

Intersectional Data

Public Health and Wellbeing Plan 2021-25 Objectives

December 2021

Document explanation

Intersectionality helps us understand how inequality can be compounded by others forms of disadvantage or discrimination that a person may experience based on specific attributes or identities (e.g. Aboriginality, cultural identity, gender, sexuality, disability, economic status).

By understanding some of the shared experiences of different populations, we are able to prioritise and respond appropriately to the specific needs identified by these groups. We can also consider how discrimination, risks and barriers can be exacerbated for people with multiple different identities.

Data related to selected priority populations are presented for each of the **Objectives** from the **Public Health and Wellbeing Plan 2021-25**.

The rationale for compiling this document was to increase the efficiency and ease of conducting evidence-based planning for inclusive service delivery in the sector.

Kingston data has been preferentially included but state and national data has also been used when local data was not available.

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Goal 1. A healthy and well community

Objective 1.1 Increase participation in physical activity

What the data tells us:

Aboriginal and Torres Strait Islander Peoples

- Due to a very low sample size, there is no local data available. However, based on 2018-19 national data, approximately 12% of Aboriginal and Torres Strait Islander adults in *non-remote* areas met physical activity guidelines (13% of males, 10% of females).¹
- Indigenous females aged 15-17 (7%) were more likely to have met the physical activity guidelines than Indigenous males the same age (4%).²

Age

- National data shows that 23% of children aged 5-14 undertook the recommended 60 minutes of physical activity every day. More younger children aged 5-9 (32%) met these physical activity guidelines than older children aged 10-14 (15%).³
- For young Victorians aged 18-25, young men (62%) were more likely to meet the physical activity guidelines than young women (48%).⁴
- Kingston residents aged over 75 years (24%) were significantly less likely to do enough moderate physical activity than the Kingston average (43%).⁵
- Significantly more Kingston residents aged over 75 years (28%) did no physical activity in the past week than the Kingston average (10%).⁶

CALD communities

- Kingston residents who are multilingual¹ (28%) were significantly less likely to do enough moderate physical activity than primarily English-speaking residents (49%).⁷

Economic disadvantage

- Australians not in the labour force were more likely to do no physical activity (25%), than unemployed (14%) and employed (9%) Australians.⁸
- National data shows that people with more socio-economic disadvantage (higher SEIFA scores) had lower levels of physical activity. 22% did no physical activity compared to 8% of people without these socio-economic disadvantages (low SEIFA scores).⁹

Gender

- More Kingston males (47%) were sufficiently active compared with Kingston females (40%).¹⁰
- State data shows organised sport participation were higher for males (17%) than females (10%). However, with consistent VicHealth messaging and funding opportunities, there has been increased participation for females across all ages, with high growth in participation rates for those aged 4-19 years.¹¹

¹ **Multilingual** = main language spoken at home was a language other than English

People with a disability

- Kingston residents with a disability requiring assistance (60%) rate their physical health as significantly lower than people without a disability (97%).¹²
- Kingston residents with a disability requiring assistance (20%) were significantly less likely to do enough moderate physical activity than people without a disability (44%).¹³

People who identify as LGBTIQ+

- There were no significant differences in physical activity levels between Victorian LGBTIQ+ adults and non-LGBTIQ+ adults.¹⁴

Goal 1. A healthy and well community

Objective 1.2 Increase healthy eating

What the data tells us:

Aboriginal and Torres Strait Islander Peoples

- Due to very low sample size, there is no local data available. However, from a national survey completed by Aboriginal and Torres Strait Islander people aged 15 years and over¹⁵:
 - 39% of people met the guidelines for the recommended number of serves of fruit per day (44% females, 35% males) and 4% met the recommended guidelines for daily vegetable intake (6% females, 2% males).
 - 71% of people usually consumed sugar sweetened drinks or diet drinks at least once a week.
 - 71% of people were overweight (29%) or obese (43%). The proportion of people who were overweight/obese was higher for people living in non-remote areas (73%) than in remote areas (64%).
- Although a small sample, the VicHealth Coronavirus Wellbeing Study showed high levels of daily sugary drink consumption (80%) and running out of food and unable to afford more (46%).¹⁶

Age

- In 2017-18, 4% of Australian children aged 5-14 ate enough vegetables.¹⁷
- Young adults (15-34 years) were less likely to consume enough vegetables than other age groups and the Kingston average (51%).¹⁸
- Access to fresh and affordable food was harder for young people aged 18-24 years (62%) and students (67%) compared to the Kingston average (85%).¹⁹
- Older people aged 75 and over were more likely to consume enough fruit per day (88%) than any other age group and the Kingston average (75%).²⁰

CALD communities

- Kingston residents from multilingual² households (85%) were slightly less able to have access to fresh and affordable food to meet their household's needs compared to English-only households (90%).²¹
- The proportion of Kingston residents who consume enough fruit per day was similar for people from multilingual households (76%) and English-only households (74%).²²
- The proportion of Kingston residents who consume enough vegetables per day was slightly lower for people from multilingual households (47%) and English-only households (53%).²³

Economic disadvantage

- Kingston residents who were studying (67%) or unemployed (77%) were less likely to have access to fresh and affordable foods to meet their household's needs compared to

² **Multilingual** = main language spoken at home was a language other than English

people employed full-time (88%), part-time/casually (94%), self-employed (98%) and retired (93%).²⁴

Gender

- Female Kingston residents were more likely to consume enough fruit per day (80%) than males (71%).²⁵
- Female Kingston residents were more likely to consume enough vegetables per day (55%) than males (46%).²⁶

People with a disability

- Disability status did not vary the proportion of people who had access to fresh and affordable food to meet their household's needs.
- People with a disability with no assistance were less likely to consume enough fruit (63%) and vegetables (38%) than people with a disability receiving some assistance (81% fruit, 51% vegetables), or people with no disability (76% fruit, 51% vegetables).

People who identify as LGBTIQ+

- There were no significant differences in fruit and vegetable consumption between Victorian LGBTIQ+ adults and non-LGBTIQ+ adults.²⁷

Goal 1. A healthy and well community

Objective 1.3 Improve mental wellbeing

What the data tells us:

Aboriginal and Torres Strait Islander Peoples

- Due to very low sample size, there is no local data available. However from a national survey²⁸ completed by Aboriginal and Torres Strait Islander people:
 - 31% of people aged 18 years and over experienced high or very high levels of psychological distress.
 - 17% of people aged 2 years and over had anxiety (21% females, 12% males) and 13% had depression (16% females, 10% males).
 - The proportion of people with a mental or behavioural condition was nearly 3 times higher for people living in non-remote areas (28%) than remote areas (10%).

Age

- Victorian children aged 1-5 years who experienced two strict ('Stage 4') lockdowns due to COVID-19, were 2 to 5 times more likely to score in the "high" (21-47%) or "very high" (12%) range for mental health difficulties (anger, anxiety, depression and sleep disturbance) compared to children from other states who did not experience a second lockdown.²⁹
- In 2019, suicide was the leading cause of death for young Australians aged 15-24 years (34% of deaths) and people aged 24-44 (23% of deaths).³⁰
- COVID-19 restrictions in Victoria have led to a 16% increase in emergency department presentations for self-harm injuries for young people aged 0-24 years. This increase was significantly higher for females (31% increase – from 241 in October 2019 to 315 in October 2020) compared to males (6% increase – from 111 to 118).³¹
- Significantly fewer young people aged 15-24 years (38%) were able to manage stress than the Kingston average (73%). However, more young people (87%) felt a sense of optimism about the future compared with the Kingston average (74%).³²
- More older adults (75 years or over) reported being able to manage stress most of the time (88%) compared to the Kingston average (73%), whereas they were less likely to feel a sense of optimism about the future (66%, 74% Kingston average).³³

CALD communities

- The proportion of Kingston residents who described being able to manage stress most of the time was similar for people from multilingual³ households (73%) and English-only households (72%). Whereas residents from multilingual households (81%) were more likely to feel a sense of optimism about the future compared to English-only households (71%).³⁴
- The COVID-19 pandemic has amplified existing barriers for CALD communities in accessing culturally-responsive mental health services and supports. Additionally, people from migrant and refugee communities may have specific mental health needs related to

³ **Multilingual** = main language spoken at home was a language other than English

traumatic experiences pre and post migration, economic inequity, psychosocial stress, discrimination, acculturation and communication.³⁵

Economic disadvantage

- Students (28%) and unemployed residents (58%) were less likely to report being able to manage stress than the Kingston average (73%).³⁶
- Socioeconomic disadvantage is associated with poorer mental health. People with mental illness living in the most disadvantaged areas were less likely to be employed (<50%) compared to people with mental illness living in the most advantaged areas (approx.. 75%).³⁷

Gender

- Anxiety and depression are the most common chronic diseases in Kingston. Women were more likely to have ever received a diagnosis of anxiety or depression (26%) and seek professional help for a mental health problem (22%) compared to men (18% and 10% respectively).³⁸
- In Victoria in 2020, 694 people died by suicide, 3 times more males (520, 75%) than females (174, 25%).³⁹
- There were gender differences in the impact of COVID-19 restrictions in 2020 with women experiencing higher levels of depression (35% females, 19% males) and stress (27% females, 10% males), and a 2800% increase in demand to the women's mental health clinic at the Alfred Hospital in a month.⁴⁰
- Within a sample of LGBTIQ+ young Australians (14-21 years), more trans women (77%), trans men (73%) and non-binary people (70%) have wanted to suicide in the past 12 months than cisgender women (56%) and cisgender men (46%).⁴¹

People with a disability

- Kingston residents with a disability requiring assistance (68%) were less likely to rate their mental health as "good" or better compared to residents without a disability (98%).⁴²
- Similarly, Kingston residents with a disability requiring assistance were less likely to be able to manage stress most of the time (57%) and feel a sense of optimism about the future (58%) than residents with no disability (74% and 75% respectively).⁴³

People who identify as LGBTIQ+

- Victorian adults identifying as LGBTIQ+ were significantly more likely to have ever received a diagnosis of anxiety or depression (45%) compared to heterosexual adults (27%).⁴⁴
- 79% of LGBTIQ+ young Australians aged 14-21 have thought about both wanting to self-harm and suicide in their lifetime. 62% have self-harmed, 48% have made a plan to suicide and 26% have attempted suicide.⁴⁵
- Within a sample of LGBTIQ+ young Australians (14-21 years), more trans women (77%), trans men (73%) and non-binary people (70%) have wanted to suicide in the past 12 months than cisgender women (56%) and cisgender men (46%). Young people identifying as lesbian reported the highest level of recent suicide attempts (14%) compared to other sexual identities, nearly twice that of people identifying as gay (8%).⁴⁶

Goal 1. A healthy and well community

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

What the data tells us:

Aboriginal and Torres Strait Islander Peoples

- Due to very low sample size, there is no local data available. However, from a national survey⁴⁷ completed by Aboriginal and Torres Strait Islander people:
 - 54% of people aged 18 years and over had consumed more than 4 standard alcoholic drinks on one occasion in the last year. 26% had not consumed alcohol in the last year or had never consumed alcohol.
 - 29% of people aged 15 years and over living in non-remote areas had used substances for non-medical purposes in the last year (37% males, 21% females).
 - 35% of people aged 15 years and over living in non-remote areas were current smokers and 40% had never smoked.

Age

- Consumption of alcohol per day and across the week was higher for younger people (15-24 years) compared to other age groups.⁴⁸
- Young people (15-24 years) had higher rates of hospital admissions related to illicit drug use than any other age group and higher than the total average alcohol-related hospital admissions.⁴⁹
- People aged 40-64 years had the highest alcohol-related hospital admissions compared to other age groups.⁵⁰

CALD communities

- National data shows that people from CALD backgrounds were more likely to report never smoking (84%), abstaining from alcohol (53%) and less likely to have recently used illicit drugs (6%) compared to people whose primary language spoken at home is English (60% never smoked, 19% abstain from alcohol, 19% recent illicit drug use).

Economic disadvantage

- Compared to all other (un)employment types, students in Kingston were more likely to:
 - consume more alcohol;
 - agree that over the counter and/or prescription medications have a negative impact on their household;
 - agree that gambling has a negative impact on their neighbourhood; and
 - agree that pokies have a negative impact on their household.⁵¹
- There is a strong association between problematic drug and/or alcohol use and experiences of homelessness.⁵²

Gender

- Consumption of alcohol per day and across the week was higher for males than females.

⁵³

- Males had more hospital admissions 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).⁵⁴
- More male Kingston residents were current smokers (21%) than females (10%).⁵⁵

People with a disability

- Australians aged 15 years and over with a disability were more likely to smoke daily (18%) compared to those without a disability (12%).⁵⁶
- Australians aged 15 years and over with a disability were less likely to consume risky levels of alcohol per day (8%) or on a single occasion (19%) compared to those without a disability (16% per day, 34% per occasion).⁵⁷
- Australians with mental health conditions or high psychological distress were more likely to consume risky levels of alcohol and were twice as likely to smoke daily or to have recently used illicit drugs than people without these conditions and/or low psychological distress.⁵⁸

People who identify as LGBTIQ+

- More Victorian adults who identified as LGBTIQ+ were current smokers (24%) compared to heterosexual, non-LGBTIQ+ adults (17%).
- There were no significant differences in alcohol consumption between Victorian LGBTIQ+ adults and non-LGBTIQ+ adults.⁵⁹

Goal 2. A safe and secure community

Objective 2.1 Improve safety in the home and community

What the data tells us:

Aboriginal and Torres Strait Islander Peoples

- There is no local data, however, national data shows that Aboriginal and Torres Strait Islander people tend to experience greater rates of hospitalisation (14 times more likely than non-Indigenous) and death as a result of violence compared to the wider community. Indigenous females were 27 times more likely to be hospitalised for assault compared to non-Indigenous females.⁶⁰

Age

- Children aged 0-4 years have the greatest overall risk of drowning.⁶¹
- 45,686 children received child protection services in Victoria in 2019-20.⁶²
- Almost half (46%) of the reported victims of sexual assault in Australia in 2020 were aged under 15 years at the date of the incident.⁶³
- Younger age groups were more likely to experience sexual harassment than older persons - 38% of women and 16% of men aged 18-24 years reported experiencing sexual harassment in 2016.⁶⁴
- Victoria Police crime data shows that both unique victims and alleged offenders are most commonly aged between 25-29 years old.⁶⁵
- Approximately 1 in 3 people aged 65 years and older fall each year. From July 2017 to June 2018, 31,693 Victorian adults aged over 65 years were admitted to hospital after a fall. Rates of hospitalisation were higher for females (62%) than males (38%).⁶⁶

CALD communities

- People from CALD communities are almost twice as likely to drown.⁶⁷
- Victoria Police data shows that the 3 most common countries of birth of unique alleged offenders in 2021 was Australia (66%), New Zealand (2.1%) and India (1.8%). Country of birth was unknown for 16% of alleged offenders and victims of crime.⁶⁸
- The impact of racial profiling should not be underestimated. As a young man of African decent living in metropolitan Melbourne who experienced racial discrimination described: *"[Racial profiling] makes you feel like you never belong in society. That you're not welcome here and that you are a second class citizen no matter what... For any migrant community, police are a reflection of the government and the mainstream community."*⁶⁹

Economic disadvantage

- National data shows that people experiencing homelessness (particularly 'visible' homelessness including rough sleepers) are vulnerable to being victims of crime due to their 'undesirable' presence in public places and poverty-related offences (e.g., stealing food, not paying public transport fares).⁷⁰

Gender

- Males are more likely to die from drowning (76% of fatalities) and non-fatal drowning incidents (55%).

- Victoria Police crime data for the year ending June 2021 shows that males (55%) were more likely to be victims of crime than females (45%). Males (76%) were also more likely to be the unique alleged offender than females (24%).⁷¹
- Females are more likely to be victims of sexual assault (84% of national incidents reported in 2020). 37% of all incidents reported were family and domestic violence-related incidents.⁷²
- Trans women from CALD backgrounds are almost 20% more likely to suffer multiple instances of sexual harassment than other women.⁷³
- Within a sample of LGBTIQ+ young Australians (14-21 years), trans and non-binary participants experienced higher rates of verbal, physical and sexual harassment or assault based on their sexuality or gender compared to cisgender participants.⁷⁴

People with a disability

- Australian adults with a disability were more likely to have experienced violence after the age of 15 (47%) compared to those without a disability (36%).⁷⁵
- Australian adults with a severe or profound disability (24%) are more likely to have experienced sexual violence after age 15 than all adults with a disability (16%) and those without a disability (10%).⁷⁶
- 20% of Australian adults with a disability have experienced abuse before the age of 15.⁷⁷

People who identify as LGBTIQ+

- Trans women from CALD backgrounds are almost 20% more likely to suffer multiple instances of sexual harassment than other women.⁷⁸
- Within a sample of LGBTIQ+ young Australians (14-21 years), trans and non-binary participants experienced higher rates of verbal, physical and sexual harassment or assault based on their sexuality or gender compared to cisgender participants.⁷⁹
- For LGBTIQ+ young Australians (14-21 years), rates of recent harassment or assault based on sexuality or gender were higher in the secondary school setting with 28% of secondary school participants experiencing verbal harassment compared with TAFE (10%) and University (7%) student participants.⁸⁰

Goal 2. A safe and secure community

Objective 2.2 Improve feelings of safety in the home and community

What the data tells us:

Aboriginal and Torres Strait Islander Peoples

- Due to very low sample size, there is no local data. However national data shows that Aboriginal and Torres Strait Islander people aged 15 and over were more likely to feel safe spending time home alone after dark (87%) compared to when walking alone in their local area after dark (68%).⁸¹
- Aboriginal and Torres Strait Islander people with stronger cultural identities were more likely to feel safe in the broader community and had lower levels of distress.⁸²

Age

- For Kingston residents, there were no significant differences across age groups in perceptions of safety walking in their local area during the day and night, at public transport locations, at shopping centres, in industrial precincts, at foreshore/parks/reserves during the day, or online.⁸³
- Kingston residents aged between 25-34 years were significantly more likely to feel safe at the foreshore/parks/reserves at night than any other age group.⁸⁴

CALD communities

- The proportion of Kingston residents who described feeling safe walking in their local area during the day and night, at foreshore/parks/reserves during the day, at shopping centres, in industrial precincts, and online was similar for people from multilingual⁴ households and English-only households.⁸⁵
- Kingston residents from multilingual households were significantly more likely to feel safe at public transport locations (84%) and at the foreshore/parks/reserves at night (64%) compared to English-only households (72% and 48% respectively).⁸⁶

Economic disadvantage

- Employment status did not impact feelings of safety for Kingston residents in their local area during the day and night, at the foreshore/parks/reserves during the day, at shopping centres, in industrial precincts, and online.⁸⁷
- Kingston residents employed full-time were significantly more likely to feel safe at public transport locations (98%) and at the foreshore/parks/reserves at night (62%) than students (77%, 45%) and unemployed residents (60%, 50%).⁸⁸

Gender

- Gender did not impact feelings of safety for Kingston residents in their local area during the day, at the foreshore/parks/reserves during the day, at shopping centres, and online.⁸⁹
- Male residents were significantly more likely to feel safe in their local area at night (79%, females = 41%), at public transport locations (87%, females = 65%), at the

⁴ **Multilingual** = main language spoken at home was a language other than English

foreshore/parks/reserves at night (72%, females = 40%), and in industrial precincts (91%, females = 76%) than female residents in Kingston.⁹⁰

- Young Victorian trans men (74%), trans women (68%) and non-binary people (66%) were more likely to experience feeling unsafe or uncomfortable than young cisgender men (44%) or women (42%) who identified as LGBTIQA+.⁹¹

People with a disability

- Disability status did not impact feelings of safety for Kingston residents in their local area during the day, at the foreshore/parks/reserves during the day, at shopping centres, and online.⁹²
- Kingston residents with a disability were less likely to feel safe in their local area at night (disability no assistance = 36%, disability some assistance = 56% no disability = 62%), at public transport locations (disability no assistance = 51%, disability some assistance = 51% no disability = 78%), at the foreshore/parks/reserves at night (disability no assistance = 29%, disability some assistance = 25% no disability = 55%), and in industrial precincts (disability no assistance = 60%, disability some assistance = 71% no disability = 85%) than residents without a disability.⁹³

People who identify as LGBTIQA+

- For LGBTIQA+ young Australians (14-21 years), feeling unsafe and uncomfortable in educational settings is common (60% had felt this at secondary school in the past 12 months). Trans men (74%), trans women (68%) and non-binary people (66%) were more likely to experience feeling unsafe or uncomfortable than cisgender men (44%) or women (42%) participants. Sexuality also influenced feelings of safety with participants identifying as queer (62%) and lesbian (57%) more likely to feel unsafe/uncomfortable than participants identifying as gay (51%), bisexual (44%), pansexual (51%), asexual (44%), or something else (51%).⁹⁴
- Feelings of safety to walk down the street at night varied by LGBTIQ+ status with Victorians identifying as bisexual/queer/pansexual (47%), transgender/gender diverse (46%), asexual/other (40%), and 'don't know if heterosexual' (39%) less likely to 'definitely' feel safe than heterosexual/non-LGBTIQ+ (58%). Whereas, gay or lesbian (67%) and intersex (77%) participants were more likely to 'definitely' feel safe.⁹⁵

Goal 2. A safe and secure community

Objective 2.3 Reduce the prevalence of family violence

What the data tells us:

Aboriginal and Torres Strait Islander Peoples

- Family violence in Aboriginal populations is 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.⁹⁶
- During 1 October to 31 December 2020 and the impact of COVID-19, the overall number of Victoria Police reports of family violence incidents involving an Aboriginal and/or Torres Strait Islander victim-survivor increased by 16% to 1,317 family violence incidents compared with the same time in 2019 (1,138 incidents). There was a 13% increase for people under 18 years (from 126 to 142 incidents) and an 8% decrease for people aged 55 and over (from 119 to 109 incidents).⁹⁷

Age

- Kingston residents aged 35-44 years are most frequently both the victims and the perpetrators of police-reported family violence incidents.⁹⁸
- Victorian data shows that approximately 30% of police-reported family incidents involve a child who witnessed or was otherwise affected by the incident.⁹⁹
- During 1 October to 31 December 2020 and the impact of COVID-19, the overall number of Victoria Police reports of family violence incidents children and young victim-survivor increased by 17% to 2,059 family violence incidents compared with the same time in 2019 (1,767 incidents). There was also a 50% increase in the number of Victorian contacts provided with counselling for child abuse or family violence.¹⁰⁰
- It is estimated that 5-6% of older Australians experience elder abuse and that there is considerable underreporting in this population.¹⁰¹
- During 1 October to 31 December 2020 and the impact of COVID-19, the overall number of Victoria Police reports of family violence incidents involving older people aged 55 and above increased by 12% to 3,286 family violence incidents compared with the same time in 2019 (2,925 incidents). There was an increase in family violence common assault (10%) and threatening behaviour (5%) and a 23% decrease in family violence serious assaults.¹⁰²

CALD communities

- Due to barriers of access, communication and social participation, there is limited reliable data about the prevalence of family violence in CALD communities. However, people from CALD communities are disproportionately affected by family violence and a range of other abuses and circumstances that are risk factors for family violence (e.g., social isolation, forced marriage, dowry-related violence, immigration-related abuse, pre-arrival trauma, and immigration status).¹⁰³
- The impact of COVID-19 restrictions in Victoria saw a 9% increase in the number of people born overseas presenting to Victorian Emergency Rooms, 54% increase in the number of people who sought legal advice, and a 21% increase in the total number of

clients receiving a case management service in the second quarter of 2020 compared to the same period in 2019.¹⁰⁴

Economic disadvantage

- 40% of all clients and 50% of child clients (under 18 years) accessing Specialist Homelessness Services had experienced domestic and family violence (DFV). 90% of the adult clients experiencing DFV were women.¹⁰⁵

Gender

- Victoria Police data¹⁰⁶ shows that:
 - Women were 3 times more likely to be the alleged victims/survivors of family violence incidents (74% females, 26% males).
 - Men were 3 times more likely to be the alleged perpetrator (75% males, 25% females).
- Women leaving DFV can experience trouble securing long-term accommodation, experience housing stress (60%), homelessness, housing insecurity and related economic insecurity. Over 50% of women who had permanently left a violent partner reported that they moved out of the home they shared (not their partner).¹⁰⁷

People with a disability

- National self-report data shows that 21% (1.2 million) of adults with disability have experienced intimate partner violence, compared with 13% (1.7 million) without disability.¹⁰⁸
- Women with disabilities are 40% more likely to be the victims of family violence than women without disabilities.¹⁰⁹

People who identify as LGBTIQ+

- Victorian self-report data showed that 13% of LGBTIQ+ adults had experienced family violence in the past 2 years compared with 5% of heterosexual adults.¹¹⁰
- 43% of LGBTIQ+ young Australians (14-21 years) who had experienced homelessness reported family violence as one of the perceived causes of their homelessness experiences.¹¹¹

Goal 3. A kind and connected community

Objective 3.1 Increase participation in community activities and volunteering

What the data tells us:

Aboriginal and Torres Strait Islander Peoples

- Due to very low sample size, there is no local data regarding participation in community activities and volunteering available for Aboriginal and Torres Strait Islander Peoples specifically.
- Culturally safe environments and spaces are needed to ensure that every Aboriginal person and every Aboriginal child can feel that their sense of self, identity and culture is “valued in some way by the people and environments that surround them”^{112,113}
- Rates of disability are high in this population (39% males, 37% females)¹¹⁴ and need to be considered to support inclusion in community activities.

Age

- There were no significant differences across age groups in the proportion of Kingston residents who either volunteer and/or belong to a formal/informal community group/club.¹¹⁵
- Older Kingston residents (17% of 75 years or older) were more likely to sit on a community group board/committee compared to residents aged 18-24 years (0%) and 25-34 years (5%).¹¹⁶

CALD communities

- There were no significant differences in the proportion of multilingual⁵ or English-speaking Kingston residents who volunteer, belong to a formal/informal club/community group, and/or sit on a community group board/committee.¹¹⁷

Economic disadvantage

- Unemployed Kingston residents (26%) were less likely to belong to a formal/informal community group/club than retired (40%) or employed full-time (40%) residents.¹¹⁸
- Kingston residents who are students (22%) were less likely to volunteer than retired (46%) or self-employed (45%) residents.¹¹⁹
- Unemployed Kingston residents (14%) were more likely to sit on a community group board/committee compared to students (0%).¹²⁰

Gender

- There were no significant gender differences in Kingston residents who belong to or sit on the board/committee of a formal/informal community group/club.¹²¹
- More men reported volunteering (45%) compared to women (33%).¹²²

⁵ **Multilingual** = main language spoken at home was a language other than English

People with a disability

- When comparing disability status, there were no significant differences in the proportion of Kingston residents who belong to or sit on the board/committee of a formal/informal community group/club.¹²³
- People with a disability requiring some assistance (19%) were less likely to volunteer than people with a disability requiring no assistance (43%) or no disability (39%).¹²⁴

People who identify as LGBTIQ+

- Victorian data shows that the proportion of adults who were members of religious, school or professional groups was not significantly different by LGBTIQ+ status. However, the proportion of LGBTIQ+ adults who were members of a sports group was significantly lower, while those volunteering to work in a local community group was significantly higher compared with the proportion in heterosexual/non-LGBTIQ+ adults.¹²⁵
- Although limited by small sample size, Kingston data suggests that LGBTIQ+ residents may be less likely to volunteer (7%), belong to (0%) or sit on the board/committee (0%) of a formal/informal community group/club compared to non-LGBTIQ+ residents (40%, 37%, and 9% respectively).¹²⁶

Goal 3. A kind and connected community

Objective 3.2 Reduce social isolation and loneliness

Please Note. We encourage readers to refer to data from **Objectives 3.2, 3.3 and 3.4** together to gain a more complete picture of the inter-related experiences of social isolation, discrimination and belonging.

What the data tells us:

Aboriginal and Torres Strait Islander Peoples

- Due to very low sample size, there is no local data regarding social isolation and loneliness available for Aboriginal and Torres Strait Islander Peoples specifically.
- To help reduce social isolation and loneliness, culturally safe environments and spaces are needed to ensure that every Aboriginal person and every Aboriginal child can feel that their sense of self, identity and culture is “valued in some way by the people and environments that surround them”^{127, 128}

Age

- The proportion of Kingston residents who reported feeling content and satisfied with friendships/relationships and had enough people they felt comfortable asking for help at any time was similar across age groups.¹²⁹
- Similarly low levels of loneliness were reported across age groups.¹³⁰

CALD communities

- The proportion of Kingston residents who reported feeling content and satisfied with friendships/relationships and having enough people they feel comfortable asking for help at any time were similar for multilingual⁶ and English-only speaking Kingston residents.¹³¹

Economic disadvantage

- Less students (66%) and unemployed (68%) reported having enough people they feel comfortable asking for help at any time compared to self-employed (91%) and full-time employed (91%) Kingston residents.¹³²
- Unemployed adults had higher levels of loneliness compared to employed and retired Kingston residents.¹³³

Gender

- The proportion of Kingston residents who reported feeling content and satisfied with friendships/relationships, and who had enough people they felt comfortable asking for help at any time was similar between males and females.¹³⁴
- Similarly low levels of loneliness were reported between males and females.¹³⁵

People with a disability

- Significantly less Kingston residents with a disability requiring some assistance reported feeling content (57%) and satisfied (51%) with their friendships/relationships, and having enough people they feel comfortable asking for help (63%) than residents without a disability (92% content, 91% satisfied, 87% enough help).¹³⁶

⁶ **Multilingual** = main language spoken at home was a language other than English

People who identify as LGBTIQ+

- A significantly lower proportion of Victorian LGBTIQ+ adults were able to get help from family or neighbours when needed and/or could get a relative or friend to care for them or their children in an emergency.¹³⁷
- Although limited by small sample size, Kingston data¹³⁸ suggests similar proportions of LGBTIQ+ residents reported feeling content (94%) and satisfied (79%) with their friendships/relationships, and having enough people they feel comfortable asking for help (87%) than non-LGBTIQ+ residents (90% content, 89% satisfied, 86% enough help).

Goal 3. A kind and connected community

Objective 3.3 Reduce discrimination

Please Note. We encourage readers to refer to data from **Objectives 3.2, 3.3 and 3.4** together to gain a more complete picture of the inter-related experiences of social isolation, discrimination and belonging.

What the data tells us:

Aboriginal and Torres Strait Islander Peoples

- Kingston data, although limited by small sample, showed that Aboriginal and/or Torres Strait Islander residents reported higher levels of discrimination in Kingston in the past 12 months based on their skin colour, ethnicity, or religion.¹³⁹
- Victorian data suggests that Aboriginal and/or Torres Strait Islander adults may be approximately 4 times more likely than non-Indigenous Victorian adults, and 7 times more likely than Victorians with Anglo-Celtic ethnicity to experience racism.¹⁴⁰
- In Victoria, 47% of Aboriginal and/or Torres Strait Islander children (aged 10-15 years) reported experiencing direct racial discrimination and 65% reported witnessing racial discrimination. Racial discrimination is related to multiple negative child and youth health outcomes.¹⁴¹

Age

- Kingston data showed no significant differences in the rates of experiences of discrimination in Kingston in the past 12 months across adult age groups based on skin colour, ethnicity, religion, age, gender, gender identity, sexuality, physical ability, or weight.¹⁴²
- Young people aged 18-25 years (7%) were more likely to have experienced discrimination in Kingston in the past 12 months based on their weight compared to the Kingston average (2%). No local data for children aged below 18 years in Kingston was available (see other demographics for specific populations).
- In 2018-19, the Australian Human Rights Commission received 7% of total complaints, 61% of employment complaints, and 38% of goods and services complaints were related to age discrimination.¹⁴³

CALD communities

- 8% of multilingual⁷ Kingston residents reported experiencing discrimination in Kingston in the past 12 months based on their skin colour, ethnicity, or religion, compared to 2% of English-only speaking residents.¹⁴⁴
- Racial discrimination is related to multiple negative child and youth health outcomes. In Victoria:¹⁴⁵
 - 62% of children from Pacific/Maori backgrounds reported direct experiences of discrimination (46% by peers, 29% by teachers, and 44% in society).
 - 66% of children from Middle Eastern backgrounds reported direct experiences of discrimination (51% by peers, 21% by teachers, and 50% in society).
 - 70% of children from African backgrounds reported direct experiences of discrimination (60% by peers, 42% by teachers, and 51% in society).
 - 64% of children from South Asian backgrounds reported direct experiences of discrimination (51% by peers, 23% by teachers, and 50% in society).

⁷ **Multilingual** = main language spoken at home was a language other than English

- 66% of children from East Asian backgrounds reported direct experiences of discrimination (43% by peers, 19% by teachers, and 60% in society).
- 75% of children from Southeast Asian backgrounds reported direct experiences of discrimination (57% by peers, 21% by teachers, and 57% in society).

Economic disadvantage

- Kingston residents who were unemployed were more likely to experience discrimination in Kingston in the past 12 months based on their skin colour/ethnicity/religion (7%) and their age (7%) compared to the Kingston average (3%, 3% respectively).¹⁴⁶
- Kingston residents who were students were more likely to experience discrimination in Kingston in the past 12 months based on their gender (11%), their age (11%), their physical ability (13%), and their weight (11%) compared to the Kingston average (4%, 3%, 2%, 2% respectively).¹⁴⁷
- People who are homeless are more likely to experience pervasive discrimination based on housing status as well as other disadvantages including unemployment, mental health issues, and/or drug addiction. Discrimination based on access to accommodation and goods and services contributes to higher rates of poor health.¹⁴⁸

Gender

- Kingston residents who were females (5.6%) were more than 3 times as likely to experience gender-based discrimination in Kingston in the past 12 months compared with males (1.5%).¹⁴⁹
- Kingston residents who were females (3.1%) were 10 times more likely to experience discrimination in Kingston in the past 12 months based on their weight than males (0.3%).¹⁵⁰
- Victorian adults who identified as LGBTIQ+ were more likely to report experiences of discrimination based on their gender (36%) and gender identity (18%) compared with non-LGBTIQ+ adults (26% for gender and 5% for gender identity).¹⁵¹
- 1 in every 2 mothers experience discrimination during pregnancy, on parental leave or when returning to work. Men may face discrimination or disapproval when taking on certain career paths, caring responsibilities and activities traditionally reserved for women.¹⁵²

People with a disability

- Kingston residents with a disability not requiring assistance were more likely to experience discrimination in Kingston in the past 12 months based on their skin colour/ethnicity/religion (12%), gender (11%), and age (9%) compared to residents without a disability (3% respectively).¹⁵³
- Kingston residents with a disability requiring assistance were more likely to experience discrimination in Kingston in the past 12 months based on their physical ability (10%), and weight (7%) compared to residents without a disability (2% respectively).¹⁵⁴
- In 2018-19, 44% of complaints received by the Australian Human Rights Commission were about disability discrimination.¹⁵⁵
- 33% of people aged 15 and over with a disability avoided situations because of their disability in the last year.¹⁵⁶

People who identify as LGBTIQ+

- Although limited by small sample size, 7.3% of Kingston residents who identified as LGBTIQ+ reported experiencing discrimination in Kingston in the past 12 months based on their sexuality, compared to 0.2% of non-LGBTIQ+ residents.¹⁵⁷

- Victorian adults who identified as LGBTIQ+ were more likely to report experiences of discrimination based on their sexuality (53%), gender (36%), and gender identity (18%) compared with non-LGBTIQ+ adults (2%, 26%, and 5% respectively).¹⁵⁸
- Stigma and discrimination are the major drivers of double the rates of homelessness within the LGBTIQ+ population in Victoria.¹⁵⁹
- 60% of LGBTIQA+ young Australians (14-21 years) had felt unsafe or uncomfortable due to their sexuality or gender identity at secondary school in the past 12 months and 27% said that LGBTIQA+ people were never mentioned in a supportive or inclusive way in their schooling.¹⁶⁰

Goal 3. A kind and connected community

Objective 3.4 Increase inclusion, respect and belonging

Please Note. We encourage readers to refer to data from **Objectives 3.2, 3.3 and 3.4** together to gain a more complete picture of the inter-related experiences of social isolation, discrimination and belonging.

What the data tells us:

Aboriginal and Torres Strait Islander Peoples

- There is no specific local data regarding inclusion, respect and belonging for Aboriginal and Torres Strait Islander Peoples. Goenpul woman of the Quandamooka people and Distinguished Professor Aileen Moreton-Robinson described that “Indigenous people’s sense of belonging is derived from an ontological relationship to country derived from the Dreaming”. Therefore, the traumatic history of dislocation, removal from country, incarceration, and death negatively impact experiences of belonging, inclusion and respect for Australia’s traditional owners.¹⁶¹
- Ensuring that Aboriginal children and young people are “connected to their communities and strong in their identity and culture is essential to their wellbeing and the cornerstone of resilience” (Andrew Jackomos, Commissioner for Aboriginal Children and Young People).¹⁶² For Aboriginal people “culture is about family networks, Elders and ancestors. It’s about relationships, languages, dance, ceremony and heritage. Culture is about spiritual connection to our lands and waters. It is the way we pass on stories and knowledge to our babies and children; it is how we greet each other and look for connection. It is about all the parts that bind us together” (Jackomos, 2015)¹⁶³. Continued effort is needed to develop culturally safe spaces.¹⁶⁴

Age

- More Kingston residents aged 75+ years (78%) reported feeling a strong sense of belonging to a community compared to residents aged 18-25 years (46%).¹⁶⁵

CALD communities

- 69% of multilingual⁸ Kingston residents reported feeling a strong sense of belonging to a community compared to 58% of English-only residents.¹⁶⁶

Economic disadvantage

- Less Kingston residents who were students (34%) or unemployed (42%) reported feeling a strong sense of belonging to a community compared to employed (64% full-time, 63% part-time/casual, 59% self-employed) and retired (71%) residents.¹⁶⁷

Gender

- The proportion of Kingston residents who reported feeling a strong sense of belonging to a community was similar for males and females.¹⁶⁸

⁸ **Multilingual** = main language spoken at home was a language other than English

People with a disability

- Only 37% of Kingston residents with a disability requiring some assistance reported feeling a strong sense of belonging to a community compared with 53% with a disability (no assistance) and 63% without a disability. ¹⁶⁹

People who identify as LGBTIQ+

- Although limited by small sample size, Kingston data¹⁷⁰ suggests that less LGBTIQ+ residents (32%) feel a strong sense of belonging to a community compared to non-LGBTIQ+ residents (63%).

Goal 4. A liveable community

Objective 4.1 Increase community understanding and resilience for health impacts of climate change

What the data tells us:

Aboriginal and Torres Strait Islander Peoples

- No local data is available for Aboriginal and Torres Strait Islander Peoples specifically. However national health data shows that over one in ten (16%)¹⁷¹ Aboriginal and Torres Strait Islander people reported having asthma in 2018/19 which is higher than those that are not Aboriginal or Torres Strait Islander (11%)¹⁷²
- Economic disadvantage is higher in this population¹⁷³ and may impact their ability to access funds (e.g., \$2000) in an emergency.

Age

- In Kingston, older people (51%) and those who are retired (41%) were significantly less likely than the Kingston average (28%) to say that climate change is not harming their health.¹⁷⁴
- Significantly higher number of young people aged 18-24 years (53%) experienced pollen-related health concerns compared to the Kingston average (39%), whereas people over 75 years (21.6%) experienced significantly lower concerns.¹⁷⁵
- In Kingston, young people aged 18-24 years (16%) were more likely than any other age group to experience mental health consequences such as depression, anxiety, and post-traumatic stress disorder related to climate change (Kingston average 6%).¹⁷⁶
- Kingston residents aged under 25 years (58%) prioritised the need for a high level of investment in sustainable behaviours in the community at a higher rate compared to the Kingston average (39%).¹⁷⁷

CALD communities

- Higher rates of multilingual⁹ Kingston residents (18%) experienced health concerns related to increased air pollution (e.g., asthma or lung disease).
- Other national data also shows that this population are considered more vulnerable than mainstream communities to the impacts of natural disasters such as floods, heatwaves and bushfires.¹⁷⁸ A study in Adelaide found that during severe heatwaves 37% of patients hospitalised with direct heat-related illnesses were born overseas, despite this group only representing 25% of the population¹⁷⁹. Similar findings have occurred in numerous other heatwave and pandemic studies (including during COVID-19).

Economic disadvantage

- Accessing \$2000 in an emergency is harder for Kingston residents who are unemployed (53%) compared to the Kingston average (73%)¹⁸⁰
- Kingston residents who are employed part time/casually (43%) were significantly more likely to think climate change is harming their health compared to the Kingston average (31%)¹⁸¹

⁹ **Multilingual** = main language spoken at home was a language other than English

- Sustainability Victoria data shows that 45%¹⁸² of Victorians in public housing have had to leave their homes due to extreme heat or cold, they usually find shelter at swimming pools, shopping centres, cinemas, libraries, and community centres¹⁸³

Gender

- Sustainability Victoria data found that females were more likely than males to think they will cope poorly (financially, physically and mentally) with climate change impacts.¹⁸⁴
- Kingston liveability data shows that:
 - Female residents (41%) prioritised the need for sustainable behaviours in the community at a higher rate than males (33%).¹⁸⁵
 - While males (32%) were more likely than females (24%) to think that climate change is currently harming their household's health, they were less likely to have experienced any health conditions related to climate change (heat stress, physical harm from storms or flooding, asthma or lung conditions, hay fever or thunderstorm asthma, or illness from contaminated food or water).¹⁸⁶

People with a disability

- Kingston Health data from 2020 shows that significantly more people with a disability (95%) experienced physical bodily harm from severe storms and/ or flooding compared to the Kingston average (1%).¹⁸⁷
- Kingston residents with a disability requiring assistance (57%) were less likely than people with no disability (76%) to walk or cycle to the local shops or facilities.¹⁸⁸
- While not a statistically significant difference, people with a disability (55%) in Kingston were less able to access \$2000 in an emergency than people with no disability (74%).¹⁸⁹

People who identify as LGBTIQ+

- Although limited by sample size, Kingston data shows that LGBTIQ+ adults (16%) were less likely than non-LGBTIQ+ adults (28%) to say that climate change is not harming their health.¹⁹⁰
- No reliable local data is available due to sample size however Victorian health data shows that LGBTIQ+ adults were less likely than heterosexual/non-LGBTIQ+ adults to be able to raise \$2000 in an emergency¹⁹¹. This is consistent with Kingston data showing that 73% of people who identify as LGBTIQ+ would be able to access \$2000 compared to non-LGBTIQ+ (93%).¹⁹²

Goal 4. A liveable community

Objective 4.2 Increase availability of social and affordable housing

What the data tells us:

Aboriginal and Torres Strait Islander Peoples

- In 2016, 71% of the Aboriginal and Torres Strait Islander Peoples in Kingston were living in rent-related financial stress.¹⁹³
- Aboriginal and Torres Strait Islander Peoples in Kingston have a higher proportion of people renting (40%) than the Kingston average (25%)¹⁹⁴, renting is considered a less secure form of housing compared to home ownership (with or without a mortgage).
- In 2018, 17% of Aboriginal people in Victoria sought assistance from a homelessness service, 44% of these were already homeless with the remainder at risk of homelessness.¹⁹⁵
- Victorian Homelessness data shows that in 2020/21 Aboriginal and Torres Strait Islander Peoples received 10,113 periods of support services, this has increased by 36% since 2016/17.¹⁹⁶

Age

- The average age of clients receiving specialist homelessness services in Kingston between July 2019 and June 2020 was 23 years.¹⁹⁷
- People who live alone experienced the highest amount of rental stress in Kingston, these people are usually older people aged 65+, followed by couples aged 65+.¹⁹⁸
- 2016 Census data shows that in Kingston people aged 25-34 years comprised the highest proportion of people counted as homeless, this was followed by children under 12 years.¹⁹⁹
- Kingston residents aged 65-79 years (2%) were more likely than any other age group to live in social housing, this is a higher rate than the Kingston average (1.5%)²⁰⁰
- Victorian Homelessness data show that in 2020/21 females aged 18-24 years (4,592) presented for support services at a significantly higher rate than all other age groups (between 0-24 years) and genders.²⁰¹

CALD communities

- People who were born overseas and arrived in Australia in the last 5 years accounted for 15% (17,749 persons) of all people who were homeless on Census night in 2016.²⁰²
- Victorian Homelessness data shows that in 2020/21 people born in a non-English speaking country received 12,842 periods of support services, of these 1,234 were from Southern Asia representing the highest amount from all non-English speaking regions of birth. This was followed by people from the Middle East (921), Southern and East Africa (726) and Mainland South-East Asia (749).²⁰³

Economic disadvantage

- ABS national data shows that households with low income in the private rental market were more likely to be in housing stress, spending on average 32% of income on housing costs, compared with homeowners with a mortgage (29%) or homeowners without a

mortgage (6%). Lone person households on average spent the highest proportion of income on housing costs.²⁰⁴

- Households with very low income experience the highest proportion of rental stress in Kingston (46%) with 1,509 (29%) of these households experiencing severe rental stress.²⁰⁵

Gender

- Between 2017-2018 data shows that in Melbourne's East and South regions, women, children and young people were the most common clients of homelessness services, with female adults and children (60%) accessing the service at a higher rate than male adults and children (40%).²⁰⁶
- National data shows that a greater proportion of 14-24 year old trans men (45%), trans women (38%) and non-binary (30%) compared to cisgender men (25%) and cisgender women (17%) have experienced homelessness related to being LGBTIQ+.²⁰⁷
- Victorian Homelessness data shows that in 2020/21 females aged 18-24 years (4,592) presented for support services at the highest rate of all age groups and genders, with 1,099 males aged 18-24 years presenting for services. The total number of females aged 0-24 years (11,934) presenting for services was significantly higher than males aged 0-24 years (7,854).²⁰⁸

People with a disability

- There is no local data specifically on housing affordability for people with a disability. However national data indicates that people with a disability (16%) were more likely than people without a disability (4%) to rent from a state or territory housing authority (public housing).²⁰⁹
- Victorian Homelessness data shows that in 2020/21 clients with a disclosed need for assistance (due to disability or long-term health condition) received 2,590 periods of support services. This rate has declined by 19% since 2019/20²¹⁰

People who identify as LGBTIQ+

- National data of people aged 14-21 years living in Australia who identified as LGBTIQ+ showed that over one quarter or 26% reported that their experiences of homelessness in their lifetime was related to being LGBTIQ+.²¹¹
- National data shows that a greater proportion of 14–24-year-old trans men (45%), trans women (38%) and non-binary people (30%) compared to cisgender men (25%) and cisgender women (17%) have experienced homelessness related to being LGBTIQ+.²¹²
- The Victorian Population health survey data shows that a significantly higher proportion of LGBTIQ+ adults (29%) rented their home compared to non LGBTIQ+ adults (20%)²¹³, while the proportion of LGBTIQ+ adults (29%) who own their home was significantly lower compared to non-LGBTIQ+ adults (35%).²¹⁴

Goal 4. A liveable community

Objective 4.3 Increase equitable participation in the workforce and local economy

What the data tells us:

Aboriginal and Torres Strait Islander Peoples

- 2016 Census data shows that Aboriginal and Torres Strait Islander Peoples (29%) had a lower rate not in labour force compared to the Kingston average (32%).²¹⁵
- Aboriginal and Torres Strait Islander Peoples had a higher proportion of the labour force unemployed (7%) compared to the Kingston average (5%).²¹⁶
- National data shows that in 2018/19, 49% of Aboriginal and Torres Strait Islander Peoples aged 15-64 years were employed compared with 76% of non-Aboriginal and Torres Strait Islander Peoples in the same age group.²¹⁷
- National data shows that in 2017-19 the employment rate gap between Aboriginal and Torres Strait Islander Peoples compared to non-Indigenous people (aged 15-64 years) was largest among those aged 25-54.²¹⁸
- In 2014-15 barriers to workforce participation for Aboriginal and Torres Strait Islander Peoples aged 15-64 years in non-remote areas included no jobs in their area, no driver's licence, transport problems/distance, insufficient education/training/skills, and no jobs at all.²¹⁹

Age

- 2016 Census data shows that the highest unemployment rate in Kingston was for people aged 15-19 years (19%), followed by those aged 20-24 years (10%), compared to 4% for those aged 30-59 years.²²⁰
- Australian Government JobSeeker and Youth Allowance payment data shows that in September and October 2021 people aged 55-64 years received the most allowances compared to the other age groups.²²¹
- 2016 Census data shows that less young people aged 15-19 years (37%) were employed compared to those aged 20-59 years (70-82%).²²²

CALD communities

- 2016 Census data shows that in Kingston people born overseas had a higher proportion not in the labour force (38%) compared to the Kingston average (32%).²²³
- The unemployment rate of people in Kingston born overseas (6%) was comparable to the Kingston average (5%).²²⁴

Economic disadvantage

- 2016 Census data shows that the most disadvantaged areas in Kingston; Clayton South (91%) and Clarinda (93%) had a lower proportion of people aged 15+ years in employment than the Kingston average (95%), and a higher proportion unemployed in Clayton South (9%), Clarinda (7%) compared to Kingston (5%).²²⁵

- Census data shows that labour force participation rates in Clayton South (56%) and Clarinda (56%) are lower compared to the Kingston average (63%)²²⁶, meaning there are less people employed or actively looking for work.

Gender

- 2016 Census data shows that overall males and females in Kingston had a comparable unemployment rate (6% and 5% respectively).²²⁷
- 2016 Census data shows that a higher proportion of males were employed fulltime (76%)²²⁸ compared to females (48%); and a higher proportion of females (47%) were employed parttime compared to males (20%).
- Australian Government data shows that in October 2021 more males (525,989) received JobSeeker and Youth Allowance than females (504,357), however females aged over 45 – 65+ years (254,033) received higher rates than males (212,919).²²⁹

People with a disability

- National data shows that in 2018, 48% of working-aged people with a disability were employed, compared with 80% without a disability.²³⁰
- National data shows that in 2018 most working-aged people with a disability (93%) who are unemployed reported at least 1 difficulty in finding work, compared with 83% of people without a disability²³¹. The most common difficulties cited by people with a disability were:
 - Ill health or disability (45%)
 - Lack of necessary skills or education (34%)
 - Considered too old by the employer (27%)
 - Too many applicants for available jobs (27%)
 - Insufficient work experience (25%)
- National data (2018) shows that in Australia people aged 15-64 years with a disability (10%) were twice as likely to be unemployed as those without a disability (5%).²³²
- Most employed (88%) and unemployed (82%) people aged 15-64 years with a disability did not require additional support from their employer to work, with only 17% taking one day or more off per week because of disability.²³³

People who identify as LGBTIQ+

- The 2017 Victorian Population Health Survey shows²³⁴:
 - A significantly lower proportion of adult LQGBTIQ+ population (27%) in the labour force compared to non-LGBTIQ+ (31.9%).
 - A significantly higher unemployment rate for LQGBTIQ+ (8%) compared to non-LGBTIQ+ (5%).
 - 18-24 years olds who identified as LGBTIQ+ (13%) had the highest unemployment rate compared to all other age groups of unemployed people who are LGBTIQ+.
 - Similar rates of employment across all ages except for those 25-34 years, with significantly lower proportion of LGBTIQ+ (72%) employed compared to non-LGBTIQ+ (81%).

Goal 4. A liveable community

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

What the data tells us:

Aboriginal and Torres Strait Islander Peoples

- No local data is available for Aboriginal and Torres Strait Islander Peoples specifically. However, rates of disability are high in this population (39% males, 37% females)²³⁵ and may affect a person's access to facilities, services and activities
- National health survey data²³⁶ found that in 2018-19:
 - 30% of Aboriginal and Torres Strait Islander Peoples reported that while they needed to, they did not see a health care provider.
 - The main service gaps for this population included health/social and emotional wellbeing (68%); youth services (54%) and alcohol, tobacco and other drug services (45%).
 - Approximately 7% of this population lived in areas of low relative supply of general practitioners.
 - Main reasons for not seeking a doctor when needed included:
 - being too busy (33%); decided not to (28%); waiting time too long or not available at required time (16%); transport/distance (14%); dislikes service/professional or is embarrassed/afraid (11%); felt service would be inadequate (10%); cost (7%); does not trust service provider (7%); service not available in area (2%); discrimination/not culturally appropriate/ language problem (1%).

Age

- Compared to all other age groups in Kingston, people aged over 75+ (87%) were the most satisfied with the quality of the parks, playgrounds and open space in their local area.²³⁷
- People aged 75+ (63%) in Kingston were significantly less likely than the Kingston average (83%) to like the look and feel of their local area.²³⁸
- Kingston residents aged 55-74 years (79%) were less satisfied with the health and medical services in their local area compared to residents aged 75+ (95%).²³⁹

CALD communities

- Kingston health and wellbeing survey data²⁴⁰ showed no significant difference between multilingual¹⁰ and English-speaking households' level of satisfaction with:
 - The quality of the parks, playgrounds and open space in their local area
 - The look and feel of their local area
 - The health and medical services in their local area
- The most multicultural suburbs in Kingston; Clayton South and Clarinda had a comparable number of clubs and organisations (29 and 21 respectively) listed on the My Community Life Directory as Parkdale (29), the least multicultural suburb. The number of clubs and

¹⁰ **Multilingual** = main language spoken at home was a language other than English

organisations listed in Clayton South and Clarinda were within the top 10 across all Kingston suburbs (19).²⁴¹

Economic disadvantage

- While not a significant difference, people who were unemployed/seeking work (67%) in Kingston were less satisfied with the quality of the parks, playgrounds and open space in their local area compared to the Kingston average (78%).²⁴²
- People who were unemployed (61%) in Kingston were significantly less likely than the Kingston average (83%) to like the look and feel of their local area.²⁴³
- The number of listings on the My Community Life directory for the least disadvantaged suburbs Waterways (2) and Aspendale (17) was lower than for the most disadvantaged suburbs Clayton South (29) and Clarinda (21).²⁴⁴

Gender

- There was no significant difference in Kingston between males (79%) and females (76%) level of satisfaction with the quality of the parks, playgrounds and open space in their local area.²⁴⁵
- Kingston health and wellbeing data shows that males (88%) were more likely to be satisfied with the look and feel of their local area compared to females (79%).²⁴⁶
- There was no significant difference in Kingston between males (86%) and females (82%) level of satisfaction with the health and medical services in their local area compared to the Kingston average (84%).²⁴⁷
- The Kingston Liveability Survey²⁴⁸ shows:
 - a similar proportion of males and females identified a medium level of investment required in access to shared community and commercial assets
 - males identified a medium level of investment needed in local education options whereas females do not
 - Both males and females identified a high level of need for investment in local businesses that provide for daily needs
 - Males identified a high level of need for evidence of recent public investment compared to females that identify a medium level of need.

People with a disability

- Kingston residents with a disability (71%) were less likely to be satisfied with the quality of the parks, playgrounds and open space in their local area compared to residents without a disability (78%).²⁴⁹
- Kingston residents with a disability requiring some assistance (73%) were less likely to like the look and feel of their local area, compared to residents with a disability not requiring assistance (82%) and residents without a disability (83%).²⁵⁰
- Most Kingston residents (84%) were satisfied with the local health and medical services in their local area, however only 71% of residents with a disability requiring no assistance were satisfied with these services.²⁵¹
- There were 14 inclusive sport/recreation activities in Kingston listed on the Access for all Abilities directory, including golf, basketball, swimming and tennis.²⁵²
- Since 2018 there has been an increased need for access and inclusion swimming lessons in Kingston's Aquatic facilities.²⁵³

People who identify as LGBTIQ+

- Although limited by a small sample size, less Kingston residents who identify as LGBTIQ+ (62%) were satisfied with the quality of the parks, playgrounds and open space in their local area than non-LGBTIQ+ residents (78%).²⁵⁴
- The small sample size of people in Kingston who identify as LGBTIQ+ (93%) were more likely than non-LGBTIQ+ people to like the look and feel of their local area (83%).²⁵⁵
- Kingston residents who identify as LGBTIQ+ (84%) were less likely than non LGBTIQ+ residents (93%) to be satisfied with the health and medical services of their local area.²⁵⁶

Goal 4. A liveable community

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

What the data tells us:

Aboriginal and Torres Strait Islander Peoples

- No local data is available for Aboriginal and Torres Strait Islander Peoples specifically. However, rates of disability are high in this population (39% males, 37% females)²⁵⁷ and may affect a person's access to open spaces and the natural environment.
- Open spaces and the natural environment, including the lands and waters is of great cultural significance and forms an important part of cultural heritage for Aboriginal and Torres Strait Islander Peoples.²⁵⁸
- Kingston data, although limited by a small sample size, showed that Aboriginal and/or Torres Strait Islander residents reported higher levels of discrimination in Kingston in the past 12 months based on their skin colour, ethnicity, or religion²⁵⁹ and this may affect a person's use and access to open spaces and the natural environment.

Age

- Kingston Liveability survey data shows some differences in liveability between different age groups²⁶⁰:
 - Residents under 25 years rated a high need for investment in *elements of natural environment* to improve liveability, this was not identified by other age groups.
 - Residents aged 45-64 years rated a high need for investment in the *general condition of public spaces*, this was not identified by other age groups.
- Compared to all other age groups in Kingston, people aged over 75+ (87%) were the most satisfied with the quality of the parks, playgrounds and open space in their local area.²⁶¹
- People aged 75+ (63%) in Kingston were significantly less likely than the Kingston average (83%) to like the look and feel of their local area.²⁶²
- Feelings about safety impacts use and access of open space and the environment. Kingston residents aged between 25-34 years were significantly more likely to feel safe at the foreshore/parks/reserves at night than any other age group.²⁶³

CALD communities

- Feelings about safety impacts use and access of open space and the environment. The proportion of Kingston residents who described feeling safe walking in their local area during the day and night and at foreshore/parks/reserves during the day was similar for people from multilingual households and English-only households.²⁶⁴
- Kingston residents from multilingual¹¹ households were significantly more likely to feel safe at the foreshore/parks/reserves at night (64%) compared to English-only households (48%).²⁶⁵

¹¹ **Multilingual** = main language spoken at home was a language other than English

Economic disadvantage

- Kingston Liveability survey data²⁶⁶ shows some differences in liveability between areas with a higher level of disadvantage (Clayton South and Clarinda) compared to areas with the lowest level of disadvantage (Waterways and Aspendale):
 - A high need for investment in *elements of natural environment* would contribute the most to liveability in Clayton South and Clarinda, this was not identified as a need in Waterways and Aspendale.
 - A medium need for investment in *spaces suitable for play* would contribute to improving liveability in Clayton South and Clarinda, this was not identified as a need in Waterways and Aspendale.
 - A medium need for investment in *walking/jogging/bike paths* would contribute to improving liveability in Clayton South, this was not identified as a need in Clarinda, Aspendale or Waterways.
 - Aspendale shows a high need for investment in *landscaping and natural elements*, compared to a medium need in Clayton South and no need in Waterways and Clarinda.
- While not a significant difference, people who were unemployed/seeking work (67%) in Kingston in 2020, were less satisfied with the quality of the parks, playgrounds and open space in their local area compared to the Kingston average (78%).²⁶⁷
- People who were unemployed (61%) in Kingston were significantly less likely than the Kingston average (83%) to like the look and feel of their local area.²⁶⁸

Gender

- Kingston Liveability survey data shows:²⁶⁹
 - Females highly valued *landscaping and natural elements* and rated this as high performing compared to males who did not highly value this attribute however did rate it as high performing.
 - There was no difference between females and males who ranked the following attributes as high performing and valued as contributing to liveability in Kingston:
 - *Elements of natural environment; amount of public space; general condition of public open space; free places to sit comfortably by yourself or in small groups; spaces suitable for play; and walking/jogging/bike paths that connect housing to communal amenity.*
- There were no significant differences in Kingston between males (79%) and females (76%) level of satisfaction with the quality of the parks, playgrounds and open space in their local area.²⁷⁰
- In 2020 male residents (88%) were more likely to be satisfied with the look and feel of their local area compared to female residents (79%).²⁷¹
- Feelings about safety impacts use and access of open space and the environment. Male residents were significantly more likely to feel safe in their local area at night (79%, females = 41%) and at the foreshore/parks/reserves at night (72%, females = 40%), than female residents in Kingston.²⁷²

People with a disability

- Kingston residents with a disability (71%) were less likely to be satisfied with the quality of the parks, playgrounds and open space in their local area compared to residents without a disability (78%).²⁷³
- Kingston residents with a disability- requiring some assistance (73%) were less likely to like the look and feel of their local area, compared to residents with a disability - not requiring assistance (82%) and residents without a disability (83%).²⁷⁴

- Kingston has approximately 13 kms of foreshore, within this there are 3 beaches that are access friendly – Carrum, Chelsea and Mordialloc.²⁷⁵
- Feelings about safety impacts use and access of open space and the environment. Disability status did not impact feelings of safety for Kingston residents in their local area during the day or at the foreshore/parks/reserves during the day.²⁷⁶
- Kingston residents with a disability were less likely to feel safe in their local area at night (disability no assistance = 36%, disability some assistance = 56% no disability = 62%) and at the foreshore/parks/reserves at night (disability no assistance = 29%, disability some assistance = 25% no disability = 55%), than residents without a disability.²⁷⁷

People who identify as LGBTIQ+

- Feelings about safety impacts use and access of open space and the environment. Although limited by a small sample size non-LGBTIQ+ adults were more likely to feel safer walking in their local area at night; at the foreshore, in parks or reserves during the day and at night compared to LGBTIQ+ adults. There was no difference in feelings of safety between LGBTIQ+ and non-LGBTIQ+ adults walking in their local area during the day.²⁷⁸

Goal 5. An informed and empowered community

Objective 5.1 Improve provision of accessible health and wellbeing information, programs and services

What the data tells us:

Aboriginal and Torres Strait Islander Peoples

- No local data is available. However, the main barriers for Aboriginal Victorians accessing mainstream services include a lack of culturally safe services, lack of awareness that services are available, racism, shame and fear, complex administrative processes, and affordability.²⁷⁹

Age

- No local data is available. However, the 2018 National Health Literacy Survey²⁸⁰ showed:
 - 98% of young people aged 18-24 agreed or strongly agreed that they have enough information to manage their health.
 - Younger people (39% aged 18-24) were more likely to strongly agree that they had social support for health than older people (20% aged 65+).
 - Older people (39% aged 65+) were more likely to always find it easy to actively engage with healthcare providers compared with younger people aged 18-24 (28%).
 - Older people (34% aged 65+) reported finding it easier to navigate the healthcare system than younger people (19% aged 35-44). Also, 19% of people aged 18-24 reported finding it difficult to navigate the healthcare system compared to only 8% aged 65+ years.
- National healthcare patient experiences 2020-21 data²⁸¹ showed:
 - Older Australians accessed health services (including telehealth) more and had more positive experiences with hospital ED doctors, medical specialist, and telehealth practitioners than young people.
 - Young people (21% aged 15-24 years) accessed mental health services more than older people (9% aged 65+ years).
- The main barriers for older Australians include lack of awareness of knowledge of available services, transport/travel challenges, fears, and affordability.²⁸² Lower digital literacy and digital access may also be a challenge for some older Australians, particularly considering the impact of COVID-19 restrictions and increased reliance on digital communication and services.²⁸³

CALD communities

- No local data is available. The 2018 National Health Literacy Survey²⁸⁴ showed that multilingual¹² adults had similar levels of health literacy compared to adults whose main language spoken at home was English. However multilingual adults were more likely to 'agree' rather than 'strongly agree' that they felt understood and supported by healthcare

¹² **Multilingual** = main language spoken at home was a language other than English

providers, had enough information to manage their health, actively manage their health, had similar social support for health, and appraisal of health information.

- Language and cultural barriers need to be addressed to ensure that health information is understood, culturally responsive and that services can be meaningfully and safely accessed.²⁸⁵

Economic disadvantage

- No local data is available. However, the 2018 National Health Literacy Survey²⁸⁶ showed that households with a higher household income (fifth quintile) were more likely to strongly agree that they have the social support they require in managing their health (29%) than those with lower household income (first quintile – 18%).
- People who are homeless often lack access to effective healthcare services even though they tend to have substantially higher rates of illness than the broader population.²⁸⁷
- National data shows that people living in areas with the most socio-economic disadvantage were more likely to use hospital services, more likely to wait longer than acceptable for a GP appointment, and less likely to see a dentist or medical specialist than people living in areas of the least disadvantage. Cost was a key barrier for accessing health services.²⁸⁸

Gender

- No local data is available. The 2018 National Health Literacy Survey²⁸⁹ showed similar levels of health literacy for men and women (N.B. no information was available for non-binary or gender diverse populations). However, men were more likely to 'agree' rather than 'strongly agree' that they feel understood and supported by healthcare providers, have enough information to manage their health, actively manage their health, and have enough social support.
- National data²⁹⁰ shows gender differences in access, barriers and experiences of healthcare services:
 - Females were more likely to access all forms of health services (e.g. GP, dentist, pathology test, specialist, hospital ED, and mental health provider) than males.
 - Males reported more positive experiences with hospital ED doctors and specialists than females.
 - Females were more likely to delay or not use health services (dentist, GP, medical specialists) when needed due to COVID-19 than males.

People with a disability

- No local data is available.
- 47% of Australians aged 5-64 years with a disability who need health care assistance only receive informal assistance.²⁹¹
- Barriers to accessing health services include unacceptable or lengthy waiting times, cost, inaccessibility of buildings, and discrimination by health professionals.²⁹²
- People with an intellectual disability experience 2.5 times the number of health problems, 38-50% of deaths are unavoidable, under-diagnosis of chronic and acute health conditions, and dying many years earlier (27 years earlier according to one large Australian study).²⁹³
- Access to public health information and programs can be impacted by communication barriers; insufficient time allocation; lack of accessible equipment; and provider attitudes, knowledge and understanding of people with disabilities.²⁹⁴

People who identify as LGBTIQ+

- No local data is available. Victorian data²⁹⁵ showed:
 - Less LGBTIQ+ women aged 50-74 years (77%) had ever had a mammogram compared to non-LGBTIQ+ women (89%).
 - More LGBTIQ+ adults (39%) delayed dental treatment due to cost than non-LGBTIQ+ adults (34%).
 - Similar access to other preventative health checks (blood pressure, blood lipids, blood glucose, bowel examination) across both groups.
- Systemic barriers to accessing healthcare include public health campaigns that are not inclusive of LGBTIQ+ people, lack of inclusive language in brochures, on websites, and on forms; the attitudes of staff; and the need to negotiate binary databases and systems, and past experiences of discrimination.²⁹⁶

Goal 5. A liveable community

Objective 5.2 Increase participation in lifelong learning and education

What the data tells us:

Aboriginal and Torres Strait Islander Peoples

- 2016 Census data²⁹⁷ showed that for Aboriginal and Torres Strait Islander people who live in Kingston:
 - 54% are fully engaged in employment, education and training, 18% partially engaged, and 29% not engaged.
 - 84% aged 20-24 years attained year 12 or equivalent or Certificate III or above.
- National data from the Closing The Gap Report 2020²⁹⁸ showed:
 - The majority of Indigenous students attended school for an average of just over 4 days a week in 2019. These students largely lived in Major Cities and regional areas.
 - School attendance rates for Indigenous students have decreased since 2014. In 2019, school attendance rates were lower for Indigenous children (82%) compared with non-Indigenous children (92%).
 - Gaps in attendance are evident for Indigenous children as a group from the first year of schooling. The attendance gap widens during secondary school. In 2019, the attendance rate for Indigenous primary school students was 85% (a gap of around 9%). By Year 10, Indigenous students attend school 72% of the time on average (a gap of around 17%).
- Rates of disability are high in this population (39% males, 37% females)²⁹⁹ and may affect a person's participation in education.

Age

- Kingston Kindergarten participation rates were approximately 90% in 2019.³⁰⁰
- The proportion of developmentally vulnerable children in Prep is 16% and increasing.³⁰¹
- Approximately 8% of all Kingston residents are in Primary School, 6% are in Secondary School, 2% in TAFE, and 5% attending University.³⁰²
- Other than 18-24 year olds who are likely to be in the process of attaining formal qualifications, the proportion of Kingston residents with no formal qualification increases with age (60% aged 18-24, 19% aged 25-34, 26% aged 35-54, 40% aged 55-64, 52% aged 65-79, and 57% aged 80+).³⁰³
- Older adult populations have differing levels of digital literacy that can impact educational opportunities and access particularly during COVID-19.³⁰⁴

CALD communities

- 30% of Kingston residents born overseas³⁰⁵ had attained a Bachelor or Higher degree compared with 25% of all Kingston residents.³⁰⁶
- Refugees and migrants are different groups of people with different pre-arrival experiences that impact learning differently. Refugees may have experienced trauma, little or no schooling and fragmented work experiences. Whereas other refugees and migrants may be highly educated. CALD communities can be impacted by various levels of English

proficiency and cultural differences in expected behaviour within learning/educational settings.³⁰⁷

- Although there is no local data available, it is predicted that Kindergarten participation rates are lower in suburbs with higher cultural diversity and lower socio-economic status.³⁰⁸
- Barriers to participation in early childhood education include low socio-economic status, lack of awareness and knowledge of systems, basic literacy, proficiency in English, cultural differences, not feeling welcomed or comfortable with education providers.³⁰⁹
- 'Oral culture' does not necessarily mean an absence of literacy. It is a cultural preference for the way information is conveyed and received.³¹⁰

Economic disadvantage

- Clayton South has the highest number of developmentally vulnerable children in Prep.³¹¹ This aligns with higher levels of disadvantage (SEIFA scores) in Clayton South.³¹²
- Homelessness can profoundly affect their education at all ages. 82% of clients in Specialist homelessness Services in 2020-21 in Victoria were not engaged in education/training whilst only 14% were employed.³¹³
- Homelessness is particularly harmful to children's development and severely impacts their educational opportunities.³¹⁴ 55% of Victorian children who were clients in Specialist homelessness services in 2020-21 were enrolled in the relevant education/schooling for their age (12 551 clients from a total of 22 970 clients aged 0-17 years).³¹⁵

Gender

- In Kingston, Census data showed similar proportions completing Year 12 (59% females, 58% males) and attaining a Diploma (11% females, 10% males). Females were slightly more likely to attain a Bachelor or Higher degree (27% females, 23% males). Males were more likely to have vocational qualifications (23%) compared to females (11%). Females (41%) were more likely to have no qualification compared with males (36%).
- Kingston On Track³¹⁶ data shows:
 - A higher proportion of males (66% of the 226 students) who did not complete Year 12 and exited school in 2019.
 - Of the total Year 12 or equivalent completers in an apprenticeship or traineeship in 2020, females were more likely to complete traineeships (29% of females) than males (8%). 92% males and 71% females completed an apprenticeship.
- National data³¹⁷ showed that cisgender men (54%; n = 1,260), cisgender women (54%; n = 1,578) and non-binary participants (49%; n = 450) reported higher levels of university attainment than trans men (31%; n = 93) and trans women (42%; n = 121). A significantly higher proportion of trans men reported their educational attainment as secondary or below (41%; n = 123) than other LGBTIQ+ adults.

People with a disability

- National data³¹⁸ shows how having a disability can negatively impact education.
 - The highest level of educational attainment was:
 - Year 10 or below for people with a disability (35%);
 - Year 11 or 12 for all people with Autism Spectrum Disorders (43%); and
 - Bachelor degree or higher for people with no disability (31%).
 - All people with Autism Spectrum Disorders (8%) were significantly less likely to attain a Bachelor degree or higher than all people with a disability (16%), and those without a disability (31%).

- In Victoria, 8% of all domestic university students identified as having a disability. Students with a disability were less successful, reported less positive ratings of the student experience, and less likely to be employed full-time than their peers without a disability.³¹⁹

People who identify as LGBTIQ+

- National data³²⁰ shows that:
 - Attaining a Bachelor degree or above was more common for people identifying as LGBTIQ+ (52% of survey participants) compared with the general population aged 20-64 years (33%).
 - Cisgender men (54%; n = 1,260), cisgender women (54%; n = 1,578) and non-binary participants (49%; n = 450) reported higher levels of university attainment than trans men (31%; n = 93) and trans women (42%; n = 121).
 - A significantly higher proportion of trans men reported their educational attainment as secondary or below (41%; n = 123) than other LGBTIQ+ adults.

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