Health and Wellbeing Profile

City of Kingston

November 2024

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1. Demographics

1.1 OUR POPULATION

The City of Kingston's population forecast for 2024 is 164,025, with 80,107 males and 83,919 females. By 2046, the population is projected to grow by 17.07%, reaching 192,026, comprising 95,150 males and 96,876 females. In 2021, 723 Kingston residents (0.5%) identified as Aboriginal and/or Torres Strait Islander (id community profile 2024).

The following table presents Kingston's population forecast and the projected changes from 2024 to 2046 in Kingston.

Table 1: Population in 2024 and 2046

Area	2024	2046	Change 2024 and 2046	
	Number	**Number**	**Number**	**%**
City of Kingston	164,025	192,026	+28001	+17.07

Source: id population forecast – 2024

Population across age groups (2024 and 2046)

Table 2: Age group in 2024 and 2046

City of Kingston - Total persons	2024		2046	
Age group (years)	**Number**	**%**	**Number**	**%**
0-4	9,158	5.6	10,939	5.7
5-9	8,902	5.4	10,211	5.3
10-14	9,309	5.7	9,097	4.7
15-19	9,734	5.9	9,477	4.9
20-24	9,196	5.6	10,697	5.6
25-29	10,197	6.2	12,278	6.4
30-34	10,803	6.6	13,507	7.0
35-39	11,438	7.0	13,363	7.0
40-44	11,987	7.3	12,654	6.6
45-49	11,186	6.8	12,293	6.4
50-54	11,684	7.1	11,979	6.2
55-59	10,038	6.1	11,314	5.9
60-64	9,461	5.8	10,711	5.6
65-69	8,447	5.1	9,357	4.9
70-74	7,176	4.4	9,078	4.7
75-79	6,359	3.9	8,476	4.4
80-84	4,273	2.6	7,023	3.7
85+	4,679	2.9	9,572	5.0
Total persons	**164,025**	**100.0**	**192,026**	**100.0**

Source: id population forecast - 2024

Figure 1: Population change based on age group between 2024 - 2046
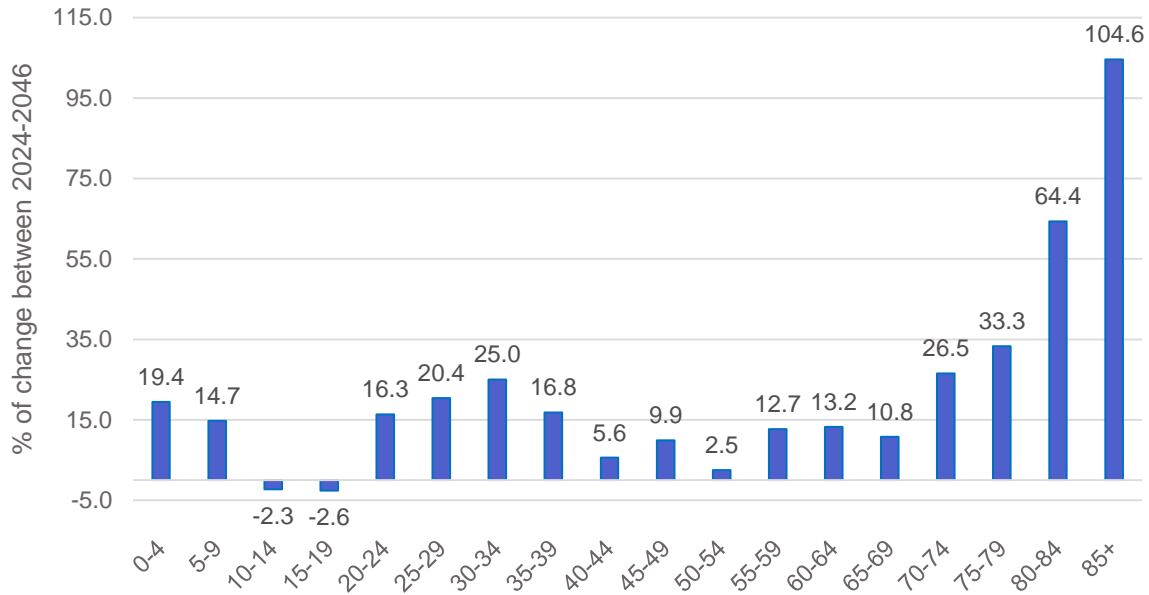
Source: id population forecast - 2024

Population forecast by gender groups (2024 and 2046)

The forecast is including 0–85+ years.

Table 3: Population forecast by gender 2024-2046 (% of change)

City of Kingston	2024		2046		Change between 2024 and 2046	
	Number	%	Number	%	Number	%
Males	80,107	100	95,150	100	15,044	18.8
Females	83,919	100	96,876	100	12,957	15.4

Source: id population forecast - 2024

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, 2023) provide a good approximation for Kingston prevalence. Kingston VPHS respondents included 9.5% who identified as LGBTIQ+, 85.3% identified as heterosexual, 5.1% did not know or refused to answer. The proportions were similar to Victorian averages (11.0% LGBTIQ+, 81.5% heterosexual, 7.6% did not know or refused to answer).

Birth rates

Birth rates are falling in Victoria and Kingston. While Kingston's birth rate was lower than Victoria's from 2013 to 2019, it was marginally higher from 2020 to 2022. Kingston's birth rate (1.52) in 2022 is comparable to Victoria's (1.51).

Figure 2: Total Fertility rate 2013 – 2022
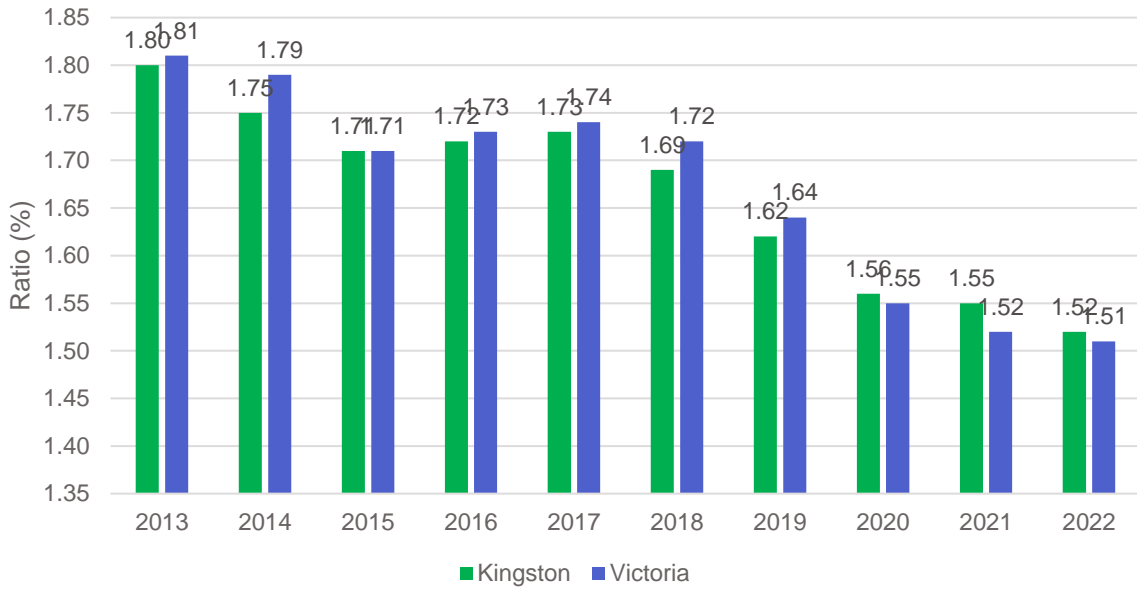
Source: ABS – 2022

1.2 CULTURAL DIVERSITY

Place of birth

50,504 people (31.9%) were born overseas.

Figure 3: Place of birth of Kingston residents (% of population)
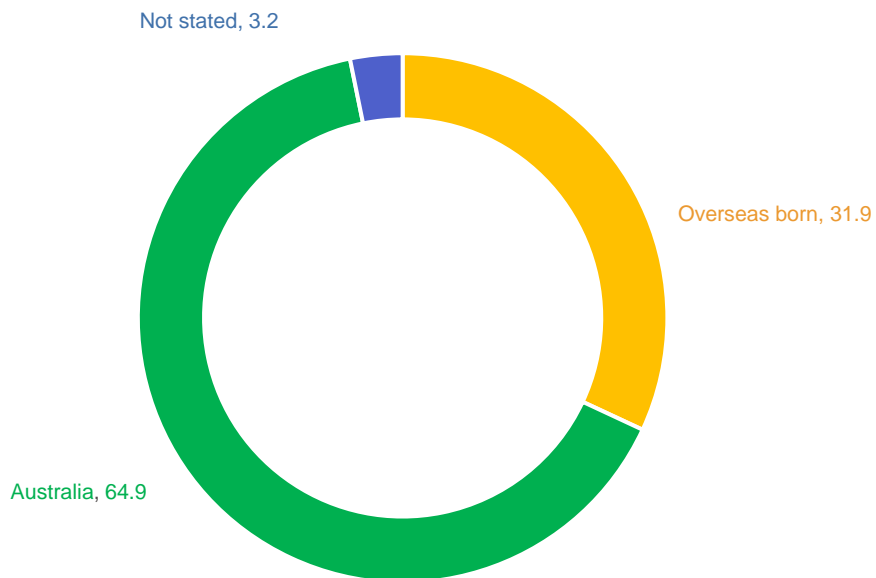
Source: id community profile – 2021

Figure 4: Kingston residents born overseas – Top 10 countries (% of population)
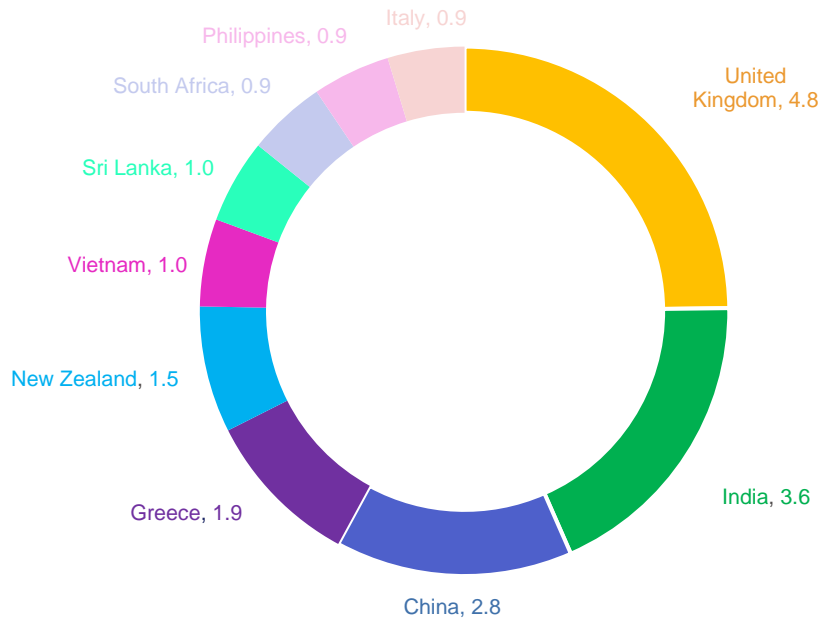
Source: id community profile - 2021

- Between 2016 and 2021, the number of people born overseas increased by 3,573 (7.6%) from 46,931 to 50,504 with the largest changes seen for people born in India (+598), China (+327), Malaysia (262+), and South Africa (+215).

- The number of people living in Kingston born overseas from a Non-English-Speaking Background (NESB)[1] has increased by 2,659 (7.9%) between 2016 and 2021 from 33,849 in 2016 to 36,508 respectively.

- In 2021 Clayton South had the largest population of people born overseas (8,413) and the highest proportion of its population (63%). Carrum had the smallest population (903), while Aspendale had the smallest proportion of people born overseas (19%).

Language spoken at home

Approximately 41,128 (26%) of Kingston residents spoke a language other than English at home in 2021.

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[1] English speaking countries are including Canada, Ireland, New Zealand, South Africa, United Kingdom, United States

Figure 5: Kingston residents' language used at home - Top 10 countries (% of population)

Philipino/tagalog, 0.7
Arabic, 0.7
Spanish, 0.8
Hindi, 1.0
Cantonese, 1.1
Vietnamese, 1.1
Italian, 1.3
Russian, 1.3
Greek, 4.2
Mandarin, 3.5
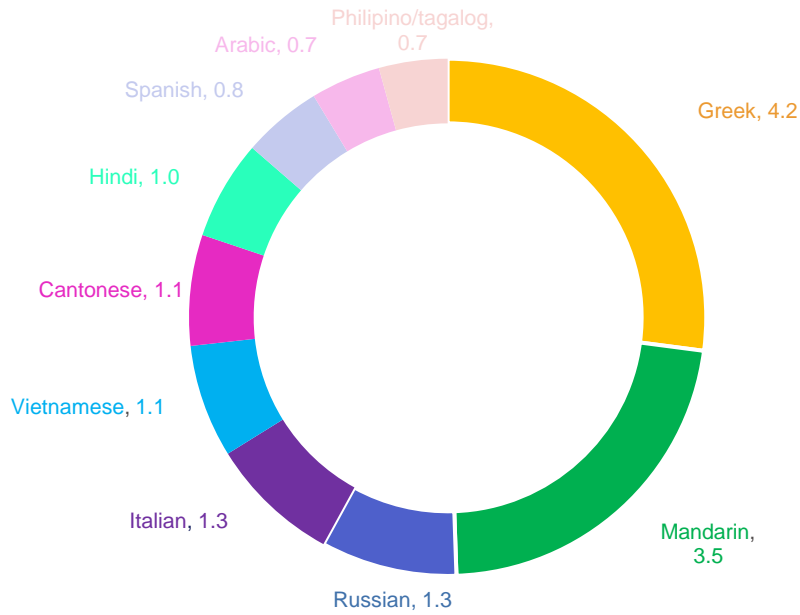
Source: id community profile – 2021

- Between 2016 and 2021, 31% of Kingston residents moved from elsewhere in Australia, while a smaller proportion, 5%, moved from overseas.

1.3 PEOPLE WHO HAVE A DISABILITY

In 2021, 9,311 people (6%) of Kingston residents reported needing help with day-to-day living due to a disability. The proportion of total female needing assistance (7%) is higher than male (5%). There is also a 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).

Figure 6: Kingston residents needing assistance with core activities by age and gender
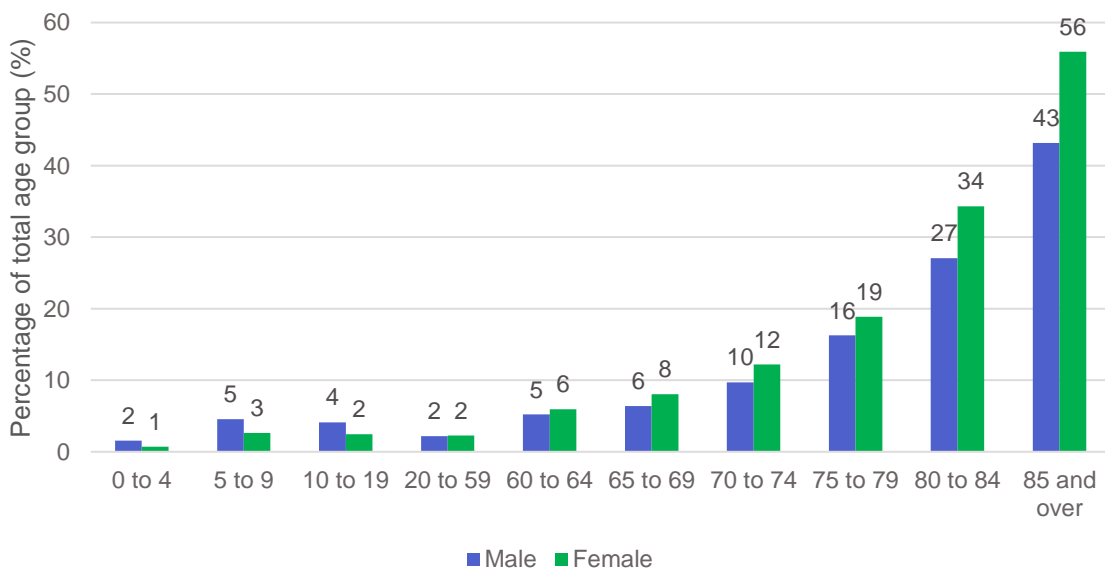
Source: id community profile - 2021

8,088 individuals of Kingston residents with profound or severe disability live within households, which is about 5% of the population. In addition to these, around 17,747 of Kingston people are providing unpaid assistance to individuals with disability (PHIDU 2024).

Figure 7: People with disability in Kingston
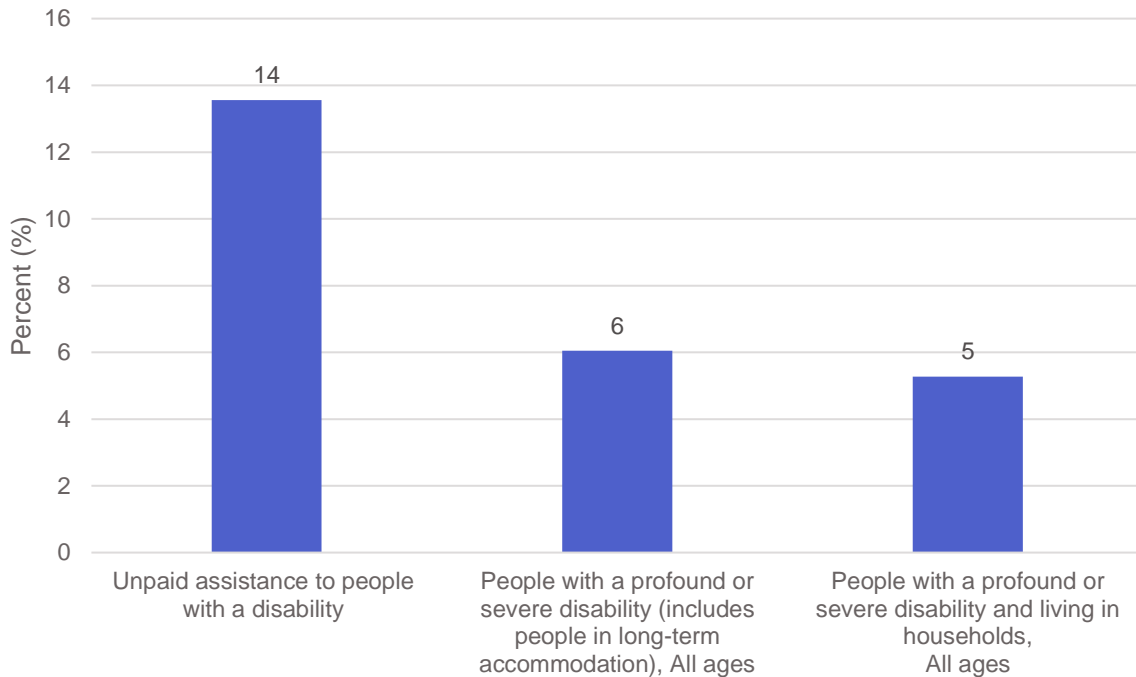
Source: PHIDU - 2024

Based on national data

- In 2020–21, 31% of adults (aged 18 and over) with disability said their health was excellent or very good, compared with 68% of those without disability.
- In 2018, one in two (51%) of people with disability were female.
- In 2020–21, 33% of adults with disability experienced high or very high psychological distress, compared with 12% of those without disability (AIHW 2024).

The above data (Figure: 7) 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 data representative of all types of disability, 21.4% of Australian's reported having a disability (21.8% females, 21% males) (ABS (a) 2024).

Figure 8: Disability prevalence by age and sex in Australia, 2022
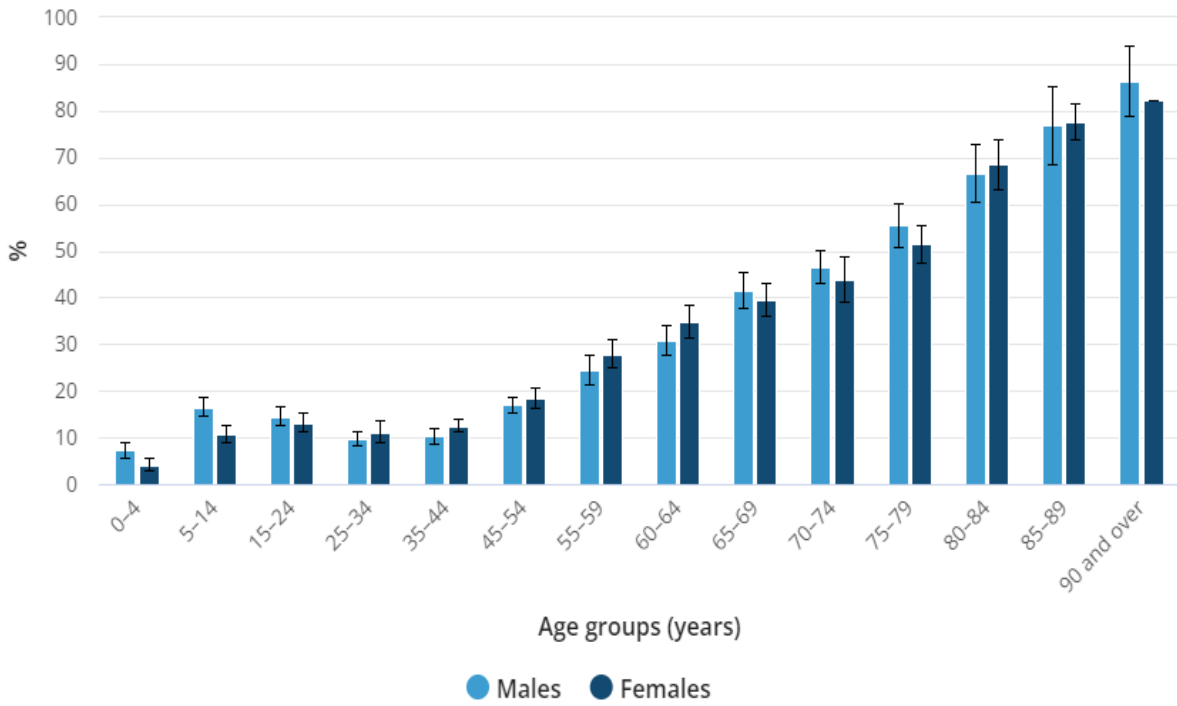
Source: ABS (a) – 2024

1.4 WHERE WE LIVE

Forecast population change by suburb (2024 to 2046)

The population forecast covers individuals aged 0 to 85 years. Highett and Moorabbin are expected to experience the highest population growth by 2046, while Waterways, Aspendale Gardens, and Chelsea Heights are projected to see a decline.

Table 4: Population forecast between 2024-2046 in Kingston and suburbs

Area	2024	2046	Change between 2024 and 2046	
	Number	Number	Number	%
Highett	4,384	9,138	+4,754	+108.4
Moorabbin	6,710	10,155	+3,445	+51.3
Cheltenham	20,974	27,820	+6,847	+32.6
Clayton South	14,674	19,154	+4,479	+30.5
Dingley Village	10,526	12,481	+1,955	+18.6
Edithvale	6,540	7,693	+1,153	+17.6
City of Kingston	164,025	192,026	+28,001	+17.1
Mordialloc - Braeside	9,372	10,426	+1,055	+11.3
Mentone - Moorabbin Airport	13,680	15,072	+1,392	+10.2
Parkdale	12,805	13,853	+1,048	+8.2
Carrum	4,422	4,763	+341	+7.7
Clarinda	7,392	7,798	+406	+5.5
Heatherton	2,842	2,996	+154	+5.4
Chelsea	8,626	9,077	+451	+5.2
Bonbeach	7,067	7,426	+359	+5.1
Aspendale	7,484	7,810	+326	+4.4
Patterson Lakes	7,982	8,042	+60	+0.7
Oakleigh South	4,097	4,114	+17	+0.4
Waterways	2,466	2,437	-29	-1.2
Aspendale Gardens	6,552	6,439	-112	-1.7
Chelsea Heights	5,432	5,333	-99	-1.8

Source: id population forecast – 2024

Figure 9: Total population change map, 2024 to 2046 (percent of change)
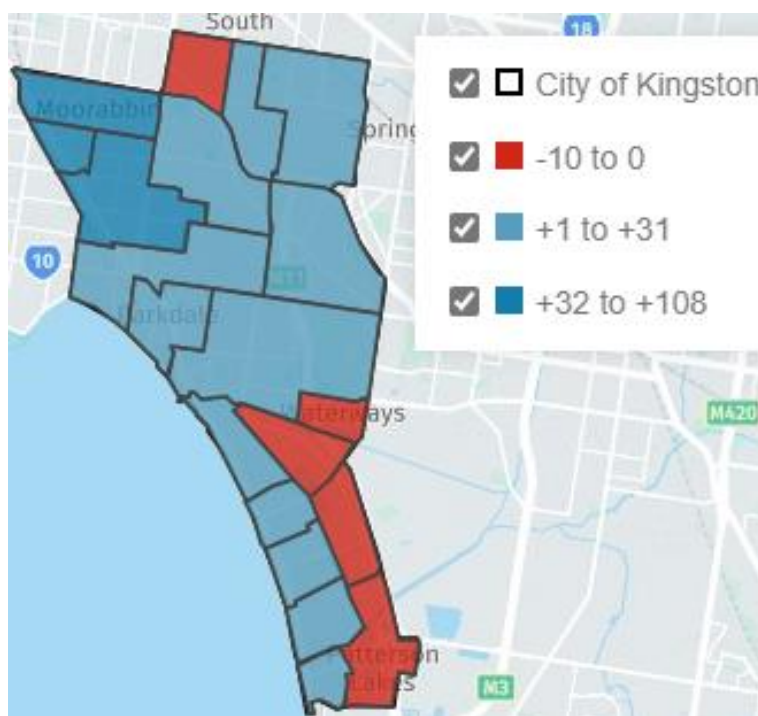
Source: id population forecast – 2024

Forecast dwelling

Dwelling forecasts assume the number of dwellings in City of Kingston will increase by an average of 577 dwellings per annum to 81,996 in 2046.

Figure 10: Forecast dwellings 2024 to 2046

Area	2024	2046	Change between 2024 and 2046	
	Number	Number	Number	%
Highett	2,207	4,907	2,699	122.3
Moorabbin	2,979	4,411	1,432	48.1
Clayton South	5,940	7,959	2,019	34
Cheltenham	9,071	11,760	2,690	29.7
Dingley Village	4,017	4,951	935	23.3
Edithvale	2,863	3,433	570	19.9
City of Kingston	69,192	81,996	12,804	18.5
Mordialloc - Braeside	4,093	4,526	433	10.6
Parkdale	5,285	5,837	551	10.4
Clarinda	2,779	3,043	264	9.5
Mentone - Moorabbin Airport	6,394	6,917	523	8.2
Bonbeach	3,312	3,499	188	5.7
Chelsea	4,119	4,347	228	5.5
Aspendale	2,899	3,028	129	4.4
Carrum	2,060	2,122	63	3
Oakleigh South	1,576	1,617	40	2.6
Patterson Lakes	3,417	3,446	29	0.9
Aspendale Gardens	2,268	2,279	11	0.5
Chelsea Heights	2,118	2,118	0	0
Heatherton	1,044	1,044	0	0
Waterways	751	751	0	0

Source: id population forecast – 2024

Between 2024 and 2046, Cheltenham is projected to see the largest increase in new dwellings, with 12,804 additional units in the City of Kingston. Highett will have the highest percentage growth in dwellings at 122.3%, while Waterways, Heatherton, and Chelsea Heights are expected to see no changes in dwelling numbers.

Figure 11: Forecast dwellings and development map 2024-2046
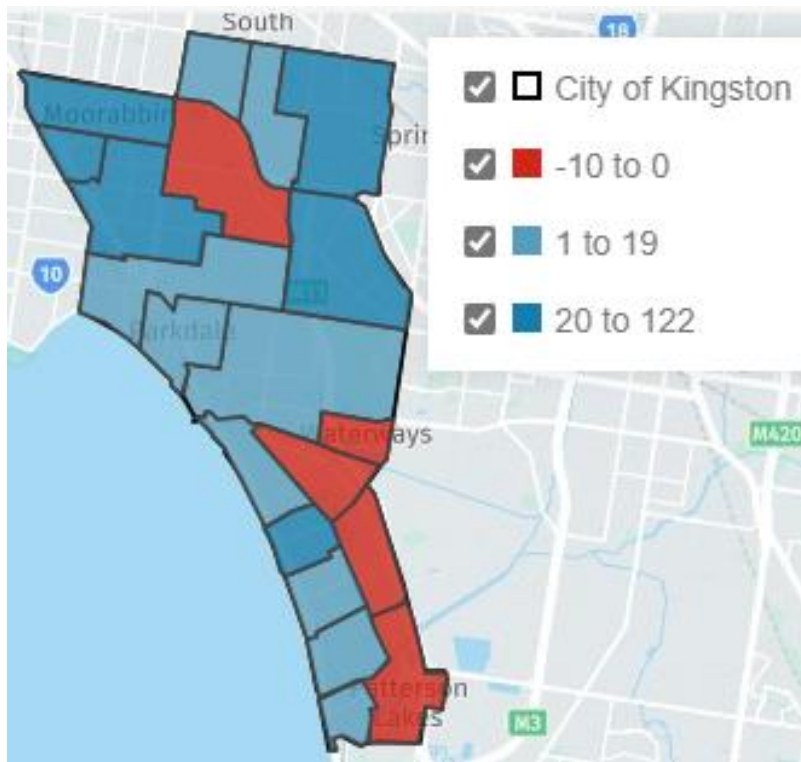
Source: id population forecast – 2024

2. Healthy and well

2.1. KINGSTON COMMUNITY HEALTH AND WELLBEING SURVEY 2024

A key data source for this profile was the Kingston community Health and Wellbeing Survey that was completed in May 2024. A total of 1,000 surveys were collected. The survey found that most respondents considered themselves to be relatively healthy, with 94% rating their physical health and 95% rating their mental health as at least "good".

Perceptions of physical health

Based on the results of Kingston's Health and Wellbeing Survey (2024), the overwhelming majority (94%) of respondents providing a response to this question, perceived their physical health to be "good" or better. People with a disability who require assistance rated their physical health 5.3 out of 10, which is significantly lower than the Kingston average (7.1).

2.2. ALCOHOL AND OTHER DRUGS (AOD)

AOD Hospital Admissions in Kingston

In 2021-2022, there were 1055 alcohol-related and 306 illicit drug-related hospital admissions in Kingston. Over the past 10 years, there has been a very slight reduction in the rates of alcohol-related hospital admissions that is around -2 per cent.

Figure 12: Alcohol Total Hospital Admission Rate per 100,000 population
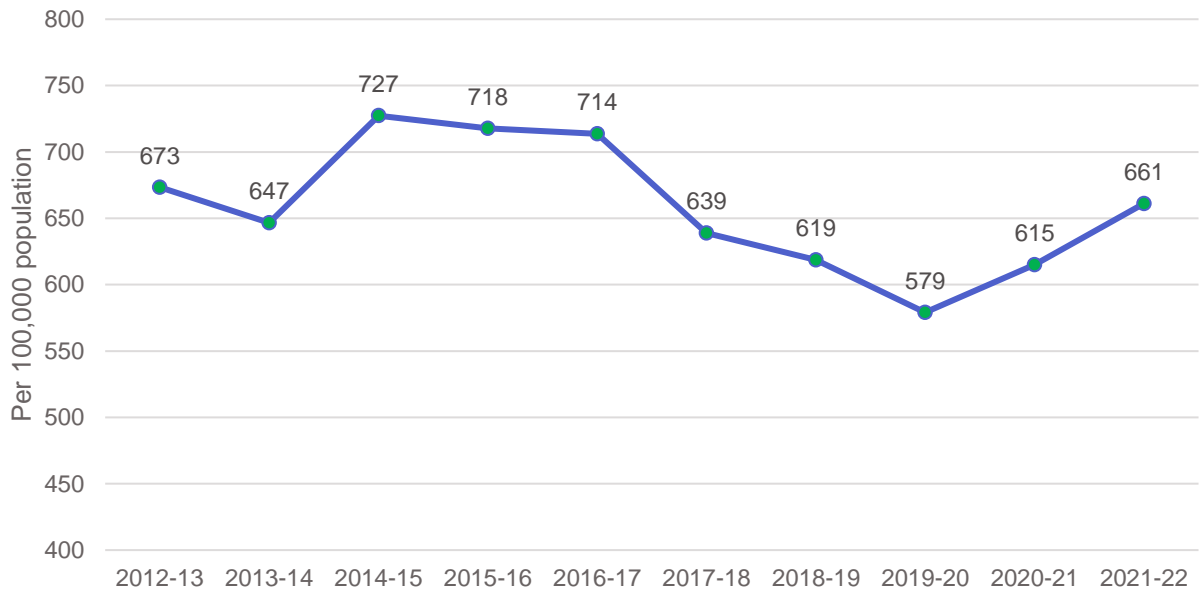
Source: AOD stats - 2024

Conversely, rates of hospital admissions associated with illicit drugs (any) have experienced a notable surge, rising from 74.7 per 100,000 population in 2012/13 to 191.8 in 2021/22, which is around 157 per cent increase.

Figure 13: Illicit Drugs (Any) Total hospital admission rate per 100,000 population
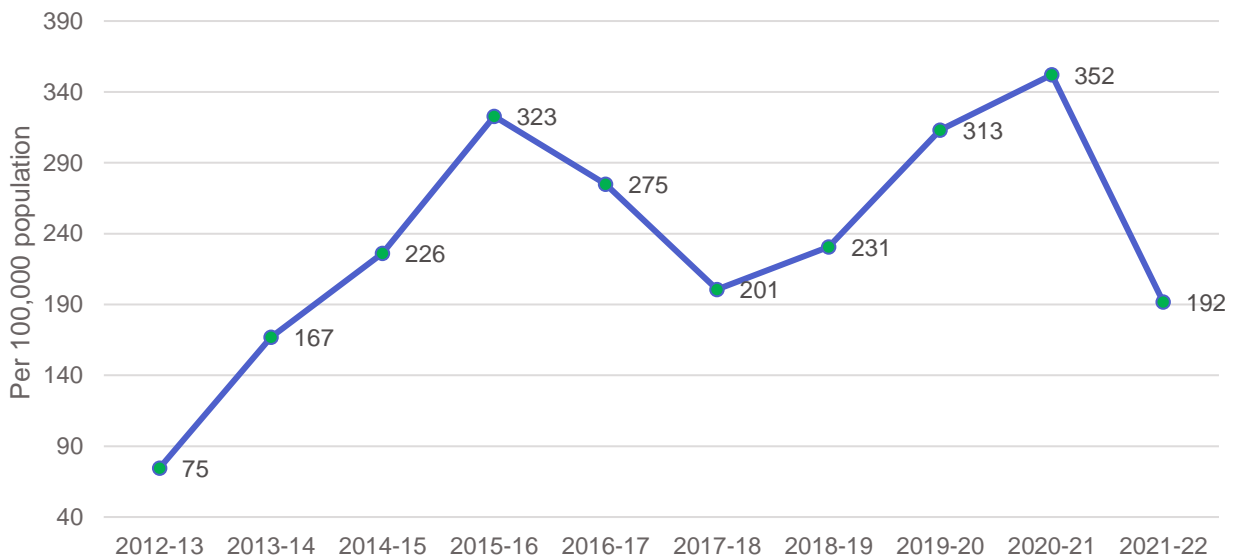
Source: AOD stats - 2024

When looking at AOD hospital admissions across the lifespan, 2021-2022 rates for alcohol-related admissions were highest for the 45-54 age group (1497.4 per 100,000 population). While the 25-34 age group showed the highest admission rates for illicit drug-related cases, at 476.1 per 100,000 population, which is significantly higher the total population at 191.8.

Table 5: Kingston AOD Hospital Admission Rates Across the Lifespan (2021-2022)

Kingston AOD Hospital Admission Rates Across the Lifespan – Rate per 100,000 population							
Age Group (years)	**0-19**	**20-24**	**25-34**	**35-44**	**45-54**	**55-64**	**65+**
Alcohol	101	442	540	791	1497	1203	393
Illicit Drugs (**any**)	63	326	476	396	201	73	24

Source: AOD stats - 2024

The hospital admission rate for illicit drugs (any) among the 25-34 age group in Kingston saw a significant rise from 125.45 per 100,000 people in 2012-13 to 476.12 in 2021-22, which is about 280 per cent increase. Although it sharply decreased from 1011.48 in 2020-21 to 476.12 in 2021-22.

Figure 14: Illicit Drugs (any) hospital admission rate per 100,000 population – 25-34 years old
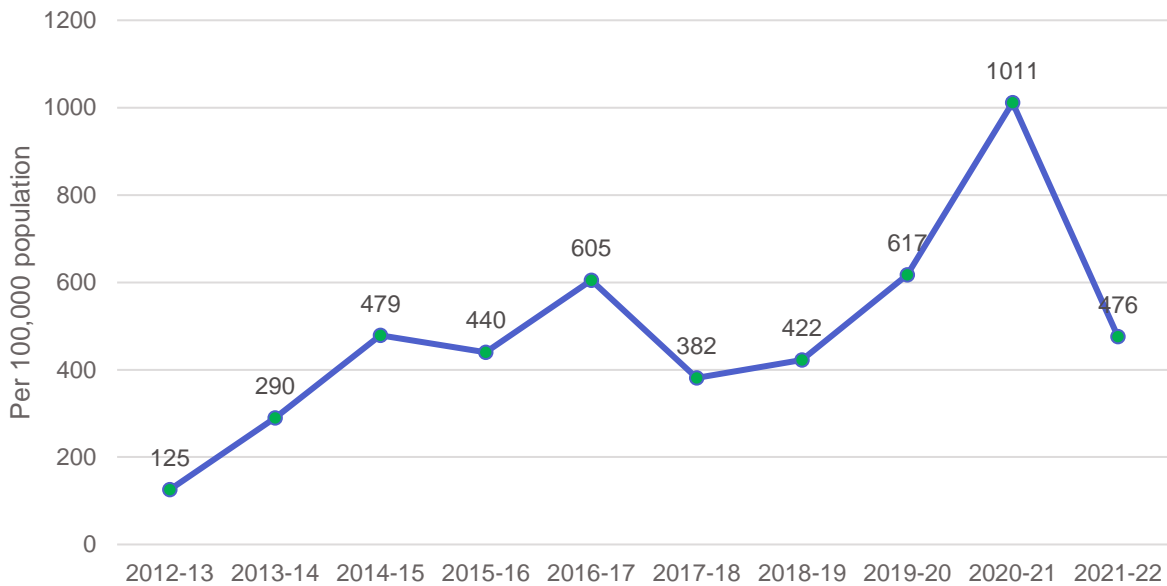
Source: AOD stats – 2024

Gender differences in AOD hospital admissions reveal that females had higher rates of admission for alcohol, analgesics, antipsychotics, benzodiazepines, and pharmaceutical drugs. Whereas, males showed higher admissions for amphetamines, antidepressants, cannabis, GHB, illicit drugs, opioids, and other stimulants. The other sedatives admission was almost the same between both male and female groups.

Figure 15: AOD Hospital Admissions in Kingston - 2021-2022
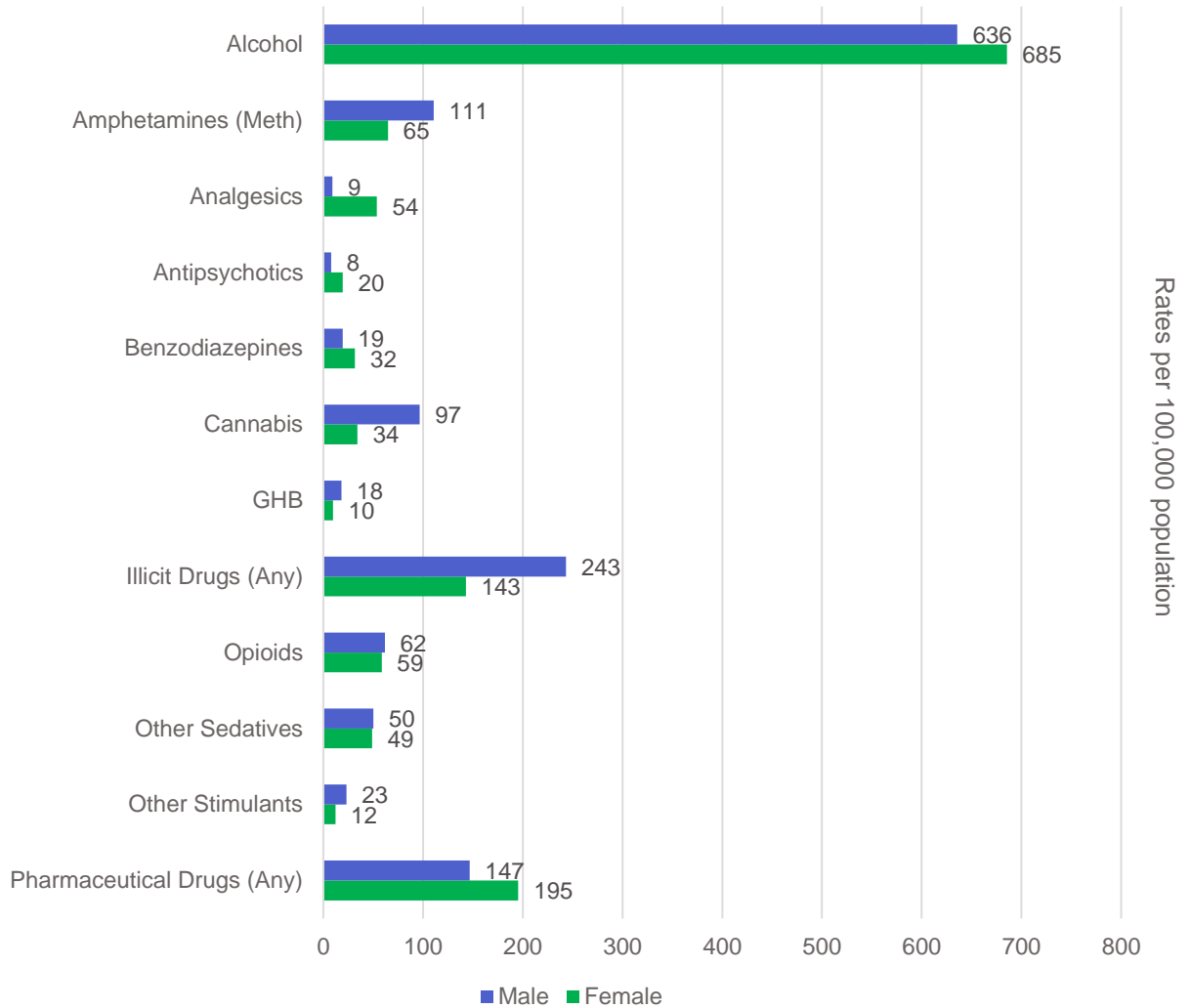
Source: AOD stats – 2024

Alcohol consumption

Based on the results of Kingston's Health and Wellbeing Survey (2024), 17% agreed that alcohol consumption has a negative impact on their household. Around half (53%) of respondents reported that they had not had an alcoholic drink of any kind in the past week, whilst a further 26% reported that they had consumed alcohol one to two times in the past week. From those who answered the question (n = 1000), approximately 15% (4% female, 11% male) consumed more than 10 standard alcoholic drinks in the past week (higher risk of harm from alcohol-related disease). Weekly alcohol consumption (more than 10 drinks) is higher among males (11%), those aged 45-54 (10%), and English-speaking households (9%), all exceeding the Kingston average of 6%.

Figure 16: Alcohol consumption based on respondent profile in Kingston

Average number of standard drinks consumed per week by respondent profile
Kingston City Council - 2024 Health and Wellbeing Survey
(Percent of total respondents)

Legend: None | More than 10 drinks | Up to 10 drinks

Profile	None	Up to 10 drinks	More than 10 drinks
15 - 34 years	69%	25%	7%
35 - 44 years	55%	40%	6%
45 - 54 years	49%	41%	10%
55 - 74 years	62%	30%	8%
75 years or over	80%	15%	5%
Male	54%	35%	11%
Female	70%	27%	4%
English speaking h'sehold	56%	36%	9%
Multi-lingual h'sehold	77%	19%	4%
City of Kingston	51%	25%	6%

Source: Health and Wellbeing Survey - 2024

Impact of drugs

Respondents from Kingston's Health and Wellbeing Survey (2024) were asked for their level of agreement with statements about the impact of drugs on their household. Similar to alcohol, 17% of respondents agreed that illegal drugs have a negative impact on their household.

Smoking

According to the VPHS in 2023, the prevalence of current smokers (daily and occasional) was around 9.6% in Kingston, slightly lower than the Victoria's rate of 10%. Additionally, about 19.5% of the Kingston residents were smoking tobacco or vape, which is higher than Victoria (18.5%).

According to the National Drug Strategy Household survey in 2022-23, the daily smoking among gay, lesbian and bisexual people continued to decline. However, they were 2.0 times as likely as heterosexual people to smoke daily (after adjusting for differences in age), up from 1.5 times as likely in 2019.

Figure 17: Drug use among people aged 14 and over, by sexual orientation, 2010 to 2022–2023
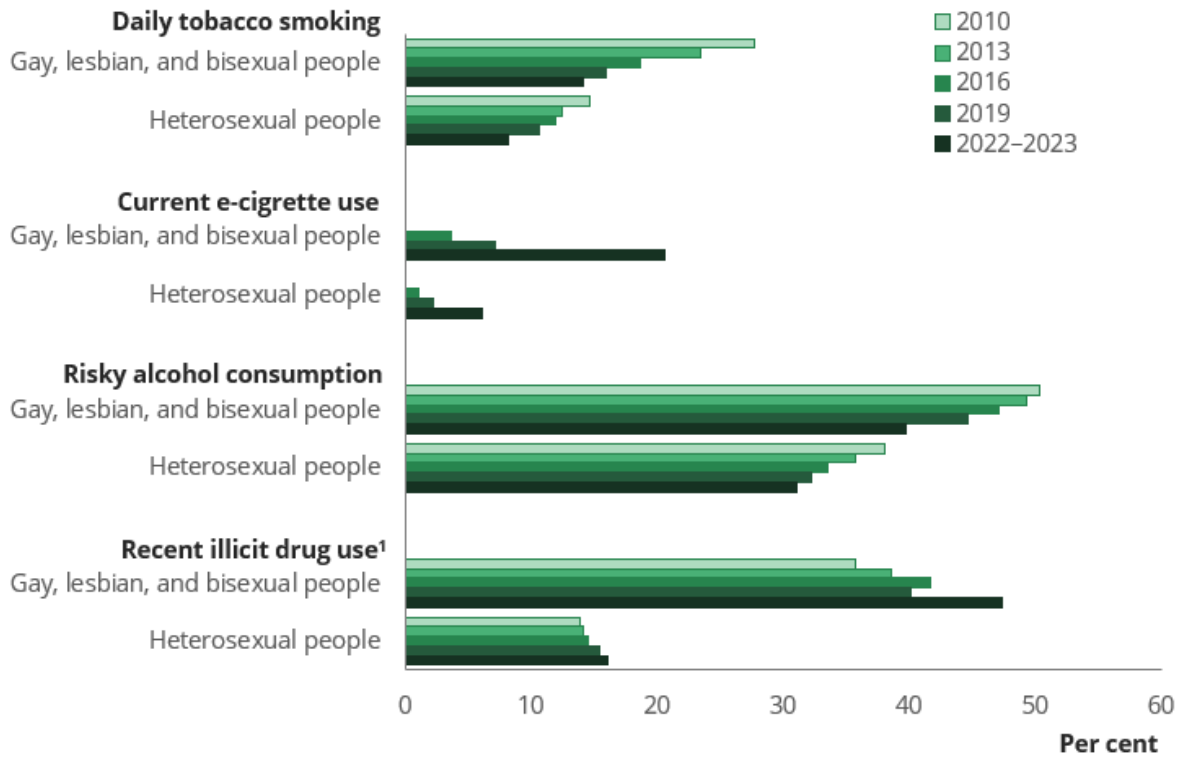
[1] Used any illicit drug in the previous 12 months

Source: NDSHS – 2024

In 2022–2023, almost 1 in 2 (47%) gay, lesbian or bisexual people had used an illicit drug in the previous 12 months, representing a substantial increase since 2019 of 40%. This was largely driven by two factors, although small increases occurred across most illicit drugs:

- The proportion who had used cocaine in the previous 12 months increased from 10.5% in 2019 to 15.1% in 2022–2023.
- The proportion who had used a pharmaceutical stimulant (such as Ritalin or methylphenidate) for non-medical purposes in the previous 12 months (6.2%). This was a new drug category introduced in 2022–2023.

Figure 18: Illicit use of selected drugs in the previous 12 months by sexual orientation, people aged 14 and over, 2022–2023

Source: NDSHS – 2024
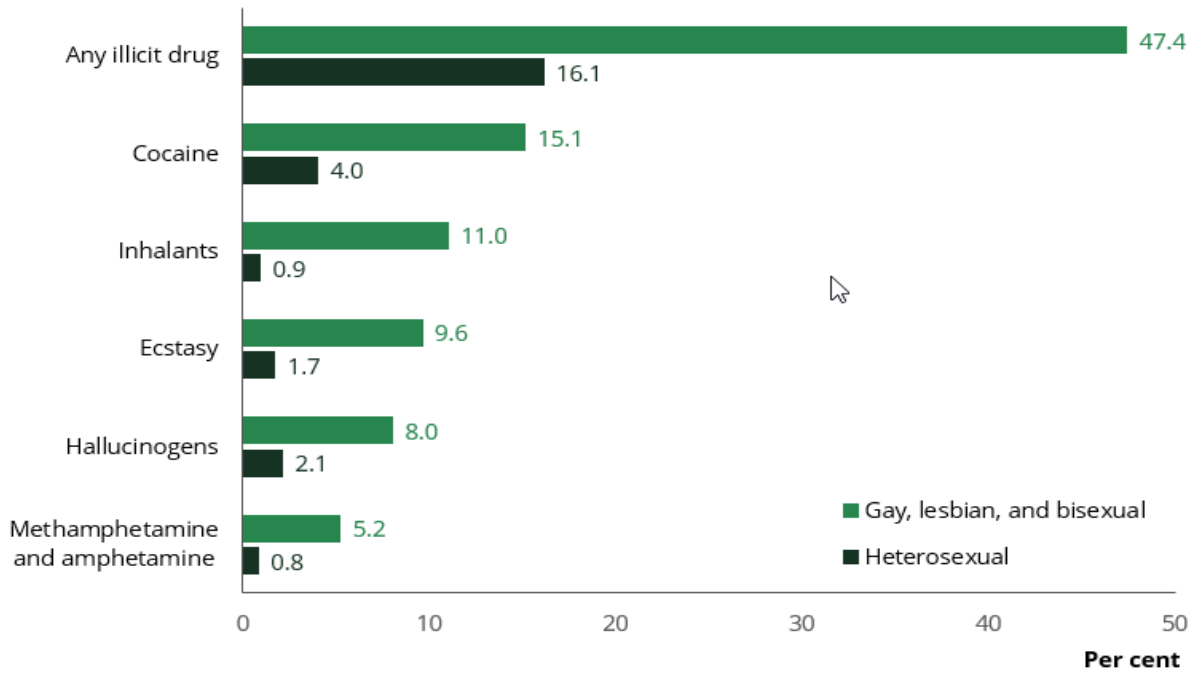
2.3. GAMBLING

Electronic Gaming Machine (EGM) Expenditure

Throughout the past decade (2010-23), Kingston has consistently ranked among the top 11 local government areas in Victoria in terms of annual expenditures on electronic gaming machine (EGMs). On average, individuals playing poker machines in Kingston have lost over $77 million per year (VGCCC (a) 2024). However, the EGM expenditure in Kingston decreased by more than $17 million in the 2020-2021 financial year (total expenditure of $ 44,194,025.61) as a direct impact of COVID-19 restrictions, which led to gaming venue closures from March 22 to November 8, 2020. As depicted in the following graph, expenditures increased again to around $86 million in 2024.

Figure 19: Net Electronic Gaming Machine (EGM) expenditure in Kingston
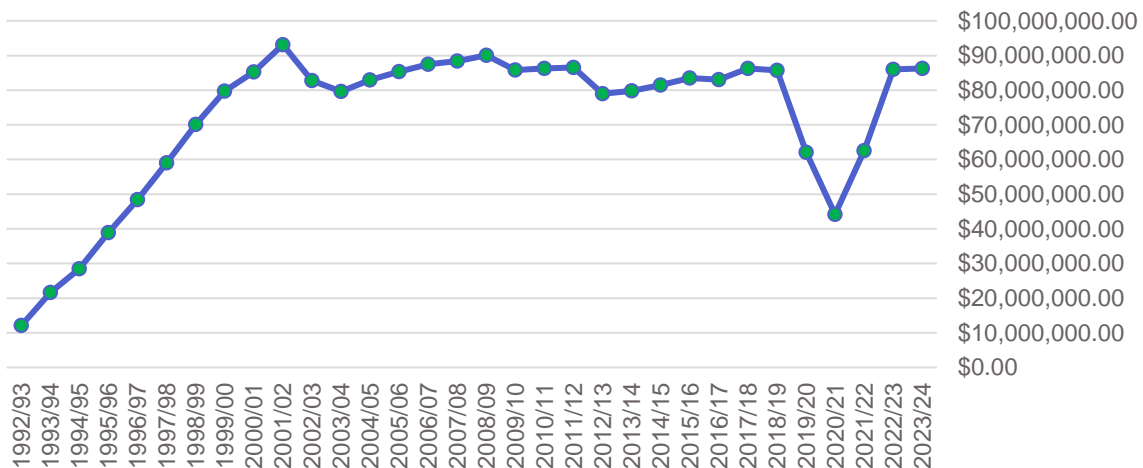
Source: VGCCC (a) - 2024

The density of the number of EGMs per 1,000 adults is used to compare EGMs across areas. Kingston currently rates second highest in Victorian metropolitan government areas with a density of 6.72 gaming machines in use per 1,000 adults (VGCCC (b) 2024). This is significantly higher compared to the averages of 4.36 for Metropolitan Melbourne and 4.72 for Victoria.

Poker machine statistics for Kingston 2022-2023

The City of Kingston has a municipal limit of 1213 poker machine entitlements. On 30 June 2023, there were 918 machines operating, which is 76 per cent of the legal limit. The average amount spent on pokies per adult in 2022–23 was $630. In the past three years, there were no applications for additional poker machines in this area (VRGF (a) 2024).

Figure 20: Poker Machines in Kingston

Kingston

$235,631
spent on pokies per day

$86,005,189
spent on pokies per year

16
venues with pokies

918
pokies
(this is 76% of allowable machines)

6.7
pokies machines per 1000 adults

12th
highest pokies expenditure in Victoria

68th
in Victoria for socio-economic disadvantage
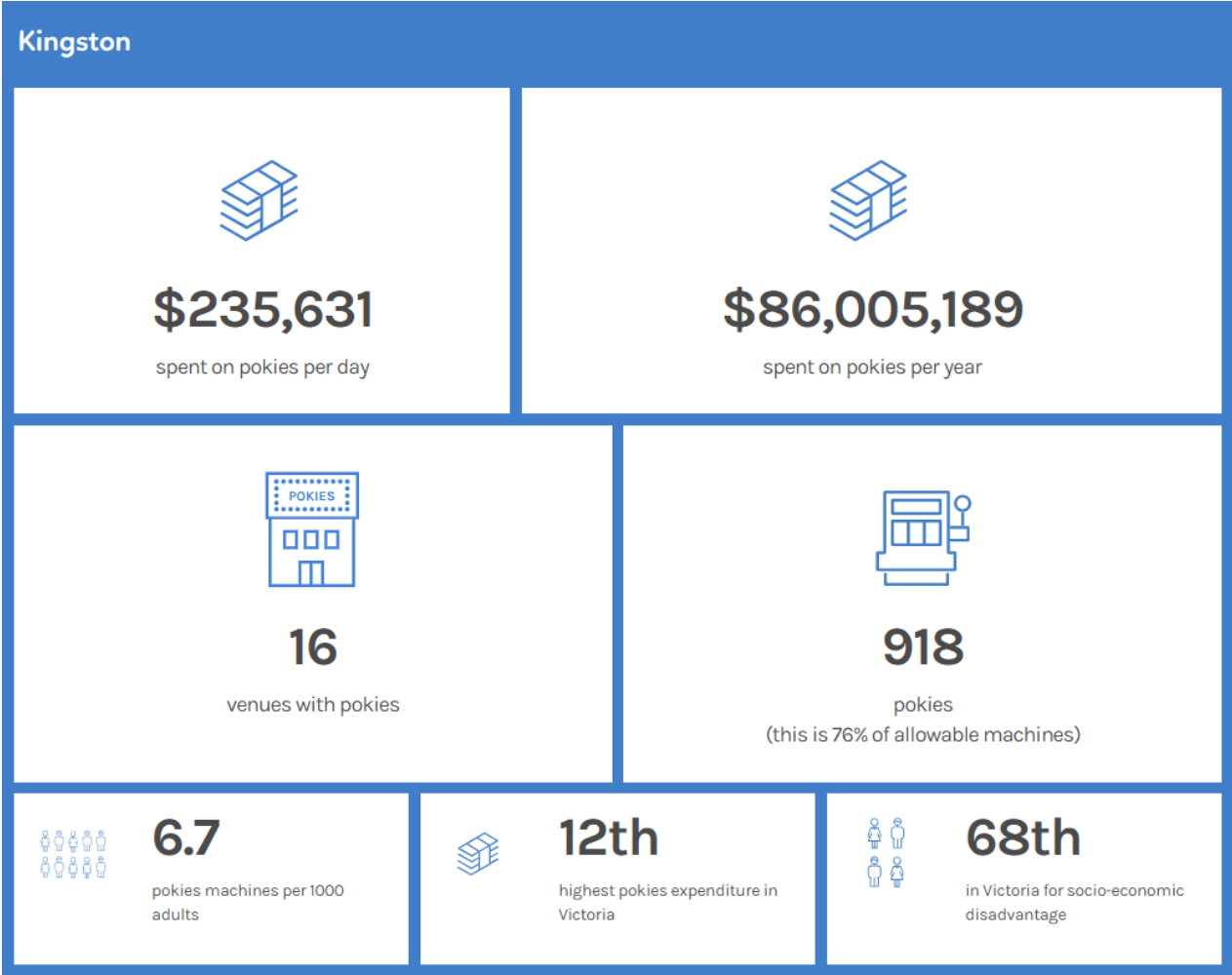
Sources: Victorian Gambling and Casino Control Commision (pokies data 2022–2023); Australian Bureau of Statistics – Socio-economic indexes for areas (ranking of socio-economic disadvantage, 2021 Census)

Source: VRGF (a) – 2024

The density of the number of EGMs per 1,000 adults is used to compare EGMs across areas. Kingston currently rates second highest in Victorian metropolitan government areas with a density of 6.72 gaming machines in use per 1,000 adults. This is significantly higher compared to the averages of 4.36 for Metropolitan Melbourne and 4.72 for Victoria.

There are 16 gaming venues spread throughout the City of Kingston with an equal number of licensed clubs (8) and hotels (8).

Figure 21: Gaming venues located in Kingston

Source: Gambling in Kingston - 2021

The following table shows the most recent data on losses from EGMs in Kingston

Table 6: EGM losses in Kingston, Melbourne, and Victoria

EGM losses in Kingston, Melbourne, and Victoria – 2022-2023							
Area	No. venues	No. EGMs in use	Net losses	Adult population (2022)	Adults per venue (2022)	Net EGM losses per adult	EGMs per 1000 adults (density)
City of Kingston	16	918	$86,005,189	136,569	8,536	$629.76	6.72
Melbourne Metro	303	18,643	$2,329,647,193	4,250,260	14,074	$548.12	4.36
Victoria	485	26,284	$3,021,664,869	5,569,256	11,483	$542.56	4.72

Source: VGCCC (b) - 2024

Gambling harm

Gambling-related harm can be defined as "any initial or exacerbated adverse consequence due to an engagement with gambling that leads to a decrement to the health or wellbeing of an individual, family unit, community or population" (Browne et.al. 2016).

Levels of gambling harm

A further study by Browne et al. (2016) classifies gambling harm across three levels:

- Low-risk gambling, which is characterised by the experience of a low level of problems with few or no identified negative consequences.

- Moderate-risk gambling, which is characterised by the experience of a moderate level of problems from gambling, with some negative consequences, like spending more than one can afford, losing track of time or feeling guilty about one's gambling.

- Problem gambling, which is characterised by difficulties in limiting money and/or time on gambling, which leads to adverse consequences for the person gambling and often others in the community (Browne 2016)

Browne et al (2016), found that of all the gambling harm experienced, 15 per cent is a result of problem gambling, 35 per cent is from moderate-risk gambling and 50 per cent from low-risk gambling. Although harm from problem gambling is more severe at an individual level, harm from low risk and moderate-risk gambling has a greater impact on the community because the number of people affected is much greater. These findings reinforce that harm from gambling is not limited to people who experience problem gambling.

Figure 22: Gambling harm levels proportion of all gambling harm (%)

- Problem gamblers, 15
- Low risk gamblers, 50
- Moderate risk gamblers, 35
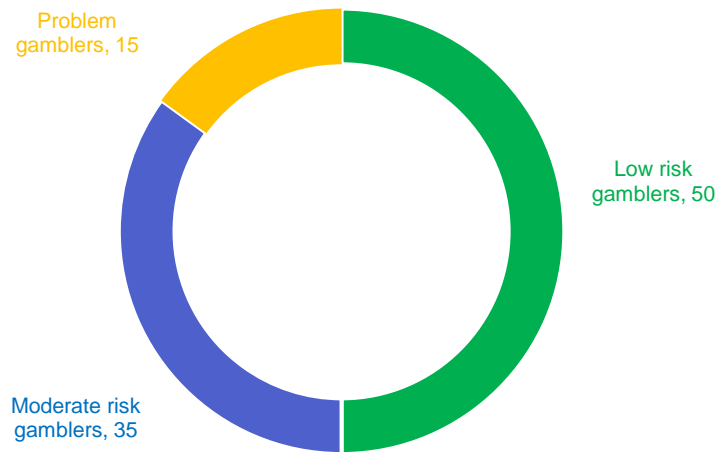
Source: Browne et.al. – 2016

The following graph illustrates the distribution of losses by gambling products in Victoria for the year 2022-23. It reveals that the largest portion of losses, accounting for 41 per cent, attributed to pokies, followed by sport and race betting at 35 per cent.

Figure 23: Overall losses by gambling product in Victoria (%) 2022 – 2023

- Sport and race betting, 35
- Pokies, 41
- Lotteries, 10
- Casino, 13
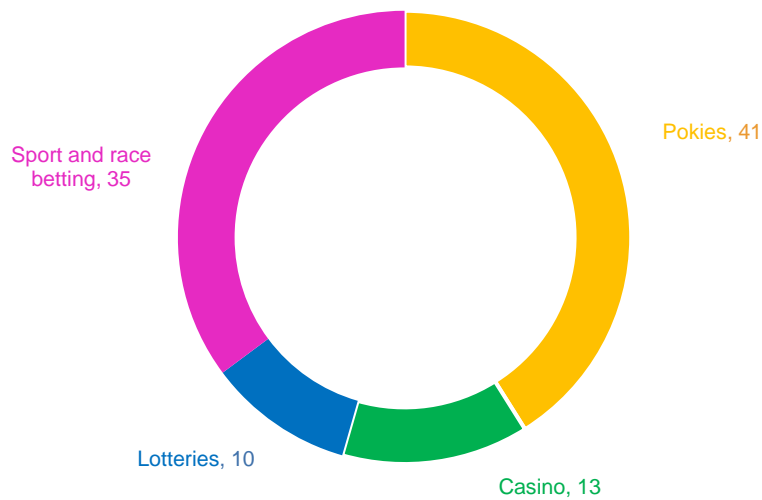
Source: VRGF (c) - 2024

For both gamblers and affected others, gambling-related harm could be classified into eight domain types:

1. Financial harm

2. Relationship disruption, conflict or breakdown

3. Emotional or psychological distress

4. Decrements to health

5. Cultural harm

6. Reduced performance at work or study

7. Criminal activity

8. Life course or intergenerational harms (Langham et al. 2016).

Gambling harm impacts

There is a study of social harm of gambling that draws upon various sources, including previous studies and the World Bank to examine the DALY attributable to gambling-related harm. Brown et.al. (2017), focused on the social harm of gambling and provided a summary of the outcome of this dominance analysis. As shown in the following table, 25.9 per cent of the disability weight (DW[2]) associated with gambling-related harm can be attributed to emotional or psychological harms, and this served as the estimate of W in the current study.

Table 7: Regression dominance analysis estimation of the relative harms

Gambling related harm domain	Relative contribution (%)
Financial harm	26.8
Emotional and psychological harms	25.9
Relationship and family harms	15.6
Health-related harms	16.6
Work or study harms	7.5
Other harms (anti-social consequences)	7.5

Source: Brown et.al. - 2017

The ensuing table delineates the cost items distribution by bearer of costs in Victoria during the period of 2014-2015. It reveals that the collective cost of gambling to the Victorian community in that fiscal year reached to about $7 billion.

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[2] The main objective of that study was to estimate the average disability weight (DW) associated with different categories of problematic gambling. The DW is a [0,1] bounded metric that reflects the total impact of a condition on a person's quality of life. The DW ranges from none at all (0) – or normal health and wellbeing – to so extreme that life is effectively not worth living (1) (Brown et.al. 2017)

Table 8: Cost of gambling problems to Victoria (2014-15) by bearer of Problem Gambling Severity Index

Cost category	Low-risk gamblers (PGSI 1-2)		Moderate-risk gamblers (PGSI 3-7)		Problem gamblers (PGSI 8+)		Total gambling problems	
	Cost	%*	Cost	%*	Cost	%*	Cost	%*
Gambler	1,201,486,940	17.2	880,818,552	12.6	886,361,538	12.7	3,184,301,170	45.7
Affected others	519,054,394	7.4	554,104,022	7.9	962,634,649	13.8	2,035,793,065	29.2
Community (businesses)	54,799,752	0.8	153,063,940	2.2	264,034,525	3.8	471,898,218	6.8
Government	670,921,196	9.6	314,185,026	4.5	244,186,612	3.5	1,281,488,334	18.4
Total cost of gambling to Victoria	**2,446,262,282**	**35**	**1,902,171,540**	**27.2**	**2,354,217,324**	**33.8**	**6,973,480,787**	**100**

*% of total

Source: Browne et.al. – 2017

People who gamble, their families and their social networks bore 75 per cent of the total cost of gambling on the community (Browne et. al. 2017).

Online gambling

In a comprehensive analysis of gambling trends in Victoria, researchers uncovered that online gambling participation increased between 2014-18, with marked increases in race and sports betting. In other categories:

- Pokies – 1.3 per cent of Victorians played pokies online in 2018, a slight decrease from 1.6 per cent in 2014.
- Sports betting – of people who bet on sports, those betting online increased from 52 per cent to 71.7 per cent, a rise of 38 per cent.

Men were more likely to place racing bets online (39 per cent of men, compared to 29 per cent of women), and were also more likely to bet on sports online (72 per cent of men, compared to 70.3 per cent of women) (VRGF 2024).

Perceptions of gambling

Based on the results of Kingston's Health and Wellbeing Survey (2024), on average, respondents very strongly disagreed with three statements about gambling causing harm to the respondents' household.

- 15% agree that pokies have a negative impact on their household
- 14% agree that online gambling has a negative impact on their household
- 14% agree that other forms of gambling have a negative impact on their household

About 24% of respondents significantly agreed that gambling causes harm in their neighbourhood, a higher proportion than those who agreed it causes harm within their own household (15%).

2.4. HEALTHY EATING

Daily fruit and vegetable consumption in Kingston

In 2024, 7 out of 10 Kingston residents are consuming enough fruit (70%) and approximately 3 in 5 residents are consuming enough vegetables (57%) each day (Kingston Health and Wellbeing Survey 2024). This is more than estimates recorded from 2020 data, but less than 2016 data for vegetable intake. Females were more likely to consume enough fruit and vegetables than males. Adults (45-54 years) were less likely to consume enough fruit and vegetables and older people (aged 75 years and over) were more likely to consume enough fruit and vegetables per day than other survey respondents.

Figure 24: Daily fruit and vegetable consumption in Kingston 2012-2024
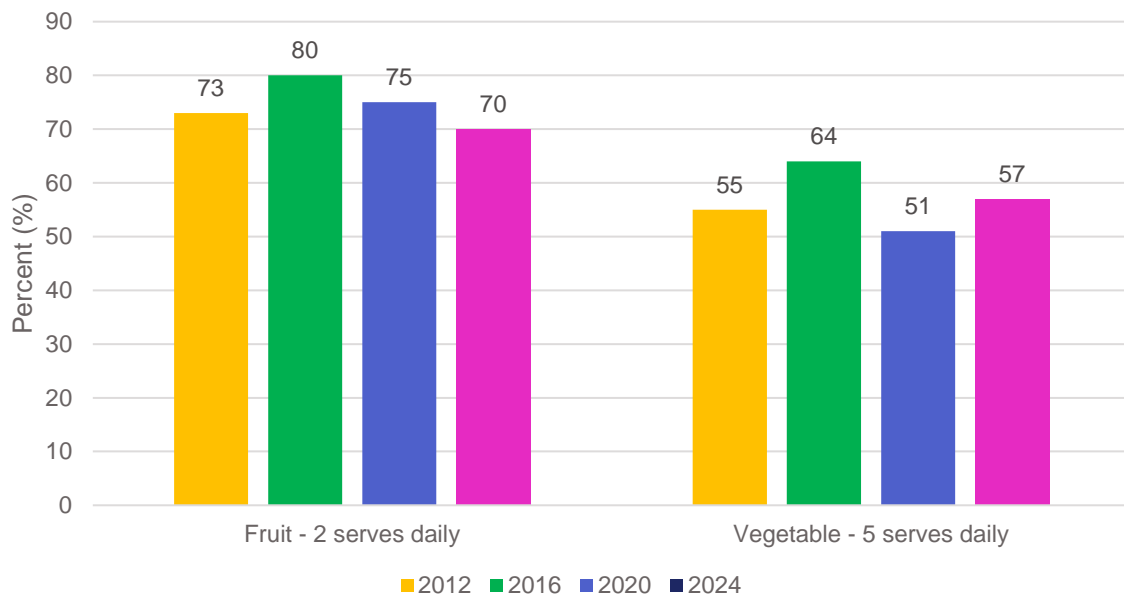
Source: Kingston Health and Wellbeing Survey - 2024

Food Access and Affordability

Based on the results of Kingston's Health and Wellbeing Survey (2024), 87% 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.

Table 9: Consume at least two servings of fruit every day

Category	Value
15 - 34 years	71%
35 - 44 years	68%
45 - 54 years	65%
55 - 74 years	70%
75 years or over	75%
Male	66%
Female	72%
English speaking h'sehold	68%
Multi-lingual h'sehold	73%
City of Kingston	70%
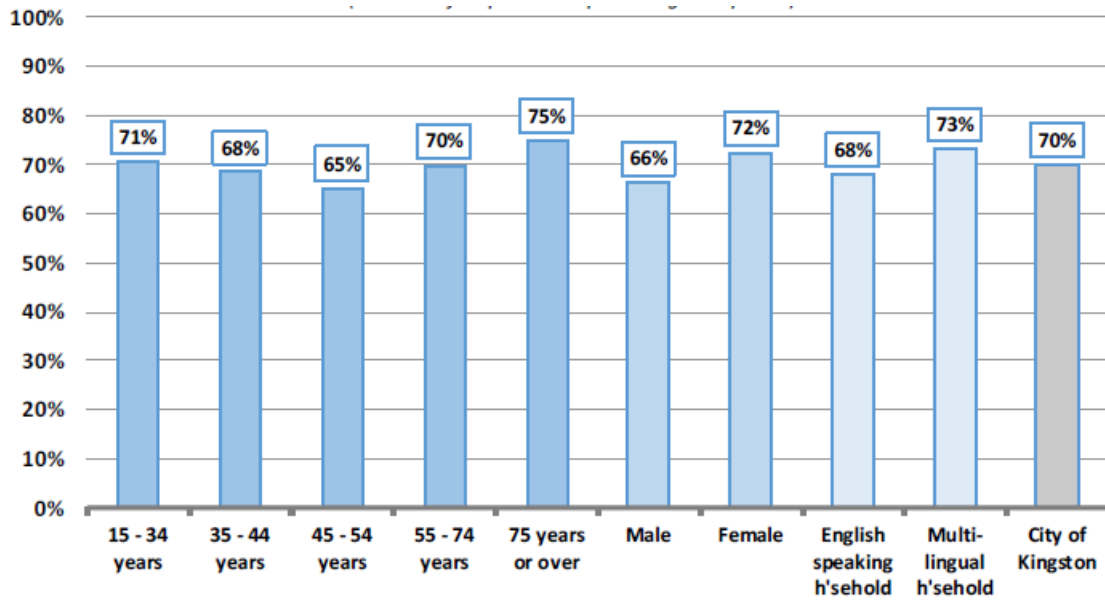
Source: Kingston Health and Wellbeing Survey – 2024

Table 10: Consume five servings of vegetables every day

Category	Value
15 - 34 years	58%
35 - 44 years	57%
45 - 54 years	53%
55 - 74 years	59%
75 years or over	62%
Male	53%
Female	61%
English speaking h'sehold	56%
Multi-lingual h'sehold	61%
City of Kingston	57%
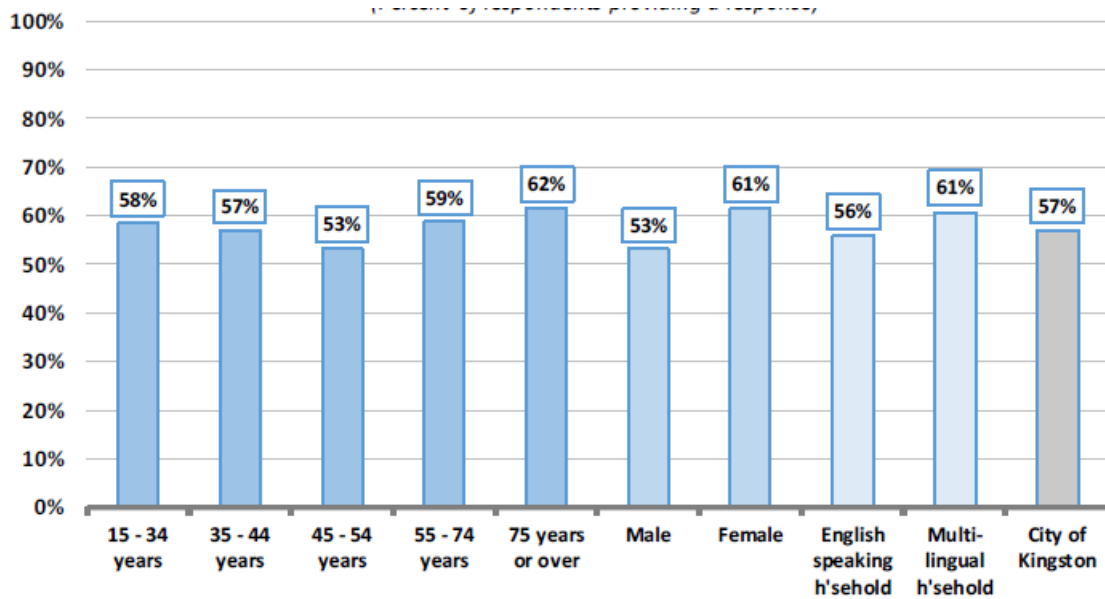
Source: Kingston Health and Wellbeing Survey – 2024

On average in 2022-23, Victorian's spent 9.6% of their disposable income on food (id economic profile (a) 2024). According to the VPHS (2023) 5.6% of Kingston residents experienced food insecurity in the past year, which is lower than the state average of 8.0%. Further, 7.7% of Kingston residents worried about running out of money to purchase food, which is lower than the state level (9.7%) (VPHS 2023). However, the Food Bank Hunger Report (2024) revealed that about 50% of low-income households have experienced food insecurity. It has exacerbated since the beginning of the cost of living crisis (Food Bank 2024).

Sugar-sweetened beverages consumption

In 2023 the proportion of Kingston adults who consumed at least one sugar-sweetened drink daily or several times per week was 28.8% (VPHS 2023). This was lower than the state average (34.4%).

Figure 25: Consumption of sugar-sweetened beverages
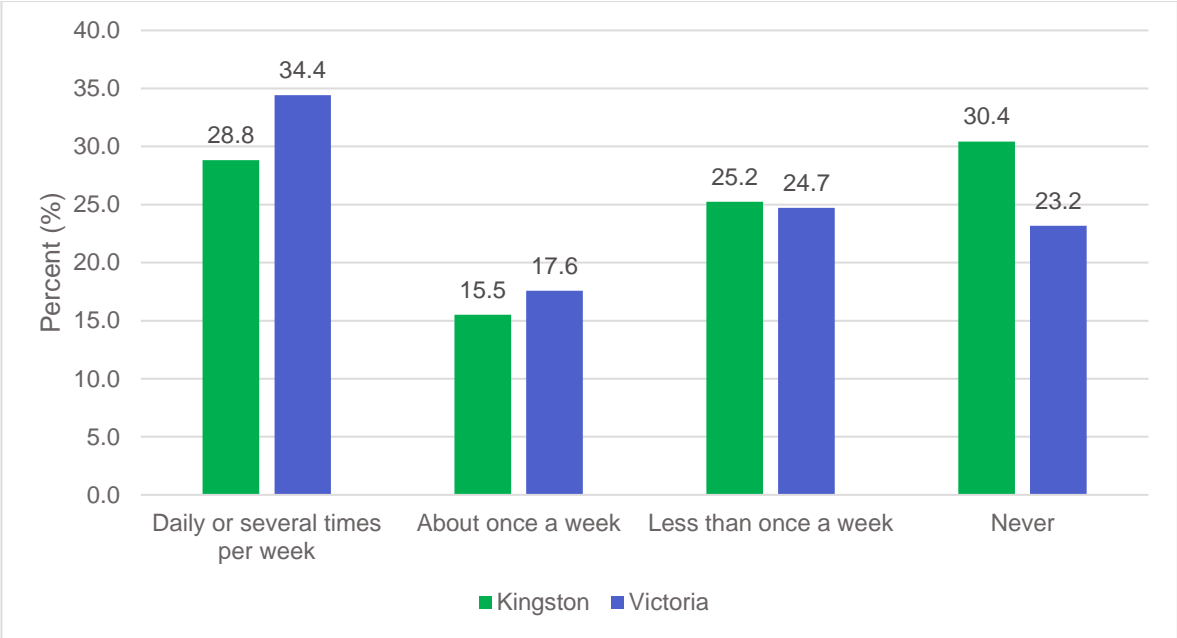
Source: VPHS - 2023

2.5. PHYSICAL ACTIVITY

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 (Department of Health and Aged Care 2021). In 2023, approximately 34.3% of Kingston residents are sufficiently active (At least 150 minutes of moderate to vigorous physical activity per week) according to these guidelines which is slightly lower that the Victorian average (35.1%) (VPHS 2023).

Figure 26: Physical activity status of residents
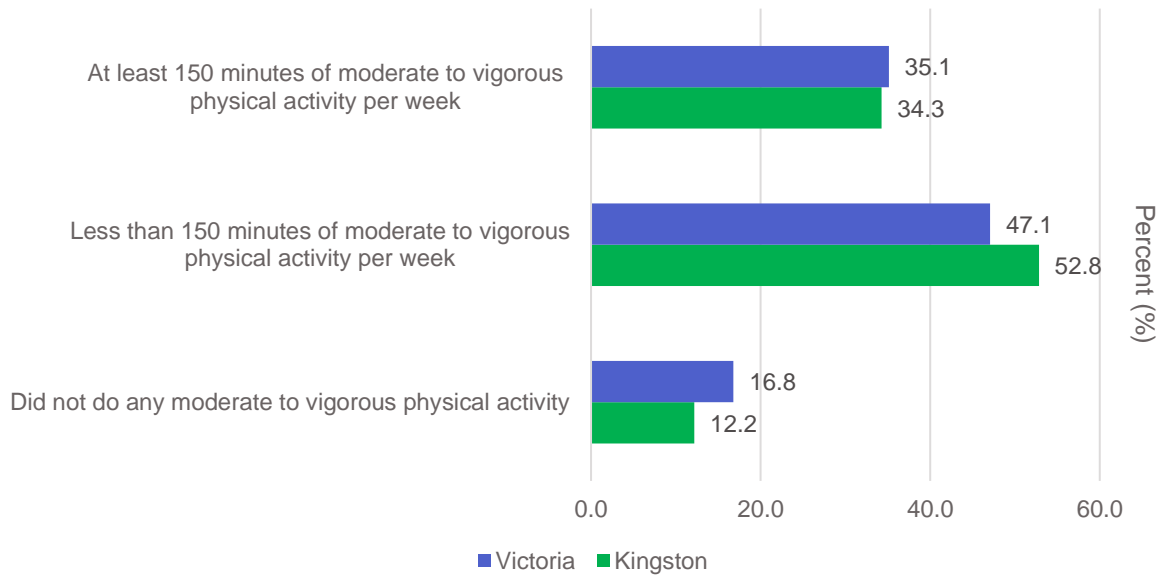
Source: VPHS - 2023

2024 data suggests that the percentage of sufficiently physically active people has reduced to 34%. Male respondents (36%) were more likely than female respondents (33%) to engage in sufficient moderate physical activity. People with a disability requiring some assistance (27%), people who are multilingual (31%), and people aged over 75 years (30%) were less likely to engage in sufficient moderate physical activity than the Kingston average (Kingston Health and Wellbeing Survey 2024).

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 (Department of Health and Aged Care 2021). Approximately 15% of Kingston residents typically do not engage in moderate physical activity, up from 10% in 2020. Sedentary behaviour was slightly more common among females (16%) compared to males (14%) (Kingston Health and Wellbeing Survey 2024). Additionally, data from the Victorian Public Health Survey (2023) shows that 36.4% of Kingston residents sit for eight hours or more per day, compared to 27.9% across Victoria. However, it's important to note that the sample size for the Victoria survey was smaller (400 respondents) compared to Kingston's survey (1,000 respondents), and the questions asked differed between the two surveys.

2.6. MENTAL WELLBEING

Perceptions of mental health, managing stress and sense of optimism

According to the 2024 Kingston Health and Wellbeing Survey, the vast majority (95%, down from 96% in 2020) of respondents rated their mental health as "good" (25%), "very good" (42%), or "excellent" (28%). Compared to 2020, there was a 5% decline in those who rated their mental health as "excellent", accompanied by an 8% increase in those who rated it as "good".

The percentage of male respondents who rated their mental health as excellent or very good (73%) was higher than that of female respondents (67%). 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 were less likely to rate their mental health as good or better (80%). Approximately 7 out of 10 people feel a sense of optimism about the future (70% down from 74% in 2021) and 80% agree that they are able to manage stress (increased from 73% in 2021). Middle-aged adults (aged 45 to 54) reported lower agreement (7.1 out of 10) compared to the average (7.6) in feeling they can manage stress most of the time.

People with disabilities (10%) less likely than other respondents to feel optimistic about the future. Whereas adults aged 35-44 years were measurably more likely to express a sense of optimism compared to both the Kingston average and other groups (Kingston Health and Wellbeing Survey 2024).

Psychological distress, anxiety and depression

The VPHS (2020) showed that 47% of people in Kingston reported low levels of psychological distress, close to the state average of 45%. However, almost a quarter of adults in Kingston (24%) reported experiencing high or very high levels of psychological distress, a rate similar to that in Victoria (24%), indicating a significant area of concern.

According to the ABS (2021), approximately 8.1% of Kingston residents had a mental health condition, which was lower than the 8.8% recorded for Victoria. Additionally. Further, gender disparities are evident concerning mental health conditions. Females (10%) were notably more prone to experiencing mental health issues compared to males (6.2%). These closely mirror the rates observed in Victoria for both genders, with female at 10.7% and males at 6.8% (Kingston Id Profile 2021).

Figure 27: Psychological distress of people
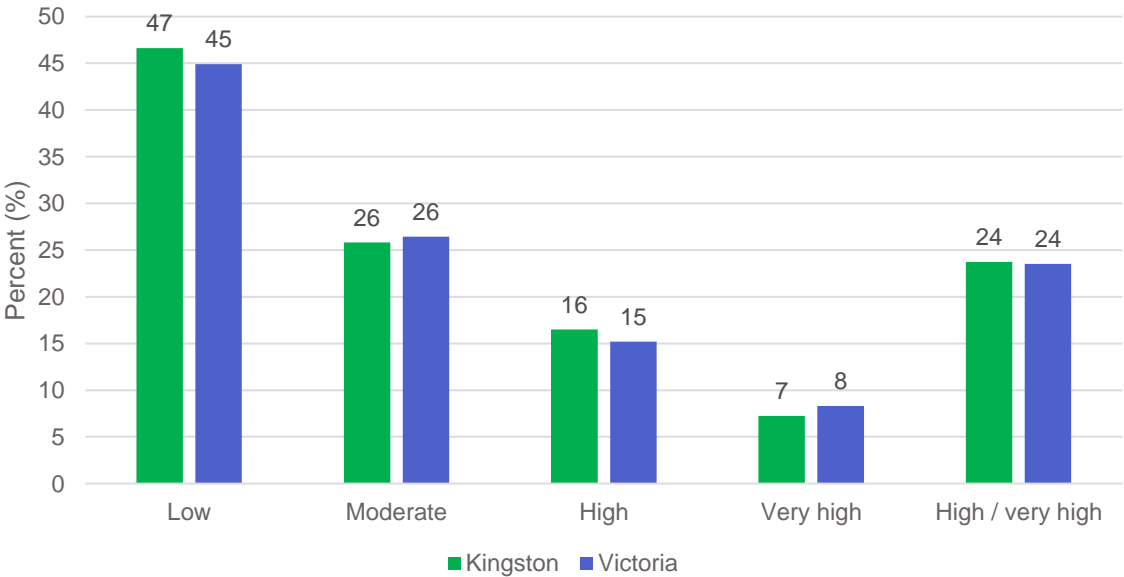
Source: VPHS - 2020

Hill, et.al. (2021) conducted a comprehensive study about the LGBTQ community in Australia. With regard to Victoria, they collected data from 2,333 people. Their findings indicate that high or very high levels of psychological distress were significantly higher in LGBTIQ+ populations across Victoria with just over half experiencing high (28.1%) or high/very high (26.2%) distress.

Figure 28: Psychological distress of LGBTIQ+ people
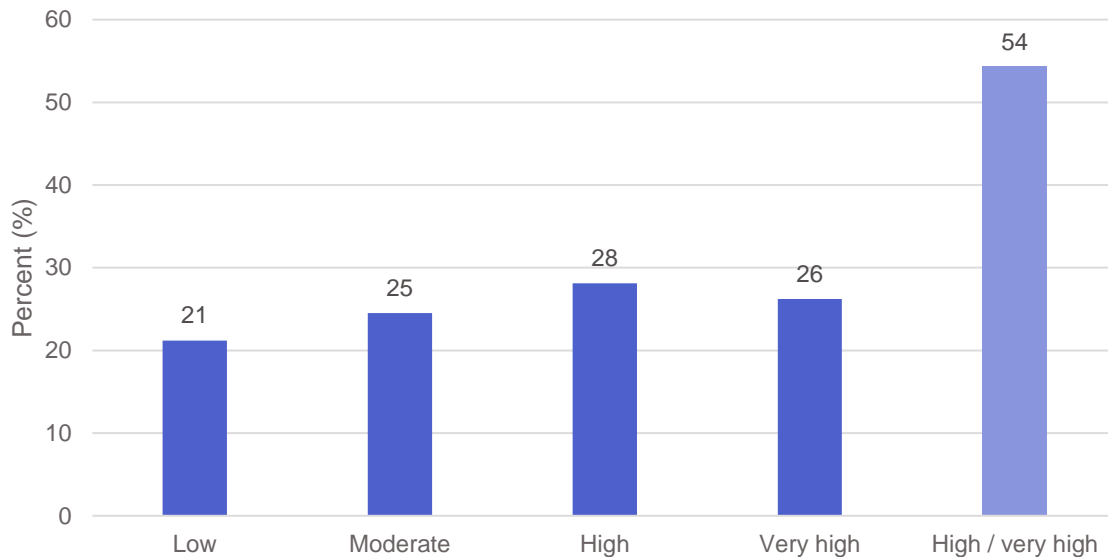
Source: Hill et.al. - 2021

Life Satisfaction and Life Being Worthwhile

The VPHS (2020) findings indicate that approximately half of people in Kingston reported high levels of life satisfaction (50%). These ratings were similar to state averages, which also stands at 50%. However, the percentage of people reporting low to medium satisfaction was slightly elevated at 26% in Kingston, surpassing Victoria's rate of 22%.

Figure 29: Life satisfaction of people
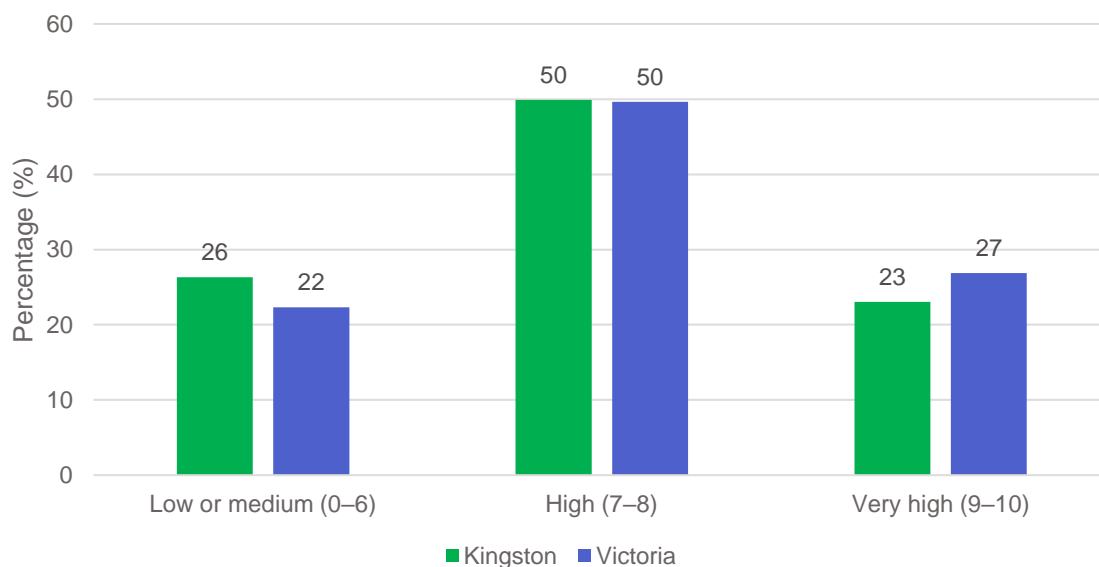
Source: VPHS - 2020

Loneliness

National data reveals that one in three Australians experience loneliness, with young and middle-aged people reporting the highest levels (Ending Loneliness 2023).

Figure 30: Percentage of Australians who often/always feel lonely
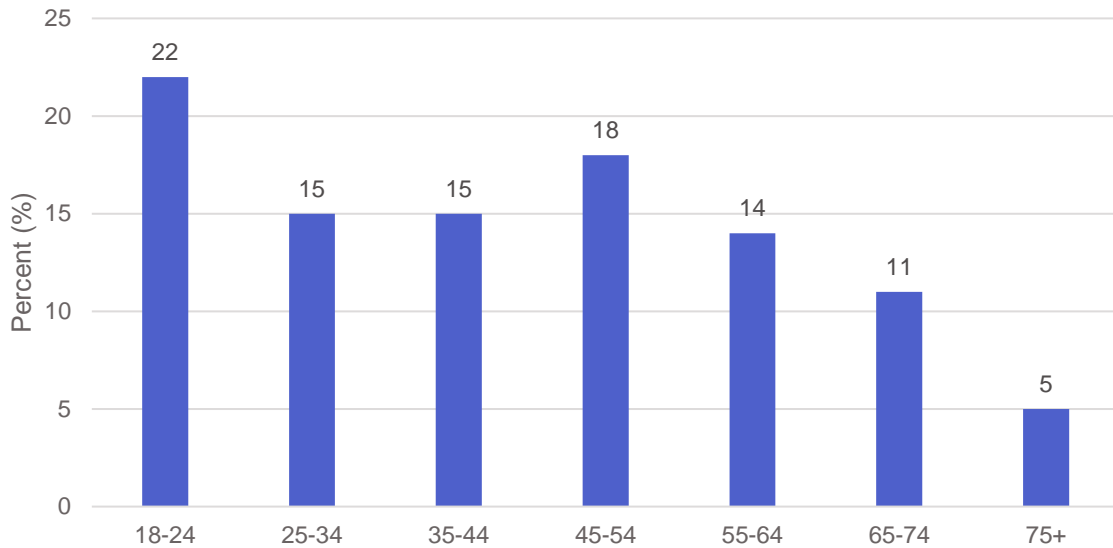
Source: Ending Loneliness - 2023

According to the VPHS (2023), 21.3% of adults in Kingston reported experiencing loneliness, slightly lower than the Victoria average of 23.3%.

2.7. HEALTH CONDITIONS AND DISEASES

Life Expectancy

The average life expectancy in Kingston is 82 years for males and 85 years for females. This figure closely mirrors the average observed in Greater Melbourne and Victoria for females. However, for males, the average life expectancy in Kingston surpasses that of the Greater Melbourne (80 years) and Victoria (79 years) (PHIDU 2024).

Figure 31: Median age at death
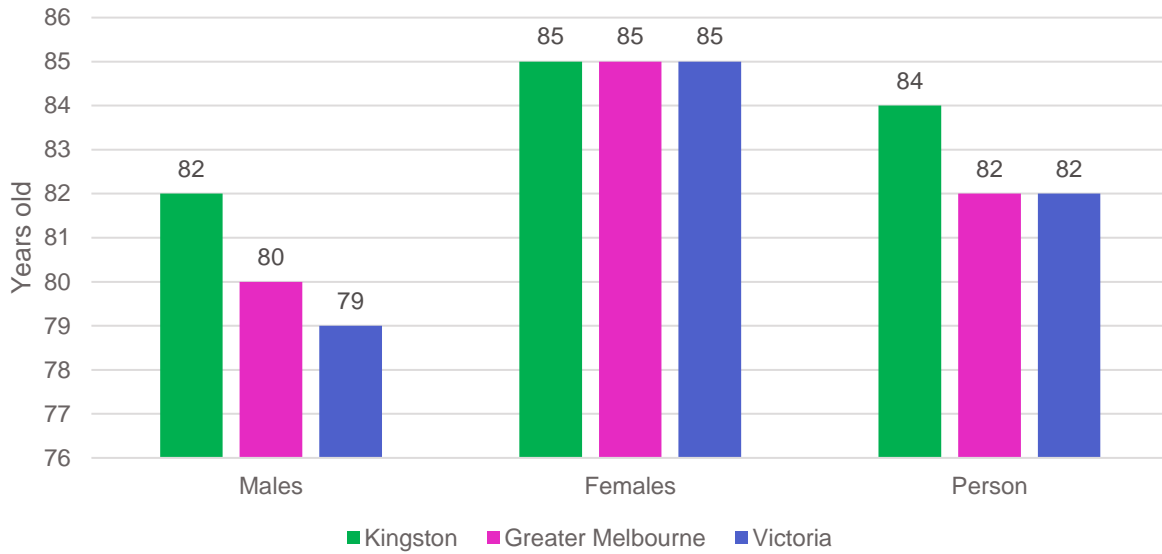
Source: PHIDU - 2024

Based on the available national data, the average life expectancy for Aboriginal and/or Torres Strait Islander people (72 years for males, 76 years for females) is significantly lower than non-indigenous Australians (81 years for males, 84 years for females) (ABS 2023). The average life expectancy of Aboriginal and/or Torres Strait Islander people within Victoria is unknown.

Avoidable Mortality

There is a gender difference in the avoidable mortality rates with significantly higher rates for males (Kingston: 119 per 100,000) compared to females (Kingston: 77 per 100,000).

Figure 32: Avoidable mortality by gender in Kingston and Victoria
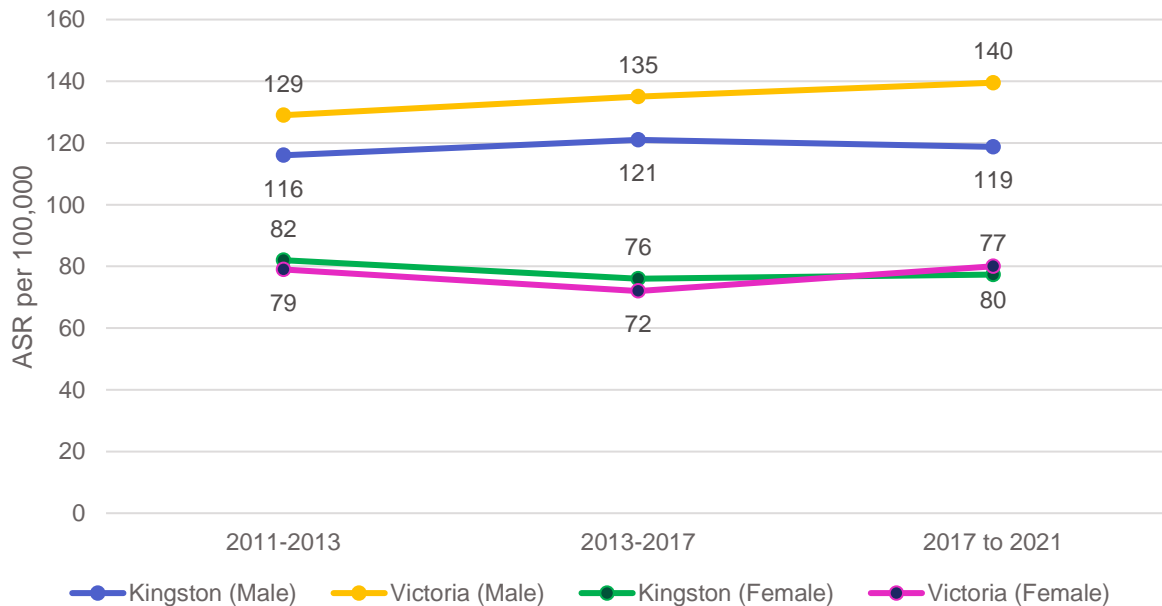
Source: PHIDU – 2024

Avoidable mortality by cause

Circulatory system diseases and cancer 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 Greater Melbourne and lower than the state averages.

Table 11: Avoidable mortality by cause

Avoidable mortality by cause 2017- 2021 (ASR per 100,000)			
	Kingston	**Greater Melbourne**	**Victoria**
Cancer	26.8	25.6	27.8
Cancer - colorectal	9.0	9.4	10.1
Cancer - breast (females)	14.4	14.7	15.6
Circulatory system diseases	30.7	29.8	32.7
Ischaemic heart disease	19.4	18.6	20.6
Cerebrovascular diseases	7.3	7.2	7.6
Diabetes	6.4	4.8	5.2
Respiratory system diseases	5.9	7.2	9.0
Chronic obstructive pulmonary disease (COPD)	5.6	6.6	8.3
Falls, fires, burns, suicide and self-inflicted injuries	11.9	11.9	13.5
Suicide and self-inflicted injuries	10.1	9.3	10.6
Transport accidents, accidental drowning, and submersion	10.4	11.6	13.8
Transport accidents	3.4	2.7	4.0

Source: PHIDU – 2024

Cancer

Prostate cancer in men and breast cancer in women are the most frequently diagnosed cancers which is slightly lower than the Greater Melbourne and Victoria. The most common cancers for both genders are colorectal cancer, lung cancer and melanoma.

Table 12: Cancer incidents in Kingston, Greater Melbourne and Victoria

	Females			Males		
Cancer incidence 2014 - 2018 (ASR per 100,000)						
	Kingston	**Greater Melbourne**	**Victoria**	**Kingston**	**Greater Melbourne**	**Victoria**
Breast cancer	137.6	142.4	143.1	NA	NA	NA
Colorectal cancer	56.0	53.5	57.4	66.3	66.9	69.9
Leukaemia	16.6	15.4	15.5	25.1	24.2	24.6
Lung cancer	43.2	40.4	42.1	54.8	54.0	56.0
Lymphoma	21.5	22.9	22.9	31.1	31.0	31.0
Melanoma of the skin	43.7	34.7	39.4	59.2	47.8	52.9
Ovarian cancer	10.9	9.9	10.0	NA	NA	NA
Pancreatic cancer	12.8	14.7	14.6	14.6	15.9	15.8
Thyroid cancer	14.5	16.6	15.5	NA	NA	NA
Uterine cancer	22.4	24.8	24.5	NA	NA	NA
Bladder cancer	NA	NA	NA	13.7	18.1	18.3
Head and neck cancer	NA	NA	NA	23.7	22.8	25.3
Kidney cancer	NA	NA	NA	18.2	19.9	20.2
Prostate cancer	NA	NA	NA	156.6	163.0	160.1
Stomach cancer	NA	NA	NA	11.3	13.1	13.0
All other cancers	108.9	108.0	111.1	110.9	112.3	114.6
All cancers	**488.3**	**483.1**	**496.1**	**585.5**	**588.7**	**601.8**

Source: PHIDU - 2024

Rates of cancer vary across the municipality and between genders. For example, diagnoses of liver cancer were significantly higher for residents in Clayton South (57% above Australian average). 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 (65% above the Australian average) compared with women (18% above the Australian average) (Atlas Cancer 2024).

Figure 33: Rates of Liver Cancer Diagnosis by Suburb 2007-2016
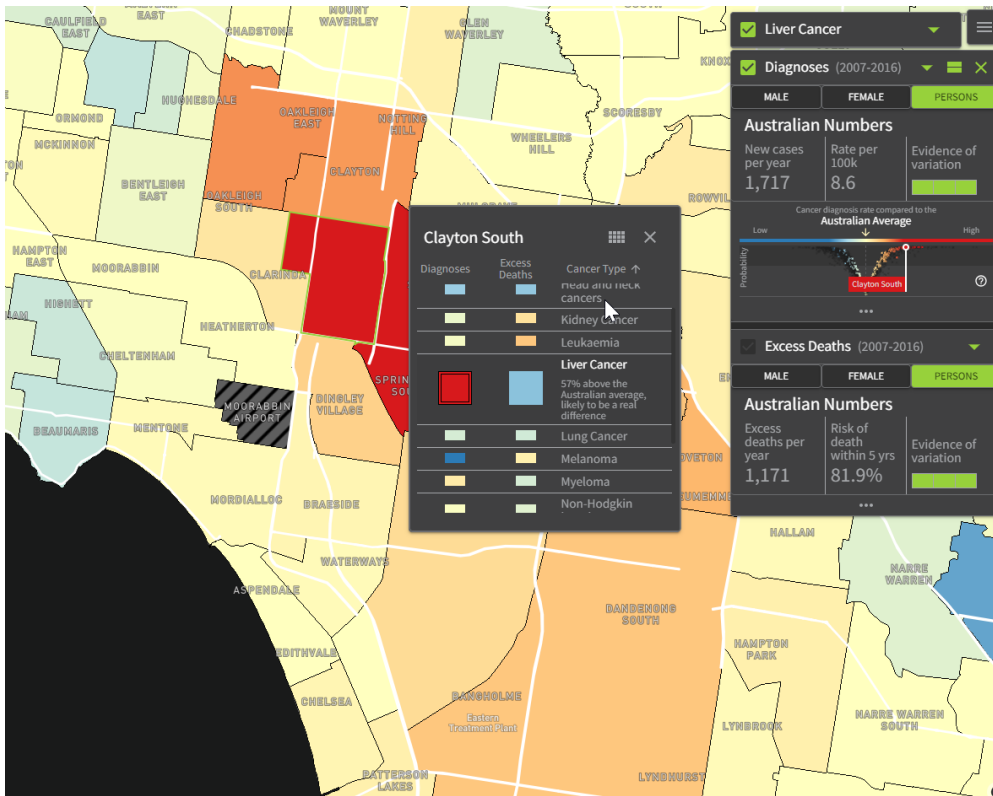
Source: Atlas Cancer - 2024

On the other hand, the Classic MPN[3] rates in Highett was higher among female (32% above the Australian average) compared to males (11% above the Australian average) (Atlas Cancer 2024).

Figure 34: Rates of Classic MPN Diagnosis by Suburb 2007 - 2016
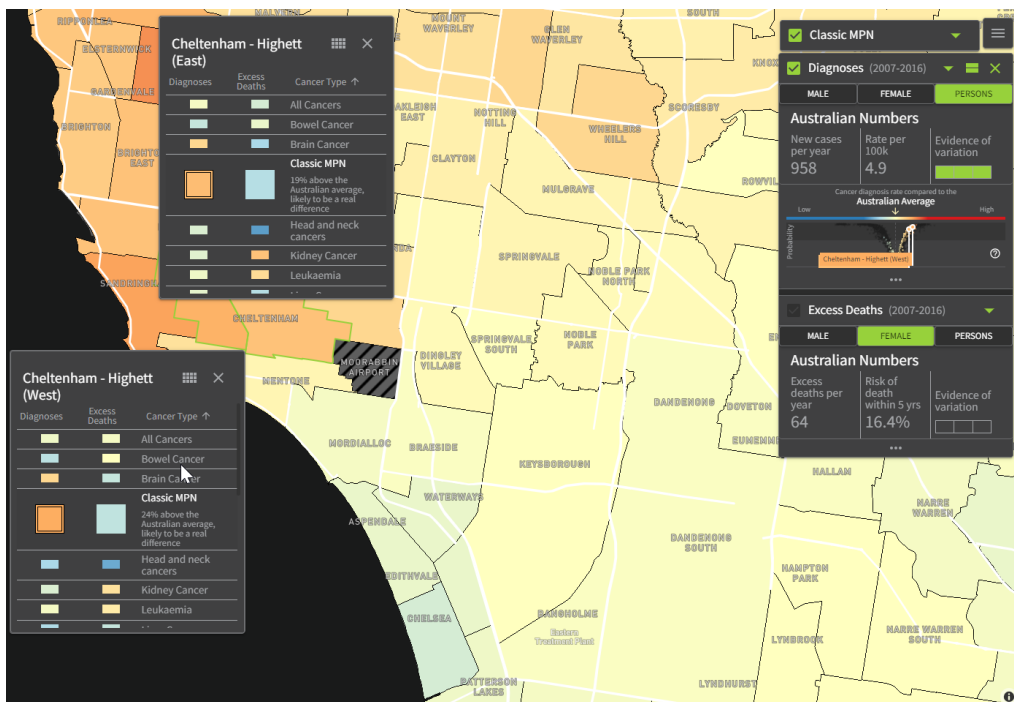
Source: Atlas Cancer - 2024

[3] Myeloproliferative neoplasm (MPN) is a group of blood cancers

Chronic disease

According to the 2021 Census, asthma, mental health issues, and arthritis were the top three long-term health conditions in Kingston, reflecting similar trends in Greater Melbourne. However, the proportion of people with asthma and arthritis was higher in Kingston compared to Greater Melbourne.

Figure 35: Log-term health condition - 2021
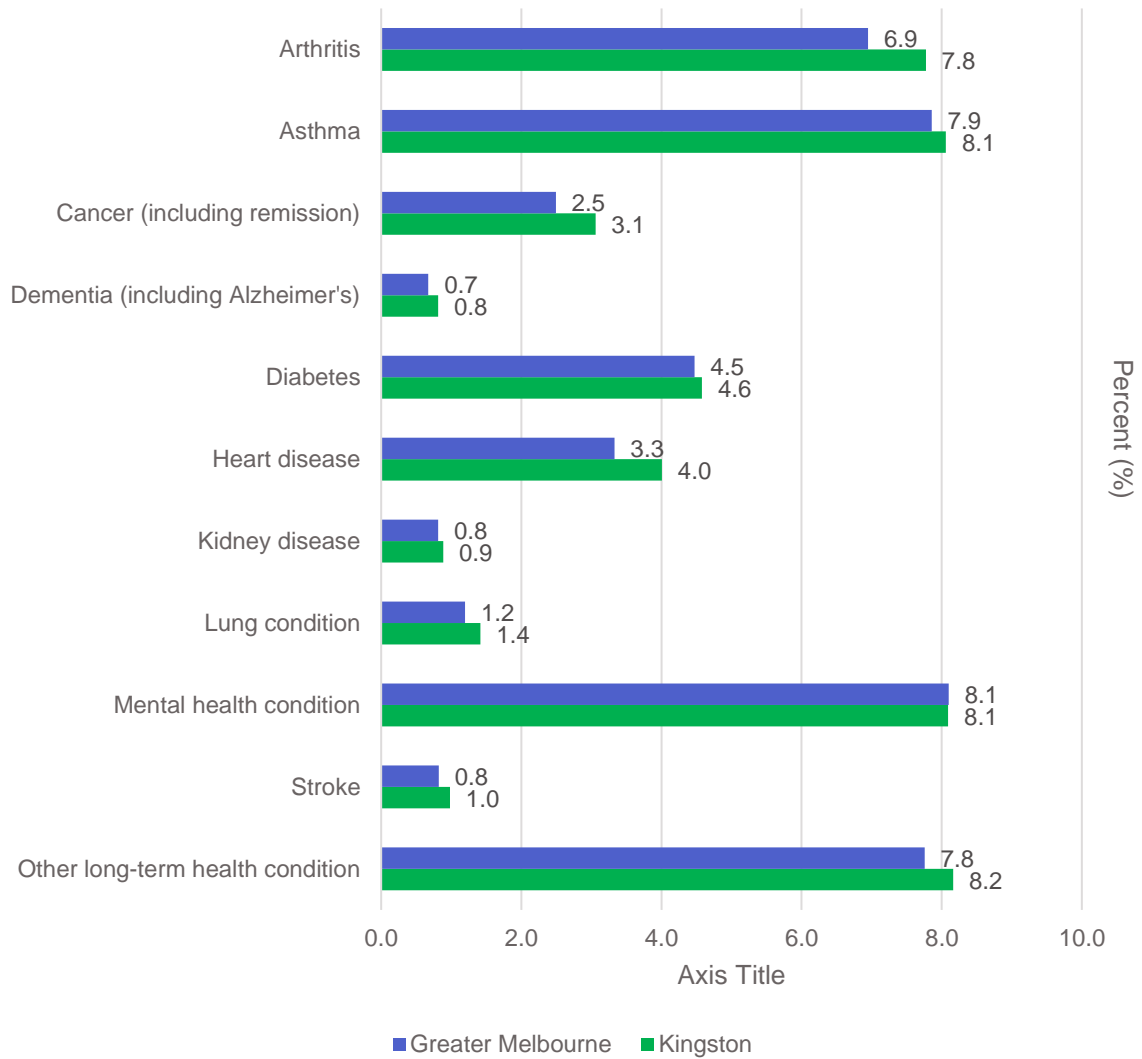
Source: id community profile – 2024

The following graph shows the percentage of long-term health conditions in Kingston based on gender.

Figure 36: Long-term health condition based on gender in Kingston - 2021
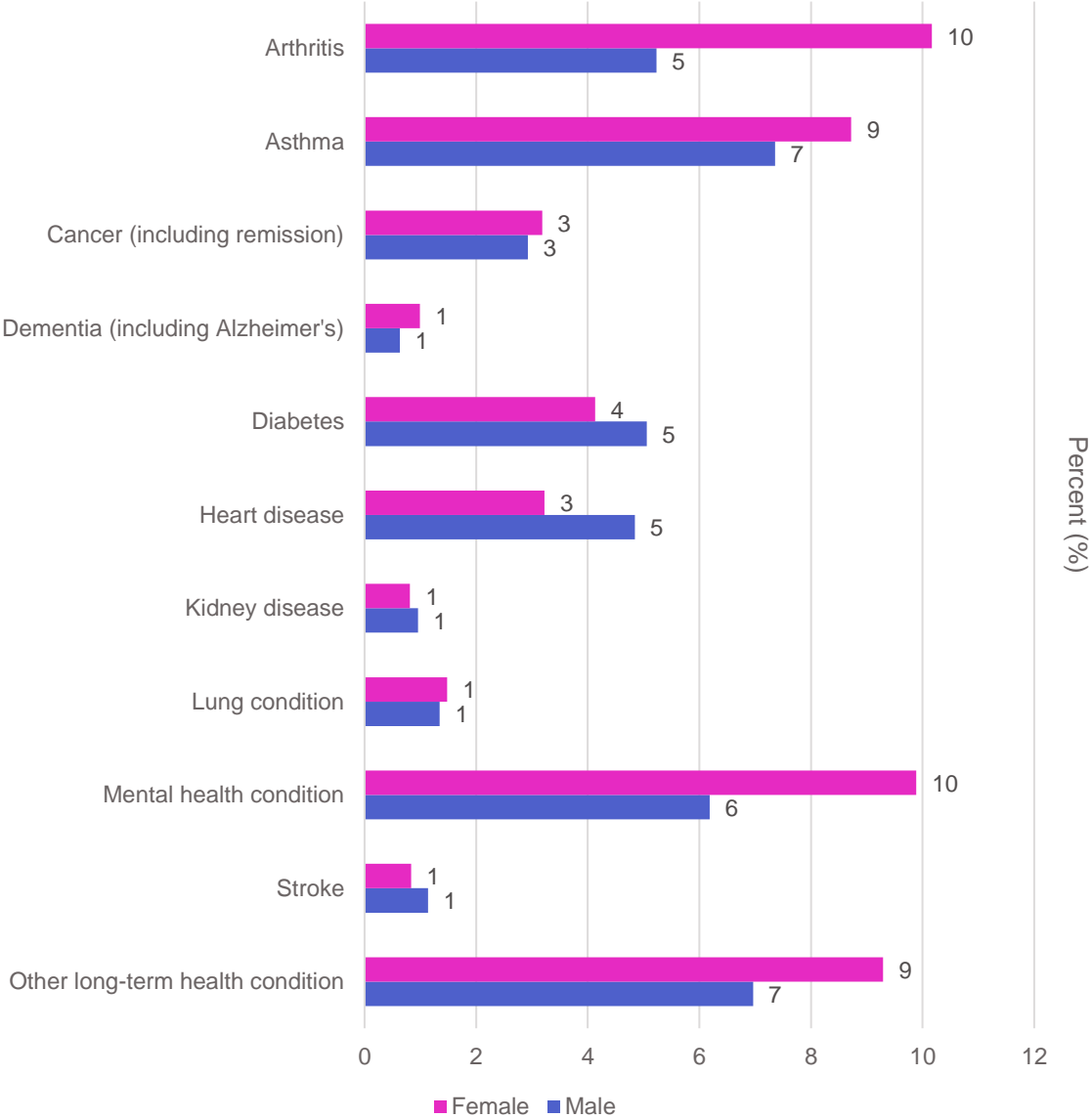
Source: id community profile – 2024

According to VPHS (2017) the most common chronic diseases in Kingston were Anxiety or Depression (22.8%), Arthritis (19.3%) and Asthma (16.6%). 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%).

Table 13: Proportion of self-reported chronic diseases in Kingston, Victoria and LGBTIQ+ population

	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

Source: VPHS - 2017

Dementia

In 2021, dementia was the second leading cause of death in Australia after coronary heart disease and was the leading cause of death for women (AIHW (b) 2024). In Kingston in 2024, there were 3104 people living with dementia with estimates of this growing to 6228 people by 2054 (101% growth). In comparison to other local government areas in Victoria, Kingston had the 7th highest prevalence in 2024, which is estimated to drop to the 8th highest prevalence by 2050 (Dementia Australia 2023).

In 2024 it is estimated there are more than 107,600 people living with all forms of dementia in Victoria. This figure is projected to increase to more than 216,400 by 2054 with a projected percentage change of 101% (Dementia Australia 2023).

Diabetes

The prevalence of diabetes in Kingston is 4.6% (7242 people) which is similar to the Victorian rate of 4.7%. Diabetes is more common in males (5.1%) than females (4.1%). This gender difference is consistent with rates across Victoria and Australia more broadly (id profile (d) 2024).

Figure 37: Diabetes in Kingston suburbs
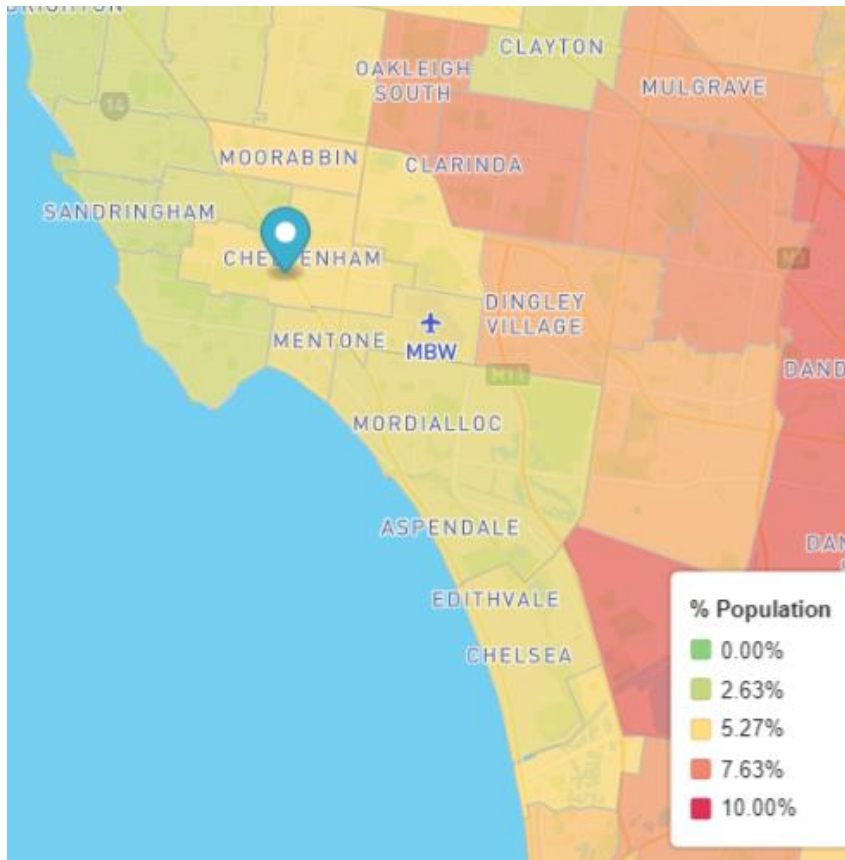
Source: NDSS - 2024

As per the NDSS (2024), the areas with the highest incidence of diabetes in Kingston are Clarinda and Clayton South (3169 postcode), accounting for 7.39% of the total population, while Highett (3190 postcode) has the lowest percentage of diabetes, at 3.75%.

Immunisation Rates

Following tables shows the "childhood immunisation coverage" and "fully vaccinated SA3" based on age groups. Over 90% of children are vaccinated across different age groups in Kingston (1 year olds = 94.71%, 2 year olds = 91.67%, and 5 year olds = 94.91%). Kingston is within the average range in comparison to other regions in Victoria (Statistical Area Level 3, SA3).

Table 14: Fully vaccinated SA3 - 2024

Fully vaccinated SA3 (%)			
Age Group	Kingston	Highest ranked SA3	Lowest ranked SA3
1 Year-olds	94.71	Monash (96.05)	Stonington-West (88.27)
2 Year-olds	91.67	Wodonga - Alpine (96.65)	Colac - Corangamite (87.61)
5 Year-olds	94.91	Campaspe (97.54)	Stonington-West (89.71)

Source: Department of Health and Aged Care - 2024

The following table shows the breakdown of the immunisation. The "Fully Vaccinated" column represents those who received all recommended vaccines.

Table 15: Childhood immunisation coverage in Kingston - 2024

Childhood immunisation coverage in Kingston (%)								
Age Group	DTP	Polio	HIB	HEP	MMR	Pneumo	MenC	Varicella	Fully Vaccinated
1 Year-olds	95.09	95.09	94.94	95.62	0	96.45	0	0	**94.71**
2 Year-olds	92.55	96.61	94.84	96.68	94.1	95.72	95.87	94.32	**91.67**
5 Year-olds	94.98	95.12	0	0	0	0	0	0	**94.91**

Source: Department of Health and Aged Care - 2024

Obesity

Being overweight or obese is a risk factor for many preventable chronic conditions. 57% of adults are overweight or obese in Kingston (Victoria 54%) (VPHS 2023).

Figure 38: Proportion of adult population by BMI category
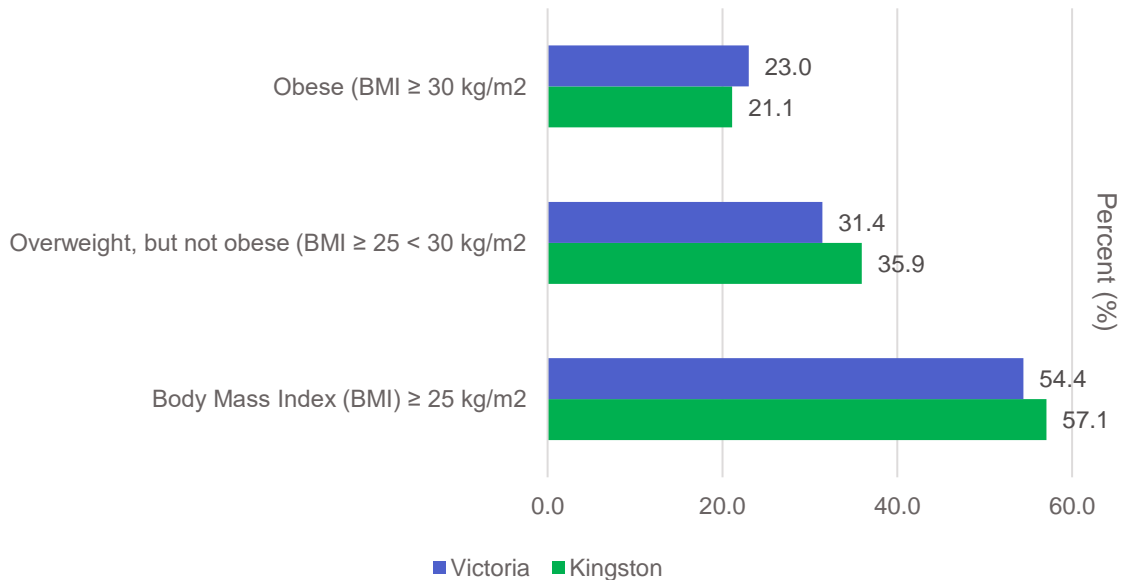
Source: VPHS 2023

Cervical screening and HPV immunisation

From February 2023, HPV vaccines were administered as a single-dose vaccine rather than a two-dose vaccine. This change contributed to the rise in vaccination rates.

Table 16: HPV immunisation and Cervical screening

	People HPV – 2023 (%)		People HPV – 2023 (%)		Cervical screening* – 2023
	Females	Males	Females	Males	Person aged 25-74
Victoria	86.8	84.6	82.1	75.8	3,362 (1%)
Australia	85.9	83.4	82.5	76.8	11,004 (0.9%)

*Risk of a significant cervical abnormality, primary screening tests

Source: DHAC (a) - 2024 and AIHW (a) - 2024

Chlamydia is the most commonly diagnosed STI in Australia. Rates of Chlamydia in Kingston are lower than state averages (females = 13.1 per 10,000, males = 11.9 per 10,000). Gender differences in rates are observed across types of infection, with higher rates of Chlamydia seen in females and higher rates of Gonorrhoea, Syphilis and HIV in males. Rates of Hepatitis B in Kingston have been slightly higher that state averages. See Women's Health Atlas for trends (Victorian Women's Health Atlas (victorianwomenshealthatlas.net.au).

Figure 39: Sexually Transmitted Infections – 2020
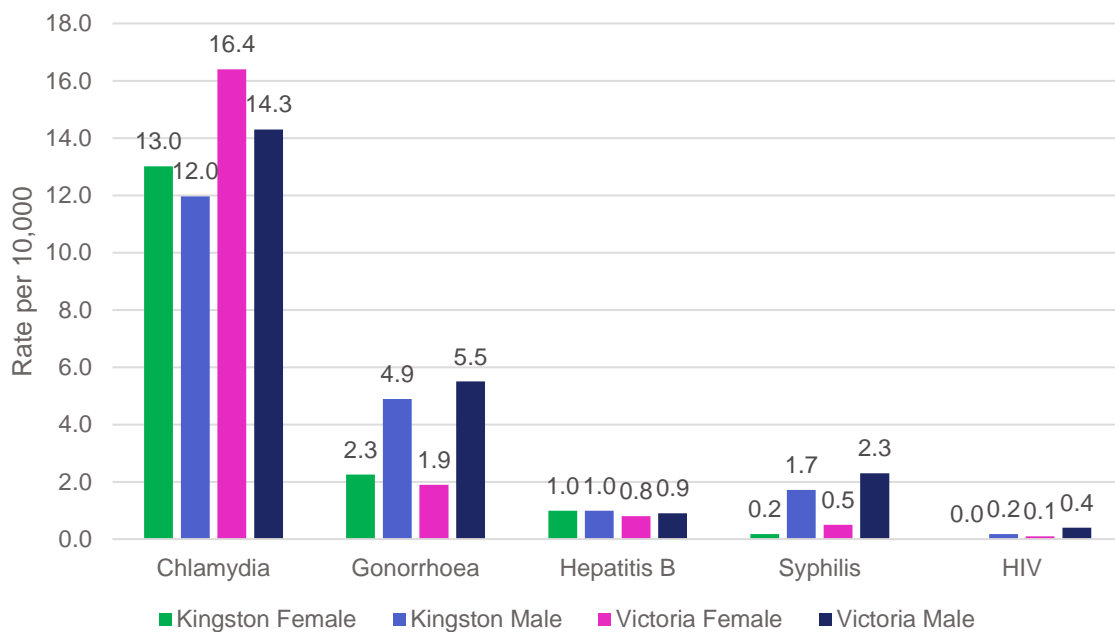
Source: Victorian Women's' Health Atlas - 2020

3. Safe and secure

3.1. PHYSICAL SAFETY

Injury

The most common principal diagnosis for emergency room presentations was injury, poisoning and certain other consequences of external causes in 2020-2021. The injury rate was higher among males (32,375 per 100,000) compared to females (26,442 per 100,000). Gender differences were observed for all types of injuries requiring hospital admissions in Kingston and the state (data based on gender is available) (See table 17).

Table 17: Emergency department presentations - 2020-2021

Principal diagnosis	Kingston		Victoria	
Emergency department presentations				
	No	**%**	**No**	**%**
Certain infectious and parasitic diseases	1,477	5	65,312	4
Mental and behavioural disorders	1,431	4	61,380	4
Diseases of the circulatory system	1,675	5	73,390	5
Diseases of the respiratory system	1,747	5	85,156	5
Diseases of the digestive system	1,705	5	87,316	6
Musculoskeletal system and connective tissue	1,650	5	80,778	5
Diseases of the genitourinary system	1,253	4	67,489	4
Injury, poisoning and certain other consequences of external causes	7,118	22	383,434	24
Factors influencing health status and contact with health services	606	2	44,571	3
Other diseases/ conditions	13,724	42	629,011	40
Total presentations	**32,386**	**100**	**1,577,845**	**100**

Source: PHIDU - 2023

Table 18: Public hospital Admissions by type of injury - Kingston 2020-2021

Public hospital Admissions by type of injury (ASR per 100,000)		
Admission	**Females**	**Male**
Transport crash injury	171.6	294.7
Falls	1,050.9	696.2
Injury due to a thrown or falling object, cuts etc	133.3	340.6
Injury due to being accidentally hit, bitten etc	62.9	76.1
Intentional self-harm	104.9	42.1
Assault	32.4	79.3
All diagnosis of injury or poisoning, by external cause	1,742.3	1,737.3
Total	**3,298.3**	**3,266.2**

Source: PHIDU - 2023

3.2. CRIME

Criminal incidents

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 2024, Kington recorded an increase

of 6.4% in the total number of criminal incidents compared to the previous year. The incident rate in Kingston (5469.4 per 100,000) was slightly lower than the state average (5885.5 per 100,000) but the highest that has been recorded since 2015.

Australia's federal, state and territory governments put restrictions in place to slow the spread of Coronavirus (COVID-19) from March 2020 to February 2023 (ABS (b) 2024). The restrictions, and associated penalties for breaching these restrictions, varied across the jurisdictions. This might have made an impact in the decrease in recorded crime and offenders data for associated reference periods.

June 2024 data shows Total Criminal Incidents (9113 criminal incidents) increased by 6.4% compared to 2023 data (8568 criminal incidents). Additionally, Cheltenham recorded the highest number of criminal incidents among Kingston suburbs, with 1558 incidents.

Figure 40: Criminal incidents in Kingston
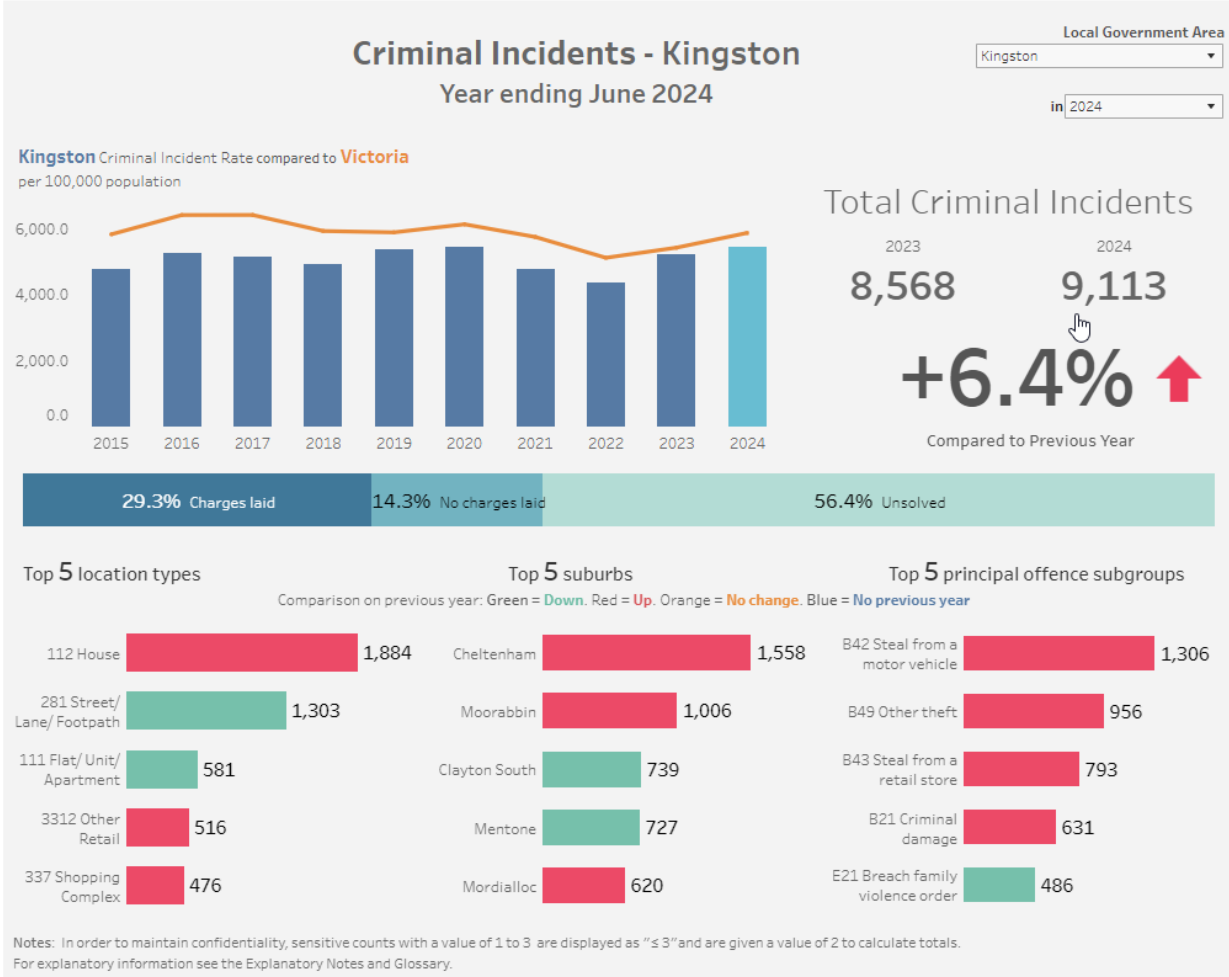
Source: CSA - 2024

Offences Recorded

Offences recorded data includes all offences during a criminal incident. For the year ending June 2024, the offence rate in Kingston (7115.1 per 100,000) was similar to the state average (7925.0 per 100,000). The offences recorded were decreasing (by around 2% compared with 2023). Steal from a

motor vehicle (12% of total offences), theft (9% of total offences), steal from retail store (8% of total offences), breach of orders (7% of total offences) and criminal damage (6% of total offences) were the most common types of offences in Kingston.

However, there was a 67% decrease in transport regulation offences in other offences recorded over the past year (2023: 36 to 2024: 12) and around 50% decrease in deception in property and deception offences over the past year (2023: 1217 to 2024: 610). On the other hand, Kingston has an increase of around 44% in drug dealing and trafficking (2023: 69 to 2024: 99).

Figure 41: Offences recorded in Kingston
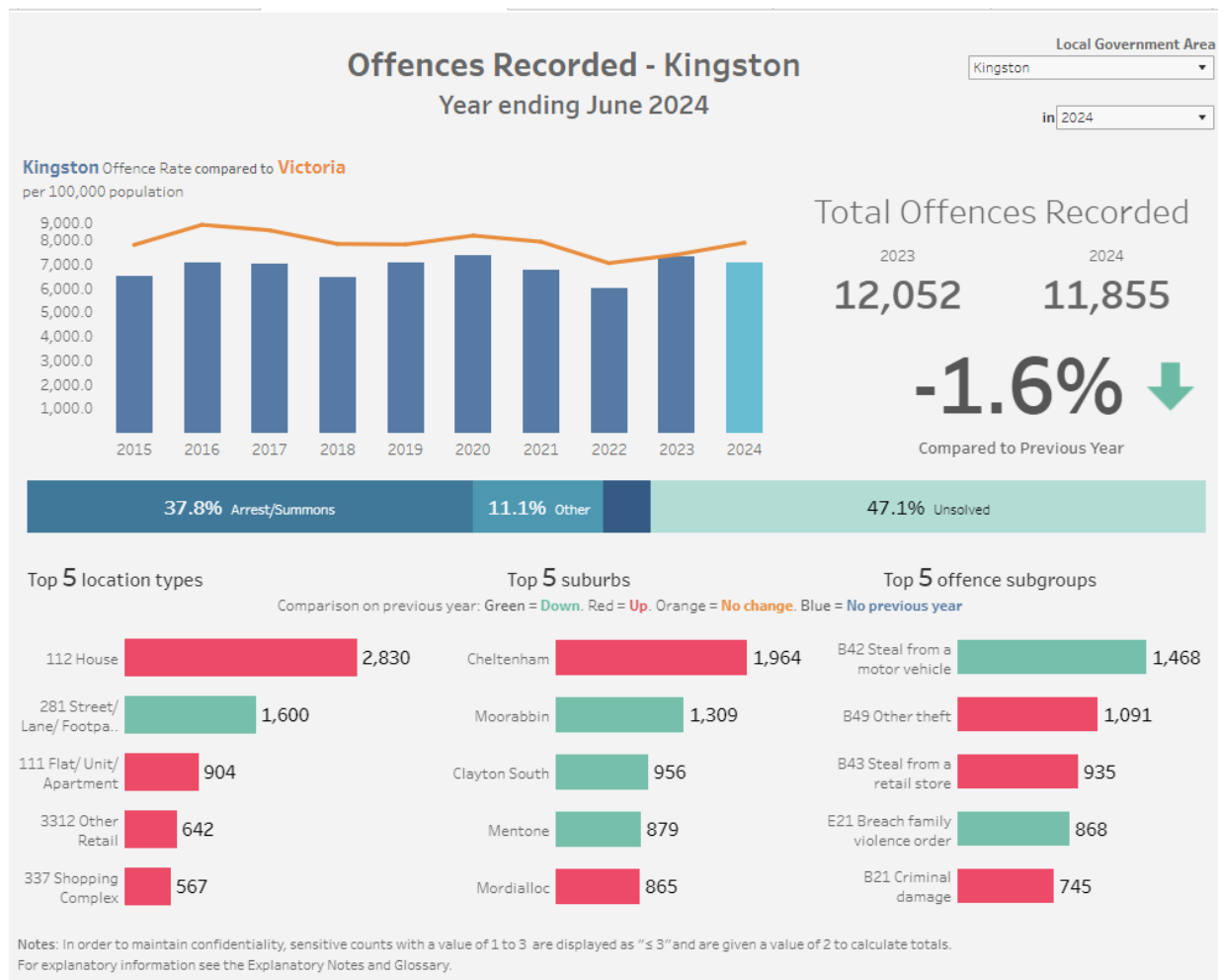
Source: CSA - 2024

Alleged offender incidents

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 2024, the alleged offender incident rate for Kingston was 2,320.3 per 100,000 population. Total offender incidents (3,866) were 11.8% higher than 2023 (3,457). There was a gender difference with 77% of alleged offenders male (2,977 offender incidents) compared to female (889 offender incidents, 23%). Approximately 30% of alleged offenders were aged 10-24 years (1167 incidents).

Figure 42: Alleged offender incidents in Kingston

Alleged Offender Incidents - Kingston
Year ending June 2024

Local Government Area
Kingston ▾

in 2024 ▾

Kingston Alleged Offender Incident Rate* per 100,000 population

Total Offender Incidents

2023	2024
3,457	3,866

+11.8% ↑
Compared to Previous Year

*The estimated population used to calculate rates in this table does not account for the age of criminal liability (includes persons less than 10 years of age).

Top 5 principal offence subdivisions
Comparison on previous year:
Green = Down. Red = Up. Orange = No change. Blue = No previous year

Offence	Count
B40 Theft	929
E20 Breaches of orders	642
A20 Assault and related offences	632
B30 Burglary/Break an..	321
B20 Property damage	252

Alleged Offender Incidents
(excludes unknown age/sex)

Age Group

10 - 17	18 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45+
756	411	391	522	495	468	811

Sex

♀ 889

♂ 2,977

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. Where a large number of cells need to be confidentialised, these data will not be displayed for the LGA.
For explanatory information see the Explanatory Notes and Glossary.

Source: CSA - 2024

Victim Reports

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 2024, the person victimisation rate in Kingston (3098.1 per 100,000) was slightly lower than the state average (3416.3 per 100,000). Victim reports were made mostly by males (2904 reports, 38%), followed by females (2199 reports, 29%), and organisations (2476, 33%).

Figure 43: Victim reports in Kingston

Victim Reports - Kingston
Year ending June 2024

Local Government Area: Kingston
in 2024

Kingston Person Victimisation Rate compared to Victoria per 100,000 population

Total Victim Reports

2023	2024
6,950	7,638

+9.9% ↑
Compared to Previous Year

Top 5 principal offence subdivisions (person victims)
Comparison on previous year:
Green = Down. Red = Up. Orange = No change. Blue = No previous year

- B40 Theft — 2,326
- A20 Assault and related offences — 889
- B30 Burglary/Break an.. — 742
- B20 Property damage — 497
- A30 Sexual offences — 225

Victim Reports (excludes unknown age/sex)

Age Group
- 00 - 24: 921
- 25 - 34: 907
- 35 - 44: 1,074
- 45 - 54: 923
- 55+: 1,216

Sex
- 2,199
- 2,904
- 2,476

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. Where a large number of cells need to be confidentialised, these data will not be displayed for the LGA.
For explanatory information see the Explanatory Notes and Glossary.

Source: CSA - 2024

People with disability

Whilst we do not have Kingston-specific data, national data 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 (AIHW 2022).

Women and children with disabilities are even more likely to experience violence:

- 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 (Vic Gov 2022).

Perceptions of Crime

Respondents of Kingston's Health and Wellbeing Survey (2024) 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 (50%), car break-ins/thefts (48%) and burglary (40%). 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.

Figure 44: Crime and/or anti-social behaviours or problem in the neighbourhood in Kingston
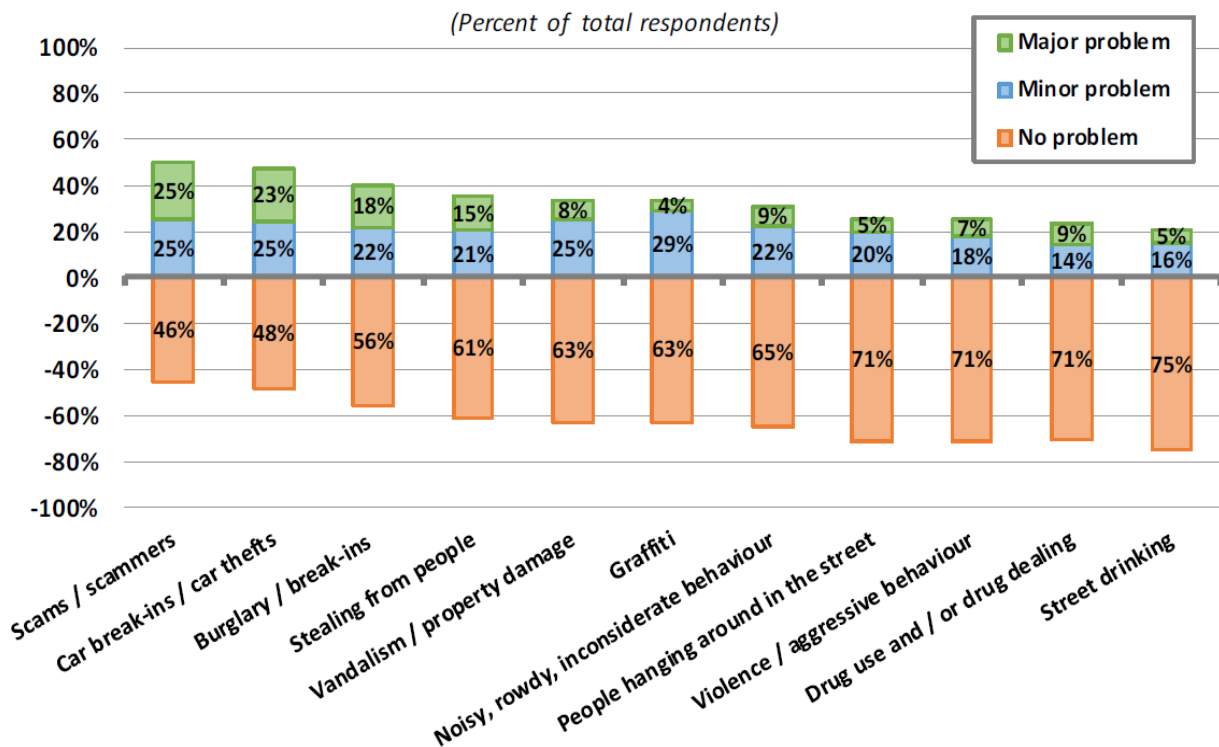
Source: Kingston Health and Wellbeing Survey - 2024

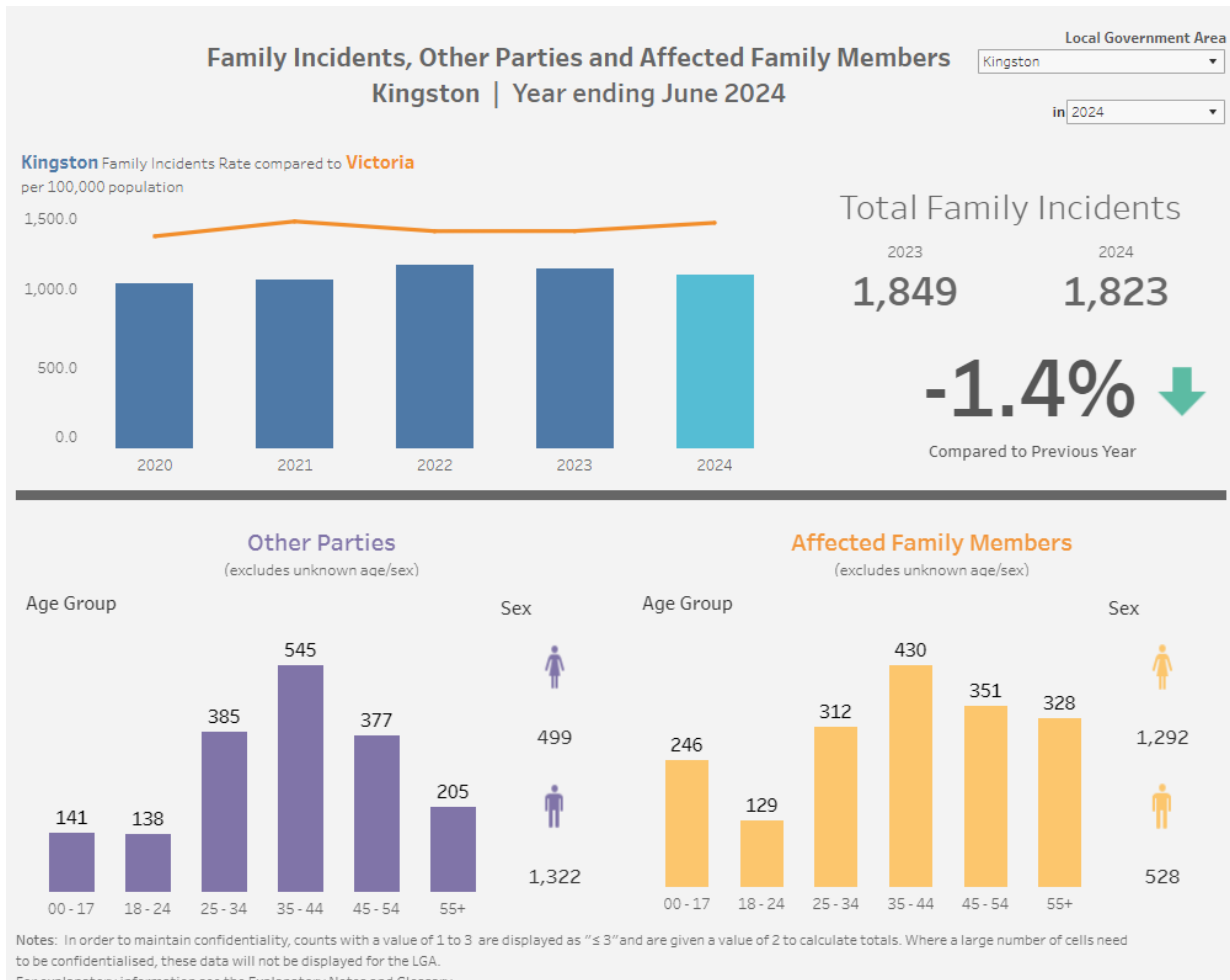## 3.3. FAMILY VIOLENCE

Family incidents

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 2024, the family incident rate in Kingston (1094.1 per 100,000) was lower than the Victorian rate (1418.1 per 100,000).

The number of family incidents slightly decreased by -1.4% compared to the previous year. Other Parties (considered the alleged perpetrator) were predominantly males (73%) compared to females (27%). Affected Family Members (considered alleged victims) were predominantly females (71%)

compared to males (29%). The predominant age group for both Other Parties and Affected Family Members was 35-44 years.

Figure 45: Family incidents, other parties and affected family members in Kingston

Source: CSA – 2024

It is estimated that 82% of women who have experienced violence by a current partner have never contacted the police (Vic Gov 2020). 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 (AIHW 2018).

- 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 32 times more likely to be hospitalised as a result of family violence and 10 times more likely to die from violent assault (Vic Gov 2021).

- 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 (AIHW (c) 2024). Women with disabilities are 40% more likely to be the victims of family violence than women without disabilities (Vic Gov 2022).
- Victorian self-report data showed that 13.4% of LGBTIQ+ adults had experienced family violence in the past 2 years compared with 5.1% of heterosexual adults (VAHI 2020).
- Aboriginal women are 34 times more likely to be hospitalised for family violence (Vic Gov 2022).
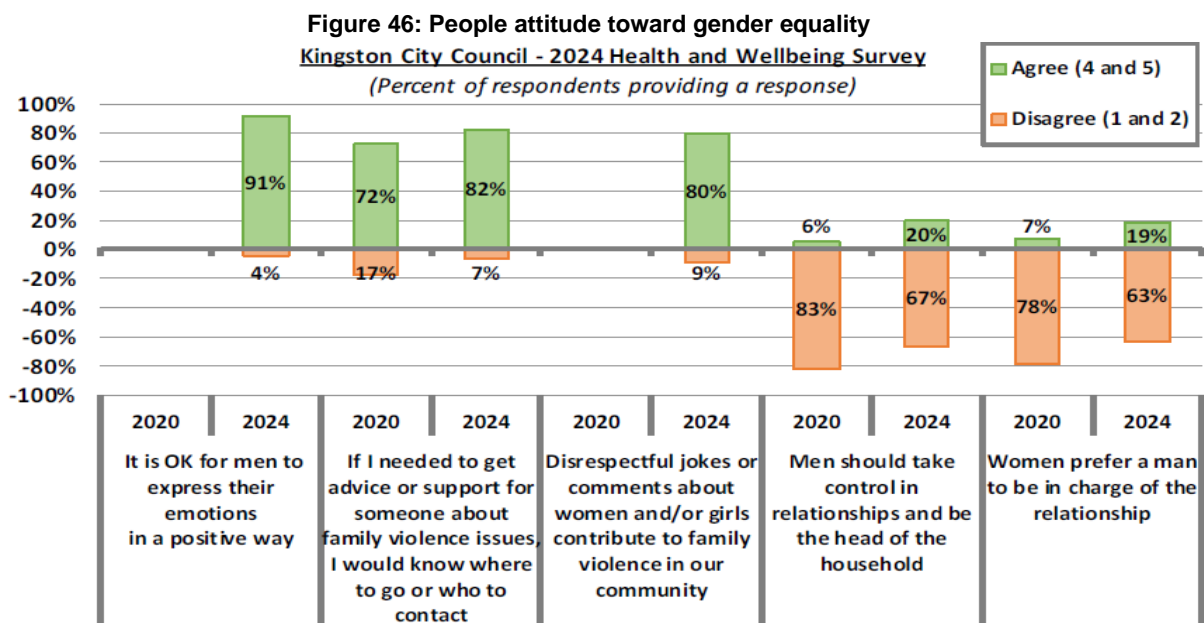
N.B. June 2024 data now shows that family violence incidents that have decreased by 1.4% from 2023 (1849 family incidents) to 2024 (1823 family incidents). This contrasts the Total Criminal Incidents (9113 criminal incidents) that have increased by 6.4% compared to 2023 data (8568 criminal incidents). See Latest crime data by area | Crime Statistics Agency Victoria for interactive data visualisation.

Awareness of support services

Based on Kingston's Health and Wellbeing Survey (2024), approximately three-quarters of respondents (82%) know where to go or who to contact for advice or support for someone about family violence issues. Conversely, 7% 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 (2024), 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" (63% disagreed, 19% agreed) and that "men should take control in relationships and be the head of the household" (67% disagreed, 20% agreed).


Figure 46: People attitude toward gender equality
Kingston City Council - 2024 Health and Wellbeing Survey
(Percent of respondents providing a response)

Source: Kingston Health and Wellbeing Survey – 2024

3.4. DISCRIMINATION

According to Kingston's Health and Wellbeing Survey (2024), 8% of respondents (72 individuals) reported experiencing discrimination. The proportion was higher among females (8%) compared to males (6%

Figure 47: People experience of discrimination in Kingston
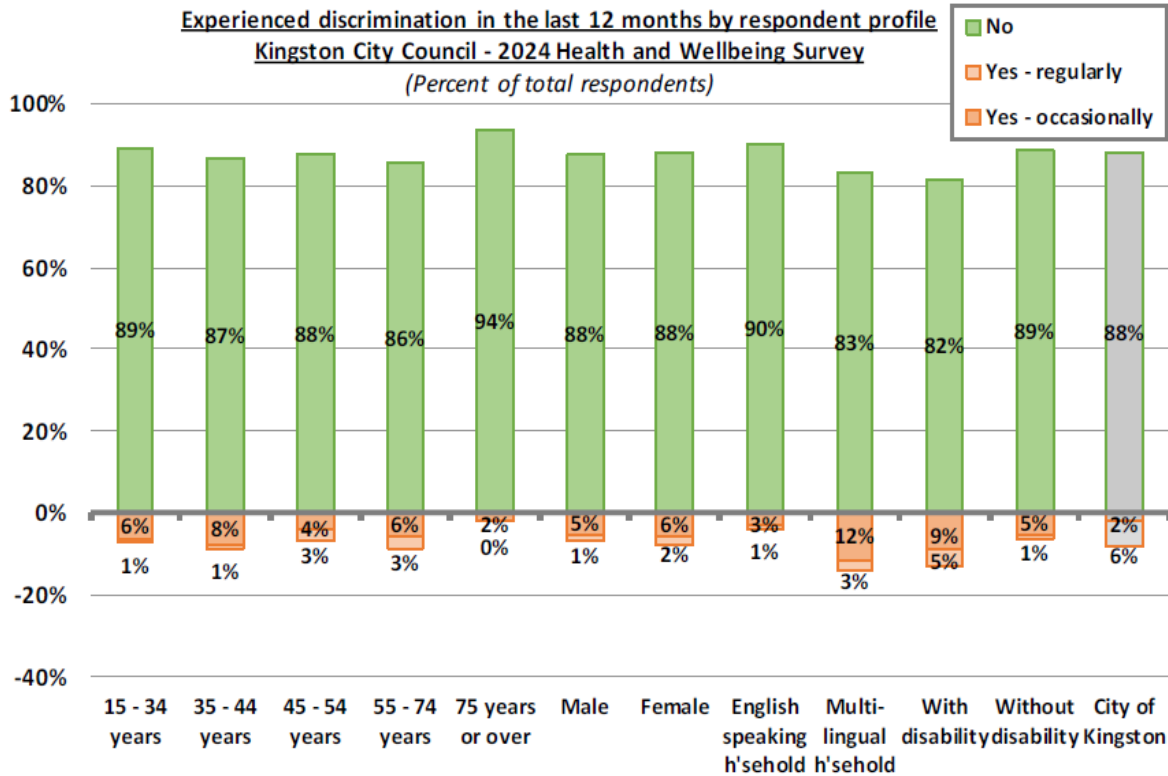
Source: Kingston Health and Wellbeing Survey – 2024

The types of discrimination were reported as due to skin colour, ethnic origin or religion (56%), gender (24%), age (18%), weight (7%), physical ability (4%), gender identity (4%), and sexuality (3%). The experience of discrimination significantly varied across different subgroups.

3.5. PERCEPTION OF SAFFETY

Based on the results of Kingston's Health and Wellbeing Survey (2024), most respondents agree to feeling safe in the day and certain public spaces (93% to 97%). Less respondents feel safe at public transport locations (86%), industrial precincts (78%), walking locally at night (64%) and at foreshore (58%), and parks or reserves at night (57%). Female respondents felt significantly less safe at night in the local area than males.

Figure 48: Level of engagement with feeling safe

	Percent (%)
I feel safe in local parks or reserves at night	57
I feel safe at the foreshore and local beaches at night	58
I feel safe walking in my local area at night	64
I feel safe in industrial precincts	78
I feel safe at public transport locations	86
I feel safe at the foreshore and local beaches during the day	95
I feel safe at shopping centres	93
I feel safe in local parks or reserves during the day	95
I feel safe walking in my local area during the day	97

Source: Kingston Health and Wellbeing Survey – 2024

The most common reasons why respondents felt unsafe related to concerns around safety at night (19% up from 9% of responses in 2020), perceived poor or no lighting (18%), various types of people (11%), drugs and alcohol (10%), and gender-based concerns (9%). Based on the Kingston Health and Wellbeing Survey (2024), women feel less safe compared to male.

4. Connectedness and Participation

4.1. LOCAL SHOPS, FACILITIES AND PUBLIC SPACES

Based on the results of Kingston's Health and Wellbeing Survey (2024), most respondents agreed that they have access to fresh and affordable food (87%), are satisfied with the quality of play and active recreation spaces (84%), amount of shading from street trees (74%), and quality of community facilities (73%).

Access to health services in Kingston

Access to health services across the Kingston municipality varies according to the service. The data below shows that general practitioners (GP's) and dentists have higher provision than physiotherapists and psychologists.

General practitioners (GP's)

Figure 47 shows that the majority of GP clinics are located on the west of the municipality (near Nepean Highway), with most in Cheltenham (6), Mentone (5), Highett (4), and Chelsea (4). The following table shows the number of GPs based on suburbs and billing type as well. The majority of GPs are located in Cheltenham and Highett compared to the north-east of the municipality (Clayton South) where there would potentially be higher need with lower Social and Economic Index for Areas

(SEIFA) scores for this area. However, it is noted that there are neighbouring options available in Clayton and Springvale.

Figure 49: GP clinics in Kingston
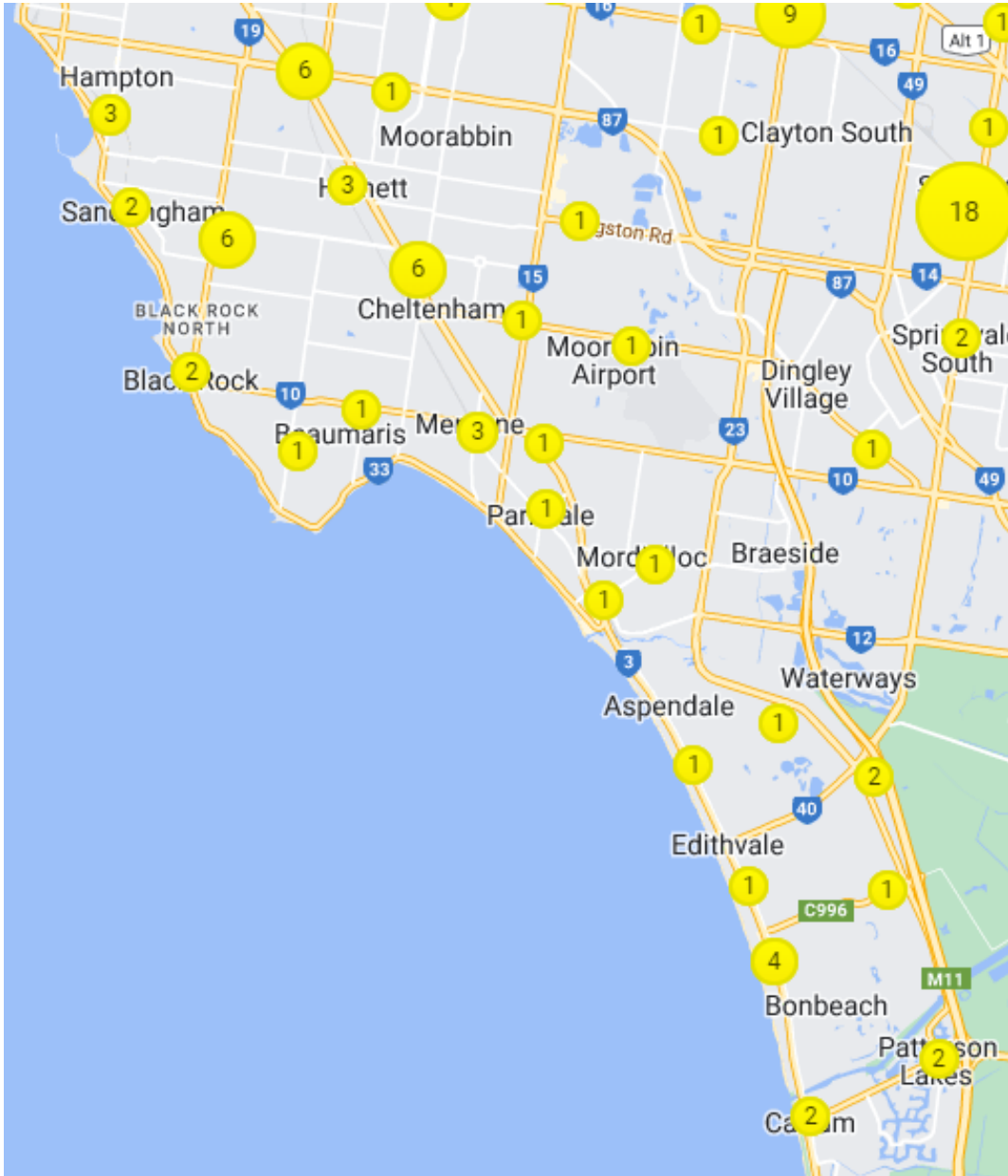
Source: Health direct (b) - 2024

Table 19: GPs in Kingston's suburbs based on billing system

Suburb	Number of GPs	Bulk bill	Mix	No.	Total number of centres
Aspendale	5	1	-	-	1
Aspendale Gardens	11	1	1	-	2
Carrum	9	1	-	1	2
Chelsea	11	3	1	-	4
Chelsea Heights	28	2	-	-	2
Cheltenham	34	3	2	1	6
Clarinda	4	2	-	-	2
Dingley Village	8	-	-	1	1
Clayton South	4	1	-	-	1
Edithvale	2	-	1	-	1
Heatherton	1	-	1	-	1
Highett	45	1	1	2	4
Mentone	23	2	-	3	5
Moorabbin	15	-	2	1	3
Moorabbin Airport	1	-	-	-	1
Mordialloc	10	-	1	1	2
Oakleigh South	5	-	-	1	1
Parkdale	5	-	-	1	1
Patterson Lakes	11	1	-	1	2
Total	232	18	10	13	42

Source: Health direct (b) – 2024

Please note that one centre in each of Cheltenham, Clayton South and Highett only bulk bills for children and pensioners.

Based on the VPHS (2023), 21.7% of Kingston residents reported that either they or a household member did not visit a GP when needed in the past 12 months, a figure slightly higher than the Victoria average of 19.5%. The main reasons including not being able to get an appointment when needed (41.9%), cost (20.7%), transport issues (5.0%), and no suitable GP in their area (3.7%).

General dental practices

Similar to GP practices, General Dental Practices are located along the west of the municipality (near Nepean Highway) with most in Cheltenham and Highett. The following map and table show the

number of clinics and dentists based in the suburbs of the city of Kingston. It shows that there are minimal dentists (6) that offer 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.

Figure 50: General Dental Practice in Kingston
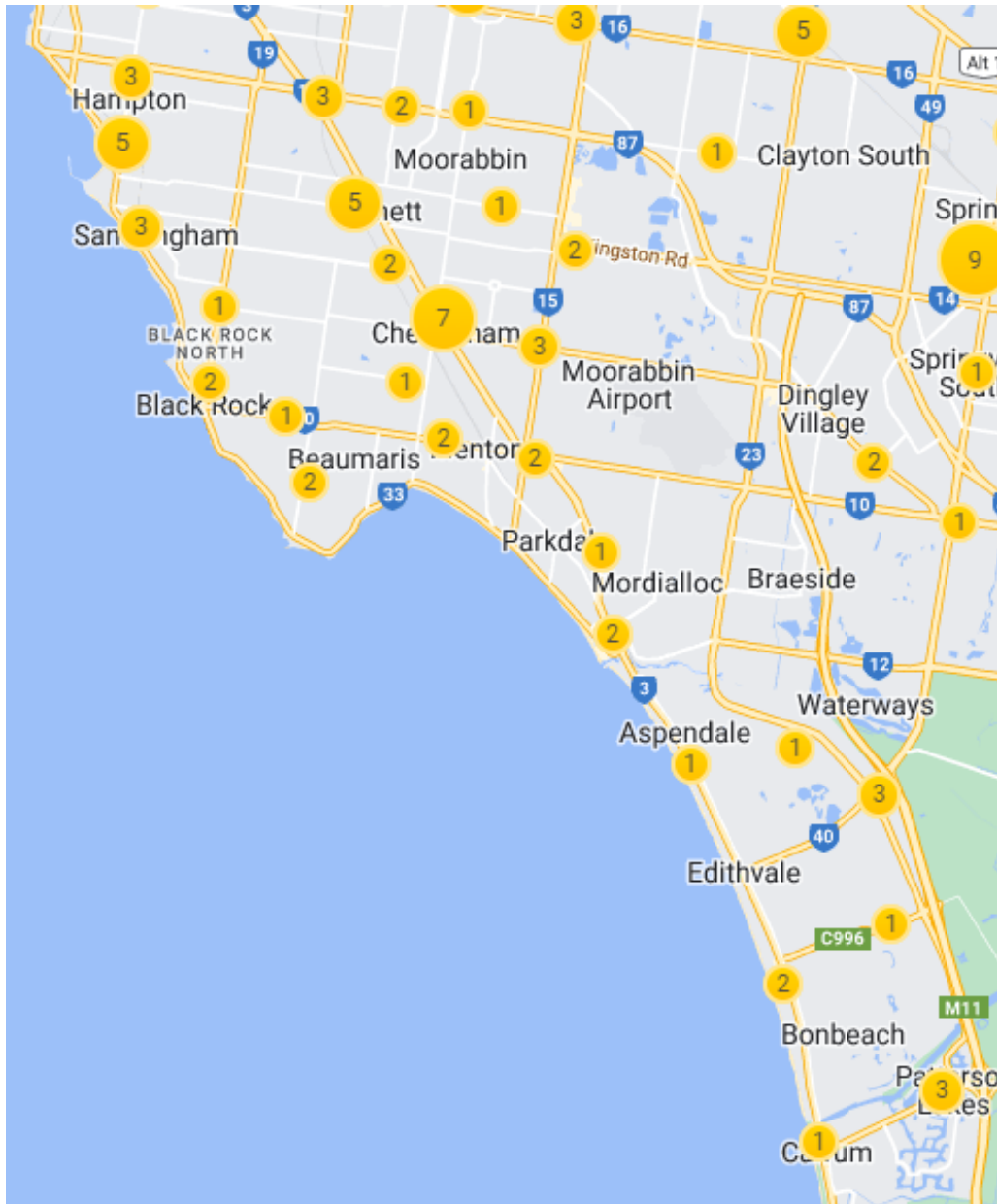
Source: Health direct (b) – 2024

Table 20: Dentists in Kingston's suburbs based on billing system

Dentists in Kingston			
Suburb	**Number of dentists**	**Total number of clinics**	**Bulk bill**	**Note**
---	---	---	---	---
Aspendale	1	1		
Aspendale Gardens	11	3		
Carrum	1	1		
Chelsea	7	2		
Chelsea Heights	6	2	1	Children under 18 and DVA Gold Card Holders
Cheltenham	31	15	1	Bulk bill all eligible children (aged 2-17)
Clarinda	2	1		
Clayton South	1	1		
Dingley Village	2	2		
Heatherton	3	1		
Highett	16	6		
Mentone	5	6		
Moorabbin	19	6	1	People might have to pay a fee and claim on Medicare. Certain people may get bulk billed only
Mordialloc	3	2		
Oakleigh South	1	2	2	Bulk billed for children (under 18). Eligible families get free dental treatment for up to $1,090
Parkdale	4	2		
Patterson Lakes	7	3	1	Bulk bill children and some veterans
Total	**120**	**56**	**6**	

Source: Health direct (b) – 2024

According to the VPHS (2023), the majority of Kingston residents rated their dental health as excellent or very good and good (75.4%), which is slightly higher than the Victoria average of 72.9%. Meanwhile, 21.6% of Kingston residents rated their dental health as fair or poor, which is lower than the Victoria average of 22.5%. About one out of three Kingston residents (30.9%) avoided or delayed visiting a dental professional because of the cost, which is slightly lower than the Victorian average (32.3%).

Physiotherapists

Physiotherapy services are predominantly located along the west of the municipality near Nepean Highway, see figure 49. The table below shows there are nine physiotherapy bulk billing options within Kingston, in addition to three mix options that provide some discount and support to specific groups of people.

Figure 51: Physiotherapists in Kingston
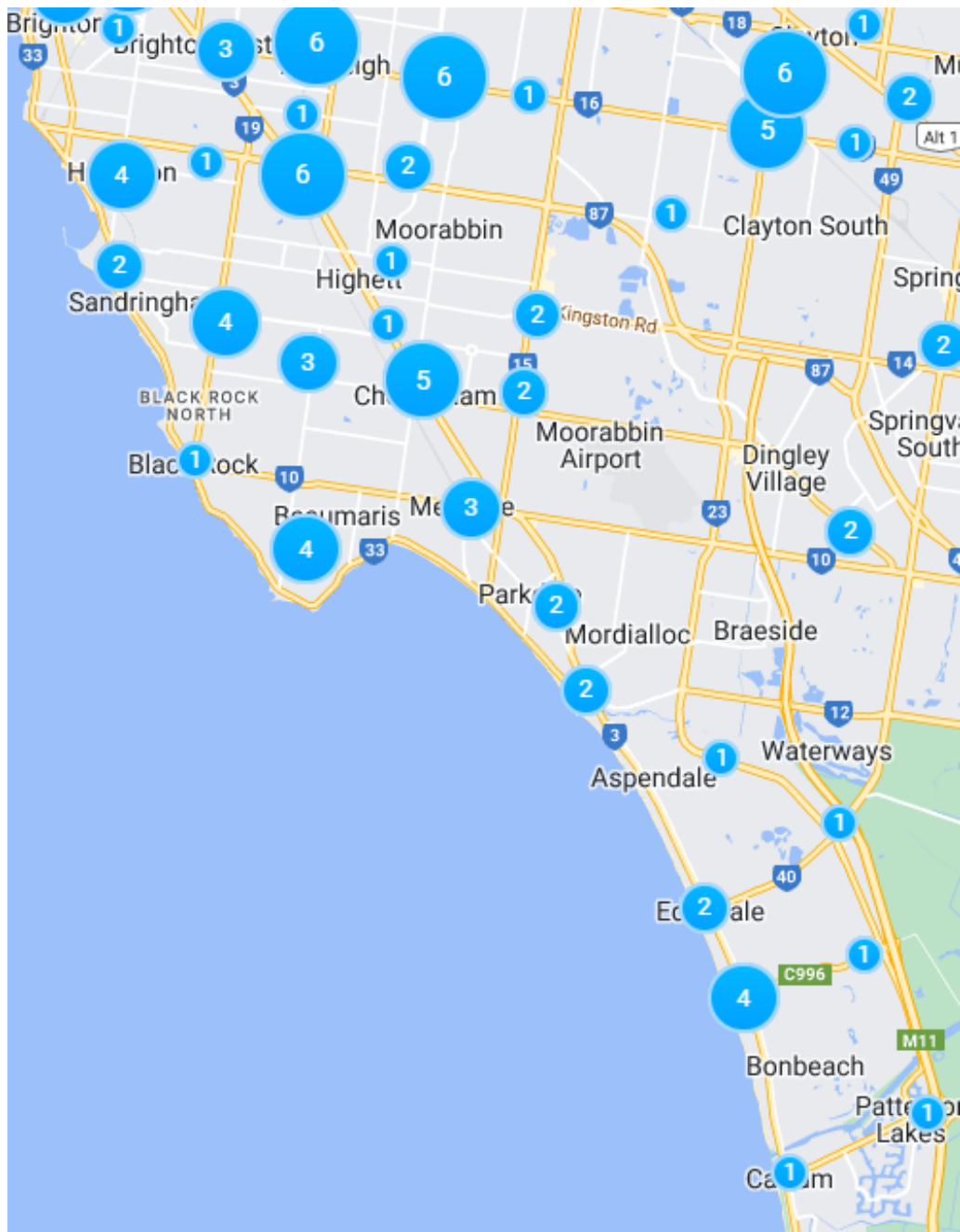
Source: Health direct (b) - 2024

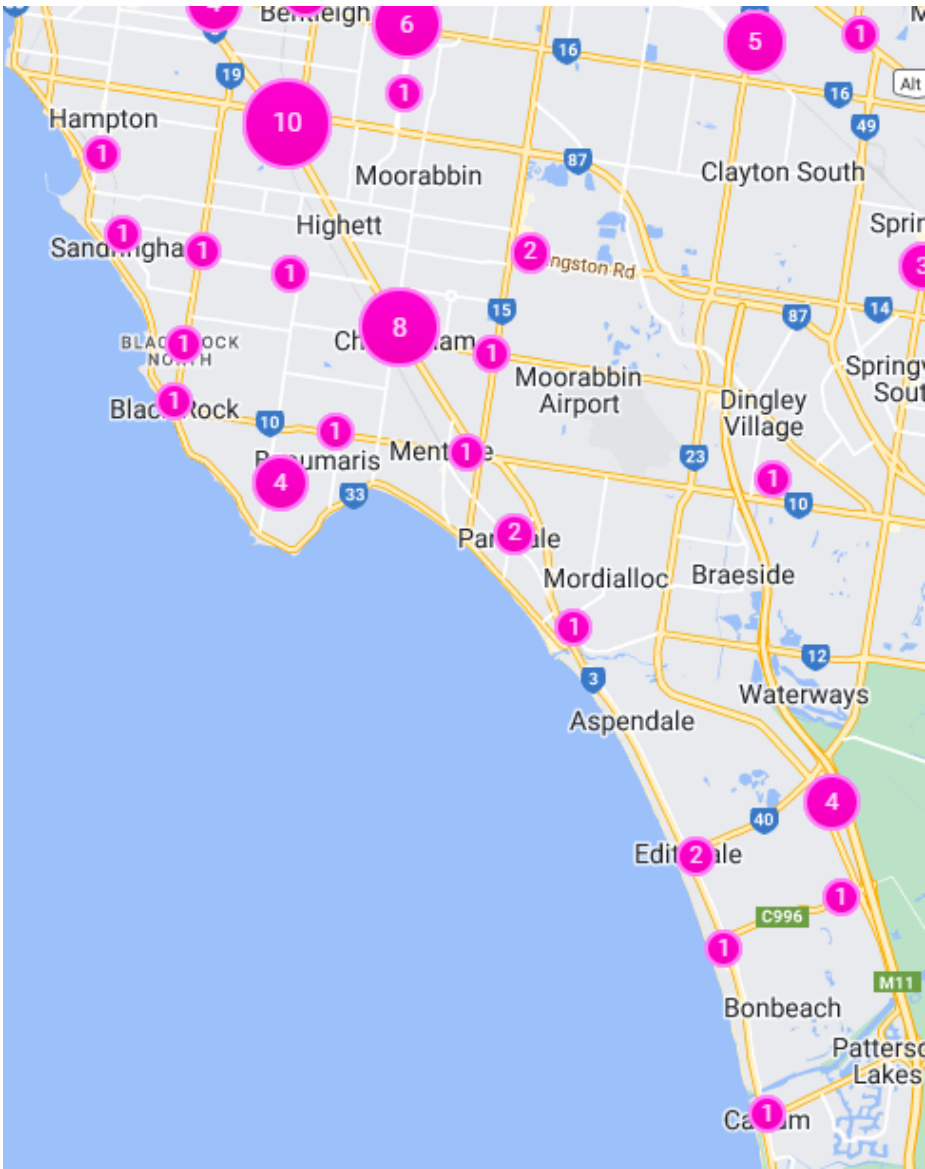**Table 21: Physiotherapists in Kingston's suburbs based on billing system**

Physiotherapists in Kingston			
Suburb	**Number of physios**	**Number of centres**	**Bulk bill**	**Note**
Aspendale Gardens	9	2	1	Mix - People will be able to make a claim on either Medicare or private health
Carrum	1	1	1	Centrelink concession card holders who are age 65years and older
Chelsea	17	3	1	Bulk Billing on Standard Physiotherapy Services including Post natal, Sports injuries, Injury Assessment, Pre game taping, Rehabilitation
Chelsea Heights	2	1	1	
Cheltenham	51	10	3	children under 16, adults over 65, pension card holders, healthcare card holders
Clarinda	2	1	1	Mix - Fees range between $10 and $90 depending on your financial circumstances
Clayton South	2	2	1	
Dingley Village	7	2		
Edithvale	2	1		
Highett	1	2	1	Kids under 16, DVA card holder, Pensioner concession card holders, healthcare card holders
Mentone	16	4	1	
Moorabbin	1	1		
Mordialloc	3	2		
Parkdale	2	2	1	Mix - Fees range between $10 and $90 depending on your financial circumstances
Patterson Lakes	5	1		
Total	**121**	**35**	**12**	

Source: Health direct (b) – 2024

Psychology services

There are several options for psychology services in Kingston. The following map and table show the number of psychologists in Kingston's suburbs. Some bulk billing options are available in Chelsea Heights, Cheltenham, Moorabbin and Aspendale Gardens that provide services for children under 16 and pension card holders. However, there are not any bulk billed options in the north-east of the municipality.

Figure 52: Psychology services in Kingston

Source: Health direct (b) – 2024

Table 22: Psychologists in Kingston's suburbs based on billing system

Psychologists in Kingston			
Suburb	**Number of psych's**	**Number of centres**	**Bulk bill**	**Note**
---	---	---	---	---
Aspendale Gardens	2	1	1	The Medicare Fees and Rebates structure forms the basis of our billing policy.
Chelsea	8	3		
Chelsea Heights	14	3	2	Bulk Bill for Under 16's and Healthcare card and pension card holders
Cheltenham	24	12	2	Bulk Bill for Under 16's and Healthcare card and pension card holders
Dingley Village	2	2		
Edithvale	2	2		
Heatherton	1	1		
Mentone	10	2		
Moorabbin	6	5	1	
Mordialloc	6	3		
Parkdale	2	2		
Total	**77**	**36**	**6**	

Source: Health direct (b) – 2024

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

Walking to local shops

In Kingston's Health and Wellbeing Survey (2024), almost half (47%) of respondents reported that they had walked or cycled to the local shops or facilities more than once in the past week. This is lower than the previous survey in 2020 (62%), which may be the result of COVID pandemic affecting the 2020 survey result. However, it is higher than 2016 (35.9%) and 2012 (42.3%). Male respondents were more likely than female respondents to have walked or cycled to the local shops or facilities more than once in the past week.

4.2. COMMUNITY INVOLVEMENT AND CONNECTEDNESS

Sense of belonging and social connections

Participants of Kingston's Health and Wellbeing Survey (2024) were asked about their sense of belonging, relationships and social connections. Approximately 1 out of 3 (72%) agreed that they feel a sense of belonging to the community, whilst 8% disagreed. The majority of respondents reported feeling content with their relationships (91%), having enough people they feel comfortable asking for help at any time (88%), and are satisfied with their relationships (90%).

However, the experience for individuals with a disability requiring assistance differed significantly. They were notably less likely than other respondents to agree that they were 9% less in agreement to be content with their relationships, 9% less agreement to have enough people they felt

comfortable asking for help at any time, and 7% less in agreement that they were satisfied with their relationships.

Respondents were asked if there were any barriers to them staying connected with others. The most common barriers to staying connected with people identified were a lack of time / busy schedule (18% of responses), distance / location (13%), and work commitments (13%). There were more respondents in 2024 referring to a lack of connection to family and / or friends (13%) as a barrier to staying connected to people.

4.3. VOLUNTEERING

Volunteering

According to the 2024 Kingston Health and Wellbeing Survey, approximately 27% of respondents reported volunteering, a decrease from 30% in 2020. Individuals aged 45 and over were notably more likely to volunteer regularly. Additionally, females (28%) volunteered slightly more than males (27%).

Figure 53: Volunteering by respondent profile

(Percent of respondents providing a response)
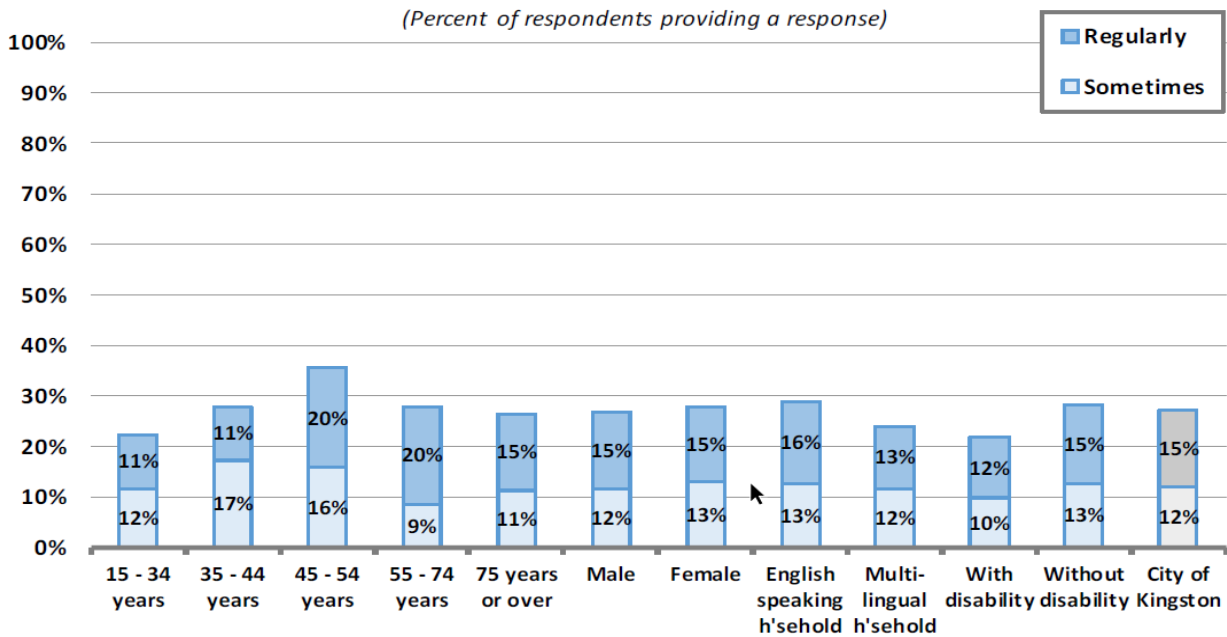
Source: Kingston Health and Wellbeing Survey – 2024

Community club/group participation

The 2024 Kingston Health and Wellbeing Survey revealed that 34% of respondents reported belonging to a formal or informal club or community group, a slight decline from 36% in 2020. Additionally, 7% currently serve on a community group board or committee. Participation among females (34%) was slightly higher than that of males (33%).

Figure 54: Belonging to a formal or informal club or community group by respondent profile

(Percent of respondents providing a response)
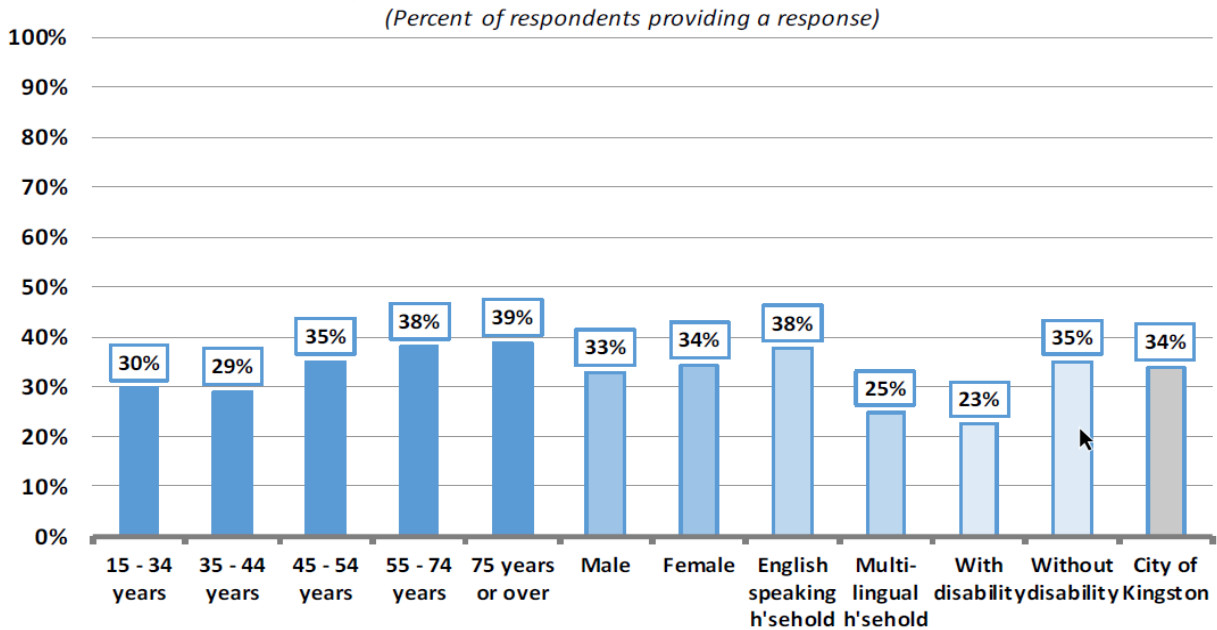
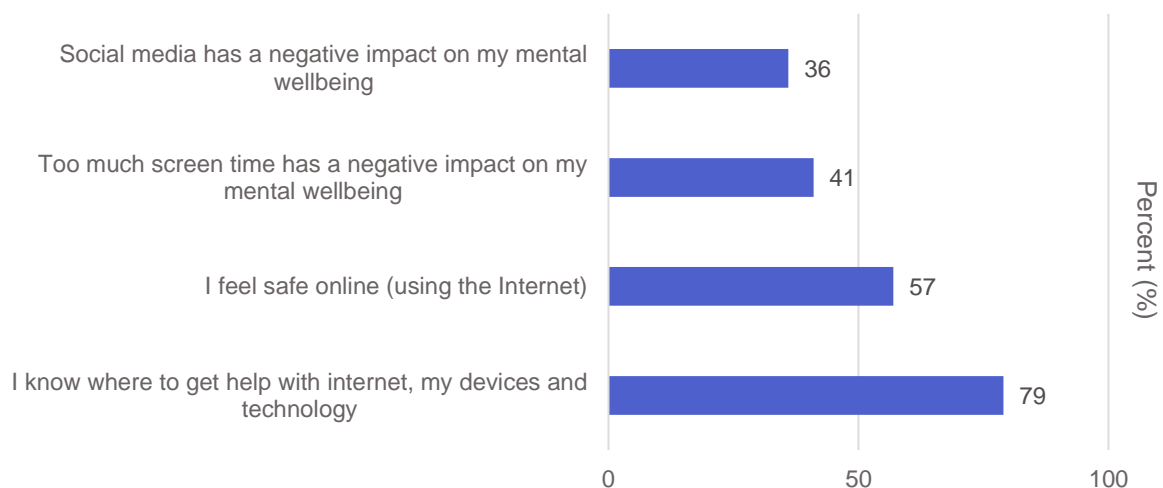Source: Kingston Health and Wellbeing Survey – 2024

4.4. TECHNOLOGY

Access, use and impact of technology

As part of Kingston's Health and Wellbeing Survey (2024), respondents were asked to rate their level of agreement with seven technology-related questions. In summary, the results show,

- Extremely strong agreement – know where to get help with internet devices and technology.
- Very strong agreement – feel safe using internet.
- Mild agreement –too much screen time has a negative impact on my mental wellbeing.
- Strong disagreement –social media has negatively impacted my mental wellbeing.

Figure 55: Perception of safety - level of agreement to the following statements

Source: Kingston Health and Wellbeing Survey – 2024

5. Liveability

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.

Figure 56: 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 (Climate Change in Australia 2019).

Figure 57: 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	
Average temperature	°C	0.82	0.94	1.54	2.57	Higher temperatures
Average rainfall	%	−0.92	−1.66	−3.05	−4.68	Less rainfall
Evaporation	%	2.83	4.30	6.31	10.87	More evaporation
Relative humidity	%	-0.74	-1.04	-1.3	-2.5	Less rainfall
Solar radiation	%	1.45	2.09	2.42	4.09	More electromagnetic radiation emitted by sun
Wind speed	%	−0.56	0.86	−0.52	−0.24	Variable wind speeds

Source: Vic Gov - 2015

Comparison of the median number of hot days per year currently (between 1986 and 2005) and in the 2050s under high emissions (RCP 8.5). Shows that hot days are predicted to have maximum temperature greater than the thresholds of 35°C, 38°C and 40°C for locations across Victoria (Vic Gov 2019).

Figure 58: Hot days in Victoria by 2050
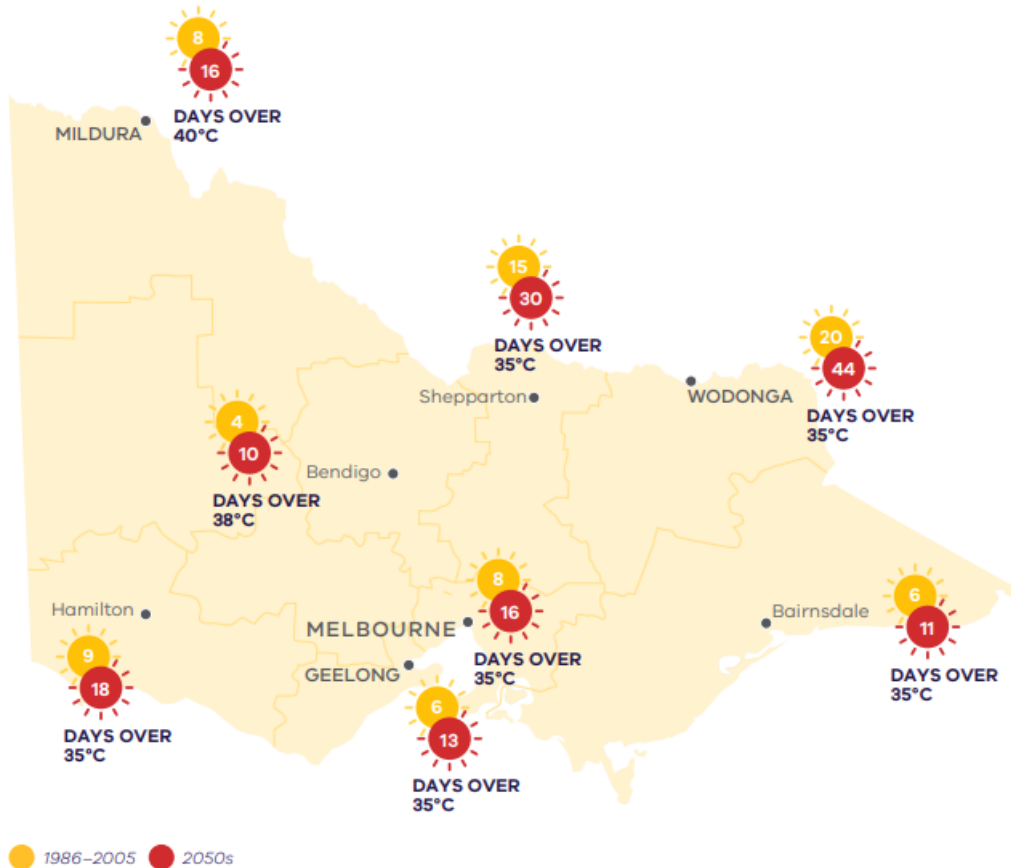
Source: Vic Gov - 2019

The direct and indirect effects of climate change have multiple health impacts that can be mediated by the social determinants of health (Vic Gov 2020). See below for an overview.

Figure 59:Direct and indirect effects of climate change on health and wellbeing
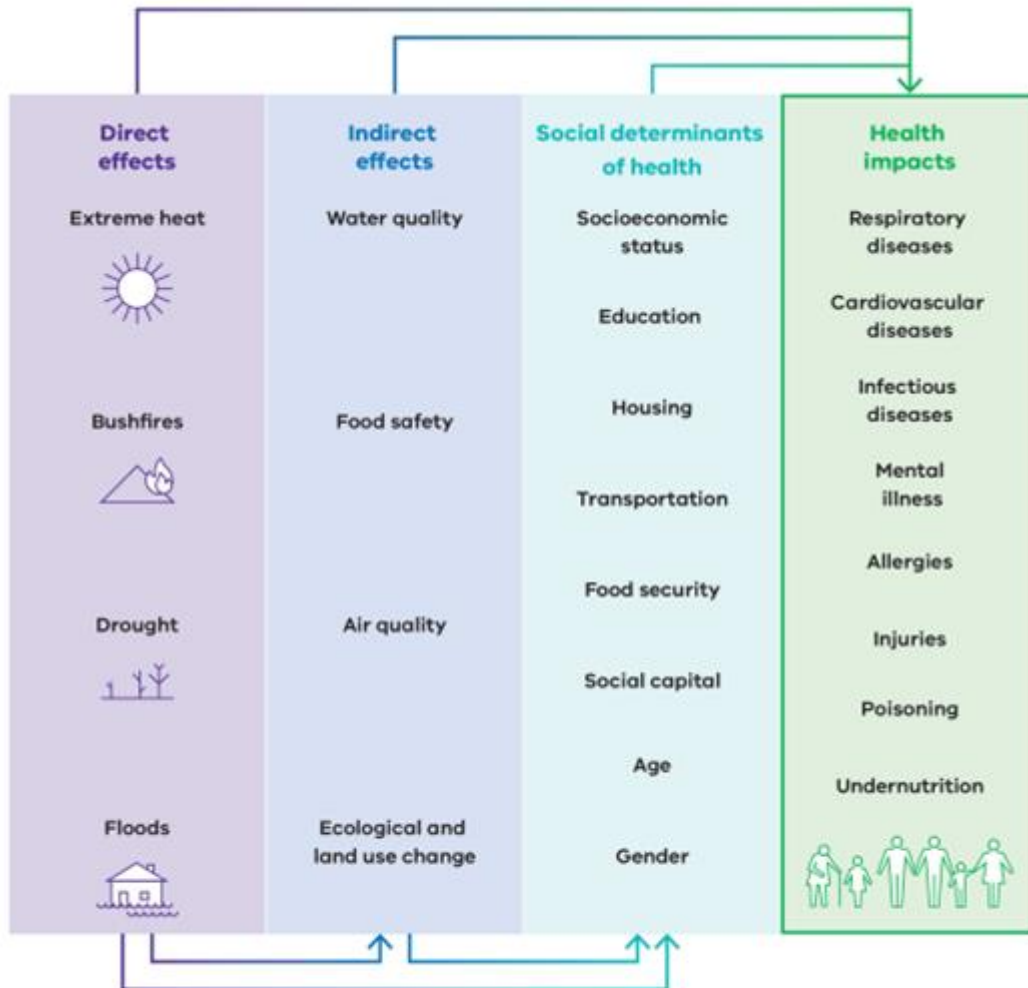
Adapted from Watts et al. 2015, The Lancet, *Health and climate change: policy responses to protect public health.*

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 include:

- Storms – the sea level around Victoria is approximately 225mm higher than in 1880 (SWCP 2024). 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 (Clarke et al. 2019) As the sea continues to rise more coastal flooding will occur during storm surges (Climate Council 2017).

- 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 (Clarke et al. 2019). 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 (Vic Gov (b) 2020).
- 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. This has been compounded by the increase in average temperature of 1.2 – 1.4 degrees since 1950 (Vic Gov 2015).

Most vulnerable groups to impacts of climate change

- Pregnant women and young children
- Frail older people, people with chronic diseases, and people on certain medications
- Low income households
- People experiencing poverty and inequality
- Certain occupational groups, such as people working outdoors (NIH 2022).

Urban heat vulnerability

In terms of specific locations, the Richfield Retirement Village in Aspendale Gardens and Lifestyle Chelsea Heights are two of the more vulnerable areas in Kingston due to their large and predominantly senior population. These complexes are comprised mostly of dark roofs, densely arranged structures with little green space, making them some of the hottest areas in addition to the most vulnerable (Kingston Urban Cooling Strategy 2019).
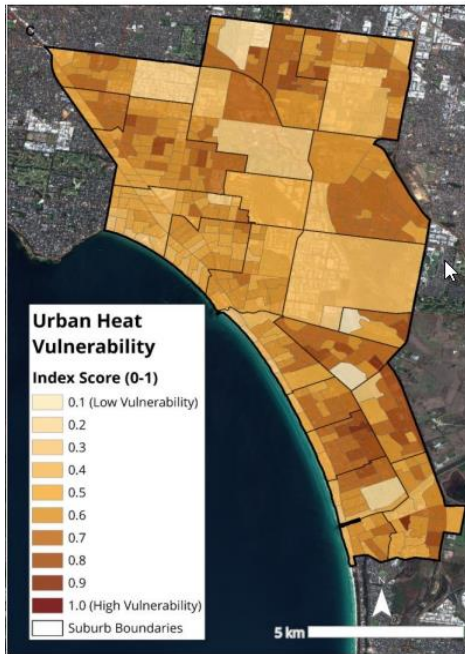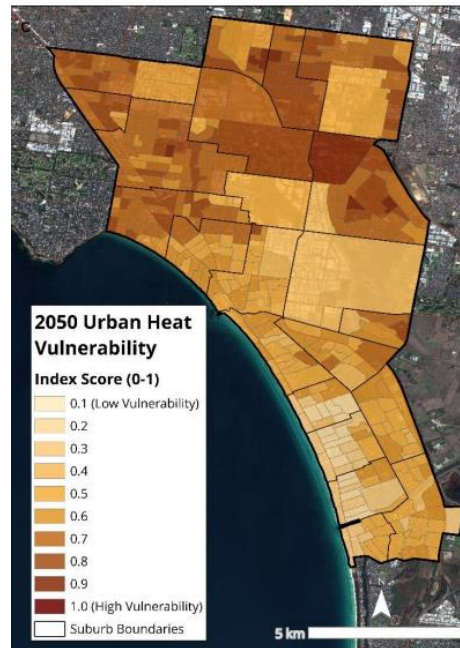
**Figure 60: Urban Heat Vulnerability in 2016**   **Figure 61: Urban Heat Vulnerability 2050**

Source: Kingston Urban Cooling Strategy - 2019

Warming is expected to be more pronounced in Kingston's northern suburbs, with the strongest warming measuring ~0.3 °C stronger than the warming in the southern suburbs. Within these warming suburbs, areas with the highest population and higher social vulnerability are the areas that have the highest urban heat island vulnerability by mid-century, exemplified by areas such as Moorabbin (Kingston Urban Cooling Strategy 2019).

Kerbside Waste

Kingston's total waste has reduced by 1562 tonnes from 2019/20 to 2022/23 financial years (Recycling Victoria (a) 2024). Diversion rates measure the proportion of waste not sent to landfill. The diversion rate of kerbside waste is 49.6% in Kingston, which is similar to Metropolitan Melbourne (45.3%) (Recycling Victoria (b) 2024).

Figure 62: Kingston Kerbside Waste
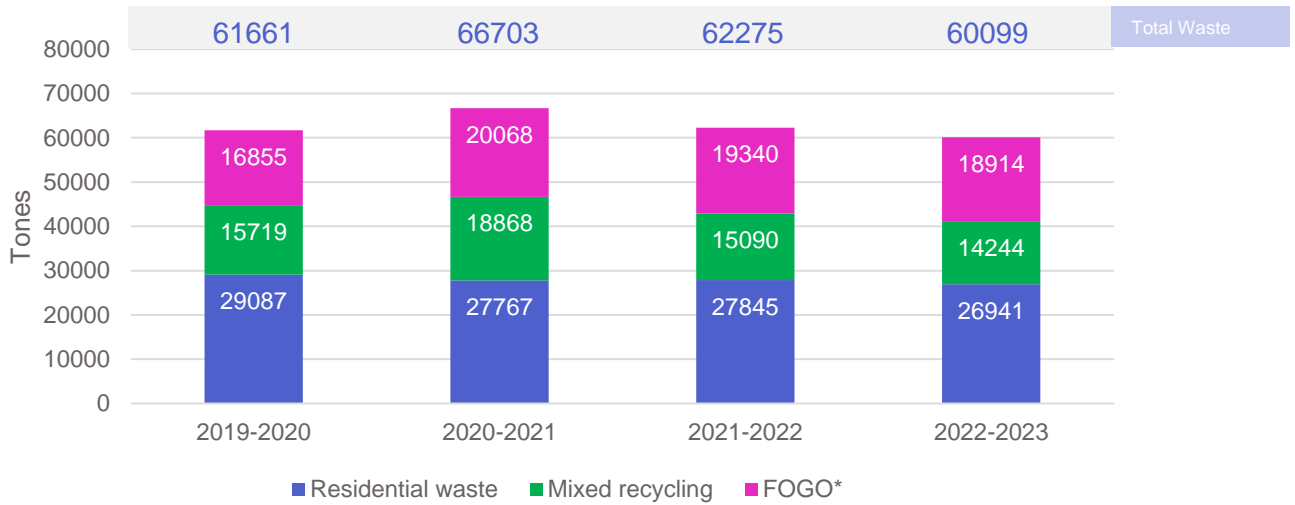
*Food Organics and Garden Organics

Source: Recycling Victoria (a) – 2024

Impact of climate change on health

As part of Kingston's Health and Wellbeing Survey in 2024 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 about one-third (35%) 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. It is noted that respondents aged 15-24 years rated the harm to their or their households' health caused by climate change measurably lower than other respondents.

Table 23: The impact of climate change on you or your household's health

Response	2024		2020
	Number	Percent	
Five *(significant harm)*	89	10%	8%
Four	214	25%	23%
Three	157	18%	28%
Two	120	14%	13%
One *(no harm)*	293	34%	28%
Can't say	127		27
Total	**1,000**	**100%**	**503**

Source: Kingston Health and Wellbeing Survey – 2024

Environment-related health conditions

As part of Kingston's Health and Wellbeing Survey in 2024 respondents were asked whether, in the past year, they had experienced any of eight health conditions. About one-fourth (25%) of respondents reported that they had experience pollen-related health concerns, and 11% reported health concerns related to heat stress/heat stroke from heatwaves. Further, 11% of respondents reported that they had experienced mental health consequences related to climate.
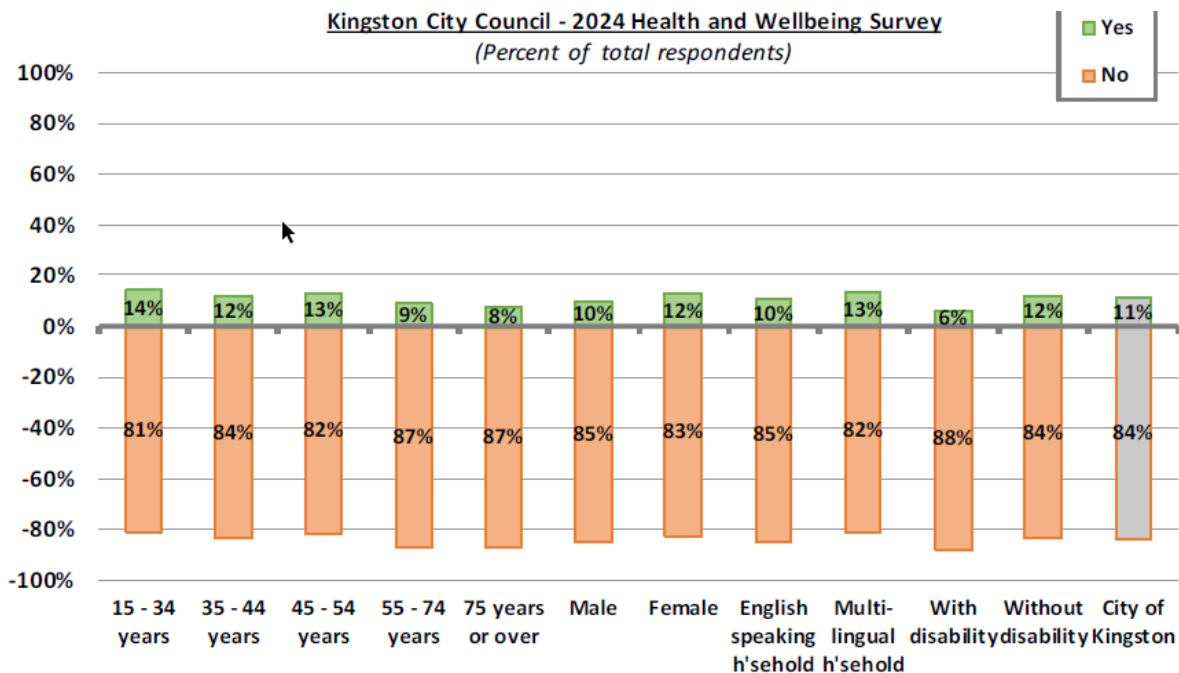
Figure 63: Health condition experienced in the last 12 months in Kingston
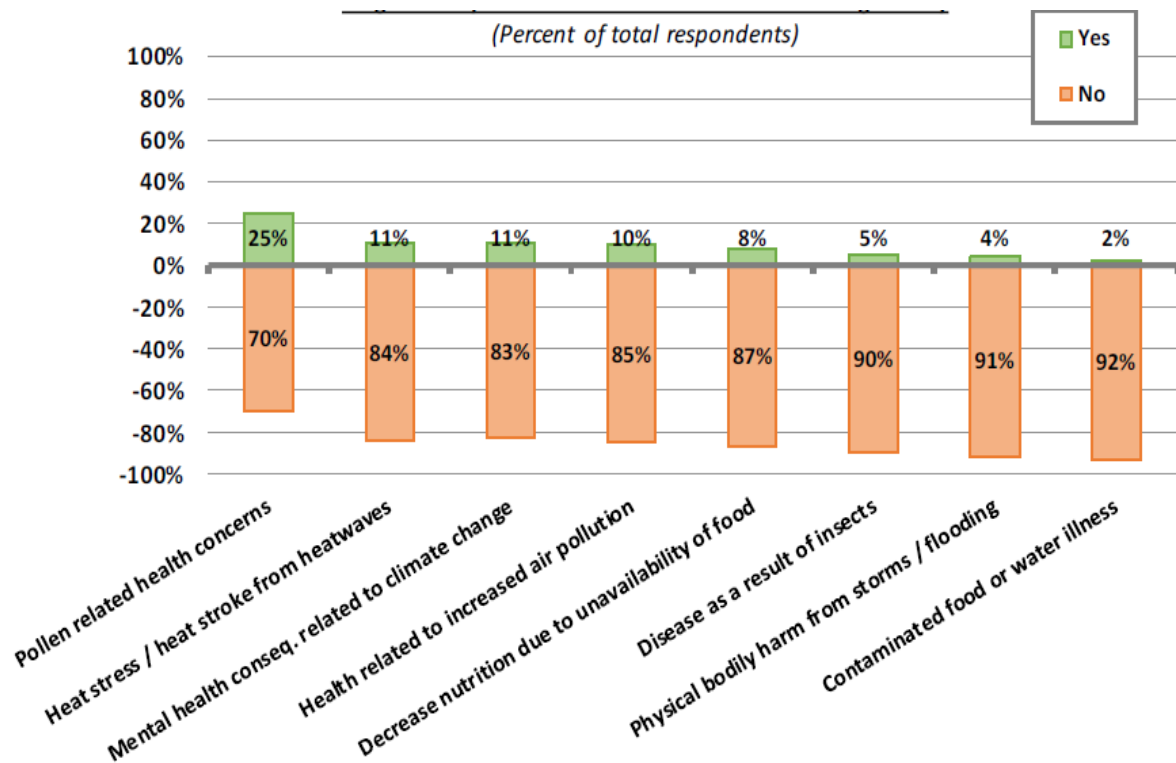
Source: Kingston Health and Wellbeing Survey – 2024

Females expressed greater concern about health stress or heat stroke from heatwaves (12%) compared to males (10%).

Figure 64: Health stress or heat stroke from heatwaves" by respondent profile

Source: Kingston Health and Wellbeing Survey – 2024

Plans to cope with extreme weather / keeping safe

As part of Kingston's Health and Wellbeing Survey in 2024 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". More than half (56%) of respondents rated their households' preparedness at four or five (very prepared) which is measurably lower than 2020 (71%). Further, 19% of the respondents rated their preparedness at one (very unprepared) or two out of five that significantly increased from 8% in 2020. The level of preparedness was lower for respondents living in the North region (Clarinda, Clayton South, Highett, Moorabbin and Oakleigh South).

Table 24: Plan to cope with extreme weather and to keep safe and well

Response	2024		2020
	Number	Percent	
Five *(very prepared)*	116	13%	23%
Four	377	43%	48%
Three	221	25%	20%
Two	87	10%	6%
One *(very unprepared)*	82	9%	2%
Can't say	117		20
Total	**1,000**	**100%**	**503**

Source: Kingston Health and Wellbeing Survey – 2024

5.2. ECONOMIC ENVIRONMENT

JobSeeker

A total of 3,390 Kingston residents received JobSeeker or Youth Allowance in July 2024 which is 3.3% of the 15-64 age population and lower than Greater Melbourne (4.5%) and Victoria (5%). The proportion of JobSeeker recipients was higher in Clarinda-Oakleigh South (4.3%), Clayton South (4.1%) and Chelse-Bonbeach (4.1%) compared to cross Kingston, but still lower than the Greater Melbourne. This is particularly relevant considering higher levels of socio-economic disadvantage (SEIFA scores) observed in these suburbs, which heightens the vulnerability for these residents.

Table 25: Job Seeker and Youth Allowance - 2020-2024

| Current month	July 2024		March 2020		
Region - LGA/SA2	JobSeeker and Youth Allowance recipients	% of 15-64 age population	JobSeeker and Youth allowance recipients	% of 15-64 age population	Change
City of Kingston	3,390	3.3	3,166	3.1	+224
Aspendale Gardens - Waterways	110	1.9	123	2.1	-13
Carrum - Patterson Lakes	300	3.9	278	3.6	+22
Chelsea - Bonbeach	395	4.1	403	4.2	-8
Chelsea Heights	130	3.9	117	3.5	+13
Highett (East) - Cheltenham	540	3.5	448	2.9	+92
Edithvale - Aspendale	240	2.7	213	2.4	+27
Mentone	265	3.1	247	2.9	+18
Moorabbin - Heatherton	190	3.2	183	3.1	+7
Mordialloc - Parkdale	380	2.8	374	2.7	+6
Clarinda - Oakleigh South	300	4.3	313	4.5	-13
Clayton South	385	4.1	292	3.1	+93
Dingley Village	150	2.4	172	2.7	-22
Greater Melbourne	149,430	4.5	130,653	4.0	+18,777
Victoria	210,595	5.0	193,591	4.6	+17,004

Source: id profile (a) – 2024

Access to funds in an emergency

As part of Kingston's Health and Wellbeing Survey in 2024 almost three-quarters (74%) of respondents reported that they would be able to access $2,000 in an emergency, a slight increase on the 73% recorded in 2020, but somewhat lower than the 81% in 2012. A total of 8% 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 one-parent families (15%), older sole person (13%), and middle-aged couple (12%).

Figure 65: Ability to access at least $2000 in an emergency by household structure in Kingston
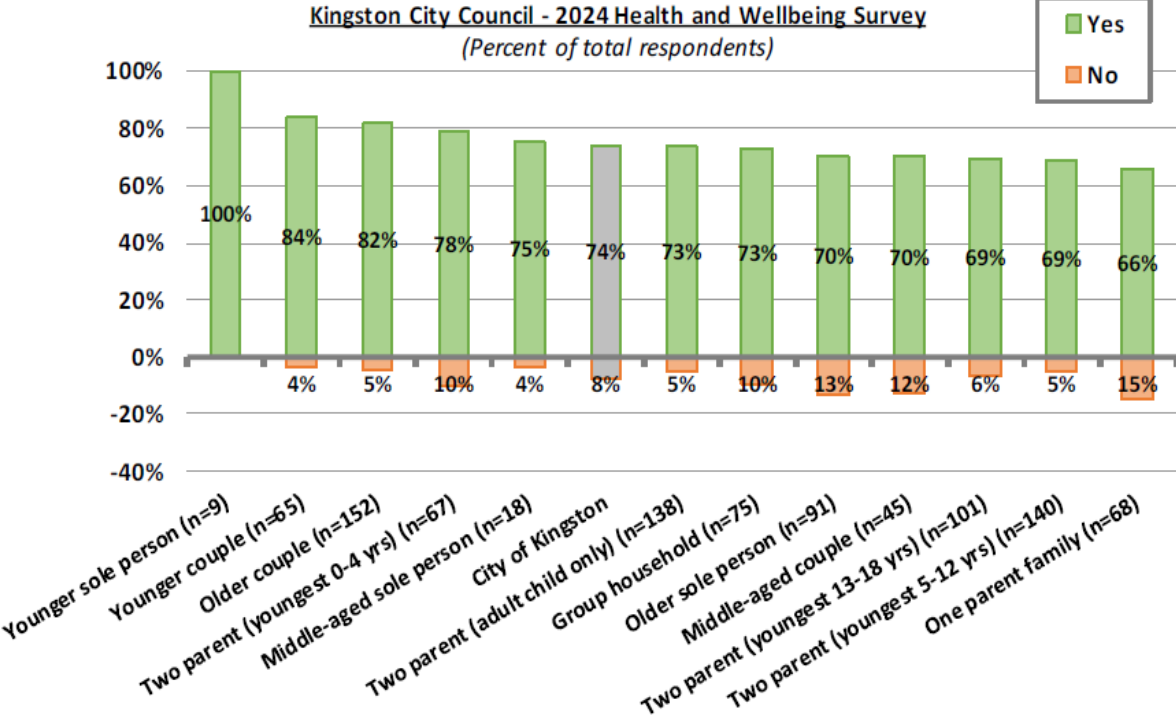
Source: Kingston Health and Wellbeing Survey - 2024

Respondents indicated that a higher proportion of males (9%) lacked access to funds in an emergency compared to females (6%).

Figure 66: Ability to access at least $2,000 in an emergency by respondent profile
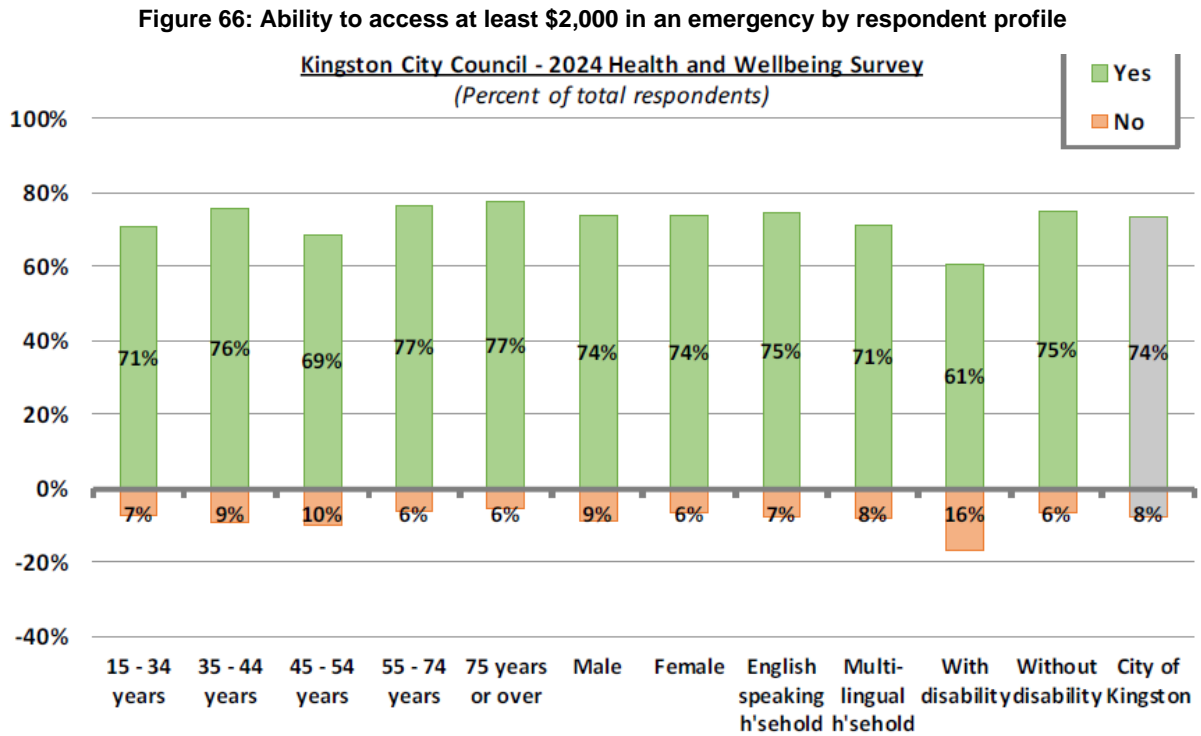
Source: Kingston Health and Wellbeing Survey - 2024

Social and Economic Index for Areas (SEIFA) 2021

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, jobs in relatively unskilled occupations, overcrowded dwellings and households with jobless parents). 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, high rent, large dwellings).

Based on the data displayed below, Waterways, Parkdale 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 averages.

Table 26: SEIFA index in Kingston

City of Kingston's suburbs and benchmark areas	Index of Relative Disadvantage (IRSD)	Index of Relative Advantage and Disadvantage (IRSAD)	Percentile
Waterways	1093.2	1123.1	98
Parkdale	1081.4	1089.8	94
Aspendale	1082.1	1087.2	94
Mentone - Moorabbin Airport	1060.7	1072.3	91
Mordialloc - Braeside	1059.2	1071.5	91
Moorabbin	1046.6	1067.7	89
Highett	1056.6	1066.2	89
Edithvale	1063.4	1064.7	89
Aspendale Gardens	1074.4	1063.0	88
Heatherton	1050.3	1060.9	87
Cheltenham	1045.0	1053.0	85
Dingley Village	1066.4	1048.5	83
City of Kingston	1044.3	1048.2	83
Patterson Lakes	1051.1	1041.9	81
Bonbeach	1049.7	1041.4	80
Chelsea	1037.8	1033.8	76
Greater Melbourne	1018.0	1028.0	74
Chelsea Heights	1047.7	1023.7	71
Oakleigh South	1019.5	1019.4	69
Carrum	1028.0	1015.4	67
Victoria	1010.0	1011.0	65
Australia	1001.2	1002.6	60
Clarinda	973.7	982.2	48
Clayton South	954.0	978.5	46

Source: id profile - 2024

Figure 67: SEIFA index of disadvantage in Kingston
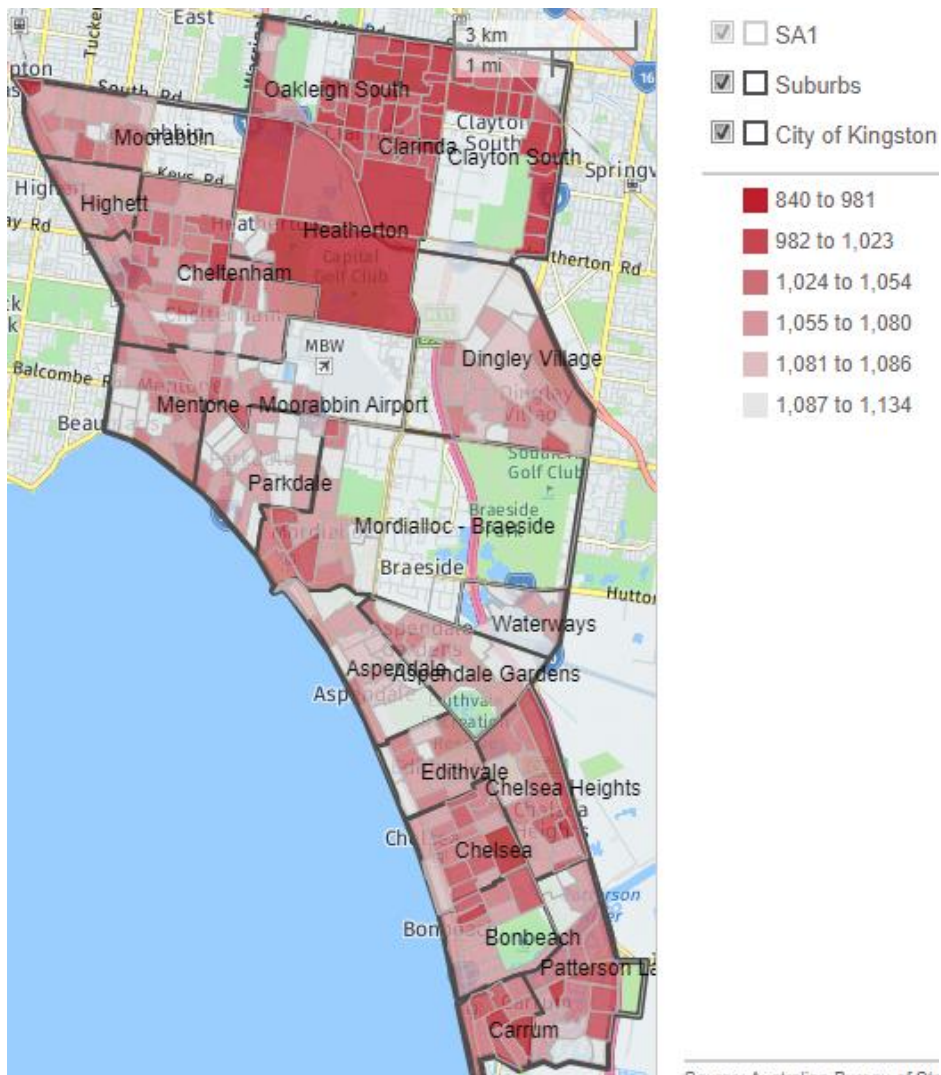
Source: id profile 2024

5.3. EMPLOYMENT STATUS

The unemployment rate records the proportion of people in the labour force who are looking for work. The labour force includes those people aged 15 years and over who are in work or are looking for work. Unemployment does not include people who don't have a job and are not seeking a job, such as people who retired. The chart below shows the average quarterly unemployment rate for Kingston.

Over the past 2 years, Kingston rates of unemployment have been below the state average. However, the annual trend of 2023 shows that unemployment rates in Kingston is same as Greater Melbourne and slightly higher than the Victoria and Australia average and neighbouring Council.

Figure 68: Unemployment rate (annual)
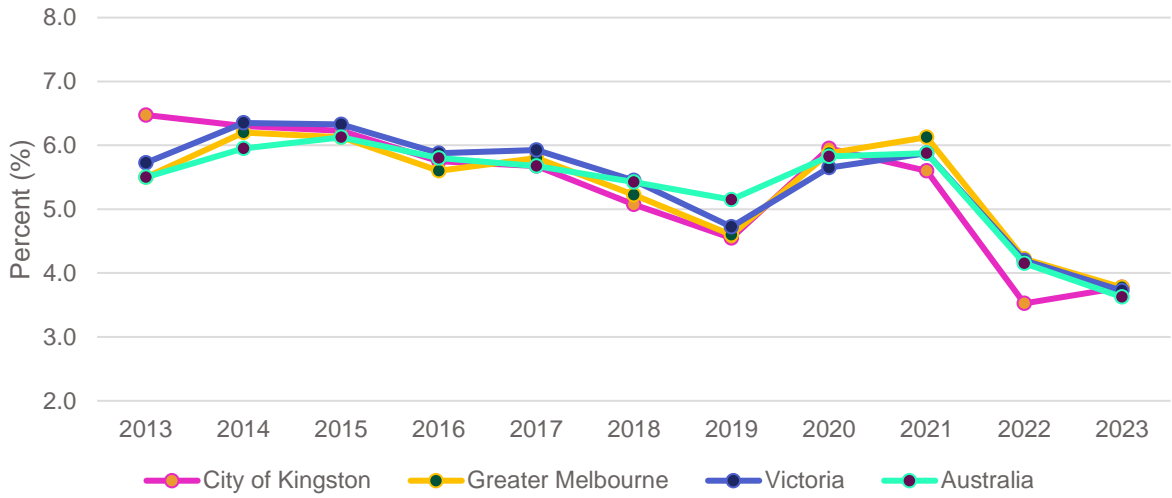
Source: id economic profile (b) – 2024

Table 27: Annual unemployment rates (%)

Annual Unemployment rate (%)				
Year	City of Kingston	Greater Melbourne	Victoria	Australia
2023	3.8	3.8	3.7	3.6
2022	3.5	4.2	4.2	4.2
2021	5.6	6.2	5.9	5.9

Source: id economic profile (b) – 2024

Employment status by gender

Based on 2021 Census data, employment rates in Kingston (employed persons = 95.7%) were higher than the state average (employed persons = 94.6%). Gender differences observed in Kingston. A smaller proportion of female residents were unemployed (4.0%) compared to male residents (4.6%), similar to Greater Melbourne (female unemployment rate 5.2%; male unemployment rate 5.4%) (id profile 2024).

Table 28: Employment status by gender (%)

Employment status	Kingston 2021			Greater Melbourne 2021		
	Persons	Females	Males	Persons	Female	Males
Employed	95.7	96.0	95.4	94.7	94.8	94.6
Employed full-time	57.9	45.5	70.0	56.9	45.5	67.5
Employed part-time	31.8	43.6	20.5	31.6	42.0	22.0
Employed, away from work	6.0	7.0	5.0	6.2	7.3	5.2
Unemployed (Unemployment rate)	4.3	4.0	4.6	5.3	5.2	5.4
Looking for full-time work	2.1	1.5	2.7	2.7	2.1	3.2
Looking for part-time work	2.1	2.4	1.9	2.6	3.1	2.1

Source: id profile - 2024

Figure 69: Employment status in Kingston (2021 Census)
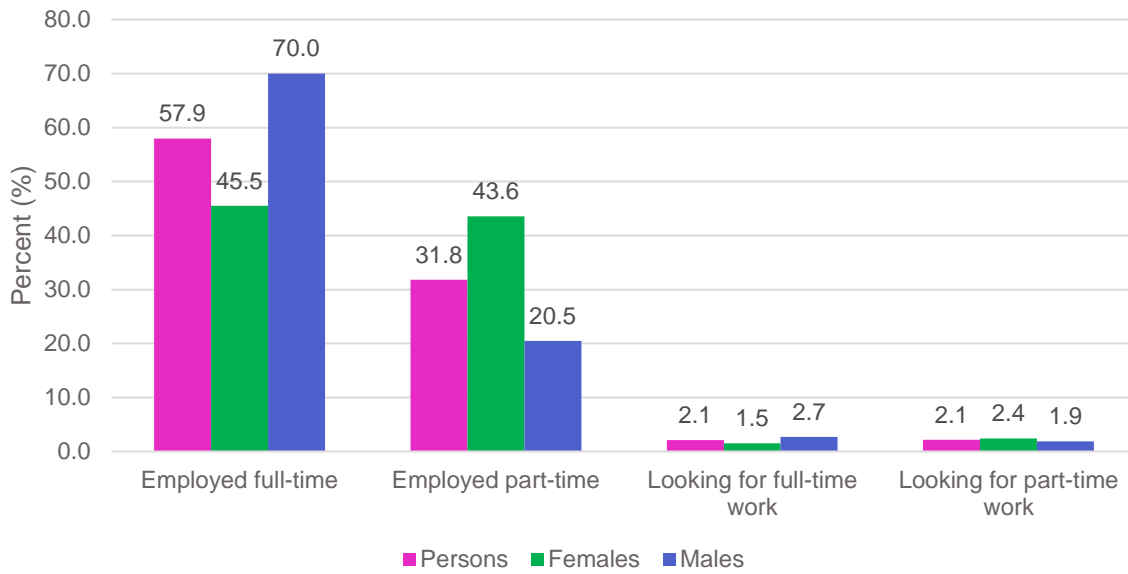
Source: id profile - 2024

People identifying as LGBTIQ+

In 2018, the unemployment rate of trans people was 3 times that of the general population in Australia (Vic Gov 2023). 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 (VAHI 2017).

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) (Hill et al. 2020).

Priority populations

According to the Victorian Government (2023), unemployment rates across Victoria are highest in recent migrant communities (15%), people with a disability (12%), First Nations people (10%), young people (15-24) (8%), lone parents (7%), and people with no qualifications (7%) (Vic Gov (b) 2023).

Figure 70: Unemployment rate in Victoria by cohorts
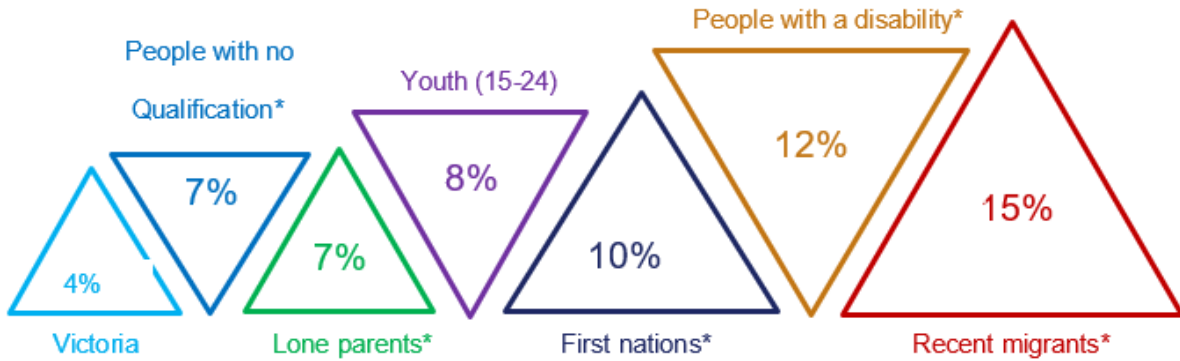
*Recent migrants including both English speaking and non-English speaking countries
*People with disability (2018)
*First nations (2021)
*Lone parents (Children under 15)
*People with no qualification (Did not complete year 12)

Source: Vic Gov (b) - 2023

5.4. INCOME

Individual weekly income

In 2021, the median individual weekly income was higher in Kingston ($878) compared to Victoria ($803) (ABS 2021).

Figure 71: Individual weekly income in 2021

Source: id community profile (a) - 2022

Income varies across populations. Gender differences show more males earning higher incomes (34% of males earning $1500 and over compared to 20% of females) and the inverse for females (27% of females earning $0-$399 compared to 21% of males).

Figure 72: Gender differences in individual weekly income - Kingston 2021
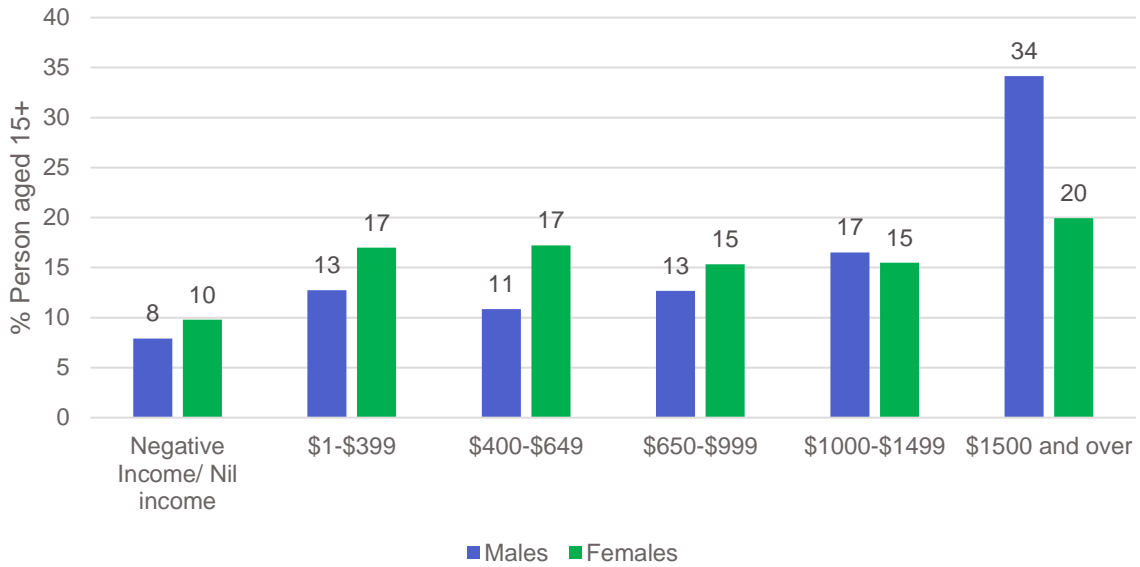
Source: id community profile (a) – 2024

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) (Hill et.al. 2020) 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%), and trans women (42.0%). This is significantly higher than the general population, with the latest research indicating that over one in eight people in Australia (13.4%) are living below the poverty line (Equality Australia 2023).

Household income

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

Figure 73: Weekly household income quartiles - 2021
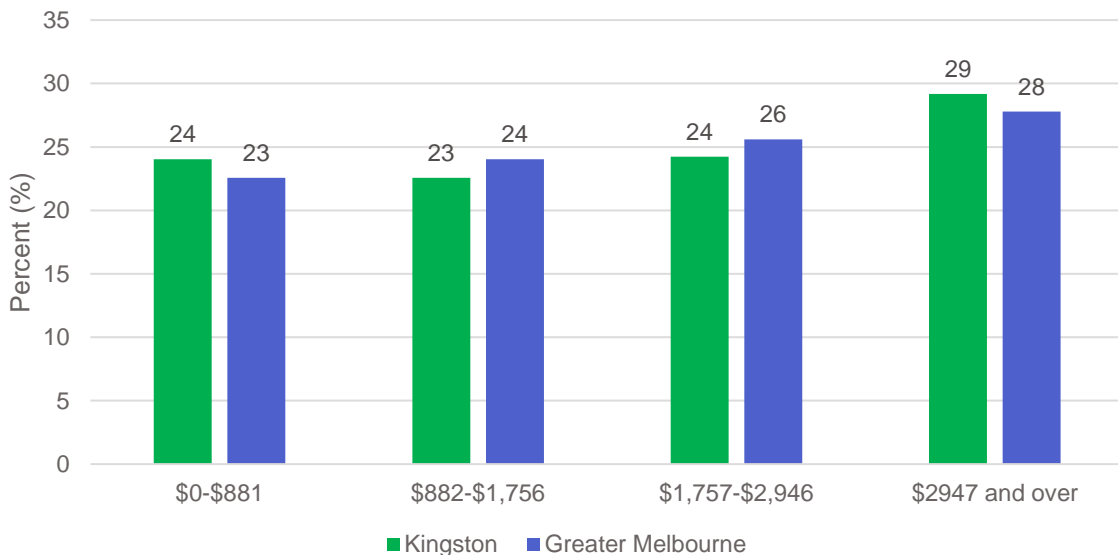
Source: id community profile (a) - 2024

Based on state data from the VPHS 2017, a larger proportion of people aged 18+ who identify as LGBTIQ+ (22.1%) lived in lower income households (< $40,000 p.a.) compared with heterosexuals (20.6%) (VAHI 2020).

Government income payments

The largest proportion of Kingston's population receives the Age Pension (10.1%), while the lowest receives Youth Allowance (0.1%). JobSeeker recipients in Kingston make up 1.9%, significantly lower than Victoria's 4.9%.

Figure 74: Government income payment - March 2024
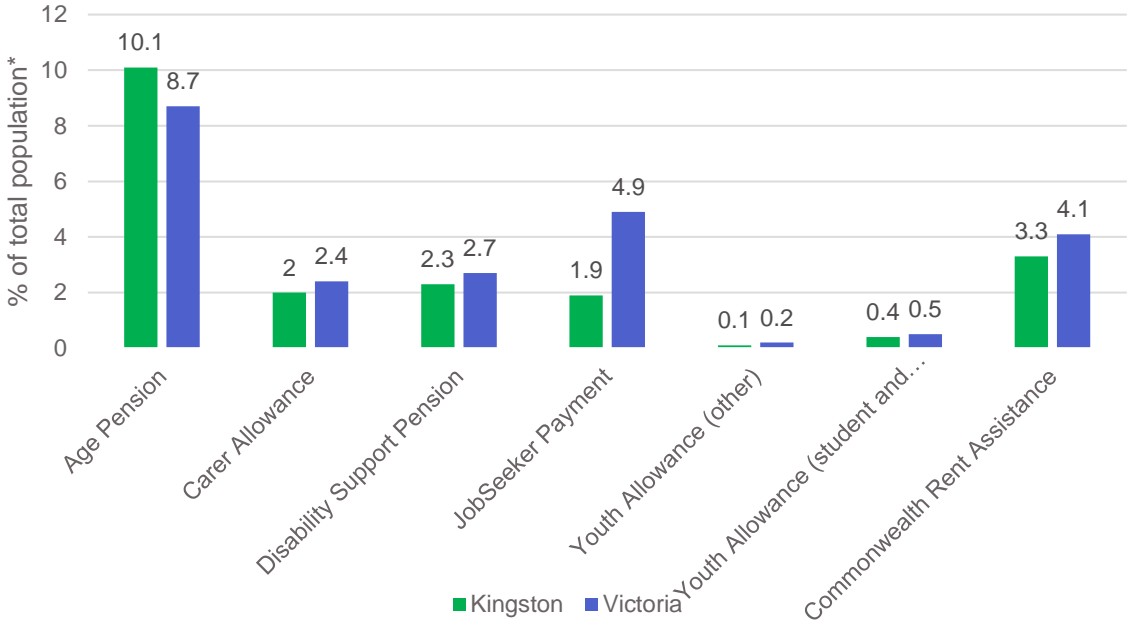
*Percentages are based on the Estimated Resident Population (ERP) for Kingston and Victoria (1 October 2024) from id profile.

Source: Australian Government - 2024

The proportion of people receiving certain types of payments varies across priority populations. Specifically, females are more likely to receive the Age Pension (11.1%), Carer Allowance (1.2%) and Youth Allowance (1.5%) compared to males. A higher proportion of indigenous young people received disability support pension (4.6%) 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 was for people who were born in the Greece varied dependent on the country of birth. These are highlighted in the table below.

Table 29: Government payment based on gender and country of birth in Kingston

	Age Pension	Austudy / Abstudy	Carer Allowance	Disability Support Pension	Youth Allowance
Demographic groups					
Male	8.2	0.2	0.3	2.0	1.4
Female	11.1	0.2	1.2	2.0	1.5
Indigenous	2.2	0.7	1.0	4.6	2.1
Country of birth *					
Australia	46	83	64	70	87
Greece	10	0	3	3	1
England	7	4	4	2	2
Italy	4	0	2	1	0
India	2	1	3	1	1
Sri Lanka	2	0	1	1	0
China**	1	4	2	1	2

*It is the percentage of total government payment recipients based on country of birth in Kingston
** Excludes SARs and Taiwan

Source: ABS - 2021

5.5. HOUSING AFFORDABILITY

According to the 2021 Census, 6,312 (10%) households of Kingston are experiencing housing stress.

Figure 75: Housing stress in Kingston
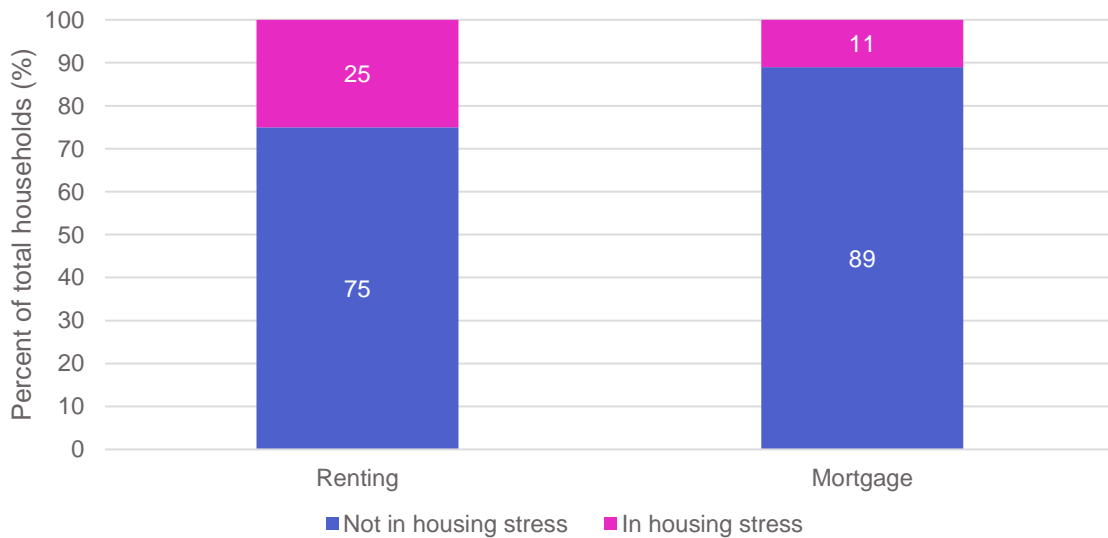
Source: id housing profile - 2024

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 2021, the proportion of households experiencing mortgage stress in Kingston (10.7%) was lower than the Greater Melbourne average (12.7%) (Please note this excludes high-income households).

Figure 76: Mortgage stress in Kingston and Greater Melbourne
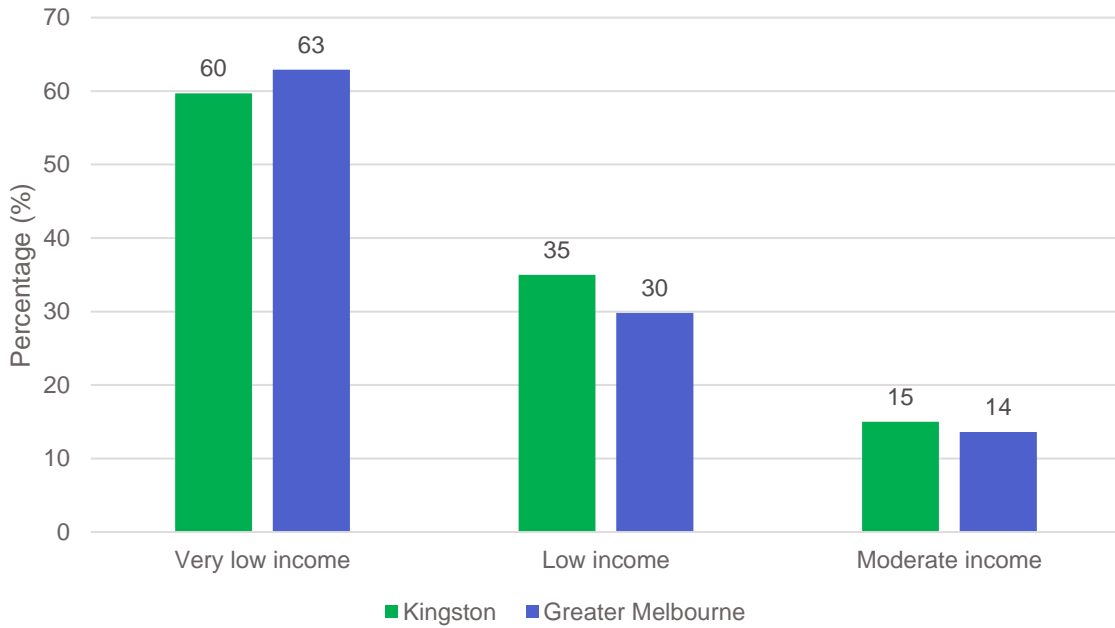
Source: id housing profile - 2024

Clayton South (15.8%) and Clarinda-Oakleigh South (15.5%) were the suburbs that recorded the highest percentages of households with mortgage stress.

**Figure 77: Total households in mortgage stress by SA2**
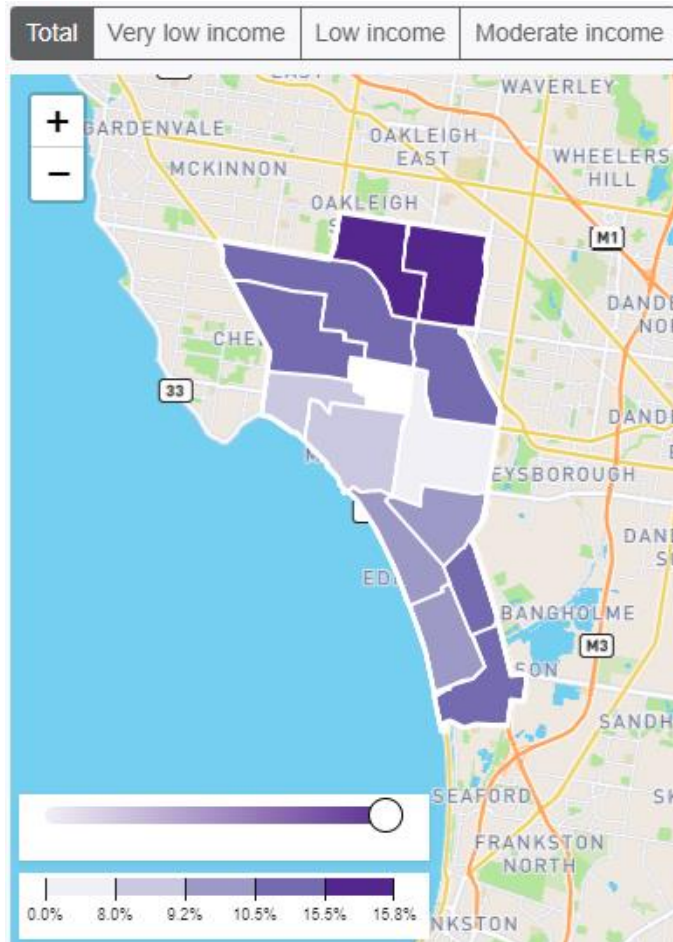
Source: id housing profile - 2024

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 2021, the proportion of households experiencing rental stress in Kingston (27.4%) was higher than the Greater Melbourne average (26.8%) (Please note this excludes high income households).

Figure 78: Rental stress by income in Kingston and Greater Melbourne
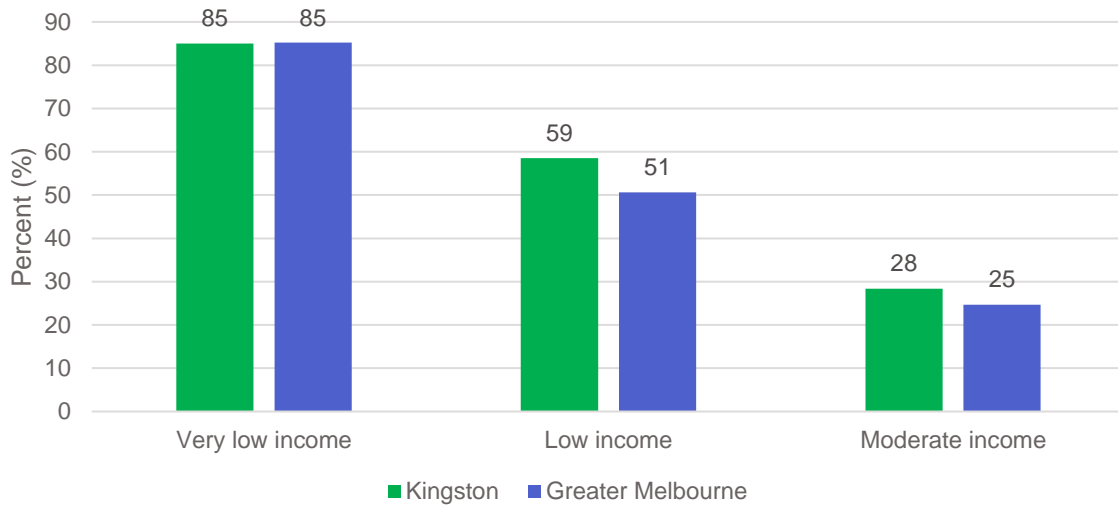
Source: id housing profile - 2024

Chelsea Heights (36.7%) and Chelsea-Bonbeach (29.8%) recorded the highest percentages of households with rental stress. Please note that Braeside is primarily an industrial area, and the number of households represented by dark purple in the map is 4.

Figure 79: Total households in rental stress by SA2
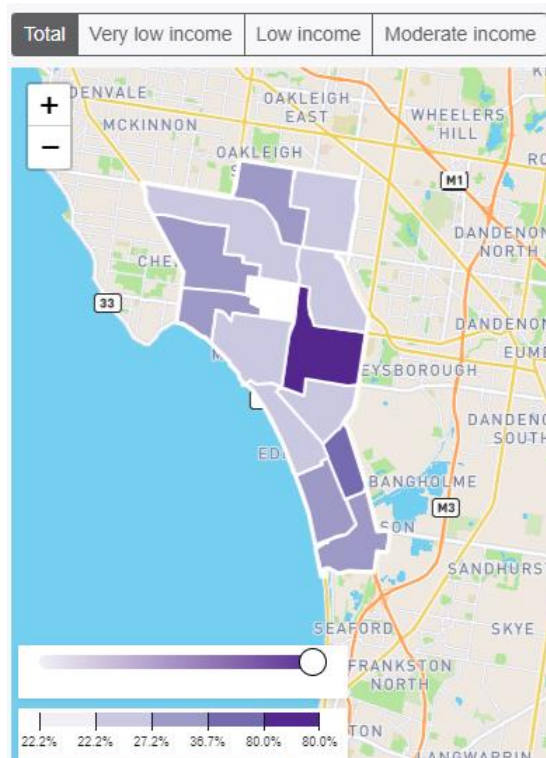
Source: id housing profile - 2024

Affordable housing need

The 2021 id profile estimates that 2,788 households in the City of Kingston have an unmet need for affordable housing, representing 4.6% of all households, compared to 6.1% across Greater Melbourne.

Figure 80: Affordable housing need in Kingston and Greater Melbourne
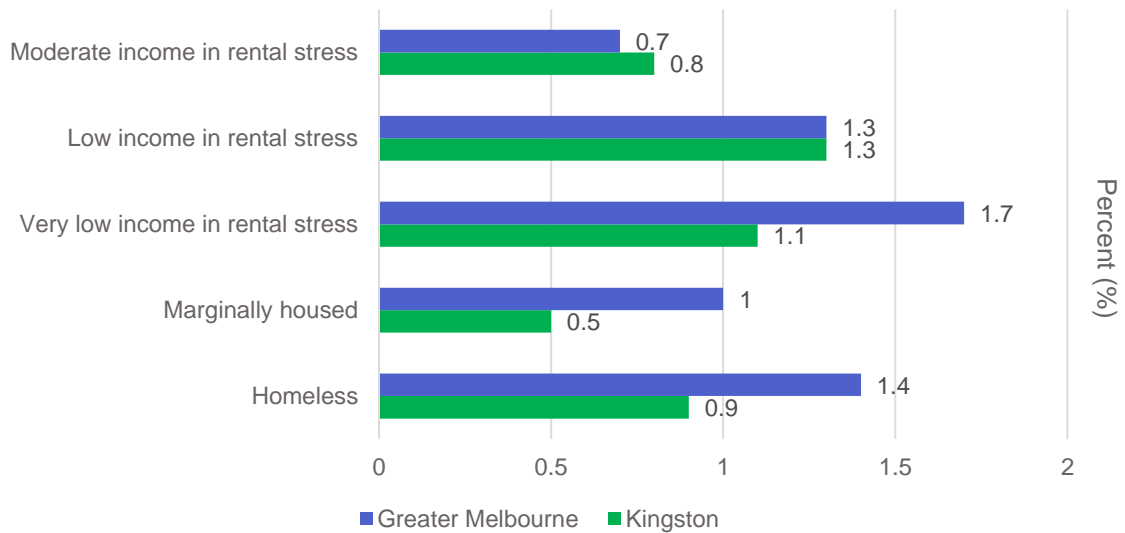
Source: id housing profile - 2024

The priority groups for affordable housing include:

- People experiencing homelessness
- People at risk of homelessness, including: their life or safety was threatened within existing accommodation
- People health condition was exacerbated by existing accommodation
- People existing accommodation was inappropriate to their needs
- People who were experiencing very high rental costs (AIHW (d) 2021).
- People with disabilities
- People who are escaping or have escaped family violence (Housing Victoria 1983).

5.6. LEARNING AND EDUCATION

Australian Early Development Census (AEDC)

The Australian Early Development Census (AEDC) is a nationwide collection of early childhood development data when children commence their first year of full-time school. The AEDC provides evidence to support health, education and community policy and planning 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 (AEDC 2021).

2021 data shows that there are less developmentally vulnerable children in Kingston compared with Victoria and the national averages.

Table 30: Children developmentally vulnerable in Kingston, Victoria and Australia

	Children developmentally vulnerable (%)						
	Physical health and wellbeing	Social competence	Emotional maturity	Language and cognitive skills (school-based)	Communication skills and general knowledge	Vulnerable on one or more domains of the AEDC	Vulnerable on two or more domains of the AEDC
Australia	9.8	9.6	8.5	7.3	8.4	22.0	11.4
Victoria	8.1	9.0	7.7	7.2	7.4	19.9	10.2
Kingston	6.1	7.6	6.5	3.7	4.9	14.5	7.3

Source: AEDC – 2021

Figure 81: Children developmentally vulnerable in Kingston
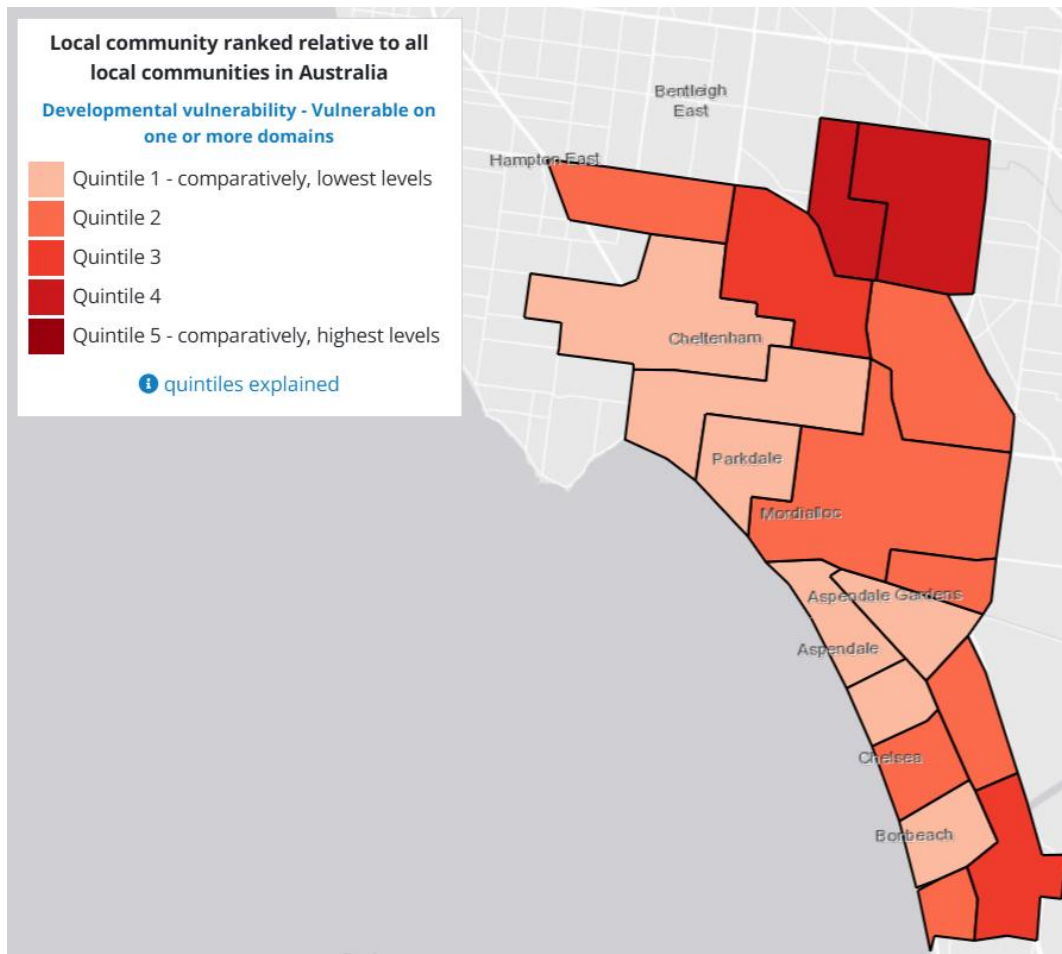
Source: AEDC – 2021

Secondary and higher education

2021 Census data showed a slightly higher proportion of Kingston students leaving school before completing Year 12 compared with Greater Melbourne. This parallels the slightly larger proportion of residents with Diploma and Vocational education in Kingston compared with Greater Melbourne (id community profile (b) 2024).

Figure 82: Highest level of education and qualification
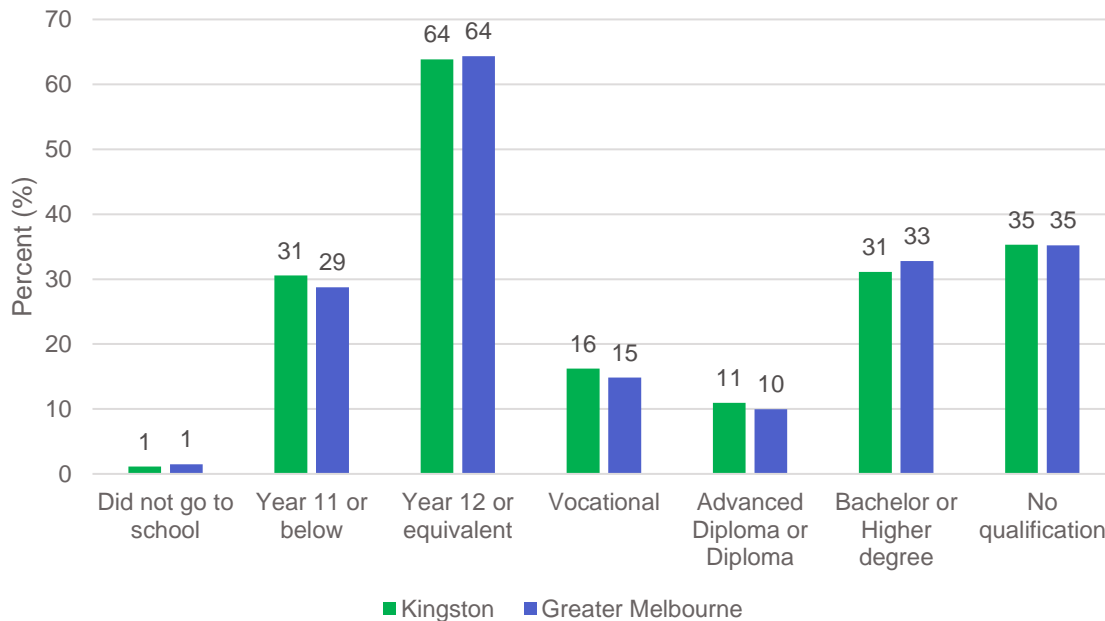
Source: id community profile (b) - 2024

Gender and sexuality

In Kingston, gender differences show more females completing Year 12 (64.9 females, 62.8 males), attaining a Diploma (11.8% females, 10.0% males), and a Bachelor or Higher degree (33.7% females, 28.3% males). Males were more likely to have vocational qualifications (21.4%) compared to females (11.4%). Interestingly, females (36.4%) were more likely to have no qualification compared with males (34.2%). Gender trends in Kingston were similar to what was seen for Greater Melbourne.

National data 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 (Hill et.al. 2021).

## 5.7. TRANSPORT

Employment location of resident workers, 2021

2021 Census data showed that the majority of residents worked outside of Kingston (65.5%) with workplaces mainly located in southern metropolitan Melbourne.

Table 31: Employment location of residential workers in Kingston

Employment location of resident workers		
City of Kingston	**2021**	
	Number	**%**
Live and work in the area	24,553	30.2
Live in the area, but work outside	53,250	65.5
No fixed place of work	3,436	4.2
Total	**81,239**	**100.0**

Source: id profile (b) – 2024

Figure 83: Employment location of Kingston residents
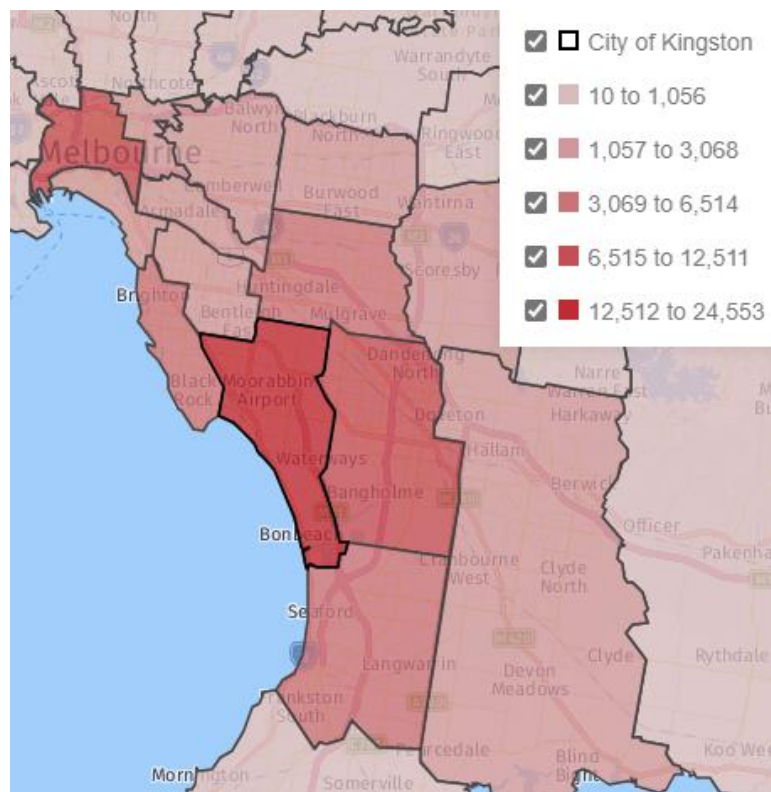
Source: id profile (b) - 2024

In 2021, the majority of people traveled to work by car as the driver (47.9%) which was greater than Greater Melbourne average (46.5%). There was about 10% decrease from 2016 to 2021 data, while we have about 21% increase in the proportion of people who worked from home, which was due to the COVID restrictions. Gender comparisons showed that females were more likely to ride in the car as a passenger (3.6% compared to 2.3% of males), work from home (33.0% compared to 27.1% of males), and do not go to work (14.9% compared to 8.2% males).

Method of travel to work, 2021

The majority of Kingston residents commuted to work by car as a driver (53.8%), slightly higher than the Greater Melbourne average (52.7%).

Figure 84: Method of travel to work of Kingston residents

Category	Greater Melbourne	Kingston
Not stated	0.5	0.4
Did not go to work	8.1	8.2
Worked at home	25.9	27.1
Other	1.1	0.9
Walked only	1.8	1.2
Bicycle	1.0	0.7
Motorbike	0.4	0.4
Truck	0.9	0.8
Car - as passenger	2.6	2.3
Car - as driver	52.7	53.8
Taxi/ride-share	0.2	0.2
Ferry	0.0	0.0
Tram	0.7	0.0
Bus	0.7	0.5
Train	3.5	3.3
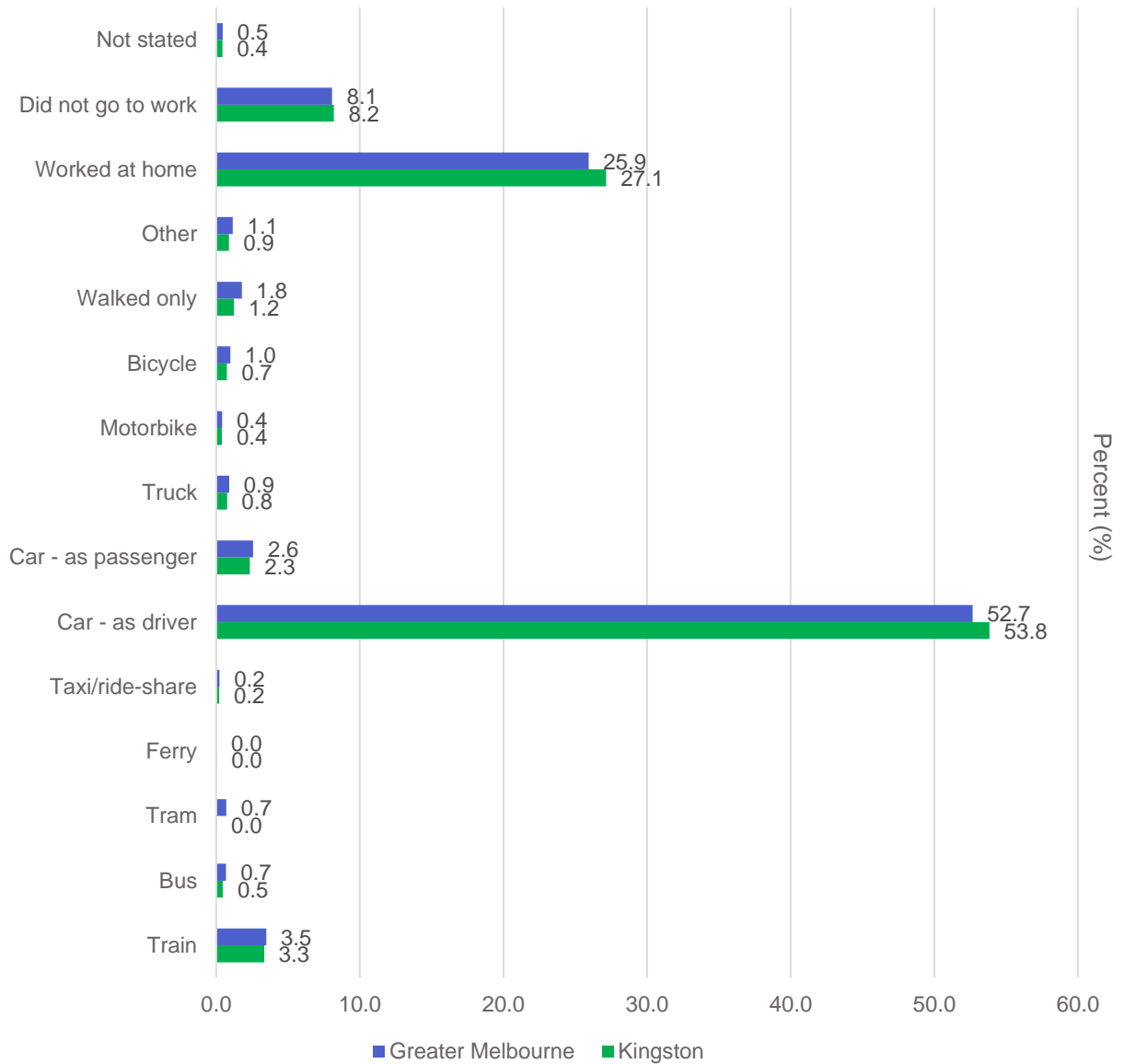
Source: id community profile (c) - 2024

Walking to local shops

As mentioned in 4.1, in Kingston's Health and Wellbeing Survey (2024), half (47%) of respondents reported that they had walked or cycled to the local shops or facilities more than once in the past week. This is lower than the 2020 survey (62%), which may be the result of the COVID pandemic. However, it is higher than 2016 (35.9%) and 2012 (42.3%).

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.

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