Frankston City
Health and Wellbeing Profile 2025

Contents

Acknowledgement of Country

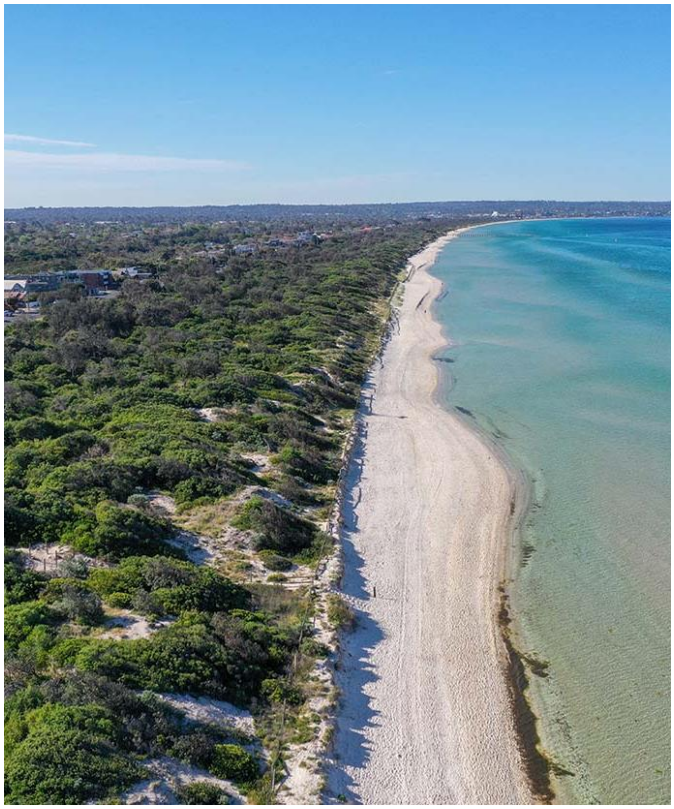
Frankston City Council acknowledges the Bunurong people of the Kulin Nation as the Traditional Custodians of the lands and waters in and around Frankston City, and value and recognise local Aboriginal and Torres Strait Islander cultures, heritage and connection to land as a proud part of a shared identity for Frankston City.

Council pays respect to Elders past and present and recognises their importance in maintaining knowledge, traditions and culture in our community.

Council also respectfully acknowledges the Bunurong Land Council as the Registered Aboriginal Party responsible for managing the Aboriginal cultural heritage of the land and waters where Frankston City Council is situated.

Disclaimer

The statistics contained within this profile have been taken from a range of sources and is the most currently available at time of publication. Care has been taken to ensure accuracy however we cannot guarantee it is without errors and omissions. This profile will be update should any errors be found.



Executive Summary

Overall, most residents in Frankston City are living in good health. However, evidence has shown that certain issues within the municipality are adversely affecting community health and wellbeing, particularly among population groups experiencing health inequalities. The COVID-19 pandemic – combined with rising poverty, increasing cost of living and the housing crisis – has deepened disparities. These factors continue to impact negatively on health outcomes across the community.

Frankston City is a diverse municipality, with areas of affluence alongside pockets of socio-economic disadvantage. The population predominantly consists of families with dependent children and older adults living alone. While most people of working-age are in employment, the community remains to be characterised by a high proportion of people with no or vocational qualifications.

Compared to the Victorian average, Frankston City has a significantly higher proportion of residents reporting low or medium levels of life satisfaction. While physical activity rates meet national guidelines, the community experiences higher than average rates of asthma, diabetes and heart disease, alongside significantly higher rates of smoking and vaping.

Family violence continues to increase, with Frankston City recording the highest rates in Metropolitan Melbourne. The ongoing lack of affordable housing has led to high rental stress compared to the Victorian average, compounded by a lower proportion of high-income households. Food insecurity is affecting many residents, and rates of homelessness have increased significantly over the past four years.

Though the unemployment rate in Frankston City remains higher than the Metropolitan Melebourne average, it has decreased over time, with a corresponding increased rate of people employed fulltime, completing Year 12 and attaining Bachelor or higher degree qualifications. However, the number of people living alone is increasing, and loneliness is significantly higher than the average in Victoria.

Despite these challenges, residents of Frankston City have a strong sense of pride in their community. Many people feel connected to their local area, valuing its diversity, natural assets and access to services.

This profile highlights the need for ongoing focus on addressing health inequities, supporting populations experiencing vulnerability, and fostering a healthier, more resilient community for all.

Frankston City
Health and Wellbeing Profile 2025

Key health and wellbeing issues for Frankston City	Compared to the Victorian average
Key ages and stages	
Early childhood development vulnerability	similar
Youth disengagement	higher
Unemployed aged 55 years and over	higher
Health Status	
Self-reported health status	similar
Mental health condition	higher
Diabetes	higher
Has one of more long-term health condition	higher
Disability	higher
Health behaviours	
Consumption of sugary drinks	higher
Sufficient levels of physical activity	similar
Daily smokers	higher
Non-smokers	lower
Ambulance attendance for illicit drugs	higher
Ambulance attendance for alcohol	higher
Family violence rates	higher
Feel valued / civic trust	lower
Loneliness	higher
Food insecurity	higher
Health environments	
Mortgage stress	lower
Rental stress	higher
Feelings of safety	lower
Crime rate	higher
Public transport use	lower

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 2025** provides a comprehensive overview of health and wellbeing in Frankston City. It examines the local environments, behaviours and health status that collectively contribute to health and wellbeing outcomes for the community.

Drawing upon both data analysis and insights gathered through community engagement, this profile identified the key health and wellbeing issues for our community and informed the development of the health and wellbeing priorities and initiatives in the **Council and Wellbeing Plan 2025-29**.

Additionally, it provides a robust evidence base to inform strategic planning, service delivery and activities that contribute improving health and wellbeing outcomes across Frankston City.

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 inequities:** Population groups experiencing health inequities.
- **Ages and stages:** Population overview by service age group.
- **Health status:** Self-reported health status, mental health and wellbeing, chronic illness and disease.
- **Health behaviours:** Behaviours that influence health and wellbeing, including healthy eating, physical activity, gambling, tobacco use, alcohol and other drugs use, health screening, family violence and gender equality, social connection, loneliness and inclusion.
- **Health environments:** Built and natural environments that impact health and wellbeing.

How this profile was developed

- Analysis of internal and external datasets, using the most up-to-date data available.
- Review of national and international health literature.
- Analysis of community engagement survey results.

Internal datasets

Council collects service data and conducts community surveys, including:

- Community Satisfaction Survey 2024

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)
- Turning Point AoDStats
- Australian Urban Observatory Liveability Index
- Women's Health Atlas
- Victorian Council of Social Service (VCOSS)
- National Mortality Database
- National Disability Insurance Agency
- Frankston City .id Housing Monitor
- Ironbark Sustainability
- Victorian Liquor Commission (VLC)
- Victorian Gambling and Casino Control Commission (VGCCC)
- Victorian Local Government Annual Waste Services
- Australian Institute of Health and Welfare (AIHW)
- Australian PV Institute (APVI)
- Department of Education, On Track Survey data

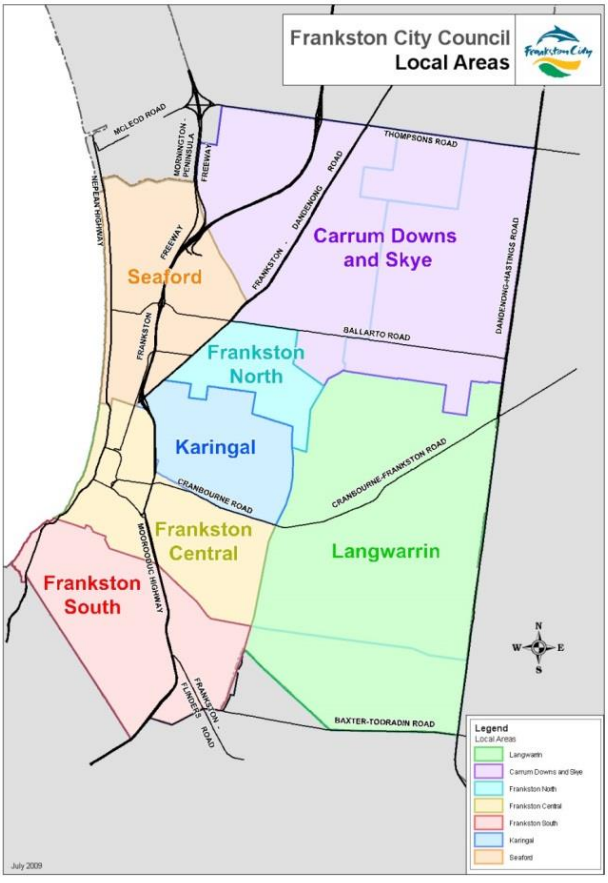
Where possible time series data has been provided and benchmarked against the state average.

2. Our community

Frankston City located in the outer south of Greater Melbourne is 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 City is predominantly residential, with some rural-residential, rural, industrial and commercial areas. The city is currently home to an estimated 142,826 residents, which is expected to grow to 162,673 by 2041. Covering an area of 131 square kilometres, Frankston City is recognised for its pristine coastline, natural reserves, vibrant lifestyle, diverse communities and growing business, arts, education and health sectors.

Map 1: Frankston City municipality and local areas



Population profile

The estimated resident population of Frankston City in 2024 was 144,615[1]. Between the 2016 and 2021 Census periods, the population grew by 1,322 people (0.9%), increasing from 139,502 to 140,824 (Table 1).

While there was overall growth during this time, the impacts of the COVID-19 pandemic led to a temporary decline — the first population decrease in 15 years, with a drop of 1,367 people (Chart 1). Similar patterns were observed across Victoria. Since 2021, population numbers have begun to rise again and are projected to continue increasing through to 2025.

The socio-demographic characteristics of Frankston City helps inform the types of services and infrastructure required by the community. Service demand is shaped by factors such as age, household type, family structure, cultural background, languages spoken at home, and income levels.

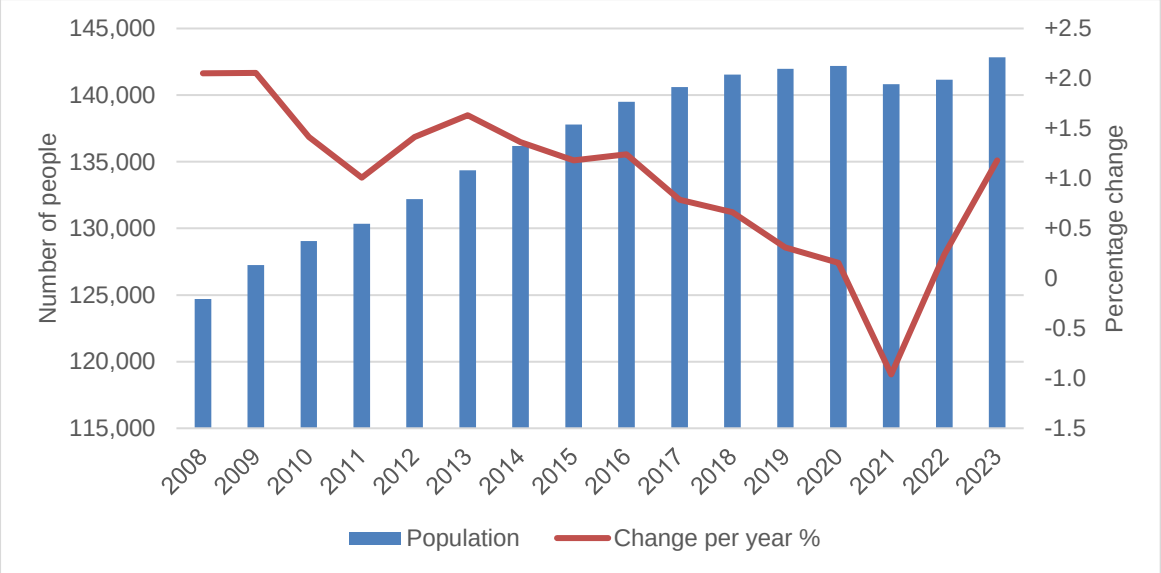
Table 1: Resident population summary, Frankston City 2016 and 2021

Population group	2021		2016		Change
	Number	%	Number	%	Number
Estimated Resident Population	140,824[1]		139,502		+1,322
Aboriginal and Torres Strait Islander people	1,803	1.3	1,338	1.0	+465
Females	71,240	51.1	68,727	51.2	+2,513
Males	68,038	48.9	65,418	48.8	+2,620

Source: Profile.id Australian Bureau of Statistics, Census of Population and Housing 2016 and 2021

[1] This is a preliminary estimate using 2021 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.

Chart 1: Annual change in Population, Frankston City 2013 to 2023



Source: Profile.id Australian Bureau of Statistics, Regional Population Growth, Australia

Age structure

In 2021, the average age in Frankston City was 39 years, up from 38 in 2016, and closely aligned with the Victorian average of 38 years. The 35 to 49 year age group represents the largest age cohort in Frankston City, making up 21% of the total population.

Between 2016 and 2021, most age groups experienced population growth, with the exception of children aged 0-4 years and young adults aged 18–24 years, which saw small declines of 417 and 985 people respectively (Table 2).

The greatest increase occurred in the 70 to 84-year age group, which grew by 2,144 people (19.1%), followed by the 35 to 49-year group, which increased by 1,031 people (3.6%) (Chart 2).

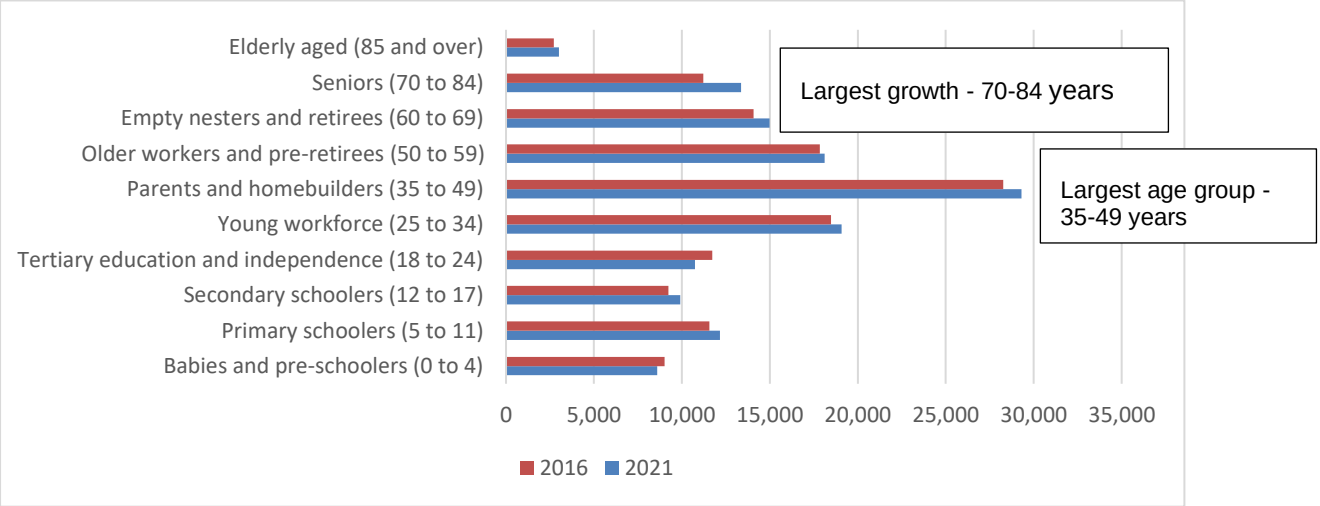
The overall age distribution in Frankston City is very similar to the Victorian average, with differences between each age group generally less than 2%.

Table 2: Age groups, Frankston City 2016 and 2021

Service age group (age in years)	2021		2016		Change	
	Number	%	Number	%	Number	%
Babies and pre-schoolers (0 to 4)	8,599	6.2	9016	6.7	-417	-4.6%
Primary schoolers (5 to 11)	12,158	8.7	11,564	8.6	+594	+5.1%
Secondary schoolers (12 to 17)	9,913	7.1	9,240	6.9	+673	+7.3
Tertiary education and independence (18 to 24)	10,744	7.7	11,729	8.7	-985	-8.4%
Young workforce (25 to 34)	19,076	13.7	18,484	13.8	+592	+3.2%
Parents and homebuilders (35 to 49)	29,298	21.0	28,267	21.1	+1,031	+3.6%
Older workers and pre-retirees (50 to 59)	18,114	13.0	17,832	13.3	+282	+1.6%
Empty nesters and retirees (60 to 69)	14,991	10.8	14,079	10.5	+912	+6.5%
Seniors (70 to 84)	13,363	9.6	11,219	8.4	+2,144	+19.1%
Elderly aged (85 and over)	3,019	2.2	2,713	2.0	+304	+11.3%

Source: Profile.id Australian Bureau of Statistics, Census of Population and Housing 2016 and 2021

Chart 2: Service age groups, Frankston City 2016 and 2021



Source: Profile.id Australian Bureau of Statistics, Census of Population and Housing 2016 and 2021

Births and deaths

In Frankston City 5,263 babies were born between 2021 and 2023, with a fertility rate of 1.76, which is higher than the state average of 1.39[2].

Life expectancy refers to the average number of additional years a person of a given age and sex could be expected to live, assuming current age-sex specific death rates are experienced through their lifetime[3].

In 2021 to 2023, the life expectancy at birth of people in the South East Region of Melbourne was 84.0 years; 85.8 for females and 82.3 for males. At the state level it was 83.5 years; 85.4 for females and 81.5 for males[4].

Life expectancy data is not available for Frankston City Local Government Area, the closest comparable data available is median age at death, and in 2022 this was 82.6 years for Frankston City and 82.0 years for Victoria (Table 3).

Table 3: Median age at death, Frankston City and Victoria 2022

Population group	Frankston City	Victoria
Female	85.2	84.6
Male	78.9	79.6
People	82.6	82.0

Source: Australian Institute of Health and Welfare 2024

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 River in the northwest to the Tarwin River in the southeast.

In 2021, 1,803 people in Frankston City identified themselves as Aboriginal and Torres Strait Islander, this is an increase from 2016 however there may be many more who did not self-identify in the Census (Table 4).

***Table 4*: Residents identifying as Aboriginal or Torres Strait Islander, Frankston City and Victoria**

	2021		2016		Change
	Number	**%**	**Number**	**%**	**Number**
Frankston City	1,803	1.3	1,338	1.0	+327
- *females*	908*		662		
- *males*	886*		675		
Victoria	-	0.8	-	0.7	+ 0.1%

Source: Profile.id Australian Bureau of Statistics, Census of Population and Housing 2016 and 2021

**Derived from a different population data set and therefore totals will vary slightly.*

3. Health inequities

Good health and wellbeing is not shared equally across our municipality. This is caused by social conditions that are avoidable and unfair and are referred to as 'health inequities. Some people experience 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. These population groups of interest in this profile are:

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

Intersectionality

Intersectionality refers to the ways in which different aspects of a person's identity can collectively contribute to overlapping forms of discrimination or disadvantage. Some of these attributes include gender, sexual orientation, age, sex, nationality, ethnicity, ability, and socio-economic conditions. These factors can interact with attitudes and structures within society and organisations to create barriers, exclusion, and health inequalities. Additionally, the availability of services and facilities, how they are delivered, and the level of cultural safety or discrimination experienced by people when accessing these services, all play a crucial role in shaping health and wellbeing outcomes.

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[5].

The ABS Index of Relative Socio-Economic Disadvantage (IRSAD) measures relative socio-economic disadvantage and/or advantage based on a range of Census variables. 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. The index shows clear disparities across Frankston City (Table 5):

- Frankston North ranks in the 4th percentile nationally (96% of suburbs across Australia are more advantaged)
- Sandhurst ranks in the 96th percentile (4% of Australian suburbs are more advantaged)

Overall, Frankston City ranks slightly below the Victorian average, with several suburbs experiencing significantly higher disadvantage.

Table 5: SEIFA by local area ranking, Frankston City, local area and Victoria 2021

Local area	Percentile ranking	SEIFA score
Frankston City Local Government Area	**44**	**1,003.1**
Victoria	**48**	**1,010.0**
Frankston North	4	845.1
Frankston Central	20	950.1
Karingal	22	958.6
Carrum Downs	34	985.8
Frankston Heights	37	990.5
Seaford	41	997.2
Skye	52	1,017.8
Langwarrin	65	1,037.5
Frankston South	85	1,069.5
Langwarrin South	94	1,090.0
Sandhurst	96	1,096.2

Source: Profile.id Australian Bureau of Statistics, Census of Population and Housing 2021

Women

Women make up 51.1% of Frankston City's population yet face higher levels of disadvantage and exclusion due to systemic inequality, unpaid caregiving responsibilities, and exposure to violence and discrimination.

Gender inequality and family violence significantly impact women's physical, emotional and economic wellbeing and are addressed further in Section 6.

In Frankston City:

- Women are more likely than men to have long-term mental health conditions, with rates higher than both men locally and women statewide [6].
- Sexual violence rates are higher than the Victorian average [7]
- Women feel significantly less than men in all public places, particularly at night[8].
- Women experience higher rates of poverty[9] and are more likely to carry unpaid caring roles (16% of women vs 10.9% of men) and unpaid domestic work (28.3% vs 10.7%)[10]..
- 9.9% of women report living with more than one long-term health condition, compared to 7.8% of men[11].

The context of women's lives, including gender, age, ethnicity, disability, geography, education, employment status, and family roles, plays a critical role in shaping their health outcomes. These intersecting factors influence access to healthcare and experiences of illness, wellbeing, and life expectancy[12].

According to the *Victorian Women's Health Survey 2023*, over 50% of women reported poor mental health, and more than 1 in 3 said their healthcare experiences were impacted by cost, long wait times, or feeling dismissed.

Other factors that may influence poor health outcomes for women[13] include:

- Unequal caregiving responsibilities
- Financial inequality
- Discrimination at work
- Sexual harassment
- Gender-based violence
- Cultural factors

- Reproductive issues including infertility and perinatal loss, pregnancy, having a baby and becoming a mother and menopause.

Aboriginal and Torres Strait Islander peoples

The proportion of Aboriginal and Torres Strait Islander residents grew from 1% percent in 2016 to 1.3% in 2021, higher than Victoria (1.0%) (Table 6). The life expectancy gap between Aboriginal and non-Aboriginal Australians is 8.1 years for women and 8.8 years for men[14].

There is a significant gap between the health status of Victoria's Aboriginal population and non-Aboriginal Australians. The impact of colonisation has created numerous barriers, including but not limited to, systemic racism, discrimination and a lack of culturally safe services creating disadvantage and inequality, leading to poorer health outcomes compared to non-Aboriginal Australians.

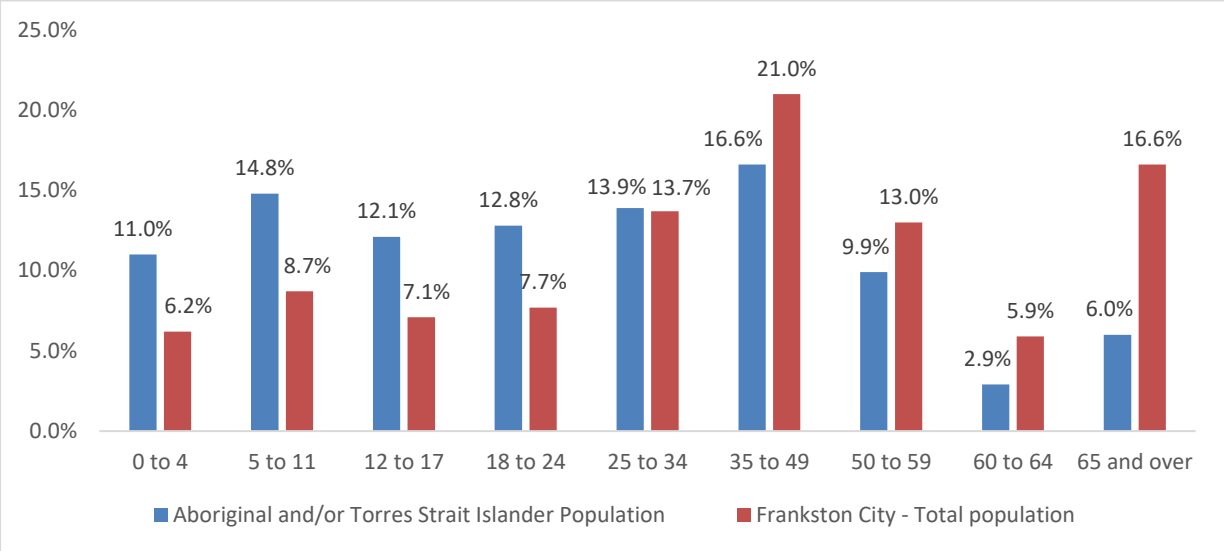
Table 6**: **Aboriginal and Torres Strait Islander population, Frankston City and Victoria 2016 to 2021

Aboriginal and Torres Strait Islander population	2021		2016		Change
	Number	**%**	**Number**	**%**	**Number**
Frankston City	1,794	1.3	1,337	1.0	+457
- *Female*	908	50.6	662	49.5	+246
- *Male*	886	49.4	675	50.5	+211
Victoria	-	1.0	-	0.8	

Source: Profile.id Australian Bureau of Statistics, Census of Population and Housing 2016 and 2021

The Aboriginal and Torres Strait Islander population is relatively young, with more than half (50.7%) aged less than 25 years compared to 29.7% in the total population (Chart 3). The median age is 24 years compared to 39 years for the total Frankston City population.

Chart 3: Aboriginal and Torres Strait Islander and Frankston City population by age, 2021



Source: Profile.id Australian Bureau of Statistics, Census of Population and Housing 2021

There is limited local data to provide insight into the health and wellbeing of the Aboriginal and Torres Strait Islander population in Frankston City, however there is growing recognition of the need to collect local data and this is slowly becoming more available.

Aboriginal and Torres Strait Islander people continue to experience disproportionate outcomes across a range of health determinants when compared with the total Frankston City population.

The 2021 ABS Census data shows labour force participation is slightly lower than the Frankston City population (61.2% compared to 63.3%), but a more notable difference is seen in the proportion that are not in the labour force (36.7% compared to 31%). Additionally, a higher percentage of Aboriginal and Torres Strait Islander people provide unpaid assistance to someone with a disability (18.8% compared to 13.5%), reflecting the greater burden of informal caregiving in the Aboriginal and Torress Strait Islander communities compared to the Frankston City population. Aboriginal and Torres Strait Islander households are significantly more likely to rent (48.9% compared to 28%) and less likely to own a home outright (15.2% compared to 27.5%) or with a mortgage (32.4% compared to 41.3%). Despite these disparities, median household incomes are quite similar, however there is a lower proportion in the labour market and employed full-time.

Level of educational attainment and participation show quite significant differences. Aboriginal and Torres Strait Islander children are more likely to be attending preschool, primary and secondary school than the Frankston City population. However, fewer pursue higher education, with only 9.5% having a Bachelors degree or higher, compared to 18% in the total population. There is also a higher proportion whose highest education level is Year 9 or below (13.9% compared to 7.8%), highlighting persistent gaps in engagement and post-school qualifications.

Family structure also differs. Aboriginal and Torres Strait Islander households are more likely to be one-parent families (27.5% compared to 13.4%) and less likely to be lone-person households.

Health outcomes further demonstrate disparities. Aboriginal and Torres Strait Islander people report significantly higher rates of mental health conditions (22.2% compared to 11.6%) and asthma (18.7% compared to 10.3%) and are more likely to report having more than one long-term health condition. This indicates both greater health burden and higher risk of chronic disease, reinforcing the need for culturally safe and responsive health services.

Each year the Victorian Government reports on the progress made to improve outcomes for Aboriginal Victorians in the *Aboriginal Affairs Report* with the following demonstrating the urgent need for changes to meet national targets.

Health and wellbeing

- Between 2016-2022 the incidence rate of cancer in Aboriginal females was more than double that of non-Aboriginal females (57.1% compared to 28.3%) and nearly double for Aboriginal males (68.6) compared to non-Aboriginal males (35.1)[15]

Mental health

- In 2021-22 Aboriginal people contacted community mental health care services at 4.5 times the rate of non-Aboriginal people[16].
- Aboriginal people are 2.6 times more likely to experience racism in health settings compared to non-Aboriginal people[17].
- Nationally the suicide rate among Aboriginal and Torres Strait Islander people is twice the rate on the non- Aboriginal and Torres Strait Islander population[18].
- Among Aboriginal and Torres Strait Islander people, a national study found that 48.3% of people who faced racism experienced psychological distress. This compares with 25.2% of people who did not face racial discrimination[19]

- For young people, racial discrimination is linked to higher rates of anxiety, depression and psychological distress[20].

Family violence

- 1 in 2 Aboriginal and Torres Strait Islander female victims of domestic homicide were killed by an intimate partner in 2022-23[21]
- Almost 7 in 10 assault hospitalisations involving First Nations people in 2022-23 were due to family violence in 2022-23[22]
- 25% of Aboriginal and Torres Strait Islander clients who accessed specialist homelessness services in 2023-24 cited family violence as the main reason for seeking assistance[23]

Justice health and wellbeing

- Aboriginal and Torres Strait Islander people make up 13% of the Victorian prison population, despite accounting for 1.0% of the Victorian population[24]
- In 2022-23 a higher rate per 10,000 of Aboriginal and Torres Strait Islander women (19.7) were in prison compared to non-Aboriginal women (1.1)[25].
- In 2022-23 a higher rate per 10,000 of Aboriginal and Torres Strait Islander men (365.8) were in prison compared to non-Aboriginal men (21.2)[26].

Culturally and linguistically diverse (CALD) communities

Most people in Frankston City agree it is welcoming and supportive of people from diverse cultures[27]. However, some people experience language and cultural barriers in accessing health services, and in gaining education and employment.

Compared with the Australian-born population people born in some overseas countries experience significant health and wellbeing disparities[28], including:

- Higher prevalence of dementia, heart disease, stroke, diabetes and kidney disease
- Higher potentially preventable hospitalisation rates
- Very low immunisation completion rates
- High rates of mental health issues
- Higher rates of stillbirth and perinatal mortality

- Lower participation rates in breast, bowel and cervical cancer screening
- Similar level of disability as Australian-born people but much lower disability services utilisation.

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[29].

People who experience racism are much more likely to have poor mental and physical health. The greater the frequency of racist experiences, the worse the health outcomes[30].

These issues are made worse when people experience racism in healthcare settings and deal with a system that may be culturally unsafe or not responsive to their needs.

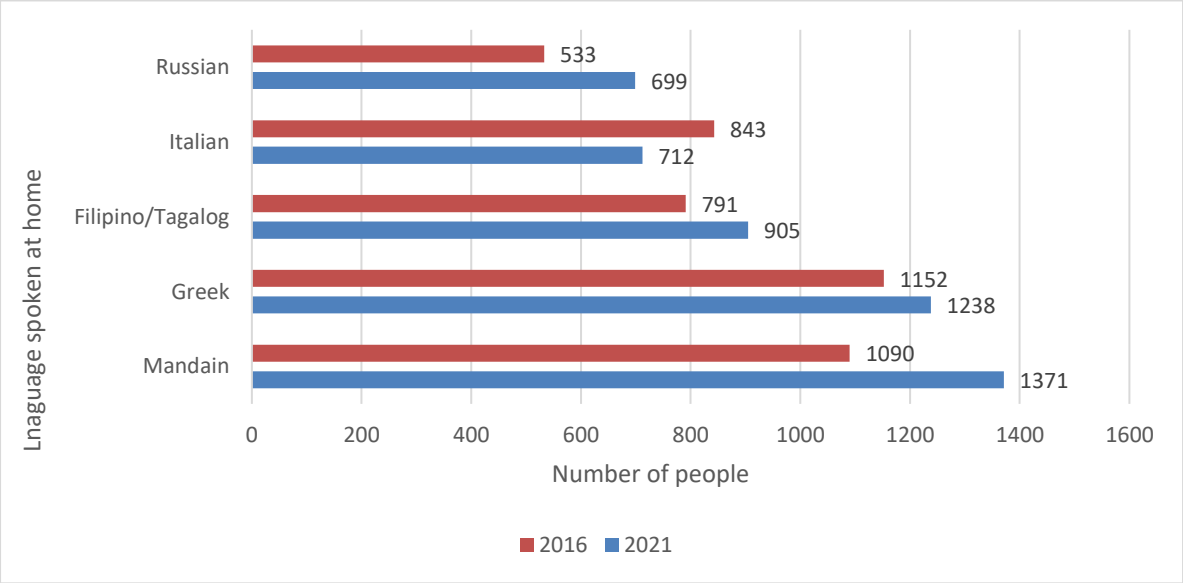
While 84% of the population in Frankston City speak English only at home, in 2021 there were 15,739 people who speak a language other than English (Table 7) and nearly 2,000 people who do not speak English well or at all. Mandarin is spoken by 1.0% of the population (1,371 people) (Chart 4), and most people who speak Chinese languages (including Mandarin) at home live in Carrum Downs (288), Frankston South (276), Frankston Central (266), Karingal (239) and Frankston Heights (228).

Table 7: Residents who speak a language other than English at home, Frankston City 2016 and 2021

	2021		2016	
	Number	**%**	**Number**	**%**
Frankston City	15,739	11.3	15,144	11.3
Victoria	-	27.6		25.9

Source: Profile.id Australian Bureau of Statistics, Census of Population and Housing 2016 and 2021

Chart 4: Top 5 languages used at home other than English, Frankston City, 2016 and 2021



Source: Profile.id Australian Bureau of Statistics, Census of Population and Housing 2016 and 2021

Addressing racism is essential to improving health equity. The following highlights the disproportionate impact racism has on wellbeing, especially for young people, Aboriginal and Torres Strait Islander communities, and multicultural communities across Victoria:

- 1 in 4 Victorians experience racism, with people from African, South Asian and East Asian backgrounds most affected31.
- Children and young people who experience racism are significantly more likely to report:
  - Emotional distress
  - Difficulty making friends
  - Lower life satisfaction[32]:
- Victorian adults who experience regular racism are:
  - 4.6 times more likely to experience psychological distress
  - 2.2 times more likely to report poor general health[33]
- 48.3% of First Peoples in Victoria who experienced racism reported psychological distress, compared to 25.2% who did not[34].

- Following the 2023 Voice referendum, a national report found a surge in racism directed at Aboriginal and Torres Strait Islander people, with nearly 1 in 5 racist incidents directly referencing the referendum35.
- Racism continues to occur in schools, workplaces, public spaces, and online, with young people identifying social media as a key site of harm[36].

People with disabilities

Around one in five people in Australia (21.4%) live with disability[37]. The likelihood of living with disability increases in older age groups, with over half of all people aged 65 years living with disability. There is no difference between women and men, with similar rates reported.

There is limited local data that show the number of people living with a disability in Frankston City, however based on the national rates above, it can be estimated that there are approximately 30,000 people in Frankston City living with disability.

Other sources of data providing insight into the number of people living with a disability show:

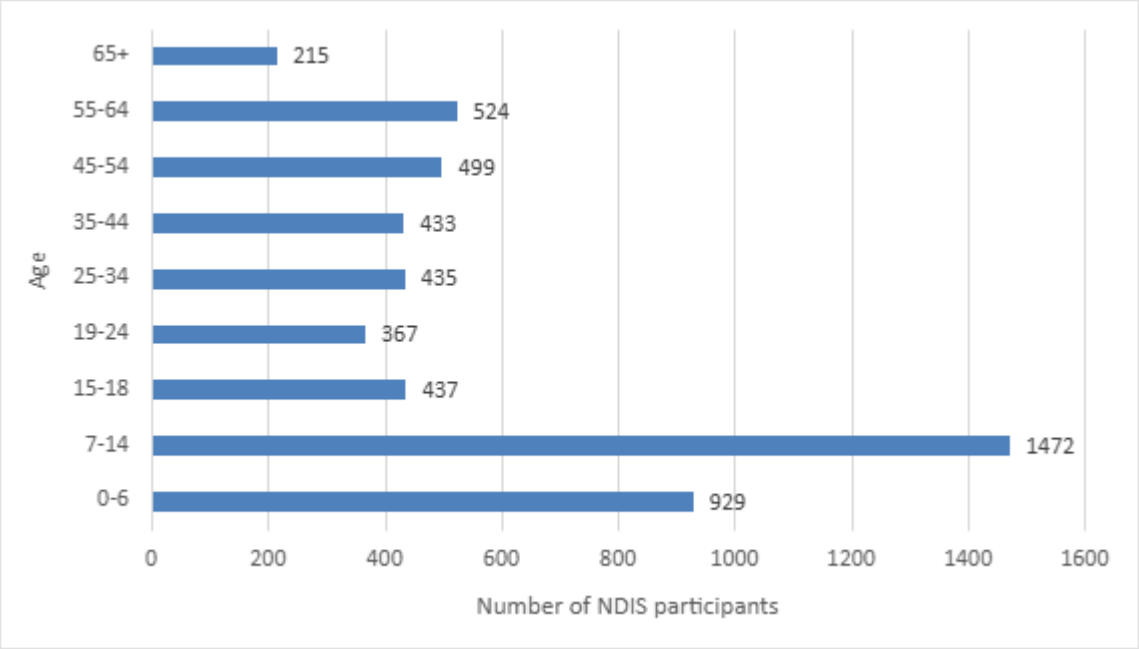
- In Frankston City, 32.6% of people had a self-reported disability, this is significantly higher than the Victorian state average (19.9%)38.
- In 2021, 9,014 people (6.5% of the population) reported they needed assistance in their day-to-day lives because of a disability, long-term health condition or old age39 (Table 8).
- In 2024 there were 5,311 people recorded as participating in the National Disability Insurance Scheme (NDIS) in Frankston City with the majority of active participants aged between 0-14 years (Chart 5).

Table 8: Need assistance because of a disability, long-term health condition or old age, Frankston City 2016 and 2021

	2021		2016		Change
	Number	**%**	**Number**	**%**	**%**
Frankston City	9,014	6.5	7,277	5.4	+1.1
Victoria	-	5.9	-	5.1	+0.8

Source: Profile.id Australian Bureau of Statistics, Census of Population and Housing 2016 and 2021

Chart 5: Number of active NDIS participants, Frankston City 2024



Source NDIA: Active NDIS participant data, 2024

People with disability in Australia continue to face significant barriers to participation in education and employment. They are more likely to experience poor health outcomes, discrimination, and violence compared to those without disability. These challenges are influenced by factors such as the availability of opportunities, accessibility of services and environments, and experiences of discrimination.

Findings from the *People with Disability in Australia 2024 report indicate:*

- Only 31% of adults with disability experience very good or excellent health, compared with 68% without disability.
- People with a disability experience higher level of psychological distress (33%), than people without disability (12%), and this increases for people with severe or profound disability.
- Women with disability are more likely to have recent experiences of violences than women without disability.
- 22% of people with a disability aged 15+ years have experienced some form of discrimination and 44% have avoided situations because of their disability.

- 29% of people with a disability aged 15-64 years report often feeling lonely compared to 17% without a disability.
- People with disability are more likely to delay or avoid healthcare due to cost, long wait times, or lack of appropriate services. They also report higher levels of discrimination from healthcare providers.
- Women with disability are more likely to experience violence than women without disability. In 2021-22, women with disability were nearly twice as likely to report recent experiences of physical or sexual violence.

In addition:

- In 2022-23, 46% of complaints received by the Australian Human Rights Commission related to disability discrimination40.
- Nearly half (45.2%) of employed people with disability reported experiencing unfair treatment or discrimination from their employer due to their disability in the previous 12 months[41].

Lone person households

In 2021, 25.3% of households in Frankston City, were lone person households, higher than the Victorian average (Table 9). This has increased by 1,389 households (1.2%) from 2016. The highest number of lone person households in the municipality were in Seaford, with 2,421 households with people living alone, followed by Carrum Downs (2,217) and Frankston Central (2,173). Over half of lone person households are comprised of people aged 65+ years (42%) and 15-44 years (23%)[42].

Table 9: Lone person households, Frankston City and Victoria 2016 and 2021

	2021		2016		Change
	Number	**%**	**Number**	**%**	**%**
Frankston City	14,700	25.3	12,360	26.5	+1.2
Victoria	-	24.7	-	23.3	+1.4

Source: Profile.id Australian Bureau of Statistics, Census of Population and Housing 2016 and 2021

Not all people who live alone experience social isolation, but those who do are at increased risk of significant health problems. A lack of social connection can increase the risk of premature death by 25%, risk of heart disease by 29% and

stroke by 32%. Social isolation has also been association with a higher risk of developing anxiety, depression and dementia (OSG 2023)[43]. High levels of social isolation are also associated with sustained decreases in feelings of wellbeing[44].

Low-income households and income support recipients

Frankston City has a similar proportion of low-income households as Victoria (22% compared to 21%), however some suburbs in the municipality have a much higher proportion of low-income households (Table 10).

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[45].

Children that experience poverty are three times more likely than others to be poor as adults[46]. Factors such as intergenerational transfers of wealth, poor health, limited aspirations, and inadequate housing contribute to ongoing disadvantage. When disadvantage is passed from one generation to the next, it is referred to as intergenerational poverty[47].

Table 10: Low income households, Frankston City by area, 2021

Area	Number of households	%
Victoria	-	21.0
Frankston City	11,707	22.0
Frankston North	691	32.0
Frankston Central	1,516	30.6
Karingal	1,466	26.8
Seaford	1,811	24.9
Frankston Heights	1,154	23.4
Carrum Downs	1,696	20.3
Frankston South	1,354	19.8
Langwarrin	1,502	17.5
Skye	366	13.5
Langwarrin South	45	11.2
Sandhurst	124	7.2

Source: Profile.id Australian Bureau of Statistics, Census of Population and Housing 2021

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 11 below shows the number of people in Frankston City receiving a range of Commonwealth income support payments.

Table 11: Income support payments, Frankston City December 2024

Income support payment	Number of recipients
Jobseeker	5,235
Parenting Payment Single	2,030
Parenting Payment Partnered	190
Disability pension	5,515
Age pension	14,910
Abstudy	30
Austudy	110
Rent assistance	8,800

Source: Department of Social Services, Benefit and payment recipient demographic data, 2024

Poverty rates highlight the unequal experiences of financial hardship across Frankston City. While the overall poverty rate in Frankston City is 13.2%, similar to the Victorian average of 13.3%, certain areas and population groups experience significantly higher levels of disadvantage compared to the broader community (Table 12).

Across Frankston City, there are marked differences in low-income rates between suburbs. Frankston North has the highest estimated low-income rate at 19.5%, which is 23% above the Victorian average, while Frankston South and Langwarrin report much lower rates (9.1% and 9.6%, respectively). Other areas such as Carrum Downs (12.2%) and Seaford (13.7%) also fall below the state average, whereas the suburb of Frankston sits slightly higher at 15%.

Table 12: Poverty rates, Frankston City local areas, 2023 (%)

Local area	Estimated Low Income Rate	Difference to Victorian Average
Victoria	**13.3**	-
Frankson City	**13.2**	-
Carrum Downs	12.2	-36%
Frankston	15	-14%
Frankston North	19.5	+23%
Frankston South	9.1	-61%
Seaford	13.7	-24%
Langwarrin	9.6	-57%

Source: Victorian Council of Social Service, Poverty Rates LGA Dashboard 2023

Homelessness and housing insecurity

Family violence, income inequality, lack of financial independence and lack of affordable housing are key drivers of homelessness particularly for women on low incomes, older women, single mothers, Aboriginal and Torres Strait Islander women, women without permanent residency and women with disabilities.

Homelessness services estimate that nationally, 80% of people turned away (due to lack of housing options) are women and children with the top three reasons for accessing services in Victoria being family and domestic violence (55.7%), financial difficulties (42.6%) and housing affordability stress (30%)[48]. In 2021, there were 1,699 women and 1,141 men assisted by Homelessness Services in Frankston City. This increased in 2022-23 to 2,877[49].

Other contributing factors that can cause homelessness include whether a person is working, experiencing ill health, including mental health and disability, trauma and substance misuse, and family breakdown.

ABS Census 2021 estimates indicated 785 people (37% women and 62% men) were experiencing homelessness on Census night, this equates to of 57 per 10,000 people compared to the Victorian rate of 47 per 10,000.

- Around 430 people (54%) were living in boarding houses, 176 (22%) in supported accommodation and 33 (4%) were rough sleepers.

- Across all age groups there were more men experiencing homelessness than women, except for those aged 15-19 and 35-39 years where there were more women.
- Young people aged under 15 years had the highest number of homelessness (5.9% young women and 8.6% young men) in Frankston City.

Homelessness is associated with significantly higher rates of death, disability, mental health conditions and chronic illness compared to those not experiencing homelessness[50]. Precarious housing is also associated with poor health and this relationship exists regardless of income, employment, education, occupation and other demographic factors[51].

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[52].

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.

Some households are more vulnerable to experiencing housing stress and homelessness than others including:

- households on low incomes
- older people
- key workers
- students
- lone person households
- single parent families.

Housing needs change over the life course with barriers to accessing affordable housing also evolving, there are clear gendered impacts in relation to housing opportunities, pathways and outcomes. Over the previous decade housing costs as a proportion of income have risen at a significantly higher rate, with women experiencing disproportionate impacts of these higher-than-average costs. On average women live longer than men and the cumulative impact of diminished

earnings and wealth over time contributes to women aged over 55 being the fastest growing cohort of people at risk of homelessness.

Frankston City's homelessness rate has grown 13 times more than the rate of population growth between 2016 and 2021 (30.4% compared to 2.3%) and has increased at a slightly higher rate in Frankston City than in Victoria (14.8% compared to 10.3%) and over the previous decade, housing costs as a proportion of income have risen at a significantly higher rate[53].

Lesbian, Gay, Bisexual, Trans and Gender Diverse, Intersex, Queer and Asexual (LGBTIQA+)

It is estimated that 8% of the population in Frankston City is lesbian, gay, bisexual, trans and gender diverse, intersex, queer and asexual[54]. Within the health service system people who are LGBTIQA+ experience 'invisibilisation' and exclusion, where their identity is omitted, trivialised or condemned, exacerbating health and wellbeing issues[55]. Nearly 30% of Victorian LGBTIQA+ people couldn't disclose their LGBTQIA+ identity to their GP in the past 12 months[56].

Findings from Australia's largest national survey of the health and wellbeing of LGBTIQA+ people, *Private Lives*, show that LGBTIQA+ communities are continuing to experience significant disparities across a range of health and wellbeing indicators, and concerning levels of discrimination, harassment and violence, compared to the general population[57].

In 2020 the *Private Lives 3* survey found that for participants living in Victoria

- Almost 6 in 10 had been treated unfairly because of their sexual orientation and over three-quarters of trans and gender diverse participants had been treated unfairly because of their gender identity
- 36.4% reported experiencing social exclusion, verbal abuse, harassment (e.g. being spat at or offence gestures), 10.3% sexual assault and 3.4% physically attacked or assaulted with a weapon due to their sexual orientation or gender identity in the past 12 months
- Although a smaller sample size (n=76) similar proportions and types of harassment were reported by those living in the Franskton City municipality (see Table 13).

***Table 13**: Harassment experiences in previous 12 months LGBTQIA+ people, Frankston City and Victoria 2020 (%)*

Type of violence of harassment	Frankston City	Victoria
Socially excluded	35.9	36.4
Verbal abuse (including hateful or obscene phone calls)	35.7	32.7
Harassment such as being spat at and offensive gestures	25.0	22.6
Threats of physical violence, physical attack or assault without a weapon	16.4	21.3
Received written threats of abuse via email, social media	14.1	14.0

Source: Private Lives 3 survey, 2020

There are high rates of family violence in the Victorian LGBTIQA+ community with 42.9% who have experienced abuse from an intimate partner and 38.1% from a family member. In Frankston City 62% have experienced violence from a family member and 56.8% form an intimate partner, and 37% felt the violence was due to their LGBTIQA+ identity[58].

In Frankston City LGBTIQA+ 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[59].

- 32.9% 'often' feel they lack companionship
- 31.6% 'often' feel left out 31.6% and 51.3% feel left out 'some of the time' feel
- 40.8% 'often' feel isolated from others 40.8%; and 42.1% feel isolated 'some of the time'
- 46.1% have had a mental illness diagnosis in past 12 months
- 42.1% have experienced suicide ideation (ever) 76.3%; in past 12 months 42.1%
- Suicide attempt (ever) 24.1%; in past 12 months 6.9%.

The Victorian Population Health Survey, 2017 found that LGBTIQA+ adults were significantly more likely than non-LGBTIQA+ adults to experience psychological distress, chronic health conditions, and discrimination. They were also more likely to feel undervalued, report low life satisfaction, and have a history of depression or

anxiety. In contrast, LGBTIQA+ adults were less likely to report excellent health, or to have strong support networks from family or friends during times of need[60].

Young LGBTQIA+ people in Frankston City report facing significant challenges related to safety, mental health and social inclusion. Local survey data shows that 71% of LGBTQIA+ respondents aged under 25 have experienced discrimination, and more than 60% have experienced violence or harassment[61]. Mental health concerns are also prominent, with over 70% reporting frequent feelings of isolation or distress.

These findings reflect broader trends across Victoria, where the *Victorian Women's Health Survey 2023* reported that 81% of LGBTQIA+ women identified as having poor mental health[62]. Additionally, the *Private Lives 3* national survey found that 75.5% of LGBTQIA+ participants had experienced suicidal thoughts, and nearly 30% avoided seeking care due to fear of discrimination[63].

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 and experience intergenerational trauma[64].

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[65]. 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[66].

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[67].

Early childhood development

Babies and pre-schoolers make up 6.2% of our population, slightly less than in 2016 (6.7%)[68].

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[69].

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[70].

Babies and children that are exposed to strong, frequent, and/or prolonged adversity without adequate adult support can trigger a toxic stress response which over time can impact brain development and lead to lifelong problems in mental and physical health[71]. Children who experience toxic stress are at greater risk for health problems like heart disease, diabetes, and depression later in life[72].

Significant stress or adversity includes:

- Physical, sexual or emotional abuse
- Chronic neglect
- Caregiver substance abuse or mental illness
- Exposure to violence
- Poverty.

Reducing children's exposure to toxic stress and providing safe, stable developmental environments can prevent or reverse the damaging effects of toxic stress. 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 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.

The proportion of children in Frankston City with developmental vulnerability has slightly increased from 18.6% in 2018 to 19.8% in 2021 (Table 14), this however follows a steady decrease in vulnerability since 2009 and is not considered significantly different. In addition, vulnerability across two or more domains has decreased from 10.4% to 10.1%. These results are comparable with state averages (Table 15).

Table 14: Children developmentally vulnerable on ONE or more domain (%)

	2021	2018	2015	2012
Frankston City	19.8	18.6	20.9	23.3
Victoria	19.9	19.9	19.9	19.5

Source: Australian Early Development Census, 2021

Table 15: Children developmentally vulnerable on TWO or more domains (%)

	2021	2018	2015	2012
Frankston City	10.1	10.4	9.9	11.6
Victoria	10.2	10.1	9.9	9.5

Source: Australian Early Development Census, 2021

Positive transition to adulthood

The 15 to 24 year old age group has declined slightly from 12.3% of the population in 2016 to 11.2% in 2021, with a higher decrease in females compared to males (Table 16).

Table 16: Population aged 15-24, Frankston City and Victoria 2016 and 2021 (%)

	2021	2016	Change
Frankston City	11.2	12.3	-1.1
- *females*	*10.6*	*12.1*	*-1.5*
- *males*	*11.8*	*12.6*	*-0.8*

Victoria	11.9	13	-1.1

Source: Profile.id Australian Bureau of Statistics, Census of Population and Housing 2016 and 2021

Higher educational attainment is associated with better employment outcomes, improved health and health literacy, community engagement and social participation.

In 2021, 67.1% of school leavers in Frankston City who completed Year 12 or an equivalent qualification went on to further education and training. While this is lower than the Victorian average of 77.2%, it represents an increase from 62.8% in 2019. The most common reason students in Frankston City chose not to continue studying after school was a desire to earn an income[73].

Between 2017 and 2021 the proportion of school leavers who were not in education or training due to courses of interest not being available locally decreased from 22.9% in 2017 to 17.4% percent in 2019, however the proportion who had never planned to study steadily increased from 28% to 38.9% from 2017 to 2021 (Table 17).

Overall, 1.4% of Frankston year 12 completers are not in education or employment, up slightly from 1.0% in 2019 and higher than the Victorian average of 0.9%.

Table 17: Reasons for not continuing study*(%)

2021	2020	2019	2018	2017
You wanted to start earning your own money				
87.9%	77.5%	84.2%	84.6%	80.0%
You just needed a break from study				
65.1%	68.8%	69.2%	64.3%	65.1%
You never planned to study				
38.9%	33.8%	30.1%	28.7%	28.0%
The courses you were interested in were not available locally				
17.4%	21.3%	21.1%	14.7%	22.9%

Source: On Track On Track Frankston LGA 2021
**respondents may have agreed to more than one statement*

Compared to the Victorian average, a greater proportion of school leavers were enrolled in certificates and diplomas, and a lower proportion in Bachelors degrees (Table 18).

Table 18: Year 12 or equivalent completers destinations study (%)

Qualification	Area	2021	2020	2019	2018	2017
Bachelors degree	Frankston City	39.2	35.3	40.1	42.8	39.1
	Victoria	56.1	54.5	54.1	54.9	53.8
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 2021

In 2021 there were fewer young people disengaged from education and employment compared to 2016, however the proportion of females who were disengaged decreased at a higher rate than males (Table 19).

Table 19: Young people aged 15-24 disengaged from education and employment (%)

Area	2021	2016	% change
Frankston City	9.3%	10.4%	-1.1
- *females*	8.5%	10.2%	-1.7
- *males*	10.0%	10.5%	-0.5
Victoria	7.5%	8.2%	-0.7

Source: Profile.id Australian Bureau of Statistics, Census of Population and Housing 2016 and 2021

Positive ageing

In Frankston City in 2021 over 23,000 people were aged 65 years and older, over half (54.9%) were women. Overall, the total population of people aged 65+ years increased by 2,567 from 2016 to 2021 (Table 20).

While most older people enjoy good health, as a group they experience:

- The lowest levels of any form of physical activity[74].
- An elevated risk of injury exacerbated by disability and frailty[75].
- Vulnerability to chronic illness, infectious diseases and environment induced ill-health[76].
- A wide prevalence of chronic depression, anxiety, and loneliness[77].

These health issues are often linked to social isolation, digital exclusion, ageism and elder abuse, financial insecurity, homelessness, and carer responsibilities[78].

Table 20: People aged 65 years old and older, Frankston City 2016 and 2021 (%)

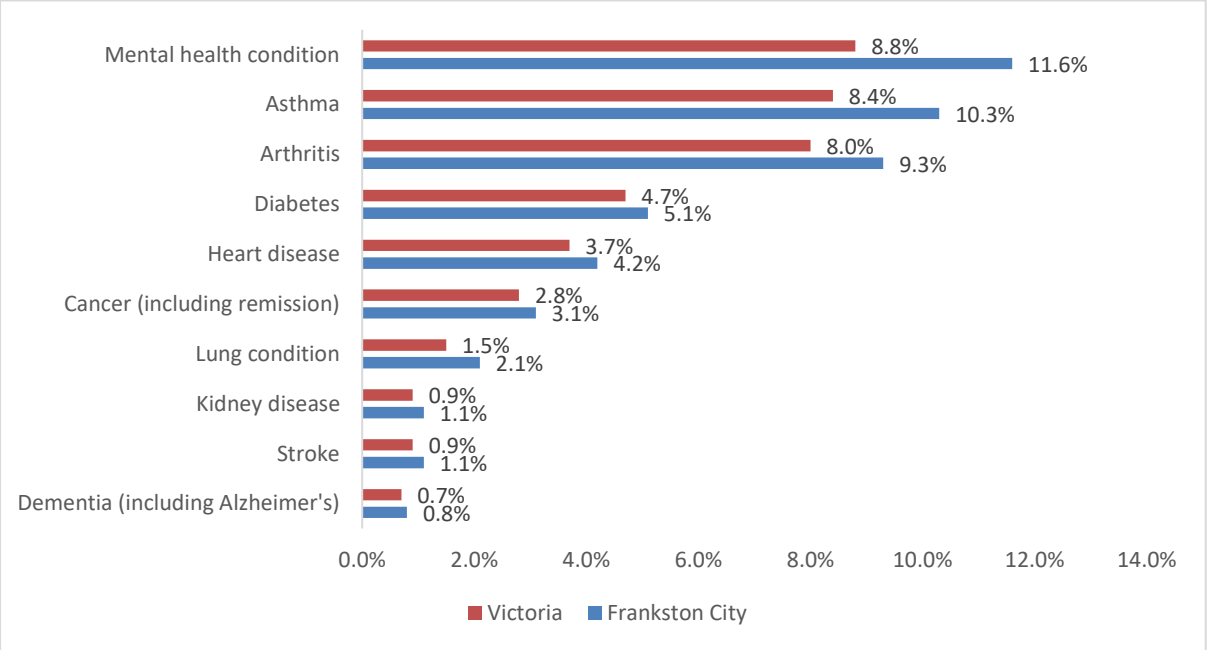
	2021		2016		Change
	%	Number	%	Number	%
Frankston City	16.6	23,175	15.4	20,608	+1.2
- *females*	54.9	12,728	55.2	11,384	-0.3
- *males*	45.1	10,444	44.7	9,216	+0.4
Victoria	16.8	-	15.6	-	+1.2

Source: Profile.id Australian Bureau of Statistics, Census of Population and Housing 2016 and 2021

Compared to people aged 65+ years in Victoria, there is a higher proportion of adults aged 65+ years in Frankston City who experience long term health conditions (Chart 6). Combined these conditions account for approximately 60% of Australia's deaths[79]. The largest differences between Frankston City and Victoria were for:

- Mental health condition (11.6% compared to 8.8%)
- Asthma (10.3% compared to 8.4%)
- Arthritis (9.3% compared to 8.0%)
- Diabetes (5.1% compared to 4.7%)
- Heart disease (4.2% compared to 3.7%).

Chart 6: Long term health conditions, Frankston City and Victoria 2021 (%)



Source: Profile.id Australian Bureau of Statistics, Census of Population and Housing 2021

The prevalence of long-term health conditions differs between females and males aged over 65+ years, with a higher proportion of females compared to males experiencing at least one long-term health condition (39.1% compared to 33.3%)[80].

In Frankston City there was a higher proportion of females compared to males (aged 65+ years) with:

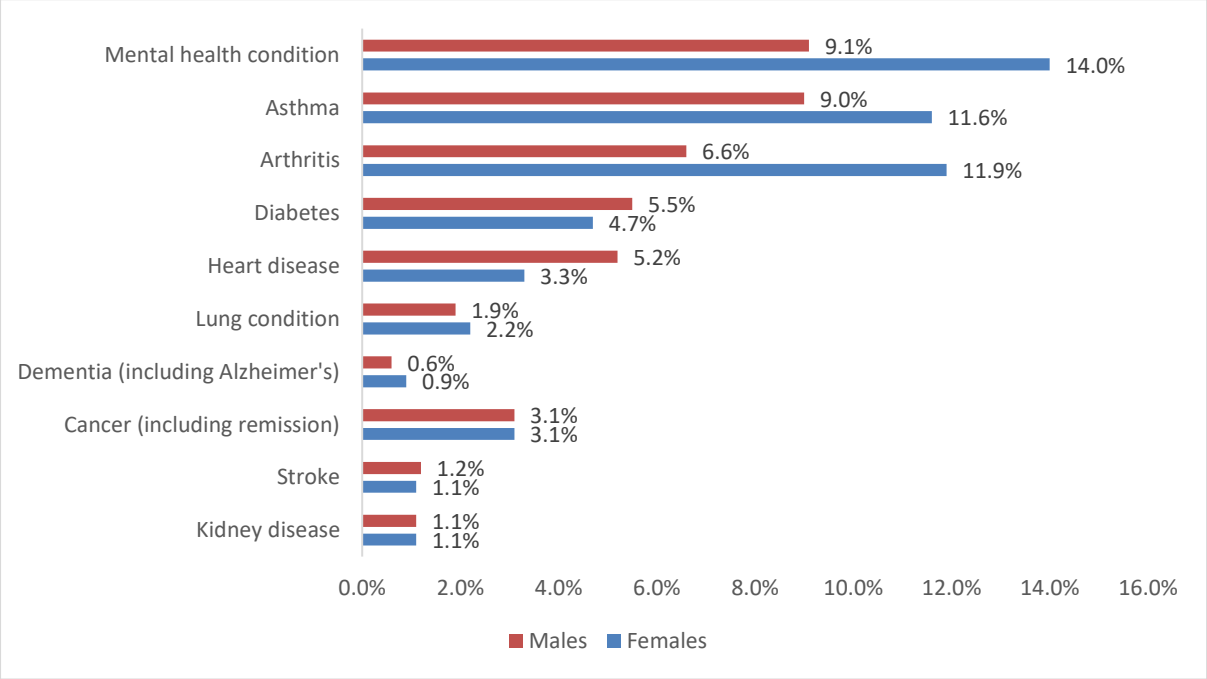
- Mental health condition (14.0% compared to 9.1%)
- Arthritis (11.9% compared to 6.6%)
- Asthma (11.6% compared to 9.0%)

And there was a higher proportion of males compared to females (aged 65+ years) with:

- Heart disease (5.2% compared to 3.3%)
- Diabetes (5.5% compared to 4.7%)

While some health conditions were experienced by a greater proportion of males compared to females, the differences were smaller than those experienced by a greater proportion of females. (Chart 7).

Chart 7: Long term health conditions, Frankston City by sex (%)



Source: Profile.id Australian Bureau of Statistics, Census of Population and Housing 2021

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

- 1,642 females and 943 males provide unpaid childcare (to children that are not their own), this equates to 11.2% of the 65+ years population.
- 11.8% volunteer (6.7% female and 5% male), making up 23% of Frankston City's total volunteer workforce.

A similar proportion of people over 55 years old were unemployed in Frankston City compared to the rest of the Victoria (Table 21), this however is varied across the municipality with high rates of unemployment in Frankston North (9.4%) and low rates in Langwarrin South (2.2%). Older people can face employment discrimination, due to employers' assumptions and stereotypes of older people's abilities[81].

Table 21: People aged 55 and above who are unemployed, Frankston City 2016 and 2021 (%)

Area	2021	2016	% change
Frankston City	3.7%	5.1%	-1.4
Victoria	3.8%	4.4%	-0.6

Source: Profile.id Australian Bureau of Statistics, Census of Population and Housing 2016 and 2021

Numerous studies indicate that a significant majority of older Australians, regardless of their backgrounds, express a strong desire to remain in their own homes as they age[82]. 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[83].

Frankston City has a greater proportion of people aged 65+ years who live alone compared to the Victorian average (Table 22) and when compared to other age groups in Frankston City, have the highest number of people who live alone (Chart 8).

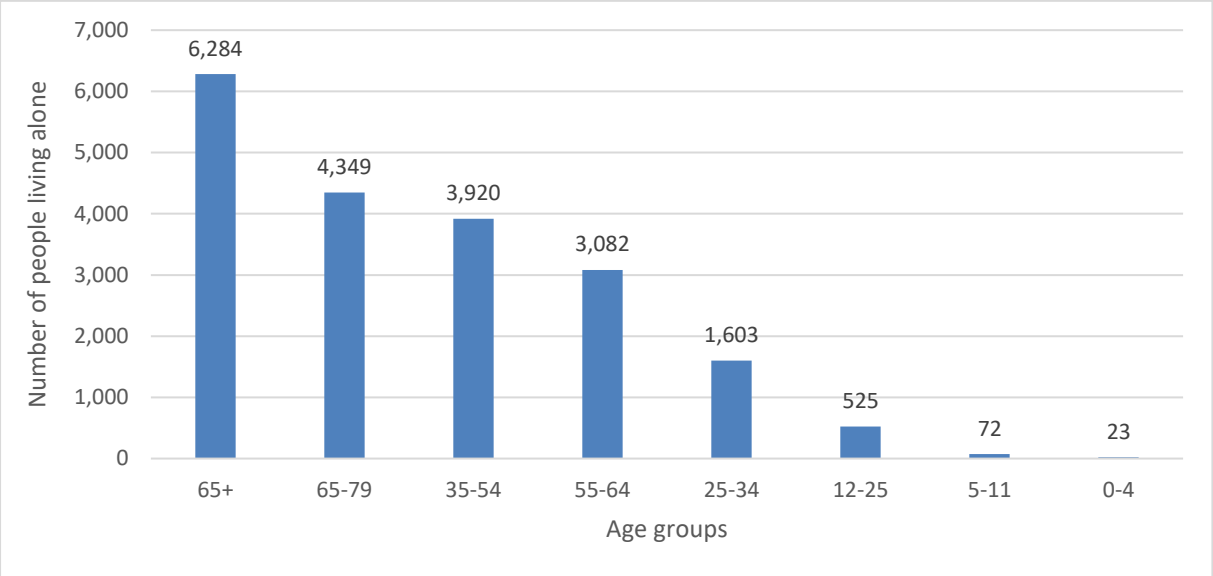
People living alone may experience social isolation, particularly if they are older, frailer and with less opportunity to engage in the community. This can exacerbate feelings of isolation and loneliness. A previous survey of Frankston City's older people, found almost 90% have someone to call upon for help, leaving 10% either without someone to call on or unsure.

Table 22: Proportion of people aged 65+ years living in a lone person household, Frankston City 2016 and 2021 (%)

Area	2021	2016	% change
Frankston City	29.4%	28.7%	+0.7
Victoria	25.3%	25.5%	-0.2

Source: Profile.id Australian Bureau of Statistics, Census of Population and Housing 2016 and 2021

Chart 8: Number of people who live in a lone person household by age group, Frankston City 2021



Source: Profile.id Australian Bureau of Statistics, Census of Population and Housing 2021

5. Health status

Health status considers an individual's health and wellbeing, considering 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. Where available, the data has been presented to show the differences between women and men.

The overall health status in Frankston City indicates some variability. There are similar levels of health and wellbeing reported by people that are comparable to the average in Victoria, however there are other areas that show significant disparities in health status. There is also clear evidence of inequalities in health status between women and men.

Self-reported health status

The Victorian Population Health Survey 2023 found 34% of people in Frankston City reported their health status as fair or poor. This is significantly higher than the State average of 20.9% (Table 23).

Table 23: Self-reported health status, Frankston City 2023 (%)

Area	Excellent or very good	Good	Fair or poor
Frankston City	31.3	33.6	34.0
Victoria	39.8	38.3	20.9

Source: Victorian Population Health Survey 2023

Mental health and wellbeing

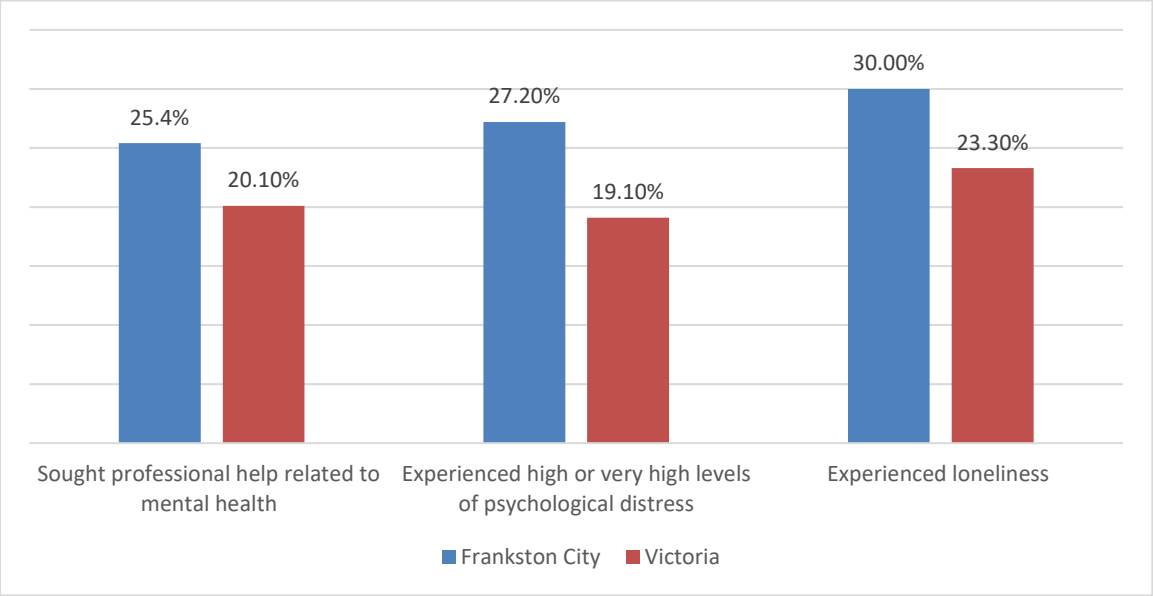
While people in Frankston City rated high to very high life satisfaction (71.2%) comparable to the Victorian average (76.7%), there was a significantly higher proportion of people with low or medium life satisfaction (28.6%) compared to the Victorian average (21.9%)[84].

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[85].

A significantly higher proportion of people in Frankston City (25.4%) compared to Victoria (20.1%) have sought professional help for a mental health problem in the previous 12 months, and report experiencing high or very high levels of psychological distress (27.2%) at a significantly higher rate than Victoria (19.1%) as well as significantly higher rates of loneliness (30.0% compared to 23.3%)[86] (Chart 9). The suicide rate in Frankston City is higher than the Victorian average, with 15.5 deaths per 100,000 in 2023 compared to 10.9 per 100,000 in Victoria[87].

There are a higher proportion of women (14%) compared to men (9.1%) in Frankston City that report having a long-term mental health condition however, both are higher than the Victorian average (10.7% and 6.8% respectively).

Chart 9: Self-reported health status – mental health, psychological distress, loneliness, Frankston City and Victoria, 2023 (%)



Source: Victorian Population Health Survey 2023

Loneliness has been linked to premature death, poor physical and mental health, greater psychological distress, and general dissatisfaction with life. A systematic review of social relationships and mortality risk have shown that people with poor or insufficient social relationships had a 50% greater risk of dying compared to those who had adequate social relationships. This risk is comparable to smoking and exceeded other risk factors such as obesity and physical activity[88].

The *State of the Nation: Social Connection in Australia 2023*[89] report highlights the widespread effects of loneliness on Australians' health, wellbeing, and productivity.

Health and wellbeing impacts of loneliness Australians who feel lonely are:

- Less likely to engage in physical activity.
- More likely to experience social media addiction.
- Less productive at work.
- Two times more likely to have a chronic disease.
- 4.6 times more likely to experience depression.

- 4.1 times more likely to experience social anxiety.
- 5.2 times more likely to report poorer overall wellbeing.

Prevalence of loneliness:

- One in three Australians (32%) feel lonely.
- One in six (7.5%) experience severe loneliness.
- One in two people who feel lonely are embarrassed to talk about it.
- 30% of women and 30 percent of men report feeling lonely.

The *Young Australian Loneliness Survey*[90] which focused on people aged 12 to 25, found that:

- More than one in four young Victorians reported problematic levels of loneliness
- Young adults aged 18 to 24 and middle-aged adults aged 45 to 54 reported the highest levels of loneliness across the population.

Obesity

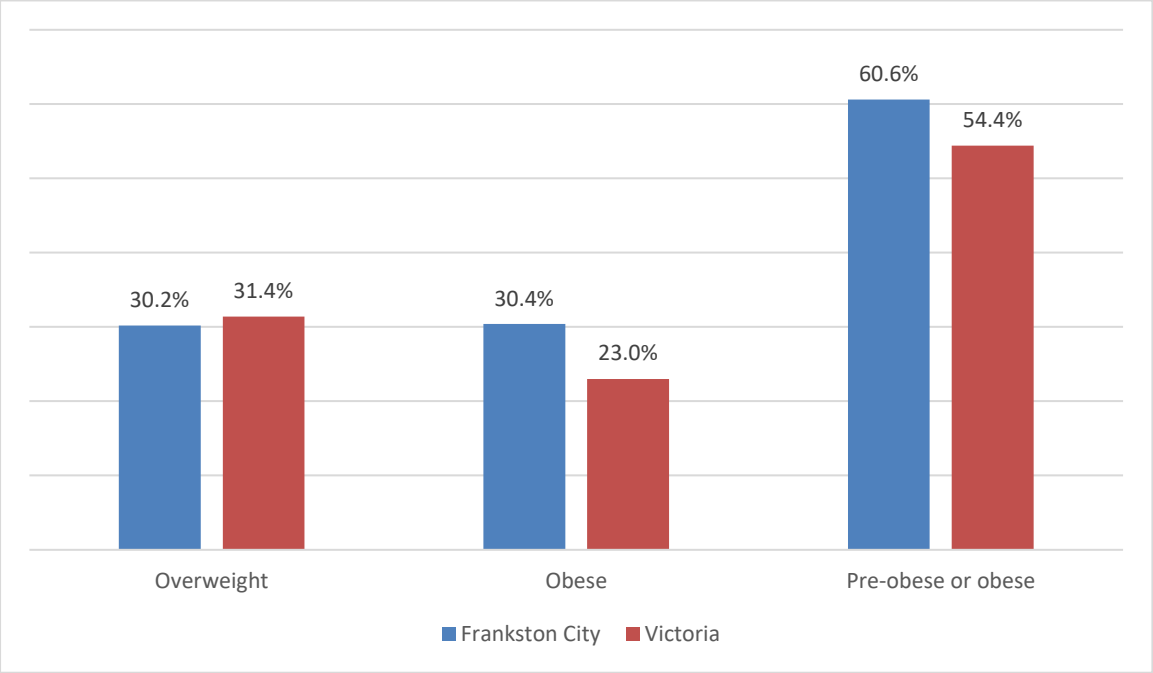
Frankston City (60.6%) has a significantly higher proportion of people living above a healthy weight compared to the Victorian average (54.4%) (Chart 10).

Obesity is a complex health issue influenced by the environments people live, work, and play in, including access to nutritious food, opportunities for physical activity, and socio-economic conditions. There is strong evidence indicating 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[91]. 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[92].

Rather than focusing solely on weight, it is more meaningful to promote:

- Health at every size
- Supportive environments that make healthy eating and physical activity easier
- Early life health and nutrition
- Access to affordable, nutritious food and safe spaces for movement.

Chart 10: People who are overweight or obese, Frankston City and Victoria (%)



Source: Victorian Population Health Survey 2023

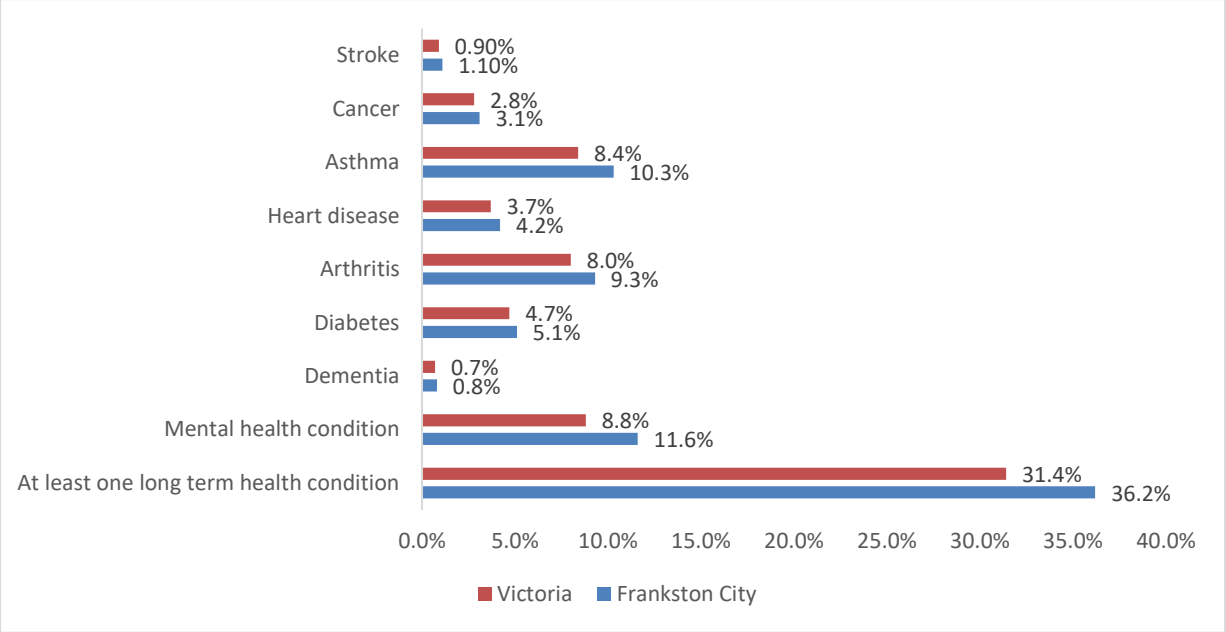
Chronic disease and illness

Frankston City has similar however slightly higher rates of chronic disease compared to Victoria.

In the 2021 Census, for the first time information was collected to show the incidence rate of selected long term health conditions in the community. As this is the first data collection there is no comparable data to show any changes over time, however this will be possible in future Census collections.

The Frankston City population has a higher percentage of people experiencing all the long-term health conditions listed compared to Victoria (Chart 11). There is a higher proportion of people experiencing at least one long-term health condition (36.2%) compared to the Victorian average (31.4%) and the most prevalent health condition experienced was ‘mental health condition’ with 16,1601 people or 11.6%, compared to 8.8% in Victoria.

Chart 11: Proportion of people living with chronic health conditions, Frankston City and Victoria, 2021 (%)



Source: ABS Census 2021

There is also a higher proportion of females (39%) in Frankston City compared to males (33.3%) experiencing at least one long-term health condition. Both females and males report high rates of a mental health condition, higher than the Victorian average (Table 24).

Table 24: Proportion of people living with chronic health conditions, Franskton City and Victoria by sex, 2021 (%)

Long-term health condition	Female		Male	
	Frankston City	Victoria	Frankston City	Victoria
At least one long term health condition	39.1	33.6	33.3	29.1
Mental health condition	14.0	10.7	9.1	6.8
Dementia	0.9	0.8	0.6	0.6
Diabetes	4.7	4.2	5.5	5.2

Arthritis	11.9	10.2%	6.6	5.7
Heart disease	3.3	2.9	5.2	4.6
Asthma	11.6	10.2	9.0%	7.6
Cancer	3.1	2.8	3.1	2.7
Stroke	1.10	0.8	1.2	1.0

Source: ABS Census 2021

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.

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).

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

6. Health behaviours

Most 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.

Healthy eating

The most recent available local data (Victorian Population Health Survey, 2017) showed that only 4.7% of adults in Frankston City consumed the recommended serves of fruit and vegetables each day, this was 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 1.4kms (1,365.5m). This is further than the Greater Melbourne average of 1,173 metres[93]. Most people will not walk further than 800m-1km to shops and services, in Frankston city there are approximately only 37.6% of dwellings within 1km of a supermarket.

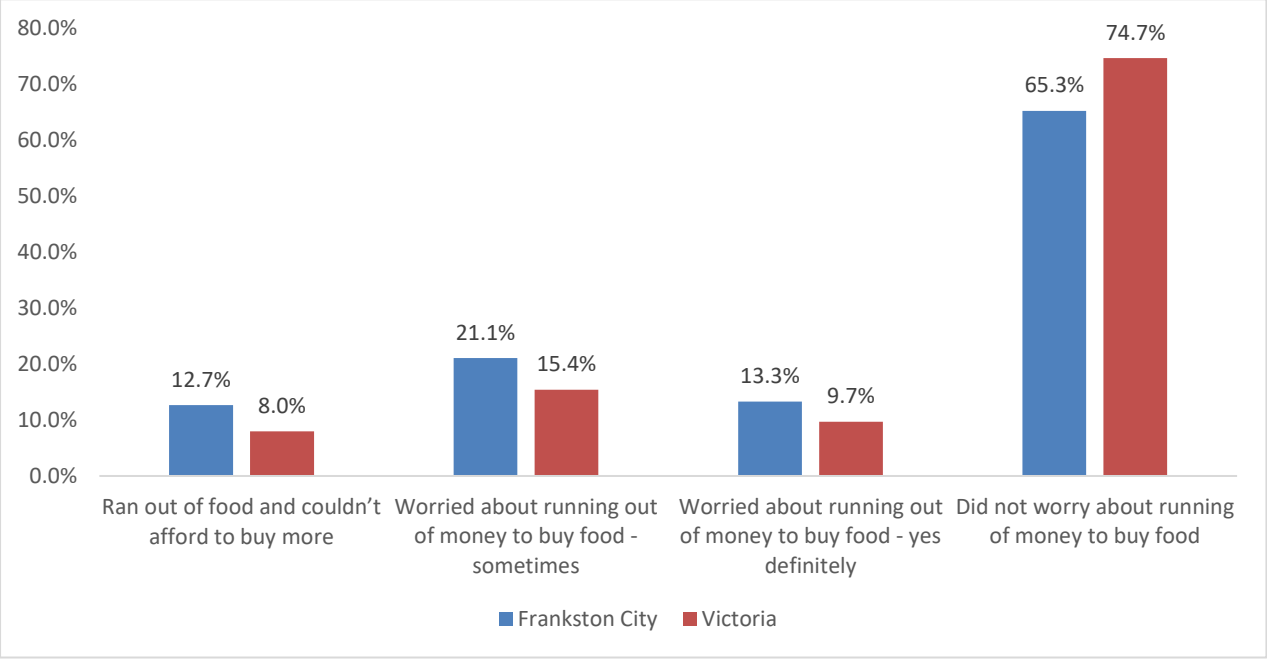
In 2023 the Victorian Population Health Survey found that 39.7% of people in Frankston City drank sugar sweetened soft drinks daily, higher than the Victorian average (34.4%). A high intake of soft drinks is known to be associated with weight gain, obesity and poor dental health. A significantly higher than average proportion of people (33.4%) in Franskton City also reported poor dental health compared to the Victorian average (22.5%) and higher than average proportion avoided or delayed visiting a dentist due to the cost (39.9% compared to 32.3%).

In 2022-23 52% of infants were breastfed for three months, an increase from 45.1% since 2017. 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[94].

In 2023, 12.7% of adults ran out of food and couldn't afford to buy more, this is significantly higher when compared to 8.0% in Victoria. In addition, 21.1% of adults in Frankston City were 'sometimes' worried about running out of money to buy food in the previous year, also significantly higher than the Victorian average (15.4%) (Chart 12).

Chart 12: Proportion of people experiencing food insecurity, Frankston City and Victoria 2023 (%)



Source: Victorian Population Health Survey, 2023

Physical activity and sedentary behaviour

In 2023 approximately 33.6% of people in Frankston City were doing the recommended amount of physical activity for a healthy lifestyle, this is comparable with the Victorian average of 35.1% (Table 25). In addition, a similar proportion of people in Frankston City and Victoria were sedentary for eight hours or more on an average weekday, with approximately one quarter engaging in sufficient levels of physical activity.

Table 25: Proportion of adults by sufficient levels of physical activity and sedentary behaviour, Frankston City and Victoria (%)

	Sufficient level of physical activity per week	8 hours or more sedentary per weekday	Sedentary 8+ hours – sufficient level of physical activity
Frankston City	33.6%	30.4%	25.0%
Victoria	35.1%	27.9%	29.3%

Source: Victorian Population Health Survey, 2023

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.

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.

Gambling, tobacco, alcohol and other drugs

Gambling harm

Gambling harm is increasingly recognised as a public health issue that affects individuals, families and communities. It extends beyond financial loss to include impacts on mental health, relationships, housing security, work and overall wellbeing[95].

People experiencing gambling harm are significantly more likely to report high levels of psychological distress, anxiety, and depression[96]. Gambling can also contribute to relationship breakdowns, reduced participation in social and recreational activities, and increased risk of substance misuse. Harms tend to accumulate and interact with other life challenges, particularly for those already experiencing socioeconomic disadvantage.

In 2023–24, $65.8 million was lost through Frankston City's 519 electronic gaming machines (EGMs), placing the municipality as the 17th highest in Victoria for player losses (Table 26). Notably, the Frankston RSL alone recorded $11.6 million in losses, the highest of any RSL venue in Victoria, matched only by Box Hill RSL,

despite operating a smaller number of machines. These figures highlight the substantial social and economic burden gambling imposes on the local community.

Table 26: Amount of player losses on EGMs, Frankston City and Victoria 2020 – 2024 ($)

	FY 2023-24	FY 2022-23	FY 2021-22	FY 2020-21
Frankston City	$65.8 million	$67.7 million	$49.7 million	$35.6 million
Victoria	$3.03 billion	$3.02 billion	$2.2 billion	$1.6 billion

Source: Victorian Gambling and Casino Control Commission (VGCCC), 2024

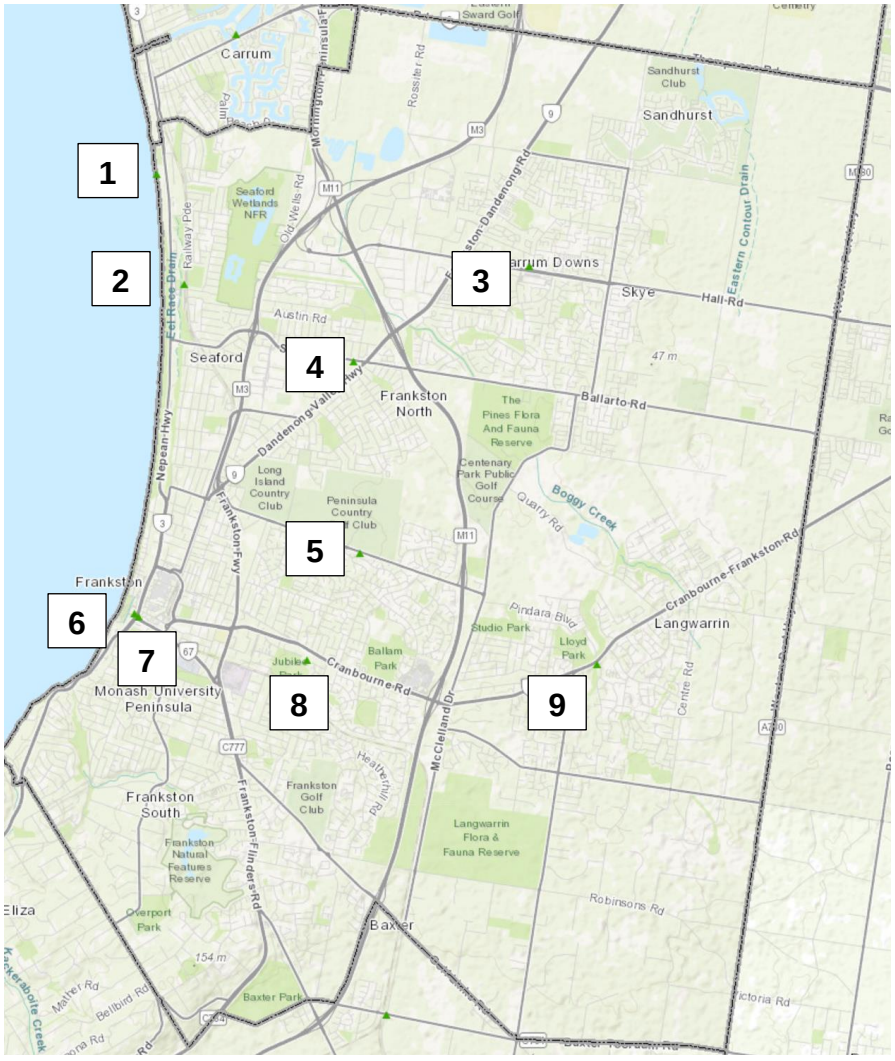
Emerging forms of gambling, particularly online gambling and sports betting are growing rapidly. These are heavily marketed through social media and sports platforms, and often normalised as part of daily entertainment, especially among younger people. Young men aged 18-24 years are particularly vulnerable, with higher participation rates in sports betting and more frequent engagement with high-risk products such as in-play betting.

According to the *Victorian Population Gambling and Health Study 2023*, gambling harm is not evenly distributed:

- Men are more likely to experience problem gambling, with 3.4% of men in Victoria meeting the criteria for problem gambling compared with 1.2% of women.
- Women, however, are more likely to experience gambling harm in the context of financial dependence, family stress, and use of gambling venues as social or safe spaces, especially in the context of family violence.
- LGBTQIA+ communities and people living on low incomes are also at elevated risk of gambling harm.

In Frankston City, the accessibility and concentration of EGM venues (Map 2), often located in areas of higher disadvantage, compound existing vulnerabilities. The link between gambling harm and family violence is also well-documented[97]. Financial strain caused by gambling can escalate household tension, lead to coercive behaviours, and in some cases, result in emotional or physical abuse. Women experiencing family violence are more likely to be impacted by a partner's gambling, sometimes being coerced into taking on debt or experiencing financial abuse.

Map 2: Electronic Gambling Machine venues, Frankston City



1. **Riviera Hotel**
   Losses: $3,527,673
   Ranked: 227
2. **Seaford RSL**
   Losses: $2,024,822
   Ranked: 276
3. **The Sands Hotel**
   Losses: $11,502,491
   Ranked: 67
4. **Seaford Taverner**
   Losses: $15,562,744
   Ranked: 32
5. **Karingal Bowling Club**
   Losses: $2,089,878
   Ranked: 273
6. **Pier Hotel**
   Losses: $4,913,954
   Ranked: 179
7. **Grand Hotel**
   Losses: $6,041,905
   Ranked: 155
8. **Frankston RSL**
   Losses: $11,603,987
   Ranked: 64
9. **Langwarrin Hotel**
   Losses: $8,527,778
   Ranked: 109

Losses are for the 2023/24 financial year

Ranking based on 313 venues in Metropolitan Melbourne

As of the 2023–24 financial year, there were 313 licensed EGM venues operating across 31 metropolitan Melbourne local government areas. These include both hotel and club venues, each contributing to a substantial share of Victoria's total gambling losses.

Tobacco and e-cigarette harm

The *Victorian Population Health Survey 2023* found that 17.7% of adults in Frankston City report they smoke tobacco daily, significantly higher than the

Victorian average of 10.0%[98], while these rates cannot be compared to previous years to determine if they are increasing, it is noted they were also significantly higher than the Victorian average in 2020[99]. For the first time data collections show the current prevalence of smoking or vaping in Frankston City is 24.7%, significantly higher than the Victorian average of 18.5%[100].

While there is an overall decline in smoking prevalence among Victorian adults, the Victorian *Smoking and Health Survey* estimates that Frankston City has the fourth highest daily and current smoking rates in Metropolitan Melbourne, however, is not in the top five for vaping[101] (Table 27).

Smoking tobacco is the leading cause of preventable disease and death in Australia, it harms almost every part of the body and increases the risk of diseases, including lung cancer, heart disease and chronic respiratory illnesses[102].

Table 27: Top five LGAs in Metropolitan Melbourne with the highest estimates of smoking and vaping prevalence, 2022 (%)

Daily smoking	
LGA	**%**
1. Hume	14.2
2. Greater Dandenong	13.4
3. Melton	12.2
4. Frankston City	**12.1**
5. Mornington Peninsula	11.8

Current smoking	
LGA	**%**
1. Hume	17.0
2. Greater Dandenong	16.8
3. Melton	15.9
4. Frankston City	**15.6**
5. Port Phillip	15.5

Current vaping	
LGA	**%**
1. Yarra	10.7
2. Melbourne	9.3
3. Port Phillp	9.1
4. Merri-bek	8.4
5. Stonnington	8.3

Source: Victorian Smoking and Health Survey, 2022

Less in known about the long term effects of e-cigarette use however it is considered unsafe and potentially dangerous. A review of international evidence on the harms of vaping found the following associated health harms of e-cigarette use[103].

- Nicotine addiction
- Intentional and unintentional poisoning
- Acute nicotine toxicity causing seizures
- Burns and injuries
- Lung injury

- Indoor air pollution
- Environmental waste and fires
- Dual use with cigarette smoking – increasing exposure to harmful toxins.

Alcohol harm

In 2023, 14.7% of adults in Frankston City were at increased risk of harm from alcohol-related disease or injury, this is similar to the Victorian average of 13.1%[104].

The Australian guidelines recommend no more than ten standard drinks a week and no more than four drinks in one day to reduce the risk of harm from alcohol-related disease or injury. Alcohol is one of the top ten avoidable causes of disease and death in Victoria[105]

In Australia there is widespread social acceptance and normalisation of alcohol consumption with people regularly drinking more than recommended guidelines levels. This increases the risk of: injury; violence; and longer-term health risks including 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.

Regular and heavy use of alcohol can cause[106]:

- worsening of mental health conditions
- poor memory and brain damage
- difficulty getting an erection
- difficulty having children
- liver disease
- cancer
- high blood pressure and heart disease
- needing to drink more to get the same effect
- physical dependence on alcohol.

Research shows a relationship between people who are dependent on alcohol and increased mental health issues[107]. People with mental health issues may also drink more alcohol to self-medicate. Although alcohol might feel like it relieves symptoms

of anxiety or depression in the short term, it is more likely to lead to longer-term anxiety and depression.
There are 253 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. In 2019/20, 13.4 litres of alcohol were sold per person in Frankston City, an increase of 4.9 litres from the previous financial year (2018/19). In 2019/20 the total volume of liquor available for sale per person was 179.1 litres, the majority being beer (107.4 litres), wine (31.6 litres), and pre-packaged ready-to-drink alcoholic beverages (26.7 litres)[108].

There is strong evidence that increased alcohol related harms are associated with physical availability and density[109]. In general, lower socioeconomic groups experience higher levels of alcohol-related harm than wealthier groups with the same level of alcohol consumption. In addition, concurrent experiences of several forms of socioeconomic disadvantage exacerbates inequities in alcohol-related harm[110].

Alcohol and other drug use causes considerable health burdens, including hospitalisation from injury and disease, pregnancy complications, overdose and death[111]. There are also profound social and economic impacts, with drug use associated with risky or criminal activities, victimisation and road trauma[112].

The 2022-2023 *National Drug Strategy Household Survey* found that about 31% of Australians aged 14 and over consumed alcohol at levels posing health risks, a figure consistent with previous years. It also found that alcohol was responsible for over half of all drug-related hospitalisations in 2022–23 and contributed to 1,667 alcohol-induced deaths in 2023[113].

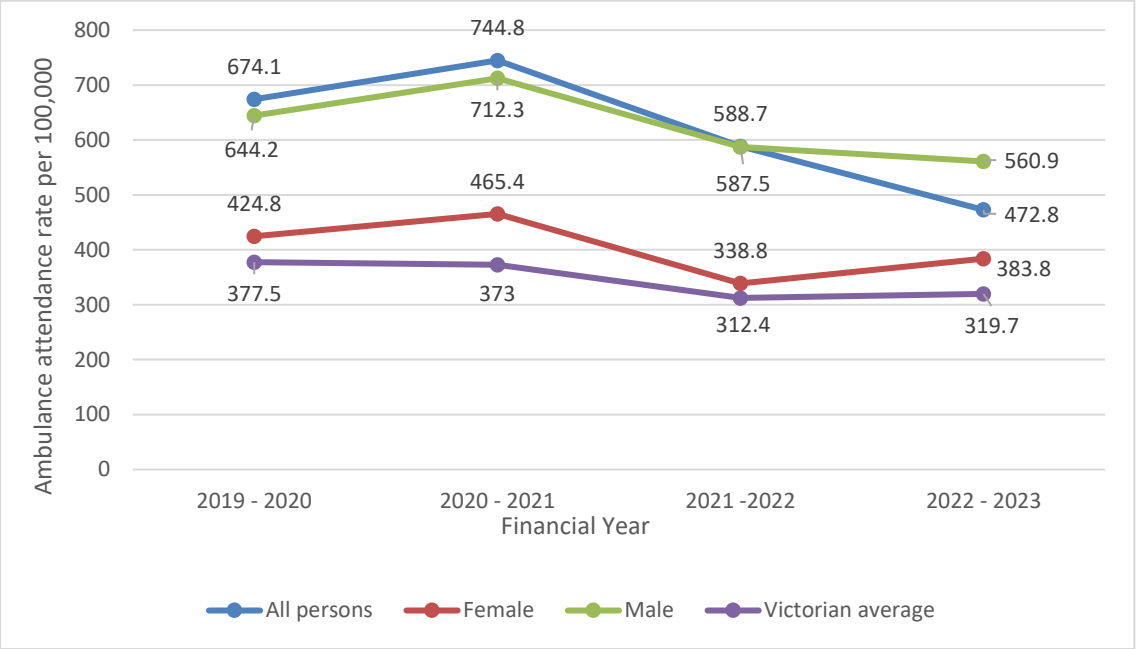
Between 2019-20 and 2022-23, alcohol-related ambulance attendances in Frankston City consistently exceeded the Victorian average (Chart 13). Males recorded the highest attendance rates across all years, reaching a peak of 712.3 per 100,000 people in 2020/21. While females consistently recorded lower rates than males, their rates also remained well above the state average throughout this period.

The gap between Frankston City and the Victorian rates was most pronounced in 2020/21, after which all groups experienced a decline in attendances. By 2022/23, male rates had decreased to 560.9 per 100,000, and female rates, after a slight decline in the previous year, rose slightly to 383.8. This narrowed the gender gap, though overall rates in the local area remain significantly elevated.

Despite the downward trend in recent years, the overall rate in 2022/23 (472.8 per 100,000) remained nearly 50% higher than the Victorian average (319.7 per 100,000). This continued disparity highlights the need for targeted local strategies to

reduce alcohol-related harm, with particular focus on males and in response to the increasing female rates.

Chart 13: Alcohol related ambulance attendance 2019 – 2023, Frankston City and Victoria, rate per 100,000 population

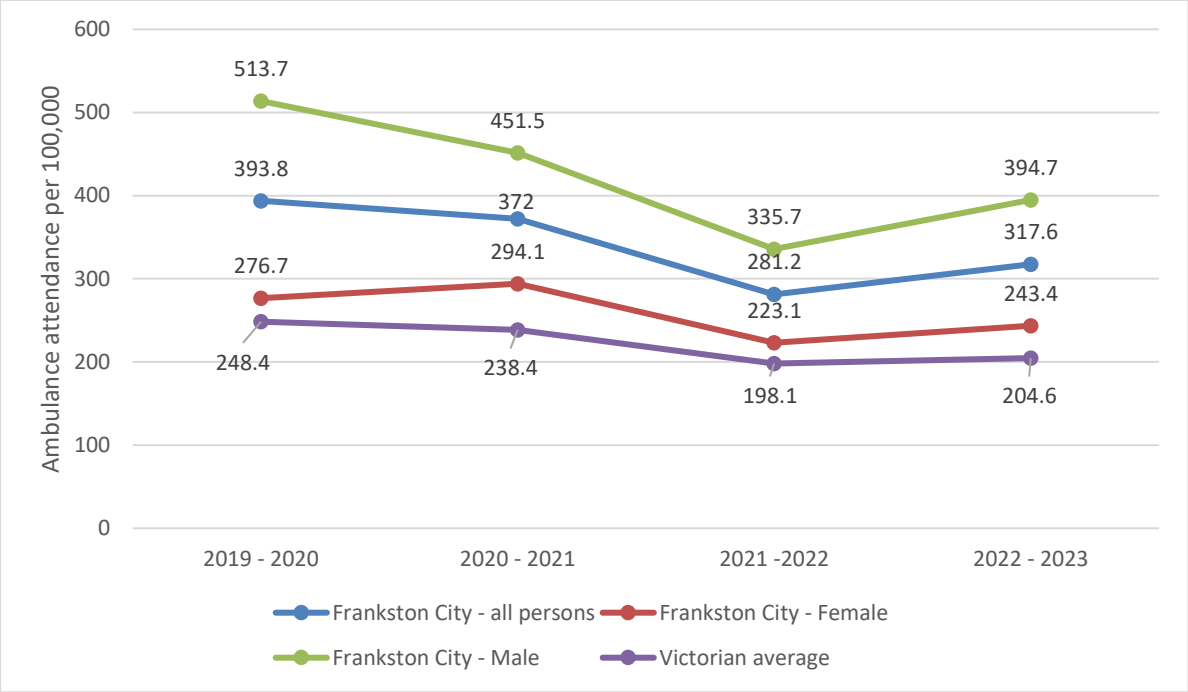


Source: AOD Stats (Turning Point), National Ambulance Surveillance System, 2023

Between 2019/20 and 2022/23, Frankston City recorded higher ambulance attendance rates for illicit drug use than the Victorian average across all years (Chart 14). The total rate in Frankston City declined from 393.8 per 100,000 in 2019/20 to 281.2 in 2021/22, before rising again to 317.6 in 2022/23. Despite this overall reduction, the rates in 2022/23 remained over 50% higher than the Victorian average of 204.6 per 100,000.

Consistently higher attendance rates were recorded for males in Frankston City, peaking at 513.7 in 2019/20 and declining to 394.7 in 2022/23. Female rates were lower throughout the period but followed a similar trend, dropping from 276.7 in 2019/20 to a low of 223.1 in 2021/22, then rising to 243.4 in 2022/23.

Chart 14: Ilicit drug use ambulance attendance 2019 – 2023, Frankston City and Victoria, rate per 100,000 population



Source: AOD Stats (Turning Point), National Ambulance Surveillance System, 2023

Between 2019 and 2023 the ambulance attendance rates for alcohol have consistently been higher than those for illicit drugs. Rates for both alcohol and illicit drugs have shown a general decline since 2020/21, with alcohol-related rates dropping more distinctly. However, male attendance rates remain highest for both alcohol and drugs, and in both cases, the rates in Frankston City are well above the Victorian average.

Hospitalisation

In 2021-22 the rate of alcohol related hospital admissions was 853.64 per 100,000 population[114], higher than the Victorian average of 585.85. Most admissions were for males, and people aged 35 to 64 years of age, however in 2020-21 there was a sudden increase in people aged 20 to 24 years, with more than double compared to other years.

There was a rate of 395.57 per 100,000 people admitted to hospital for illicit drugs, this was higher than the Victorian average rate of 246.72. Similar to alcohol related

admission, most illicit drug use admissions were males, and people aged between 20 to 44 years of age.

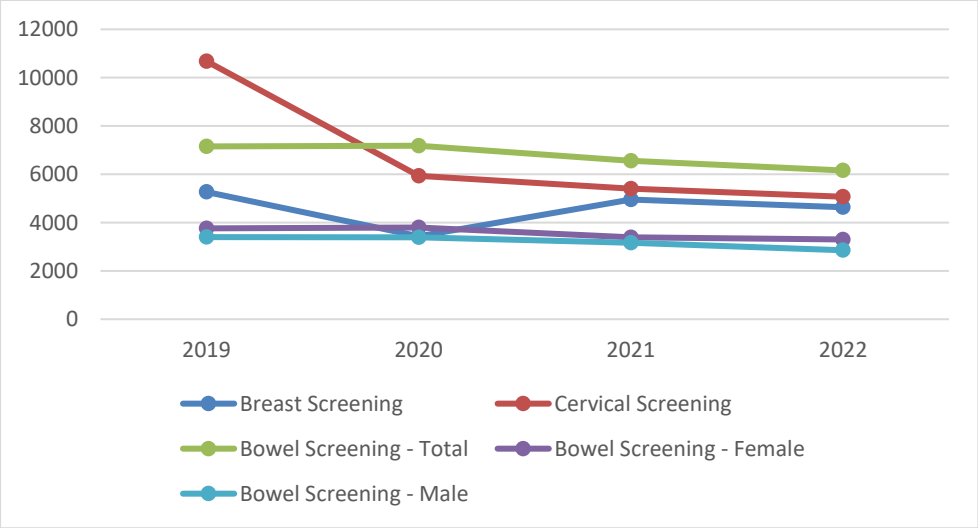
Screening

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.

Participation in cancer screening programs across Frankston City has shown mixed trends in recent years. While cervical screening participation has improved, reaching nearly 76% for the 2018-2022 period, breast screening has steadily declined from 48.8% in 2017-2019 to 43.8% in 2020-2022. Bowel screening numbers have also decreased slightly since 2020, with male participation consistently lower than female participation.

These patterns suggest that while awareness and uptake of cervical screening may be increasing, there are ongoing challenges in engagement with other screening programs, particularly among specific population groups. Strengthening community-based education and accessibility may help address these disparities and improve early detection outcomes.

Chart 15: Screening participation, Frankston City 2019-2022, rates per 100,000 population



Source: Australian Centre for the Prevention of Cervical Cancer, 2022

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.

Gender equality:

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

Victoria has established a strong legislative foundation for advancing gender equality through the *Gender Equality Act 2020*, which requires public sector organisations to implement Gender Equality Action Plans, conduct Gender Impact Assessments, and report publicly on progress in areas such as gender composition, pay equity, and workplace flexibility.

This legislation is gender transformative, aiming to address systemic inequality by embedding equality into decision-making and workplace practices. It also requires organisations to apply an intersectional lens, recognising how gender inequality can be compounded by other forms of disadvantage*)*.

Nationally, the Workplace Gender Equality Act 2012 mandates annual reporting on gender indicators by large private sector employers. Recent reforms now require public reporting of gender pay gaps. The federal government also produces a Women's Budget Statement and has adopted a Feminist Foreign Policy to ensure gender equity in aid and international engagement.

These reforms represent a shift toward policies that actively reshape systems and structures to promote gender equity.

Inequalities in employment and income

In Frankston City 59.8% of women are in the labour force, compared to 67.1% of men[115]:

- 45.2% work part time compared to 19.1% of men,

- 42.0% work full time compared to 70.9% of men,
- 20.8% are clerical and administrative workers compared to 5.7% of men.

As of November 2024, the full-time adult average weekly ordinary time earnings across all industries and occupations was $2072.7 for men and $1826.40 for women. The Australian Bureau of Statistics place the national gender pay gap at 11.9%[116].

The gender pay gap is influenced by several factors[117], including:

- Discrimination and bias in hiring and pay decisions
- Women and men working in different industries and different jobs, with female-dominated industries and jobs attracting lower wages
- Women's disproportionate share of unpaid caring and domestic work
- Lack of workplace flexibility to accommodate caring and other responsibilities, especially in senior roles
- Women's greater time out of the workforce impacting career progression and opportunities.

Table 28: Women carrying out 30 hours or more unpaid domestic work compared to men, Frankston City and Victoria (%)

	2021		2016	
	Women	**Men**	**Women**	**Men**
Frankston City	12.5	3.2	13.4	3.1
Victoria	12.9	3.5	13.7	3.2

Source: Profile.id Australian Bureau of Statistics, Census of Population and Housing 2016 and 2021

The most recent ABS Census data show that In Frankston City in 2021:

- 63.7% of women earnt below the minimum wage (<$915/per week, 38 hour week), compared to 46.4% of men
- 36.1% of women earnt a low income (less than $500 per week) compared to 26.0% of men
- 29.5% of women earn a high income (more than $1,000 per week) compared to 46.6% of men

Women were also more likely to report unpaid care provided:

- 16.0% provided assistance to a person with a disability, long-term illness or old age, compared to 10.9% of men
- 31.9% provide unpaid childcare, compared to 25.0% of men,
- 28% did 15 hours or more of unpaid domestic work per week, compared to 11% of men.

Frankston City Council workforce – gender profile

Frankston City Council has 1001 staff, of which 51.9% are employed full time, 29.7% employed part time and 18.4% employed casually with a gender composition of 62.9% women and 37.0% men (Table 29).

Despite making up nearly 63% of the total workforce, women are more likely than men to work part time or casual. Of all full time employees there are 49.2% women and 50.58% men, of all part time employees 82.83% are women and 16.84% are men, and of all casual employees 69.02% are women and 30.98% are men.

Men are more likely to be employed full-time than women. Over 70% of all male employees are in full-time work compared to just over 40% of all women (Table 30). There are 40.9% of women in full time positions, 39.05% in part time and 20% in casual positions. This compares to 71.08% of men in full time positions, 13.51% in part time positions and 15.41% in casual positions.

Three out of the four directors are women and five of the nine elected councillors are men.

Table 29: Employment by type and gender, Frankston City Council April 2025

Employment type	Women		Men		Prefer not to say		Total	
	No.	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
Full-time (FT)	257	49.2	263	50.58	0	0	520	51.58
Part-time (PT)	246	82.83	50	16.84	1	0.34	297	29.7
Casual (Cas)	127	69.02	57	30.98	0	0	184	18.4
Total	**630**		**370**		**1**		**1001**	

Source: Frankston City Council, Gender Audit 2025

Table 30: Employment type as a proportion of gender group, Frankston City Council April 2025

	Women	Men
Full-time (FT)	40.9	71.08
Part-time (PT)	39.05	13.51
Casual (Cas)	20.16	15.41

Source: Frankston City Council, Gender Audit 2025

Violence against women, children and older people

In 2024 Frankston City continued to have the one of the highest rates of family violence in Victoria with 2,135.5 incidents per 100,000 persons[118], this is significantly higher than the Victorian average of 1,503.8 (Chart 16).

A total of 3,082 family violence incidents were reported in Frankston City during 2024. Of these, 2,316 involved female victims, while 766 involved male victims. This reflects a consistent trend showing women in Frankston City are approximately three times more likely to be victims of family violence compared to men.

Family violence accounted for more than half of all serious assaults in the municipality, reinforcing the severity and frequency of these incidents in the community.

In Frankston City, older adults are increasingly impacted by family violence. In 2024, 19% of family violence victims in Frankston City were aged 55 and over, a 53% increase since 2020[119]. Elder abuse often includes financial, emotional, physical, or sexual harm inflicted by someone in a position of trust. Global estimates suggest that 2% to 14% of older people in high-income countries experience some form of elder abuse[120].

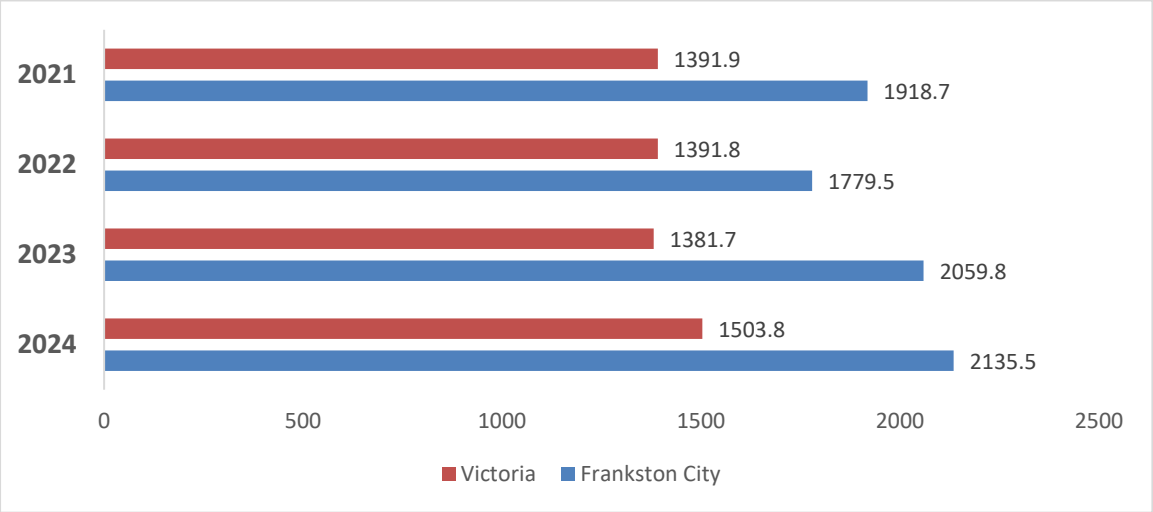
According to Seniors Rights Victoria, 73% of those seeking support for elder abuse are women, and 61% of all elder abuse-related calls are linked to family violence.

Nationally, intimate partner violence continues to be the leading cause of death, injury and illness for Australian women aged 15 to 45 years[121]. Among Aboriginal and Torres Strait Islander women, the burden of disease from intimate partner violence is five times higher than for non-Indigenous women.

Family violence is preventable. However, it remains a deeply entrenched issue that requires a sustained, whole-of-community response. The economic cost of violence

against women and children in Frankston City was estimated at $85.5 million[122] in 2015, and this cost has likely grown given recent trends.

Chart 16: Family Violence Incidents, Frankston City and Victoria rate per 100,000 persons



Source: Crime Statistics Agency, year ending December 2024

The number of family violence incidents in Frankston City has fluctuated over the past five years. Following a slight decline between 2020 and 2022, where incidents dropped from 2,723 to 2,512, the trend reversed with a sharp rise to 2,942 in 2023 and 3,082 in 2024, an increase of 22% from 2022 to 2024.

In Frankston City in 2024, there were 331 reported victims of sexual offences. Nationally, women continue to be eight times more likely than men to be victims of sexual assault and are the primary victims in most family violence cases[123].

Social connection and inclusion

The Frankston City community continue to express a strong desire for a socially connected, welcoming and inclusive community. Community engagement has consistently shown that people value a sense of belonging and wish for a future where everyone, regardless of age, ability, gender, culture, faith, or socio-economic status, feels safe, respected and able to participate in community life.

Recent engagement findings highlighted strong support for initiatives that strengthen inclusion, particularly for people with disability, older adults, culturally diverse communities, and LGBTQIA+ residents. While many people feel proud of and enjoy

living in the area, others report feeling disconnected, undervalued or isolated. This was particularly true for people living alone, younger adults, and those experiencing financial hardship.

The *Frankston City Customer Satisfaction Survey 2024* found:

- 58% believe the city is accessible and inclusive for people with disability.
- 60% feel proud of and enjoy living in the area, and 56% report feeling part of the local community.
- 44% feel safe using public transport, and 65% feel safe at the beach and foreshore.
- However, only 38% of people feel valued by society,
- and just 24% felt they had opportunities to influence decisions on issues that matter to them.

Community members indicated that the main things that would help them feel more connected include getting to know their neighbours better, having more opportunities to talk with others, and feeling confident they could turn to people nearby for help.

A socially connected community fosters mental wellbeing and resilience. Emotional support, companionship and meaningful engagement can reduce loneliness, boost self-esteem, and protect against stress and depression. In contrast, social exclusion is associated with poorer mental and physical health, reduced participation, and a greater need for social support services.

Diversity, equity, and inclusion are critical for the social and economic sustainability of the city. When people are included in education, employment and community life, and feel that their voice matters, their wellbeing improves, productivity increases, and long-term social and economic costs are reduced[124].

Volunteering

Volunteering is an important part of community life in Frankston City. It not only contributes to stronger community networks and service delivery, but also builds social connections, confidence, and a sense of purpose. Research shows that volunteering can improve both mental and physical health by reducing social isolation and increasing personal wellbeing[125].

However, recent data shows a decline in formal volunteering participation. In 2021, only 10.5% of adults in Frankston City reported having volunteered in the previous

12 months[126]. This is a decline from 15.4% in 2016 and 13.8%. This trend is consistent with broader state-wide patterns, with Victoria also seeing a decline from 17.7% in 2011 to 13.3% in 2021 (Table 31).

Despite this, Frankston City has a strong volunteer infrastructure. Impact Volunteering supports 90 local organisations and more than 2,900 registered volunteers. These individuals contribute across a range of areas including community services, environmental projects, and arts and culture.

Community Satisfaction Survey data suggest that while formal volunteering rates have declined, informal community engagement remains strong. Many residents expressed a desire to contribute**,** especially when roles are well-matched to their availability and interests.

Table 31: People who have volunteered in the previous 12 months, Frankston City and Victoria (%)

	2021	2016	2011	% change
Frankston City	10.5	15.4	13.8	- 3.3
Victoria	13.3	15.4	17.7	- 4.4

Source: Profile.id Australian Bureau of Statistics, Census of Population and Housing 2016 and 2021

7. Health environments

Active transport

Frankston City Council has identified the need to enhance active transport options across the municipality to address its high dependency on private vehicles. The Integrated Transport Strategy 2022–2042, *Connecting Communities*, outlines a vision to make Frankston safer, healthier, more connected, sustainable, and inclusive. A key focus is reducing the area's reliance on cars, with approximately 92,000 daily trips under 3 km currently made by car, distances easily suited to walking or cycling[127].

Active transport, which includes walking, cycling, and other forms of human-powered mobility, offers significant and wide-ranging benefits. It improves public health by increasing physical activity, reduces greenhouse gas emissions and traffic congestion, supports local businesses through increased foot traffic, and fosters stronger community connections. It also helps ease pressure on public transport and road infrastructure, lowering long-term maintenance costs and improving overall network efficiency.

Despite these benefits, people in Frankston City remain heavily car dependent. with 54.4% of people travelling to work by private vehicle (higher than the Victorian average), while only 2% used public transport and 1.3% walked or cycled (lower than the Victorian average)[128] (Table 32).

The *Victorian Integrated Survey of Travel and Activity 2020*[129] also confirms that Frankston City residents are more likely to travel by car and less likely to use active or public transport than the state average[2]. These patterns highlight the need for a shift towards more sustainable travel options.

Frankston City is served by the Frankston railway line, with stations at Frankston, Kananook, and Seaford, and has a local bus network, along with 936 km of pedestrian footpaths and 59 km of shared pathways. However, gaps in connectivity and safety concerns remain barriers to the wider uptake of active transport.

Encouragingly, the 2021 Frankston City Health and Wellbeing Survey and the Frankston City 2040 community survey revealed strong public support for better walking and cycling infrastructure. Residents are calling for a safer, better connected, and higher quality shared path network to support healthier and more sustainable transport choices.

Table 32: Method of travel to work, 2021 and 2016 (%)

	2021	2016	% change
By car			
Frankston City	54.4	73.2	-18.8
Victoria	47.9	62.9	-15.0
By public transport			
Frankston City	2.0	5.5	-3.5
Victoria	4.6	12.9	-8.3
By bicycle or walking			
Frankston City	1.3	1.6	-0.3
Victoria	2.9	4.1	-1.2

Source: Profile.id Australian Bureau of Statistics, Census of Population and Housing 2016 and 2021

Community safety

Community safety remains a key priority for Frankston City. Throughout recent community engagement activities including the Community Vision and new Council and Wellbeing Plan and Budget 2025, safety was identified as critical to health and wellbeing and community pride.

While many residents acknowledge improvements in safety, perceptions still differ markedly between how safe people feel during the day and at night. According to the *Frankston City Community Satisfaction Survey 2024*, 91% of respondents felt safe walking alone during the day (Table 33), while only 50% felt safe walking alone at night (Table 34).

These figures reflect a gradual improvement over previous years but are still lower than the Victorian averages of 94% for feeling safe during the day and 58% at night. Significantly, women feel less safe than men in all public places in Frankston City.

Table 33: People who feel safe walking in their street alone during the day, Frankston City and Victoria by sex (%)

	2024	2023	% change
Frankston City	91.0	89.0	+2
- *women*	*85.0*	*84.0*	+1

- *men*	*92.0*	*90.0*	+2
Victoria	94.0	95.0	-1

Source: Frankston City Community Satisfaction Survey 2023 and 2024

Table 34: People who feel safe walking in their street alone at night, Frankston City and Victoria by sex (%)

	2024	2023	% change
Frankston City	50.0	51.0	-1
- *women*	*63.0*	*66.0*	-3
- *men*	*76.0*	*79.0*	-3
Victoria	58.0	59.0	-1

Source: Frankston City Community Satisfaction Survey 2023 and 2024

Perceptions of safety are closely tied to the built environment and local conditions. Recent community engagement[130] highlighted the following as important to perceptions of safety:

- Enhanced street lighting
- Increased police and security presence
- More activation and use of public spaces
- Urban beautification and better maintenance.

Community safety is recognised as not only reducing crime, but as central to community pride and connection. Engagement findings emphasised that a greater sense of safety would encourage people to engage more with their community and make greater use of public spaces.

Safety was not seen in isolation but linked to broader community wellbeing, including access to green space, cleanliness, mental health supports, and affordable local activities.

Regarding actual crime rates, in the year ending December 2024, Frankston City recorded 2,892 criminal incidents representing a 21% increase from the previous year and the highest rate in over a decade. This equates to an offence rate of 8,932. per 100,000 population, well above the Victorian average of 6,550.6[131]

The most common offences during this period in Frankston City included:

1. Theft from a motor vehicle
2. Breach family violence order
3. Other theft
4. Criminal damage
5. Steal from a retails store.

All of the above offences increased from the previous year.

Our coastline, waterways and open space

Frankston City has a variety of natural resources, including beaches, creeks, wetlands, and a wide range of parks and reserves. These spaces not only enhance the city's environmental value but also contribute significantly to the health and wellbeing of its residents[132]. There are over 800 diverse open spaces contributing to the city's green footprint, which exceeds 21,000 hectares and accounts for over 16% of its total land area.

As of 2019, there were 9.24 hectares of open space per 1,000 residents in Frankston City, a decrease from 10.42 hectares per 1,000 residents in 2011, attributed to population growth.

In 2024, 35.4% of households were within 400 metres of a large open space and a range of Council initiatives focusing on delivering open space and play space developments and renewals. This highlights Council's commitment to creating a well-planned, accessible and liveable city, with open spaces to meet community needs in the years to come.

Access to open spaces is associated with numerous health benefits, including increased physical activity, improved general health, and reduced symptoms of anxiety, stress, and depression. Additionally, "blue spaces" such as rivers, lakes, and coastal areas have been shown to positively impact mental health.

Frankston City's Natural Assets

- Open Space Coverage: Approximately 16.2% of the municipality's land area is designated as open space.
- Parks and Reserves: The city is home to over 100 green public spaces, including parks, gardens, and natural reserves.
- Foreshore: Frankston's 11 km of foreshore is a hub for major events, swimming, boating, walking, and relaxation, and supports significant coastal vegetation.

- Key waterways include Kananook Creek, Boggy Creek, and Sweetwater Creek, which play crucial roles in stormwater management. Frankston City Council maintains over 925 km of stormwater drains and approximately 210 outfalls into these waterways.
- Seaford Wetlands: This Ramsar listed site provides habitat for over 190 bird species, including 16 species classified as threatened in Victoria. The wetlands are managed collaboratively by Melbourne Water and Frankston City Council.

Biodiversity

Since European settlement, Frankston City has experienced significant environmental changes, with up to 90% of its natural vegetation cleared for agriculture, housing, and infrastructure development. This extensive land-use change has led to substantial habitat loss and the local extinction of numerous native species.
Engagement with natural environments has been shown to enhance individuals' recognition of nature's importance to personal and community wellbeing. Such interactions often foster behaviours that support environmental protection and sustainability. Moreover, participation in nature-based activities is linked to positive long-term health outcomes across various demographics and age groups.

- Frankston City is home to 534 indigenous plant species and 312 indigenous animal species, 40 of which are listed as threatened.
- As of 2020, the City had a tree canopy cover of 17%, which is considered low compared to other urban local government areas in Melbourne. This canopy comprises trees on both private and public lands, including approximately 62,000 street trees managed by the Council.
- The current rate of canopy loss is estimated at 1% or 1.4 km² every four years. In the 2019/2020 period, approximately 70,000 trees, shrubs, and ground plants were planted in open spaces and natural reserves to compensate for canopy loss.
- During the same period, 2,200 hours were dedicated to litter collection, resulting in the removal of 415.7 cubic metres of litter from the foreshore. Additionally, 2,900 hours of weed control were conducted in reserves to protect biodiversity and promote natural regeneration.
- Operated by Melbourne Water, the Eastern Treatment Plant treats approximately 400 million litres of sewage daily and generates about 50% of its electricity needs from renewable sources, including a solar farm with 39,000 panels installed in 2023. The plant provides habitat for a diverse range of bird species, including migratory waders that travel vast distances annually.

Climate change

On 18 November 2019, Frankston City Council declared a climate emergency, committing to urgent action to address global warming and adopting a net-zero emissions target for Council operations by 2025. Building on this, the Council adopted the Climate Change Strategy 2023–2030 on 3 April 2023, outlining actions to reduce emissions and adapt to climate impacts.

The *Frankston Climate Change Community Survey revealed* that 84% of respondents desire Council support in addressing climate change, including advice and incentives to enhance the energy efficiency of homes and buildings.

Climate change poses significant health risks. Victorian healthcare professionals are already observing climate-related health conditions in their communities, such as heat stress, dehydration, and exacerbation of chronic illnesses. However, only one-third feel well-informed to discuss these issues with patients.

Specific health impacts include:

- Heatwaves: Increased risk of heat-related illnesses and mortality.
- Air Quality: Worsening air quality leading to respiratory issues.
- Extreme Weather Events: Flooding and bushfires causing injuries, mental health issues, and disruptions to healthcare services.

In the 2021–22 financial year, Frankston City's total community-generated greenhouse gas emissions decreased to 1.45 million tonnes, down from 1.74 million tonnes in 2018–19. This reduction reflects efforts in renewable energy uptake, energy efficiency, and transport changes across the municipality.

Council emissions in 2022-2023:

- Net greenhouse gas emissions: 8,362 tonnes
- Emissions sources: Primarily from energy, transport, and waste

As of 2022 - 23, 22% of households in Frankston City have solar panels, indicating a continued upward trend in renewable energy adoption (Table 35). Additionally, 7,500 streetlights have been converted to energy-efficient LEDs, and Council's grid-supplied electricity is now 100% renewable, further supporting emissions reduction efforts.

Table 35: Rooftop Solar Photovoltaic (PV) Installations – % of Households

	2023	2021	2016	Change % 2016-23
Frankston City	22.0	18.8	15.0	+17
Victoria	26.0*	21.1	14.7	+11.3

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

*Note: Victoria 2023 data is estimated based on statewide trends reported by the Australian PV Institute.

Diverse and affordable housing

Frankston City continues to face significant housing affordability challenges, with a notable portion of households experiencing financial stress due to housing costs.

- In 2021, 10.6% of households with a mortgage in Frankston City are experiencing mortgage stress, which is slightly lower than the Greater Melbourne average[133] (Table 36).
- Approximately 34.2% of renting households in Frankston City spend more than 30% of their income on rent[134], indicating a high level of rental stress. This issue is particularly acute among households earning less than $50,000 per annum.
- Over the past five years leading up to June 2023, median private rentals in Frankston City increased by an average of 5.4% per annum, compared to 3.5% for Greater Melbourne[135].

The availability of affordable rental properties has declined significantly (Chart 17). In 2024, only 2.6% of new rental lettings were classified as affordable for low-income earners, less than half of what was available in 2021 (5.8%).

The population is projected to grow from 140,809 in 2021 to 162,673 by 2041, an increase of over 21,800 people[136]. To accommodate this growth, an estimated 9,000 additional dwellings will be required by 2036[137].

Housing stock is predominantly composed of separate detached houses, accounting for 78.4% of all dwellings. Medium-density dwellings, such as townhouses and low-rise apartments, make up 20%, while high-density dwellings constitute only 1.6%[138]. This composition does not align with the demographic trend, as nearly half of Frankston City's households consist of one or two people, indicating a need for more diverse housing options.

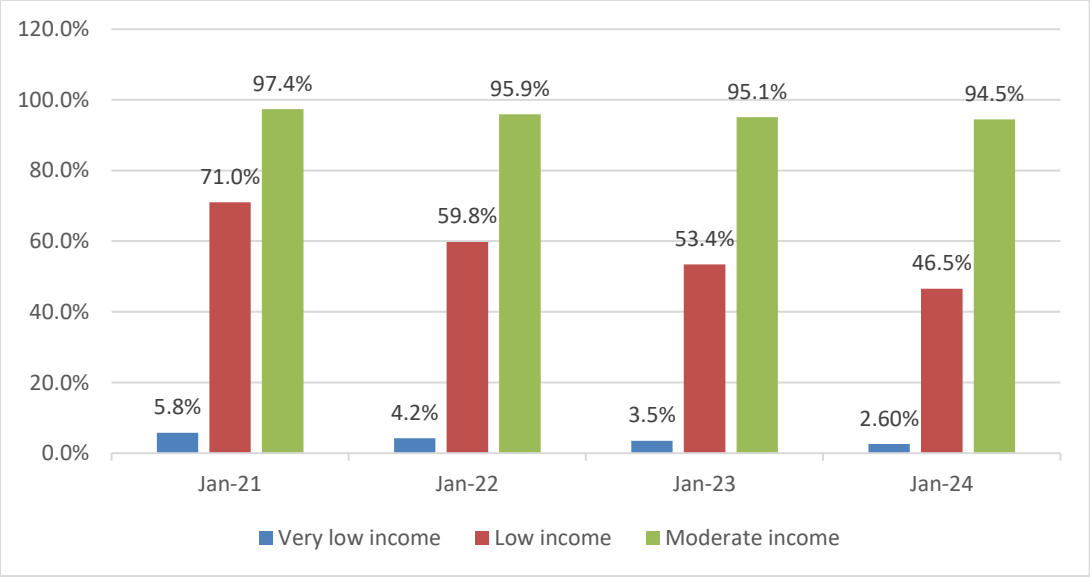
There is a significant unmet need for affordable housing in Frankston City with estimates indicating that 3,382 households require affordable housing, representing 6.4% of all households in the area[139].

Table 36: Households living in housing stress, Frankston City (%)

	2021	2016	% change
Mortgage Stress			
Frankston City	10.6	13.2	-2.6
Victoria	10.0	10.4	-0.4
Rental Stress			
Frankston City	40.1	33.9	+6.2
Victoria	32.0	30.3	+1.7

Source: Profile.id Australian Bureau of Statistics, Census of Population and Housing 2016 and 2021

Chart 17: Affordable rental properties – all bedrooms Frankston City (%)



Source: .id (informed decisions) Housing Monitor, Frankston City rental affordability

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