

FRANKSTON CITY HEALTH AND WELLBEING COMMUNITY PROFILE 2021



Lifestyle Capital of Victoria



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Acknowledgment of Traditional Custodians

Frankston City Council respectfully acknowledges that we are situated on the traditional land of the Boon Wurrung and Bunurong in this special place now known by its European name, Frankston. We recognise the contribution of all Aboriginal and Torres Strait Islander people to our community in the past, present and into the future.

Disclaimer

The statistics contained within this profile have been taken from a range of sources and is the most currently available at time of printing. Care has been taken to ensure the profile's accuracy, however we can guarantee that it is without errors and omissions.

Executive summary

The Frankston City Health and Wellbeing Community Profile 2021 provides an overview of health and wellbeing in Frankston City.

The majority of people in Frankston City are living in good health. However research has shown that there are some issues within the municipality impacting the health and wellbeing of the community, with these issues being felt more acutely amongst population groups that experience health inequalities. For some, the impact of the COVID-19 pandemic has intensified issues contributing to poor health and wellbeing, the impacts of which will be felt over the long-term.

Frankston City is a diverse community, with areas of affluence and pockets of socio-economic disadvantage. The municipality predominantly consists of families with dependent children and older lone person households. Whereas the majority of people of working age are in employment, the municipality is characterised by people with no or vocational qualifications.

Overall, Frankston City has similar levels of general life satisfaction to the Victorian average, along with similar rates of some chronic diseases. Whereas Frankston City has similar rates of people meeting national guidelines for physical activity and fruit and vegetable consumption, it also has high rates of some behaviours that can negatively impact people's health and wellbeing, such as smoking and risky consumption of alcohol. It also has higher rates of family violence and rental stress, and a lower proportion of households with high incomes. However, Frankston City has decreasing rates of childhood developmental vulnerability and youth disengagement, and decreasing rates of crime

Health, social and crime statistics only tell part of the story; people who live in Frankston City love where they live and are proud of their home. Many people feel a connection to their community, valuing its diversity, our natural assets and access to services.

Key health and wellbeing issues for Frankston City

	Change over time	Comparison to Victorian average
Key ages and stages		
Early childhood development vulnerability	decreasing	lower
Youth disengagement	decreasing	higher
Unemployed aged 55 years and over	increasing	higher
Health Status		
Self-reported health status	decreasing	similar
Depression and anxiety	increasing	higher
Type 2 diabetes	increasing	higher
Health behaviours		
Eating enough vegetables	increasing	higher
Consumption of sugary drinks	decreasing	higher
Increasing levels of physical activity	increasing	higher
Lower rates of breastfeeding	increasing	lower
Smokers	increasing	higher
Non-smokers	increasing	higher
Risky consumption of alcohol	increasing	higher
Ambulance attendance for illicit drugs	increasing	higher
Family violence rates	increasing	higher
Social connection and inclusion	decreasing	lower
Health environments		
Low tree canopy	-	lower
Mortgage stress	decreasing	lower
Rental stress	increasing	higher
Affordable rental properties	decreasing	lower
Impacts of climate change	increasing	-
Feelings of safety	decreasing	lower
Crime rate	decreasing	higher
Public transport use	decreasing	lower
Digital access	increasing	higher

Change over time	Increasing (improvement over time)
	Increasing (worsening over time)
	Similar (no change)
	Decreasing (improvement over time)
Comparison to Victorian average	Decreasing (worsening over time)
	Higher (better than state average)
	Higher (worse than state average)
	Similar (no significant difference)
	Lower (better than state average)
	Lower (worse than state average)

1. Introduction

The Frankston City Health and Wellbeing Community Profile 2021 has been developed to provide an overview of health and wellbeing in Frankston City, comprising the environments, behaviours and health status contributing to health and wellbeing outcomes for the community.

The data provided in this profile has been analysed, in conjunction with community consultation, to recommend health and wellbeing priorities and initiatives for inclusion in the Frankston City Health and Wellbeing Plan 2021–2025.

It also provides an evidence base to inform strategic planning, activities and services that contribute to the health and wellbeing of the municipality.

1.1 Profile structure

This profile is guided by the social determinants of health and a life course approach, and is structured as follows:

- **Our community:** General demographic profile of the community.
- **Health inequalities:** Population groups experiencing health inequalities.
- **Ages and stages:** Population overview by service age group.
- **Health status:** Self-reported health status, mental health and wellbeing, obesity, chronic illness and disease.
- **Health behaviours:** Behaviours that influence health and wellbeing, including healthy eating, physical activity, gambling, tobacco, alcohol and other drugs, health screening, respectful relationships and gender equality, social connection and inclusion and the impact of the COVID-19 pandemic.
- **Health environments:** Built and natural environments that impact health and wellbeing.

1.2 How this profile was developed

The development of this profile was informed by:

- Analysis of internal and external datasets, using the most up-to-date data available
- Review of national and international health literature
- Community consultation, including a Health and Wellbeing Survey

Internal datasets

Council collects service data and conducts community surveys, including:

- Frankston City Health and Wellbeing Survey, January 2021
- Frankston City 2040 Community Vision Survey, August to September 2020
- Frankston City Food Scan, 2016
- Chris21 data

External datasets

- Australian Early Development Census (AEDC)
- Victorian Population Health Survey (VPHS)
- Australian Bureau of Statistics (ABS), Census of Population and Housing – provided by id
- REMPLAN
- Crime Statistics Agency (CSA)
- Victorian Child and Adolescent Monitoring System (VCAMS)
- AoDStats Turning Point
- Victorian Department of Justice and Community Safety (DJCS), Victorian wholesale liquor sales
- Diabetes Australia
- Public Health Information Development Unit (PHIDU)
- Australian Urban Observatory Liveability Index
- Victorian Department of Health and Human Services Rental Reports

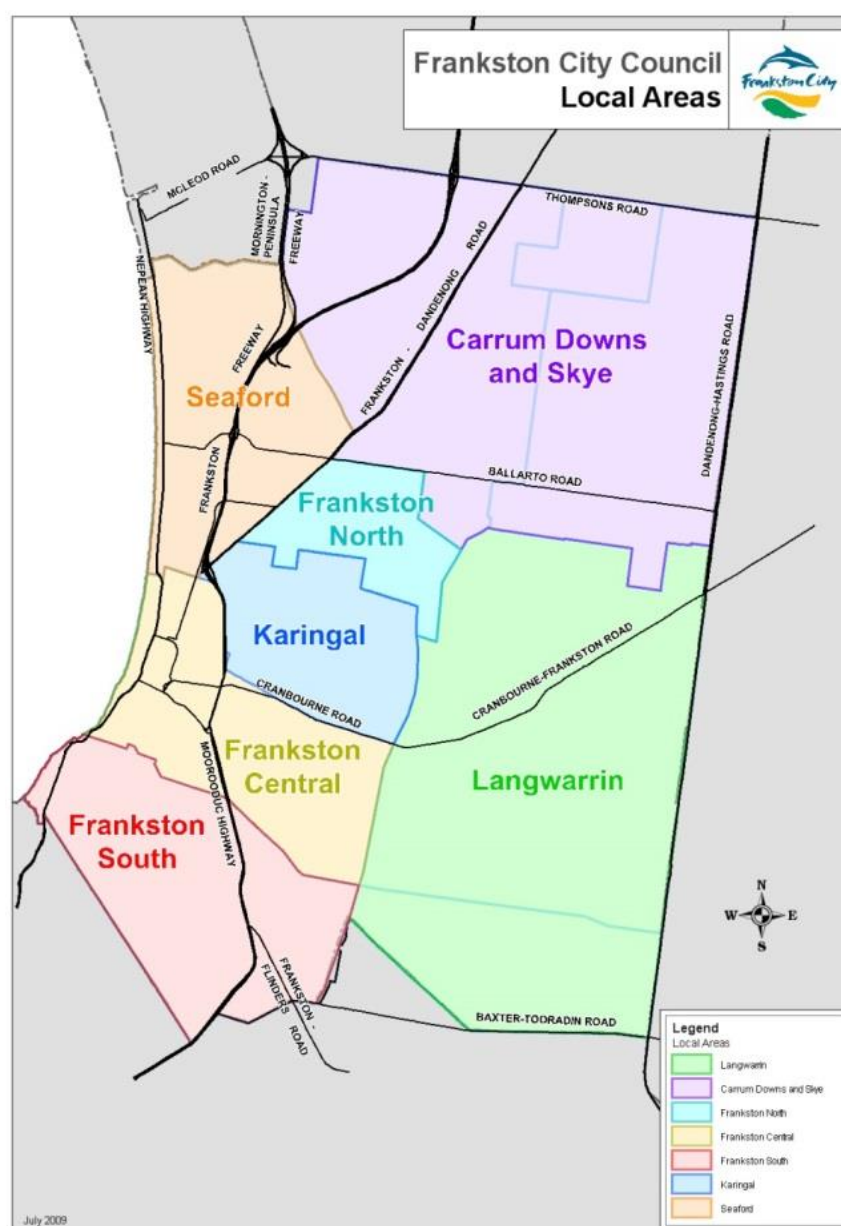
Where possible time series data has been provided, and benchmarked against the state average.

2. Our community

Frankston City is located in the outer south of Greater Melbourne, approximately 40 kilometres from the Melbourne CBD. It includes Carrum Downs, Frankston, Frankston North, Frankston South, Karingal, Langwarrin, Langwarrin South, Sandhurst, Seaford and Skye.

Frankston is predominantly residential, with some rural-residential, rural, industrial and commercial areas. It has a land area of about 130 square kilometres. Central Frankston is the major regional retail, commercial and services centre for outer southern Melbourne and the Mornington Peninsula.

Map 1: Frankston City municipality and local areas



2.1 Population profile

The population of Frankston City in 2020 was 143,338¹. The population continues to grow steadily, up from 134,143 in 2016 and 126,457 in 2011 (Table 1).

The socio-demographic characteristics of Frankston City's population provide insights into the level of demand for services and facilities of different types. Service use can be influenced by factors including age, household type, family structure, culture, language spoken at home and income.

Table 1. Resident population summary

Population group	2016		2011		Change
	Number	%	Number	%	Number
Usual Resident Population	134,143	100	126,457	100	↑ 7,686
Population over 15 years old	109,113	81.3	102,149	80.8	↑ 6,964
Australian Citizens	114,070	85.0	108,324	85.7	↑ 5,746

Source: Profile.id Australian Bureau of Statistics, Census of Population and Housing 2011 and 2016

2.2 Age structure

In 2016 the average age in Frankston was 38, up from 37 in 2011. This is similar to the Victorian average which has remained at 37.

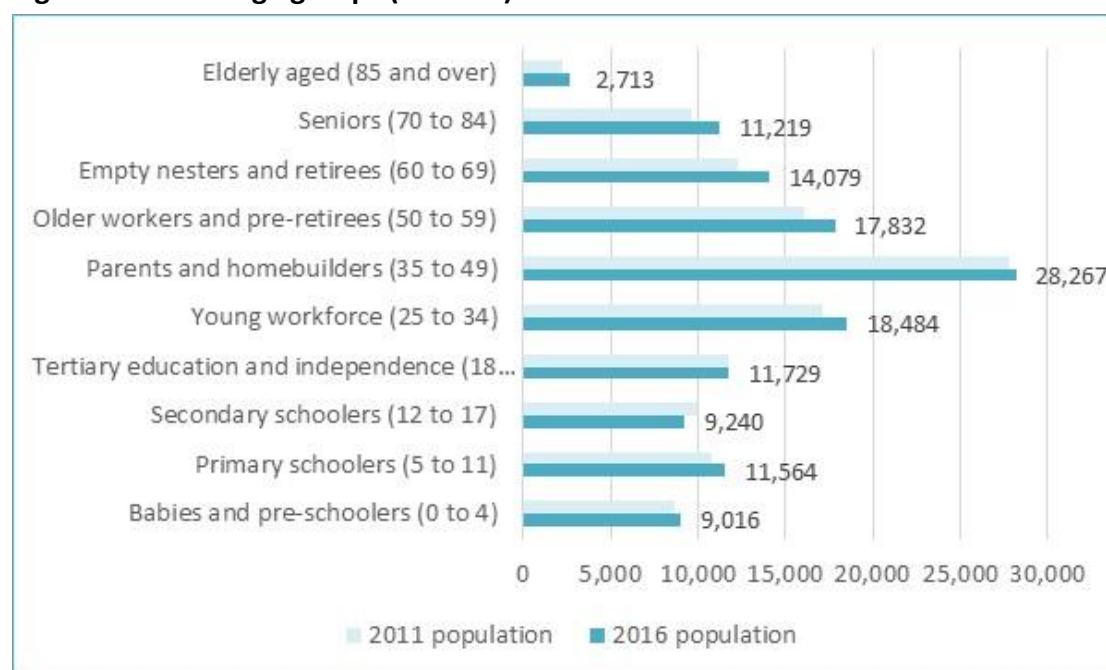
Between 2011 and 2016 the largest population growth was in the 50 and above age groups (Table 2.). There was a small decrease in the number (-763) and proportion (-1%) of 12 to 17 year olds. Nonetheless, Frankston City had a higher proportion of 0 to 17 year olds (22.2%) and people aged 60 and over (20.9%), than greater Melbourne (21.7% and 19.0% respectively).

¹ This is a preliminary estimate using 2016 ABS Census data and considers people that missed completing the census and those that were overseas on census night, as well as population growth. The data provided in this profile is based on the ABS Census counts of where people usually live – the usual resident population.

Table 2. Service age groups, 2016 and 2011

Service age group (age in years)	2016		2011		Change	
	Number	%	Number	%	Number	
Babies and pre-schoolers (0 to 4)	9,016	6.7	8,675	6.9	341	
Primary schoolers (5 to 11)	11,564	8.6	10,773	8.5	791	
Secondary schoolers (12 to 17)	9,240	6.9	10,003	7.9	-763	
Tertiary education and independence (18 to 24)	11,729	8.7	11,801	9.3	-72	
Young workforce (25 to 34)	18,484	13.8	17,111	13.5	1,373	
Parents and homebuilders (35 to 49)	28,267	21.1	27,803	22	464	largest group
Older workers and pre-retirees (50 to 59)	17,832	13.3	16,057	12.7	1,775	
Empty nesters and retirees (60 to 69)	14,079	10.5	12,279	9.7	1,800	largest increase
Seniors (70 to 84)	11,219	8.4	9,675	7.7	1,544	
Elderly aged (85 and over)	2,713	2	2,280	1.8	433	

Source: Profile.id Australian Bureau of Statistics, Census of Population and Housing 2011 and 2016

Figure 1: Service age groups (number)

Source: Profile.id Australian Bureau of Statistics, Census of Population and Housing 2011 and 2016

2.3 Births and deaths

In Frankston City 5,930 babies were born between 2015 and 2017, a fertility rate two percent higher than the state average of 1.7 percent.

Life expectancy at birth estimates represent the average number of years that a newborn baby could expect to live, assuming current age-specific death rates are experienced through their lifetime (ABS 2020).

In 2015 – 2017, the life expectancy at birth of people in the South East Region of Melbourne was 83.8 years; 82.2 for males and 85.5 for females. At the state level it is 83.1 years; 81.3 for males and 85.5 for females (ABS 2020).

Life expectancy data is not available for Frankston City Local Government Area. The closest comparable data available is median age at death, which is 80 for Frankston and 82 for Victoria (Table 3).

Table 3. Median age at death, 2014-2018

Population group	Frankston City	Victoria
Male	78	79
Female	83	85
People	80	82

Source: PHIDU 2021

2.4 Aboriginal and Torres Strait Islander peoples

The Traditional Owners of land in and around Frankston are the Bunurong/Boon Wurrung peoples. The country of the Traditional Owners extends from the Werribee Creek to the Tarwin River and Wilson's Promontory.

In 2016 1,338 people in Frankston City identified themselves as Aboriginal and Torres Strait Islander, although there may be many more who did not self-identify in the Census.

Table 4. Residents identifying as Aboriginal or Torres Strait Islander (%)

	2016		2011		Change
	%	Number	%	Number	
Frankston City	1	1,338	0.8	1,011	+327
Victoria	0.8	-	0.7	-	+ 0.1%

Source: Profile.id Australian Bureau of Statistics, Census of Population and Housing 2011 and 2016

3. Health inequalities

Good health and wellbeing is not shared equally across our municipality. This is caused by social conditions that are avoidable and unfair and is referred to as 'health inequality'. Some people face greater barriers than others to accessing the social, community and health services they need and as a result, are at greater risk of poor health outcomes. People requiring additional support are a focus in the Municipal Public Health and Wellbeing Plan.

These groups include:

- Women
- Children
- Young people
- Older people
- Aboriginal and Torres Strait Islander peoples
- Culturally and linguistically diverse communities and those speaking a language other than English at home
- People with disabilities
- Lone person households
- People experiencing poverty
- People who are experiencing homelessness and housing insecurity
- People who identify as Lesbian, Gay, Bisexual, Trans and gender diverse, Intersex, Queer and questioning (LGBTQI)
- People who have experienced trauma and violence

3.1 Intersectionality

'Intersectionality' refers to the ways in which different aspects of a person's identity can expose them to overlapping forms of discrimination and marginalisation. Some of these characteristics include gender, gender identity, nationality, ethnicity, ability and socio-economic conditions. Attitudes and structures within society and organisations can interact with these intersections to create barriers, exclusion and health inequalities. Likewise, the types of services and facilities available, the way they are provided and the cultural safety or discrimination people experience when they access services, all matter.

3.2 Socio-economic disadvantage

Socio-economic disadvantage impacts negatively on people's health and wellbeing. People that live in areas of greatest socio-economic disadvantage are at greater risk of poor health, tend to have higher rates of illness and disability, and live shorter lives than people that live in the most socio-economically advantaged areas (Mackenbach 2015).

The ABS Socio-Economic Indexes for Areas (SEIFA) measure relative socio-economic disadvantage and/or advantage based on a range of Census variables. This profile presents data from the Index of Relative Socio-Economic Disadvantage (IRSAD). The index scores for all Australian suburbs and localities are ranked into percentiles, with the 1st percentile being the most disadvantaged and the 100th percentile being the least disadvantaged.

Within Frankston City there are pockets of significant socio-economic disadvantage, such as Frankston North (in the 4th percentile, meaning that 96 percent of suburbs across Australia are more advantaged), as well as areas that have very low levels of disadvantage, such as Sandhurst (in the 99th percentile, meaning that only 1 percent of Australian suburbs are more advantaged).

Table 5. SEIFA by local area and ranking, 2016

Local area	Percentile ranking	SEIFA score
Frankston City Local Government Area	45	1,001.0
Victoria	51	1,010.0
Frankston North	4	823.0
Frankston Central	16	931.1
Karingal	23	955.5
Carrum Downs	33	979.0
Frankston Heights	38	987.6
Seaford	41	994.0
Skye	58	1,022.0
Langwarrin	73	1,044.0
Frankston South	89	1,075.0
Langwarrin South	91	1,080.0
Sandhurst	99	1,115.0

Source: Profile.id Australian Bureau of Statistics, Census of Population and Housing 2011 and 2016

3.3 Women

In Frankston City 51.2 percent of the population is female, and 48.8 percent male. Although women make up over half the population they are considered a vulnerable group due to structural, cultural and economic factors across our society. Gender inequality and family violence significantly negatively impact women's health and wellbeing. These are addressed in section 6.5 Respectful relationships and gender equality.

In Frankston City:

- Women are experiencing higher rates of psychological distress than men and higher than women across the state (DHHS 2017).
- There are higher rates of sexual violence than the state average (CSA 2020b).
- Women were twice as likely to experience food insecurity as men. Some 14.4% of women compared to 7.9% of men said there were times during the previous 12 months when they had run out of food and could not afford to buy more (DHHS 2017).

Other factors that may influence poor health outcomes for women, include:

- Violence or abuse including sexual violence and harassment (Beyond Blue 2021, CSA 2020b)
- Caring for or supporting others (Beyond Blue 2021)
- Relationship breakdown (Beyond Blue 2021)
- Discrimination based on sexuality or gender identity (Beyond Blue 2021)
- Reproductive issues including infertility and perinatal loss, pregnancy, having a baby and becoming a mother and menopause (Beyond Blue 2021)
- Older women are much more likely to experience housing instability and homelessness than older men, and are the fastest growing group in the national homeless population (AAG 2018).

3.4 Aboriginal and Torres Strait Islander peoples

The proportion of Aboriginal and Torres Strait Islander residents grew from 0.8 percent in 2011 to 1 percent in 2016, higher than Victoria (0.8%). The life expectancy gap between Aboriginal and non-Aboriginal Australians is 9.5 years for women and 10.6 years for men (DHHS 2017a).

‘Aboriginal health means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their community. It is a whole-of-life view and includes the cyclical concept of life-death-life’ (NAHSWP 1989 in DHHS 2017b).

Aboriginal and Torres Strait Islander peoples face barriers to health such as racism and a lack of culturally safe services. There is a significant gap between the health status of Victoria’s Aboriginal population and the general population.

Evaluation of Koolin Balit, the previous Aboriginal Health Strategy (DHHS 2015) demonstrated successful initiatives built on programs where communities self-determine their solutions, address institutional barriers to accessing healthcare, support cultural load and vicarious trauma and promote community ownership of gathering place models.

The new Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027 (DHHS 2017b) embraces a cultural determinants of health approach. The following examples demonstrate the need for urgent action to improve the health, wellbeing and safety of Aboriginal Victorians:

Health

- Aboriginal people are three times more likely than non-Aboriginal people to have diabetes.
- Aboriginal adults in Victoria are more than three times as likely to have experienced food insecurity as non-Aboriginal Victorians.

Mental health

- Aboriginal people are around three times more likely to experience high or very high levels of psychological distress than non-Aboriginal Victorians.
- A lower proportion of Aboriginal Victorians self-rate their health as good compared to non-Aboriginal Victorians.

Family violence

- It is estimated that Victorian Aboriginal women are 45 times more likely to experience family violence than non-Aboriginal women.
- Aboriginal children are more than eight times more likely than non-Aboriginal children to be the subject of a child protection substantiation in Victoria.

Justice health and wellbeing

- Aboriginal people make up eight per cent of the Victorian prison population, despite accounting for 0.9 percent of the Victorian population (ABS, 2016 in DHHS 2017b).

3.5 Culturally and linguistically diverse (CALD) communities

The majority of people in Frankston City agree it is welcoming and supportive of people from diverse cultures (CSS 2021). However some people experience language and cultural barriers in accessing health services, and in gaining education and employment (DHHS 2017c).

Racism is a key determinant of the health of people in CALD communities and is harmful to the mental and physical health of those who experience it (DHHS 2017c).

First generation migrants often have lower rates of self-reported chronic conditions and lower mortality rates, compared to Australian-born populations; known as the healthy migrant effect. This can be attributed to the health screening required for people before they migrate, as well as the higher wealth status some migrants have that enables them to move to another country (AIHW 2018). The healthy migrant effect diminishes over time and

after 10 years in Australia migrants from non-English speaking countries have poorer mental health than Australian born individuals (Kennedy et al. 2014).

Table 6. Residents who speak a language other than English at home

	2016		2011		Change
	%	Number	%	Number	
Frankston City	11.3	15,144	10.2	12,853	↑ 1.1
Victoria	25.9	-	23	-	↑ 2.9

Source: Profile.id Australian Bureau of Statistics, Census of Population and Housing 2011 and 2016

Victorian Department of Health and Human Services racism research (DHHS, 2017c) found:

- Victorians who speak a language other than English at home, but are not of Northern European or North American origin, are most likely to experience racism.
- As socioeconomic status declines, experiences of racism increase.
- Victorian adults who frequently experience racism are almost five times more likely than those who do not experience racism to have poor mental health.
- Victorian adults who frequently experience racism are 2.5 times more likely than those who do not experience racism to have poor physical health.

3.6 People with disabilities

Around one in six people in Frankston have a disability (AIHW 2020a) and the proportion of people with a disability increases in older age groups. In 2016, 7,277 people living in Frankston City, or 5.4 percent of the population, reported they needed assistance in their day-to-day lives because of a disability, long-term health condition or old age (Table 7).

Table 7. Need assistance because of a disability, long-term health condition or old age

	2016		2011		Change
	%	Number	%	Number	
Frankston City	5.4	7,277	4.5	5,751	↑ 0.9
Victoria	5.1	-	4.8	-	↑ 0.3

Source: Profile.id Australian Bureau of Statistics, Census of Population and Housing 2011 and 2016

Some people with a disability face barriers to participating in education and employment and are more likely to experience poor health, discrimination and violence than those without disability. This is influenced by the nature of opportunities, services and assistance available to them; the accessibility of their environment; and experiences of discrimination (AIHW 2020b).

The People with Disability in Australia study found:

- Only 24% of Australian adults with disability experience very good or excellent health, compared with 65% without disability.
- People with a disability experience higher levels of psychological distress, than people without disability, and this increases for people with severe or profound disability.
- 47% of Australian adults with a disability have experienced violence after the age of 15, compared to 36% without a disability (AIHW 2020a).

3.7 Lone person households

In 2016, 25.3 percent of households in Frankston City, were lone person households, slightly higher than the Victorian average. This has increased by 951 households (0.2%) from 2011. The highest proportion of lone person households in the municipality were in Frankston Central, where 38.5 percent were lone person, followed by Seaford (31.5%) and Frankston North (30.3%).

Table 8. Lone person households

	2016		2011		Change
	%	Number	%	Number	
Frankston City	25.3	13,311	25.1	12,360	↑ 0.2
Victoria	23.3	-	23.5	-	↓ 0.2

Source: Profile.id Australian Bureau of Statistics, Census of Population and Housing 2011 and 2016

Not all people who live alone experience social isolation, but those who do are at increased risk of health problems. Social isolation has been linked to mental illness, emotional distress, suicide, the development of dementia, premature death, poor health behaviours, smoking, physical inactivity, poor sleep, and biological effects including high blood pressure and poorer immune function (Holt-Lunstad et al. 2015 in AIHW 2019). High levels of social isolation are also associated with sustained decreases in feelings of wellbeing (Shankar et al. 2015 in AIHW 2019).

The risk of premature death associated with social isolation and loneliness is similar to the risk of premature death associated with well-known risk factors such as obesity (Holt-Lunstad et al. 2015 in AIHW 2019).

3.8 Low income households and income support recipients

Frankston City has a similar proportion of low income households as Victoria (18.8% compared to 18.3%), however some suburbs in the municipality have a much higher proportion of low income households (Table 9).

As outlined in section 3.2, socioeconomic disadvantage is associated with poor physical and mental health. The psychological pressure of living in poverty can exacerbate and cause other health issues. Poor physical and mental health can also contribute to low income and unemployment, with health issues restricting and preventing ongoing well-paid employment. (Keily & Butterworth 2013).

Children that experience poverty are three times more likely than others to be poor as adults (Vera-Toscano & Wilkins 2020). Factors such as intergenerational earnings and transfers of wealth, poor health, limited aspirations and inadequate housing are all associated with disadvantage. This cycle can continue from one generation to the next, and is known as intergenerational poverty (Cobb-Clarke 2019).

Table 9. Low income households² by area, 2016

Local area	Number	%
Frankston City	9,386	18.8
Frankston Central – Heights	2,319	24.7
Frankston South	1,049	15.9
Frankston North	621	28.7
Karingal	1,141	14.0
Seaford	1,479	21.7
Carrum Downs	1180	16
Sandhurst	120	7.5
Langwarrin	1,118	14.0
Langwarrin South	44	11.9
Skye	295	11.5
Victoria	-	18.3

Source: Profile.id Australian Bureau of Statistics, Census of Population and Housing 2011 and 2016

Another measure of how many of us are living on low incomes or in poverty is the number receiving Centrelink income support payments. The data in Table 10 below shows the number of people receiving a range of Commonwealth income support payments.

² Low income households are those households with a combined gross income less than \$650 per week before tax in 2016. This threshold was chosen because it is close to the bottom 25% of households Australia-wide.

Table 10. Income support payments, March 2021

Income support payment	Number of recipients
Jobseeker	3,031
Parenting Payment Single	7,341
Parenting Payment Partnered	363
Disability pension	5,228
Age pension	14,851

Source: Department of Social Services, Payment Demographic Data

3.9 Homelessness and housing insecurity

In 2016, there were 546 people who were homeless living in Frankston City. People who are homeless experience significantly higher rates of death, disability, mental health conditions and chronic illness than the general population (AIHW 2020c).

Precarious housing is also associated with poor health and this relationship exists regardless of income, employment, education, occupation and other demographic factors (Mallett et al 2011).

Frankston City's homelessness rate has grown at over twice the rate of population growth between 2011 and 2016 (14.7% compared to 6.7%) and has increased at a slightly higher rate in Frankston than in Victoria (17% compared to 12%). The causes of homelessness vary, with factors including whether a person is working, experience of family and domestic violence, ill health, including mental health and disability, trauma and substance misuse (Fitzpatrick et al 2013). There are a number of different forms of homelessness, including rough sleeping, couch surfing, short-term or temporary accommodation and severe overcrowding. Housing insecurity, meaning changing residences or being vulnerable to changing, makes it difficult for people to 'put down roots' and make plans for the future, resulting in psychological distress (Hulse & Saugeres 2008).

Meeting basic physical needs occupies a significant amount of time and energy for people who experience rough sleeping, so health concerns may not be addressed until it becomes an emergency. For people who are living in overcrowded accommodation, the infrastructure such as kitchen, bathrooms and laundries struggle to meet the needs of occupants, with resulting psychological distress and risk of rapid spread of infectious diseases (Hulse & Saugeres 2008).

3.10 Lesbian, Gay, Bisexual, Trans, Intersex or Queer (LGBTIQ+)

It is estimated that 5.7 percent of the population in Victoria is lesbian, gay, bisexual, trans, intersex or queer (DHHS 2017a). Within the health service system people who are LGBTIQ+ experience 'invisibilisation' and exclusion, where their identity is omitted, trivialised or

condemned, exacerbating health and wellbeing issues (Pallotta-Chiarolli & Rajkhowa 2017). More than a third (34%) of LGBTIQ+ people feel they need to hide their sexual orientation or gender identity when accessing services (Leonard et al 2012).

Table 11. Rate of abuse and discrimination of Victorian LGBTIQ+ people

Population group	%
Gay and bisexual men	35%
Lesbian and bisexual women	33.8%
Trans men	53.3%
Trans women	49.2%

Source: Private Lives 2 survey (Leonard et al., 2015)

A quarter of abuse that LGBTIQ+ people are subjected to is verbal, 15.4 percent harassment, 8.7 percent physical violence and 6.6 percent written abuse. There are higher rates of family violence in the LGBTIQ+ community (13.4%, compared to 5.1%) than the broader population (DPC 2020).

LGBTIQ+ people are at increased risk of poor physical and mental health due to experiences of abuse and discrimination, fear of discrimination, and internalised stigma and victimisation.

Table 12. Physical and mental health and wellbeing of Victorian LGBTIQ+ people

Health indicator	LGBTIQ+ %	General population %
Adults who rate their health as excellent or very good	37.7	42.5
Adults with two or more chronic diseases	36.1	25.1
Adults who are daily smokers	17.8	12.3
Anxiety or depression diagnosed by a doctor	44.8	26.7
High or very high levels of psychological distress	24.4	14.5
Adults who rate feeling life is worthwhile as low or medium	22.1	16.5
Adults who rate their satisfaction with life as low/medium	27.1	20.1

Source: Victorian Population Health Survey 2017

3.11 People who have experienced trauma and violence

Trauma can affect anyone, however people experiencing poverty and homelessness, refugees and people from Aboriginal and Torres Strait Islander communities are more likely than others to have been exposed to violence and discrimination (Headspace 2019).

Trauma can include, but is not limited to:

- Childhood neglect
- Experiencing or witnessing violence, and or physical, sexual and emotional abuse
- Having a family member with a mental health or substance abuse disorder
- Sudden separation from a loved one.

Trauma can cause strong reactions in some people, which may become ongoing and can have profound impacts on mental and physical health (DoH Vic 2016). People who have experienced trauma may have inadvertently been re-traumatised in accessing health and social services that were not aware of sensitivities, vulnerabilities and triggers. There is now a growing understanding of the importance of trauma informed practice, which focuses on safety, trustworthiness, choice, collaboration and empowerment as well as respect for diversity (Kezelman 2014).

4. Ages and stages

People at different ages and stages in our community have differing health and social needs. Biological and social risks and opportunities accumulate and interact over the life-course and can lead to health inequalities (Kelly et al. 2007).

4.1 Early childhood development

Babies and pre-schoolers make up 6.7 percent of our population, slightly less than in 2011 (6.9%) (ABS 2021). The proportion of children in Frankston City with developmental vulnerability continues to decrease, from 23.3 percent in 2012 to 18.6 percent in 2018. This is slightly lower than the State level that has stabilised at 19.9 percent between 2015 and 2019 (Table 13).

Young children's relationships with key adults are incredibly important for establishing healthy brain development. Social and emotional wellbeing form the basis for babies and children to be able to develop cognitive abilities (NSDC 2007).

It is now understood that positive early childhood development has long term implications for educational attainment, relationships and health. Human brains start to build before we are born and continue throughout our lifetimes, with early experiences affecting the quality of our brain's architecture, creating either a fragile or sturdy foundation for learning, behaviour and health (NSDC 2007).

Babies and children that are exposed to ongoing, unrelenting stress caused by poverty, abuse or caregivers with severe mental health problems, may experience toxic stress impacting brain development that can lead to lifelong problems in mental and physical health (NSDC 2007). Supportive, stable, caring, interactive relationships, with opportunities for positive learning experiences provide the best environments for babies and children's brain development.

The Australian Early Development Census (AEDC 2019) measures children's development as they enter their first year of full-time school. The measured domains are: physical health and wellbeing, social competence, emotional maturity, language and cognitive skills (school-based), communication skills and general knowledge.

Table 13. Children developmentally vulnerable on one or more domain (%)

	2018	2015	2012
Frankston City	18.6	20.9	23.3
Victoria	19.9	19.9	19.5

Source: Australian Early Development Census

4.2 Positive transition to adulthood

Our 15 to 24 age-group has reduced slightly from 13.4 percent of the population in 2011 to 12.3 percent in 2016.

Table 14. Population aged 15-24 (%)

	2016	2011	Change
Frankston City	12.3	13.4	↓ 1.1
Victoria	13	13.4	↓ 0.4

Source: Profile.id Australian Bureau of Statistics, Census of Population and Housing 2011 and 2016

Almost two-thirds (61.4%) of our year 7 to year 9 students felt connected to their school however 20.2 percent were bullied, which is higher than the Victorian average (DET 2021). Bullying can have long term negative impacts on everyone involved. Children and young people who are the target of bullying have reduced participation, learning and enjoyment at school (SSSCWG 2021).

The Frankston City Community Vision 2040 highlights that the community would like to see more opportunities for young people in the future.

Higher educational attainment is associated with better employment outcomes, improved health and health literacy, community engagement and social participation. In 2019, 64.1 percent of school leavers who completed year 12 or equivalent went onto education and training. This is lower than the Victorian average of 75.2 percent (On Track- Frankston LGA 2019). Wanting to earn an income is the main reason students in the City of Frankston do not continue studying after they leave school. Between 2015 and 2019 the proportion of school leavers who are not in education or training because the courses they are interested in are not available locally has increased steadily from 11.6 percent in 2015 to 21.1 percent in 2019.

Table 15. Reasons for not continuing study*(%)

2019	2018	2017	2016	2015
You wanted to start earning your own money				
84.2	84.6	80.0	85.1	87.2
You just needed a break from study				
69.2	64.3	65.1	63.4	65.7
You never planned to study				
30.1	28.7	28.0	32.8	26.7
The courses you were interested in were not available locally				
21.1	14.7	22.9	13.4	11.6

Source: On Track On Track Frankston LGA 2019

*respondents may have agreed to more than one statement

Overall, one percent of Frankston year 12 completer's are not in education or employment, up slightly from 0.9 percent in 2015 and higher than the Victorian average of 0.8 percent.

Table 16: Year 12 or equivalent completer's destinations study (%)

Area	2019	2018	2017	2016	2015
Bachelor degree					
Frankston City	40.1	42.8	39.1	40.3	40.8
Victoria	54.1	54.9	53.8	54.2	53.2
Certificates / Diplomas					
Frankston City	15.3	12.2	16.3	17.1	18.8
Victoria	12.8	12.1	12.9	14.6	16.3
Apprentice / Trainee					
Frankston City	8.7	8.3	8.8	10.7	9.7
Victoria	8.2	8.1	8.1	8.1	7.5

Source: On Track Frankston LGA 2019

Table 17: Year 12 or equivalent completer's destinations employment (%)

Area	2019	2018	2017	2016	2015
Employed					
Frankston City	27.5	29.8	28.7	25.6	23.2
Victoria	19.7	19.8	19.5	17.7	17.0
Looking for work					
Frankston City	7.4	6.3	6.2	5.3	6.4
Victoria	4.4	4.3	4.6	4.5	4.9

Source: On Track Frankston LGA 2019

Compared to the Victorian average, a greater proportion of school leavers are in employment or enrolled in certificates and diplomas, and a lower proportion in bachelor degrees.

Table 18. Young people aged 15-24 disengaged from education and employment.

Area	2016	2011	% change
Frankston City	10.4	10.5	↓0.1
Victoria	8.2	8.1	↑ 0.1

Source: Profile.id Australian Bureau of Statistics, Census of Population and Housing 2011 and 2016

4.3 Positive ageing

In Frankston City in 2016 over 20,000 people were aged 65 years and older, increasing by 3,309 from 2011. Age is an important determinant of health as ageing is often accompanied by increased risk of declining health and ability to live an active lifestyle (AIHW 2020d). Some 42 percent of Australians aged over 65, assessed their health as excellent or very good, compared to 68 percent of all adults (AIHW 2020d).

Table 19. Residents aged 65 years old and older, 2016 and 2011

	2016		2011		Change
	%	Number	%	Number	%
Frankston City	15.3	20,608	13.7	17,299	1.6
Victoria	15.6	-	14.2	-	1.4

Source: Profile.id Australian Bureau of Statistics, Census of Population and Housing 2011 and 2016

There are 38 senior citizen clubs across Frankston City with over 2000 members providing opportunities for social and cultural connection. In addition the Frankston U3A has 690 members.

People aged 65 and over contribute to our community in multiple ways:

- Over 3,000 provide unpaid childcare (to children that are not their own), representing 12.9% of this population.
- Some 15 % volunteer, making up 18.4% of Frankston City's volunteer workforce.

However, a higher proportion of people over 55 years old were unemployed in Frankston City than the rest of the Victoria (Table 20). Older people can face employment discrimination, due to employers' assumptions and stereotypes of older people's abilities (AHRC 2016).

Table 20. People aged 55 and above who are unemployed (%)

Area	2016	2011	% change
Frankston City	5.1	4	↑ 1.1
Victoria	4.4	3.7	↑ 0.7

Source: Profile.id Australian Bureau of Statistics, Census of Population and Housing 2011 and 2016

Despite differences in backgrounds, most ageing people express a desire to stay in their home as long as possible (Wiles et al. 2012). Being able to remain living independently gives a sense of achievement, improved self-worth and wellbeing, as well as helping to maintain a broader social life, volunteering and higher level of mobility (Broese et al. 1996).

Frankston City has a greater proportion of older lone person households (Table 21) than Greater Melbourne, at 10 percent compared to 9.2 percent. People living alone may experience social isolation, particularly if they are older, frailer and less able to get out, which can exacerbate feelings of isolation and loneliness. A recent survey of Frankston City's older people, found almost 90 percent have someone to call upon for help, leaving 10 percent either without someone to call on or unsure.

Table 21. Households occupied by a lone older person aged 65 years plus (%)

Area	2016	2011	% change
Frankston City	10	9.2	↑ 0.8
Victoria	9.2	8.9	↑ 0.3

Source: Profile.id Australian Bureau of Statistics, Census of Population and Housing 2011 and 2016

5. Health status

There is a mixed picture of health in Frankston City. The prevalence of some indicators are similar to trends for the state and some differ. There is also evidence of inequalities in health status between men and women.

Health status considers an individual's health and wellbeing, taking into account psychological health and the presence of chronic disease. This section presents Frankston City data on self-reported health, mental health and wellbeing, obesity and chronic illness and disease.

5.1 Self-reported health status

The Victorian Population Health Survey 2017 found 30.1 percent of men in Frankston City reported their health status was fair or poor. This is significantly higher than women in Frankston City (22.1%) and the State average of 19.7 percent.

Table 22. People with self-reported health status as good, very good or excellent (%)

Area	2017	2014	2011	% change 2011 - 2017
Frankston City	74.6	79.3	85.8	↓11.2
Victoria	79.2	79.3	83.9	↓4.7

Source: Victorian Population Health Survey – VHISS and LGA Quick Stats Dashboard

The VicHealth Coronavirus Wellbeing Impact Study found that people's general wellbeing declined throughout the COVID-19 pandemic. In 2017, 20.5 percent of Victorians reported low to medium levels of life satisfaction. In May-June 2020 this increased to 49 percent and in July-October 2020 increased again to 53 percent.

5.2 Mental health and wellbeing

Satisfaction with life is high to very high for 77 percent, similar to Victoria (78%). This is fairly equal between women (77.7%) and men (76%).

Insight provided by our recent Health and Wellbeing Survey found the top three things that would improve life satisfaction were better physical health, more sleep and rest, and better mental health.

A person's mental health affects how they feel, think, behave and relate to others. Almost half of all Australian adults (16 to 85 year old) will experience mental illness at some point in their life, with the most common conditions being anxiety, affective disorders including depression and substance use disorders, especially alcohol use (DoH Aus 2021).

A much higher proportion of women (45.1%) than men (23.8%) have been diagnosed with depression or anxiety and this has increased between 2014 and 2017 in Frankston City and across the state (Table 23). Women are also experiencing psychological distress, at higher rates than men in the municipality (15.9%) and women across the state (18%) (Table 24). The suicide rate in Frankston City is higher than the Victoria average, with 15.2 deaths per 100,000, compared to 9.1 per 100,000 (AIHW 2021a).

Table 23. People who have ever been diagnosed with depression or anxiety (%)

	2017	2014	% change
Frankston City	34.9	29.9	↑ 5.0
- men	23.8	19.6	↑ 4.2
- women	45.1	39.7	↑ 5.4
Victoria	27.4	24.2	↑ 3.2

Source: Victorian Population Health Survey – VHISS

Table 24. People with high or very high psychological distress, Kessler 10 score (%)

	2017	2014	% change
Frankston City	21	15.5	↑ 5.5
- men	15.9	10.6*	↑ 5.3
- women	25.3	19.8	↑ 5.5
Victoria	15.4	12.7	↑ 2.7

*High RSE interpret with caution

Source: Victorian Population Health Survey – VHISS

The VicHealth Victorian Coronavirus Wellbeing Impact Study (VicHealth 2020) found that people's feelings of social connectedness declined throughout the COVID-19 pandemic. In February 2020, 57 percent of Victorians agreed they felt connected to others, by May-June 2020 this decreased to 37 percent, and by July-October 2020 decreased to 31 percent.

5.3 Obesity

Frankston City has higher rates of overweight or obesity (Table 25) than Victoria overall:

- 47.9% of women are overweight or obese compared to 43.7% for Victoria
- 67.4% of men are overweight or obese compared to 58.2% for Victoria

Obesity is excess body fat that increases the risk of other health problems. It is a complex phenomenon resulting from a combination of factors. There is strong evidence that the determinants of obesity are set in the first three years of a person's life, where food and physical activity environments have an ongoing influence on risk behaviours. The stigma of obesity can itself contribute to increased weight gain and framing obesity as a social

problem rather than one of personal choice will have the greatest positive impact (Signey 2021).

Table 25. People who are overweight or obese (%)

	2017	2014	2011	% change
Frankston City	57.0	54.0	56.0	↑ 1.0
Victoria	50.8	49.9	49.8	↑ 1.0

Source: Victorian Population Health Survey – LGA Quick Stats Dashboard

5.4 Chronic disease and illness

Frankston City has similar rates of chronic disease to Victoria however disease trends reveal an uneven picture. Rates of diabetes and arthritis have increased slightly, whereas rates of stroke, cancer, heart disease and asthma have declined (see Tables 26 to 31 below). Some 28 percent have two or more chronic diseases compared to 25.5 percent for Victoria.

Chronic diseases are illnesses that are prolonged in duration, do not often resolve spontaneously, and are rarely cured. They are complex and varied in terms of their nature, how they are caused and the extent of their effect on the community. While some chronic diseases make large contributions to premature death, others contribute more to disability.

Features common to most chronic diseases include:

- Complex causality, with multiple factors leading to their onset
- A long development period, for which there may be no symptoms
- A prolonged course of illness, perhaps leading to other health complications
- Associated functional impairment or disability (AIHW 2012).

Risk factors that contribute to chronic disease include:

- Daily smoking
- Insufficient physical inactivity
- Risky alcohol consumption
- Inadequate consumption of fruit and vegetables
- Obesity
- High blood pressure (also known as hypertension) (AIHW 2012).

Key ways of addressing chronic disease are through early intervention and prevention, such as increasing physical activity and healthy eating.

Table 26. People living with Type 2 diabetes (%)

	2017	2014	% change
Frankston City	7.1	5	↑ 2.1
- Men	8.9	5.5	↑ 3.4
- Women	5.7	4.7	↑ 1.0
Victoria	5.4	5.3	↑ 0.1

Source: Victorian Population Health Survey 2017

Table 27. People who have been diagnosed with arthritis (%)

	2017	2014	% change
Frankston City	21.9	21.1	↑ 0.8
- Men	19.3	15.8	↑ 3.5
- Women	24.7	25.7	↓ 1.0
Victoria	20.6	19.8	↑ 0.8

Source: Victorian Population Health Survey - VHISS

Table 28. People with heart disease (%)

	2017	2014	2011	% change
Frankston City	7.0	7.8	7.6	↓ 0.6
Victoria	6.7	7.2	6.9	↓ 0.2

Source: Victorian Population Health Survey VHISS

Table 29. People diagnosed with asthma (%)

	2017	2011	% change
Frankston City	22.7	26.3	↓ 3.6
Victoria	20.0	22.3	↓ 2.3

Source: Victorian Population Health Survey - VHISS

Table 30. People diagnosed with cancer (%)

	2017	2014	% change
Frankston City	8.8	9.9	↓ 1.1
- Men	6.8	9.5	↓ 2.7
- Women	10.3	10.3	-
Victoria	8.1	7.5	↑ 0.6

Source: Victorian Population Health Survey - VHISS

Table 31. People diagnosed with stroke (%)

	2017	2014	% change
Frankston City	2.3*	4.1	↓ 1.8
Victoria	2.4	2.4	-

**data should be interpreted with caution*

Source: Victorian Population Health Survey - VHISS

6. Health behaviours

The majority of people in Frankston City are living in good health. However there are some issues within our municipality having a detrimental impact on health and wellbeing.

Many serious health issues, including some chronic diseases, such as cardiovascular disease, chronic kidney disease, certain types of cancer, type 2 diabetes, and high blood pressure, are related to lifestyle factors or health behaviours—such as poor nutrition, insufficient physical activity, obesity, smoking, excessive alcohol consumption and psychological distress.

6.1 Healthy eating

Only 4.7 percent of adults in Frankston City consume the recommended serves of fruit and vegetables each day, which is higher than for Victoria (3.6%). A healthy adult diet includes five to six serves of vegetables (1 cup of salad or ½ cup cooked vegetables) and two serves of fruit (a medium apple or banana or 1 cup of diced fruit) each day.

Healthy eating is not just about individual choices, but also whether healthy food is affordable and accessible. Unhealthy food and drinks are often the most heavily promoted and readily available. Living close to grocery stores and greengrocer's supports healthy eating by providing easy access to fruit, vegetables and healthy food. However, it can still be hard for individuals and families who are under stress to buy, store, prepare and cook healthy options.

The average distance to a supermarket for Frankston City households is just under 1.5kms (1465.3 metres). This is further than the Greater Melbourne average of 1,173 metres (AUO 2018). For every food outlet with healthy options, such as supermarkets and greengrocers, there are six unhealthy options, such as fast food outlets (Pereira et al 2016).

The main things people reported that would help them eat more fruit and vegetables was lower prices, better quality fresh produce, more access to fresh food markets, locally grown produce and opportunities to grow their own (FCC, unpublished).

Table 32. People eating the recommended serves of fruit per day (%)

	2017	2014	2011	% change 2011 to 2017
Frankston City	41.5	51.5	42.4	↓ 0.9
Victoria	43.2	47.8	45.3	↓ 2.1

Source: Victorian Population Health Survey - VHISS

Table 33. People eating the recommended serves of vegetables per day (%)

	2017	2014	2011	% change
Frankston City	7.7	7.6	7.1	↑ 0.6
Victoria	5.4	6.4	7.2	↓ 1.8

Source: Victorian Population Health Survey - VHISS

In 2017 14.4 percent of Frankston City adults drank sugar sweetened soft drinks, known to be associated with weight gain, obesity and poor dental health (Table 34). Although the proportion of people in Frankston City consuming sugary drinks daily has declined, it is still higher than the Victorian average. On average we drink about 5.5 cups of water a day, similar to the Victorian average of 5.4.

There has been an increase in the proportion of people reporting fair to poor dental health, from 18.4 percent in 2011 to 25 percent in 2017, slightly higher than the Victorian rate of 24.4 percent. Almost half (44%) of Frankston respondents reported they delayed going to the dentist due to cost, compared to 33% of Victorians (DHHS 2017a).

Table 34. People who consume sugary drinks daily (%)

	2017	2014	2011	% change
Frankston City	14.4	15.4	21.0	↓ 6.6
Victoria	10.1	11	15.9	↓ 5.8

Source: Victorian Population Health Survey - LGA Quick Stats Dashboard

In the 2014-15 financial year, 45.1% of infants were breastfed for three months, slightly less than for Victoria (51.4%) (Table 35). There are considerable health benefits for babies that are fully breastfed including reduced risk of infection, asthma and some diseases, as well as reduced chance of sudden infant death syndrome. Breastfeeding is also good for mothers' health and wellbeing, and is associated with reduced risk of some cancers (NH&MRC 2013).

Table 35. Infants breastfed for three months (%)

	FY 2014-2015	FY 2013-2014	% change
Frankston City	45.1	43.7	↑ 1.4
Victoria	51.4	50.6	↑ 0.8

Financial Year (FY) data. Source: Victorian Child and Adolescent Monitoring System

The COVID-19 pandemic impacted on Victorian's eating habits and access to food in a variety of ways. In May-June 2020, 23 percent of Victorians reported relying on a restricted range of low-cost unhealthy food because of financial concerns, which decreased to 18 percent in July-October 2020. However, respondents were eating similar amounts of vegetables. There was also a greater increase in the proportion of people who were reporting consuming less take-away food than before the pandemic, compared to those

who were reporting to be consuming more (VicHealth 2020). In 2015, 8.5 percent of Frankston City adults ate take away at least three times a week (VicHealth 2016).

In 2016, 11.2 percent of adults have run out of food and not been able to afford to buy more, compared to 6.2 percent for Victoria (DHHS 2017a).

6.2 Physical activity and sedentary behaviour

More people in Frankston are getting physically active. In 2017, 51.2 percent of people in Frankston were engaging in sufficient levels of physical activity for a healthy lifestyle. This is higher than for Victoria (50.9%) and an increase of 12.2 percent since 2014.

Men in particular are more active with 57.6 percent meeting physical activity guidelines, compared to just 52.8 percent for Victoria. Only 46 percent of women meet physical activity guidelines compared to 49 percent for Victoria and 24.6 percent of adults sit for at least 7 hours or more per week day, compared to 26.6 percent for Victoria.

Table 36. Adults engaging in sufficient levels of physical activity (%)

	2017	2014	% change
Frankston City	51.2	39	↑ 12.2
Victoria	50.9	41	↑ 9.9

Source: Victorian Population Health Survey – LGA Quick Stats Dashboard

Along with healthy eating, physical activity is important for promoting good health and preventing chronic diseases, such as cardiovascular disease, type 2 diabetes, colon cancer and anxiety and depression (VicHealth 2019).

Frankston City has over 100 community sports clubs with more than 30,000 members connecting people not only with opportunities for physical activity but with each other. Most clubs are run by volunteers who give hundreds of hours every week of the year towards providing opportunities that could not otherwise be afforded. The Frankston City 2040 consultation highlighted the value our community place on sports and recreation facilities.

Some 14.9 percent of people aged 4 years and up participated in club-based sports, 1.5 percent more than Victoria (Eime et al 2021). The top three activities for sport club participation in Frankston are Australian Rules Football (AFL), golf and basketball (Ausplay 2015). Walking is the most popular non-organised physical activity (53.7%) followed by jogging (10%) and cycling (7.6%).

Respondents in the recent Health and Wellbeing Survey said they are exercising more outdoors following COVID. They said accessible and well-connected shared paths and tracks would encourage them to be more physically active in open green spaces, followed by feelings of safety (lighting, other people around), more facilities and shade protection from trees.

Our community reported the following as barriers to participation:

- Too expensive – 39%
- Lack of facilities – 29%
- Distances too far to travel – 18%
- Feeling unsafe or unwelcome – 13%

In July-October 2020, 52 percent of parents reported their children aged 5 to 11 were doing less physical activity. However, there was a significant increase in the proportion of those aged 18 to 24 years old participating in at least 30 minutes of physical activity five or more days per week (VicHealth 2020).

6.3 Gambling, tobacco, alcohol and other drugs

Gambling

There are 519 Electronic Gaming Machines (Pokies) across nine venues in Frankston. In 2018-19 \$62.65 million was lost which is \$582 per adult. Due to Covid-19 restrictions on gaming venues, there was a 42.7 percent reduction in gaming losses in 2020 (Table 37).

Poor mental health, family violence, poverty, homelessness and chronic illnesses can all be linked to gambling. It is not just people with gambling problems that experience gambling harm. Many people experience harms – betting more than they planned, causing financial issues as well as relationship problems. Harm to health caused by ‘low’ and ‘moderate’ risk gambling is greater than that experienced by ‘problem’ gambling (Browne et al 2016).

Pokies are designed to keep you gambling and ‘near misses’ produce flashing lights and positive messages to trigger the same parts of the brain involved in drug addiction. Australia has some of the most high intensity machines in the world, allowing for losses of up to \$1,200 per hour (Livingstone 2015). Frankston City had the 17th highest expenditure in Victoria in 2019-20 (VRGF 2021).

Table 37. Amount of player losses on EGMs (pokies) in dollars

	2019-20	2018-19	2017-18	2016-17
Frankston City	\$46.3 million	62.7 million	\$64.6 million	\$62.4 million
Victoria	\$1.98 billion	\$2.7 billion	\$2.7 billion	\$2.6 billion

Source: Victorian Commission for Liquor and Gambling Regulation

Tobacco

In Frankston City, 18.4 percent of adults report they smoke daily, higher than the Victorian average (12.4%). There were 4.4 percent more smokers in 2017 than 2014, reflecting the state-wide trend toward higher rates of smokers (Table 38). However, rates of ex-smokers also increased from 26 percent in 2014 to 29 percent in 2017, higher than for Victoria (24.4%).

Smoking harms almost every part of the body and increases the risk of diseases, including lung cancer, chronic obstructive pulmonary disease, heart disease and stroke (DoH Aus 2020).

Table 38. Adult population that self-report as smokers (%)

	2017	2014	2011	% change 2011 to 2017
Frankston City	21.6	17.2	17.4	↑ 4.2
- Men	24.0	18.5	21.3	↑ 2.7
- Women	17.8	15.7	13.5	↑ 4.3
Victoria	16.7	13.1	15.7	↑ 1.0

Source: Victorian Population Health Survey – VHISS and LGA Quick Stats Dashboard

Alcohol

In 2015, 20.9 percent of Frankston's adults were at increased risk of alcohol related injury from a single occasion of drinking, due to drinking five or more standard drinks on one occasion. This is higher than the Victorian average of 18.7 percent.

Alcohol is one of the top 10 avoidable causes of disease and death in Victoria (VicHealth 2013).

There is a trend within Australia of people regularly drinking more than guideline levels, with increased risks of: injury; violence; and longer-term increased risk of stroke, heart attack, cancer and mental illness. There are also social and economic impacts of alcohol harm, such as relationship strain and lost work productivity (VicHealth 2013).

A higher proportion of people in Frankston City believe that getting drunk every now and then is okay than the state average (32.8% compared to 27.9%) (VicHealth 2016). Also, 20.9 percent of adults were at increased risk of alcohol related injury from a single occasion of drinking, higher than the Victorian average of 18.7 percent (this means drinking 5 or more standard drinks one occasion).

There are 245 licensed premises in Frankston City and it is less than a kilometre to the nearest bottle shop on average from Frankston City households, a little further than the Victorian average of 929m. Liquor volume sales per adult are 6 percent higher than the state average (DoJCS, 2020). There is strong evidence increased alcohol related harms are associated with physical availability and density (Livingstone et al. 2016).

There is a differential impact of alcohol-harms between people experiencing socio-economic advantage and disadvantage. People with economic advantage experience less harms, despite consuming similar or larger quantities of alcohol. Findings suggest that it is the economic disparities and their social effects, such as insecure housing and increased

psychological distress that contribute to increased negative consequences for people experiencing socio-economic disadvantage (Collins 2016).

Table 39. Total liquor volume sales in litres

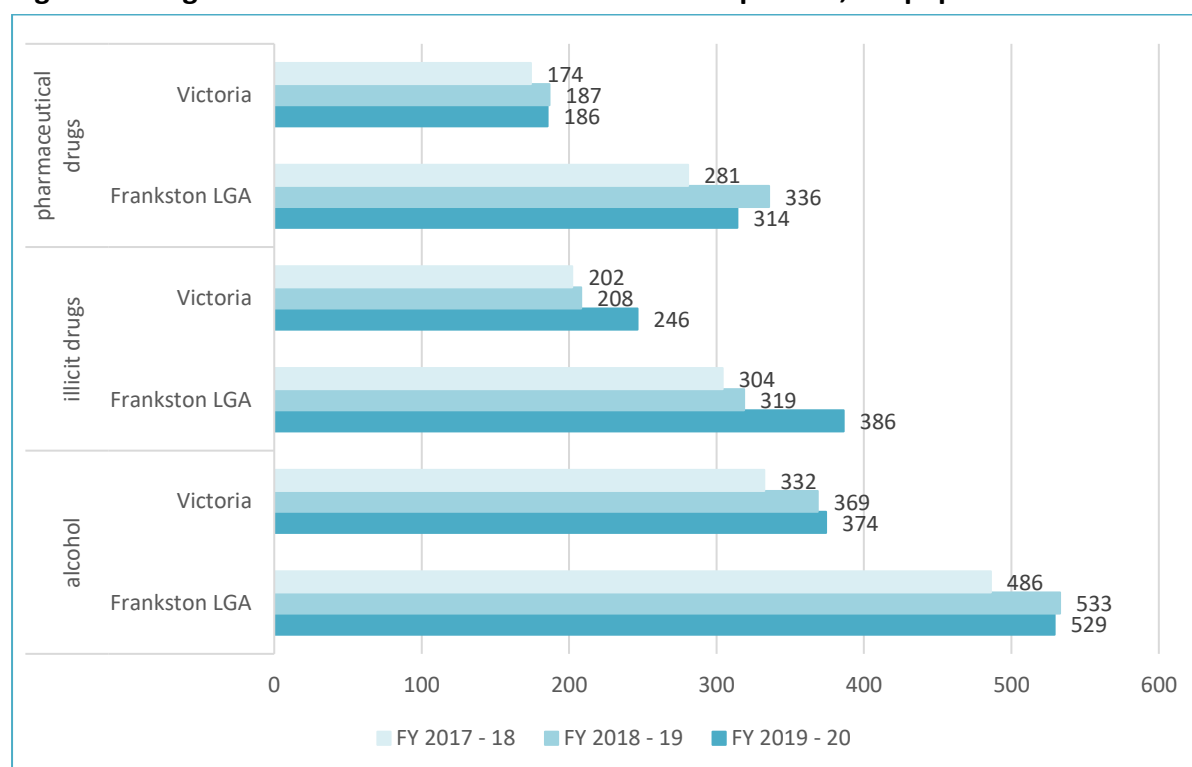
	2017-18	2016-17	2015-16	% change 2016 to 2018
Frankston City	13,125,716	14,775,064	13,918,967	↑ 5.6

Source: Department of Justice Victorian wholesale liquor sales

Alcohol and other drug use causes considerable health burdens, including hospitalisation from injury and disease, pregnancy complications, overdose and death (AIHW 2021b). There are also profound social and economic impacts, with drug use associated with risky or criminal activities, victimisation and road trauma (AIHW 2021b).

Over the past four years drug and alcohol ambulance attendance rates have increased in Frankston and across the state. The rates in Frankston City are substantially higher than the state average (Figure 2).

Figure 2. Drug and alcohol ambulance attendance rate per 100,000 population



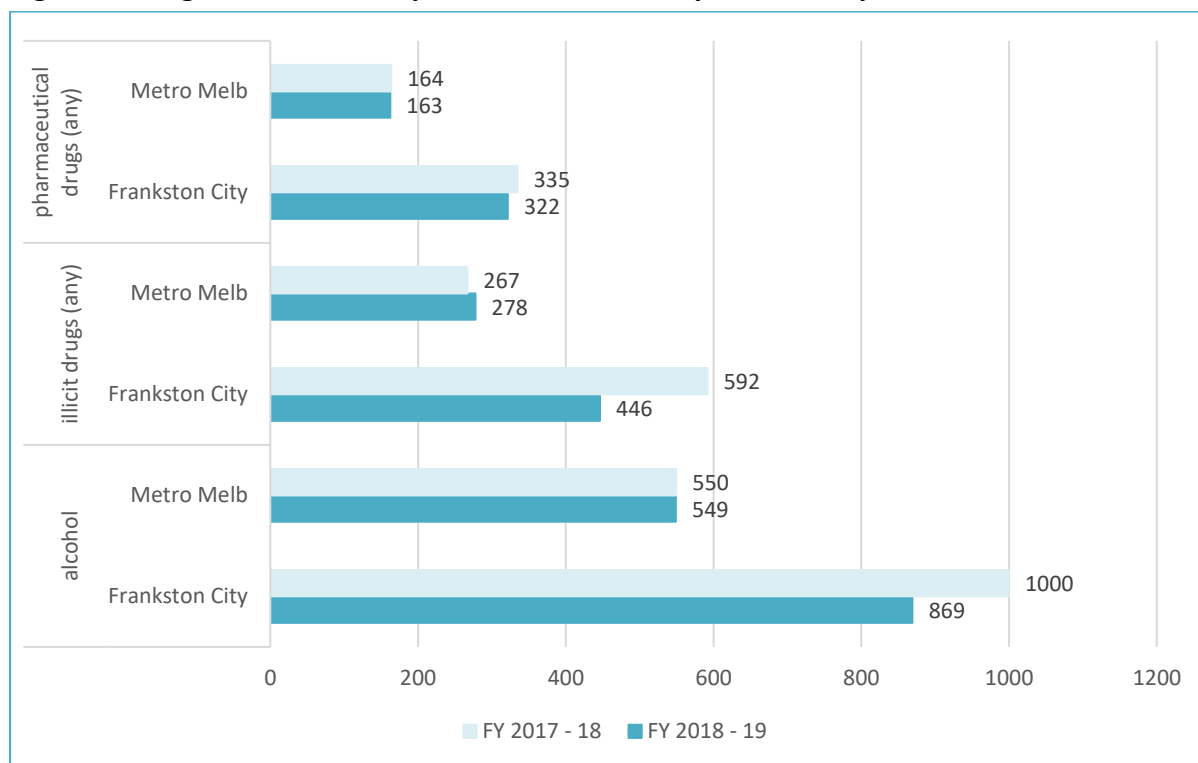
Source: AOD Stats (Turning Point), National Ambulance Surveillance System

Hospitalisation

In 2018-19 there were 1,233 hospital admissions where alcohol was the stated cause (AOD stats 2021). This is a rate of 869 per 100,000, and is higher than the rate for Metro Melbourne (549). The majority of admissions were for males, and people aged 47 to 64 years of age.

In 2018-19, there were 633 hospital admissions where illicit drugs was the cause. This is a rate of 446 per 100,000 people, higher than the rate for Metro Melbourne (278). The majority of admissions were for men, and people aged between 25 to 39 years of age.

Figure 3. Drug and alcohol hospital admissions rate per 100,000 persons



Source: AOD Stats (Turning Point), Victorian Admitted Episodes Dataset (DHHS)

6.4 Screening

Health screening helps to identify if a person is at risk of, or has a disease or condition that was not previously known about. Health screening can help ensure people have advice and information to help prevent conditions, as well as providing them with timely treatments.

Frankston City residents undertake screening at similar rates to the Victorian community. Although the proportion of women in Frankston City who have a mammogram in the last two is almost 10 percent less than the state average, it is not a statistically significant difference. The rates of bowel checks are going up but blood cholesterol and blood pressure check are going down, reflecting state-wide trends. Pap smear rates have increased in Frankston, but decreased markedly at the state-wide level (Table 40).

Table 40. Population who have undertaken health screening (%)

	2017	2014	2011	% change
Proportion of adult females who have had a mammogram in the last two years*				
Frankston City	69.1	-	-	-
Victoria	79.2	-	-	-
Proportion of women who have ever had a pap smear				
Frankston City	-	86	85.5	↑ 0.5
Victoria	-	83.1	85.3	↓ 2.2
Proportion of people over 50 years old who have had a bowel check				
Frankston City	48	47.4	-	↑ 0.6
Victoria	46.5	46.1	-	↑ 0.4
Proportion of people who have had a blood cholesterol check in the last two years				
Frankston City	57.2	59.5	-	↓ 2.3
Victoria	56.8	59.5	-	↓ 2.7
Proportion of people who have had a blood pressure check in the last two years				
Frankston City	79.3	82.2	-	↓ 2.9
Victoria	79.6	79.9	-	↓ 0.3

Source: Victorian Population Health Survey – VHISS

6.5 Respectful relationships and gender equality

Gender equality is equal rights, responsibilities and opportunities for people of all genders. People of all ages and backgrounds are affected and women, men, trans and gender diverse people, children and families all benefit from gender equality (DHHS 2021).

Gender equality:

- is a human right,
- prevents violence against women and girls,
- is essential for economic prosperity,
- makes communities safer and healthier (DHHS 2021).

The *Gender Equality Act 2020* requires organisations to undertake gender impact assessments when developing or reviewing any policy, program or service that has a direct and significant impact on the public (CGEPS 2021).

Inequalities in employment and income

In Frankston City 57.4 percent of women are in the labour force, compared to 67.2 percent of men:

- 49.6% work part time compared to 19.8% of men,
- 42.2% work full time compared to 72.1% of men,
- 23% are clerical and administrative workers (the dominant occupation of women) compared to 5.8% of men.

As of February 2021, Australia's national gender pay gap stands at 13.4 percent, with women in full-time work earning on average \$242.20 less per week than men (WGEA 2021). Contributing factors include hiring and pay discrimination, female dominated sectors attracting lower wages, women's disproportionate share of unpaid caring and domestic work, limited workplace flexibility to accommodate women's non-work responsibilities, and women's greater time out of the workforce impacting career progression (WGEA 2021).

In Frankston City in 2016:

- 44.2% of women earnt below the minimum wage, compared to 28.4% of men
- 43.7% of women earnt a low income (less than \$500 per week) compared to 29.1% of men
- 19.1% of women earn a high income (more than \$1,000 per week) compared to 37.5% of men

Women were also more likely to report unpaid care provided in the two weeks prior to the census, for example:

- 13.6% provide assistance to a person with a disability, long-term illness or old age, compared to 9.1% of men,
- 33.3% provide unpaid childcare, compared to 25.8% of men,
- 29% did 15 hours or more of unpaid domestic work per week, compared to 9.6% of men.

Gender transformative practice and policy is needed to ensure equality between men and women in the workplace. In particular, to ensure that women have equal access to resources in order to participate fully and equally in life, in the same way that men do. In addition, we need to ensure men are encouraged and valued when working part-time and undertaking child-rearing (WHISE 2020).

Table 41. Women carrying out 15 hours or more unpaid domestic work compared to men (%)

	2016		2011	
	Women	Men	Women	Men
Frankston City	29	8.6	32.2	9.9
Greater Melbourne	27.7	8.6	30	8.9

Source: Profile.id Australian Bureau of Statistics, Census of Population and Housing 2011 and 2016

Frankston City Council has 983 staff, of which 36 percent are male and 64 percent female. Six of the eight directors (75%) are women and six of the nine elected councillors are men (67%). Table 42 below shows women are in 43.44 percent of permanent full time positions, 86.67 percent of temporary part time and 75 percent of casual positions. Men are in 16.56 percent of permanent part time and 13.33 percent of temporary part time positions.

Table 42. Frankston City Council Employment Gender Profile

	Female		Male	
	Number	%	Number	%
Permanent				
- full time	182	43.44	237	56.56
- part time	267	83.44	53	16.56
Temporary				
- full time	24	55.81	19	44.19
- part time	26	86.67	4	13.33
Casual	128	74.85	43	25.15
Directors	6	75.00	2	25.00

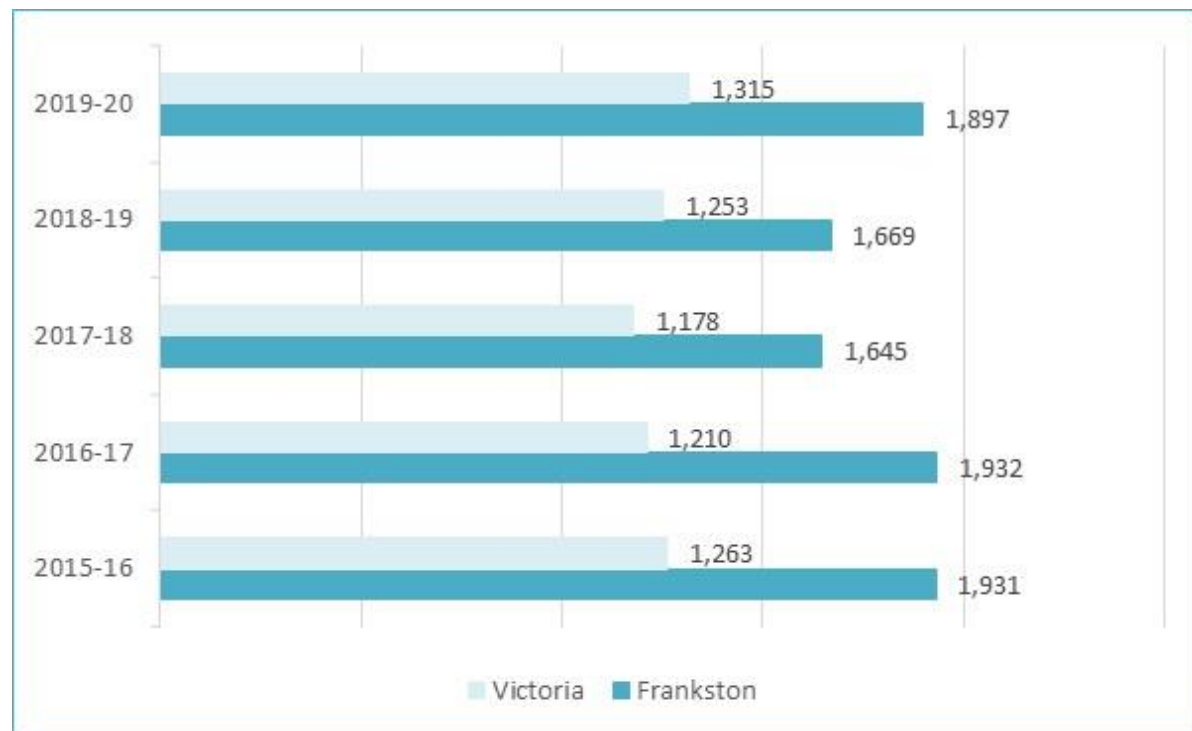
Source: Frankston City Council Chris21 data, August, 2021

Violence against women, children and older people

In 2020 Frankston City continued to have the one of the highest rates of family violence in Victoria (1,897 incidents per 100,000 persons) (CSA 2020a).

Family violence, particularly violence against women and their children, is a national issue and one that governments are trying to address. In the year ending March 2021 there were 2,091 family violence incidents with female victims and 709 with male victims. Intimate partner violence is the leading cause of death and disability in women aged 15 to 45 years. Women are 4 times as likely as men to be victims of intimate partner violence (1,490 reports compared to 340 for men) and eight times more likely to be victims of sexual assault (13.6 report per 100,000 people compared to 1.7 for men.)

Figure 4. Rates of Family Violence Incidents (per 100,000 persons)



The rate of family violence incidents decreased between 2016 and 2018 but has increased between 2018-19 and 2019-20 with a 4.9 percent increase across the state and a 13.6 percent increase in Frankston City (CSA 2020a). However this does not explain the increases in 2018 and 2019. Violence against women and children in Frankston City cost \$85.5M in 2015 (Mulcahy & Mulcahy 2015).

Females are eight times more likely than males to be victims of sexual assault. In 2020, there were 13.6 report of sexual assault for every 10,000 women and 1.7 for men (CSA 2021).

Frankston City also has above Victorian average rates of children on child protection orders (DET 2021) and in out-of-home care (DET 2021) (although the most recent data available for these area is from 2010 and 2012 respectively).

The prevalence of elder abuse in middle to high income countries is estimated at between 2 and 14 percent (Kaspiew et al. 2016) and 12.7 percent of victims of family violence are aged 55 and over (CSA 2020a). The World Health Organisation defines elder abuse as 'a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person'. Within this definition, the most commonly described forms of elder abuse are financial, psychological, physical, sexual and social abuse and neglect (Kaspiew et al. 2016).

6.6 Social connection and inclusion

The Frankston City Community Vision 2040 consultation highlighted that residents highly value the social connections they have across the community and wish for a welcoming and inclusive community for 2040.

Our Customer Satisfaction Survey 2021 found:

- 63.6% think our City is an age friendly community
- 60.2% think our City is a child friendly community
- 57.6% think our City is accessible and inclusive for people with a disability
- 57.3% think our City is welcoming and supportive of people from diverse cultures.

A welcoming and inclusive community allows people to feel safe, respected, enjoy a sense of belonging and feel able to participate in social, cultural and civic life. This extends to people of all ages, abilities, genders, sexuality, cultures, socio-economic status, religion or faith. Community participation and social connection, such as emotional support, companionship and meaningful social engagement can improve mental health, increasing self-esteem, resilience and reducing stress and depression (VicHealth 2005).

Diversity, access and inclusion are a good thing in their own right, but are also key for our future living standards (DEA 2019). When people are included in services, education and employment and have a voice, their mental and physical health improves and their productivity increases, leading to better employment outcomes and reduced social service costs (DEA 2019).

However, some measures of social cohesion are declining in Frankston, in line with state-wide trends. In Frankston City:

- 43.5% think multiculturalism makes life in their area better compared to 53.4% for Victoria
- 39.6% feel valued by society compared to 48.4% for Victoria
- 71.3% feel people in their neighbourhood are willing to help each other, compared to 74% for Victoria
- 65% feel people in their neighbourhood can be trusted compared to 72% for Victoria
- 24% feel they had opportunities to have a real say on issues that were important to them compared to 30% for Victoria

The VicHealth Indicators Survey 2015 told us that 54.4 percent of Frankston City residents reported thinking their neighbourhood was “close-knit” (lower than the Victorian average of 61.0%). In our recent Health and Wellbeing Survey, the three main things that respondents identified would improve their connection to their community were chatting to neighbours and locals in the street, knowing their neighbours and feeling they could turn to them, and having places to meet and talk with others.

Volunteering

More than a third of Frankston adults volunteered in 2017, similar to the state-wide average. (Table 43).

Impact Volunteering increases volunteering opportunities in Frankston, supporting 90 organisations and 2,906 registered volunteers. Volunteering not only brings benefit to the community, but can help build social connections and confidence improving people's mental and physical health (Yeung et al 2017).

Table 43. People who help out a local group as a volunteer (%)

	2017	2014	2011	% change
Frankston City	33.4	35.3	32.0	↑ 1.4
Victoria	36.0	34.5	34.9	↑ 1.1

Source: Victorian Population Health Survey VHISS

In our recent Health and Wellbeing survey, when respondents were asked what would help them volunteer or participate in a community group, the three top responses were better promotion of what is available, having “come and try” events, and groups that “meet my interest”.

6.7 Impact of the COVID-19 pandemic

The COVID-19 pandemic has had an impact on the health and wellbeing of the community, that is likely to be felt for many years to come, particularly for those groups hardest hit.

The *VicHealth Coronavirus Victorian Impact Study* (2020) tracked the impact of the pandemic on people's health and wellbeing. It found some of the most significant social impacts relating to the COVID-19 pandemic relate to self-reported wellbeing, mental wellbeing and social connection.

The most significant health and wellbeing impacts for Victorians were experienced by:

- People who are unemployed, both prior to the pandemic and those who lost a job/opportunities to study due to the pandemic
- Young people aged 18 to 35 years
- People on low incomes
- Aboriginal and Torres Strait Islander peoples.

Specific impacts in Victoria include:

- Women that had a pay reduction had their pay cut by 46% compared to 30% for men
- Women working part-time lost 39 percent of their wages
- An 8.6 percent increase in family violence incidents

7. Health environments

7.1 Active transport

More Frankston residents travel by car than the Victorian average and less travel by public transport or walk (Table 44).

Active transport such as walking or cycling to work, has benefits for people's physical and mental health, and helps to reduce greenhouse gas emissions and traffic congestion.

Frankston City is served by the Frankston railway line, with stations at Frankston, Kananook and Seaford. It has a bus network, 936km of pedestrian footpaths and 59km of shared pathways.

Table 44. Method of travel to work, 2016 and 2011 (%)

	2016	2011	% change
By car			
Frankston City	76.3	74.2	↑ 2.1
Victoria	65.8	66	↓ 0.2
By public transport			
Frankston City	5.9	6.4	↓ 0.5
Victoria	12.6	11.1	↑ 1.5
By bicycle or walking			
Frankston City	1.6	1.6	No change
Victoria	4.4	4.5	↓ 0.1

Source: Profile.id Australian Bureau of Statistics, Census of Population and Housing 2011 and 2016

There was strong support expressed in the 2021 Frankston City Health and Wellbeing Survey and Frankston City 2040 survey for improved walking and cycling infrastructure. Residents want a safer, better quality, well-connected shared path network.

7.2 Community safety

During a recent community consultation for the Frankston City Community Vision 2040, many residents commented on how safe they feel in their neighbourhoods and how much the municipality's safety has improved (FCC 2020).

In 2015, 87.2 percent of people in Frankston City felt safe walking in the street during the day, which is a little below the Victorian average of 92.5 percent. This drops significantly at night, with only 46 percent saying they felt safe (see Table 45 and 46). Poor perceptions of

safety can reduce the amount that people walk for recreation (Foster et al. 2016) as well as having negative impacts on people's mental health (Chong et al 2013).

In Frankston City's recent Health and Wellbeing Survey, respondents indicated that better street lighting would help them feel safer when walking or cycling at night, followed by visible police presence and more people walking in the area.

Table 45. People who feel safe walking in their street alone during the day (%)

	2015	2012	% change
Frankston City	87.2	96.3	↓ 9.1
Victoria	92.5	97	↓ 4.5

Source: VicHealth Indicators Survey 2015

Table 46. People who feel safe walking in their street alone at night (%)

	2015	2012	% change
Frankston City	46.1	58.3	↓ 12.2
Victoria	55.1	70.3	↓ 15.2

Source: VicHealth Indicators Survey 2015

For the year ending March 2021 there were 7,147.1 criminal offences per 100,000 people in Frankston City, higher than the Victorian rate of 5,792.5 per 100,000 for the period.

Crime

Frankston City experienced a 7.7 percent decrease in the criminal incidents rate during this time, compared to a 5.0 percent decrease for Victoria. The top five offence subtypes in Frankston in 2020 were public health and safety offence, criminal damage, stealing from a motor vehicle, breaching a family violence order, and other theft (CSA 2021).

7.3 Digital access

Frankston has higher rates of household internet connection than the state of Victoria (Table 47). The proportion of households with no internet connection in 2016 was 12.5 percent a 5.6 percent decreased from 2011.

Access to the internet enables people to stay connected with friends and family and access information, news and vital services. There is a significant risk of a widening digital divide as access to the internet becomes central to everyday life. People in low income households, people aged 65+, people with a disability, people who did not complete secondary school, Aboriginal and Torres Strait Islander peoples, and people not in paid employment were identified by the Australian Digital Inclusion Index as being the most likely to digitally excluded (Thomas et al. 2017).

Table 47. Households with no internet connection

	2016	2011	% change
Frankston City	12.5	18.1	↓ 5.6
Victoria	13	19.1	↓ 6.1

Source: Profile.id Australian Bureau of Statistics, Census of Population and Housing 2011 and 2016

7.4 Our coastline, waterways and open space

More than half (50.6%) Frankston City's households are within walking distance (400metres) of a large open space.

In 2019, there were 9.24 hectares of open space per 1,000 residents³. This is down from 10.42 ha/1,000 residents in 2011, due to our growing population. The Frankston City 2040 survey, conducted in 2020 identified that people value highly the beach, coastline and natural environment.

There are many health benefits associated with accessing open space and parks, such as increased physical activity, improved general health and reduced symptoms of anxiety, stress and depression (WHO 2017). There is a growing understanding that "blue space" such as rivers, ponds, lakes and the coast can have a positive impact on health (Britton et al. 2020, Gascon et al. 2017).

In Frankston City:

- 16.2% of the total municipal land area is open space (FCC 2016)
- There are 400 parks, 55 nature reserves, 33 recreation reserves, 129 play spaces and two public gardens
- Our 11km of foreshore is visited by hundreds of thousands of people each year for major events, swimming, boating, walking and relaxing, as well as supporting highly significant Coast Banksia Woodland vegetation
- Kananook Creek, Boggy Creek and Sweetwater Creek and other smaller waterways capture stormwater from the City's drains and carry it out to the bay
- RAMSAR listed Seaford Wetlands provides habitat for over 100 species of birds and 20 species of migratory shorebirds that travel from the northern hemisphere each year
- Melbourne Water's Eastern Treatment Plan makes an important contribution for habitat and open space areas for bird species

³ Frankston City total open space is 1317.71 hectares. In 2019 the estimated residential population was 142,643.

7.5 Biodiversity

Up to 90 percent of Frankston's natural vegetation has been lost since European Settlement, for farming, housing and other development. This has led to significant habitat loss for native animals resulting in the local extinction of many species.

There is strong evidence to show that that when people spend time in nature they are more likely to recognise its importance to both their own wellbeing and that of the broader community, and behave in ways that help to protect and sustain the environment. Research also shows that time spent in natural spaces and working to manage and protect them is linked to positive long-term health outcomes across all demographics and ages (ABS, 2020).

Frankston's biodiversity profile includes:

- 534 indigenous plant species and 312 indigenous animal species, 40 of which are listed as threatened.
- 17% tree Canopy cover, low compared to other urban LGA's across Melbourne. Tree canopy cover also varies between Frankston's suburbs and land use zones.
- Frankston City's tree canopy coverage is made up of trees of both private and public land. Including the 62,000 street trees that are managed by Council.
- The current rate of canopy loss is estimated at 1% or 1.4km² of tree canopy cover every four years.
- To try to compensate for this loss and increase Frankston City's canopy cover, 70,000 trees, shrubs and ground plants were planted in 2019/2020 in Open Spaces and Natural Reserves
- 2200 hours spent and 415.7 cubic metres of litter collected from the foreshore in 2019/2020.
- 2900 hours of weed control conducted in our reserves per year assists in protecting Frankston City's biodiversity and promotes natural regeneration.

The consultation for the Frankston City Community Vision 2040, conducted in 2020, identified residents wish for a protected natural environment in 2040.

7.6 Climate change

On 18 November 2019, Council declared a climate emergency, calling for urgent action to reverse global warming and adopted a net-zero emissions target for 2025.

Victorian health care professionals are already seeing climate change-related health conditions in their communities but 90 percent of Victorians haven't thought about how health is affected by climate. However, 77 percent want to know more about the health impacts of climate change, how to reduce emissions and actions to benefit health and stop climate change getting worse (SV 2020).

In 2018, the Intergovernmental Panel on Climate Change (IPCC) – the global body of scientists who assess the science related to climate change for the United Nations – released a report highlighting the urgent need to respond to climate change.

Their most recent report, published in August 2021, found:

- human activities have caused approximately 1.0°C of global warming above pre-industrial levels,
- many land and ocean ecosystems have already changed due to this global warming,
- climate-related risks to health, livelihoods, food security, water supply, human security, and economic growth are projected to increase with global warming of 1.5°C and increase further with 2°C,
- global warming is likely to reach 1.5°C between 2030 and 2052 if it continues to increase at the current rate
- estimates of global emissions outcomes under the Paris Agreement would not limit global warming to 1.5°C, even if supplemented by very challenging increases in emissions reductions after 2030,
- There are a wide range of adaptation options that can reduce the risks of climate change (IPCC 2021).

The Frankston City 2040 survey conducted in 2020, identified residents wish for decisive climate action.

Climate change impacts people's health, for example:

- Heatwaves increase the risk of heat stress, dehydration, heat stroke and mortality (Parise 2018) and aggravate chronic conditions including chronic respiratory, cardiac and kidney conditions and psychiatric illness (Parise 2018)
- A 700% increase in ambulance callouts for cardiac arrest (2014 heatwave, SV 2020).
- Flooding and storm water present risk of injury, loss of life, disruption to agriculture, impacts on food security and changes in the spread of infectious diseases (DoH Vic 2019).
- Drought and reduced rainfall disrupt agriculture, food security and water quality.
- More frequent, severe and widespread bushfires, increases the risks of burns, smoke inhalation, heat stress, dehydration, trauma and long-term mental health impacts (Johnston 2009).

Thermal comfort of homes

In our Climate Change Community Survey 84 percent said they would like the Council to support them in addressing the challenge of climate change by providing advice and incentives to help make homes and buildings more efficient. More than half of Victorians (51%) say their home gets too cold in winter and too hot during summer. Healthcare

professionals are concerned that people living in poor quality housing without efficient heating or cooling are “extremely vulnerable” to climate change health impacts (SV 2020).

Greenhouse gas (CO2) emissions

Frankston City’s total greenhouse gas emissions were 1,746,000 tonnes, most were produced from:

- industrial electricity and gas use (30%)
- household electricity and gas use (26%)
- car travel (16%)
- public transport travel (2%).

In 2020, more than 26 percent of Victoria’s electricity was generated from renewable resources and a goal has been set to reach 50 percent by 2030 (DELWP 2021), in Frankston 18.8 percent of households have rooftop solar electricity.

Table 48. Households with PV solar installations, 2021 and 2016

	2021	2016	% change 2016 – 2020
Frankston City	18.8	15	↑ 2.5
Victoria	21.1	14.7	↑ 5.9

Source: Australian PV Institute – Photovoltaic installations, PV density by LGA

7.7 Diverse and affordable housing

In 2016 just under 10 percent of households in Frankston were in mortgage stress and 33.2 percent were in rental stress (Table 49). Only 6.7 percent of rentals in Frankston are affordable compared to 14.4 percent for the state as a whole (Table 50).

Frankston City’s population is forecast to grow to around 162,830 people by 2040 and an additional 9,970 dwellings will be required in next 20 years (FCC 2018).

Frankston City’s housing stock is heavily weighted towards separate detached dwellings, which comprise 77.5 percent of the total dwelling stock, the majority of these are three and four bedrooms (FCC 2018), whilst almost half Frankston City households are only one or two people.

Table 49. Households living in housing stress⁴ (%)

	2016	2011	% change
Mortgage Stress			
Frankston City	9.7	11.7	↓ 2
Victoria	11	11.7	↓ 0.7
Rental stress			
Frankston City	33.2	29.8	↑ 2.4
Victoria	28.1	25.3	↑ 2.3

Source: Profile.id Australian Bureau of Statistics, Census of Population and Housing 2011 and 2016

Table 50. Affordable rental properties (all bedrooms) (%)

	Sept 2020	Sept 2019	Sept 2018	% change
Frankston City	6.7	9.7	9.	↓ 2.6
Metro Melbourne	7.4	7.3	5.6	↑ 1.8
Victoria	14.0	14.3	15.5	↓ 1.5

Source: Department of Health and Human Services 2021

⁴ Housing Stress is households in the lowest 40% of incomes who are paying more than 30% of their usual gross weekly income on housing costs (NATSEM, date).

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