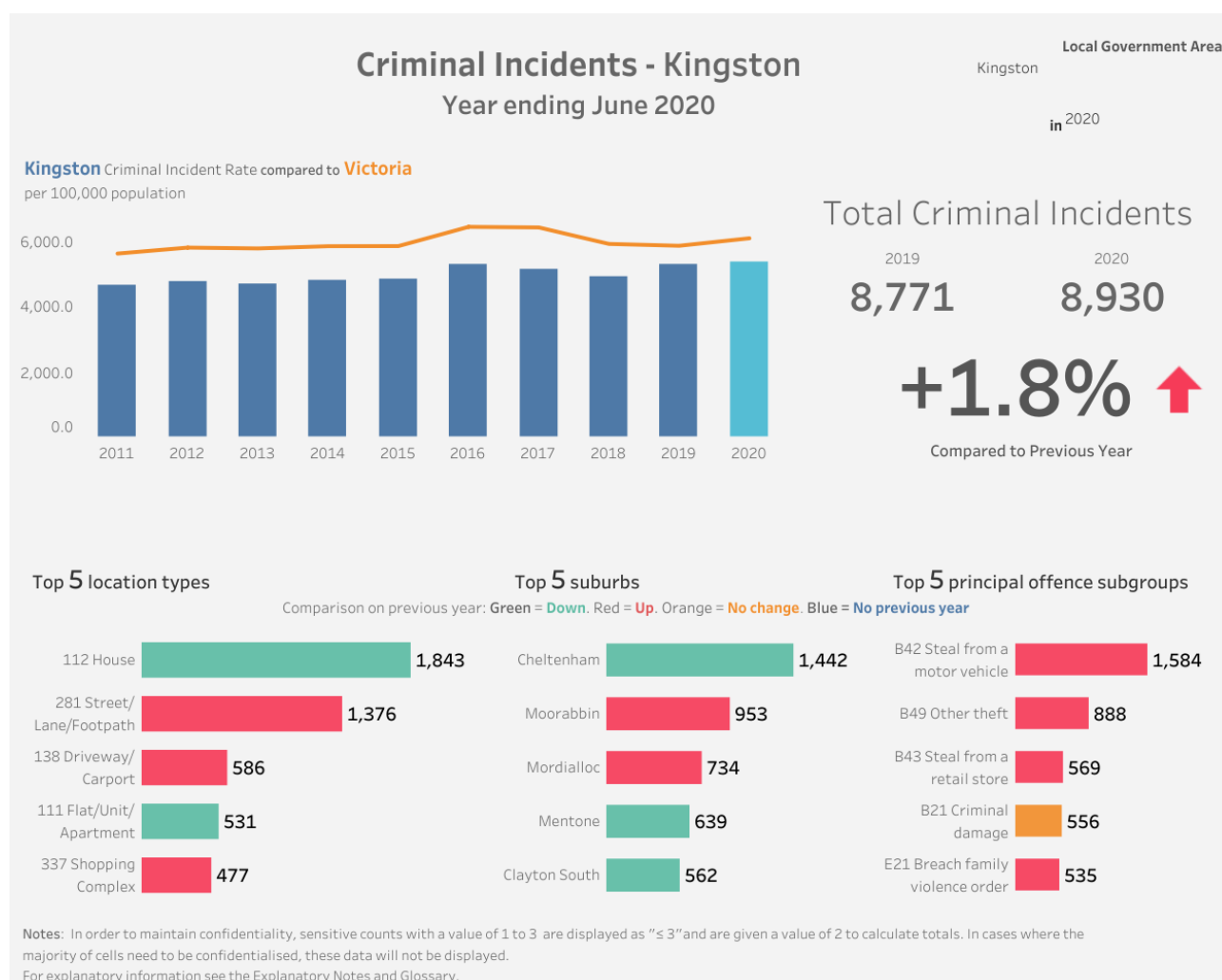


## 3. A Safe and Secure Community

### 3.1 CRIME

#### Criminal incidents<sup>lxxxviii</sup>

A recorded criminal incident is a criminal event that may include one or more offences, alleged offenders and/or victims, and that is recorded on a single date and at one location. The criminal incident count is designed to represent the broad event that occurs as a more representative measure of instances of crime, rather than using the bulk number of offences that Victoria Police members record within one incident. For the year ending June 2020, Kington recorded an increase of 1.8% in the total number of criminal incidents. The incident rate in Kington (5347.3 per 100,000) was lower than the state average (6080.6 per 100,000) but the highest that has been recorded since 2011. Consistent with the impact of COVID-19, criminal incidents increased by 20% in residential grounds/surrounding land (particularly driveway/carport and frontyards) and reduced by 31% on public transport.



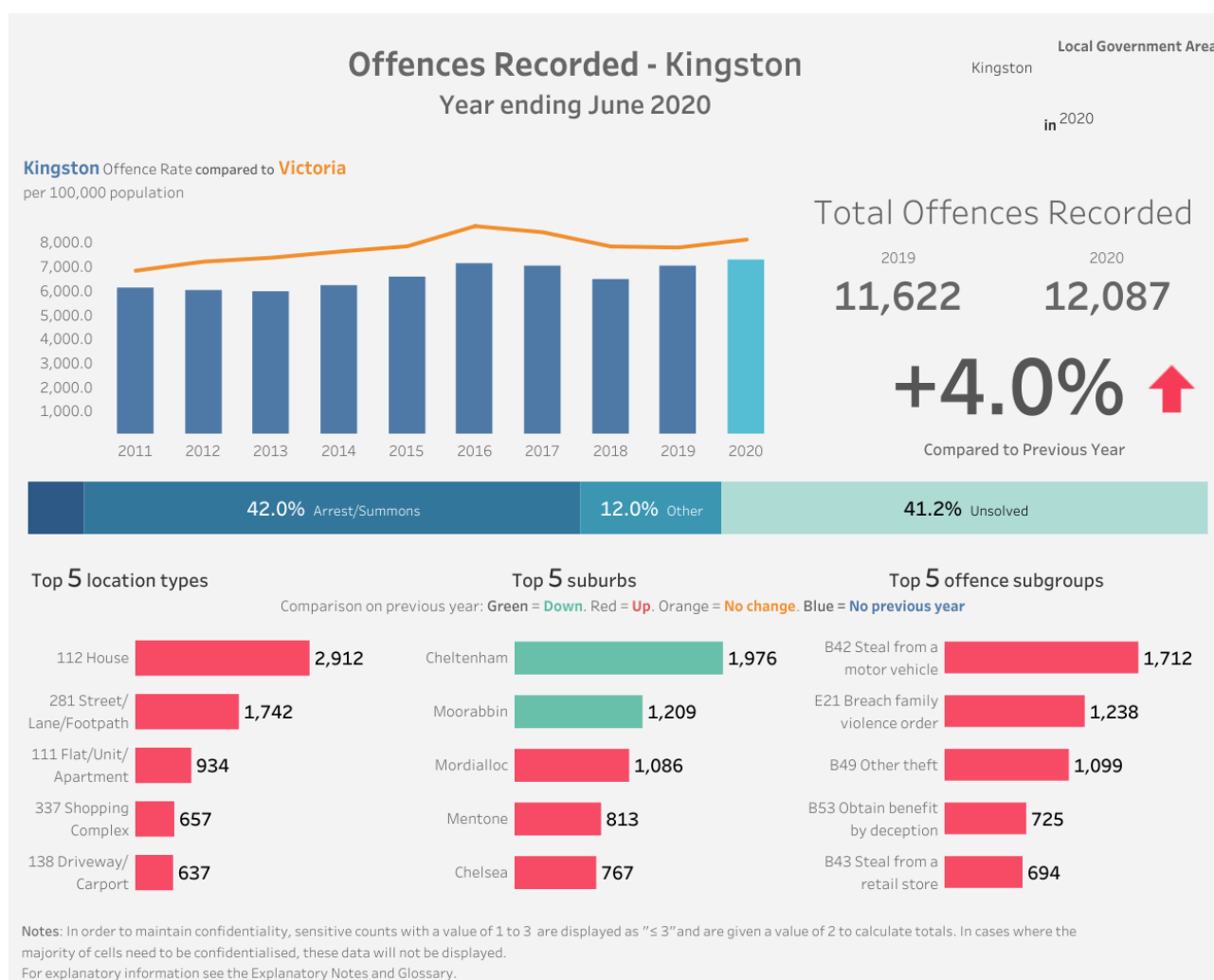
N.B. December 2020 data now shows Total Criminal Incidents (8640 criminal incidents) down by 3.1% compared to 2019 data (8921 criminal incidents). This contrasts family violence incidents that have increased by 9.9% from 2019 (1619 family incidents) to 2020 (1779 family incidents). It is estimated that approximately 25% of family violence incidents are reported to the police.

See <https://www.crimestatistics.vic.gov.au/crime-statistics/latest-crime-data-by-area> for interactive data visualisation.

## Offences Recorded<sup>lxxxix</sup>

Offences recorded data includes all offences during a criminal incident. For the year ending June 2020, the offence rate in Kingston (7237.7 per 100,000) was lower than the state average (8115.6 per 100,000). Similar to criminal incidents in Kingston, the offences recorded were higher (by 4% compared with 2019) than rates recorded over the past decade. Stealing from a motor vehicle (14% of total offences), breach of family violence orders (10% of total offences) and other theft (9% of total offences) were the most common types of offences in Kingston.

As expected by the impact of COVID-19, there was a 60% decrease in disorderly and offensive conduct in public offence rates over the past year (2019: 196.0 per 100,000 to 2020: 122.8 per 100,000) and an increase of 97% in public health and safety offences (2019: 1.8 per 100,000 to 2020: 68.3 per 100,000).



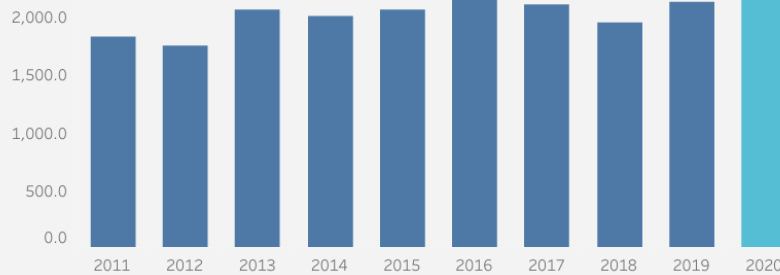
## Alleged offender incidents<sup>xc</sup>

An alleged offender incident is an incident involving one or more offences to which an individual, business or organisation has been linked as an alleged offender. For the year ending June 2020, the alleged offender incident rate for Kingston was 2,265.3 per 100,000 population. Total offender incidents (3,783) were 7.4% higher than 2019 (3,522). There was a gender difference with 76.5% of alleged offenders male (2,893 offender incidents) compared to female (890 offender incidents, 23.5%). Approximately 28% of alleged offenders were aged 10-24 years.

## Alleged Offender Incidents - Kingston Year ending June 2020

Local Government Area  
Kingston  
in 2020

Kingston Alleged Offender Incident Rate per 100,000 population



Total Offender Incidents

2019: 3,522      2020: 3,783

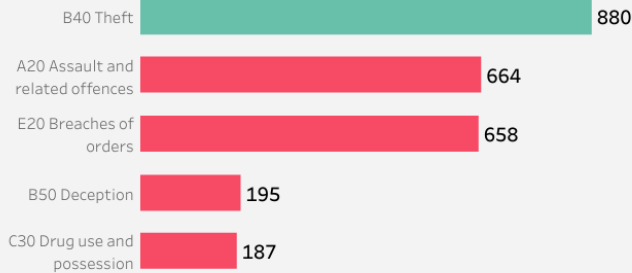
**+7.4%** ↑

Compared to Previous Year

### Top 5 principal offence subdivisions

Comparison on previous year:

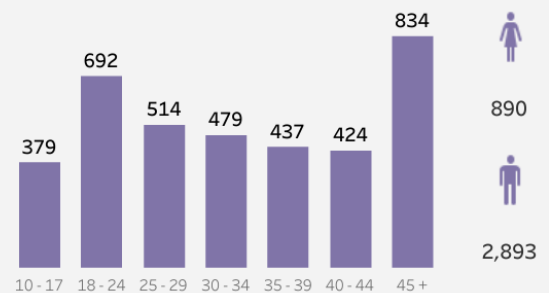
Green = Down. Red = Up. Orange = No change. Blue = No previous year



### Alleged Offender Incidents..

Age Group

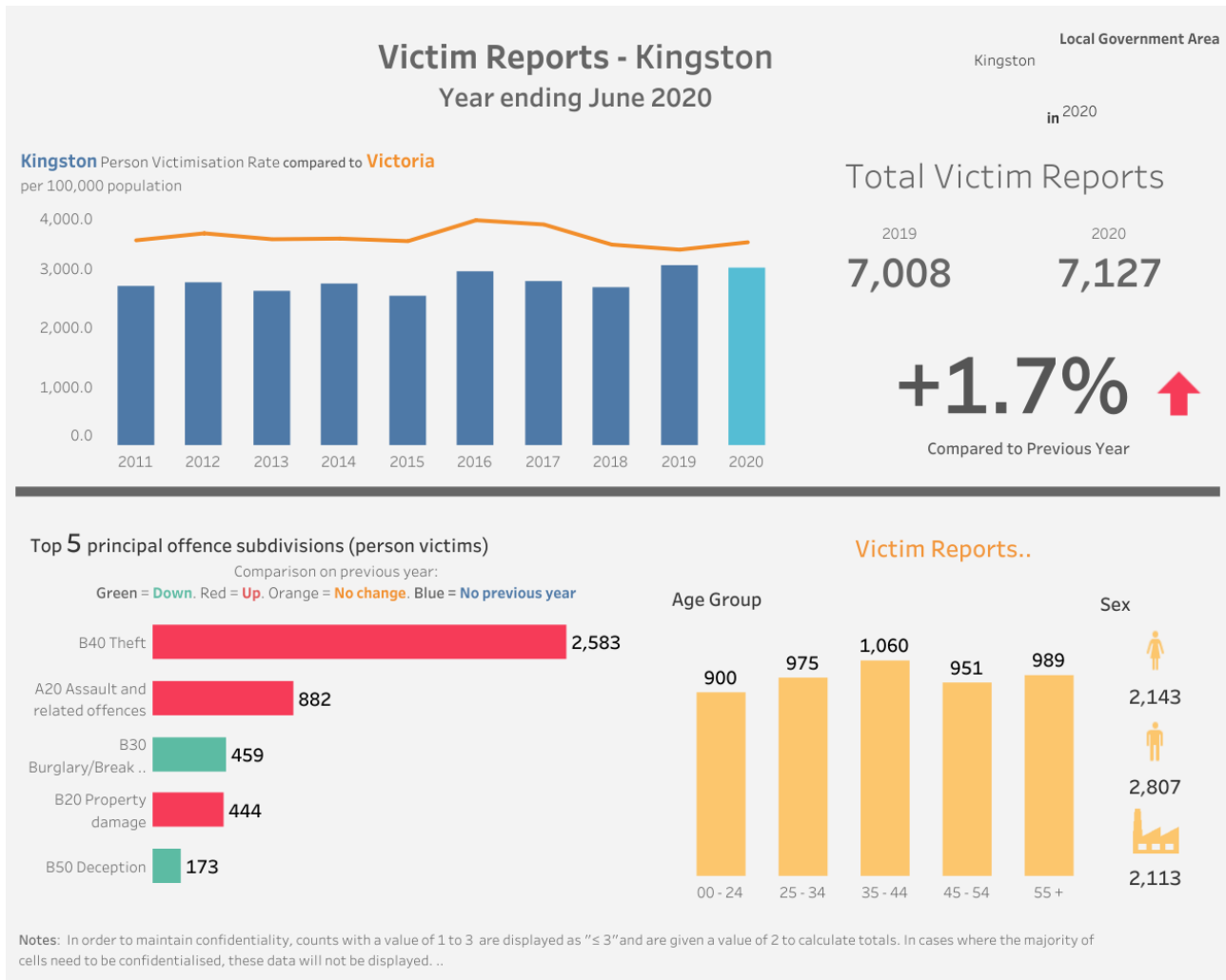
Sex



Notes: In order to maintain confidentiality, counts with a value of 1 to 3 are displayed as "≤ 3" and are given a value of 2 to calculate totals. In cases where the majority of cells need to be confidentialised, these data will not be displayed. For explanatory information see the Explanatory Notes and Glossary.

### Victim Reports<sup>sci</sup>

A victim report is counted when an individual, business or organisation reports to Victoria Police that they have been a victim of one or more criminal offences. For the year ending June 2020, the person victimisation rate in Kingston (3002.4 per 100,000) was lower than the state average (3435.3 per 100,000). Victim reports were made most by males (2807 reports, 39%), followed by females (2143 reports, 30%), and organisations (2113, 30%).



### People with disability

Whilst we do not have Kingston-specific data, national data<sup>xcii</sup> shows that nearly half (47%) of adults with disability have experienced violence. Adults with disability, especially those with severe or profound disability, are more likely than adults without disability to experience all types of violence:

- 16% (935,000) of adults with disability have experienced sexual violence after the age of 15, compared with 9.6% (or 1.2 million) without disability
- 43% (2.5 million) have experienced physical violence, compared with 32% (4.1 million) without disability
- 21% (1.2 million) have experienced intimate partner violence, compared with 13% (1.7 million) without disability.

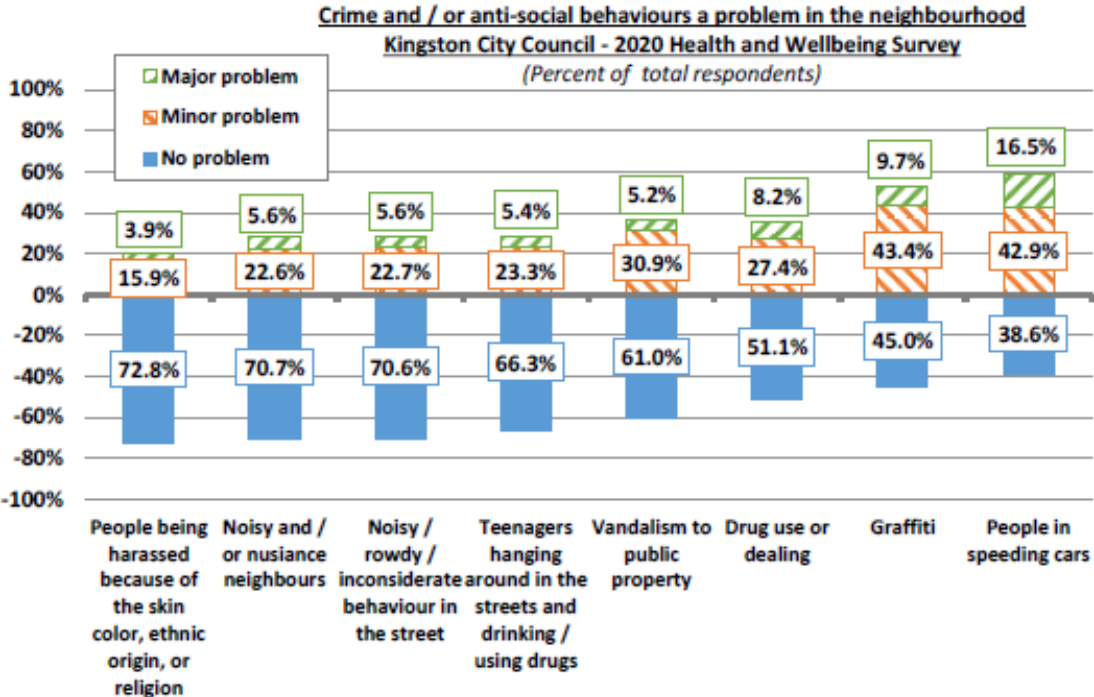
Women and children with disabilities are even more likely to experience violence<sup>xciii</sup>:

- More than 70% of women with disabilities have been victims of sexual violence at some time in their lives.
- 90% of Australian women with an intellectual disability have been subjected to sexual abuse, with 68% having been sexually abused before they turn 18 years of age.

### Perceptions of Crime

Respondents of the Kingston's Health and Wellbeing Survey 2020<sup>xciv</sup> 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.

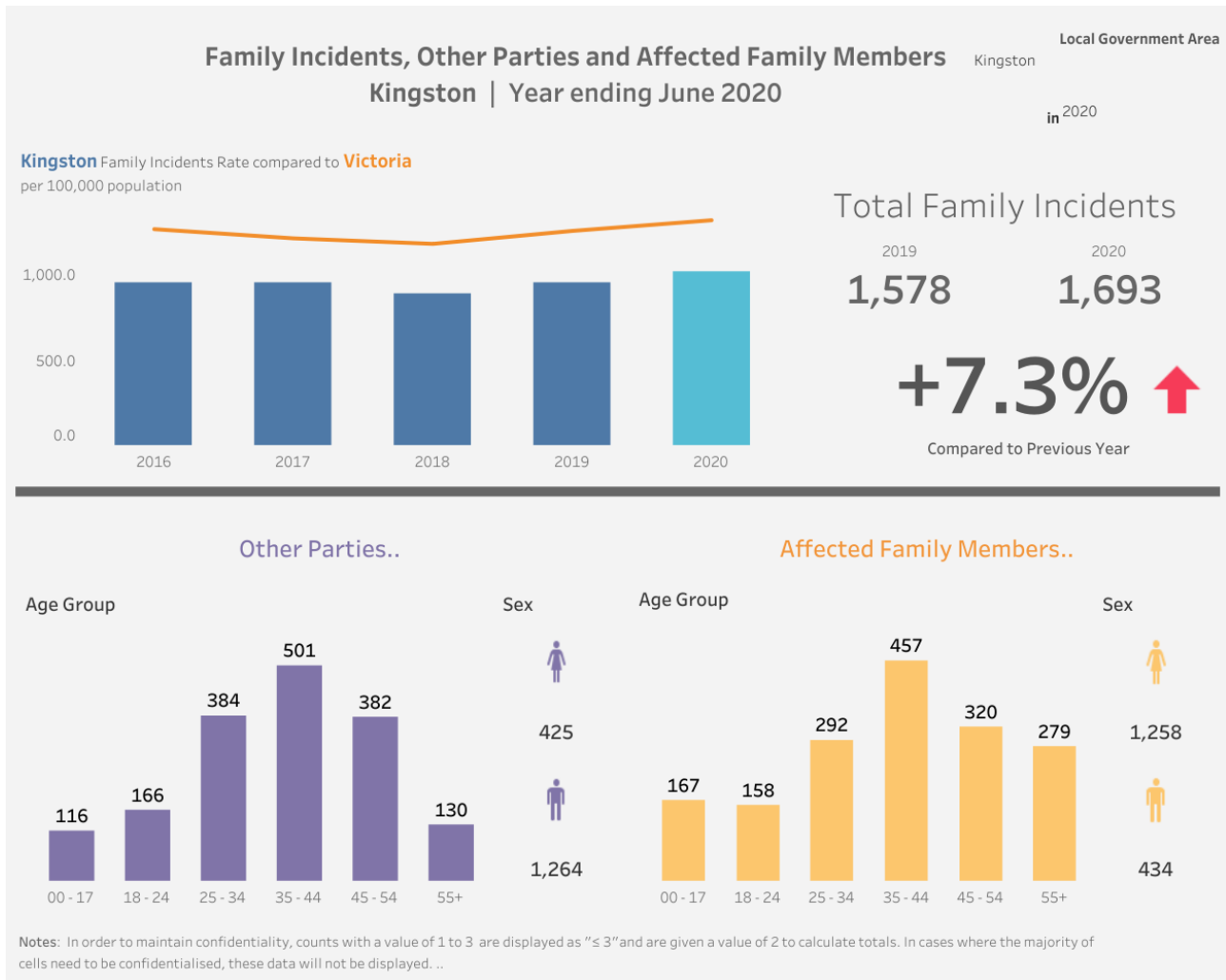
The crime or anti-social behaviours that respondents most believe to be a problem in their neighbourhood are people in speeding cars (59.4%) and graffiti (53.1%). It is also noted that eight percent of respondents believe that drug use or dealing is a major problem in their neighbourhood. It is noted 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. See the Power BI dashboard for further analyses of different subgroups ([kingston.vic.gov.au/healthwellbeing](http://kingston.vic.gov.au/healthwellbeing)).



### 3.2 FAMILY VIOLENCE

#### Family incidents<sup>xv</sup>

Family incidents are incidents attended by Victoria Police where a Risk Assessment and Risk Management Report (also known as an L17 form) was completed. The report is completed when family violence incidents, interfamilial-related sexual offences, and child abuse are reported to police. For the year ending June 2020, the family incident rate in Kingston (1013.8 per 100,000) was lower than the Victorian rate (1315.4 per 100,000). The number of family incidents increased by 7.3% (1578 incidents in 2019 to 1693 incidents in 2020). Other Parties (considered the alleged perpetrator) were predominantly males (75%) compared to females (25%). Affected Family Members (considered alleged victims) were predominantly females (74%) compared to males (26%). The predominant age group for both Other Parties and Affected Family Members was 35-44 years.



It is estimated that only 25% of family violence incidents are reported to the police.<sup>xcvi</sup> Family violence can affect anyone regardless of age, cultural background, education, sexuality or ability. Some populations are more at risk of experiencing family violence including Aboriginal and Torres Strait Islander women, young women, pregnant women, women with disabilities, women experiencing financial hardships, women and men who experienced abuse or witnessed domestic violence as children.<sup>xcvii</sup>

- Family violence in Aboriginal populations are impacted by white settlement, colonisation and the violent dispossession of land, culture and children has displaced traditional Aboriginal roles that has resulted in an accumulation of trauma across generations. Violence is perpetrated against Aboriginal people by both non-Aboriginal and Aboriginal people. National data indicates that Aboriginal women are 34 times more likely to be hospitalised as a result of family violence and 11 times more likely to die as a result of family violence.<sup>xcviii</sup>
- National self-report data showed that 21% (1.2 million) of adults with disability have experienced intimate partner violence, compared with 13% (1.7 million) without disability.<sup>xcix</sup> Women with disabilities are 40% more likely to be the victims of family violence than women without disabilities.<sup>c</sup>
- Victorian self-report data showed that 13.4% of LGBTIQ+ adults had experienced family violence in the past 2 years compared with 5.2% of heterosexual adults.<sup>ci</sup>

N.B. December 2020 data now shows that family violence incidents that have increased by 9.9% from 2019 (1619 family incidents) to 2020 (1779 family incidents). This contrasts the Total Criminal Incidents (8640 criminal incidents) that have decreased by 3.1% compared to 2019 data (8921 criminal incidents).

See <https://www.crimestatistics.vic.gov.au/crime-statistics/latest-crime-data-by-area> for interactive data visualisation.

## Family violence offences by suburb

The following table shows the number of family violence offences by suburb. FV offences include A211 FV Serious assault, A231 FV common assault, A711 FV stalking, A721 FV harassment and private nuisance, A731 Threatening behaviour, and E21 Breach FV order.

Total FV offences	2015	2016	2017	2018	2019	2020	% change since 2019
Aspendale	30	12	35	22	56	70	20.0
Aspendale Gardens	8	19	36	24	23	23	0.0
Bonbeach	44	67	53	124	57	120	52.5
Braeside	4	2	9	13	91	2	-4450.0
Carrum	39	147	70	44	52	83	37.3
Chelsea	69	76	74	99	73	194	62.4
Chelsea Heights	33	45	39	46	52	98	46.9
Cheltenham	100	145	134	121	223	246	9.3
Clarinda	41	34	84	55	73	54	-35.2
Clayton South	103	85	85	103	206	91	-126.4
Dingley Village	31	71	21	36	64	30	-113.3
Edithvale	13	48	146	79	47	103	54.4
Heatherton	16	18	25	21	19	39	51.3
Highett	21	27	26	24	36	110	67.3
Mentone	66	83	78	78	81	92	12.0
Moorabbin	40	79	75	77	68	94	27.7
Moorabbin Airport	3	0	1	0	1	2	50.0
Mordialloc	21	57	105	48	133	175	24.0
Oakleigh South	18	14	39	19	27	21	-28.6
Parkdale	64	43	102	71	46	83	44.6
Patterson Lakes	48	57	53	76	45	146	69.2
Waterways	3	4	6	7	3	7	57.1
<b>TOTAL</b>	<b>815</b>	<b>1133</b>	<b>1296</b>	<b>1187</b>	<b>1476</b>	<b>1883</b>	<b>21.6</b>
						Largest number of offences	Largest decrease Largest increase

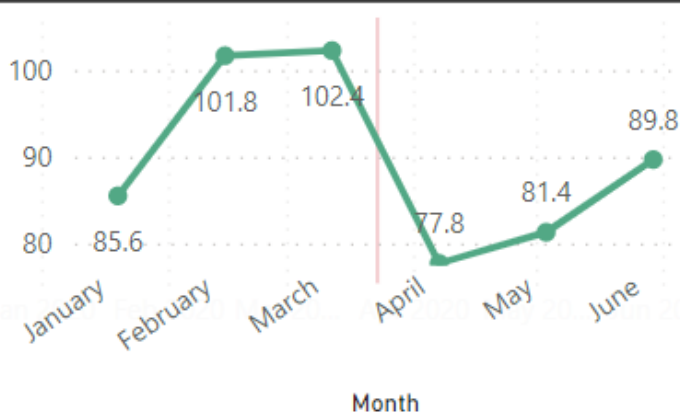
## Impact of COVID-19 restrictions<sup>cii</sup>

### Family violence incident rate per 100,000 (1 January to 30 June 2020)

Whilst overall there was an increase in family violence incidents in Kingston in the year ending June 2020 compared with the prior year, monthly data showed a drop in rates across April-June 2020 when metropolitan Melbourne restrictions commenced.

Region classification:  
Kingston

\*Totals less than 4 calculated as a 2



**Helpline services** show the opposite during this period with the number of phone calls to 1800RESPECT from Victorian contacts increasing by 4437 calls in June 2020 (total calls = 8366) compared with June 2019 (total calls = 3929).

Additionally, there was a 75% increase in Google searches for family violence support during the COVID-19 outbreak.<sup>ciii</sup>

### Priority communities

#### Children and young people

Victoria Police family incidents involving a victim-survivor aged 17 or younger increased **5.7%** between April to June of 2020, from the same period in 2019.

Emergency room presentations for **family violence related injuries** increased 35.5% for patients under 18 years old in the second quarter of 2020 from the same time period in 2019.

**1 in 50** children in Victoria were on a family violence protection order as at 30 June 2020.

The number of people 17 and younger receiving support from the Victim Assistance Program increased **67.6%** in May 2020 from May 2019.

The number of family, domestic or sexual violence incidents attended by Ambulance Victoria involving young people **decreased** by 26.3% in the second quarter of 2020 compared to the same time period in 2019.

#### People 55 and older

Over half of police recorded family violence incidents involving people 55 and older were perpetrated by an **adult child** of the victim-survivor.

The number of people 55 and older receiving accommodation from a specialist homelessness service for family violence reasons increased **48.7%** in June 2020.

**One in 200** people 55 and older in Victoria were protected by a family violence protection order as at 30 June 2020.

The number of people 55 and older on interim family violence orders increased **61.4%** in June 2020 from June 2019.

Ambulance Victoria recorded **double** the number of ambulance attendances flagged for family, domestic or sexual violence involving patients 55 years and older in April to June 2020 from the same time in 2019.



### Culturally and linguistically diverse communities

The number of claims of domestic violence received by the Department of Home Affairs regarding **provisional partner visas\*** increased 48.9% between April and June of 2020 compared with the same months in 2019.

\*held by people residing in Victoria

There was a 3.2% decrease in the number of people born outside Australia **seeking accommodation** services for the second quarter of 2020 compared with the same period in 2019.

There was a **54.3%** increase in the number of people born overseas who sought legal advice between April and June 2020 compared with the same period 2019.

Specialist service provider **inTouch** recorded a 21.1% increase in the total number of clients receiving a case management service in the second quarter of 2020 from 2019.

There was a 9.1% increase in the number of people born overseas presenting to **Victorian Emergency Rooms** in the second quarter of 2020 compared to the same period last year.

### Aboriginal people

The number of family incidents involving Aboriginal **victim survivors** of family incidents increased 6.8% in the second quarter of 2020 compared with the same period in 2019.

**Females** made up 80.0% of Aboriginal victim survivors for family incidents taking place between April to June of 2020 - an increase from 78.0% in the same period of 2019.

Proportionally, the largest growth in Aboriginal victim survivors of family violence was for those aged **55 years and older**, which increased 42.7% from the second quarter of 2020 (from 75 incidents in 2019 to 107 in 2020).

The number of family incidents involving Aboriginal **primary aggressors** of family violence increased 14.1% in the second quarter of 2020 compared with the same period in 2019.

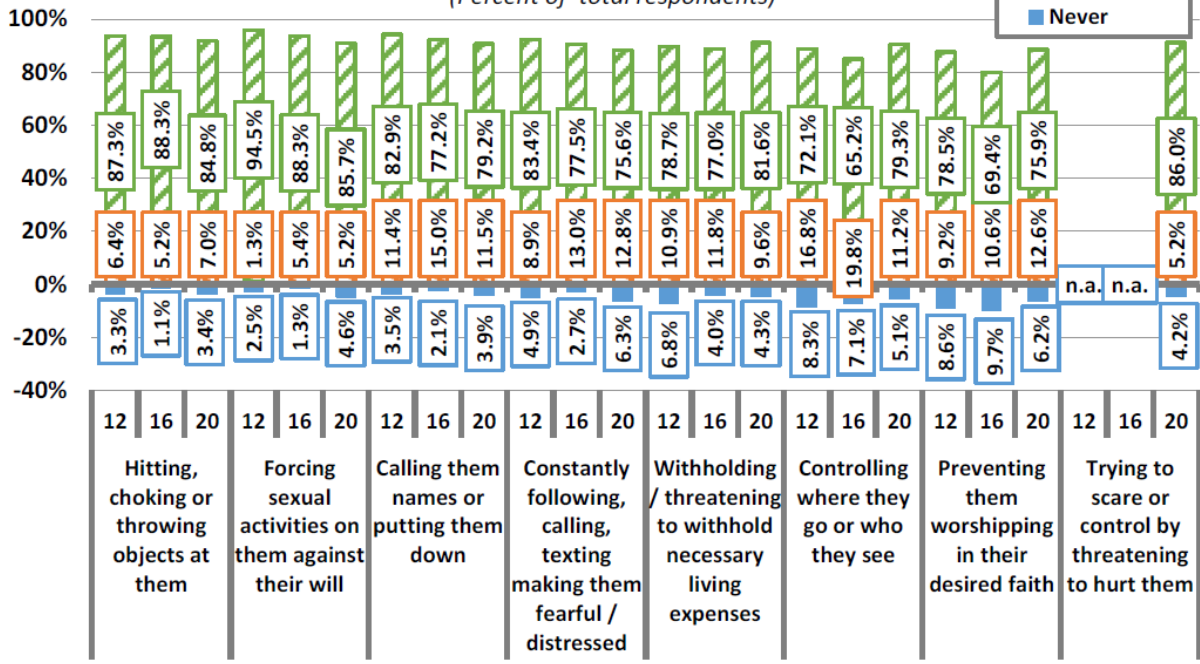
### People with a disability

Although, we do not have specific data on the impact of COVID-19 on the experiences of family violence for people with a disability, this remains a priority population. Based on the national crime data presented in 3.1 (see above), people with a disability, and particularly women and children with a disability, are more likely to experience all types of violence, including intimate partner violence, physical and sexual violence.

### Awareness of behaviours that constitute family violence

Respondents of Kingston's Health and Wellbeing Survey 2020<sup>civ</sup>, were asked which of eight actions they believed to be examples of family violence. The 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. See the Power BI dashboard for further analyses of different subgroups ([kingston.vic.gov.au/healthwellbeing](http://kingston.vic.gov.au/healthwellbeing)).

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



**Awareness of support services**

Based on Kingston’s Health and Wellbeing Survey 2020<sup>cv</sup>, approximately three-quarters (72.3%) know where to go or who to contact for advice or support for someone about family violence issues. Conversely, 17% do not know where to go for this support.

**Attitudes toward gender equality**

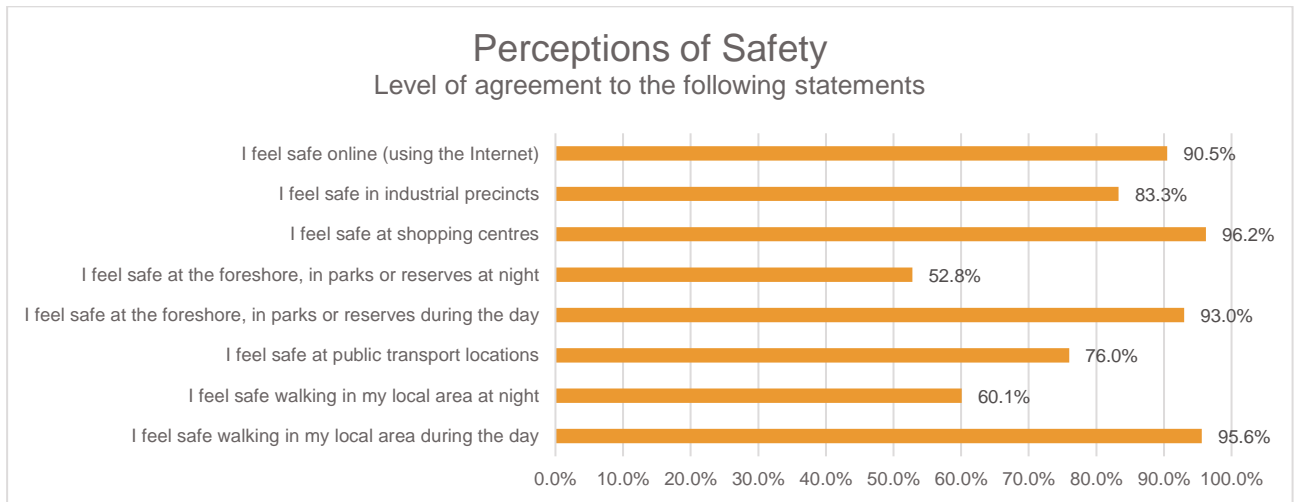
Gender inequality drives family violence. As part of Kingston’s Health and Wellbeing Survey 2020<sup>cv</sup>, attitudes towards gender (in)equality were measured by asking about the level of agreement on statements related to power and control within relationships. Most respondents disagreed that “women prefer a man to be in charge of the relationship” (78.2% disagreed, 7.3% agreed) and that “men should take control in relationships and be the head of the household” (82.5% disagreed, 5.6% agreed). When combined these results form a Gender Equality Score with 32.3% of Kingston residents having a low Gender Equality score (the lower the percentage, the better). Males are more likely to hold attitudes that support gender inequality (37.1%) compared to females (28%). People from the Central South region (38.5%) and multilingual households (38.3%) were also more likely to hold attitudes that support gender inequality. See the Power BI dashboard for further analyses of different subgroups ([kingston.vic.gov.au/healthwellbeing](http://kingston.vic.gov.au/healthwellbeing)).

**3.3 DISCRIMINATION**

Based on the results of Kingston’s Health and Wellbeing Survey 2020<sup>cvi</sup>, less than 4% of respondents reported experiencing discrimination due to gender (3.6%), skin colour, ethnic origin, or religion (3.2%), age (3.1%), physical ability (2.2%), weight (1.8%), sexuality (0.4%), and gender identity (0.3%). The experience of discrimination significantly varied across different subgroups. See the Power BI dashboard for further analyses ([kingston.vic.gov.au/healthwellbeing](http://kingston.vic.gov.au/healthwellbeing)).

### 3.4 PERCEPTIONS OF SAFETY

Based on the results of Kingston's Health and Wellbeing Survey 2020<sup>cviii</sup>, most respondents feel safe in the day, online and at certain public spaces. Less respondents feel safe at public transport locations (76%) walking locally at night (60.1%) and at foreshore, parks and reserves at night (52.8%). Female respondents felt significantly less safe at night in the local area than males. See the Power BI dashboard for further analyses of different subgroups ([kingston.vic.gov.au/healthwellbeing](http://kingston.vic.gov.au/healthwellbeing)).

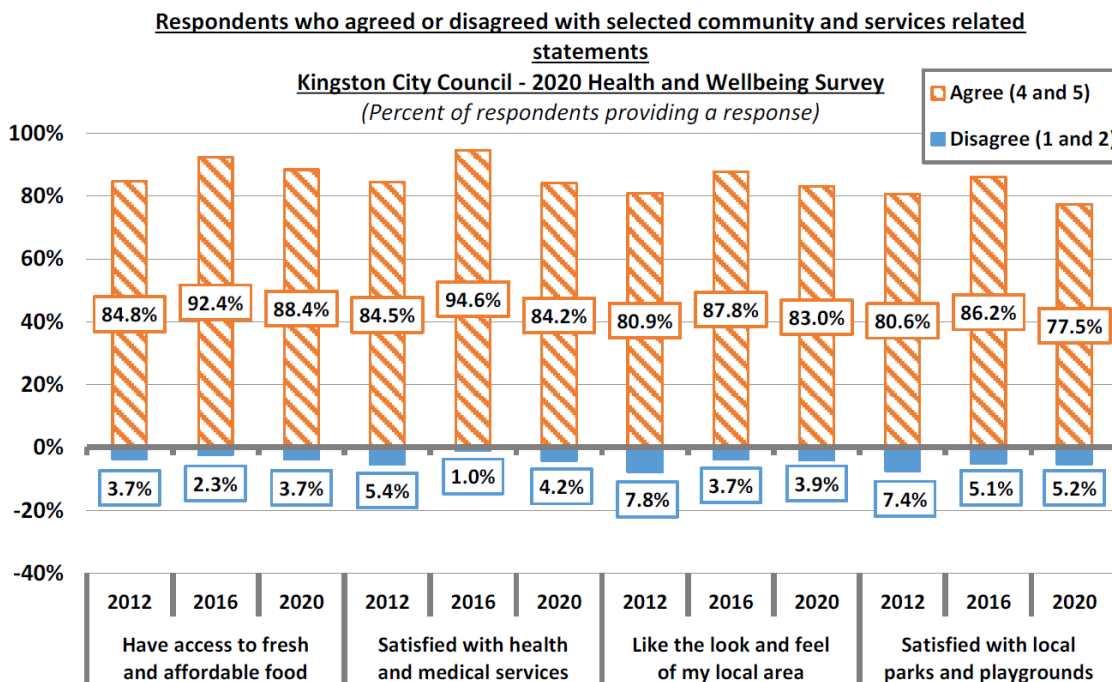


The three most common reasons why respondents felt unsafe in the City of Kingston in 2020 were related to a perception of poor or no lighting (18.4% of responses), concerns about people in the area (11.8% of responses), and general safety related concerns (10.5% of responses).

## 4. A Connected Community that Participates

### 4.1 LOCAL SHOPS, FACILITIES AND PUBLIC SPACES

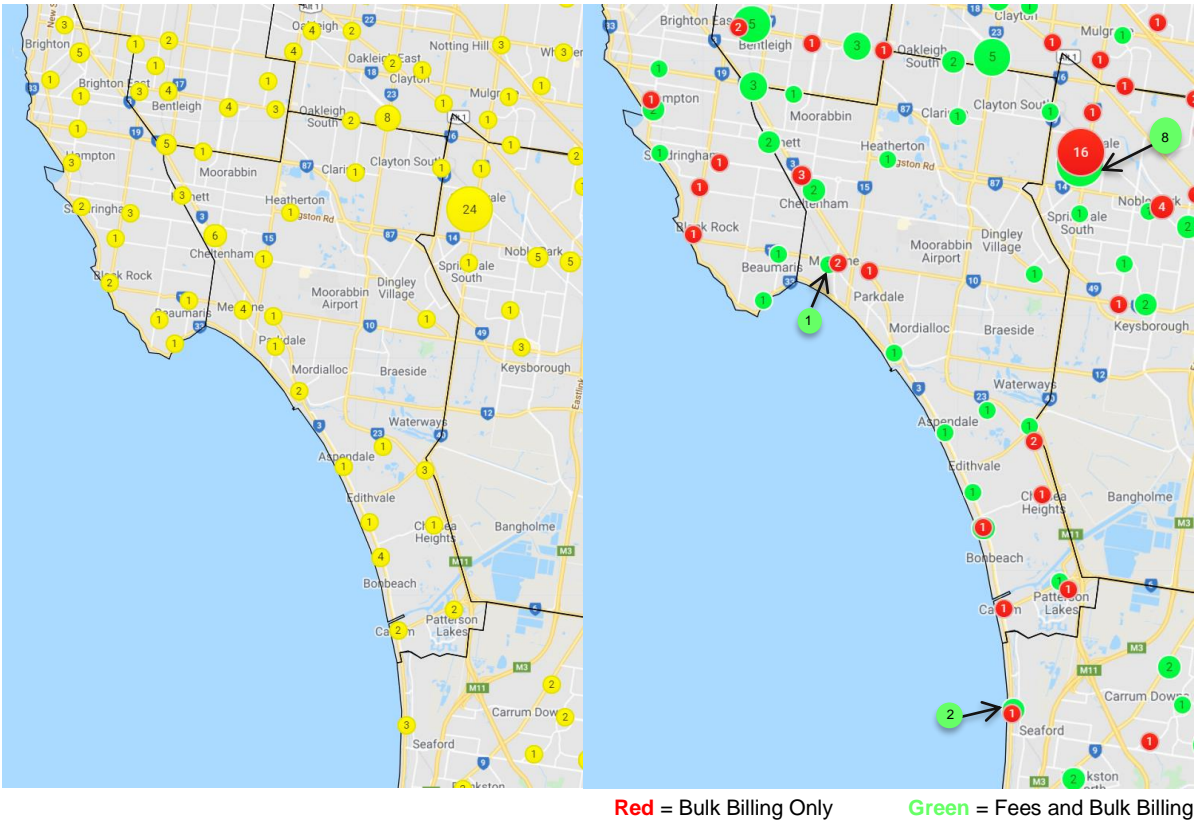
Based on the results of Kingston’s Health and Wellbeing Survey 2020<sup>cix</sup> most respondents agreed that they have access to fresh and affordable food (84.8%), are satisfied with health and medical services (84.2%), like the look and feel of their local area (83.0%), and are satisfied with local parks and playgrounds (77.5%). See the Power BI dashboard for further analyses of different subgroups ([kingston.vic.gov.au/healthwellbeing](http://kingston.vic.gov.au/healthwellbeing)).



Less than 5% of respondents feel dissatisfied with local health and medical services. The reasons for dissatisfaction were related to waiting periods and limited services (dentists, doctors, specialist doctors, medical testing – ultrasound/x-ray, mental health care, and for children).

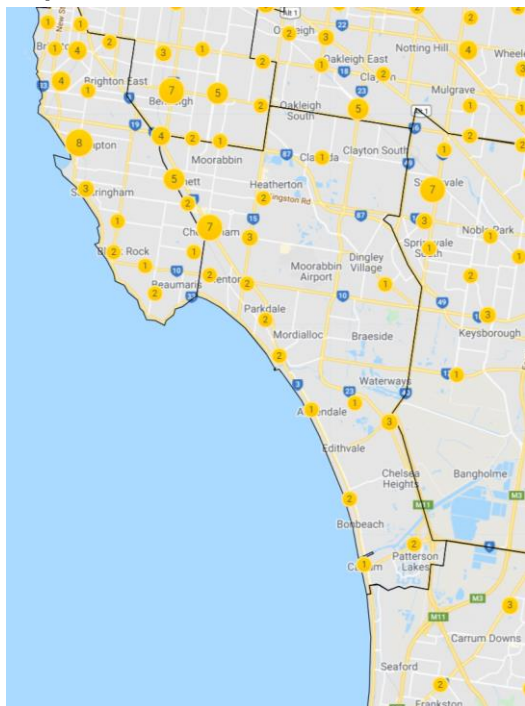
Map 1. GP Clinics

Map 2. GP Clinics – Bulk billing options

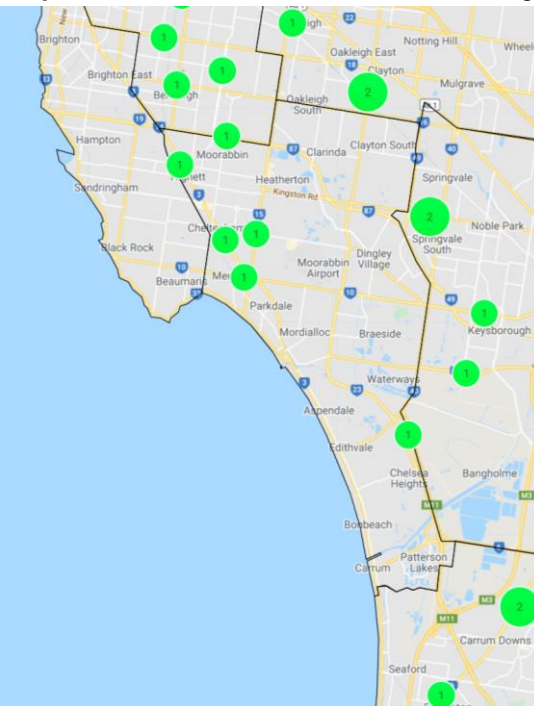


Map 1 shows that the majority of GP clinic are located on the west of the municipality (near Nepean Hwy), with most in Cheltenham (6), Moorabbin (5), Mentone (4) and Chelsea (4). When looking at Map 2 that shows the availability of bulk billing GP services, the majority are located in Cheltenham and Mentone compared to the north-east of the municipality (Clayton South and Clarinda) where there would potentially be higher need with lower SEIFA scores for this area. However, it is noted that there are neighbouring options available in Clayton (5) and Springvale (24).

**Map 3. General Dental Practice**



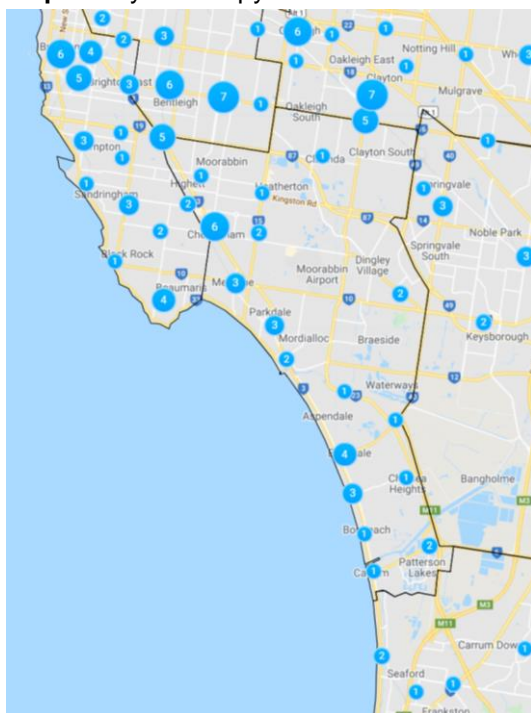
**Map 4. General Dental Practice – Bulk billing options**



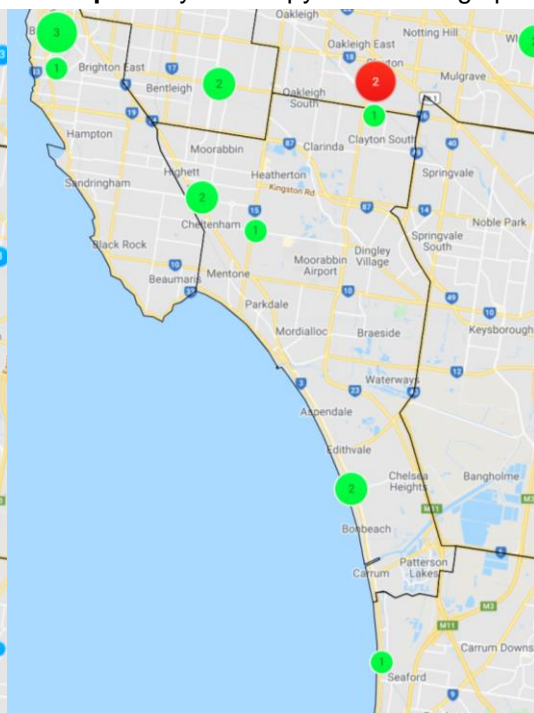
Red = Bulk Billing Only      Green = Fees and Bulk Billing

Similar to GP practices, General Dental Practices are located along the west of the municipality (near Nepean Hwy) with most in Cheltenham (7) and Highett (5) (Map 3). Map 4 shows that there are minimal dentists (6) that offer fees and bulk billing services with most in the north-west of the municipality and none in Clarinda, Clayton South or Chelsea that may be higher needs locations. There are no bulk billing only dentists in Kingston.

**Map 5. Physiotherapy**



**Map 6. Physiotherapy – Bulk billing options**

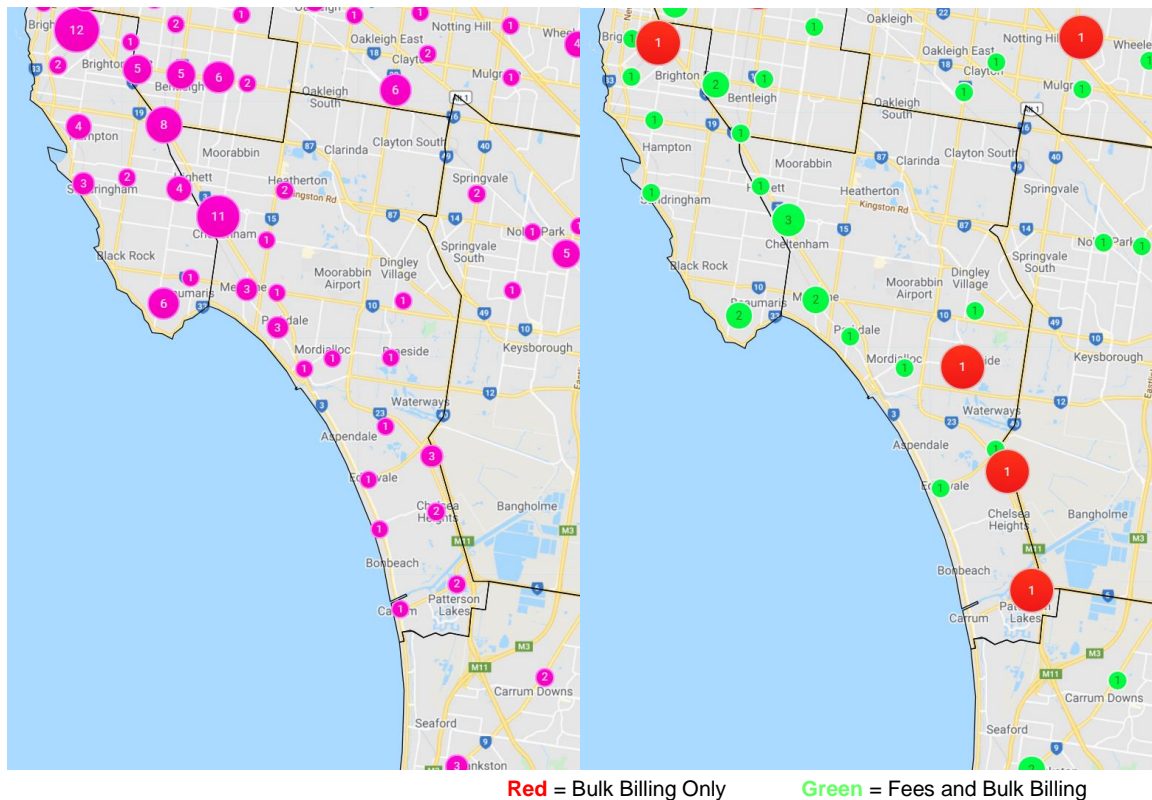


Red = Bulk Billing Only      Green = Fees and Bulk Billing

Physiotherapy services are predominantly located along the west of the municipality (near Nepean Hwy, see Map 5). Map 6 shows there are minimal (6) bulk billing options within Kingston.

**Map 7. Psychology services**

**Map 8. Psychology services – Bulk billing options**



There are several options for psychology services in Kingston (see Map 7). However, no bulk billing options are available in the north-east of the municipality nor in Chelsea, Bonbeach or Carrum (see Map 8).

For interactive maps of all health services see <https://studio.healthmap.com.au/>

### Walking to local shops

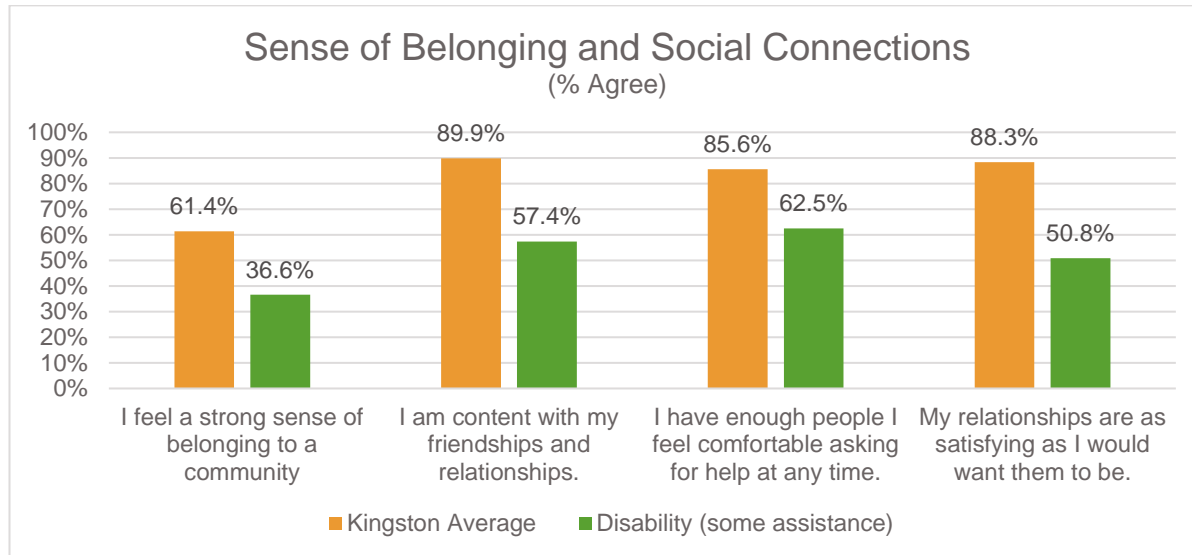
In the Kingston's Health and Wellbeing Survey 2020<sup>cx1</sup> almost two-thirds (62.2%) of respondents reported that they had walked or cycled to the local shops or facilities more than once in the past week. This is significantly higher than in previous years (35.9% in 2016 and 42.3% in 2012). This increase may well be the result, at least in part, of the impact of COVID-19 on respondents' travel patterns. Male respondents were 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. See the Power BI dashboard for further analyses of different subgroups ([kingston.vic.gov.au/healthwellbeing](http://kingston.vic.gov.au/healthwellbeing)).

## 4.2 COMMUNITY INVOLVEMENT AND CONNECTEDNESS

### 4.2.1 SENSE OF BELONGING AND SOCIAL CONNECTIONS

Participants of the Kingston's Health and Wellbeing Survey 2020<sup>cxii</sup> were asked about their sense of belonging, relationships and social connections. Approximately 3 out of 5 (61.4% down from 70.3% in 2016) agreed that they feel a sense of belonging to the community, whilst 13.6% (up from 8.5%) disagreed. The majority of respondents reported feeling content with their relationships (89.9%), having enough people they feel comfortable asking for help at any time (85.6%), and are satisfied with their

relationships (88.3%). The following figure highlights the different experience for people with a disability who require some assistance. Significantly lower proportions feel a strong sense of belonging (36.6%), contentment (57.4%), support (62.5%) and satisfaction (50.8%) in their relationships. [See the Power BI dashboard for further analyses of different subgroups.](#)



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

#### 4.2.2 VOLUNTEERING

##### Volunteering

Consistent with the results recorded in previous Kingston’s Health and Wellbeing surveys, in 2020<sup>cxiii</sup> a little less than one-third (30.0% up from 27.8% in 2016) of respondents reported that they volunteer. Respondents aged 55 years and over were notably more likely than average to regularly volunteer. Male respondents were measurably more likely than female respondents to volunteer regularly (18.2% male, 13.9% female) and sometimes (17.1% male, 11.1% female). See the Power BI dashboard for further analyses of different subgroups ([kingston.vic.gov.au/healthwellbeing](http://kingston.vic.gov.au/healthwellbeing)).

##### Community club/group participation

Kingston’s Health and Wellbeing Survey 2020<sup>cxiv</sup> showed that a little more than one-third (36.0%) of respondents reported that they belong to a formal or informal club or community group and 9% currently sit on a community group board or committee. See the Power BI dashboard for further analyses of different subgroups ([kingston.vic.gov.au/healthwellbeing](http://kingston.vic.gov.au/healthwellbeing)).

#### 4.2.3 TECHNOLOGY

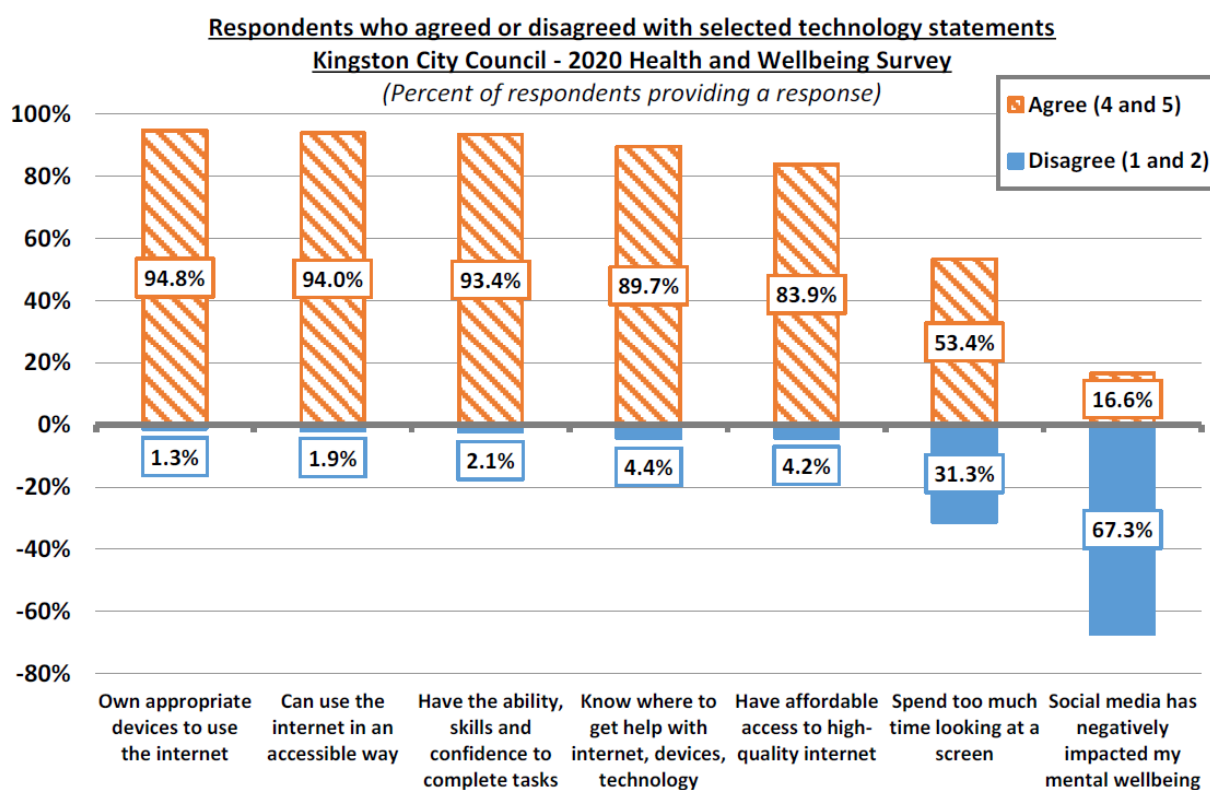
##### Access, use and impact of technology

As part of Kingston’s Health and Wellbeing Survey 2020<sup>cxv</sup> respondents were asked to rate their level of agreement with seven technology-related questions. In summary, the results show



- 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.

See the Power BI dashboard for further analyses of different subgroups ([kingston.vic.gov.au/healthwellbeing](http://kingston.vic.gov.au/healthwellbeing)).



### Digital access – household internet connections

In 2016, 7,280 households (12.4%) did not have an internet connection at the dwelling. <sup>cxvi</sup> This is higher than the Greater Melbourne average of 11.3%. The suburbs with the largest number of households without internet connection were Cheltenham (987 households), Clayton South (746 households) and Mentone – Moorabbin (665 households). Proportionately, compared to the number of total households per suburb, Clarinda (16.8%), Clayton South (16.5%) and Chelsea (15.9%) had higher percentages of houses without internet connection.

## Households with and without internet connection

	Internet connection		No internet connection	
	Number	%	Number	%
<b>Greater Melbourne</b>		<b>81.7</b>		<b>11.3</b>
City of Kingston	47759	81.3	7280	12.4
Cheltenham	6017	79.4	987	13
Clayton South	3453	76.5	746	16.5
Mentone - Moorabbin Airport	4536	82.5	665	12.1
Chelsea	2653	76.8	548	15.9
Parkdale	3803	83.1	500	10.9
Clarinda	2001	76.9	437	16.8
Dingley Village	3168	84.7	400	10.7
Mordialloc - Braeside	2664	81.2	399	12.2
Bonbeach	2214	79.1	368	13.1
Patterson Lakes	2432	82	330	11.1
Moorabbin	1847	78.5	298	12.7
Carrum	1353	76.1	258	14.5
Edithvale	1894	81.6	254	10.9
Aspendale	2175	85.9	229	9
Oakleigh South	1177	80.3	219	14.9
Highbury	1242	80.6	210	13.6
Chelsea Heights	1671	84.4	206	10.4
Aspendale Gardens	1915	89.3	159	7.4
Heatherton	851	87.7	81	8.4
Waterways	653	93.2	23	3.3

N.B. Suburbs ordered by number of households with no internet connection (largest to smallest)

\*Suburbs with proportion of households with no internet above Greater Melbourne average

Common reasons for a household not having internet access include:

- No need;
- Lack of confidence or knowledge; and
- Cost (most common reason for households with children under 15 years).<sup>cxvii</sup>

### Cultural and linguistic considerations<sup>cxviii</sup>

Different cohorts of migrants have varying levels of language literacy, digital literacy and digital access that impacts their use of technology and digital services. Some groups may have great difficulty due to limited digital literacy and English language proficiency, for example, older migrants and refugees. Other groups, for example, skilled migrants, young migrants, and those with good English language skills, will be regular and proficient technology users.

### Older people<sup>cxix</sup>

There are extreme differences in familiarity, access, and use of technology in older adult populations. For people with lower digital literacy and digital access, the reliance on digital communication during COVID-19 restrictions impacted social connectedness, and access to health, financial and government services. Subsequently, there have been increasing efforts to reduce the digital divide, increase digital literacy and support digital inclusion and access for older adults.

## 5. A Liveable Community

### 5.1 CLIMATE CHANGE

Climate change predictions are dependent on our ability to influence the level of emissions. Under a high emissions scenario, Victoria in the 2050s will be impacted in the following ways.

#### Summary of projected climate change impacts in Victoria by the 2050s under a high emissions scenario, compared with 1986–2005

In the future Victoria can expect:

Average annual temperature increase up to **2.4°C**



Double the number of **very hot days**



Longer fire seasons, with **up to 60% more very high fire danger days**



Sea levels will rise by **around 24 cm**



More intense **downpours**  
Decline in **cool season rainfall**



Decline in alpine **snowfall of 35–75%**

Adapted from Department of Environment, Land, Water and Planning 2019, *Victoria's climate science report 2019*.

Reference: Victorian Government 2020, *Tackling climate change and its impacts on health through municipal public health and wellbeing planning: guidance for local government*, September 2020

<<https://www2.health.vic.gov.au/public-health/environmental-health/climate-weather-and-public-health/climate-change-and-health>>.

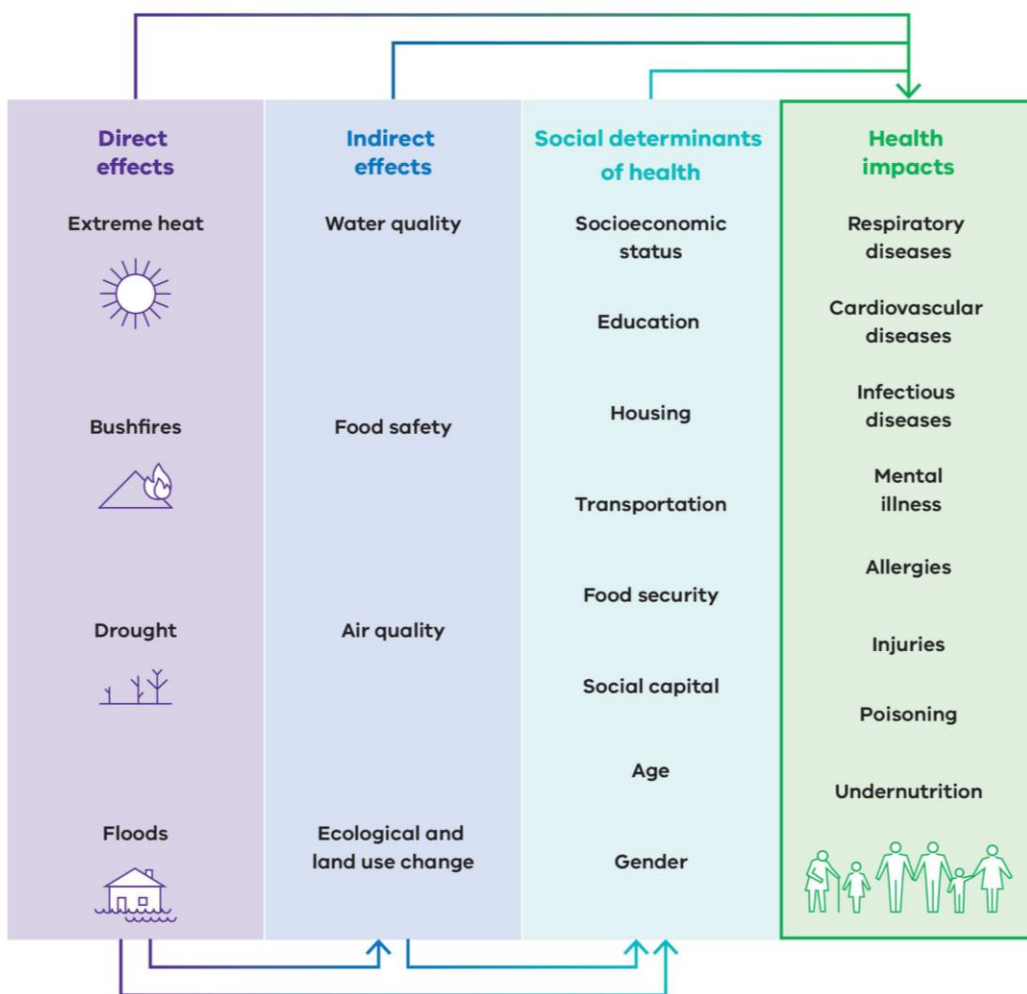
Average changes (relative to 1986-2005) for Greater Melbourne show the following predictions for 2030 and 2070 with comparable data for both low and high emissions.<sup>cx</sup>

Average projected climate changes (relative to 1986-2005) for Greater Melbourne

	Units	2030 (2020-2039)		2070 (2060-2079)		Explanation
		Low emissions	High emissions	Low emissions	High emissions	
Maximum daily temperature (median)	°C	0.9	1.0	1.7	2.9	Higher temperatures
Minimum daily temperature (median)	°C	0.7	0.8	1.4	2.3	Higher temperatures
Mean temperature	°C	0.8	0.9	1.5	2.6	Higher temperatures
Precipitation	%	-0.9	-1.7	-3.0	-4.7	Less rainfall
Relative humidity	%	-0.7	-1.0	-1.3	-2.5	Less rainfall
Solar radiation	%	1.5	2.1	2.4	4.1	More electromagnetic radiation emitted by sun
Wind speed	%	-0.6	0.9	-0.5	-0.2	Variable wind speeds

The direct and indirect effects of climate change have multiple health impacts that are mediated by the social determinants of health.<sup>xxxi</sup> See below for an overview.

Direct and indirect effects of climate change on health and wellbeing



Adapted from Watts et al. 2015, The Lancet, Health and climate change: policy responses to protect public health.  
 Reference: Victorian Government 2020, Tackling climate change and its impacts on health through municipal public health and wellbeing planning: guidance for local government, September 2020  
 <<https://www2.health.vic.gov.au/public-health/environmental-health/climate-weather-and-public-health/climate-change-and-health>>.

The City of Kingston and its residents are particularly vulnerable to the impacts of climate change due to its:

- 13km of beaches
- Wetlands
- 400 homes directly backing onto the foreshore

**Key risks related to climate change for Kingston**

- Storms – the sea level around Victoria is approximately 225mm higher than in 1880<sup>cxvii</sup>. Under high emissions, the sea level in Williamstown is expected to rise by a median value of 24cm (4cm per year) between 1990s to 2050s.<sup>cxviii</sup> As the sea continues to rise more coastal flooding will occur during storm surges<sup>cxvix</sup>.
- Heatwaves – the average annual number of days above 35 degrees Celsius could double from 8 days (1981-2010) to up to 16 days by 2050<sup>cxv</sup>. As the number of very hot days (above 35 degrees Celsius) increases and heatwaves become more frequent, more people suffer heat-related illness and death, with the elderly particularly vulnerable. The annual number of heat-related deaths is estimated to increase. In Victoria, there were 374 excess deaths and a 12% increase in public hospital admissions during the heatwave of 2009. It is estimated that this will rise to 402 deaths per year if no adaptation measures are taken.<sup>cxvii</sup>
- Floods
- Future food security
- Energy and water security – Water storages are down by an average of 23 per cent due to a decline in annual rainfall of around 100-200mm since 1950<sup>cxvii</sup>. This has been compounded by the increase in average temperature of 1.2 – 1.4 degrees since 1950.

**Groups most vulnerable to impacts of climate change**

- Young children and frail older people
- People with chronic diseases, and people on certain medications
- Low income households
- People experiencing poverty and inequality

**Kerbside Waste**

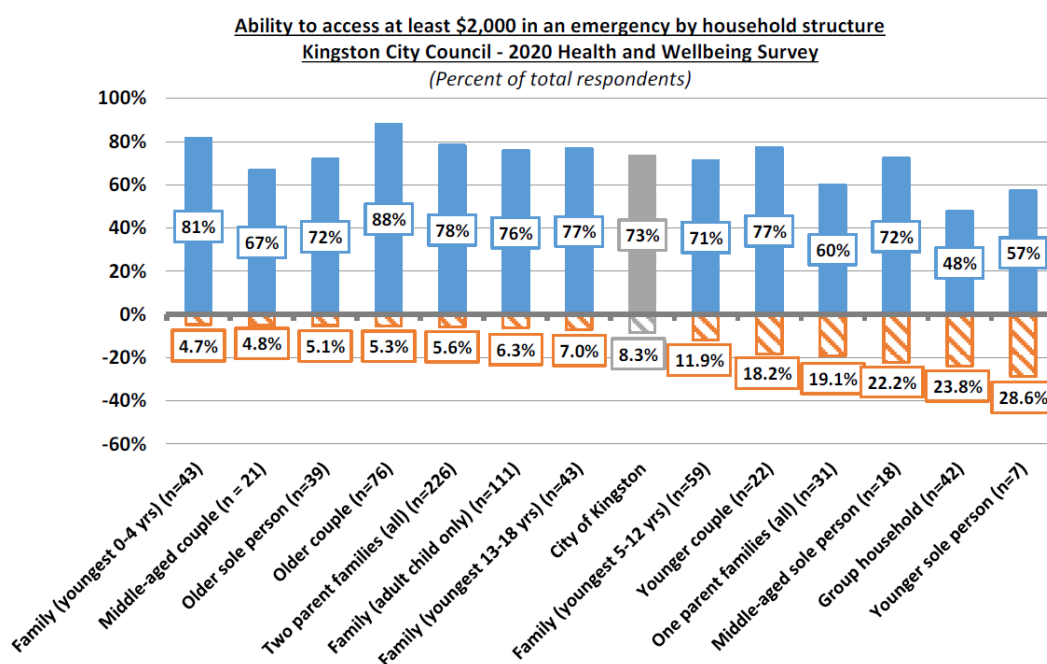
Kingston’s total waste has reduced by 3594 tonnes from 2016/17 to 2018/19 financial years.<sup>cxviii</sup>

Diversion rates measure the proportion of waste not sent to landfill. The diversion rate of kerbside recyclables and organics is 47% in Kingston (ranked 30 out of 79 Councils) which is slightly better than the metropolitan Melbourne (42%) and Victorian (43%) average.<sup>cxvix</sup>



## Access to funds in an emergency

As part of Kingston’s Health and Wellbeing Survey 2020<sup>cxxx</sup> 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. When considering the household structure, there are different factors that appear to impact the ability to access funds (see below figure). Noting small sample sizes for some groups, the households that were most likely to report that they could not access funds include younger couples (18.2%), one-parent families (19.1%), group households, who are mostly younger persons (23.8%) and younger sole person households (28.6%). See the Power BI dashboard for further analyses of different subgroups ([kingston.vic.gov.au/healthwellbeing](http://kingston.vic.gov.au/healthwellbeing)).

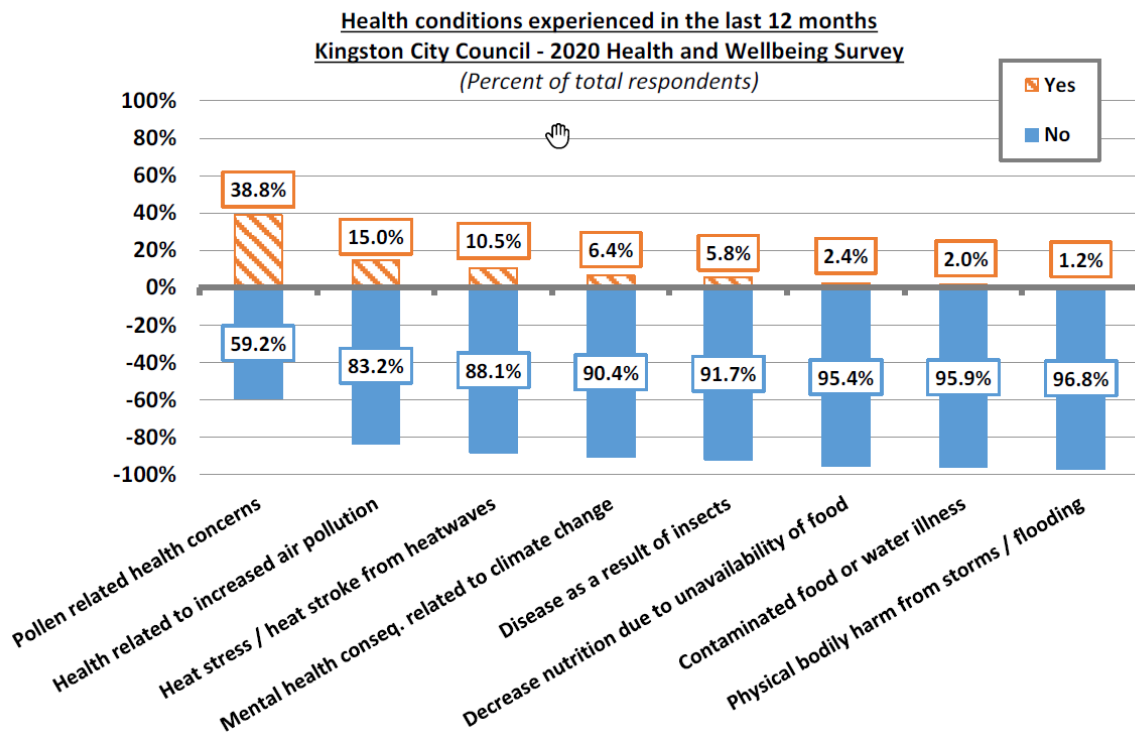


## Impact of climate change on health

As part of Kingston’s Health and Wellbeing Survey 2020<sup>cxxxi</sup> 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. 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. It is noted that respondents 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. See the Power BI dashboard for further analyses of different subgroups ([kingston.vic.gov.au/healthwellbeing](http://kingston.vic.gov.au/healthwellbeing)).

## Environment-related health conditions

As part of Kingston’s Health and Wellbeing Survey 2020<sup>cxxxi</sup> 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. See the Power BI dashboard for further analyses of different subgroups ([kingston.vic.gov.au/healthwellbeing](http://kingston.vic.gov.au/healthwellbeing)).



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

As part of Kingston’s Health and Wellbeing Survey 2020<sup>cxxxiii</sup> 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”. 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. The level of preparedness was significantly lower for respondents living in the North region (Clarinda, Clayton South, Highett, Moorabbin and Oakleigh South). See the Power BI dashboard for further analyses of different subgroups ([kingston.vic.gov.au/healthwellbeing](http://kingston.vic.gov.au/healthwellbeing)).

## 5.2 ECONOMIC ENVIRONMENT

### 5.2.1 COVID-19 ECONOMIC IMPACT

COVID-19 has had a substantial negative impact on Kingston’s economic activity in 2020.<sup>cxxxiv</sup>



- GRP is forecast to be 15.4% lower in the September quarter 2020 than the same quarter in 2019. This fall is greater than that experienced by Greater Melbourne (-13%) and the state as a whole (-11%).
- Local Jobs are forecast to fall by -6.5% in the September Quarter 2020. This equates to a fall of 6,319 local jobs.
- In the absence of JobKeeper payments, the employment fall is estimated at -16.2% (15,664 jobs)
- The impact on employed residents (-12.0%) was higher than the local job impact.

## COVID-19 Impacts by Region, Sept 2019 to Sept 2020



Source: National Institute of Economic and Industry Research (NIEIR) Version 2.1 (Sept 2020). ©2020 Compiled and presented in economy.id by .id the population experts.

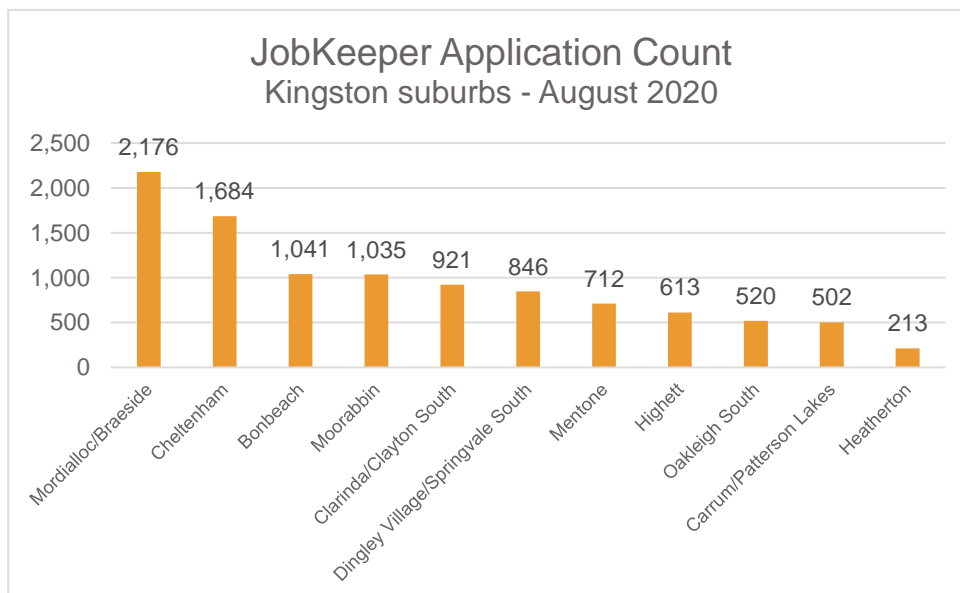


### JobKeeper<sup>CXXXV</sup>

These figures highlight the level of support that JobKeeper has had on local employment and employed residents. JobKeeper applications increased throughout April to August 2020, with a total of 10,263 applications made by Kingston workplaces in August.

Kingston JobKeeper Application Count				
April	May	June	July	August
8,075	8,608	8,837	9,213	10,263

In August, the suburbs with the highest number of applications were Mordialloc/Braeside (2,176), Cheltenham (1,684) and Bonbeach (1,041).



**N.B. Count** = The number of processed JobKeeper applications per organisation (business or not for profit organisation). The number of eligible employees is not included. Data as at 21 October 2020, <https://treasury.gov.au/coronavirus/jobkeeper/data>



## JobSeeker<sup>cxxxvi</sup>

A total of 7,924 Kingston residents received JobSeeker and youth allowance in October 2020 which was 40% higher than the number of recipients in March 2020. Notably, the considerably higher proportion of residents on JobSeeker in Braeside (17.5%) compared with Greater Melbourne (8.8%) is relative to the smaller population in this suburb. However, in combination with higher levels of JobKeeper applications for Mordialloc/Braeside, the data suggests a very high impact suburb for both employees and residents. The proportion of JobSeeker recipients was also slightly higher in Clarinda-Oakleigh South (8.8%) compared to Greater Melbourne. This is particularly relevant considering higher levels of socio-economic disadvantage (SEIFA scores) already observed in these suburbs, increasing the vulnerability for these residents.

Current month	October 2020		March 2020		Change
	JobSeeker and youth allowance recipients	% of 15-64 age population	JobSeeker and Youth allowance recipients	% of 15-64 age population	
Region - LGA/SA2					
City of Kingston	7,924	7.3	3,166	2.9	+4,758
Aspendale Gardens - Waterways	354	5.4	123	1.9	+231
Braeside	10	17.5*	3	5.3*	+7
Carrum - Patterson Lakes	696	8.5	278	3.4	+418
Chelsea - Bonbeach	822	8.1	403	4.0*	+419
Chelsea Heights	279	7.8	117	3.3	+162
Cheltenham - Highett (East)	1,185	7.3	448	2.8	+737
Edithvale - Aspendale	578	6.4	213	2.3	+365
Mentone	675	7.3	247	2.7	+428
Moorabbin - Heatherton	465	7.2	183	2.9	+282
Mordialloc - Parkdale	930	6.4	374	2.6	+556
Clarinda - Oakleigh South	706	9.0*	313	4.0*	+393
Clayton South	789	7.9	292	2.9	+497
Dingley Village	435	6.6	172	2.6	+263
Greater Melbourne	303,705	8.8	130,653	3.8	+173,052
Victoria	405,875	9.3	193,591	4.4	+212,284
*Above Greater Melbourne average					

## Access to funds in an emergency

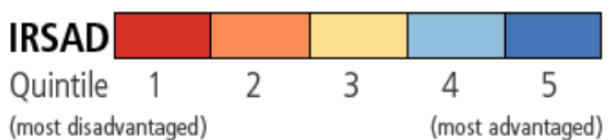
As mentioned in section 5.1, almost three-quarters (73.4%) of respondents from Kingston's Health and Wellbeing Survey 2020<sup>cxxxvii</sup> reported that they would be able to access \$2,000 in an emergency, an increase on the 61.3% recorded in 2016, but somewhat lower than the 81.4% in 2012. A total of 8.3% said that they would not be able to access the funds. When considering the household structure, there are different factors that appear to impact the ability to access funds (see below figure). Noting small sample sizes for some groups, the households that were most likely to report that they could not access funds include younger couples (18.2%), one-parent families (19.1%), group households, who are mostly younger persons (23.8%) and younger sole person households (28.6%). See the Power BI dashboard for further analyses of different subgroups ([kingston.vic.gov.au/healthwellbeing](http://kingston.vic.gov.au/healthwellbeing)).

## 5.2.2 AREAS OF ADVANTAGE AND DISADVANTAGE

### Social and Economic Index for Areas (SEIFA) 2016

Socio-Economic Indexes for Areas (SEIFA) measure the relative level of socio-economic disadvantage and/or advantage based on a range of Census characteristics. The **Index of Relative Socio-Economic Disadvantage (IRSD)** contains only disadvantage indicators (e.g. unemployment, low incomes or education levels, lack of internet access). The **Index of Relative Socio-Economic Advantage and Disadvantage (IRSAD)** contains indicators of disadvantage (aforementioned) as well as additional indicators of advantage (e.g. professional occupations, high income, higher education levels, larger houses).<sup>cxxxviii</sup>

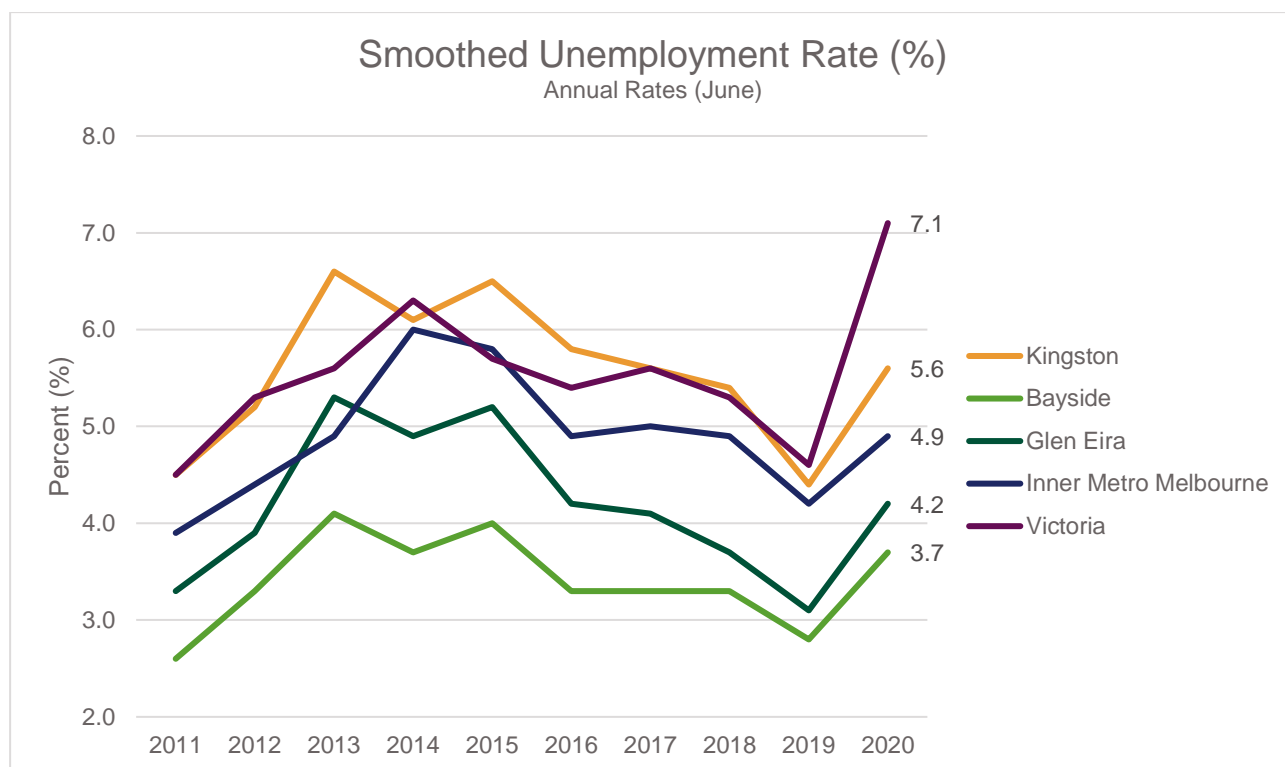
City of Kingston's suburbs and benchmark areas	Disadvantage Index (IRSD)	Percentile	Advantage / Disadvantage Index (IRSAD)	Percentile
Waterways	1107.6	98	1134.5	99
Aspendale	1093.3	95	1088.8	94
Aspendale Gardens	1081.1	92	1067.2	88
Parkdale	1077.2	90	1080.5	92
Dingley Village	1069.5	87	1051.2	82
Patterson Lakes	1067.4	86	1059.1	86
Mentone - Moorabbin Airport	1060.8	82	1065.2	88
Heatherston	1060.5	82	1065.5	88
Edithvale	1059.2	82	1053.0	83
Mordialloc - Braeside	1056.8	80	1064.0	87
Highett	1048.6	75	1053.4	83
Cheltenham	1047.3	75	1045.6	79
<b>City of Kingston</b>	<b>1044.0</b>	<b>73</b>	<b>1042.0</b>	<b>77</b>
Bonbeach	1041.6	71	1033.5	73
Moorabbin	1039.7	70	1047.8	81
Chelsea Heights	1039.1	70	1012.1	63
Chelsea	1025.0	61	1017.9	66
<b>Greater Melbourne</b>	<b>1021.0</b>	<b>57</b>	<b>1026.0</b>	<b>70</b>
Oakleigh South	1020.3	57	1012.7	63
Carrum	1016.6	55	1007.3	60
<b>Victoria</b>	<b>1010.0</b>	<b>51</b>	<b>1009.0</b>	<b>61</b>
<b>Australia</b>	<b>1001.9</b>	<b>46</b>	<b>1003.1</b>	<b>57</b>
Clarinda	975.9	32	975.2	41
Clayton South	957.4	24	967.5	36



Based on 2016 data<sup>cxxxix</sup>, Waterways and Aspendale have both the lowest levels of disadvantage and highest levels of advantage in Kingston. Clayton South and Clarinda have the highest levels of disadvantage and lowest levels of advantage with scores below the Melbourne, Victorian and Australian average.

## 5.2.3 EMPLOYMENT STATUS

### Unemployment rates

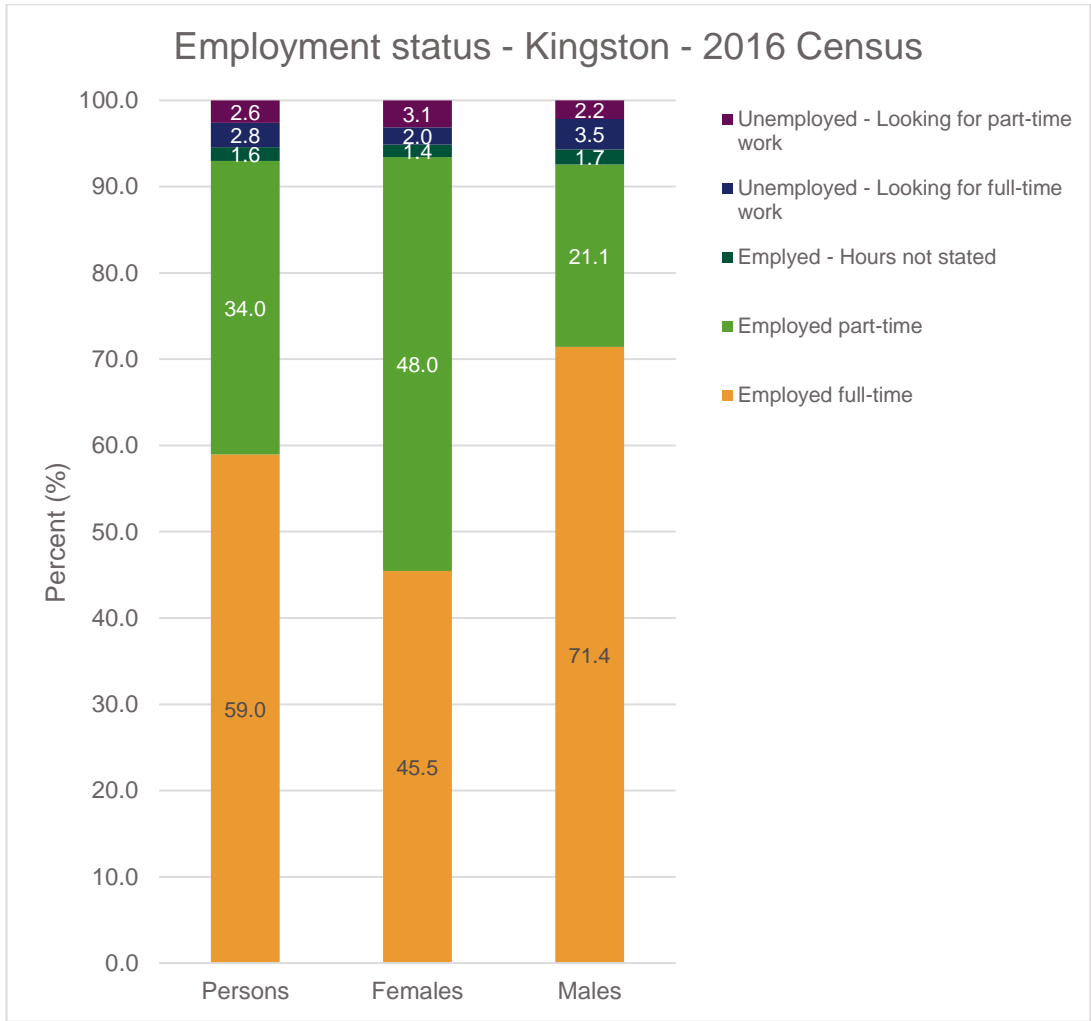


Over the past 2 years, Kingston rates of unemployment have been below the state average.<sup>cxl</sup> Annual trends show that unemployment rates in Kingston are consistently higher than the Inner Metro Melbourne average and neighbouring Councils.<sup>cxii</sup> The sharp increase in unemployment rates for June 2020 is indicative of the impact of COVID-19.

### Employment status by gender

Based on 2016 Census data, employment rates in Kingston (employed persons = 94.6%) are higher than state averages (employed persons = 93.2%).<sup>cxlii</sup> Gender differences observed in Kingston differ from state trends. In Kingston, a smaller proportion of female residents were unemployed (5.1%) compared to male residents (5.7%). The reverse was seen for Greater Melbourne (female unemployment rate = 6.9%; male unemployment rate = 6.6%). This state trend of higher unemployment rates for females is consistent with the most recent Victorian labour force data (October 2020: female unemployment rate = 7.5%; male unemployment rate = 6.8%).<sup>cxliii</sup>

Employment status	Kingston 2016			Greater Melbourne 2016		
	Persons (%)	Females %	Males (%)	Persons (%)	Females (%)	Males (%)
Employed	94.6	94.9	94.3	93.2	93.1	93.4
Employed full-time	59.0	45.5	71.4	58.0	45.1	69.6
Employed part-time	34.0	48.0	21.1	33.5	46.4	21.9
Hours worked not stated	1.6	1.4	1.7	1.8	1.6	1.9
Unemployed (Unemployment rate)	5.4	5.1	5.7	6.8	6.9	6.6
Looking for full-time work	2.8	2.0	3.5	3.5	2.9	4.1
Looking for part-time work	2.6	3.1	2.2	3.3	4.1	2.5



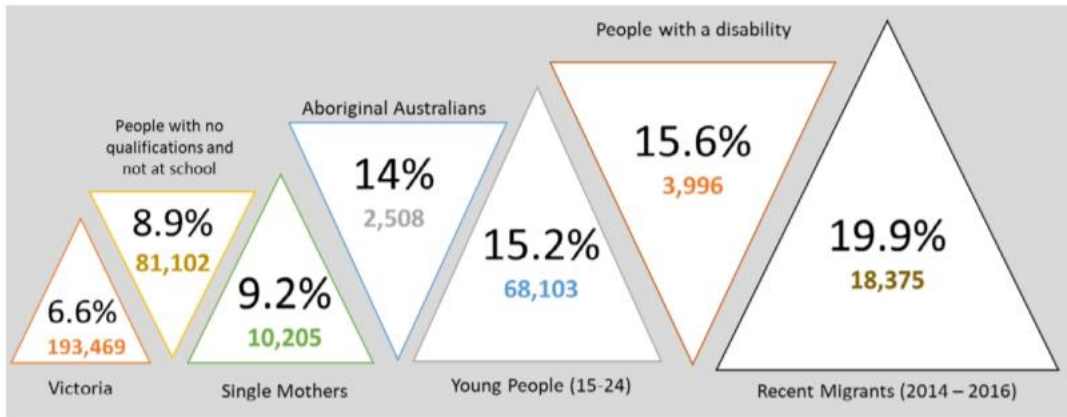
#### People identifying as LGBTIQ+

Victorian data (VHPS 2017) showed slightly higher rates of unemployment for people identifying as LGBTIQ+ (6.2% unemployed, 58.9% employed) compared with people identifying as heterosexual (4.6% unemployed, 62.8% employed) but not a statistically significant difference.<sup>cxliv</sup> National data shows a difference in unemployment rates across the LGBTIQ+ population. Unemployment/unable to work was reported more frequently by trans women (31.2%; n = 89), trans men (26.7%; n = 80) and non-binary participants (26.3%; n = 242) than cisgender women (14.3%; n = 420) or cisgender men (10.6%; n = 246).<sup>cxlv</sup>

#### Priority populations

Based on Census 2016 data, unemployment rates across Victoria are highest in recent migrant communities (19.9%), people with a disability (15.6%), young people (15.2%) and Aboriginal Australians (14%).<sup>cxlvi</sup>

*Unemployment rate in Victoria by cohorts (Census data 2016)*<sup>cxlvii</sup>

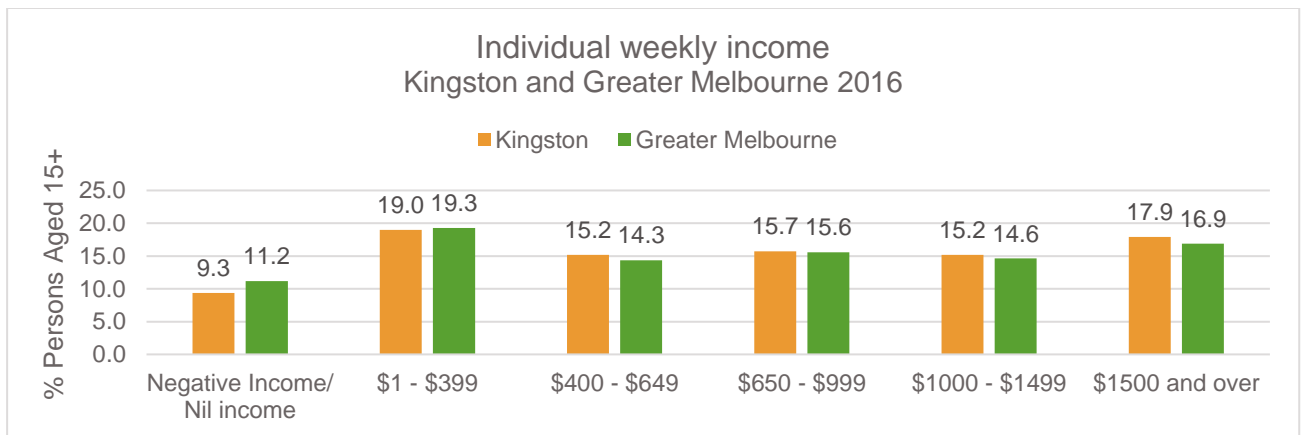


Source: Census Data 2016- ABS Labour Force Survey Unemployment rate in Victoria and young people - June 2019

## 5.2.4 INCOME

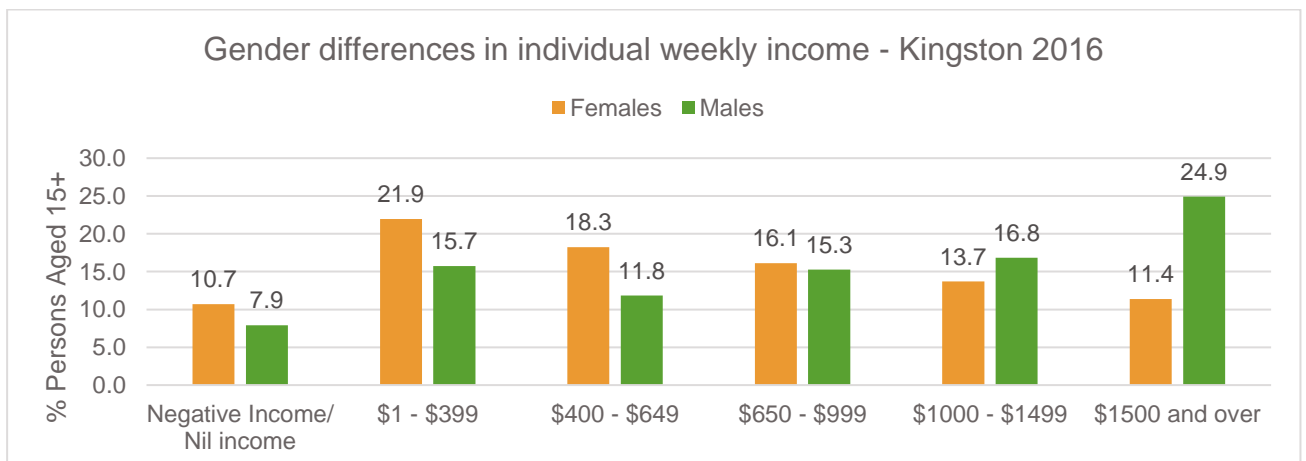
### Individual weekly income

In 2016, the median individual weekly income was higher in Kingston (\$704) compared to Victoria (\$644).<sup>cxlviii</sup>



cxlix

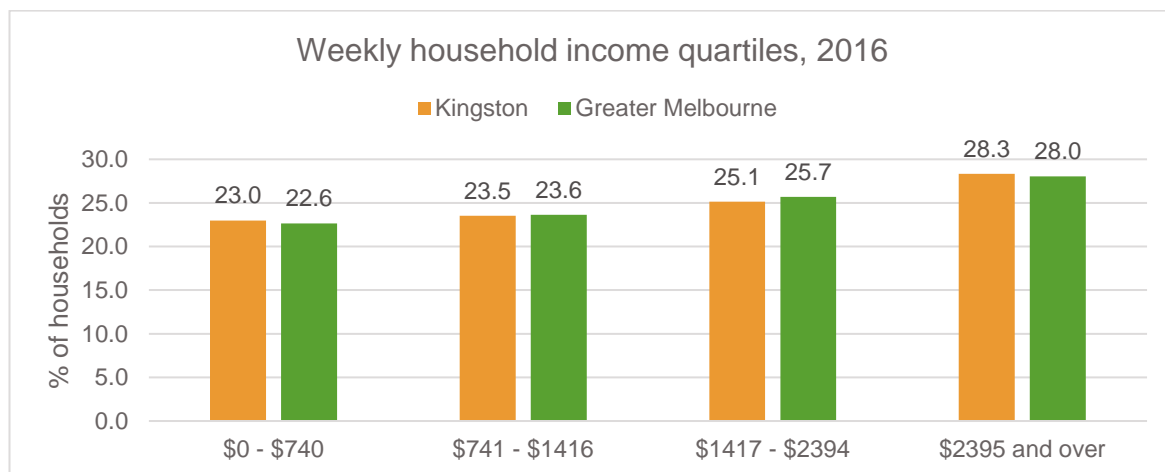
Income varies across populations. Gender differences show more males earning higher incomes (24.9% of males earning \$1500 and over compared to 11.4% of females) and the inverse for females (32.6% of females earning \$0-\$399 compared to 23.6% of males).<sup>cl</sup>



Recent data suggests lower weekly income for LGBTIQ+ populations with almost one third (31.3%) of participants earning less than \$400 per week (below the Australian poverty line of \$457).<sup>cli</sup> The proportion of participants reporting an income of less than \$400 per week was highest among trans men (46.5%; n = 138), followed by non-binary participants (46.3%), trans women (42.0%), cisgender women (32.9%) and cisgender men (19.9%).

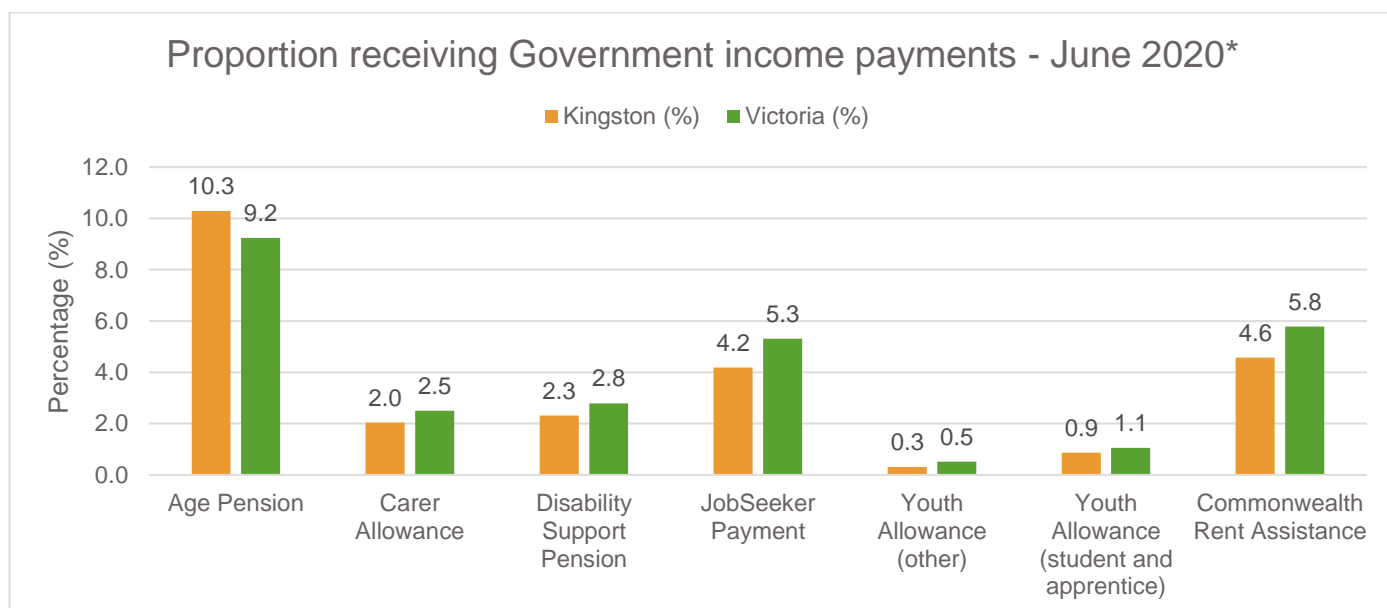
### Household income

The proportion of households in both the lowest and highest weekly income quartile were comparable between Kingston and Greater Melbourne.<sup>clii</sup>



Based on state data from the VPHS 2017, a larger proportion of people who identify as LGBTIQ+ (27.4%) lived in lower income households (< \$40,000 p.a.) compared with heterosexuals (20.4%).<sup>cliii</sup>

### Government income payments



\*Percentages are based on the Estimated Resident Population (ERP) for Kingston and Victoria (30 June 2019)<sup>cliv</sup>.

The proportion of people receiving certain types of payments varies across priority populations. Kingston-specific data is unavailable but analysis of state and national data offers some insights. Specifically, females are more likely to receive carer allowance (74%) and Youth Allowance (student and apprentice);

57%) compared to males. A higher proportion of indigenous young people received Youth Allowance (other) compared with other payment types. When looking at national data for Kingston's five most common birthplaces other than Australia, the most common Government payment varied dependent on the country of birth. These are highlighted in the table below.

### Proportion of Government payment receivers by priority population – June 2020

	Age Pension	Carer Allowance	Disability Support Pension	JobSeeker Payment	Youth Allowance (other)	Youth Allowance (student and apprentice)	Commonwealth Rent Assistance
<b>Based on Victorian data</b>							
Gender	More females (56%)	More females (74%)	More males (52%)	More males (52%)	Equal	More females (57%)	N/A
Indigenous	0.30%	1.28%	2.40%	2.17%	5.30%	0.56%	2.28%
<b>Based on national data</b>							
Country of birth*							
United Kingdom	10.38%	4.68%	3.84%	3.53%	1.10%	1.50%	4.64%
India	0.63%	0.83%	0.27%	1.55%	0.19%	1.17%	1.41%
China	1.21%	1.28%	0.51%	2.29%	0.19%	2.29%	1.24%
Greece	2.62%	1.47%	0.50%	0.20%	0.05%	0.11%	0.27%
New Zealand	2.51%	1.50%	1.89%	2.41%	0.83%	0.82%	3.33%

\*Data for Kingston's 5 most common birthplaces other than Australia is presented

## 5.2.5 HOUSING AFFORDABILITY

It is estimated within the City of Kingston, based on the 2016 census that:

- 1 in every 12 households are experiencing rental stress;
- 1 in every 2 households experiencing rental stress are single households;
- 6,222 dwellings needed to address overall demand for social and affordable housing.

### Mortgage and Rental Stress in Kingston and Melbourne, 2016<sup>clv</sup>

Area	Mortgage Stress			Rental Stress		
	Number	Total households with a mortgage	Percent %	Number	Total renting households	Percent %
<b>Greater Melbourne</b>	<b>63,826</b>	<b>570,250</b>	<b>11.2</b>	<b>131,431</b>	<b>479,160</b>	<b>27.4</b>
<b>City of Kingston</b>	<b>1,786</b>	<b>20,699</b>	<b>8.6</b>	<b>3,810</b>	<b>14,374</b>	<b>26.5</b>
Aspendale	39	1,050	3.7	66	451	14.6
Aspendale Gardens	70	1,018	6.9	31	166	18.7
Bonbeach	51	947	5.4	219	815	26.9
Carrum	26	574	4.5	132	553	23.9
Chelsea	67	1,128	5.9	333	1,081	30.8
Chelsea Heights	62	879	7.1	73	274	26.6

Cheltenham	208	2,589	8.0	435	1,769	24.6
Clarinda	69	739	9.3	112	527	21.3
Clayton South	122	1,027	11.9	461	1,710	27.0
Dingley Village	105	1,506	7.0	82	357	23.0
Edithvale	60	845	7.1	115	554	20.8
Heatherton	47	417	11.3	52	245	21.2
Highett	32	491	6.5	108	463	23.3
Mentone - Moorabbin Airport	87	1,673	5.2	435	1,799	24.2
Moorabbin	79	794	9.9	178	628	28.3
Mordialloc - Braeside	53	1,218	4.4	218	977	22.3
Oakleigh South	52	487	10.7	36	233	15.5
Parkdale	89	1,648	5.4	217	990	21.9
Patterson Lakes	72	1,186	6.1	99	420	23.6
Waterways	51	439	11.6	8	54	14.8

### Mortgage Stress

Mortgage Stress is defined as households in the lowest 40% of incomes who are paying more than 30% of their usual gross weekly income on home loan repayments. In 2016, the proportion of households experiencing mortgage stress in Kingston (8.6%) was lower than the Melbourne average (11.2%). Clayton South (11.9%), Waterways (11.6%), and Waterways (11.9%) were the suburbs that recorded the highest percentages of households with mortgage stress and higher than the state average.

### Rental Stress

Rental Stress is defined as households in the lowest 40% of incomes, who are paying more than 30% of their usual gross weekly income on rent. In 2016, the proportion of households experiencing rental stress in Kingston (26.5%) was lower than the Melbourne average (27.4%). Chelsea (30.8%) and Moorabbin (28.3%) were the suburbs that recorded the highest percentages of households with rental stress and higher than the state average.

### Priority groups for affordable housing:

- Single parent families
- People with disabilities
- Older people, especially older women who may have insufficient super and/or are on the pension
- People living alone
- Essential services workers and their families
- People on low incomes

## 5.3 LEARNING AND EDUCATION

### Australian Early Development Census (AEDC) <sup>clvi</sup>

The Australian Early Development Census (AEDC) shows how young Australian children have developed as they start their first year of full-time school by measuring behaviour across the following areas:



- Physical health and wellbeing
- Social competence
- Emotional maturity
- Language and cognitive skills (school-based)
- Communication and general knowledge.

For more information about these domains see <https://www.aedc.gov.au/resources/detail/about-the-aedc-domains>

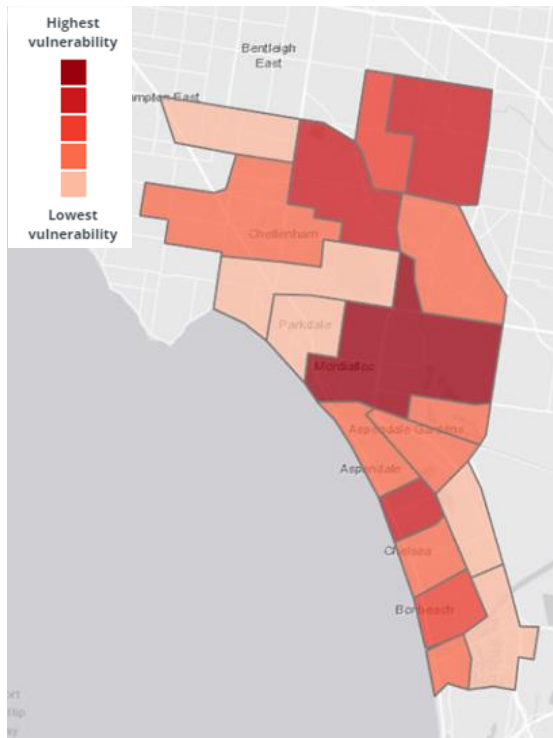
2018 data shows that there are less developmentally vulnerable children in Kingston compared with state and national averages. **However, comparison with 2015 data shows a significant increase in the percentage of children who have difficulties with social competence, and language and cognitive skills, leading to an increase in the proportion of children vulnerable on at least one domain.**

Percentage of children developmentally vulnerable in 2018 (%)							
	Physical health and wellbeing	Social competence	Emotional maturity	Language and cognitive skills (school-based)	Communication skills and general knowledge	Vulnerable on <b>one</b> or more domains of the AEDC	Vulnerable on <b>two</b> or more domains of the AEDC
<b>Australia</b>	9.6	9.8	8.4	6.6	8.2	21.7	11.0
<b>Victoria</b>	8.2	8.8	8.1	6.4	7.4	19.9	10.1
<b>Kingston</b>	<b>5.9</b>	<b>6.8</b>	<b>5.0</b>	<b>4.1</b>	<b>5.0</b>	<b>16.3</b>	<b>6.4</b>
<b>Kingston 2015 vs 2018 (%)</b>	0.3	1.1	-0.6	1.3	-0.4	2.6	0.0

Legend:	Significant increase	No significant change	Significant decrease
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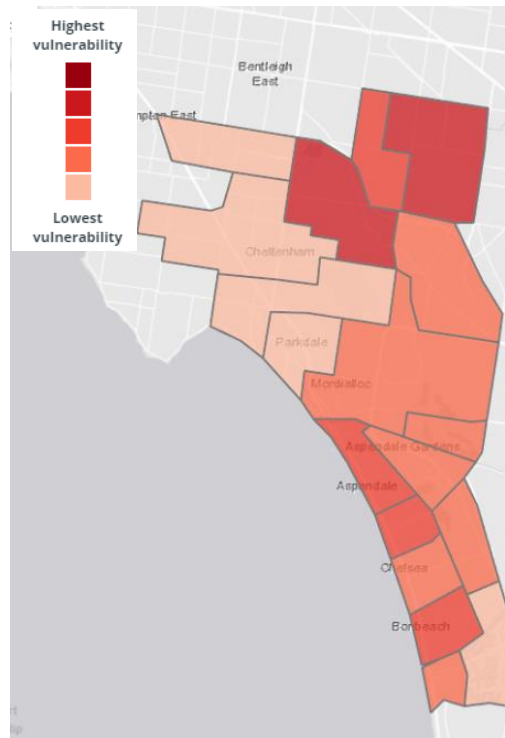
When looking at variation across Kingston suburbs, **Clayton South has the highest number of children developmentally vulnerable on both one or more and two or more domains.** This aligns with higher SEIFA scores of disadvantage in Clayton South.

**Children vulnerable on one or more domains, Kingston Suburbs, 2018**



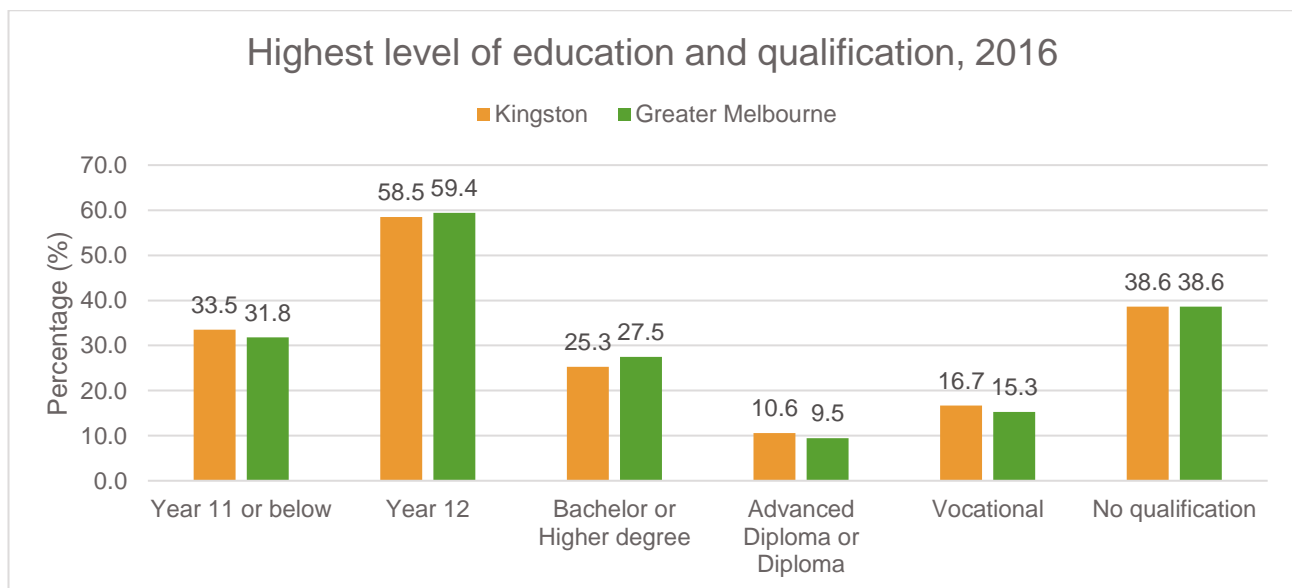
Mordialloc/Braeside (29.9%, 29 children)  
Clayton South (28.8%, 42 children)

**Children vulnerable on two or more domains, Kingston Suburbs, 2018**



Clayton south (16.4%, 24 children)  
Heatherton (11.8%, 4 children)

**Secondary and Higher Education**



2016 Census data showed a slightly higher proportion of Kingston students leaving school before completing Year 12 compared with Greater Melbourne.<sup>clvii</sup> This parallels the slightly larger proportion of residents with Diploma and Vocational education in Kingston compared with Greater Melbourne.<sup>clviii</sup>

## Gender and sexuality

In Kingston, gender differences show more females completing Year 12 (59.1% females, 57.8% males), attaining a Diploma (11.3% females, 9.8% males), and a Bachelor or Higher degree (27.4% females, 22.9% males). Males were more likely to have vocational qualifications (22.7%) compared to females (11.2%). Interestingly, females (40.7%) were more likely to have no qualification compared with males (36.3%). Gender trends in Kingston were similar to what was seen for Greater Melbourne.

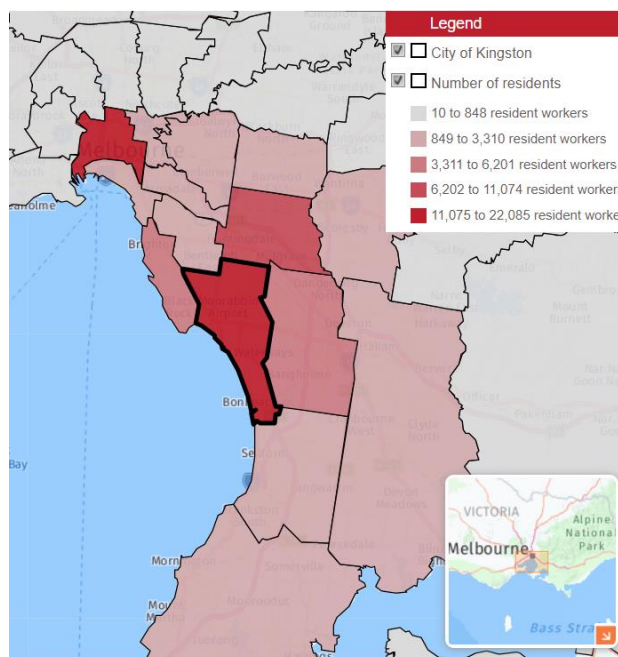
National data<sup>clix</sup> showed that attaining a Bachelor degree or above was more common for people identifying as LGBTIQ+ (51.6% of survey participants) compared with the general population aged 20-64 years (33%). Cisgender men (54.1%; n = 1,260), cisgender women (53.6%; n = 1,578) and non-binary participants (48.9%; n = 450) reported higher levels of university attainment than trans men (31.0%; n = 93) and trans women (42.4%; n = 121). A significantly higher proportion of trans men reported their educational attainment as secondary or below (41.0%; n = 123) than other participants.

## 5.4 TRANSPORT

### Employment location of resident workers, 2016<sup>clix</sup>

City of Kingston	2016	
	Number	%
Live and work in the area	22,085	29.8
Live in the area, but work outside	48,608	65.7
No fixed place of work	3,348	4.5
<b>Total employed residents in the area</b>	<b>74,038</b>	<b>100.0</b>

Before the COVID-19 pandemic and Melbourne restrictions, 2016 Census data showed that the majority of residents worked outside of Kingston (65.7%) with workplaces mainly being in southern metropolitan Melbourne.



In 2016, the majority of people traveled to work by car as the driver (61.6%) which was greater than Greater Melbourne average (56.0%).<sup>clixi</sup> There was minimal change from 2011 to 2016 data. Gender comparisons showed that females were more likely to ride in the car as a passenger (4.7% compared to

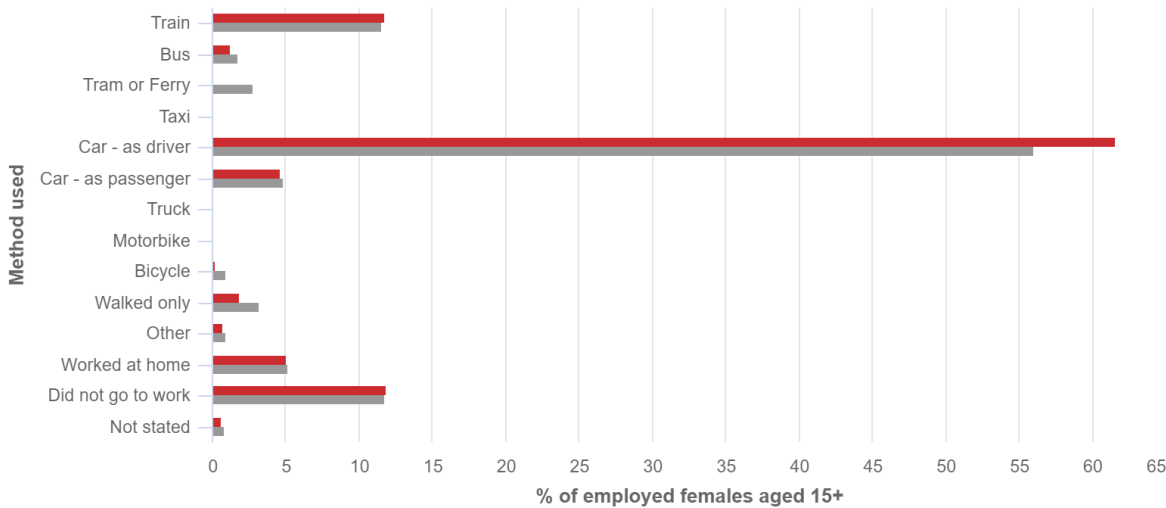
2.7% of males), work from home (5.0% compared to 3.4% of males), and not work (11.9% compared to 5.9% males).

Method of travel to work, 2016<sup>clxii</sup>

Method of travel to work, 2016

Total employed females

City of Kingston Greater Melbourne



Source: Australian Bureau of Statistics, Census of Population and Housing, 2016 (Usual residence data). Compiled and presented in profile.id by .id, the population experts.



Walking to local shops

As mentioned in 4.1, in Kingston’s Health and Wellbeing Survey 2020<sup>clxiii</sup> 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 significantly higher than in previous years (35.9% in 2016 and 42.3% in 2012). This increase may well be the result, at least in part, of the impact of COVID-19 on respondents’ travel patterns. Male respondents were 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. See the Power BI dashboard for further analyses of different subgroups ([kingston.vic.gov.au/healthwellbeing](http://kingston.vic.gov.au/healthwellbeing)).

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