Background Report

Liveability, Wellbeing and Resilience in Maroondah

July 2025

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Introduction

The *Maroondah Liveability Wellbeing and Resilience Strategy 2021-2031 (*October 2025 Update) (the Strategy) is Maroondah's long term strategic plan that holistically outlines a vision for the future social environment of the municipality supporting the desired outcomes and key directions within *Maroondah 2050 Our future together* It also serves as *Maroondah's Municipal Public Health and Wellbeing Plan 25-29* (MPHWP). Through this Strategy and supporting action plans, Council and its partners will continue to strive towards enhancing the liveability, wellbeing and resilience of our community.

The role of local government in community health and wellbeing

Local government is uniquely placed to play a particularly important role in enhancing community health and wellbeing, liveability and resilience.

Historically local governments have had responsibility for delivering community services such as immunisation, early years and childcare services, youth and aged care services; regulating behaviour in public places and the handling of food; disposing of waste; building community facilities; and maintaining our public places and spaces.

Over the past 20 years, Council's role has expanded to incorporate additional functions including community development, health promotion, economic development, community advocacy, emergency management and sustainability education. These roles are increasingly more dynamic and require councils to work collaboratively with partner agencies from various sectors to collectively shape community wellbeing, liveability and resilience at individual, neighbourhood, municipal and regional levels.

Maroondah City Council has had a series of community health and wellbeing planning documents in place since 2007 that shape and influence the role of Council service delivery in meeting the needs and aspirations of the local community.

Meeting requirements of the Public Health and Wellbeing Act 2008

The *Maroondah Liveability Wellbeing and Resilience Strategy 2021-2031 (October 2025 Update)* has been prepared in accordance with requirements set out in the *Public Health and Wellbeing Act 2008* (the Act). This Act requires Council to prepare a health and wellbeing planning document every four years, within 12 months of general council elections.

The Act requires that the health and wellbeing planning document articulate how Council and its partners will work towards achieving maximum health and wellbeing for our community over the next four years.

The Act requires that the document must:

1. Include an examination of the data about health status and health determinants in the municipal district.
2. Identify goals and strategies based on evidence for creating a local community in which people can achieve maximum health.
3. Provide for involvement of people in the local community in the development, implementation and evaluation of the public health plan.
4. Specify how Council will work in partnership with the Department of Health and other agencies undertaking public health initiatives, projects, and programs to achieve the goals identified in the plan.
5. Be consistent with the Council Plan and the Municipal Strategic Statement.

The *Strategy* along with this *Background Report* meets these statutory requirements.

The intersection of community wellbeing, liveability and resilience

In developing and updating this Strategy, background research and community engagement has led to an expanded perspective of community health that incorporates the broad domains of community health and wellbeing, liveability and resilience. These domains are aligned, integrated, and interconnected; Each domain brings its own areas of focus and together they present a holistic perspective of how to enhance the social environment for our community.

Whilst historical health planning in local government has focused primarily on the social determinants of health, it is increasingly recognised that wellbeing, liveability and resilience all play key roles that incorporate the social determinants of health in enabling people to live their best lives.

A snapshot of just some of the services provided by Council to facilitate and enhance community wellbeing, liveability and resilience are highlighted in the table below:

Wellbeing	Liveability	Resilience
• Providing access to sport and recreation facilities • Delivering maternal and child health services • Enabling early childhood education • Providing services to aged and vulnerable residents through the Commonwealth Home Support Program • Empowering and supporting youth and young adults • Supporting vulnerable residents • Promoting lifelong learning and social connection through community houses • Delivering and supporting wellbeing programs, activities and events.	• Enhancing and maintaining open space, bushland and reserves • Providing and enhancing shared trails, footpaths and roads • Planning for changes to land use • Promoting and activating 20 minute neighbourhoods • Supporting local businesses and shopping strips • Facilitating community gardens • Providing public art, access to galleries and community involvement in cultural activities • Encouraging connection to First Peoples culture	• Leading emergency management preparation, response, relief and recovery • Providing community grants to support local groups and organisations • Mitigating and adapting to the impacts of climate change • Planning for the future housing needs of the community • Promoting investment by industry and other levels of government in Maroondah • Ensuring a financially sustainable approach to service delivery

Further information on the domains of wellbeing, liveability and resilience can be found on pages 9-17 of this Report.

Relationship to other Council strategic documents

The *Maroondah Liveability, Wellbeing and Resilience Strategy 2021-2031 (October 2025 Update)* is the strategic document currently in operation that describes how Council and partners will work together to achieve improved health and wellbeing for our local community. The Strategy was first completed in late 2021 and involved input from local community members, partners and key stakeholders from the health and community services sectors. This current version has been updated with more recent community consultation, data and research.

The Strategy is guided by the community vision for Maroondah as outlined in Maroondah 2050-Our future together. The Maroondah 2050 Community Vision was adopted in 2025 following extensive research and community and stakeholder consultation. The Vision is the foundation from which Council shapes all of its long-term plans for the municipality.

In addition, Council also has a range of other supporting strategic documents that guide service delivery for particular population cohorts, age groups, enabling activities and community issues. These include strategic documents in relation to children and families, youth, ageing residents, people with a disability, gender equity, arts and culture, reconciliation, physical activity, affordable housing and gambling.

Developing the Strategy (Update 2025)

Development of the *Maroondah Liveability Wellbeing and Resilience Strategy 2021-2031 (October 2025 Update)* has involved considerable background research and accompanying analysis as well as engagement input from Maroondah community members, local partners and agencies.

The key stages of this process are outlined below:

Stage 1 - Seeking input from the Maroondah community and stakeholders
The first stage involved a range of community engagement activities to seek the views of community members and key stakeholders on community health, wellbeing and liveability needs and aspirations in Maroondah. This included consideration of how Council and its partners could leverage strengths, address issues, and work in partnership to enhance outcomes for the community. A dedicated community survey was undertaken from 15 October 2019 to 14 March 2020. A series of survey questions sought community input on both liveability and wellbeing in Maroondah. The survey involved face to face interviews conducted by Council staff at key events and forums and an online survey distributed through Council networks, schools, and Council events. The distribution methodology included a range of activities aimed to engage with people beyond those groups who usually interact with Council.

For the development of *Maroondah 2050-Our future together* an extensive broad community and stakeholder engagement process was undertaken between August 2023 and December 2024. The aim of the engagement was to provide all Maroondah community members with opportunities to share their thoughts, aspirations and ideas for the future of Maroondah on a number of domains including health and wellbeing.
In addition, a series of other engagement activities were also undertaken between March 2023 and December 2024 involving consultation with Council's 7 community advisory committees, community groups and engagement activations at Council events. Different questions were asked depending on the interests and expertise of stakeholder groups and the nature of the community events held.

Stage 2 – Building an evidence base
Council has reviewed and updated the data and research in this background report to reflect the most up-to-date information about the health and wellbeing and liveability of the Maroondah community.
To inform the Strategy, this background research has integrated a social and health profile to meet the requirements of the *Public Health and Wellbeing Act 2008.*

Stage 3 - Consideration of issues and options
During this phase, Council distilled the key messages and priorities arising from the background research, community engagement and council staff input to consider whether the Focus Areas and Strategic priorities of the 2021 Strategy were still current. to be included in the Strategy.

Stage 4 - Update of the Strategy
The Strategy was updated based on the strategic framework established during Stage 4 and the identified priorities for future action and partnership work. Following the update of the Strategy, it was released to the Maroondah community for public exhibition and community feedback.

Stage 6 - Adoption of the Strategy
Following consideration of feedback received during the public exhibition phase, the final *Maroondah Liveability Wellbeing and Resilience Strategy 2021-2031 (October 2025 Update)* will be presented for Council adoption and sent to the Victorian Government in accordance with the requirements of the Public Health and Wellbeing Act 2008.

Stage 7 - Implementation of the Strategy
This stage involves implementing the strategic priorities in the Strategy through the development of associated action plans that include the Health & Wellbeing Action Plan 2025-2027.. These associated action plans will highlight the short-medium priorities of Council in working towards the Strategy and be reviewed regularly during the lifespan of the Strategy to ensure they are responsive to community needs.

Partnerships between a wide range of community service agencies, community organisations and groups, State government departments, and community members will be vital in implementing the Strategy and its associated action plans.

Stage 8 - Monitoring and Evaluation
To evaluate progress towards achieving the preferred future outcomes outlined in this Strategy, a number of key tactical outcome-based indicators will be monitored during Strategy implementation. Council will periodically report on these indicators along with some of the activities undertaken. Council advisory committees will also inform and provide direction on priorities, along with receiving regular reports on the implementation of initiatives. A full review of this Strategy will be undertaken in 2029/30.

Background Research

Council has undertaken significant background research into a range of topics, issues and population health needs impacting the municipality. Research has particularly focused on the impacts on the Maroondah community where data has been available but has also sought to understand the broader national/international context through a literature review.

From the background research and community engagement undertaken, three outcome domains and six focus areas have been identified.

The three outcome domains highlight what is sought for the Maroondah community into the future. In particular, the Strategy is seeking to enhance the health and **wellbeing**, **liveability** and **resilience** of the Maroondah community in the future.

To support the efforts towards these community outcomes, a set of six focus areas are identified:

1. Healthy lifestyles
2. Liveable neighbourhoods
3. Safe communities
4. Social inclusion
5. Embracing diversity
6. Social harms

By focusing efforts on these areas, it is hoped that the Strategy will enable progress to be made towards the community outcomes and ultimately support the community vision outlined in Maroondah 2050-Our future together.

A summary of background research on these three domains and six focus areas has been compiled in this Report to provide a consolidated evidence base. This research has been further summarised in the Strategy document.

Outcome Domain: Liveability

Liveability links the importance of place to community health and wellbeing, sustainability and productivity through consideration of how natural and built environments, including availability and access to amenities, can support people living their best life.

The liveability of a place is experienced differently by various population groups and liveability varies over time. At an individual level, liveability can be the extent to which we enjoy the quality of life afforded by the place we reside; whilst at a community level it can reflect the degree to which a city offers opportunities to enjoy its attributes.

Where we live has a direct impact on our health. By creating well-designed walkable neighbourhoods that are connected through a mix of land-uses, housing types and access to quality public transport, we can create more healthy, liveable communities.

The Australian Government has defined liveability as:

> *"the degree to which a place supports quality of life, health and wellbeing. In broad terms, liveable cities are healthy, safe, harmonious, attractive and affordable. They have high amenity, provide good accessibility and are environmentally sustainable."*[i]

Council's research for this Strategy has identified key factors that contribute to the liveability of a community. These include: the shared physical features of the natural built and economic environment; the availability of healthy environments for home, work and play; the services provided to support people in their daily lives; the socio-cultural features of a place including social cohesion and safety; and the perceived reputation of an area. Examples of key contributors to community liveability include employment, food, housing, public open space, transport, walkability, and social infrastructure.

The liveability of a place contributes to the desirability and attractiveness of that place and has both a direct and indirect influence on community health and wellbeing. Liveable communities create conditions that can optimise health and wellbeing outcomes for people by influencing the social determinants of health.

There are a broad range of liveability frameworks in place across the background literature. One example from the Australian Prevention Partnership Centre identifies the following domains of liveability that contribute to the health and wellbeing of a community: crime and safety; education; employment and income; health and social services; housing; leisure and culture; local food and other goods; natural environments; public open space; transport; and social cohesion and local democracy.

The Victorian Government has promoted the concept of 20 minute neighbourhoods as a driver of liveability in Melbourne. The 20-minute neighbourhood concept is all about 'living locally'—giving people the ability to meet most of their daily needs within a 20-minute return walk from home, with access to safe cycling and local transport options. These connected and walkable places are where people can live, work and play; buy their bread and milk, work from home or local business, access services and meet their neighbours at the central gathering places.[ii]

Key features of a 20-minute neighbourhood are shown in following diagram.

To enable liveability in Maroondah, there are six areas which have been identified as a focus through research analysis and community engagement. These are: alcohol environments, food environments, connected neighbourhoods, employment, open space and housing.

Alcohol environments

Excessive alcohol abuse can cause liver disease, stroke, depression and many types of cancers and is often linked to broader social issues including family violence, assault and homicide.[iii]

Studies have shown a positive association between number of liquor outlets within a one-kilometre network area and short term and long-term harm.[iv] Weekly short-term harm was associated with three to four outlets within a one-kilometre radius whereas five or more outlets were associated with monthly short-term harm. Close proximity to licensed outlets is also associated with hazardous drinking, increased incidents of common assault, non-aggravated/ aggravated sexual assault and tobacco and liquor offences.[v]

According to the VCGLR, Maroondah has 30 packaged liquor outlets with more than half located in the lower socioeconomic areas of Ringwood and Croydon.[vi]

In addition, Maroondah had the highest rate per 100,000 people in the Eastern Metropolitan Region for incidents of family violence attributed to definite or possible alcohol consumption in 2020/21 See diagram below:

Food environments

Access to affordable healthy food sources can promote healthy diets which may lower the risk of overweight and obesity. Conversely, high access to fast foods and high caloric foods can contribute to excessive weight gain.[vii] In 2021, over 32% of the adult population in Maroondah were pre-obese while 24% were obese.. Over 72% of the adult population in Maroondah consumed take away meals once a week, higher than the Eastern Region and Victoria. Only 1.7% met the fruit and vegetable consumption guidelines.[viii]

Recent studies have shown that on average, people are less likely to travel any further than 800m-1km to destinations such as shops and services.[ix] The average distance from residential properties to supermarkets across Maroondah is 1,661 metres.[x]

Connected neighbourhoods

Environments that facilitate pedestrian/cycling friendly neighbourhoods promote social capital and less marginalisation of vulnerable groups.[xi] Research has also shown that active transport including walking, cycling, and using public transport is linked to health benefits including reduced risk of type 2 diabetes.[xii]

Vehicle generated greenhouse gas emissions significantly contribute to global warming and climate change. On a global scale in 2004, it was estimated that 17% of carbon emissions was attributed to road transport.[xiii] Maroondah is a car dominated municipality with over 70% of Maroondah residents travelling to work by car whilst only 1.2% walk to work and 0.4% cycle to work.[xiv] The high rate of car dependence has the potential to impact physical health of residents as well as climate emissions and social connections in local neighbourhoods. In 2021, 52.2% of people travelled to work in a private car, 3.5% took public transport and 1.4% rode a bike or walked. 28.7% worked at home. These statistics should be read with some caution as Census Day in 2021 was during COVID-19 lockdowns.[xv]

Employment

Access to stable employment supports individual health and wellbeing through both financial and psychological benefits. Stable employment increases household income and decreases economic hardship which enables individuals to access basic life necessities including heating and cooling, nutritious food, health care and safe housing, all of which impact health direction.[xvi]

Open space

Local open space has an important role in supporting liveability, health, and wellbeing providing an opportunity for individuals to enhance their wellbeing through exercise, social connection, quiet reflection or connection with nature.[xvii] More than 11% of land in Maroondah is allocated for open space including 430 reserves, with approximately 70,000 street trees planted along roads within the municipality.[xviii]

Housing

Housing that is deemed affordable has the potential to improve health and liveability outcomes. When an individual pays more than 30% of their income on household costs, they are considered to be in housing stress. Affordable housing helps alleviate housing stress and may allow homeowners to allocate greater resources towards healthy foods and other health care related expenditures.[xix] In 2021, 13.8% of the Maroondah population experienced housing stress with the greatest proportion of households in stress found in Kilsyth (18.3%) and Croydon Major Activity Centre (20%).[xx] In 2021, 33.6% of rental households experienced rental stress with the highest areas being Kilsyth South (39.6%), Croydon Major Activity Centre (37.4%) and Ringwood Metropolitan Activity Centre (37.4%).

Outcome Domain: Wellbeing

Wellbeing encompasses social, economic, environmental, cultural, and political conditions that are key for people to flourish and fulfil their potential. Whilst there are many definitions and models of wellbeing, the World Health Organisation (WHO) considers wellbeing as:

> *"a state in which every individual realises their potential, can cope with normal stresses of life, can work productively and fruitfully and is able to make a contribution to their community*."

The existing literature shows that the concept of wellbeing has been widely debated since the Third Century BC when the philosopher Aristotle came up with the concept of 'Eudaimonia' – the contented state of feeling healthy, happy and prosperous.[xxi]

Most studies into wellbeing have historically taken one of two different approaches to define wellbeing which has created a confusing and contradicting research base. These two main approaches to wellbeing include the 'hedonic' approach (i.e. predominately covering happiness, positive affect, low negative affect and satisfaction with life), and the 'eudaimonic' approach (i.e. positive psychological functioning and human development).[xxii]

The recurring themes throughout the literature show that wellbeing should be assessed for both its subjective and objective qualities. A 'one-size fits all' approach should not be taken with wellbeing, but instead should be tailored to an individual or community. The research also tends to agree that wellbeing is a complex concept that must consider numerous aspects of an individual and/or community life including physical and mental health, social connectedness, economic and environmental mastery, and positive psychology including positive emotions, engagement, relationships, meaning and achievement.

At a community level, wellbeing should go beyond the narrow economic measures of growth and consumption, but instead be broadened out to include a full range of the social, economic, environmental, cultural and political concerns that matter to most citizens of the community.[xxiii]

The background research has highlighted a range of theories and contributors to individual and collective wellbeing. All of these aspects are considered to contribute to an understanding of wellbeing.

Improving mental health

Mental health is considered "a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community".[xxiv]

High levels of mental health can be associated with positive wellbeing outcomes such as increased learning, creativity and productivity, pro-social behavior and positive relationships, improved physical health and life expectancy. Poor mental health can result in a decrease of an individual's health and wellbeing resulting in mental health conditions such as depression and anxiety causing distress, negatively affected day to day function and relationships, poor physical health, and premature death.

Ultimately, mental health is about being cognitively, emotionally and socially healthy – the way we think, feel and develop relationships - and not merely the absence of a mental health condition.[xxv]

Thriving, not just surviving

The traditional focus of psychology has focused on relieving human suffering through understanding and treatment of mental health issues. The model of positive psychology created by Martin Seligman is framed on the premise people want to thrive and flourish, not just survive.

Positive psychology aims to broaden the understanding of human functioning, rather than narrow it, and explores the full gamut of human experience to maximise human potential. Positive psychology turns its focus to the 'average person' exploring what goes well in life, and to appreciating and maximising human potential, motivation and capacity.[xxvi] When introduced effectively, positive psychology provides strong scientific evidence about what works to improve well-being at both an individual and community level.

The PERMAH model is described as the scientific theory of happiness. The consists of six elements that in theory, can help a person to have fulfillment, happiness and meaning in life hence contributing to positive wellbeing.[xxvii] (Pasha 2020).

The five elements of PERMAH are briefly described below:

- 'Positive emotion' relates to the ability to remain and maintain an optimistic mindset and positive outlook.
- 'Engagement' refers to participation in activities, which is known to produce positive neurotransmitters and hormones that elevate our wellbeing.
- 'Relationships' relates to our social interaction, inclusion and connections with friends, family, peers, co-workers and any other forms of social interaction.
- 'Meaning' encompasses religion, feeling of purpose, spirituality and spiritual wellbeing.
- Achievement' involves goal setting associated with personal time, effort and resources to accomplish a desired outcome or task.
- 'Health' highlights the importance of eating well, moving regularly and sleeping deeply to support optimal person health outcomes.

By working towards these six elements at individual and community levels, the model suggests people can not just survive in life but grow in their resilience and be positioned to flourish.

Since 2014, Council has partnered with Communities of Wellbeing Inc (formerly the Maroondah City of Wellbeing Project) to improve the wellbeing of the Maroondah community. A range of projects, engagement

activities, training and advocacy has been undertaken through this initiative supporting the application of positive psychology in local schools, businesses, sporting clubs, and community groups.

Being socially connected

Humans have evolved as inherently social creatures that rely on effective relationships as a key contributor to both personal and collective wellbeing. Social connectedness can be defined as:

> *the degree to which a person has and perceives a sufficient number and diversity of relationships that: allow them to give and receive information, emotional support, and material aid; create a sense of belonging and value; and foster growth.*[xxviii]

There is growing research that suggests social connections, and participation in community groups and group activities, can assist with good mental health, reduce psychological distress and help to maintain overall health and wellbeing.[xxix]

Community members are considered at a high risk of social isolation/exclusion when they are experiencing a 'combination of problems, such as unemployment, discrimination, poor skills, low incomes, poor housing, high crime and family breakdown'.

In contrast, being socially connected to our family, friends, community and society allows people to create and share connections, create positive emotions, share emotional and physical interactions, learn and share new skills and resources, improve their sense of identity, self-worth and belonging, and create additional meaning and purpose in life.[xxx] Social connectedness also reduces our risk of experiencing loneliness or becoming socially isolated and excluded from our relationships and community.

Feeling safe and secure

The feeling of safety and security is considered a fundamental human right which strongly influences our health, wellbeing and productivity.[xxxi] Our perception of safety is often based on and affected by the level of control we have over our lives and the environments within our homes, workplaces and communities.

When we feel safe within our spaces and environments, we tend to find it easier to relax and be comfortable as well as focus on daily work and study to ensure our stability. In contrast, the perception and concern of unsafe environments and insecurity can affect our wellbeing through heightened stress, depression and anxiety, a decline in mental health, physical health and social connectivity.

Our sense of safety and security in everyday life is strongly influenced by a broad range of factors including the development and maintenance of infrastructure, public and open spaces, financial and job security, surveillance and lighting, fear of crime, human presence and activity, violence, graffiti and cleanliness, drug and alcohol use, social and anti-social behaviour.[xxxii] Similarly, global challenges such as climate change, terrorism, depleting natural resources, racism and discrimination, inequity, recurring economic and financial crises, along with the current coronavirus (COVID-19) pandemic are all factors that are playing an increasing role in a feeling of insecurity and unsustainability within communities.

Feeling safe and secure within a home, neighbourhood, workplace and community can affect sense of freedom, levels of stress and overall mental health, physical health, trust, social habits and lifestyle behavior, social connections, work and study productivity, and participation in leisure, community and physical activities (Department of Health 2019). In many cases, a community's perception of safety and concerns at home and in public are often related to fear of crime, domestic and family violence rates, road safety, workplace safety, responsiveness of emergency services and the community's resilience to disasters.

Having access to resources

Access and management of economic resources can play an important role in the health and wellbeing of individuals, families and households.[xxxiii] The ability to access and manage economic resources provides the opportunity for individuals to acquire goods and services to meet and maintain an acceptable standard of living through the ability to provide food, clothing, housing, education and leisure activities for themselves, their families and/or their households.[xxxiv]

Whilst money does not necessarily determine happiness, the ability to access and maintain economic resources can positively impact wellbeing through sense of achievement, reduced financial stress, life satisfaction and security.

Economic resources can adversely be affected by hardship due to changes in life circumstances. Examples include loss of income, unexpected expenses, unsuccessful investments, lifestyle choices, and family and life events. These life events can result in financial stress which can significantly impact individual or family wellbeing. Financial stress can have a flow on affect causing financial difficulties such as inappropriate housing, limited access to transport, education and services, lowering mental health and physical health.

People suffering from low mental health and mental health illness are particularly at risk of financial stress as their illness can reduce financial capacity often through an inability to sustain full-time paid employment, or dependence on disability support pensions and illness benefits.[xxxv]

Being able to cope with challenges

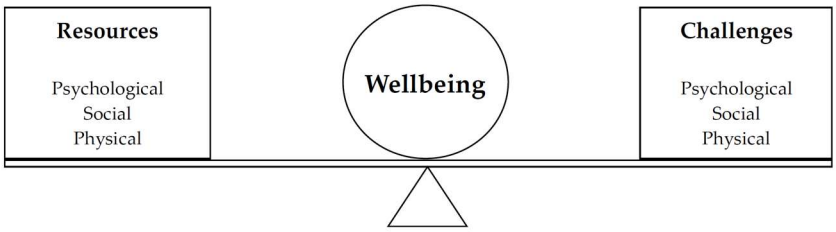
The degree to which an individual feels as though they are in control of their life and the decisions and actions they make is considered to have an important impact on wellbeing.[xxxvi] In the literature, this is described as 'environment mastery' or the psychological degree to which someone feels they have the ability to deal with both their current situation along with any unexpected changes to their relationships, workplace, community, mental and physical health. The impacts of sudden change and challenges can often result in ripple effects that impact and disturb the balance of an individual's wellbeing.

Individuals high in environmental mastery feel they have the resources and capacities to cope, adjust and adapt to problems, and are not overwhelmed by changing situations. Those with a low level of environmental mastery may feel powerless to change aspects of their environment which they are unsatisfied with, feel they lack the resources to cope, and are frequently overwhelmed.[xxxvii]

Maintaining a state of equilibrium

One model of wellbeing framed as 'equilibrium' theory proposes that overall wellbeing is based on the combined state of physical wellbeing, resources, psychological wellbeing, relationships, freedom and effectiveness in action. Where people experience a deviation to their 'equilibrium' pattern, they will experience changes to their wellbeing. The theory identifies that any definition of wellbeing should centre on a state of 'equilibrium' or balance that can be affected by life events or challenges. When someone experiences change to their resources or challenges, the see-saw is tipped affecting the equilibrium and state of wellbeing. The model as shown in the diagram below shows a set point of wellbeing in the centre when resources and challenges are at equilibrium.[xxxviii]

Figure 1. Equilibrium model of wellbeing



Outcome Domain: Resilience

Resilience has emerged over the last decade to describe a desired state to cope effectively with challenging events for individuals, households, communities and organisations. Individual resilience refers to the ability to cope with whatever life throws at you; whilst collective community resilience relates to how you can adapt, survive and thrive no matter what kind of chronic stresses and acute shocks are experienced.

The Resilient Melbourne Strategy defines resilience as:

> "the capacity of individuals, institutions, businesses and systems within a city to adapt, survive and thrive no matter what kind of chronic stresses and acute shocks they experience"[xxxix]

Resilience is a concept that can help us to understand how people and communities cope in the face of change and uncertainty. It is referred to as a strength or quality that can be learned and developed in order to respond or behave in a certain way.[xl]

The Victorian Government's community resilience framework notes that resilience can be measured against seven community resilience characteristics:

- safe and well;
- connected, included and empowered;
- a dynamic and diverse local economy;
- sustainable built and natural environment,
- culturally rich and vibrant;
- democratic and engaged; and
- reflective and aware.[xli]

These characteristics are closely aligned to community outcome areas identified in Maroondah 2040: our future together and the Maroondah Council Plan 2021-2024.

Communities that are resilient typically have a strong economy, good access to services and infrastructure, ample quality open space environments, low rates of crime, positive social interaction and inclusion, strong institutions and governance, and positive leadership.

Resilience can be built by reducing vulnerability and exposure, and empowering people so they are resourced and enabled. Strengthening our wellbeing (e.g. physical and mental health), connection (e.g. personal networks and relationships to the neighbourhood), knowledge (e.g. local and shared knowledge) and security (e.g. adequate shelter and personal safety) can increase our resilience.

Principles of resilience

Theoretical literature on resilience highlight some key principles that underpin an understanding of its role in shaping individual and collective health and wellbeing.

1. An acceptance of the reality that disasters, shocks and stresses will occur in life. Some result from the natural environment, others are human induced.
2. The cost of recovery from stressors can be minimised by limiting the impact of hazards on economic, built, social and natural environments
3. Resilience brings positive benefits to individuals, households, communities, businesses, organisations
4. Investing in building resilience across the four main environments (social, economic, natural and built) helps to speed up recovery from stress events.
5. The process of building resilience is strongly linked to community development principles of participation, empowerment, building capacity, engagement, skills development, partnerships and inclusion

6. Local government plays a key role in reducing vulnerability through its role in community development, land-use planning, management of the environment, promoting inclusion and facilitating social connectedness

Relationship between liveability, wellbeing and resilience

The three concepts of wellbeing, liveability and resilience are heavily inter-related with interventions or issues in one area often having corresponding impacts on the others.

From the background research

- Wellbeing is considered to have a more individual focus on physical, mental and emotional health with an emphasis on how we as people respond to external influences on our lives;
- Liveability is a more outwardly focused way of considering how we collectively relate to our physical and social spaces where we live; and
- Resilience is the process of developing both of wellbeing and liveability, and therefore becoming more adaptable to our changing lives and world

Focus Area: Healthy Lifestyles

A person's health depends on determinants (factors that influence health) and interventions (actions taken to improve health, and the resources required for those interventions)'.[xlii] Enabling people to have control over their health and its determinants also strengthens communities and improves lives.[xliii]

Healthy lifestyles are directly influenced by physical health, personal and mental wellbeing, activity and social interaction, along with consumption of food and drinks. Our personal wellbeing and the choices we make can help to improve or lower our physical health, mental health, eating behaviours and overall public health.

Healthy lifestyles play an important part in our wellbeing. They refer to positive outcomes achieved through our decision making, choices, participation and behaviours. When we focus on our holistic health, we reduce the risk of chronic illness and disease and improve our overall physical and mental wellbeing. Healthy lifestyles can help to improve happiness and satisfaction in our lives, reduce our risk of chronic illness and disease, improve our life expectancy and assist with maintaining good mental health.

The importance of healthy lifestyles has been very evident through the coronavirus (COVID-19) pandemic. The restrictions disrupted residents' social infrastructure, economic livelihoods, normal routines and community activities. The community's ability to lead a healthy lifestyle was dependant on a variety of factors. A focus on mental health ranked highly in the Maroondah community's response to needs following the pandemic.

Physical health and activity

An individual's physical health has a significant impact on their mental health, general health and overall wellbeing. Regular physical activity has been shown to relieve symptoms of depression and anxiety while improving mental health and wellbeing. Benefits from physical activity occur through increasing energy levels, facilitating social contact, decreasing stress hormone levels, maintaining health and reducing risks of health problems and improving sleep.[xliv]

Physical activity or exercise can improve mental and musculoskeletal health and reduces other risk factors such as being overweight or obese, high blood pressure and high blood cholesterol[xlv]. Being physically active can improve health and reduce the risk of developing several diseases such as Type 2 diabetes, cancer and cardiovascular disease. Physical activity and exercise can have immediate and long-term health benefits and improve quality of life. Health professionals recommend a minimum of 30 minutes of moderate-intensity physical activity on most, preferably all, days[xlvi]. However, 69.9%% of Maroondah

residents are not meeting daily physical activity guidelines. This is one of the highest percentages in the EMR and higher than the Victorian average [xlvii]

As seen in Table 1, well over half (60.4%) of Maroondah adults are either overweight or obese,
Table 1. Proportion of Maroondah adults who were overweight and obese[xlviii]

	Overweight	Obese	Overweight and obese
Maroondah	34.4	26.0	60.4

Men (66%) have consistently higher rates than women (54%).

Gendered health outcomes

The importance of recognising and responding to the differences in health outcomes between genders is identified nationally.[xlix] Different genders have distinct health and welfare needs and concerns. Some health differences between men and women are biologically based, most notably in the area of sexual and reproductive health[l]. Some causes of death are related to sex. For example, a man cannot die during childbirth. Similarly, a woman cannot die from prostate cancer, because only men have a prostate gland[li]. The following information highlights some key data on health outcomes for men, women and the LGBTIQA+ community.

Men's health
Australian men are more likely than Australian women to get sick from serious health problems. Many Australian men experience poor health outcomes across a variety of measures, including rates of overweight and obesity (20% more likely to be overweight or obese than females), diabetes and sexually transmitted infections (STIs). Males experience a greater share of the total fatal and non-fatal burden of disease, dying at younger ages than females and more often from preventable causes.[lii] Overall, for every two women who die, three men die. This figure holds true among children, with boys accounting for two out of three deaths due to accidents or drowning. Compared to women, men visit the doctor less frequently, have shorter visits and only attend when their illness is in its later stages.[liii]

Men outnumber women in many causes of non-gender-related deaths including suicide (75% of deaths are male), trachea and lung cancers (60%), blood and lymph cancers (58%), ischaemic heart disease (57%) and colon and rectum cancers (55%).[liv] Despite declines in mortality, prostate cancer remains one of the leading causes of death in males[lv].

One out of every six Australian men suffers from depression at any given time, with teenagers and the elderly particularly at risk. Men of all ages suicide at a higher rate than women. Male depression is associated with an increased risk of health disorders such as cardiovascular disease and diabetes. Depressed men are twice as likely as depressed women to abuse alcohol and drugs.[lvi]

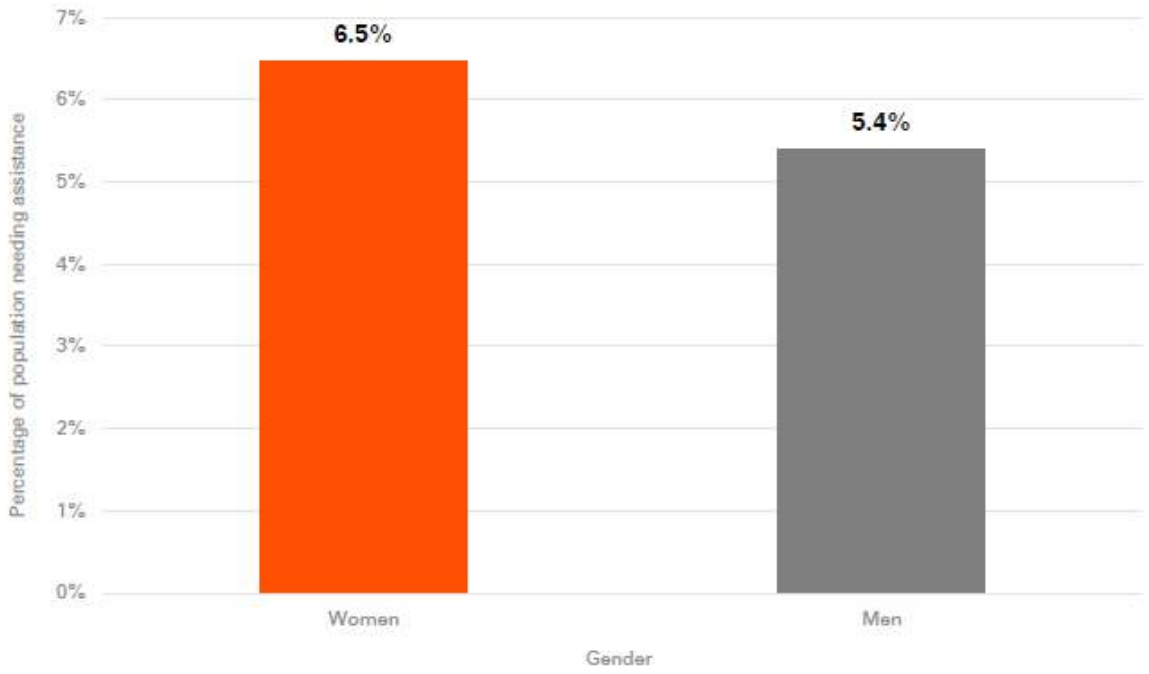
The priority areas identified in the National Men's Health Strategy 2020-2030 are mental health, chronic conditions, sexual and reproductive health and conditions where men are over-represented, injuries and risk taking and healthy ageing. The Strategy advocates for a life-course approach in tailoring interventions to engage and support Australia's diverse men and boys across all stages of their lives.

Women's health
As identified in the National Women's Health Strategy 2020-2030[lvii], women are overrepresented in incontinence (80% of people with incontinence) and dementia (61% of people living with dementia). One in four (25%) women have pelvic floor issues. Overweight and obesity rates are increasing for all women, and particularly in younger generations[lviii]. An estimated 82% of women aged 65+ have more than one long-term chronic condition. The timing of menarche and menopause are linked with adverse health outcomes in later life, including breast cancer, osteoporosis, type 2 diabetes, cardiovascular disease and mortality[lix]. Around one in ten (11%) Australian women suffer from endometriosis at some point in their life[lx] and a similar proportion (10%) of mothers of children aged 24 months or less, experience perinatal depression[lxi].

Mental health disorders represent the leading cause of disability for women in Australia and two in five (43%) women have experienced mental illness at some time. Women who experience family and intimate partner violence are more likely to report poor mental health, physical function and general health than other women.

The priority areas identified in the National Women's Health Strategy 2020-2030 to drive change and improve health outcomes are maternal, sexual and reproductive health, healthy ageing, chronic conditions and preventive health, mental health, as well as health impacts of violence against women and girls.

In the City of Maroondah, a higher proportion of women than men have a need for assistance due to disability. In absolute terms, there are 3,834 women and 3,008 men with a need for assistance due to disability. Compared to women in Greater Melbourne, a slightly higher proportion of City of Maroondah women have a need for assistance due to disability.



In the City of Maroondah, 36.7% of women and 31.5% of men reported at least one long-term health condition. In absolute terms, this was 21,771 women and 17,544 men. A higher proportion of women than men reported one or more long-term health conditions in almost all age groups.

A lower proportion of Greater Melbourne women have one or more long-term health conditions (31.6%) compared to women in the City of Maroondah (36.7%). Comparison of health conditions by age shows a higher proportion of younger City of Maroondah women with long-term health conditions and more similar rates in age groups beyond the age of 55 years.[lxii]

LGBTIQA+ community

Mental and physical health rates are poorer for Victorian LGBTIQA+ adults compared with non-LGBTIQA+ adults.[lxiii] Research shows higher rates of two or more chronic illnesses, daily smoking, psychological distress as well as anxiety or depression amongst LGBTIQA+ adults, compared to non-LGBTIQA+ adults (see Table 2). They are also less likely to report an excellent or very good health status. Bisexual, pansexual and/or queer respondents were more likely than heterosexual or lesbian/gay respondents to

have poorer self-reported health, low satisfaction with life, feeling life is not worthwhile, higher psychological distress and higher rates of family violence.

Table 2. Selection of key differences between LGBTIQA+ adults and non-LGBTIQA+ adults in the Victorian Population Health Survey 2017

	LGBTIQA+ adults	Non-LGBTIQA+ adults
Two or more chronic illnesses	36%	25%
Daily smoking	18%	12%
Excellent or very good health status	36%	43%
High or very high psychological distress	24%	15%
Anxiety or depression diagnosis	45%	27%

The Victorian Public Health Survey 2023 reveals that 7.4% of Maroondah residents surveyed identify as LGBTQIA+ and 5% did not wish to say or did not know.

According to data published by the Victorian Government in the past 12 months:[lxiv]

- 58 per cent of LGBTQ+ Victorians have faced unfair treatment based on sexual orientation
- 78 per cent of trans and gender diverse Victorians have faced unfair treatment based on their gender identity
- 33 per cent of LGBTQ+ people from multicultural backgrounds feel they have faced unfair treatment based on their ethnicity, cultural identity or heritage.

Discrimination and harassment targeted at LGBTQ+ Victorians takes on several forms. In the last 12 months:

- 36.4 per cent faced social exclusion
- This is higher for Victorians located in outer suburban, regional and rural areas
- 32.7 per cent faced verbal abuse
- This increases to 37.3 - 44.5 per cent for LGBTQ+ people with disabilities
- 22.6 per cent faced harassment such as being spat at or offensive gestures
- This increases to 26.6 per cent for LGBTQ+ people from multicultural backgrounds
- 10.3 per cent experienced sexual assault
- This increases to 13.6 per cent for LGBTQ+ people from multicultural backgrounds and 13.0 - 19.0 per cent for LGBTQ+ people with disabilities
- 3.4 per cent suffered a physical attack or assault with a weapon

Mental health and wellbeing

Nearly half of all Australians will develop a mental illness at some point in their lives.[lxv] One in five (20%) Australians had a mental or behavioural condition in 2017/18, with these conditions more common in females compared to males[lxvi]. Poor mental health typically presents a significant impact on the health, wellbeing and resilience of an individual and community resulting in an increased risk of mental and chronic illness. Mental illness is also closely linked to social isolation, in which a person can become disconnected from society, family and friends. These impacts can affect relationships and emotional health, increase fatigue and affect sleep, affect self-care and personal hygiene, and in an extreme case result in premature death due to disease or suicide.

The suicide rate in First Peoples is twice that of their non-Indigenous counterparts. In Maroondah in 2021 the most prevalent long-term health condition of First Peoples was a mental health condition with the percentage of 20.1% being almost double that of the general Maroondah population at 10.4% and higher than Greater Melbourne First Peoples at 18.6%. The LGBTIQA+ community experience significantly higher

rates of suicide than the rest of the population. Males are more likely to die by suicide compared to females, and suicide is the leading cause of death for Australians between the ages of 15 and 44.[lxvii] In Maroondah, males are less likely to have sought professional help for a mental health problem (7%), compared to females (22%). Comparative statistics for males in the outer eastern metropolitan area are 16% and 14% for males in Victoria.[lxviii]

Mental health and physical health are inextricably linked. People who reported having a mental illness were much more likely to report having a chronic medical condition, and vice versa.[lxix] There is also a strong association between the use of alcohol, tobacco and illicit drugs and mental illnesses[lxx]. People who have been diagnosed or treated for a mental health condition have higher rates of illicit drug use, daily tobacco use and alcohol use (both single occasion risk or lifetime risk).

As outlined earlier, whilst the identification and treatment of mental health problems is critically important for those facing mental illness, it provides an incomplete picture of mental health.[lxxi] Positive psychology is an approach that shifts the focus from what is clinically wrong, to the promotion of wellbeing and the creation of a satisfying life filled with meaning, pleasure, engagement, positive relationships, accomplishment and health[lxxii]. The components of PERMA+ (Positive Emotion, Engagement, Relationships, Meaning, and Accomplishment PLUS Optimism, Physical Activity, Nutrition, and Sleep), are viewed to serve as the building blocks for wellbeing[lxxiii]. Research has shown that there are some preventative strategies and skills that allow people to navigate the challenges of life more effectively and enjoy life despite the upsets.[lxxiv]

Healthy eating

Food and beverage consumption play an important contributing factor to an individual's health and wellbeing. Most Victorians do not meet the minimum recommended number of daily vegetables serves and similarly, only 5% of Maroondah residents met daily vegetable consumption guidelines (5% in Victoria). Half of the Maroondah population (49%) met fruit and vegetable consumption guidelines every day (48% in Victoria), and 13% consume sugar-sweetened soft drinks daily (10% in Victoria). These findings could be contributing factors towards Maroondah's obesity rates, where 66% of the municipality's population is pre-obese or obese.[lxxv]

The issue of food security, which is also a cost-of-living issue, has been a concern for Maroondah where the percentage of people who ran out of food and could not afford to buy more increased by almost 42% from 4.1% in 2020 to 5.8% in 2023. See table below for EMR and Greater Melbourne comparison[lxxvi]:

Local Government	**% of population ran out of food and could not afford to buy more**	**% of population worried about running out of food**	**% of population sometimes worried about running out of food.**
Boroondara	4.9	5.5	9.1
Knox	7.7	10.6	17.6
Manningham	4.8	8.8	8.5
Maroondah	**5.8 (third highest)**	**8.4**	**16 (second highest)**
Monash	5.3	5.9	14.7
Whitehorse	7.7	8.2	9.9
Yarra Ranges	8.9	10.5	13.7
Greater Melbourne	7,7		15.6

In addition, the Eastern Emergency Relief Network reports the following

- 25% increase in the amount of items EERN gave out (last year 8,368 items were provided, this year it was 10,462)
- 15% increase in numbers of clients (last year 1337 clients visited the warehouse, this year it was 1533 clients)
- 220% increase in the need for non-perishable food, toiletries

- 38% increase in the need for bedding, sheets, pillows.

Public health

Public health issues can emerge and change over time. At present, drug resistant infections also known as antimicrobial resistance (AMR), are a major public health issue that can bring a variety of health, economic and social impacts. Antimicrobial resistance (AMR) is the ability of certain bacteria, viruses and some parasites to develop resistance to antimicrobial medication making a disease or infection difficult to treat and increasing the risk of spread. These microorganisms that develop antimicrobial resistance are often referred to as 'superbugs'. Whilst AMR does naturally occur over time due to genetic changes, the misuse and/or overuse of antimicrobic pharmaceuticals can result in the acceleration of the process. The emergence and spread of resistant microorganisms are driven by human and non-human antimicrobial drug usage in Australia and overseas.[lxxvii]

The outcomes of AMR have serious health impacts on an individual including prolonged ill health, poorer quality of life, higher risk of spreading illness and may require more expensive / different antibiotics that can cause more harmful side effects. [lxxviii] Similar to COVID-19, AMR is highly transmissible. Whilst AMR currently is not as severe as COVID-19, the coronavirus (COVID-19) pandemic has demonstrated the affects that an uncontrollable, transmissible disease can have on our wellbeing and liveability through forced lockdowns, unemployment, social disconnection, economic instability, mental and physical health.

Our health is dependent on the health of our environment which faces significant consequences due to climate change There are future public health, wellbeing and safety implications which are already being felt. The direct and indirect impacts of climate change are exacerbating existing public health risks and present a high risk to human health.[lxxix] Direct impacts, caused by exposure to more frequent and intense extreme weather events such as bushfires, droughts, floods and heatwaves, include heat stress, injury, trauma and death. Indirect impacts of climate change, mediated through natural and human systems affected by climate change, include water and food borne diseases as well as impacts on the micro and macro nutritional quality of food. Existing chronic diseases such as cardiovascular and respiratory diseases can also be exacerbated because of higher temperatures, poorer air quality and airborne pollen.[lxxx]

Aside from its effects on physical health, climate change can also adversely affect mental health.[lxxxi] Extreme weather events such as floods, droughts and bushfires can lead to psychological distress due to trauma, illness, loss of loved ones, destruction of property and displacement, and disruption of communities, goods and services. As with other health impacts, marginalised and vulnerable populations tend to be the most affected by the mental health impacts of climate change and reduced access to health services.[lxxxii] Vulnerable groups include the elderly, children, people on low incomes, people experiencing homelessness, recent arrivals and those with pre-existing medical conditions.[lxxxiii] Within affected communities, layers of vulnerability can intersect and cause further disadvantage and exposure. The impact of the coronavirus (COVID-19) pandemic on vulnerable groups also experiencing extreme weather events compounds their vulnerability. This can be through economic implications, greater pressure on emergency relief systems and coronavirus (COVID-19) pandemic restrictions that need to be enforced during emergencies, such as density requirements in temporary shelters.[lxxxiv]

Connection to nature

Spending time in nature has been shown to have many positive effects on physical, social and mental health.[lxxxv] Visual and physical contact with nature helps reduce stress, anxiety, blood pressure and muscle tension, improves self-esteem, encourages positive feelings, and helps us recover from mental illness.[lxxxvi] Getting into nature has been shown to have positive impacts on concentration, learning, problem solving, critical thinking capacity, strength resilience and coping skills and creativity as well as enhance mental health and wellbeing through encouraging physical fitness and social engagement.[lxxxvii]

Cultural participation

Participating in arts and cultural activities also has multiple benefits for health and wellbeing including strengthening community connection, reducing social isolation, providing platforms for less prominent voices, and opportunities for bringing people together to develop creative solutions to health promotion challenges.[lxxxviii] The arts provide an important community setting for health promotion, a partnership model for the co-design and delivery of initiatives, a unique participatory experience with the potential to build connection and a vehicle to inform and create behavioural change.[lxxxix]

Focus Area: Liveable Neighbourhoods

Liveable neighbourhoods can shape the way we live, feel, enjoy and experience our community and are important for our liveability, health and wellbeing. Liveable cities have been conceptualised as a city or neighbourhood that is safe, attractive, socially cohesive and inclusive, and environmentally sustainable. Some key elements of a liveable neighbourhood consist of affordable and diverse housing linked to employment, education, public open space, vibrant local activity centres, health and community services, leisure and cultural opportunities, convenient public transport, along with walking and cycling infrastructure.[xc]

During coronavirus (COVID-19) pandemic restrictions, Maroondah residents spent more time in their local neighbourhood, with 5km travel restrictions in place and work from home directives. This provided opportunities for increased community connection to places and spaces, as local locations became destinations for exercise, socialising, outdoor activities and respite from staying at home. Coronavirus (COVID-19) pandemic restrictions also meant residents were limited to shopping for necessities with 5km of their residence, highlighting the visibility of local businesses as well as gaps in local markets. This revitalised connection has the potential to enable a greater understanding of the concept of living within a 20-minute neighbourhood where everyone can live, work, and play.

Living Locally -

Neighbourhoods are the places we live, connect and build communities. Plan Melbourne 2017-2050 is a long-term strategy to accommodate Melbourne's future growth in population, and the 20-minute neighbourhood concept is a key principle. In Plan Melbourne, the 20-minute neighbourhood is all about 'living locally' - giving people the ability to meet most of their everyday needs within a 20-minute walk from home, with access to safe cycling and local public transport options. Research shows that 20-minutes is the maximum time people are willing to walk to meet their daily needs locally. [xci]

The places we live have a direct impact on our health. By creating well-designed walkable neighbourhoods that are connected through a mix of land-uses, housing types and access to quality public transport, more healthy, liveable communities can be created. Features of living locally include having local health facilities and schools, employment opportunities, green streets and spaces and affordable housing options a short distance from home. Neighbourhood activity centres are an integral part of the city's vibrant community life and are critical to the aspiration of "living locally". Neighbourhood activity centres provide retail services and goods (newsagent, bakery, supermarket), local entertainment facilities (cafes and restaurants) and local health services and facilities to meet daily needs. [xcii] They also provide opportunities for social interaction and community participation.

Neighbourhood activity centres within Maroondah include Heathmont village, McAdams Square, Railway Avenue in Ringwood East and Main Street in Croydon. The average distance to an activity centre in Maroondah is 1517m, compared to 1539m in Monash, 1580m in Manningham, 1685m in Whitehorse,1721m in Knox and 2819m in the Yarra Ranges.[xciii] This shows that on average, Maroondah residents are slightly closer to activity centres than neighbouring local government areas.

Place Planning for Liveable Neighbourhoods

The Place Planning for Liveable Neighbourhoods project (the 'Project') focuses on better planning of our local activity centres to create places that are more liveable, where people can connect with their community, attract investment, and support local resilience. Council is seeking community input to ensure that local aspirations are included in future planning.

Croydon South and Ringwood North have been chosen as the first focus areas for the Project due to their potential to improve the quality of life for local communities within a walkable area and to build on previous community projects. The Project aims to identify opportunities to bring social, economic, and environmental benefits to local neighbourhoods. The Project aligns with the 'Liveable Neighbourhoods' focus area of this Strategy.

Liveable neighbourhoods can shape the way we live, feel, enjoy, and experience our community and are important for health and wellbeing. Liveable neighbourhoods are safe, attractive, socially inclusive, and environmentally sustainable. They aim to support 'living locally' by planning for walkable, well-serviced places where Maroondah residents can meet their needs. The outcomes of the Project seek to improve Council's approach to planning for liveable neighbourhoods and are intended to be replicated across the municipality.

Climate change

Council's operations, assets and service delivery provided to the community is vulnerable to a range of climate hazards (potentially damaging events) such as heatwaves and flooding. As the intensity, severity and duration of extreme weather events increases, enhancing the resilience of operations, assets and service delivery will become more important. Adaptation is action taken to prepare for actual or expected changes in the climate, in order to minimise harm, act on opportunities or cope with the consequences. Climate change adaptation means taking practical actions to manage risks from climate impacts, protect communities and strengthen the resilience of the economy.[xciv]

Open spaces

Liveable neighbourhoods are strongly influenced by the places and spaces within the community. Open spaces include green space, parks, playgrounds, walking/bicycle trails, reserves, golf courses and public sporting/recreation areas. These spaces can be used for both passive and active recreation. Open spaces increase the attractiveness of an area along with providing social and recreational opportunities for residents and visitors[xcv]. In Maroondah, open and green space is a vital component of liveability, providing opportunities for individuals to enhance their wellbeing through exercise, quiet reflection and connection with nature, family and friends. Maroondah's open space includes 430 reserves.

Vegetation and nature are important for wellbeing. Visual and physical contact with nature helps reduce stress, anxiety, blood pressure and muscle tension, improves self-esteem, encourages positive feelings, and helps us recover from mental illness. A network of safe walking and cycling routes that provide access to green spaces in an urban environment also encourages physical activity. In an increasingly urbanised setting like Maroondah, vegetation makes the places we live, more liveable. Plants provide pleasure for our senses, not only to look at, but also smell, feel and taste. Trees provide shade and vegetation improves the air we breathe and cools our urban areas. Natural green spaces encourage social interaction, provide tranquil places for relaxation, calm traffic on streets and improve walkability of neighbourhoods. Exposure to natural environments can also assist mental health, wellbeing, and childhood development.[xcvi]

Residents living in neighbourhoods with good access to public open space are more likely to use such spaces and gain the associated physical activity, and mental and physical health benefits. There is considerable evidence that living within walking distance of parks and in neighbourhoods with more green

public open space is linked to greater use of these areas and positive health outcomes.[xcvii] An estimated 72% of Maroondah dwellings are within 400 metres of public open space. This is slightly higher than both Knox (69%) and Yarra Ranges (53%), and similar to Manningham (72%) and Whitehorse (76%).[xcviii]

Transport network

Access to public transport is a key ingredient for liveability. Efficient and accessible public transport reduces inequities by facilitating access to services, education and jobs for those who cannot or choose not to, travel by car. Additionally, living close to public transport supports community health by encouraging walking and reducing people's dependence on cars.[xcix] Cars are a major source of greenhouse gas pollution in Australia cities. Providing viable alternatives to driving, such as expanding access to reliable, comfortable public transport, cycling and walking alternatives, will help to drive down transport emissions.[c]

People who live within walking distance of public transport stops, that is, 400m or approximately a 5-minute walk, are more likely to use public transport, and in turn achieve daily recommended exercise targets. However, public transport use is also influenced by other factors including comfort, overcrowding, cost, service route and frequency. A public transport stop is considered to have regular transport if there is at least one scheduled service every 30 minutes between 7am and 7pm on a normal weekday.[ci] In 2024, an estimated 54.5% of dwellings in Maroondah were located within 400 metres of regular public transport, compared to 74.7% in Whitehorse, 65.7% in Manningham, 48.5% in Knox and 29.4% in Yarra Ranges.[cii]

Working arrangements have been significantly affected during the coronavirus (COVID-19) pandemic and are likely to have longer-term implications. Research conducted during the coronavirus (COVID-19) pandemic has indicated fewer people will use public transport long term and instead use cars, with predictions it could take five to ten years to return public transport use to pre-COVID-19 levels.[ciii] Moving to work from home was the most significant change to employment due to the pandemic[civ] and this is expected to continue.[cv] In 2021, around two in three (68.5%) Maroondah working residents travelled outside of the municipality to work, whilst 26.5% both lived and worked locally in Maroondah[cvi].

Walkability / bike-friendly

Active travel involves walking, cycling, scooting or other active ways of getting to a destination for the whole journey, or as part of the journey along with other travel modes, such as public transport. Active transport is linked to health benefits and reduces private vehicle use and road congestion.

Research shows that city design has a profound impact on the willingness and ability of residents to walk for transport. Higher density, mixed use developments with connected street networks, encourage more local walking for transport. Encouraging active forms of transportation is beneficial for traffic management, the environment and the health and wellbeing of residents.[cvii] Highly-walkable neighbourhoods can lead to more physical activity and lower obesity prevalence amongst residents compared to low-walkability neighbourhoods.[cviii]

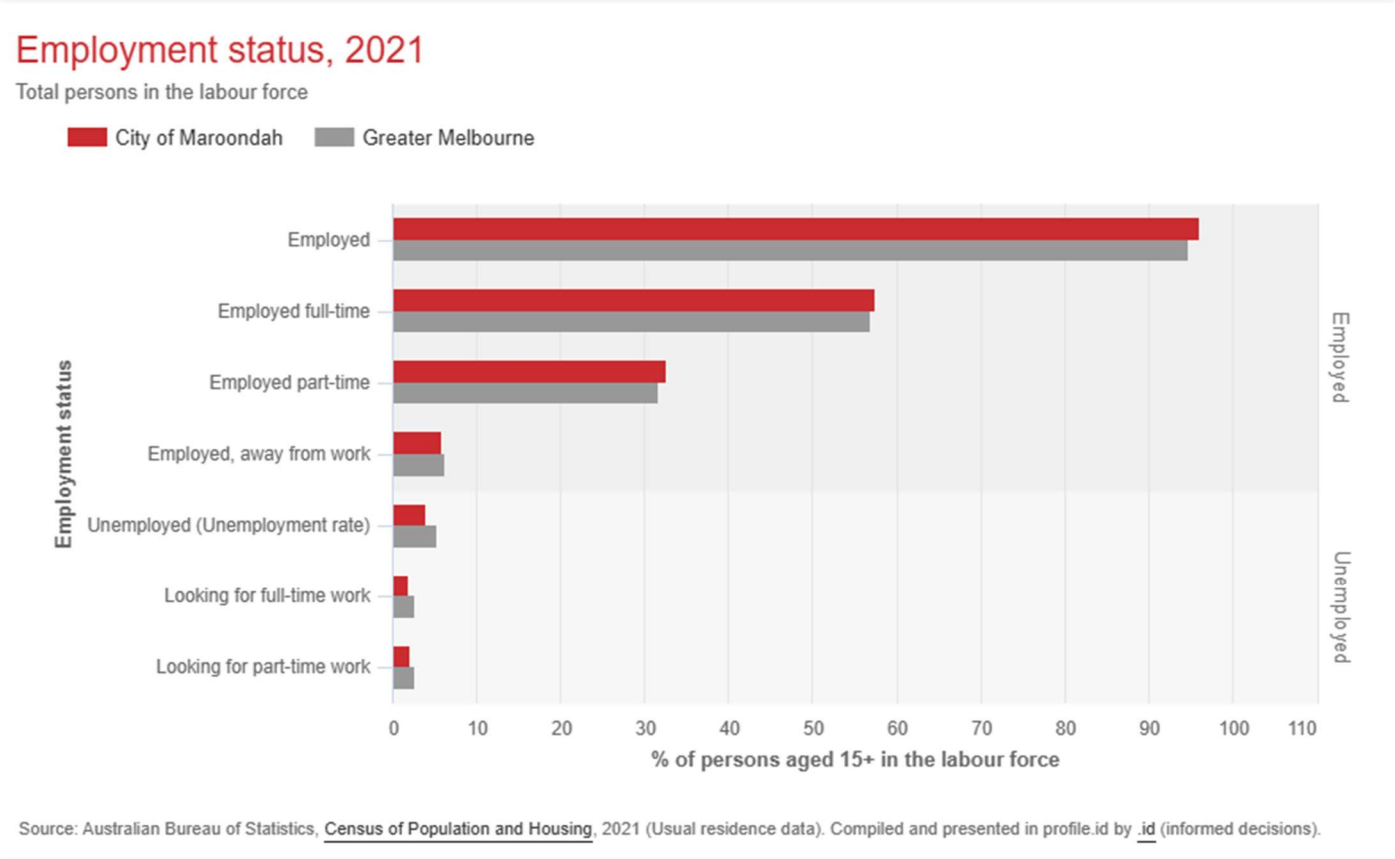
Ringwood, Ringwood East, Croydon and Heathmont were rated as the most walkable suburbs in Maroondah, where some errands can be accomplished on foot. All other Maroondah suburbs, including Croydon South, Croydon Hills and Ringwood North were rated 'car-dependent', where most errands require a car.[cix]

Employment pathways

Almost half (48%) of working-age (aged 15-64) people with a disability are employed, compared with 80% without disability.[cx] Whilst some people with a disability need specific arrangements to work, such as working part-time, specific leave arrangements or other supports such as being allocated different duties, the majority do not. Most employed (88%) and unemployed (82%) working-age people with a disability do not require specific arrangements from their employer to work.[cxi]

Women were significantly impacted by the pandemic, experiencing a higher number of job losses and taking on additional carer and home-schooling responsibilities. Women are underemployed in some sectors hardest hit by lockdowns such as hospitality and retail, but the demand for women's labour on the frontline-response sectors such as nursing and aged care increased. Women also comprise most essential service

workers, including health and social assistance, aged, disability and mental health care, early childhood education, teaching, cleaning and retail services. Many of the service industries, food service, tourism and accommodation, may suffer long term structural declines due to the economic shocks of the coronavirus (COVID-19) pandemic, even after economies reopen.[cxii]



Continuous learning

Continuous learning, also referred to as life-long learning, is all purposeful, planned education, formal or informal, from early childhood to old age.[cxiii] Continuous learning is the ongoing, voluntary, and self-motivated pursuit of knowledge for either personal or professional reasons[cxiv]. It enhances social inclusion, active citizenship, personal development, self-sustainability and employability.[cxv]

Compared to the EMR, Maroondah has fewer residents attending an educational institution (71.7% compared to 70.0o%), including university (4.2% compared to 6.4%), fewer residents that have completed Year 12 (61.% compared to 67%), and fewer with a bachelor or higher degree qualification (30% compared to 37%). Educational qualifications are one of the most important indicators of socio-economic status.[cxvi]

Learning across the lifespan in Maroondah is supported by childcare and early education centres, kindergartens, government and non-government schools at both primary and secondary levels, trade and higher education offered by Swinburne University, Maroondah's five community houses/centres, and two U3A centres.

Affordable Housing

Affordable housing measures the cost of housing (renting or purchasing) relative to household income. Whilst affordability can vary from household to household, housing that is deemed affordable has the potential to assist and improve liveability outcomes. In contrast, a lack of affordable housing in an area can have a detrimental impact on liveability, wellbeing, affordability and homelessness within the municipality.[cxvii] Affordable housing can help reduce poverty and enhance equality of opportunity, social inclusion and mobility.[cxviii] Affordable housing is commonly defined as housing which does not cost (in rent

or mortgage payments) more than 30% of gross household income for households in the bottom two quintiles (40%) of median incomes for a defined area.[cxix] Housing stress is defined as households in the lowest 40% of incomes who are paying more than 30% of their usual gross weekly income on housing costs.[cxx]

In 2021, 33% of renters were experiencing rental stress and 14% of homeowners were in mortgage stress. The percentage of households experiencing housing stress is unevenly distributed throughout the municipality, with higher proportions of housing stress (24.4-32.7%) coming from the Ringwood Metropolitan Activity Centre and Croydon Major Activity Centre.[cxxi]

Research shows that as of June 2024, private rental affordability rates in Maroondah for a 3 bedroom home have declined to just 4% where only 8 lettings were deemed affordable as opposed to 61.6%% or 151 affordable lettings in June 2005)[cxxii]. The significant decrease demonstrates the change in private rental affordable housing over the past 20 years.

Social and Community Housing

Social housing represents a subset of affordable housing and is owned by the Victorian Government or registered not-for-profit community housing providers and is permanently dedicated to affordable rental. Maroondah has been identified as needing a greater supply of social housing with very high waiting lists in place. Maroondah's level of social housing stock is 2.5%, far below the 5% average across Victorian and well below the 10% target.

The accessibility of public housing is a significant issue for Maroondah, due to the uneven distribution of both state-owned public housing and community housing. The uneven distribution makes it difficult for people living in certain areas to access social housing because of low housing stock. [cxxiii] Priority groups for social housing include people experiencing homelessness, at risk of homelessness, low-income families, those experiencing trauma, disadvantage and/or financial instability.[cxxiv]

Focus Area: Safe Communities

Safety is a fundamental component of wellbeing, liveability and resilience. The degree to which someone feels safe within a home, workplace or community has a significant impact on how and where they live, work and play. Feeling safe and secure within a home, neighbourhood, workplace and community can affect one's sense of freedom, levels of stress and overall mental health, physical health, trust, social habits and lifestyle behaviours, social connections, work and study productivity, and participation in leisure, community and physical activities. Achieving safer communities reflects addressing local concerns and perceptions of risk within a community and the place in which they live.[cxxv]

Feelings of neighbourhood safety and security are important determinants of the health and wellbeing of individuals and communities. When individuals feel safe within their community, they are more likely to experience greater levels of social connection and trust and become engaged with the community[cxxvi]. Perceptions of neighbourhood safety are also linked with health outcomes. When individuals perceive their neighbourhood as unsafe, they are less likely to engage with outdoor activities and exercise, experience increased anxiety, poor health outcomes and poor self-rated health.[cxxvii]

Community safety / perception of safety

A community's perception of safety, real or perceived, will influence how people go about their daily lives and how they engage within their local community[cxxviii]. These perceptions are often related to fear of crime, family violence rates, drug and alcohol use, development and maintenance of infrastructure, vandalism and cleanliness, surveillance and lighting, human presence and activity, public and open spaces, finance and job security, social and anti-social behaviours, responsiveness of emergency services and the community's resilience to disasters. Similarly, global challenges such as climate change, the depletion of natural resources, health and financial crises are all factors that are playing an increasing role in feelings of insecurity and unsustainability within communities.
Factors such as age, socioeconomic status, cultural identity, sex, gender, sexual orientation, education levels and personal experiences of crime can all affect how safe or unsafe a person feels. Media and

stereotypes can also affect perceptions of road and community safety[cxxix]. People who live in regions, suburbs or places that the media has negatively portrayed or have negative stereotypes attached to them are more likely to feel unsafe in those areas – regardless of their personal experiences or the actual levels of crime[cxxx]. Well-designed, maintained, appropriately lit, effectively utilised and activated roads, public places and spaces contribute to improved perceptions of community safety and reduce the opportunity for crime to occur. Societal factors including access to and types of employment, education and training opportunities, income, transport routes and availability, housing options and status as well as social connections can influence perceptions of safety. Social capital, including community connection, local leadership and civic participation, can help communities remain resilient during change and uncertainly.[cxxxi]

Access to public open space and pedestrian connectivity creates shared spaces within a community that promote active lifestyles and enhanced social capital. A neighbourhood that has strong walkability and provides safe open spaces to be used by the broader community can encourage people to use active and public transport methods, provide social interaction opportunities and create a sense of safety. Women's perceptions of safety in Australia are the lowest of any developed country in the world, with over half of Australian women feeling unsafe when walking alone at night[cxxxii]. In Victoria, results indicate women feel 80% less safe than men to walk alone at night in their neighbourhood[cxxxiii]. Specifically, in Maroondah 27% of women felt safe when walking alone at night compared to 68.5% of men. For women this is the lowest percentage in the EMR.[cxxxiv] Most (91%) Maroondah residents agreed that they felt safe walking alone during the day, which is similar to the Victorian estimate (93%). However, just under half (47%) of Maroondah residents agreed that they felt safe walking alone in their local area after dark, which is significantly less than the Victorian estimate (55%).[cxxxv]

The key to safer places is to improve the quality of the environment, minimise the opportunity for crime and promote accessible and liveable places that encourage a feeling of safety and community participation. Principles for safer design include maximizing visibility and natural surveillance of the public environment, providing safe movement, good connections and access, maximising activity in public spaces, and managing public space to ensure that it is attractive and well used.[cxxxvi]

Promoting gender equality and preventing family and gender-based violence

Family, domestic and sexual violence are all major health and welfare issues in Australia that stem from a range of underlying issues centred around gender inequality[cxxxvii]. Although it is acknowledged that family violence and abuse can be experienced by all social and demographic groups, young women, children, people with a disability, LGBTIQA+ community, First Peoples women and people from culturally and linguistically diverse backgrounds are particularly vulnerable.[cxxxviii][cxxxix] Problem gambling[cxl], personal or financial stress and poor social networks[cxli] have been associated with family violence and intimate partner violence.

During the coronavirus (COVID-19) pandemic, research and agency reports revealed an increased risk of violence against women in current domestic relationships, most likely from a combination of economic stress and social isolation.[cxlii] For many women experiencing violence during this period, there was a reduction in the ability to seek help, due to the many challenges experienced by organisations in providing supports, undertaking effective risk assessment and carrying out safety planning.[cxliii]

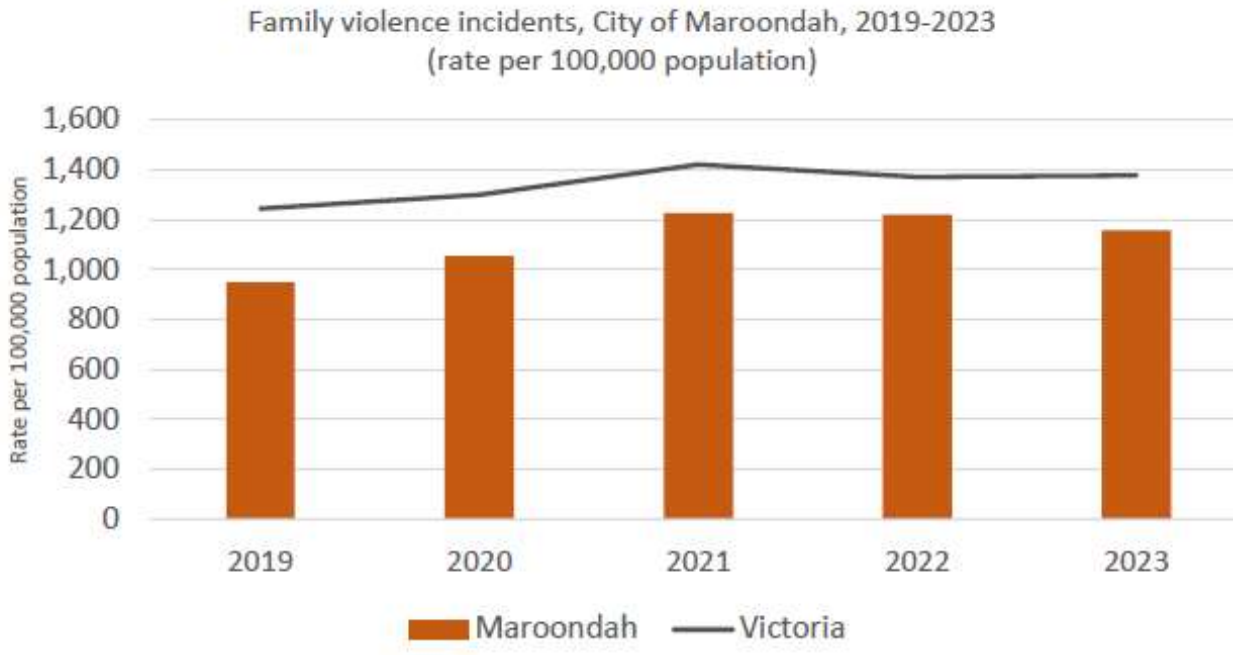
Since the age of 15, one in three (34%) Australian women has experienced physical and/or sexual violence perpetrated by a man.[cxliv] One in four Australian women (23%) and one in thirteen men (8%) has experienced physical or sexual violence by current or former intimate partner since age 15.[cxlv] Young women (18–24 years) experience significantly higher rates of physical and sexual violence than women in older age groups.[cxlvi] Women are more likely to experience violence from a known person, such as a family member, current or former partner within in their home. Men are more likely to experience violence from a stranger and in public spaces.[cxlvii]

Violence against women has profound, wide ranging, long term impacts on the health and wellbeing of women and children, families and communities.[cxlviii] On average in Australia, one woman a week is murdered by her current or former partner[cxlix] and almost 10 women a day are hospitalised for assault injuries perpetrated by a spouse or domestic partner.[cl] Female victims are more likely to be killed during a period of intended or actual separation.[cli] Intimate partner violence is the leading cause of death, disability

and illness in Australian women aged 18-44 years.[clii] Women who experience family and intimate partner violence are more likely to report poor mental health, physical function and general health than other women.[cliii] Women are at greater risk of experiencing domestic violence from their partner during pregnancy as well as up to one month after the birth[cliv]. Family violence is a leading driver of homelessness for women.[clv]

Of those who had experienced violence from a previous partner, 68% of women and 60% of men reported that children had seen or heard the violence.[clvi] For children and adolescents, the impact of experiencing family, domestic and sexual violence can affect their physical, psychological, emotional, behavioural, and social development, including interpersonal relationship issues, learning and development difficulties, mental and physical health issues, alcohol and other drug use, as well as aggressive, violent and criminal activities.[clvii]

Local data demonstrates that violence against women in the EMR and the City of Maroondah remains very high. Maroondah has the amongst the highest rates of family violence incidents in the EMR.[clviii] Maroondah has the highest rate per 100,000 population of domestic/family/sexual violence related ambulance call outs in the EMR.[clix]



Source: Crime Statistics Agency, https://www.crimestatistics.vic.gov.au/crime-statistics/latest-crime-data-by-area

Elder abuse

Elder abuse is a serious public health problem[clx]. Elder abuse often occurs via family members, friends or professionals (i.e. paid carers) who are known by the victim. Elder abuse can come in many forms including neglect, psychological, physical, financial or sexual abuse. People who commit elder abuse are often in a position of trust, such as family members or health care workers. Elder abuse has physical effects, such as injuries and disabilities, as well as psychological effects, such as anxiety, loneliness and loss of dignity, trust and hope. The prevalence of elder abuse is under-reported, as the victim may fear retaliation, shame or embarrassment, or have mental incapacity.[clxi] Female victims outnumbered male victims and the proportion of victims generally rose with age. Emotional and financial abuse were the most common types of elder abuse reported.[clxii]

Crime reduction

Crime has a significant influence on community safety and perceptions of safety in a public place. Personal experiences of crime, high-profile incidences of violent crime, terrorist threats, road trauma, and an

increasing crime rate can make communities feel less safe.[clxiii] The harm associated with crime can be experienced in many ways. It can range from inconvenience and economic loss to physical and psychological injury and distress, to trauma and grief. Harm can be experienced directly, by victims of crime and their families. It can also be experienced indirectly by creating fear and decreasing feelings of safety and trust within the community. Harm arising from criminal acts can involve a direct impact on an individual, impacts on families and communities, as well as system and opportunity costs in responding to harm. 'Reducing harm' by identifying threats and preventing crime is one of the Victorian Government's five priorities to make Victoria safer. [clxiv]

In 2024, the crime rates were lower than the Victorian rate (5527.2 per 100,000, compared with 6550.6)[clxv]. Most incidents occurred in Ringwood and Croydon and the major locations where incidents occurred were in homes and streets/lanes/footpaths. The top five offences were stealing from a motor vehicle, stealing from a retail store, other theft, criminal damage, and breaching family violence intervention orders.[clxvi]

Child protection

Victorian organisations that provide services or facilities for children are required by law to implement Child Safe Standards to protect children from harm. These aim to promote the safety of children, prevent child abuse and ensure organisations and businesses have effective processes in place to respond to and report all allegations of child abuse. Child Safe Standards work by driving changes in organisational culture – embedding child safety in everyday thinking and practice, providing a minimum standard of child safety across all organisations and highlighting that all have a role to keep children safe from abuse.[clxvii]

Road safety

Victoria has led the world in road safety interventions – introducing mandatory seat belts, random breath testing, bike helmet laws, safety cameras, and running public behaviour change campaigns around dangerous driving activities such as drink and drug driving. This has seen significant reductions in deaths on Victorian roads from 1,061 deaths in 1970 to 266 in 2019. Even so, in 2019, 266 people lost their lives on Victoria's roads, around 8000 Victorians were hospitalised with serious injuries and a further 12,000 were injured.[clxviii]

Survivors and families affected by road crashes have a range of physical, psychological and legal needs. Outcomes of crashes may include physical injuries and resulting disability, psychological trauma that can impair reintegration into work and family life, and a range of economic and legal consequences. While deaths have been steadily declining, serious injuries have been increasing – with current data indicating that for every death on Victorian roads around 30 people are seriously injured.[clxix]

Road safety is complex, requiring a bold, innovative and future focused approach. Road safety can be improved through safer vehicles, safer travel speeds, infrastructure improvements, enforcement, innovation and technology, public information campaigns and education programs.[clxx]

Emergency management

Emergency management contributes to community safety through reducing the impact of emergency related events, and assists the community to prepare for, respond to, and recover from emergency events.[clxxi]

The ability of a community to respond to, and recover from, an emergency will depend greatly on the level of resilience of the people affected. Preparedness focuses on ensuring the risks and management strategies identified in prevention planning are utilised to assist and facilitate the local community to be aware of the risks and the potential consequences of a resulting emergency event, to inform and equip them with tools to implement resilience strategies for their own homes and families.[clxxii] Disaster risk reduction refers to the actions taken before a hazard or disaster occurs to reduce the impact of such an event. Examples include implementing infrastructure building codes, measures to divert flood water or increasing water storage capacity in order to maintain water supply in times of drought. Disaster risk reduction work aims to reduce disaster risk and increase the resilience of a population.[clxxiii]

Climate change has caused more frequent and intense extreme weather events such as bushfires, droughts, floods and heatwaves,[clxxiv] and significant impacts from more gradual changes. The greatest related risks to Maroondah include: heatwaves, floods, storms, bushfires, gas and electricity service disruptions, residential fires, and epidemics / pandemics.[clxxv]

The impact of extreme weather events has been significantly exacerbated by the coronavirus (COVID-19) pandemic. The coronavirus (COVID-19) pandemic also placed strain on emergency relief. For instance, evacuations for storms are more difficult during a lockdown, requiring people to be spread over a larger number of shelters and ensuring provision of protection.[clxxvi]

Digital safety

Digital safety refers to the act of staying safe online. It is also known as online safety, e-safety and cyber safety. It encompasses all technological devices which have access to the internet. Being safe online means individuals are protecting themselves and others from online harms and risks which may jeopardise their personal information, lead to unsafe communications or even effect their mental health and wellbeing.

There are a range of harms that are associated with the internet such as anonymity and identity shielding (users hide or disguise their identifying information), online harmful sexual behaviours, sextortion, cyber bullying, unwanted or unsafe contact, fake news, illegal content and online scams. Another form of online harm is technology-facilitated domestic violence which is becoming increasingly common in Australia. The conduct might include monitoring, tracking, surveillance, or the use and distribution of another's personal information for the purposes of intimidating or harassing both online or in the physical environment. Harmful interactions or influences on social media have also been shown to have a significant impact on individual wellbeing. Algorithms used by companies can expose Australians to dangerous or harmful content while also controlling which influencers and political movements are shown on user accounts.[clxxvii] Although an integral part of modern society, the cyber environment can also cause harm and has increasingly played a role in criminal activity.[clxxviii]

Initiatives to minimise online harms are largely targeted towards children, parents and carers as young people are heavy users of devices and the internet. In 2016, 97% of Australian households with children aged under 15 years had access to the internet, with an average number of seven devices per household.[clxxix]

Focus Area: Social Inclusion

A socially inclusive community enables all members of the community to fully participate and contribute to social, economic and cultural life in a welcoming and safe manner. This includes participation in community events and activities, employment, education, enjoyment of public spaces and facilities, health services, housing and democratic processes.

Being socially included means that people have the resources, opportunities and capabilities they need to participate in education and training (learn); participate in employment, unpaid or voluntary work including family and carer responsibilities (work); connect with people, use local services and participate in local, cultural, civic and recreational activities (engage); and influence decisions that affect them (have a voice).[clxxx]

The concept of social inclusion paves the way for improving and positively changing society's behaviours and attitudes towards people from different backgrounds and perspectives, where all Australians are valued, recognised, feel a sense of belonging rather than being excluded from society.[clxxxi] Being socially inclusive is about the deliberate actions taken to remove or reduce barriers to inclusion and to create opportunities that facilitate and encourage full participation.[clxxxii]

Research has found that social connection and participation can assist with good mental health, reduce psychological distress and help to maintain overall health and wellbeing. However, social isolation and loneliness can be harmful to both mental and physical health. Social isolation has been linked to mental illness, emotional distress, suicide, dementia, premature death, poor health behaviours, smoking, physical

inactivity, poor sleep, high blood pressure and poorer immune function[clxxxiii]. Social isolation is seen as the state of having minimal contact with others. It differs from loneliness, which is a subjective state of negative feelings about having a lower level of social contact than desired. A person may be socially isolated but not lonely, or socially connected but feel lonely.[clxxxiv]

One in four Australian adults are lonely[clxxxv]. Some situations are more likely to be associated with loneliness than others, including people who are living alone and not being in a relationship with a partner. Young adults and males tend to report higher levels of loneliness. Recently separated men experience higher levels of loneliness than married men, and single parents also experience higher levels of loneliness than singles adults without children, or couples with or without children. Disconnection from community, unemployment and receiving income support are risk factors for developing loneliness. [clxxxvi] In Maroondah, 22% of the adult population report experiencing loneliness. This is the second highest percentage in the EMR.[clxxxvii]

Lone person households comprise one in four Maroondah households (24%). One parent families make up 11%. These results are consistent with Greater Melbourne. Couples with and without children make three in five households (58%) in Maroondah. Across Maroondah, there is variation in household composition. For example, lone person households comprise 40% in the Croydon MAC and 34% in Ringwood MAC, compared to 11% in Croydon Hills.[clxxxviii]

Table 3. Maroondah's household composition[clxxxix]

	Maroondah 2021	Greater Melbourne 2021
Couples with children	34%	33%
Couples without children	24%	23%
Lone person	24%	24%
One parent families	11%	10%
Group households	3%	4%

Sense of belonging

People have a strong desire to belong and it necessary for our survival. Belonging comes from a perception of quality, meaning and satisfaction with social connections. It may also relate to a sense of belonging to a place or event an event. Belonging is essential for our psychological and physical health and can play a role in the way we think and interact with the world.[cxc] Having strong social networks and a strong sense of social identity (through belonging to groups) is associated with better health, reduced levels of depression and anxiety, and improved overall wellbeing.[cxci] Belonging helps us feel valued, needed, and accepted by others, that our beliefs are valid, our efforts worthwhile, and comforted by being with others who share our interests and values. Without a strong sense of belonging, we can feel anxious, isolated, unsupported. We are also less likely to interact with others, weather tough times with hope for a positive future and take healthy risks and do things that might help us feel good. [cxcii]

Community participation

Community connection occurs when individuals are connected with, contribute to, feel included in and valued by their community beyond their family and friends. An important aspect of this relationship is reciprocity, where people both give to and receive from the community.[cxciii] One of the greatest influences on disaster resilience is social connection. Research shows that contact between people of different groups is important for building social inclusion. Many Australians have little contact with certain minority groups, and lack of contact is associated with higher prejudice.[cxciv]

The Victorian Public Health Survey 2023 revealed that the percentage of people not feeling valued by society in Maroondah was 15.2% which is the third highest in the EMR while 45.4% reported that they did feel valued by society which is the lowest in the EMR.

Volunteering

Being able to volunteer is one of the key components of social inclusion.[cxcv] Volunteering provides an opportunity for new social experiences and connections,[cxcvi] and the opportunity to practice and develop social skills. It can strengthen ties to the community and expose you to people with similar interests.[cxcvii] Volunteering can be very meaningful and enjoyable, and research shows volunteering can promote better physical and mental health. [cxcviii] It can also help combat stress, loneliness and social isolation.[cxcix]

Volunteering has many potential benefits. It provides the opportunity to experience a sense of achievement and purpose,[cc] act on values, passions and interests, build confidence, challenge oneself in a supportive environment and make a difference[cci]. Volunteering is also an important pathway to employment especially for those facing barriers in the job market. [ccii] It can provide the opportunity to gain work experience, transferable skills and build professional networks.[cciii] In Maroondah 14.8% of the population report that they volunteer.[cciv]

Community Infrastructure

Community infrastructure refers to public places and spaces that accommodate community facilities and services and support individuals, families and groups to meet their social needs, maximise their potential and enhance community wellbeing. Well-located, activated and fit-for-purpose community infrastructure has a broader role in shaping the physical layout and look of a new development/renewal area, helping to define its identity and character.[ccv]

Equity

Equality means everyone is treated the same or has the same life opportunities. However, equality can only be achieved if people start from the same position. Treating people the same does not take into account systemic barriers. Multiple forms of inequality and disadvantage such as gender, Aboriginality, disability, ethnicity, sexual orientation, gender identity, education and power can exacerbate unequal outcomes.

Equity is the process required to achieve equality, by ensuring affirmative measures are put in place to overcome structural barriers and discrimination that prevent inclusion, participation and access to resources and opportunities.[ccvi]

Homelessness

Homeless is a problem that goes beyond 'rooflessness' and a lack of access to safe shelter. The experience of homelessness includes vulnerable people living in refuges, crisis accommodation or in temporary housing.[ccvii] Every night, more than 116,000 people in Australia experience homelessness.[ccviii] The most visible experience of homelessness involves sleeping rough on the streets, however, this type of homelessness only represents 7% of the homeless population. Other forms of homelessness include couch surfing, living in cars or other temporary accommodation, severely crowded dwellings or inadequate forms of shelter that fall below adequate standards, such as boarding housing and caravan parks.[ccix]

Homelessness can be the result of many social, economic and health–related factors. Individual factors, such as low educational attainment, experience of family and domestic violence, physical and mental health, disability, trauma and substance misuse may make a person more at risk of becoming homeless.[ccx] Structural factors, including lack of adequate income and limited access to affordable and available housing, also contribute to risk of homelessness.[ccxi] People of all ages and backgrounds are at risk of homelessness, but First Peoples, children and older women are more vulnerable to homelessness than other groups in society. Domestic and family violence is one of the main reasons people seek support from specialist homelessness services[ccxii].

Community members experiencing homelessness are unevenly distributed throughout Maroondah, with the most recent data indicating the highest number of homeless persons are located in Ringwood, Ringwood East and Croydon. Lower numbers of homeless persons were recorded in the areas of Ringwood North, Croydon Hills and Warranwood. Increasing private rental prices are considered a key factor leading to the increase of homelessness in suburbs such as Ringwood and Croydon. Proportionally, the suburb of Croydon is identified as having the largest proportion of individuals living in social housing or without a

home.[ccxiii] Overall Maroondah has 474 people who are homeless with a rate of 42.1% per 10,000 residents. Both of these figures are third highest in the EMR.

Vulnerable Communities

Parts of Australia's population routinely experience forms of discrimination and exclusion as they go about their daily lives. Women and cultural minorities remain underrepresented in the leadership positions of Australian organisations. People with disabilities continue to face discrimination from employers. LGBTIQA+ people suffer from significantly higher levels of depression (and more attempted suicides) than the general population.[ccxiv]

Research shows that prejudice in Australia has been generally highest against religious minorities, racial minorities, First Peoples, and LGBTIQ+ people. Prejudice refers to negative attitudes, discrimination refers to the 'acting out' of those negative attitudes. Approximately one in five people were highly prejudiced against racial minorities (21%), religious minorities (19%), LGBTIQ+ people (20%), or First Peoples (21%). One in six were highly prejudiced against young people (16%) and one in seven against women (14%). In contrast, fewer people hold highly prejudiced views against people with a disability (7%), or older people (7%).[ccxv]

Discrimination occurs when there is 'unequal treatment of people based on the groups or categories to which they belong. Discrimination can be major, such as being unfairly denied a promotion or job, or discouraged from continuing education. In contrast, everyday discrimination refers to 'more chronic, routine, and relatively minor experiences of unfair treatment'[ccxvi], such as being treated with less respect and courtesy, receiving poorer service than others at restaurants or stores, or being called names. One in five (20%) Australians report having experienced a major form of discrimination in the last 2 years. The groups that report experiencing the most discrimination are young people (aged 18 to 24), First Peoples, LGBTIQ+ people, religious minorities, and people with disability. [ccxvii]

Local data, from the Victorian Public Health Survey 2023, reveals that 16.4% of Maroondah's population have experienced discrimination and this is the second highest percentage in the EMR.

Accessibility

An inclusive community by providing equal opportunities to access resources and share power among different people, fosters connectedness and interdependence among the community members[ccxviii]. Accessibility refers to providing an individual ability to access a place or type of infrastructure, providing mobility access to people with disability, enabling people to engage or fully participate in community activities, supporting engagement in the digital environment and empowering people to achieve their full potential.[ccxix] Accessibility, therefore, minimises inequalities, promotes social participation and helps in achieving social inclusion through greater equity, fairness and justice.[ccxx]

Digital inclusion

Digital inclusion means having the skills you need to live, learn, and work in a society where communication and access to information is increasingly through digital technologies like internet platforms, social media, and mobile devices.[ccxxi] Digital technologies are used in education settings, work settings and personal lives. Learning to identify authentic and reliable information, managing your online identity, personal security and privacy, are integral skills of digital literacy.[ccxxii]

Digital inclusion includes access, affordability and digital ability. Research has found that building digital confidence to safely and securely use the internet is important for enhancing digital inclusion. In general, Australians with lower levels of income, employment, and education are significantly less digitally included. Low-income family households lack access to technology options and suitable devices and have lower digital skills. Low levels of digital inclusion for older Australians increase the risks of social isolation and loneliness.[ccxxiii]

The coronavirus (COVID-19) pandemic has underlined the critical importance of digital inclusion. With the shutdown of schools, businesses, services, shops and meeting places, the digital transformation of education, government, business and community services has accelerated. However, the rapid

acceleration of the digital economy and society is emerging at a time when some members of the community still face real barriers to online participation. Older people, families without adequate internet access, and vulnerable Australians are among those who have been especially isolated during the pandemic.[ccxxiv]

Focus Area: Embracing diversity

Diversity plays a major contributing factor on liveability, health, and wellbeing. Diversity can be defined as understanding what makes each person unique. Diversity relates to different characteristics that can include race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, or other ideologies. Embracing diversity is the exploration and respect of these differences in a safe, positive, and fostering environment, moving beyond simple tolerance and embracing and understanding the rich dimensions of diversity within everyone.[ccxxv]

Diversity is a set of conscious practices that involve understanding and appreciating interdependence of humanity, cultures, and the natural environment; practicing mutual respect for qualities and experiences that are different from our own.[ccxxvi] Therefore, building alliances across these differences can contribute to a socially cohesive community where all individuals and groups have a sense of belonging, participation, inclusion, and recognition.

Intersectionality

Intersectionality is used to illustrate the interplay between kinds of discrimination[ccxxvii] as individuals can identify with multiple intersecting groups at the same time[ccxxviii]. Intersectionality describes how different parts of a person's identity or circumstances – such as age, race, culture, disability, gender, socioeconomic status or religion – intersect and combine to shape people's life experiences, including unequal outcomes, privilege and discrimination.[ccxxix]

People with a disability

The disability population is diverse and encompasses people with varying types and levels of disability. Research indicates that 1 in 6 Australians have some form of disability.[ccxxx] The prevalence of disability increases with age, meaning the longer people live, the more likely they are to experience some form of disability. Around one in eight people aged 15-64 have some level of disability, rising to one in two for those aged 65 and over.[ccxxxi] In line with the EMR, 5% of Maroondah's population need help in their day-to-day lives due to a disability. This rises to one in two Maroondah residents aged over 85 (48%). [ccxxxii]

Many people with disability experience a high quality of life through access to education, employment, healthcare and housing. However, some people with disability also face challenges in accessing and obtaining these areas. This is influenced by factors such as the nature of the opportunities, services and assistance available to them, the accessibility of their environment, and their experiences of discrimination. These factors can often lead to poorer health outcomes and as a result, poorer quality of life.

Research indicates that people with a disability compared to those without disability are more likely to be overweight or obese (72% compared to 55%)[ccxxxiii], smoke daily (18% compared to 12%)[ccxxxiv], less likely to complete year 12 (34% compared to 66%)[ccxxxv] and more likely to be unemployed (48% compared to 79%)[ccxxxvi]. Whilst some people with disability need specific arrangements to work, such as working part-time, specific leave arrangements or other supports such as being allocated different duties, the majority do not. Most employed (88%) and unemployed (82%) working-age people with disability do not require specific arrangements from their employer to work. Most (93%) working-age people with disability who are unemployed report at least one difficulty finding work, compared with 83% without disability. Own ill health or disability is the most common reason for those with disability, followed by lacked necessary skills or education, considered too old by employers, too many applicants for available jobs and insufficient work experience.[ccxxxvii]

People with a disability are considered one of the greatest at-risk groups in relation to violence. Adults with a disability are more likely to experience violence than those without a disability. Of adults with a disability,

- 1 in 2 (47%) have experienced violence after the age of 15, compared with 1 in 3 (36%) without a disability
- 1 in 5 (20%) have experienced abuse before the age of 15, compared with 1 in 10 (11%)
- 3 in 4 (74%) of those who experienced violence have experienced multiple incidents of violence, compared with 6 in 10 (62%)[ccxxxviii]

Culturally and Linguistically Diverse (CALD)

Culture is a significant contributor to diversity and encompasses many components such as values, behavioural styles, languages, non-verbal communications, and perspectives. The celebration of diversity, including local indigenous culture, will encourage community resilience and harmony. In 2016, 45% of Australians were either born overseas (26%) or had one or both parents who were born overseas (19%). One in five (20%) Australians speak a language other than English at home.[ccxxxix] In Maroondah, cultural diversity continues to increase over time. In 2016,

- 20% in Maroondah indicated that they speak a language other than English at home. Whilst lower than the proportion in Greater Melbourne (34%) this is higher than in 2016 (17%).
- Similarly, the proportion of residents who were born overseas was higher in 2021 (25%) than 2016 (23%).[ccxl]
- The Ringwood MAC has the highest proportion of people born overseas (42%), recent arrivals (37%) and who speak a language other than English at home (40%).

Communities that embrace and respect multiculturalism allows for positive interactions between multicultural groups. This in turn enables the development of a foundation for social cohesion and cultural exchanges across a community. Migrants also make a significant contribution to Australia's economy and provide an estimated financial benefit of over 10 billion dollars in their first ten years of settlement.[ccxli] Furthermore, cultural diversity has been found to enable increased tolerance and to challenge cultural stereotypes among individuals. A multicultural society provides the necessary conditions to promote tolerance and understanding cultures, this is achieved through exposure to different faiths, ethnicities, and languages.[ccxlii]

People from CALD communities often face some challenges when integrating into society. Some challenges range from language and cultural barriers, to the unique and often traumatic experience of migration. Newly arrived migrants and refugees have been found to have high rates of poor mental health. Contributing factors include trauma as well as discrimination and racism that people from CALD backgrounds may experience. [ccxliii] Almost two-thirds of people from CALD backgrounds have experienced racism and this in turn is associated with increased psychological distress.[ccxliv] Newly arrived migrants and refugees may also have difficulties obtaining employment opportunities for reasons including language barriers, recognition of educational qualifications or lack of Australian work experience.[ccxlv] Migrant and refugee women are also at greater risk of suffering poorer maternal and child health outcomes than other women.[ccxlvi]

Many CALD backgrounds are reluctant to voluntarily access both hospital and community-based health services. This is largely due to the difficulties in understanding and accessing mainstream systems of care and lack of access to services that are culturally safe and appropriate. The stigma of mental illness is also a contributing factor in some cultures and is a significant barrier to effective access to services.[ccxlvii]

Studies have shown that people from CALD backgrounds are likely to experience social isolation due to the process of acculturation, that is, migrants adapting to the host culture. The process of acculturation can lead to stress, boredom, social isolation and loneliness. All of which are risk factors for problem gambling, excessive alcohol consumption and poor mental health.[ccxlviii]

First Peoples

Australia is home to the oldest continuing living culture in the world, full of richness and diversity. [ccxlix] Reconciliation is about strengthening relationships, unity and respect between First Peoples and non-Aboriginal peoples, for the benefit of all Australians.[ccl] Reconciliation is unity and respect between First Peoples and non-Indigenous Australians. It is about respect for First Peoples heritage and valuing justice and equity for all Australians[ccli]. Reconciliation includes race relations, institutional integrity, equality and equity, unity and historical acceptance.[cclii] In 2021, approximately 1% of the Victorian population and 0.6%

of Maroondah residents identified themselves as First Peoples.[cclii] This equates to 734 in Maroondah, an increase from 560 in 2016.[ccliv]

Since the colonisation of Australia by European settlers, First Peoples have experienced extreme hardships, ranging from the loss of traditional culture and homelands to the forced removal of children and denial of citizenship rights.[cclv] Colonisation has led to many negative impacts on the health and wellbeing of First Peoples. Impacts included, discrimination, loss of identity, language, culture and land.[cclvi]

On average, First Peoples have a life expectancy that is 10-17 years shorter than other Australians. They suffer chronic disease, such as heart disease, at much higher rates than non-Indigenous populations. First Peoples infants die at twice the rate of other Australians. [cclvii] The suicide rate in First Peoples is twice that of their non-Indigenous counterparts.[cclviii] First Peoples women experience higher rates of comorbid conditions, including diabetes, breast, cervical and ovarian cancers than non-indigenous women.[cclix] First Peoples have higher rates of smoking[cclx] and single occasion risk and risky alcohol consumption. However, they are more likely to abstain from drinking alcohol compared to non-Indigenous Australians.[cclxi]

Access to health services is widely accepted as key to improving health outcomes. Despite this, Aboriginal and Torres Strait Islanders are often prevented from accessing these services due to barriers including high costs, experiences of past discrimination, racism, and poor communication with health care professionals.[cclxii]

People with Year 12 qualifications are more likely to continue further study, participate in higher education, and to enter the workforce. The Year 12 retention rate among First Peoples students has increased from 47% in 2010, to 60% in 2016. However, this is still lower than the non-Indigenous rate at 79% in 2010 and 86% in 2016.[cclxiii] In Maroondah, 41% of First Peoples have finished Year 12 or equivalent. This is higher than the proportion of First Peoples in Victoria (34%). The majority (92%) of Aboriginal and/or Torres Strait Islander peoples in Maroondah are employed. This is higher than the proportion of First Peoples in Victoria (86%).[cclxiv] However, in 2021 the unemployment rate for First Peoples in Maroondah was 6.9% compared with 4.0% for non-First Peoples.

LGBTIQA+ and gender identity

LGBTIQA+ stands for lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual plus other terms that are used to describe an individual's gender and sexuality.[cclxv] The LGBTIQA+ community in Australia still experience discrimination, harassment and hostility in many parts of everyday life and may hide their sexuality or gender identity due to discrimination and harassment. [cclxvi]

Mental health and general physical health outcomes are poorer for Victorian LGBTIQ+ adults compared with non- LGBTIQ+ adults.[cclxvii] The discrimination and societal stigma experienced by people identifying as LGBTIQA+ can have a significant impact on their mental health, with significantly higher rates of suicide than the rest of the population.[cclxviii] People identifying as LGBTIQA+ have higher rates of recent illicit drug use and lifetime and risky drinking[cclxix] Research shows higher rates of two or more chronic illnesses, daily smoking, psychological distress as well as anxiety or depression amongst LGBTIQA+ adults (36%, 18%, 24% and 45%), compared to non-LGBTIQA+ adults (25%, 12%, 15% and 27%). They are also less likely to report an excellent or very good health status (36% compared to 43%). [cclxx]

Age groups

The life experiences and circumstances of a child and young person impacts significantly on how the brain develops and on their health, social and education outcomes. Central to healthy brain development are supportive family relationships and positive learning experiences, along with universal access to services, and additional support where families are faced with stressful circumstances and lower levels of resilience. The environments in which children live and learn, and the quality of their relationships with adults and caregivers, have a significant impact on their cognitive, emotional and social development. Significant adversity such as poverty, abuse or neglect, parental substance abuse or mental illness, and exposure to violence in early childhood can lead to lifelong problems.[cclxxi]

The middle years (8-12 years) is a time of great opportunity and risk in the development of children, with major transitions such as moving from primary to secondary school and moving from childhood to

adolescence. It involves substantial physiological, neurological, cognitive and psychosocial change, and is accompanied by a number of risk factors in relation to school engagement, peer relations, and identity formation regarding culture, ethnicity, gender and sexuality. Growth in the availability and influence of social media is also an emergent issue that this cohort is dealing with. [cclxxii]

It is during the ages of 12-25 years that the decision-making part of the brain is fully developed. Providing guidance and support for adolescents and young adults is as critical as intervention in the early years. [cclxxiii] Young people in Victoria have never been better educated or more strongly connected. They're the most diverse generation in our state's history, and as leaders in our schools, workplaces and communities they are making Victoria stronger, fairer and more sustainable. At the same time, many young people are anxious about their future. Young people have been significantly impacted by the coronavirus (COVID-19) pandemic, with education opportunities, employment prospects, housing security, mental health and connection to community, family and friends affected. [cclxxiv] Research shows that suicide is the leading cause of death for Australians between the ages of 15 and 44.[cclxxv]

Our population is ageing. People over 85 years old are the fastest growing population group in Australia. Older Victorians are willing and able to continue to contribute to society in a positive way and fostering the conditions that enable them to age well will enable them to be able to do so. Ageism can lead older people to unnecessarily delay reaching out for assistance when its needed due to the stigma associated with using mobility aids or needing additional support or care. There is also a fear of loss of control and independence. The loss of meaningful relationships and social networks leading to social isolation and loneliness can pose a significant risk to ageing well. Key attributes of Victorians ageing well include a positive attitude, a purposeful and meaningful life, being respected and respectful, being connected to family, friends and society, in touch with a changing world, safe and secure at home and financially, being able to manage health issues including mental health and being able to get around.[cclxxvi]

As can be seen in Table 3, almost half of Maroondah residents were aged between 25-59 (48% compared to 49% of Greater Melbourne residents). Similar proportions exist across most age groups, however, there are fewer 18-34 year olds in Maroondah (22%) and more 50-84 year olds in Maroondah (32%) compared to Greater Melbourne (26% and 29% respectively). Between 2016 and 2031, the age structure forecasts for Maroondah indicate a 30% increase in the retirement age population.[cclxxvii]

Table 4. Maroondah's age group profile[cclxxviii]

	Maroondah 2021	Greater Melbourne 2021
Babies and pre-schoolers (0 to 4)	6%	6%
Primary schoolers (5 to 11)	9%	9%
Secondary schoolers (12 to 17)	7%	7%
Tertiary education and independence (18 to 24)	8%	9%
Young workforce (25 to 34)	13%	16%
Parents and homebuilders (35 to 49)	21%	21%
Older workers and pre-retirees (50 to 59)	13%	12%
Empty nesters and retirees (60 to 69)	10%	9%
Seniors (70 to 84)	10%	8%
Elderly aged (85 and over)	2%	2%

Focus Area: Social harms

There are a range of social influences that can result in disruptive and negative impacts on individual and community wellbeing. Whilst many of these influences have potential positive aspects, their overuse and/or misuse can result in significant harms. Lifestyle behaviours such as tobacco, drug, alcohol abuse, problem gambling and screen addiction are noted as contributing factors to poor mental and physical health.

The impact of addiction causes harm far beyond physical and psychological health. It also causes harm to the wellbeing and health of others. The health burden of alcohol and other drug use is considerable and includes hospitalisation from injury and other disease, mental illness, pregnancy complications, injections-relate harms, overdose and mortality[cclxxix]. The consumption of alcohol and other drugs may influence people to engage in risky or criminal activities such as driving a motor vehicle, offensive conduct and verbal or physical violence.

The use of alcohol, tobacco and other drugs has several economic impacts relating to household expenditure, decreased productivity, increase risk of unemployment, business reputation[cclxxx], healthcare and law enforcement costs.

Priority populations that are affected by alcohol, tobacco and other drugs include:

- Aboriginal and Torres Strait Islanders, with higher rates of smoking[cclxxxi] and single occasion risk and risky alcohol consumption[cclxxxii]. However, they are more likely to abstain from drinking alcohol compared to non-Indigenous Australians.
- People experiencing homelessness, with high rates of alcohol and other drug use, smoking[cclxxxiii] and alcohol consumption[cclxxxiv].
- Older people / seniors, with higher rates of smoking daily[cclxxxv]
- People identifying as LGBTIQA+, with higher rates of daily smoking, recent illicit drug use and lifetime and risky drinking[cclxxxvi]
- Younger people, whilst they have higher rates of illicit drug use and the potential for longer-term effects. Younger people are showing lower rates of smoking and over time, trying alcohol later and abstaining from drinking as teenagers[cclxxxvii]. However, they were more likely to engage in risky drinking[cclxxxviii]

Alcohol

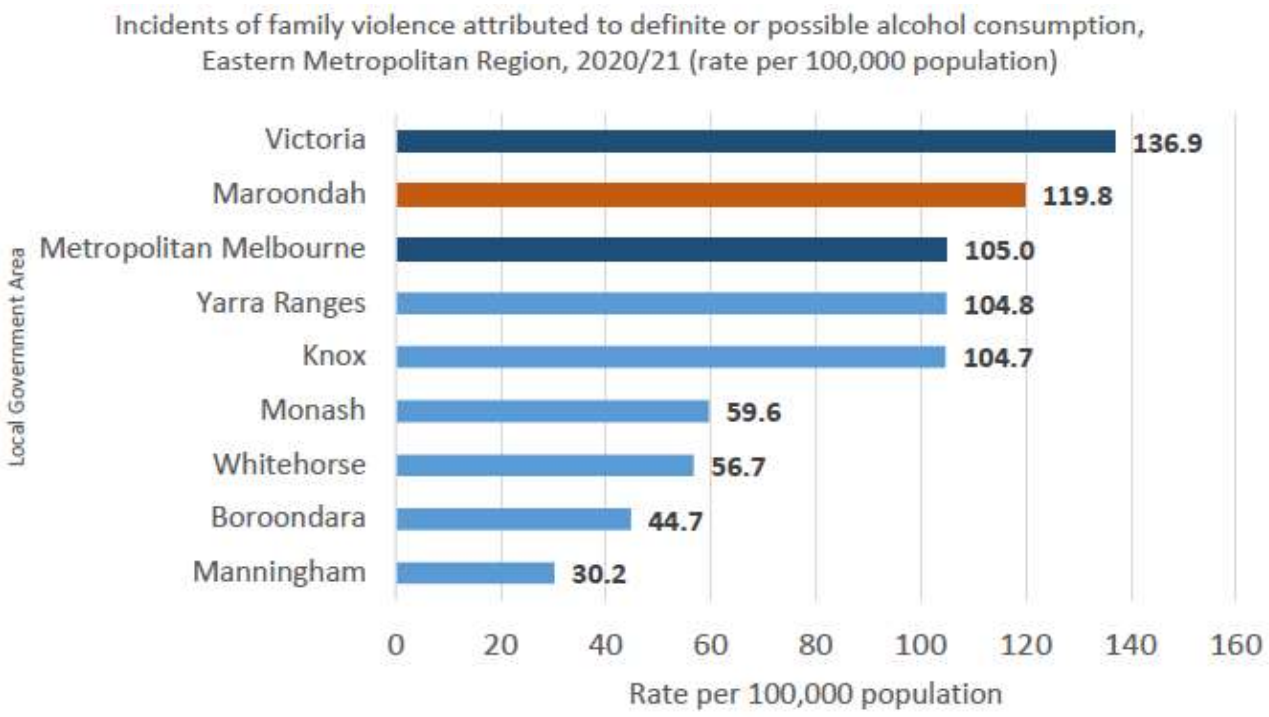
The consumption of alcohol is widespread within Australia and often associated with social and cultural activities. Yet harmful levels of consumption present major health issues as they are associated with an increased risk of chronic disease, injury and premature death. Alcoholic products fuel violence, accidents and illnesses[cclxxxix].

On a single occasion of drinking (consuming more than four standard drinks), the risk of alcohol-related injury increases with the amount consumed. More than 42% of Australian adults exceed the single occasion risk guidelines of four standard drinks, and men (54%) are more likely to exceed the single occasion risk guideline than women (31%). Young adults (aged 18-24 years) were more likely to exceed the single occasion risk guideline than any other age group with three in five (61%) engaging in risky drinking, with young adult males (67%) engaging in this behaviour more regularly than young adult females (55%).[ccxc]

In terms of longer-term risk, one in six (16%) Australians consume more than two standard drinks per day on average, placing them at lifetime risk of an alcohol related disease or injury.[ccxci] Men were more than twice as likely to exceed the lifetime guideline as women (24% of men and 9% of women). Older adults were more likely to exceed the lifetime risk guideline (18% aged 35-74) compared with younger adults (10% aged 18-24 years).

Alcohol related harms can also impact close contacts of individual who drink to excess. Alcohol is involved in up to 65% of family violence incidences reported to the police and up to 47% of child abuse cases each year across Australia.[ccxcii] Data shows that 22% of Australians had ever been verbally or physically abused or put in fear by someone under the influence of alcohol.[ccxciii] Females were more likely than males to report their abuser being a current or former spouse or partner while males were more likely to report their abuser was a stranger.
The vast majority of alcohol sold in Australia is through packaged liquor outlets. Research shows that areas with high accessibility of alcohol are subject to higher levels of community harm[ccxciv], as are areas of lower socio-economic status. According to the VCGLR, Maroondah has 30 packaged liquor outlets with more than half located in the lower socioeconomic areas of Ringwood and Croydon.[ccxcv]

The most recent available data indicated that Maroondah has the highest rate of alcohol assaults during high alcohol consumption hours (Friday and Saturday nights) in the EMR.[ccxcvi] Over the past decade, Maroondah has higher ambulance attendances due to alcohol in the EMR.[ccxcvii]
In addition, Maroondah had the highest rate per 100,000 people in the Eastern Metropolitan Region for incidents of family violence attributed to definite or possible alcohol consumption in 2020/21 See diagram below:



Source: Crime Statistics Agency (CSA), Compiled by Turning Point https://aodstats.org.au/explore-data/family-violence/

Illicit drugs

The illicit use of drugs in the community can result in both death and disability, whilst being a risk factor for many diseases. Drug use is also associated with risks to users' family and friends and to the community. Illicit use of drugs includes use of illegal drugs, misuse or non-medical use of pharmaceutical drugs, or inappropriate use of other substances. Illicit drug use is associated with many risks of harm to the user and to their family and friends. It has both short-term and long-term health effects, which can be severe, including poisoning, heart damage, mental illness, self-harm, suicide and death[ccxcviii]. More than two in five (43%) Australians aged 14 and over have illicitly used a drug in their life and 16% have used one in the past 12 months.[ccxcix]

Tobacco and Vaping

Smoking tobacco is considered the single most important preventable cause of ill health and death in Australia[ccc]. In addition, smoking is a leading risk factor for chronic disease and death, including many types of cancer, respiratory disease and heart disease.

Longitudinal data shows that there is a downward trend in tobacco consumption, as the proportion of persons aged 14 or older smoking daily halved from 24% in 1991 to 12% in 2019. In Maroondah, 14% of the adult population smoke daily, which is in line with OEMA (13%) and Victoria (12%)[ccci]. Nationally, there has also been an increase in the number of people choosing to never take up smoking (63% in 2019, up from 29% in 1991)[cccii]. Furthermore, research shows that the proportion of households with dependent children where someone smoked inside the home has fallen from 31% in 1995 to just 2% in 2019[ccciii].

Maroondah has the highest percentage of population smoking or vaping at 18.5% in the EMR and equal to Greater Melbourne.[ccciv]

Excessive screen use

Screens are used for work, education, communication and leisure. However, engagement with technology, particularly at excessive levels, can lead to broad-ranging harms with significant physical, mental, social, and economic costs for individuals and communities. Technology is impacting social interactions and aggression, cyber-bullying, sexual behaviours, impulsive behaviours, and crime[cccv]. Technology is changing the nature of addictive behaviours and online activities have unique risks including losing track of time and

money, disrupted sleep and eating as well as poor mental health.[cccvi] Internet addiction is when a person has a compulsive need to spend a great deal of time on the internet, to the point where other areas of life (such as relationships, work or health) can suffer. Categories of internet addiction can include pornography, relationships, gaming, social networking.[cccvii]

Excessive use of technology has many implications including for neuropsychological and cognitive impairments, sleep disruptions, mental health, financial wellbeing, child and youth development[cccviii]. The time spent in front of a screen, and the quality of the content on screen, has been linked to a number of negative health outcomes in children. These include weight gain, disrupted sleep, exposure to potentially harmful information, reduced communication skills and poor eye health.[cccix]

Gambling-related harm

Harms associated with gambling are understood to often result in decreased health or wellbeing of an individual, family unit, community or population.[cccx] To cause harm, losses must exceed the individual's personal threshold of affordability, either in respect to time money or time.[cccxi] Gambling can take the form of pokies, lotto, card games, racing or other forms of betting. Each year, 70% of Australians participate in some type of gambling and for some, gambling can quickly become a problem.[cccxii]

Research indicates that Australia experiences the biggest gaming losses in the world with electronic gaming machines, casinos and lotteries accounting for 81% of Australia's total gambling expenditure[cccxiii]. Sports betting losses are still low compared to other gambling products, however these figures continue to increase significantly each year.[cccxiv]

Gambling addiction includes both economic and social impacts, including financial, mental, physical and community[cccxv]. It has been estimated that on average, people with a gambling problem/addiction lose around $21,000 per year[cccxvi]. Problem gambling has been linked to poor employment outcomes, with those affected by problem gambling taking time off work to gamble, losing their jobs due to gambling, or using their workplace to commit crimes to fund their gambling[cccxvii].

There is substantial evidence regarding the relationship between problem gambling and its impact on mental and physical wellbeing. People experiencing any level of gambling related harm have a significantly higher rate hypertension, liver problems and diabetes[cccxviii]. Mental wellbeing and suicide ideation have also been associated with gambling related harm.[cccxix] Nearly three out of four people with a gambling problem are at risk of developing depression[cccxx]. Problem gambling has been associated with family violence and intimate partner violence[cccxxi]. Over half of people with gambling problems (56%) report perpetrating physical violence against their children[cccxxii]. Children of problem gambling parents are also more likely to experience gambling problems and/or other risk factors themselves.[cccxxiii]

Risk factors that have been associated with problem gambling include loneliness,[cccxxiv] young males aged between 18 to 34, living close to gambling venues, shift workers, lower levels of education and income as well as unemployment[cccxxv].

As at May 2021, Maroondah had 640 Electronic Gaming Machines (EGMs) located at venues, which is below the maximum legal cap within the municipality of 759 as defined by the Victorian Government.[cccxxvi] As research indicates above, people who experience lower levels of education and lower income are also at risk of problem gambling. The locations of the EGMs in Maroondah are East Ringwood, Bayswater North, Ringwood, Croydon and Kilsyth. Together with Croydon South, the EGM suburbs are the most disadvantaged areas in Maroondah, with the lowest SEIFA ratings.[cccxxvii] A total of $64million was spent on pokies in Maroondah during 2023/24 which is a significant increase from 2019/20 of $45.2 million..[cccxxviii]

Community and Stakeholder Engagement

Background

Since August 2019 and through to December 2024, Council has undertaken significant research and engagement with the Maroondah community to see where Council should focus its efforts to achieve the greatest impact on community health, wellbeing, liveability and resilience.

The comprehensive engagement process included input from Maroondah community members, local partners and community agencies. Input was sought through engagement activities conducted face-to-face, via telephone and online.

The engagement process also identified:

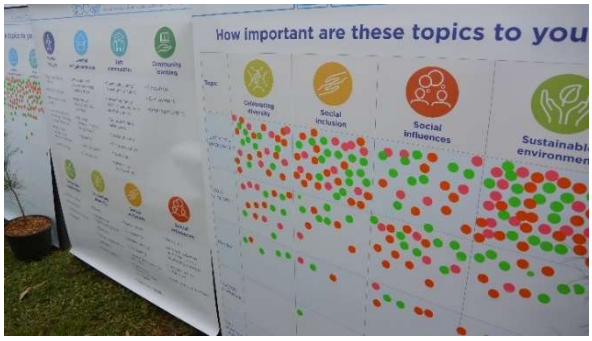
- community priorities;
- areas of community need;
- the role of Council and role of partner agencies;
- how community needs and priorities have shifted in light of the COVID-19 pandemic and helped to position and align Council's future direction,
- resources and services to support community wellbeing, liveability and resilience over the next 5-10 years.

Seeking input from the Maroondah community and stakeholders

The first stage of the process involved a range of community engagement activities to seek the views of community members and key stakeholders on community health, wellbeing and liveability needs and aspirations in Maroondah. This included consideration of how Council and its partners could leverage strengths, address issues, and work in partnership to enhance outcomes for the community.

Activities included:

- On online community survey with more than 1000 responses
- An Appreciative Inquiry Workshop delivered in partnership with Communities of Wellbeing Inc
- Face-to-face engagement activities at the Maroondah Festival in Croydon, Realm in Ringwood, local Farmers Markets and Celebrating Maroondah events;
- Engagement with four Council advisory committees



Maroondah Liveability and Wellbeing Survey

A survey was developed to gauge community feelings around how liveable the Maroondah municipality is, and to determine how factors such as safety, sustainability, healthy lifestyles, learning, celebrating diversity, social inclusion, liveable neighbourhoods and social influences affect liveability.

The survey was in field from 15 October 2019 to 14 March 2020 and included face-to-face interviews conducted by Council staff at key events and forums; an online survey distributed through Council networks; attendance at a local school; and paper surveys distributed at Council events. The distribution methodology included a range of activities aimed to engage with people beyond those groups who usually interact with Council. Through this consultation process, 965 responses from across the community were collected, including recommendations and opportunities given to increase liveability in Maroondah.

Adjustment to consider the COVID-19 pandemic

The presence of COVID-19 was first confirmed in Australia in late January 2020.The onset of this pandemic in Australia resulted in considerable challenges for the Maroondah community. A rise in cases, a declared State of Emergency and subsequent staged restrictions disrupted our social infrastructure, economic livelihoods, normal routines and community activities.

During this period, activities included:

- Undertaking research to understand the social impacts on the Maroondah community
- Engaging over 3000 people within the Maroondah community via an online survey
- Engaging with a wide range of key agency stakeholders to understand community impacts,
- Engaging with volunteer led community organisations and groups to understand local needs and impacts
- Delivering a broad range of emergency response, relief and community recovery activities to meet local needs, as articulated in the Maroondah COVID-19 Recovery Plan.

Whilst this stage of the project was unplanned, it has helped to significantly shape the key directions of the Strategy, embed resilience as a key pillar of focus for this Strategy, and identify short-medium term priorities to support community recovery from the impacts of COVID-19 in Maroondah.

Maroondah COVID-19 Community Consultation

Consultation with stakeholders was undertaken between March and May 2020 and included over 50 phone calls to community services and organisations, 17 calls to education institutions, over 300 calls to Maroondah businesses, and a survey via Melbourne East Regional Economic Development Group which received 823 responses (Total: 1190+).

Consultation with community members was undertaken between July and October 2020 (Total: 2814). The online Maroondah COVID-19 Community Survey on Your Say received 2382 responses whilst the hard copy survey was distributed to:

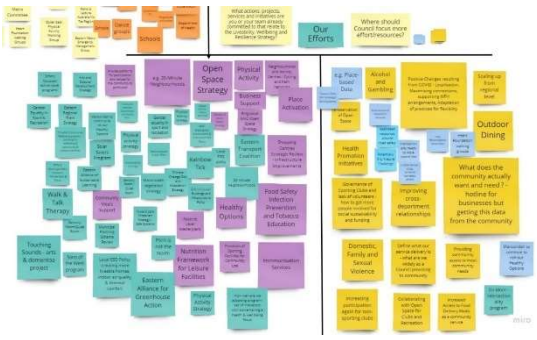
- vulnerable people, including Aged and Disability Services clients and residents receiving support from Eastern Volunteers (700+ distributed)
- mailed on request (90 responses)
- translated surveys for CALD communities (9 languages and 208 responses)
- Zoom focus group with Karen community members in partnership with Migrant Information Centre (29 participants)
- outreach telephone survey to vulnerable residents who had not completed the online survey (88 completed)
- adapted surveys with primary school aged children via schools (20 responses)
- in-person surveys with vulnerable residents at community meals programs (11 conducted)

Consideration of issues and options

During this phase, Council sought to distil the key messages and priorities arising from the background research, community engagement and COVID-19 inputs to identify key themes and future strategic directions to be included in the Strategy.

Activities during this phase included:

- Engaging with five Council Advisory Committees to seek their input
- Engaging with Council service areas to identify services, priority projects and potential new initiatives for inclusion in the action plan associated with the Strategy
- Deliberative engagement input from a Community Panel to seek their input on healthy and wellbeing, liveable communities and the environment
- Formulating the strategic framework for the Liveability Wellbeing and Resilience Strategy



Deliberative Engagement Panel

To comply with new requirements of the Local Government Act 2020, Council established a Deliberative Panel to inform key council planning documents, including the Liveability, Wellbeing and Resilience Strategy 2021-2031. Council engaged an external consultant, who facilitated Deliberative Panel workshops and produced a final report with findings and recommendations in April 2021.

Throughout January 2021 Council recruited 40 Maroondah community members to form the Deliberative Panel. Applications to join the Panel were promoted through Council's past and present Advisory Committees and to over 3,000 community members who completed the COVID-19 Relief and Recovery Community Survey. To ensure a representative sample of the Maroondah community were selected, Council enlisted the support of key community agencies to help access cohorts that were harder to reach.

A briefing session for the Panel was held on 10 February 2021 where members were introduced to the remits for each of the Vision Sessions and the working group themes, as well as the Menti-polling software which would be used through the sessions. In addition to this, they were provided with an overview and live-orientation of their private online Panel Workspace.

The deliberative panel process was facilitated over 11 sessions with the final session held on Sunday 28 March 2021. At this session, the final panel recommendations were identified and documented to conclude the panel process.

Engagement with Council Advisory Committees

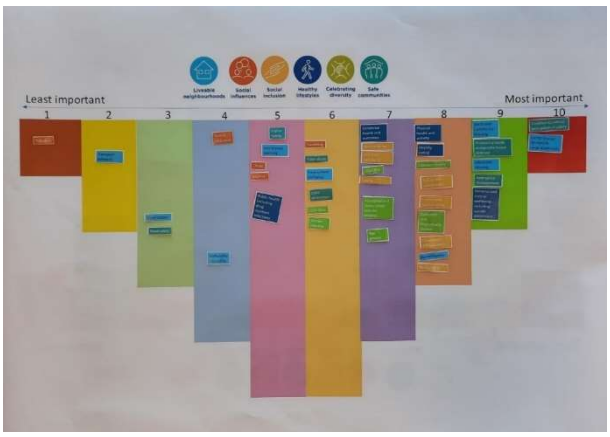
From April to June 2021, Council engaged approximately 70 members of Council advisory committees comprising of Councillors, council officers, community representatives and agency representatives through online and face-to-face sessions.

These committees included: the Maroondah Community Health and Wellbeing Advisory Committee, Maroondah Access, Inclusion and Equity Advisory Committee, Maroondah Liveability, Safety and Amenity Advisory Committee and Maroondah Environment Advisory Committee Working Group Advisory Committees.

In each of the four sessions, a PowerPoint presentation was delivered to introduce the Strategy, explore background research and statistics on key topics, and highlight key learnings from previous consultations. Each advisory committee was allocated two focus areas from the Strategy to allow for more in-depth exploration and input into selected topics. Through facilitated discussions in small groups, input was given into what ways Council could make significant differences under certain focus areas in Maroondah, and how Council could work with organisations to achieve these outcomes.

Internal Engagement

Four internal engagement sessions were run in May and June 2021 to seek feedback and input from relevant service areas within Council, (approximately 51 council staff members) including the Council and Community Planning Team, Community Services team and Leisure team. Within these sessions, participants were introduced to the Strategy, presented with background research and statistics on all focus areas, as well as key learnings from previous consultations.



A range of interactive activities were facilitated to gauge understanding of the key focus areas, prioritise key directions for the next four years (over the initial action plan), list Council's current commitments and partnerships, and present opportunities for future partnerships and areas of focus. Sessions were held both online and face-to-face at Realm due to the circuit breaker lockdown in Melbourne between May and June. An online session was also held to clarify and confirm use particular terminology in the Strategy.

Community consultation for Maroondah 2050-Our future together

In addition to the above, an extensive broad community and stakeholder engagement process was undertaken between August 2023 and December 2024. The aim of the engagement was to provide all Maroondah community members with opportunities to share their thoughts, aspirations and ideas for the future of Maroondah.

The engagement process focused on obtaining local community, stakeholder and Maroondah City Council employee input across four key areas:

• **Values** – what does the community believe makes Maroondah great?
• **Aspirations** – what are the community's hopes and dreams for the future of Maroondah?
• **Priorities** – what should Council, its partners, and the Maroondah community focus on in the future?
• **Actions** – what should Council, its partners, and the Maroondah community do to achieve the aspirations and priorities?

The program for this engagement stage was designed so that there was an extensive range of activities available – both online and face to face – that people could participate in and that these activities were delivered to a range of community cohorts across the municipality. A range of communication mechanisms were implemented to promote the engagement and encourage participation.

How Council engaged with the Maroondah community

- Your Say website
- Over 2000 postcards distributed

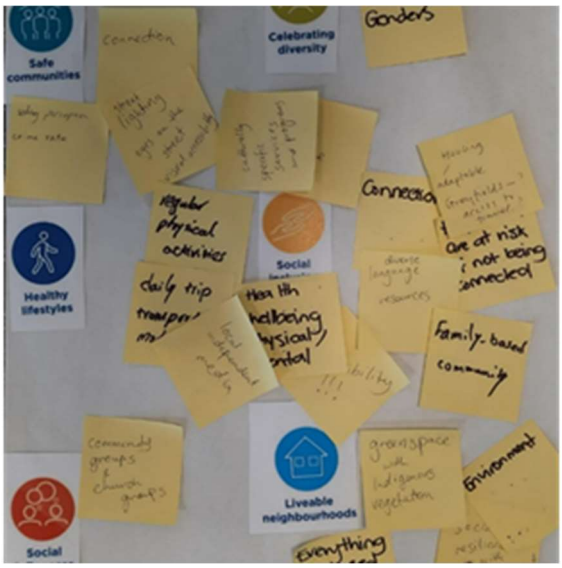
- Direct emails to over 1000 registered Your Say Maroondah residents
- Maroondah News (44,000 households and businesses)
- Social media posts
- Neighbourhood Pop-ups and pop-up at numerous Maroondah events
- Workshops with community leaders, advisory committees and Council staff

How the Maroondah community participated

- Over 8900 responses from over 2500 participants.
- 386 surveys completed
- Over 4600 votes in the voting tubes at community and employee pop-up events
- Over 500 vision board contributions at community sand Council employee pop-up events
- Over 100 responses to the online ideas board and quick poll
- 250 participants in workshop activities.

What were the key findings?

Through the findings of the Liveability and Wellbeing Survey, it was highlighted that the average rating of liveability in Maroondah is quite high, showing current Council procedures and programs are working quite well. However, through the findings there were some clear opportunities identified for each of the key focus areas.



There was an overwhelming response from community members, agencies and other key stakeholders that due to the impacts of coronavirus (COVID-19), mental and physical health as well as social connection and inclusion are more important than ever.

It was identified that Council can play a key role in providing opportunities for the community to connect as well as provide supports to address issues faced by different community members.

There is also strong support to increase the visibility of available services, supports and initiatives to the community through widely accessible sources of information.

Healthy Lifestyles

Our community values exercise, healthy eating, access to health services, good mental health and have an understanding that healthy lifestyles lead to improved wellbeing and reduced illness.

Healthy lifestyles

Findings show that there is desire for community groups/ houses, sporting clubs and local businesses to play a role in providing healthy options to the community throughs initiatives like community gardens, food swaps, meal plans and health and wellbeing focused events. Guest speakers at events are highly valued, especially those with lived experience who can share stories and tips relating

to health and wellbeing. The link between healthy lifestyles and improved happiness / satisfaction with life is acknowledged, thus recommendations to promote the effectiveness of this message was identified as a health promotion opportunity.

Our community highlighted the relationship between physical and mental health and the opportunities to facilitate and support social connection. There were many suggestions to provide social sporting, or low impact activities for those wanting to be active and socialise. The promotion of activities such as walking groups, multicultural exercise practices and twilight events were also desired, to increase awareness of available activities. The community would appreciate more affordable facilities, free outdoor recreation options as well as active and passive activities that promote health and wellbeing for all. Opportunities to connect with nature were also highly valued and are seen to provide a multitude of health and wellbeing benefits. Connection to nature has proven especially relevant to residents during COVID-19. There is also an acknowledgement of the future health risks caused by climate change that will see the need for adaptable or increased support and services.

Health and wellbeing facilities, spaces, services, programs and events provided by Council, and local partners, are highly regarded. It was highlighted that Council could raise awareness of these offerings within the Maroondah community as well as prioritise accessibility, to increase participation levels. The community expressed that programs should be co-designed with user groups and relevant community organisations for suitability and success. Partnering with community groups on health and wellbeing initiatives could increase funding opportunities, greater advocacy and enable greater delivery of initiatives.

Placing a greater focus on mental health including: access to support, prevention activities and targeted services was another key learning through consultations. Mental health and wellbeing are an increasing challenge especially in COVID-19 and the community desire a greater focus on mental health in Council's future service delivery, programs and events. It was also highlighted there could be a greater focus on general wellbeing opportunities for the community including education around mindfulness, resilience and how to support family and friends. Suggestions for wellbeing activities included passive activities, social connection with a neighbourhood focus, guided walks, pet therapy, wellness forums, targeted initiatives for at-risk groups (such as lone person households or new parents) and wellness literacy resources.

Liveable Neighbourhoods

Our community value the liveability of Maroondah and are supportive of the development of 20-minute neighbourhoods within Maroondah. Strong relationships between liveability, safety and sustainability were identified. Facilities, community services, parks and playgrounds, shops and businesses, amenities, open space and green space, public transport and walkability all contribute to liveability in Maroondah. Affordability, accessibility and places to connect are highly valued.

During COVID-19 restrictions, Maroondah residents spent more time in their local neighbourhood, with increased community connection to places and spaces, opportunities for exercise, socialising and outdoor activities. This provided an opportunity for greater understanding of living within a local area where all people can live, work, and play. There is a desire to foster local community and create inviting places of belonging within neighbourhoods. Our community would like to see the creation and activation of local innovative spaces and places that provide the potential for passive recreation and social connections.

Open and green spaces are clearly highly valued by the community. There is a strong desire for current green spaces and tree coverage to be maintained in the wake of increased development. It was emphasised that planning policies for new developments could be sensitive to the strong connection that the Maroondah community has with local open space and the green leafy environment.

The community would like to see public spaces and places made safer after dark, be provided with adequate and appropriate parking, see improved public transport frequency and connectivity as well as enhanced walkability and active transport options. There was a call for improvement of paths to support active transport and exercise including footpaths in some residential areas; better lighting of paths so they

can be used at night or early in the morning; improved surfaces to make them more accessible; better connectivity and separation of bike and walking paths. Consulting with active transport users on future planning and design of features such as cycling facilities is supported.

Some felt liveability was being reduced by medium density developments in unsuitable locations. The resulting increase in population, without adequate supporting infrastructure, is seen as having impacts on transport congestion and loss of open space. There is a strong desire to protect and enhance green open space, native vegetation and bushland reserves, especially as housing density increases and the need for affordable housing continues to increase.

Our community understand the impacts of climate change and recognise the importance of action for our future, with a strong sense that the green space and environment in Maroondah should be protected. There is a desire for stronger action to address climate change and shifts in community behaviours/ practices that will reduce environmental impact.

Our community would also like to see proactive partnerships with organisations to boost local employment opportunities for young people and people with disability in the workforce. Capacity building through community education and more training opportunities was also raised as an option to boost employment opportunities. Having access to lifelong learning opportunities (including great schools) is important for capacity building and increasing knowledge/ skills. Supporting and promoting small businesses and neighbourhood shopping strips was also important and seen as beneficial to community connection and local resilience.

Safe Communities

Our community view safety as the foundation of liveability and see feeling safe in their local area as fundamental to all other desired liveability outcomes. Key aspects of community safety identified by the community include children, after dark (lighting and fear of others), walking routes, outdoor spaces, shops, public transport, and exercise spaces.

The community identified that people presence leads to increased participation and ultimately raises perceptions of safety. Being provided with options to connect in diverse safe places and spaces is highly valued. Raising awareness of available services and avenues to access services is important as well as advocacy work through Council.

There are suggestions for Council to work with community safety partners, such as Victoria Police, to address antisocial behaviours and patterns seen in the community. To further improve safety in Maroondah, our community recommend addressing and improving infrastructure in the community that impact perceptions of safety. This includes street lighting, lighting public places and spaces, building design as well as maintenance of footpaths. Options to increase public safety also include addressing alcohol and drug use in at-risk communities. Our community would also like to see innovative methods to engage vulnerable people and young people in the design of spaces, places and buildings to improve liveability and safety for all. Options to work with sporting clubs on changing cultures and raising awareness of issues such as violence or aggression was also suggested.

The community also acknowledge the serious need to address domestic violence including through educating the community about family violence, including what it is, what can be done and where to go for help. Council is seen to play a major role in supporting those at risk of family violence and identifying ways for them to discretely seek assistance. Social inclusion was highlighted as highly important in addressing the causes of domestic violence.

Our community are also aware of the need for education around screen use and communications around potential safety implications to be shared. Dedicated resources around road safety are also seen as beneficial to increase community safety.

There is a desire for Council to support residents during emergencies and an understanding that climate change is likely to increase these events. Responsiveness and reaction time are noted as crucial to support residents (particularly vulnerable residents) during emergencies. The community also see value in learning from the experiences of COVID-19 and extreme weather events in emergency planning and management. Continuing existing COVID recovery activities will also support liveability, wellbeing and resilience building in the community.

Social Inclusion

Maroondah is seen as a friendly and inclusive community. The community's understanding of social inclusion covered a recognition of the health and wellbeing benefits, as well as a focus on rights, not just needs. Social Inclusion is seen as currently supporting health and wellbeing needs in the community through acceptance, opportunities, belonging and support. Specifically, having a community with friendship, reduced social isolation, more contact with likeminded people, feeling valued and appreciated and volunteering is seen as beneficial.

Social relationships are understood to be important in preventing family violence and critical to survival in an emergency, as people who aren't connected are more vulnerable. The COVID-19 pandemic has seen the need for social inclusion prioritised by the community. Key areas of need included support for the elderly and people with a disability, children, youth and families, increasing community connectedness and support for people who are vulnerable or living alone. The community also highlighted the need to support residents to re-engage in activities and participate in community events following the COVID-19 pandemic.

The role of Council and its partners in promoting and facilitating social inclusion within the community was commended. Social inclusion does not need to have 'its own program' but is facilitated through initiatives, activities, programs, events and volunteering, that bring people together and provide the opportunity for social connection and community participation. There is an opportunity for Council to promote opportunities for social inclusion and connection, use community leaders to act as community connectors, create opportunities for volunteers and support local volunteer-led organisations. Tapping into existing community resources and interests was also suggested as a way to promote what is being done and connect those interested in participating. Building strong partnerships between Council and community groups, schools and service providers is also seen as crucial for improving understanding and practice of social inclusion.

The community identified that raising awareness of the importance and benefits of inclusion is highly important and could commence at a young age. The importance of bringing people together to create a shared purpose, foster community connection and create networks using inviting places and spaces that create a sense of belonging was expressed. There is a strong desire to ensure that all community members have access to services, facilities and community connection opportunities where everyone can feel valued and empowered. Council could consult with community groups and embed lived experiences into planning service delivery. Partnerships may also extend to organisations working with vulnerable residents that require targeted support.

It was suggested that Council diversify methods of communication to the community including the use of social media, printed material and translation services, to ensure all people have access to information and 'what's on' in Maroondah. Technology is acknowledged as a suitable platform to gain social connection amongst some population groups, but not all. The community would like to hear good news stories and connect through positive news coming from local residents.

Engaging with vulnerable groups on costs of living, affordable housing, homelessness, and access to services and safety was seen as important to improve social inclusion and liveability for all in Maroondah. Addressing homelessness and providing support for disadvantaged community members is also considered a key future priority.

It is clear that Maroondah has some widely recognised and used features that support liveability and health and wellbeing. However, a clear approach to communication would help raise awareness of these features

and activities within the municipality, which in turn could improve accessibility and participation levels. In particular, the community highlighted that it would be helpful to promote: events and activities; free public facilities; walking tracks, exercise equipment and skate facilities in local parks; and active transport networks to define key walking and cycling routes. It has been suggested that Council communications also could involve health promotion messages, to educate the community on the benefits of social activities, exercise and healthy eating; and should encourage participation.

Embracing Diversity

Our community value the celebration of diversity, with an expectation that it can increase community harmony and promote acceptance. With increasing diversity of all ages, abilities and backgrounds, there is continued desire to see this diversity celebrated and embraced. There was a focus on support required for specific groups, including the LGBTIQA+ community, people with a disability and their carers, people who are experiencing socio-economic disadvantage, young people, children, seniors, people from CALD backgrounds as well as First Peoples.

There is an opportunity for Council to lead by example through diversity being visible, normalised and celebrated in Council services and activities. There is strong support for Council to raise awareness of issues faced by some population cohorts through participating in, and promoting campaigns such as Harmony Day, Mental Health month, International Day of Disability, amongst others. Embracing diversity through using positive, strength-based language and utilising the skills and knowledge of specific groups is seen as highly beneficial. Council could also promote community groups, initiatives and inclusion champions whilst strengthening partnerships to foster more collaborative work. Tapping into the lived experience of individuals and groups is seen as highly important as intersectional layers of disadvantage create nuanced challenges in the diversity space. Intersectionality needs were identified as important considerations in developing supports for community members.

Consulting with particular groups (such as young people) in the design of places, spaces and buildings, and utilising a human point of view in planning is seen as a potential opportunity to incorporate community needs into creating safer and more inclusive environments. Supporting older residents who experience loneliness to access social groups, resources and active and healthy ageing tips is acknowledged as very important. In general, there is strong support to provide safe and inclusive spaces for all members of the community that cater to wide varieties of needs and interests.

There is also an opportunity for community leaders of diverse groups to be engaged in service planning and delivery, as well as those with lived experience. Educating the community about embracing diversity and learning about diverse groups also provides an opportunity to share stories and promote inclusion. Examples include utilising the culture and wisdom of First Peoples to connect and learn about the natural environment. Our community also see the importance of welcoming environments for diverse groups, such as cultural references and gender-neutral changerooms. Council is encouraged to communicate with, and ensure communication channels reach, all diverse population groups. It was suggested that this may require tailored, simplified or translated communication.

The community strongly value public art, art installations and how these can be used to provide visible learning opportunities in the community that relate to more diverse groups (such as cultural focal points, murals and signage). There is an opportunity for Council to further support reconciliation through arts, cultural activities, partnerships with indigenous organisations, recruitment and through community education. Working closely with CALD groups is also seen as important to embracing diversity and increasing social inclusion. Community events that showcase and celebrate diversity are encouraged by the community, with a particular focus on inclusion and accessibility for all.

Social Harms

The community understand there is a continued need to proactively address the harms and safety issues around gambling, alcohol, tobacco, drugs and excessive screen use. It is viewed that addressing these characteristics will strengthen the community atmosphere and perceived safety of Maroondah.

Our community are aware of the need to promote positive coping mechanisms and healthier alternatives to drugs and alcohol. Opportunities to achieve this included encouraging positive networks and connecting people through various platforms such as social media. It was suggested that re-engagement options could be targeted and use a range of channels to reach different groups, particularly those at-risk. Examples highlighted were connecting with walking groups, sporting clubs, social groups, U3A, community houses and online forums - noting each will reach different demographics. Engagement could be focused to meet the needs of different age and population groups to encourage healthier attitudes and choices.

There is an opportunity for Council to be a source of accurate and educational information regarding the implications of social harms and the supports available. The connection between poor mental health and increased use of substances is acknowledged, as well as the need to identify the root causes of risky behaviours.

The use of technology and its impact on mental wellbeing was identified as an important area for exploration to ensure harm minimisation. Our community highlighted the substantial increase in screen use and dependence on devices, particularly among young people, during the coronavirus (COVID-19 pandemic). Community education was suggested as an option to ensure the community are aware of the risks of excessive screen use.

The community also highlighted the importance of positive social connections and the benefits of local support groups. There is an opportunity for work to be done in shifting unhealthy and harmful attitudes surrounding alcohol and other drugs, particularly in community sport and certain age groups. Suggestions included introducing more targeted alcohol policies at sporting events, as well as at community events.

Educating the community on how alcohol, drugs and problem gambling are linked to family violence was also desired and seen as highly important. In general, there was an acknowledgment that more effort could be placed on improving public safety through addressing excessive gambling, alcohol and drug use.

References

Documents

Allen, KA 2019, 'Making sense of belonging' *InPsych*, vol. 41, no. 3, last accessed 14 July 2021, https://www.psychology.org.au/for-members/publications/inpsych/2019/june/Making-sense-of-belonging

Arinto, PB, Hodgkinson-Williams, C & Trotter, H 2017, 'OER and OEP in the Global South: Implications and recommendations for social inclusion', in C Hodgkinson Williams & PB Arinto (eds), *Adoption and impact of OER in the global south*, African Minds, Cape Town, pp. 577–592, last accessed 14 July 2021, https://doi.org/10.5281/zenodo.1043829

Aspin, C, Brown, N, Jowsey, T, Yen, L, & Leeder, S 2012, 'Strategic approaches to enhanced health service delivery for First Peoplespeople with chronic illness: A qualitative study', *BMC Health Services Research*, vol 12, no. 1, p. 1--9, last accessed 14 July 2021, https://bmchealthservres.biomedcentral.com/articles/10.1186/1472-6963-12-143

Australian Bureau of Statistics (ABS) 2013, *Australian First Peopleshealth survey: first results, Australia, 2012–13*, ABS cat. no. 4727.0.55.001, last accessed 13 July 2021, https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-first-results/latest-release

Australian Bureau of Statistics (ABS) 2016, *Census of population and housing: Estimating homelessness, 2016*, ABS cat. no. 2049.0, last accessed 13 July, https://www.abs.gov.au/statistics/people/housing/census-population-and-housing-estimating-homelessness/2016

Australian Bureau of Statistics (ABS) 2017, *Personal Safety Survey, Australia, 2016*, ABS cat. no. 4906.0, last accessed 12 July 2021, https://www.abs.gov.au/statistics/people/crime-and-justice/personal-safety-australia/2016

Australian Bureau of Statistics (ABS) 2019, *Housing occupancy and costs, 2017–18*, ABS cat no. 4130.0, last accessed 12 July 2021, https://www.abs.gov.au/statistics/people/housing/housing-occupancy-and-costs/latest-release

Australian Bureau of Statistics (ABS) 2021, *A year of COVID-19 and Australians work from home more,'* Media Release, last accessed 12 July 2021, https://www.abs.gov.au/media-centre/media-releases/year-covid-19-and-australians-work-home-more

Australian Bureau of Statistics (ABS), 2013, 'Community connections and diversity', *Measures of Australia's progress 2013*, last accessed 14 July 2021, https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/1370.0main+features302013

Australian Bureau of Statistics (ABS) 2016a *Household use of information technology, Australia, 2014–15*, cat no. 8146.0, last accessed 12 July 2021, https://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/8146.0Main+Features12014-15?OpenDocument=

Australian Bureau of Statistics (ABS) 2016b, *Regional Population Growth, Australia*, cat no. 3218.0, last accessed 12 July 2021, https://www.abs.gov.au/AUSSTATS/abs@.nsf/allprimarymainfeatures/7B33A7E366915C49CA258291001DFE75?opendocument

Australian Bureau of Statistics 2018, *National health survey: First results*, cat no. 4364.0.55.001, last viewed 13 July 2021, https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-first-results/latest-release

Australian Institute of Health and Welfare (AIHW) 2016, 'Social determinants of health', *Australia's health 2016*, Australia's health series no. 15, cat. no: AUS 199, last accessed on 9 July 2021, https://www.aihw.gov.au/reports/australias-health/australias-health-2016

Australian Institute of Health and Welfare (AIHW) 2017a, 'School retention and completion'. *Australia's welfare 2017*, Australia's welfare series no. 13. AUS 214, last accessed 14 July 2021, https://www.aihw.gov.au/reports/australias-welfare/australias-welfare-2017/contents/table-of-contents

Australian Institute of Health and Welfare (AIHW) 2017b, *National drug strategy household survey 2016: detailed findings*, Drug statistics series no. 31, cat. no. PHE 214, last accessed 13 July 2021. doi:10.25816/5ec5bc1bed176

Australian Institute of Health and Welfare (AIHW) 2018, *Australia's health 2018*, cat. no. AUS 221, last accessed 13 July 2021, https://www.aihw.gov.au/getmedia/f3ba8e92-afb3-46d6-b64c-ebfc9c1f945d/aihw-aus-221-chapter-5-3.pdf.aspx

Australian Institute of Health and Welfare (AIHW) 2019a, *Child protection Australia: 2017–18*, Child welfare series no. 70, cat. no. CWS 65, p. 109, last accessed 12 July 2021, https://www.aihw.gov.au/reports/child-protection/child-protection-australia-2017-18/contents/summary

Australian Institute of Health and Welfare (AIHW) 2019b, *Family, domestic and sexual violence in Australia: continuing the national story 2019*, cat. no. FDV 3, last accessed 12 July 2021, https://www.aihw.gov.au/getmedia/b0037b2d-a651-4abf-9f7b-00a85e3de528/aihw-fdv3-FDSV-in-Australia-2019.pdf.aspx?inline=true

Australian Institute of Health and Welfare (AIHW) 2019c, *Social isolation and loneliness*, last accessed 14 July 2021, https://www.aihw.gov.au/reports/australias-welfare/social-isolation-and-loneliness

Australian Institute of Health and Welfare (AIHW) 2019d, *Specialist homelessness services annual report 2017–18*, last accessed 13 July 2021, https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-2017-18

Australian Institute of Health and Welfare (AIHW) 2020a, 'Social housing dwellings', *Housing assistance in Australia 2020*, last accessed 13 July 2021, https://www.aihw.gov.au/reports-data/health-welfare-services/housing-assistance/overview

Australian Institute of Health and Welfare (AIHW) 2020b, *Australia's health 2020*, Australia's health series no. 17, cat. no. AUS 231, last accessed, 9 July 2021, https://www.aihw.gov.au/reports-data/australias-health

Australian Institute of Health and Welfare (AIHW) 2020c, *National drug strategy household survey 2019*, Drug statistics series no. 32, cat. no. PHE 270, last accessed 09 July 2021, https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey-2019/contents/summary

Australian Institute of Health and Welfare (AIHW) 2020d, *People with disability in Australia 2020*, last accessed 12 July 2021, https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia

Australian Institute of Health and Welfare (AIHW) 2020e, *Insufficient physical activity*, last accessed 09 July 2021, https://www.aihw.gov.au/reports/risk-factors/insufficient-physical-activity/contents/insufficient-physical-activity

Australian Institute of Health and Welfare (AIHW) 2021, *Alcohol, tobacco & other drugs in Australia*, cat. no. PHE 221, last accessed 13 July 2021, https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia

Australian Institute of Health and Welfare (AIHW) 2021, 'First Peoples', *Alcohol, tobacco & other drugs in Australia*, cat. no. PHE 221, last accessed 13 July 2021, https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia

Australian Institute of Health and Welfare (AIHW) 2021, 'Older people', Alcohol, tobacco & other drugs in Australia, cat. no. PHE 221, last accessed 13 July 2021, https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia

Australian Institute of Health and Welfare (AIHW) 2021, 'People experiencing homelessness', Alcohol, tobacco & other drugs in Australia, cat. no. PHE 221, last accessed 13 July 2021, https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia

Australian Institute of Health and Welfare (AIHW) 2021, Alcohol, tobacco & other drugs in Australia, cat. no. PHE 221, last accessed 13 July 2021, https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia

Australian Red Cross, 2017, *Climate-Ready Communities: A guide to getting started*, last accessed 09 July 2021, https://www.redcross.org.au/get-help/emergencies/resources-about-disasters/resources-for-communities/climate-ready-communities

Barnes, P, 2002. 'Approaches to community safety: risk perception and social meaning', *Australian Journal of Emergency Management*, vol. 17, no. 1, pp.15-23

Baum, FE, Ziersch, AM, Zhang, G & Osborne, K 2009, 'Do perceived neighbourhood cohesion and safety contribute to neighbourhood differences in health?', *Health & Place*, vol. 15, no. 4, pp. 925-934

Biddington, M 2019, 'Regulation of Australian online content: cybersafety and harm', *Briefings book: Key issues for the 46th parliament*, Parliament Library, Victoria, last access 12 July 2021, https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/BriefingBook46p/Cybersafety

Blaszczynski, A, Anjoul, F, Shannon, K, Keen, B, Pickering, D & Wieczorek, M 2015, *Gambling Harm Minimisation Report, NSW Government*, Department of Trade and Investment, Office of Liquor, Gambling and Racing, Sydney, last accessed 13 July 2021, https://www.responsiblegambling.nsw.gov.au/__data/assets/pdf_file/0011/878303/gambling-harm-minimisation-report.pdf

Browne, M, Langham, E, Rawat, V, Greer, N, Li, E, Rose, J, Rockloff, M, Donaldson, P, Thorne, H, Goodwin, B, Bryden, G & Best, T 2016, *Assessing gambling-related harm in Victoria: A public health perspective*, Victorian Responsible Gambling Foundation, Melbourne, last accessed 15 July 2021, https://responsiblegambling.vic.gov.au/resources/publications/assessing-gambling-related-harm-in-victoria-a-public-health-perspective-69/

Camacho D 1999, *A paper on the social, economic and industrial issues specific to migrant workers over 45 years of age seeking employment, or establishing a business, following unemployment (a quantitative approach)*, Parliament of Australia, last accessed 14 July 2021, https://www.aph.gov.au/Help/Federated_Search_Results?q=migrant+workers+over+45+years&ps=10&pg=1

Carson, A, Ruppanner, L & Ratcliff, S 2020, *Worsening of Australian women's experiences under COVID-19: A crisis for Victoria's future*, Report September 2020, last accessed 12 July 2020, https://arts.unimelb.edu.au/the-policy-lab/projects/women-at-work/the-worsening-of-australian-womens-experiences-under-covid-19#:~:text=19%20Search%20Menu-,The%20Worsening%20of%20Australian%20Women's%20Experiences%20under%20COVID%2D19%3A%20A,%2C%20families%2C%20employers%20and%20governments

Commission for Senior Victorians 2020, *Ageing well in a changing world - a report by the commissioner for senior Victorians*, State Government of Victoria, last accessed 14 July 2021, https://www.seniorsonline.vic.gov.au/services-information/commissioner-for-senior-victorians/ageing-well

Commission of the European Communities 2006, 'Adult learning: It is never too late to learn', *Communication from the Commission*, COM/2006/0614 final, Brussels, last accessed 12 July 2021, https://op.europa.eu/en/publication-detail/-/publication/79838f5a-a913-4ecc-9959-761d80ad06c1

Crenshaw, K 1989, 'Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics', *University of Chicago Legal Forum*, vol. 1989, no. 8, p. 139

Crisp, R & Turner, R 2011 'Cognitive adaptation to the experience of social and cultural diversity', *Psychological Bulletin*, vol. 137, no. 2, p. 242

Currie, G, Delbosc, A & Mahmoud, S 2010. 'Perceptions and realities of personal safety on public transport for young people in Melbourne', in *Proceedings of the 2010 ATRF - 33rd Australasian Transport Research Forum, Department of Infrastructure*, *Transport and Regional Development, Canberra, Australia*, Australasian Transport Research Forum 2010, Canberra, pp. 1 - 14, last accessed 09 July 2021, https://www.australasiantransportresearchforum.org.au/sites/default/files/2010_Currie_Delbosc_Mahmoud.pdf

Currie, G, Jain, T & Aston, L 2020, 'Post-pandemic gridlock? Public transport users expected to shift to driving cars' *Interim Report, Long Term Impacts of Covid-19 on Travel*, Research Project, Public Transport Research Group, Monash University, last accessed 12 July 2021, https://www.monash.edu/news/articles/post-pandemic-gridlock-public-transport-users-expected-to-shift-to-driving-cars
Department of Education and Science 2000. *Learning for life: White paper on adult education*, Report, Stationery Office, Dublin.

Department of Environment, Land, Water and Planning (DELWP) & Maroondah City Council 2019, *Croydon South neighbourhood enhancement plan*, last accessed 12 July 2021, https://www.maroondah.vic.gov.au/About-Council/Planning-for-our-future/Strategies-and-plans/Croydon-South-Neighbourhood-Enhancement-Plan

Department of Environment, Land, Water and Planning (formerly known as Department of Sustainability and Environment) 2005, *Safer design guidelines for Victoria*, last accessed 09 July 2021, https://www.planning.vic.gov.au/policy-and-strategy/urban-design/safer-design

Department of Health (DoH), 2019, *National men's health strategy 2020–2030*, Australian Government Department of Health, last accessed 9 July 2021, https://www.health.gov.au/resources/publications/national-mens-health-strategy-2020-2030

Department of Health (DoH), 2019, *National women's health strategy 2020–2030*, Australian Government Department of Health, last accessed 09 July 2021, https://www.health.gov.au/sites/default/files/documents/2021/05/national-women-s-health-strategy-2020-2030.pdf

Department of Health and Human Services (DHHS) Victoria 2020, *Rental report 2020*, last accessed 13 July 2021, https://www.dhhs.vic.gov.au/past-rental-reports

Department of Health and Human Services (DHHS) Victoria 2020, *Tackling climate change and its impacts on health through municipal public health and wellbeing planning: Guidance for local government 2020*, last accessed 12 July 2021, https://www2.health.vic.gov.au/about/publications/policiesandguidelines/tackling-climate-change-mphwp-guidance-local-gov-pdf

Department of Health & Human Services (DHHS) Victoria 2019, *Victorian public health and wellbeing plan 2019–2023*, last accessed on 9 July 2021, https://www2.health.vic.gov.au/about/publications/policiesandguidelines/victorian-public-health-wellbeing-plan-2019-2023

Department of Transport 2020, *Victorian road safety strategy 2021-2031*, last accessed 12 July 2021, https://www.tac.vic.gov.au/__data/assets/pdf_file/0020/502166/RoadSafetyStrategy_DEC2020.pdf

DiNicola K, Liyanarachchi D & Plummer J 2019. *Out of the Shadows: domestic and family violence, a leading cause of homelessness in Australia*, Mission Australia, last accessed 12 July 2021, https://www.missionaustralia.com.au/domestic-and-family-violence

Dowling, N 2014, *The impact of gambling problems on families*, AGRC discussion paper no. 1, Australian Gambling Research Centre, Melbourne, last accessed 12 July 2021, https://aifs.gov.au/agrc/publications/impact-gambling-problems-families/what-are-impacts-gambling-problems-families

Dowling, NA, Jackson, AC, Thomas, SA & Frydenberg, E 2010 *Children at risk of developing problem gambling*, Gambling Research Australia, Melbourne, Retrieved from: https://www.responsiblegambling.nsw.gov.au/__data/assets/pdf_file/0011/225794/Children-at-Risk-of-Developing-Problem-Gambling.pdf

Dowling, NA, Suomi, A, Jackson, AC, Lavis, T, Patford, J, Cockman, S, Thomas, S, Bellringer, M, Koziol-Mclain, J, Battersby, M & Harvey, P 2014, 'Problem gambling and intimate partner violence: A systematic review and meta-analysis', *Trauma Violence Abuse*, vol. 17, no. 1, pp. 43-61, doi: 10.1177/1524838014561269; PMID 25477014

Faulkner, N, Borg, K, Zhao, K, & Smith, L 2021, *The Inclusive Australia Social Inclusion Index: 2021 Report*, Inclusive Australia, Melbourne, last accessed 13 July 2021, https://www.inclusiveaustralia.com.au/resources/the-inclusive-australia-social-inclusion-index-2020-21-report-1

Ferdinand A, Kelaher M & Paradies, Y 2013. *Mental health impacts of racial discrimination in Victorian culturally and linguistically diverse communities: Full report*, Victorian Health Promotion Foundation, Melbourne, last accessed 14 July 2021, https://www.vichealth.vic.gov.au/-/media/ResourceCentre/PublicationsandResources/Discrimination/LEAD-CALD-Full-Report_final_with_covers.pdf?la=en&hash=083C1F0A9AD361B72A0A19CAB95E59CF2A66FE41

Fitzpatrick S, Bramley G & Johnsen S 2013, 'Pathways into multiple exclusion homelessness in seven UK cities', Urban Studies, vol. 50, no. 1, pp. 148--168

Gidley, J, Hampson, G, Wheeler, L & Bereded-Samuel, E, 2010, 'Social inclusion: Context, theory and practice' *The Australasian Journal of University-Community Engagement*, vol. 5, no. 1, pp. 6–36

Giles-Corti, B, Mavoa, S, Eagleson, S, Davern, M, Roberts, B & Badland, HM 2014 *Transport walkability index: Melbourne*, McCaughey VicHealth Centre for Community Wellbeing, The University of Melbourne, Melbourne, last accessed 12 July 2021, https://auo.org.au/wp-content/uploads/2020/02/How-walkable-is-Melbourne-FINAL.pdf

Gilfillan, G 2020 'COVID-19: Labour market impacts on key demographic groups, industries and regions' *Statistical Snapshot*, Research paper series, 2020–21, Parliament of Australia, last accessed 12 July 2021, https://parlinfo.aph.gov.au/parlInfo/download/library/prspub/7616491/upload_binary/7616491.pdf

Hare, S 2015, *Study of gambling and health in Victoria: findings from the Victorian Prevalence Study 2014*, Victorian Responsible Gambling Foundation and Victorian Department of Justice and Regulation, Melbourne, last accessed 13 July 2021, https://responsiblegambling.vic.gov.au/resources/publications/study-of-gambling-and-health-in-victoria-findings-from-the-victorian-prevalence-study-2014-72/

Holt-Lunstad J, Smith T, Baker M, Harris T & Stephenson D 2015, 'Loneliness and social isolation as risk factors for mortality: A meta-analytic review', *Perspectives on Psychological Science*, vol. 10, no. 2, pp. 227–237

Hopkins, J & Bardoel, A 2020, *Key working from home trends emerging from COVID-19: A report to Fair Work Commission*, Commonwealth of Australia, last accessed 12 July 2021, https://www.fwc.gov.au/cases-decisions-orders/major-cases/clerks-private-sector-award-2020-work-from-home-case

Inner East Primary Care Partnership 2020, *Social inclusion framework*, last accessed 14 July 2021, https://iepcp.org.au/key-project/social-inclusion-framework/

International Federation of Red Cross and Red Crescent Societies (IFRC), 2020, Climate-related extreme weather events and COVID-19. A first look at the number of people affected by intersecting disasters, last accessed 09 July 2021, https://www.climatecentre.org/wp-content/uploads/Extreme-weather-events-and-COVID-19.pdf
Jetten, J, Haslam, C & Alexander, SH 2012 *The social cure: Identity, health and well-being*, Psychology Press, New York

Johnson G, Scutella R, Tseng Y & Wood G 2015, *Entries and exits from homelessness: a dynamic analysis of the relationship between structural conditions and individual characteristics AHURI final report no. 248*, AHURI, Melbourne, last accessed 13 July 2021, https://www.ahuri.edu.au/research/final-reports/248
Kidd, J 1966, *The implications of continuous learning*, Indian Adult Education Association, New Delhi

Klugman, J, Gaye, A, Chang, P, Krishnan, A, Dahl, M, & Kishi, R 2017, *Women, peace and security index 2017/18: Tracking sustainable peace through inclusion, justice, and security for women*, Georgetown Institute for Women, Peace and Security (GIWPS) and Peace Research Institute Oslo (PRIO), Washington, DC, last accessed 09 July 2021, https://www.prio.org/Publications/Publication/?x=10807.

Lloyd, C, Tse, S. & Deane, FP, 2006, 'Community participation and social inclusion: How practitioners can make a difference', *Australian e-Journal for the Advancement of Mental Health*, vol. 5, no. 3, pp. 185-194

Lowe, M, Whiteman, C, Badland, H, Davern, M, Hes, D, Aye, L, Butterworth, L, & Giles-Corti, B. 2013, *Liveable, healthy, sustainable: What are the key indicators for Melbourne neighbourhoods*? Research paper 1, Place Health and Liveability Research Program, University of Melbourne, last accessed 12 July 2021, https://socialequity.unimelb.edu.au/__data/assets/pdf_file/0006/1979574/Liveability-Indicators-report.pdf

Maroondah City Council 2018, *Climate change risk and adaptation strategy 2018/19-2021/22*, last accessed 12 July 2021, https://www.maroondah.vic.gov.au/About-Council/Planning-for-our-future/Strategies-and-plans/Climate-Change-Risk-and-Adaptation-Strategy-201819-202122

Maroondah City Council 2018, *Maroondah affordable and social housing polic*y 2018, last accessed 12 July 2021, https://www.maroondah.vic.gov.au/About-Council/Our-organisation/Policies/Maroondah-Affordable-and-Social-Housing-Policy-2018

Maroondah City Council 2020, Maroondah *municipal emergency management plan 2020-2023*, last accessed 12 July 2021, https://www.maroondah.vic.gov.au/About-Council/Planning-for-our-future/Strategies-and-plans/Municipal-Emergency-Management-Plan

Maroondah City Council 2020, *Maroondah vegetation strategy 2020-2030*, last accessed 09 July 2021, https://www.maroondah.vic.gov.au/files/assets/public/documents/strategies/maroondah-vegetation-strategy-2020-2030.pdf

Maroondah City Council 2021, *Maroondah COVID-19 recovery plan*, last accessed on 09 July 2021, https://www.maroondah.vic.gov.au/Community-support-business/COVID-19-Coronavirus/Maroondah-COVID-19-Recovery-Plan
Maroondah City Council, *Maroondah Gender Equity Policy 2018*

McDonald, B, Steel, Z 1997, *Immigrants and mental health: An epidemiological analysis*, Transcultural Mental Health Centre, Sydney, last accessed 14 July 2021, https://www.dhi.health.nsw.gov.au/transcultural-mental-health-centre-tmhc/resources/publications-and-reports/immigrants-and-mental-health

Melton City Council, 2020, *Safe city, proud communities plan 2020-2024*, last accessed 09 July 2021, https://www.melton.vic.gov.au/Services/Health-safety-and-wellbeing/Road-and-Community-Safety/Safe-City-Proud-Communities-Plan-2020-2024

Mental Health Commission of NSW, 2016, *Physical health and mental wellbeing: evidence guide*, Mental Health Commission of NSW, Sydney, last accessed 9 July 2021, https://www.nswmentalhealthcommission.com.au/evidence/physical-health-and-mental-wellbeing-evidence-guide

Michelle, L 2018, 'Australian loneliness report: A survey exploring the loneliness levels of Australians and the impact on their health and wellbeing', *Australian Psychological Society*, Melbourne, last accessed 14 July 2021, http://hdl.handle.net/1959.3/446718

Miller, H 2015, *Risk factors for problem gambling: environmental, geographic, social, cultural, demographic, socio-economic, family and household*, Victorian Responsible Gambling Foundation, Victoria, Australia, last accessed 13 July 2021, https://responsiblegambling.vic.gov.au/documents/22/risk-factors-for-problem-gambling.pdf

Mishra, GD, Chung, H-F & Dobson, A 2018, *The current state of women's health in Australia: informing the development of the National Women's Health Strategy 2020–2030*, Jean Hailes, Canberra, last accessed 09 July 2021, https://consultations.health.gov.au/population-health-and-sport-division-1/establishing-a-national-womens-health-strategy/supporting_documents/Evidence%20ReviewThe%20current%20state%20of%20womens%20health.pdf

Morasco BJ, Pietrzak, RH, Blanco, C, Grant, B, Hasin, D & Petry, N 2006, 'Health problems and medical utilization associated with gambling disorders: Results from the national epidemiologic survey on alcohol and related conditions', *Psychosomatic Medicine*, vol. 68, no. 6, pp. 976-84

Morgan A, Boxall H, 2020, *Social isolation, time spent at home, financial stress and domestic violence during the COVID-19 pandemic*, Trends & issues in crime and criminal justice no. 609, Australian Institute of Criminology, Canberra, last accessed 12 July 2021, https://doi.org/10.52922/ti04855

Murray, K 2021, *Australian Urban Observatory: Sustainable development goals guidance note*, RMIT University Educational Resource, last accessed 13 July 2021, https://doi.org/10.25439/rmt.13611647.v1

Murray, K, & Davern, M 2021, *Creating Liveable Cities 2 - Using the Australian Urban Observatory's Indicators to Support Health and Wellbeing in your Community*, RMIT University Educational resource, last accessed 13 July 2021, https://doi.org/10.25439/rmt.13780447.v1

OECD 2018, *Affordability housing dataset*, OECD Publishing, Paris, last accessed, https://www.oecd.org/housing/data/affordable-housing-database/housing-conditions.htm.

Patrick, HA & Kumar, VR 2012, Managing workplace diversity: Issues and challenges, *Sage Open*, vol. 2, no. 2, pp. 1--5, last accessed 13 July 2021, https://journals.sagepub.com/doi/full/10.1177/2158244012444615

Pfitzner, N, Fitz-Gibbon, K & True, J 2020, 'Responding to the 'shadow pandemic': practitioner views on the nature of and responses to violence against women in Victoria', *Australia during the COVID-19 restrictions*, Monash Gender and Family Violence Prevention Centre, Monash University, Australia, last accessed 12 July 2021, https://apo.org.au/sites/default/files/resource-files/2020-06/apo-nid306064.pdf

Queensland Government Statistician's Office 2021, *Australian Gambling Statistics 1993--94 to 2018--19*, 36th edn, Queensland Treasury, last accessed 14 July 2021, https://www.qgso.qld.gov.au/statistics/theme/society/gambling/australian-gambling-statistics#current-release-australian-gambling-statistics

Rozek, J, Gunn, L, Gannet A, Hooper, P & Giles-Corti, B 'Evidence supporting the health benefits of Public Open Space', *Public Open Space*, Healthy Active by Design, last accessed 12 July 2021, https://healthyactivebydesign.com.au/design-features/public-open-spaces/evidence

Saelens, BE, Sallis, JF., Black, J.B & Chen, D. 2003, 'Neighborhood-based differences in physical activity: an environment scale evaluation', *American Journal of Public Health*, vol. 93, no. 9, pp. 1552–1558, last accessed 14 July 2021, https://doi.org/10.2105/ajph.93.9.1552

Shawyer, F, Enticott, JC, Block, AA, Cheng, I-H & Meadows, GN 2017, 'The mental health status of refugees and asylum seekers attending a refugee health clinic including comparisons with a matched sample of Australian-born residents' BMC Psychiatry 17:76, 1--12

Smith, N & Weatherburn, D 2013, *Personal stress, financial stress, social support and women's experiences of physical violence: a longitudinal analysis*, Contemporary issues in crime and justice, no 168, BOCSAR NSW Crime and Justice Bulletins, p. 20, last accessed 12 July 2021, https://melbourneinstitute.unimelb.edu.au/assets/documents/hilda-bibliography/other-Mpublications/2013/Smith_etal_Womens_experience_of_physical_violence_CJB168.pdf

South Australia Health (SA Health), 2021, *Healthy Parks Healthy People, South Australia 2016-2021: Nature and mental health promotion discussion paper summary*, last accessed 09 July 2021, https://www.sahealth.sa.gov.au/wps/wcm/connect/c53a850041a5a964af0fbfdb31a1ff3d/HPHP+MH+Discussion+Paper+Summary.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-c53a850041a5a964af0fbfdb31a1ff3d-nwK6bmy

Steering Committee for the Review of Government Service Provision (SCRGSP) 2016, *Overcoming Indigenous disadvantage: Key indicators 2016*, Productivity Commission, Canberra, last accessed 14 July 2021, https://www.pc.gov.au/research/ongoing/overcoming-indigenous-disadvantage

Thomas, J, Barraket, J, Wilson, CK, Holcombe-James, I, Kennedy, J, Rennie, E, Ewing, S & MacDonald, T 2020, *Measuring Australia's digital divide: The Australian digital inclusion index 2020*, RMIT and Swinburne University of Technology, Melbourne, for Telstra

Thomas, S & Jackson, AC 2008, *Risk and protective factors, depression and comorbidities in problem gambling*, 1st edn, Beyond Blue, last accessed 13 July 2021, www.beyondblue.org.org.au/index.aspx?link_id=6.718

VicHealth 2012, 'Safety indicator overview', in *VicHealth indicators survey*, last accessed 09 July 2021, https://www.vichealth.vic.gov.au/-/media/Indicators/Overview-sheets/16/VH_IO_Safety.pdf?la=en&hash=D191E0E965A5C8C6D5CD4FFC5C2A870AFE4830B0

VicHealth 2016*, VicHealth indicators survey 2015 results: Maroondah LGA Profile*, last accessed 09 July 2021, https://www.vichealth.vic.gov.au/media-and-resources/publications/vichealth-indicators-lga-profiles-2015

VicHealth 2018, VicHealth indicators survey 2015. Supplementary report: Gender, last accessed 09 July 2021, https://www.vichealth.vic.gov.au/-/media/ResourceCentre/PublicationsandResources/General/VicHealth-Indicators-Survey-2015-Supplementary-report-Gender.pdf?la=en&hash=F0C3658CC5DB8A73F32C84274365E4B38C1FEDA4

VicHealth 2019, VicHealth Arts Strategy 2019-2023, last accessed 09 July 2021, https://www.vichealth.vic.gov.au/media-and-resources/publications/arts-strategy

Victorian Agency for Health Information (VAHI) 2020, The health and wellbeing of the lesbian, gay, bisexual, transgender, intersex and queer population in Victoria: Findings from the Victorian Population Health Survey 2017, State of Victoria, Melbourne, last accessed 9 July 2021, https://www.bettersafercare.vic.gov.au/sites/default/files/2020-09/The-health-and-wellbeing-of-the-LGBTIQ-population-in-Victoria.pdf

Victorian Agency for Health Information (VAHI) 2021, *Victorian Population Health Survey 2019: summary of results*, State of Victoria, Melbourne, last accessed 15 July 2021,

Victorian Competition and Efficiency Commission 2012, *Counting the cost: Inquiry into the costs of problem gambling*, Final report, December, last accessed 13 July 2021, https://www.dtf.vic.gov.au/sites/default/files/2018-02/counting-the-cost-inquiry-into-the-costs-of-problem-gambling.pdf

Victorian State Government, Premier and Cabinet (2020), *What matters to young people in Victoria: Victorian Youth Strategy Discussion Paper*, Victorian Government, Melbourne, last accessed 14 July 2021, https://engage.vic.gov.au/victorian-youth-strategy

Volunteering Australia 2018, *The future of employment services*, Department of Jobs and Small Business, Volunteering Australia, last accessed 14 July 2021, https://www.volunteeringaustralia.org/wp-content/files_mf/1533878763VolunteeringAustraliaSubmissiononTheFutureofEmploymentServices.pdf

Walton, D & van Aalst, M 2020, *Climate-related extreme weather events and COVID-19: A first look at the number of people affected by intersecting disasters*. IFRC, Geneva, 21 pp, last accessed 12 July 2021, https://www.climatecentre.org/wp-content/uploads/Extreme-weather-events-and-COVID-19.pdf

WHO (World Health Organization) 2013, *Health 2020: a European policy framework supporting action across government and society for health and well-being*, WHO Regional Office for Europe, last accessed 9 Jul 2021, https://www.euro.who.int/en/publications/abstracts/health-2020-a-european-policy-framework-supporting-action-across-government-and-society-for-health-and-well-being

Williams, DR, Yu, Y, Jackson, JS & Anderson, NB 1997, 'Racial differences in physical and mental health: Socioeconomic status, stress and discrimination', *Journal of Health Psychology*, vol. 2, pp. 335–351

Women's Health East (WHE) 2017, *Prevent Violence Against Women*, last accessed 12 July 2021, https://whe.org.au/what-we-do/prevention-of-violence-against-women/

World Health Organisation (2016), *Elder abuse: The health sector role in prevention and response*, last accessed 12 Jul 2021, https://www.who.int/ageing/media/infographics/EA_infographic_EN_Jun_18_web.pdf?ua=1

World Health Organisation (WHO), 2021, 'Key factors', *Elder abuse*, last accessed 12 July 2021, https://www.who.int/news-room/fact-sheets/detail/elder-abuse

Websites

Australian Human Rights Commission (AHRC), *Face the facts: Cultural diversity*, last accessed13 July 23021, https://humanrights.gov.au/sites/default/files/FTFCulturalDiversity.pdf

Australian Human Rights Commission (AHRC), *Aboriginal and Torres Strait Islanders: Australia's first peoples*, last accessed 14 July 2021, https://humanrights.gov.au/our-work/education/aboriginal-and-torres-strait-islanders-australias-first-peoples

Australian Human Rights Commission (AHRC), *Face the facts: Lesbian, gay, bisexual, trans and intersex people*, last accessed 14 July 2021, https://humanrights.gov.au/our-work/education/face-facts-lesbian-gay-bisexual-trans-and-intersex-people

Australian Urban Observatory, *Transport: Indicator rationale*, last accessed 12 July 2021, https://auo.org.au/portal/metadata/access-to-public-transport/
Australian Urban Observatory, *Liveablity Index by LGA*, last accessed 12 July 2021, https://map.auo.org.au/#observatory

Better Health, *Internet addiction*, last accessed 13 July 2021, https://www.betterhealth.vic.gov.au/health/healthyliving/internet-addiction

Better Health, *Physical activity - staying motivated*, last accessed on 9 July 2021, https://www.betterhealth.vic.gov.au/health/healthyliving/physical-activity-its-important

Better Health, *Men's health*, last accessed on 9 July 2021, https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/mens-health#bhc-content

Beyond Blue, 'Sense of belonging' hand out, last accessed 14 July 2021, https://www.beyondblue.org.au/docs/default-source/senseability/sense-of-belonging-hand-out.pdf?sfvrsn=b5e8a7e9_6

Black Dog Institute Positive Psychology, last accessed on 9 July 2021, https://www.blackdoginstitute.org.au/wp-content/uploads/2020/04/4-positivepsychology.pdf

Brain and Mind Centre, The University of Sydney, *Technology addiction*, last accessed 15 July 2021, https://www.sydney.edu.au/brain-mind/our-research/technology-addiction.html

City of Hobart, *City of Hobart social inclusion strategy 2014-2019*, last accessed 14 July 2021, https://www.hobartcity.com.au/Council/Strategies-and-plans/Social-Inclusion-Strategy

City of Melbourne, *Community infrastructure development framework*, last accessed 14 July 2021, https://www.melbourne.vic.gov.au/building-and-development/urban-planning/community-housing/Pages/community-housing.aspx

City of Stonnington, *Birth to 25: Children, youth and family strategy*, last accessed 14 July 2021, https://www.stonnington.vic.gov.au/About/Corporate-documents/Strategies-and-plans/Children-Youth-and-Family-

StrategyClimate Council, *Transport emissions: Driving down car pollution in cities*, last accessed 12 July 2021, https://www.climatecouncil.org.au/wp-content/uploads/2017/09/FactSheet-Transport.pdf

Commission for Children and Young People, 'Why do we need child safe standards?', *Being a child safe organisation*, last accessed 12 July 2021, https://ccyp.vic.gov.au/child-safety/being-a-child-safe-organisation/#TOC-2

Crime Statistics Agency, Crime by Location, last accessed 12 July 2021, https://www.crimestatistics.vic.gov.au/explore-crime-by-location

Deakin University, *What does it mean to be digitally literate*?, last accessed 14 July 2021, https://this.deakin.edu.au/career/what-does-it-mean-to-be-digitally-literate (deakin.edu.au)

Department of Environment, Land, Water and Planning (DELWP), State of Victoria, *20-minute neighbourhoods*, last accessed on 9 July 2021, https://www.planning.vic.gov.au/policy-and-strategy/planning-for-melbourne/plan-melbourne/20-minute-neighbourhoods

Department of Foreign Affairs and Trade (DFAT), Australian Government, 'Disaster risk reduction and resilience', *Building Resilience*, last accessed 12 July 2021 https://www.dfat.gov.au/development/topics/investment-priorities/building-resilience/drr/disaster-risk-reduction-and-resilience

Division for Sustainable Development Goals (DSDG), *Sustainable Development – 17 Goals to Transform Our World*, UN Department of Economic and Social Affairs, last accessed 09 July 2021, https://sdgs.un.org/goals
Endometriosis Australia, last accessed 9 July 2021, https://www.endometriosisaustralia.org/

Foundation for Alcohol Research and Education (FARE), *Policy*, last accessed 13 July 2021, https://fare.org.au/policy/family-violence/

headspace National Youth Mental Health Foundation, *Overview of Sexual Orientations - for Young People*, last accessed 14 July 2021, https://headspace.org.au/young-people/understanding-sexuality-and-sexual-identity/
HealthDirect, *Benefits of volunteering*, last accessed 14 July 2021, https://www.healthdirect.gov.au/benefits-of-volunteering
https://adf.org.au/talking-about-drugs/impact-aod-workplace/
https://cdn.community.adf.org.au/media/documents/ADF_VH_Art_of_Comm_Management3_Dec.pdf
https://profile.id.com.au/maroondah/population
https://profile.id.com.au/maroondah/seifa-disadvantage-small-area?SeifaKey=40002
https://profile.id.com.au/maroondah/assistance
.id (informed decisions), https://atlas.id.com.au/maroondah

Inclusive Australia 2019 Brochure, last accessed 14 July 2021, https://inclusive-australia.s3.amazonaws.com/files/Inclusive-Australia_2019-Brochure.pdf

International Women's Development Agency (IWDA), *What does intersectional feminism actually mean*?, last accessed 13 July 2021, https://iwda.org.au/what-does-intersectional-feminism-actually-mean/
Lifeline Australia, *Data and Statistics*, last accessed, 9 July 2021, https://www.lifeline.org.au/resources/data-and-statistics/

Lifeline, *Problem gambling*, last accessed 13 July 2021, https://www.lifeline.org.au/get-help/information-and-support/problem-gambling/
Maroondah City Council 2020, Maroondah COVID-19 social profile - 2020

Mission Australia 2020, *What is homelessness*, last accessed 13 July 2021, https://www.missionaustralia.com.au/what-we-do/homelessness-social-housing/what-is-homelessness

Our Watch, Australia's National Research Organisation for Women's Safety (ANROWS) & VicHealth, '*Change the story: A shared framework for the primary prevention of violence against women and their children in Australia*,' Our Watch, Melbourne, last accessed 12 July 2021, https://media-cdn.ourwatch.org.au/wp-content/uploads/sites/2/2019/05/21025429/Change-the-story-framework-prevent-violence-women-children-AA-new.pdf

Pregnancy Birth and Baby, *Family violence during pregnancy*, last accessed 12 Jul 2021, https://www.pregnancybirthbaby.org.au/family-violence-during-pregnancy

Reconciliation Australia, *What is reconciliation?* last accessed 14 July 2021, https://www.reconciliation.org.au/what-is-reconciliation/

South Australian Health and Medical Research Institute (SAHMRI), *PERMA+*, The Wellbeing and Resilience Centre, last accessed on 9 July 2021, https://www.wellbeingandresilience.com/sites/swrc5/media/pdf/permaandcentreoverview.pdf

Supporting Well-Being Shipley School, *PERMA+*, last accessed on 9 July 2021, https://www.shipleyschool.org/academics/shipley-learns-online/supporting-well-being

Sydney Children's Health Network*, Screen time and children*, last accessed 13 July 2021, https://www.schn.health.nsw.gov.au/files/factsheets/screen_time_and_children-en.pdf

University of Melbourne, *Develop your skills and experience*, https://students.unimelb.edu.au/careers/get-career-ready/develop-your-skills-and-experience
Vic.gov.au/homes-victoria-fast-start-projects

Victorian Commission for Gambling and Liquor Regulation (pokies data 2019–2020), Australian Bureau of Statistics – Socio-economic indexes for areas (ranking of socio-economic disadvantage, 2016 Census), last accessed 13 July 2021, https://responsiblegambling.vic.gov.au/resources/gambling-victoria/pokies-across-victoria/maroondah/

Victorian Government, *Community Safety Statement 2017*, Mercedes Waratah, Port Melbourne, last accessed 12 July 2021, https://communitysafety.vic.gov.au/media/1072/djr001_g_css01_lr.pdf

Volunteering Victoria, *Volunteer benefits and stories*, last accessed 14 July 2021, https://www.volunteeringvictoria.org.au/for-volunteers/volunteer-benefits-and-stories/

Western Sydney University, *What is digital literacy*? last accessed 14 July 2021, https://www.westernsydney.edu.au/studysmart/home/study_skills_guides/digital_literacy/what_is_digital_literacy

Endnotes

[i] Major Cities Unit (2012) State of Australian Cities 2012 (Canberra: Department of Infrastructure and Transport, Australian Government)
[ii] https://www.planning.vic.gov.au/policy-and-strategy/planning-for-melbourne/plan-melbourne/20-minute-neighbourhoods
[iii] Australian Institute of Health and Welfare. (2020). Alcohol, tobacco & other drugs in Australia. Retrieved from: https://www.aihw.gov.au/reports/phe/221/alcohol-tobacco-other-drugs-australia/contents/impacts/economic-impacts
[iv] Kavanagh, A., Krnjacki, L. (2011). Accessibility to alcohol outlets and alcohol consumption: Findings from VicLANE. Victorian Health Promotion Foundation. (VicHealth). Retrieved from: https://www.vichealth.vic.gov.au/-/media/ResourceCentre/PublicationsandResources/alcohol-misuse/VicLANES-report_FINAL.pdf?la=en&hash=13D08ECA03A1736A454B6DC7D2219DFBD12F15E4
[v] Hobbs, M., Markek, L., Wiki, J., Campbell, M., Deng, B.Y., Sharpe, H., McCarthy, J., Kingham, S. (2020). Close proximity to alcohol outlets is associated with increased crime and hazardous drinking: Pooled nationally representative data from New Zealand. Health & Place, Vol 65.
[vi] Victorian Commission for Gambling and Liquor Regulation. (2019). Geomaps. Retrieved from: https://geomaps.vcglr.vic.gov.au/Liquor/#
[vii] Hilmers, A., Hilmers, D., Dave, J. (2012). Neighborhood Disparities in Access to Healthy Foods and Their Effects on Environmental Justice. *American Public Health Association.* 109(9), 1644-1654.
[viii] Department of Health. (2017). Victorian Population Health Survey 2017. Retrieved from: https://www2.health.vic.gov.au/public-health/population-health-systems/health-status-of-victorians/survey-data-and-reports/victorian-population-health-survey
[ix] Gun, L., King, T., Mavoa, S., Lamb, K., Giles-Corti, B., Kavanagh, A. (2017). Identifying destination distances that support walking trips in local neighborhoods. *Journal of Transport & Health.* 5, 133-141.
[x] Australian Urban Observatory. (2024). Retrieved from:https://map.auo.org.au/#
[xi] Currie, G., Richardson, T., Smyth, P., Vella-Brodrick, D., Hine, J., Lucas, K. (2009) Investigating links between transport disadvantage, social exclusion and well-being in Melbourne – Preliminary results. Transport Policy. 16(3): 97–105.
[xii] Saunders, L., L., Green, J., Petticrew, M., Steinbachm R, Roberts, H. (2013). What Are the Health Benefits of Active Travel? A Systematic Review of Trials and Cohort Studies. Retrieved from: https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0069912
[xiii] Metz, B., Davidson, O., Bosch, P., Dave, R., Meyer, L. (2007). Climate change 2007: Mitigation contribution of working group III to the fourth assessment report of the intergovernmental panel on climate change. Cambridge and New York: Cambridge University Press.
[xiv] Australian Bureau of Statistics. (2016). Census of Population and Housing
[xv] Australian Bureau of Statistics (2021) Census of Population and Housing.
[xvi] Goodman, N. (2015). The Impact of Employment on the Health Status and Health Care Costs of Working-age People with Disabilities. Retrieved from: http://www.leadcenter.org/system/files/resource/downloadable_version/impact_of_employment_health_status_health_care_costs_0.pdf
[xvii] Department of Environment Land Water and Planning, 2019. Policies and Initiatives; Open Space Planning. Retrieved from:https://www.planning.vic.gov.au/policy-and-strategy/open-space-planning
[xviii] Maroondah City Council. (2016). Open Space Strategy 2016. Retrieved from: https://www.maroondah.vic.gov.au/files/assets/public/documents/strategies/open_space_strategy.pdf
[xix] Lubell, J., Crain, R., Cohen, R. (2007). Framing the issue – the positive impacts of affordable housing on health. *Center for Housing Policy.*
[xx] Australian Bureau of Statistics. (2021). Census of Population and Housing
[xxi] Mayhew, N 2018, *What does wellbeing actually mean?*, Wellbeing People, retrieved from: https://www.wellbeingpeople.com/2018/07/20/what-does-wellbeing-actually-mean/
[xxii] Dodge, R, Daly, A.P, Huyton, J, and Sanders, L.D, 2012, *The challenge of defining wellbeing*, International journal of wellbeing, *2*(3), retrieved from: https://internationaljournalofwellbeing.org/ijow/index.php/ijow/article/viewFile/89/238
[xxiii] Wiseman, J, and Brasher, K, 2008, *Community wellbeing in an unwell world: Trends, challenges, and possibilities*, Journal of Public Health Policy, 29(3), pp.353-366, retrieved from: https://www.researchgate.net/profile/John_Wiseman2/publication/23169636_Community_Wellbeing_in_an_Unwell_World_Trends_Challenges_and_Possibilities/links/55b5537e08ae9289a08a6a27/Community-Wellbeing-in-an-Unwell-World-Trends-Challenges-and-Possibilities.pdf?origin=publication_detail
[xxiv] Beyond Blue, 2020, *What is mental health?,* Beyond Blue, retrieve from: https://www.beyondblue.org.au/the-facts/what-is-mental-health
[xxv] Beyond Blue, 2020, *What is mental health?,* Beyond Blue, retrieve from: https://www.beyondblue.org.au/the-facts/what-is-mental-health
[xxvi] Sheldon, K. M., & King, L. (2001). Why positive psychology is necessary. *American Psychologist, 56*(3), 216–217. https://doi.org/10.1037/0003-066X.56.3.216

[xxvii] Pascha, M 2020, *The PERMA Model: Your Scientific Theory of Happiness*, Positive Psychology, retrieved from: https://positivepsychology.com/perma-model/
[xxviii] The full frame initiative, 2013, *Five Domains of Wellbeing: Mastery*, The full frame initiative: changing systems, changing lives, retrieved from: https://fullframeinitiative.org/wp-content/uploads/2013/08/Mastery_Factsheet1.pdf
[xxix] VicHealth, 2014, *Opportunities for social connection: A determinant of mental health and wellbeing: Summary of learnings and implications,* VicHealth, retrieved from: https://www.vichealth.vic.gov.au/~/media/ResourceCentre/PublicationsandResources/Social%20connection/opportunities_for_Social_Connection_Summary_Nov10.ashx
[xxx] Department of Health, 2019, *Connecting with community*, Head to Health, Department of Health, retrieved from: https://headtohealth.gov.au/meaningful-life/connectedness/community
[xxxi] Department of Health, 2019, *Feeling safe, stable and secure*, Head to Health, Department of Health, retrieved from: https://headtohealth.gov.au/meaningful-life/feeling-safe-stable-and-secure
[xxxii] Webb, D, and Wills-Herrera, E, eds, 2012, *Subjective well-being and security,* Springer Science & Business Media, Vol. 46, retrieved from: https://www.researchgate.net/profile/Eduardo_Wills/publication/271706520_Subjective_Well-Being_and_Security/links/5d4afab94585153e594172b3/Subjective-Well-Being-and-Security.pdf?origin=publication_detail
[xxxiii] Department of Health 2006, *Economic wellbeing*, Department of Health, retrieved from: https://www1.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-p-mono-toc~mental-pubs-p-mono-bas~mental-pubs-p-mono-bas-alt~mental-pubs-p-mono-bas-alt-eco
[xxxiv] Australian Bureau of Statistics, 2015, Frameworks for Social Statistics: Economic Wellbeing, ABS, retrieved from: https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4160.0.55.001~Jun%202015~Main%20Features~Economic%20wellbeing~10015
[xxxv] Department of Health 2006, *Economic wellbeing*, Department of Health, retrieved from: https://www1.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-p-mono-toc~mental-pubs-p-mono-bas~mental-pubs-p-mono-bas-alt~mental-pubs-p-mono-bas-alt-eco
[xxxvi] The full frame initiative, 2013, *Five Domains of Wellbeing: Mastery*, The full frame initiative: changing systems, changing lives, retrieved from: https://fullframeinitiative.org/wp-content/uploads/2013/08/Mastery_Factsheet1.pdf
[xxxvii] Henriques, G, 2014, *Six Domains of Psychological Well-Being: Ryff"s six domains of psychological well-being*, Psychology Today, retrieved from: https://www.psychologytoday.com/au/blog/theory-knowledge/201405/six-domains-psychological-well-being
[xxxviii] Dodge, R, Daly, A.P, Huyton, J, and Sanders, L.D, 2012, *The challenge of defining wellbeing*, International journal of wellbeing, *2*(3), retrieved from: https://internationaljournalofwellbeing.org/ijow/index.php/ijow/article/viewFile/89/238
[xxxix] https://resilientmelbourne.com.au/strategy/
[xl] https://www.flinders.edu.au/torrens-resilience-institute/what-is-resilience-
[xli] EMV 2017, *Community Resilience Framework for Emergency Management*, State of Victoria
[xlii] Australian Institute of Health and Welfare (AIHW) 2020. Australia's health 2020 data insights. Australia's health series no. 17. Cat. no. AUS 231. Canberra: AIHW.
[xliii] WHO (World Health Organization) 2013. Health 2020: a European policy framework supporting action across government and society for health and well-being.
[xliv] https://www.betterhealth.vic.gov.au/health/healthyliving/physical-activity-its-important
[xlv] Insufficient physical activity , Insufficient physical activity - Australian Institute of Health and Welfare (aihw.gov.au)
[xlvi] https://www.betterhealth.vic.gov.au/health/healthyliving/physical-activity-its-important
[xlvii] Victorian Population Health Survey 2023
[xlviii] Social Health Atlas of Australia: Victoria, accessed InstantAtlas™ Report, April 2025
[xlix] National Women's Health Strategy 2020–2030 | Australian Government Department of Health
[l] National Men's Health Strategy 2020–2030 | Australian Government Department of Health
[li] Men's health - Better Health Channel
[lii] National Men's Health Strategy 2020–2030 | Australian Government Department of Health
[liii] Men's health - Better Health Channel
[liv] Men's health - Better Health Channel
[lv] National Men's Health Strategy 2020–2030 | Australian Government Department of Health
[lvi] Men's health - Better Health Channel
[lvii] National Women's Health Strategy 2020–2030 | Australian Government Department of Health
[lviii] The current state of women's health in Australia - Informing the development of the National Women's Health Strategy 2020–2030 (July 2018) The University of Queensland for Jean Hailes for Women's Health
[lix] The current state of women's health in Australia - Informing the development of the National Women's Health Strategy 2020–2030 (July 2018) The University of Queensland for Jean Hailes for Women's Health
[lx] Endometriosis Australia | Home
[lxi] The current state of women's health in Australia - Informing the development of the National Women's Health Strategy 2020–2030 (July 2018) The University of Queensland for Jean Hailes for Women's Health
[lxii] Id Consulting. ABS 2021
[lxiii] The health and wellbeing of the lesbian, gay, bisexual, transgender, intersex and queer population in Victoria - Findings from the Victorian Population Health Survey 2017 | Better Safer Care

[lxiv] Current outcomes for LGBTIQA+ Victorians | vic.gov.au accessed 18 February 2025.
[lxv] Mental Health Commission of NSW (2016). Physical health and mental wellbeing: evidence guide, Sydney, Mental Health Commission of NSW
[lxvi] Australian Institute of Health and Welfare 2020. Australia's health 2020: in brief. Australia's health series no. 17 Cat. no. AUS 232. Canberra: AIHW.
[lxvii] Data & Statistics - Lifeline Australia
[lxviii] Department of Health and Human Services (DHHS) 2017. Victorian Population Health Survey 2017. Victorian Population Health Survey 2017 - health.vic
[lxix] Australian Institute of Health and Welfare (AIHW) 2020. Physical health of people with mental illness. Australia's Health 2020. (aihw.gov.au)
[lxx] Australian Institute of Health and Welfare (AIHW) 2020. National Drug Strategy Household Survey 2019. Drug Statistics series no. 32. Cat. no. PHE 270. Canberra: AIHW.
[lxxi] Black Dog Institute, 'Positive Psychology'
[lxxii] PERMA+, South Australian Health and Medical Research Institute, The Wellbeing and Resilience Centre
[lxxiii] PERMA+, South Australian Health and Medical Research Institute, The Wellbeing and Resilience Centre
[lxxiv] Black Dog Institute, 'Positive Psychology'
[lxxv] Social Health Atlas of Australia: Victoria, accessed InstantAtlas™ Report, April 2025
[lxxvi] Victorian Public Health Survey 2023, accessed February 2025.
[lxxvii] Department of Health and Human Services (DHHS) 2019. Victorian public health and wellbeing plan 2019–2023.
[lxxviii] Department of Health and Human Services (DHHS) 2019. Victorian public health and wellbeing plan 2019–2023.
[lxxix] https://www2.health.vic.gov.au/about/publications/policiesandguidelines/tackling-climate-change-mphwp-guidance-local-gov-pdf
[lxxx] https://www2.health.vic.gov.au/about/publications/policiesandguidelines/tackling-climate-change-mphwp-guidance-local-gov-pdf
[lxxxi] https://www2.health.vic.gov.au/about/publications/policiesandguidelines/tackling-climate-change-mphwp-guidance-local-gov-pdf
[lxxxii] https://www2.health.vic.gov.au/about/publications/policiesandguidelines/tackling-climate-change-mphwp-guidance-local-gov-pdf
[lxxxiii] Climate-ready communities | Australian Red Cross
[lxxxiv] Climate Centre (2020). Climate-related extreme weather events and COVID-19. A first look at the number of people affected by intersecting disasters. https://www.climatecentre.org/wp-content/uploads/Extreme-weather-events-and-COVID-19.pdf

[lxxxv] Healthy Parks Healthy People, South Australia 2016-2021 'Nature and Mental Health Promotion'
[lxxxvi] Maroondah Vegetation Strategy 2020-2030
[lxxxvii] Healthy Parks Healthy People, South Australia 2016-2021 'Nature and Mental Health Promotion'
[lxxxviii] Arts and culture (vichealth.vic.gov.au)
[lxxxix] VicHealth Arts Strategy 2019-2023
[xc] Lowe, M., Whiteman, C., Badland, H., Davern, M., Hes, D., Aye, L., Butterworth, L., Giles-Corti, B. (2013). *Liveable, Healthy, Sustainable: What Are the Key Indicators for Melbourne Neighbourhoods?* Research Paper 1, Place Health and Liveability Research Program, University of Melbourne.
[xci] Department of Environment, Land, Water and Planning and Maroondah City Council (2019), Croydon South Neighbourhood Enhancement Plan
[xcii] Planning.vic.gov.au/policy-and-strategy/planning-for-melbourne/plan-melbourne/20-minute-neighbourhoods
[xciii] [17] Australian Urban Observatory 2018. Australian Urban Observatory (auo.org.au)
[xciv] Climate Change Risk and Adaptation Strategy 2018/19-2021/22 - Maroondah City Council
[xcv] Maroondah Vegetation Strategy 2020-2030
[xcvi] MAROONDAH VEGETATION STRATEGY 2020 - 2030
[xcvii] Healthyactivebydesign.com.au/design-features/public-open-spaces/evidence
[xcviii] Map.auo.org.au/#observatory
[xcix] Auo.org.au/portal/metadata/access-to-public-transport
[c] Climate Council (2017), Transport emissions: Driving down car pollution in cities
[ci] Auo.org.au/portal/metadata/access-to-public-transport
[cii] [22] Australian Urban Observatory 2024. Australian Urban Observatory (auo.org.au)
[ciii] Monash.edu/news/articles/post-pandemic-gridlock-public-transport-users-expected-to-shift-to-driving-cars
[civ] Fair Work Commission (2020), Key working from home trends emerging from COVID-19
[cv] Abs.gov.au/media-centre/media-releases/year-covid-19-and-australias-work-home-more
[cvi] Source: Australian Bureau of Statistics, Census of Population and Housing 2021. Compiled and presented in profile.id by .id (informed decisions). Excludes employment locations with fewer than 10 people.
[cvii] Giles-Corti, B., Mavoa, S., Eagleson, S., Davern, M., Roberts B., Badland, H.M., (2014). Transport Walkability Index: Melbourne. McCaughey VicHealth Centre for Community Wellbeing, Melbourne: The University of Melbourne.
[cviii] Saelens, B. E., Sallis, J. F., Black, J. B., & Chen, D. (2003). Neighborhood-based differences in physical activity: an environment scale evaluation. *American journal of public health*, *93*(9), 1552–1558. https://doi.org/10.2105/ajph.93.9.1552

[cix] Walkscore.com
[cx] AIHW, 2020, People with disability in Australia
[cxi] People with disability in Australia, Employment participation needs and challenges - Australian Institute of Health and Welfare (aihw.gov.au)
[cxii] Carson, Andrea; Ruppanner, Leah and Ratcliff, Shaun. *Worsening of Australian Women's Experiences under COVID-19: A Crisis for Victoria's Future.* Report. September 2020.
[cxiii] Kidd, J., 1966. The Implications of Continuous Learning.
[cxiv] Department of Education and Science (2000). Learning for Life: Paper on Adult Education. Dublin: Stationery Office.
[cxv] Commission of the European Communities: "Adult learning: It is never too late to learn". COM(2006) 614 final. Brussels.
[cxvi] Source: id consulting. EMR = Eastern Metropolitan Region
[cxvii] Maroondah Affordable and Social Housing Policy 2018
[cxviii] OECD 2018. Affordability Housing Dataset. Paris: OECD Publishing. Viewed 22 November 2018.
[cxix] ABS 2019. Housing occupancy and costs, 2017–18. ABS cat no. 4130.0 Canberra: ABS.
[cxx] Atlas.id.com.au/maroondah

[cxxii] Department of Health and Human Services Victoria | Past Rental Reports (dhhs.vic.gov.au) 2020
[cxxiii] Maroondah Affordable and Social Housing Policy 2018
[cxxiv] Australian Institute of Health and Welfare (AIHW). 2020. Housing assistance in Australia. Housing assistance in Australia 2020, Social housing dwellings - Australian Institute of Health and Welfare (aihw.gov.au)
[cxxv] Barnes, P., 2002. Approaches to community safety: risk perception and social meaning. Australian Journal of Emergency Management, 17(1), pp.15-23.
[cxxvi] Baum, FE, Ziersch, AM, Zhang, G & Osborne, K 2009, 'Do perceived neighbourhood cohesion and safety contribute to neighbourhood differences in health?', *Health & Place*, vol. 15(4), pp. 925-934.
[cxxvii] VicHealth (2012), Safety Indicator Overview, VicHealth indicators Survey
[cxxviii] City of Melton - Safe City, Proud Communities Plan 2020-2024
[cxxix] City of Melton, Safe City, Proud Communities Plan 2020-2024
[cxxx] Currie, G., Delbosc, A. & Mahmoud, S., 2010. *Perceptions and realities of personal safety on public transport for young people in Melbourne*. Canberra, Monash Univeristy.
[cxxxi] City of Melton, Safe City, Proud Communities Plan 2020-2024
[cxxxii] GIWPS and PRIO 2017, *Women, Peace and Security Index 2017/18: Tracking Sustainable Peace through Inclusion, Justice, and Security for Women*, Georgetown Institute for Women, Peace and Security (GIWPS) and Peace Research Institute Oslo (PRIO), Washington, DC.
[cxxxiii] VicHealth Indicators Survey 2015. Supplementary report: Gender
[cxxxiv] Victorian Indicators of Wellbeing, 2015 accessed April 2025 from victorianwonemshealthatlas.net.au
[cxxxv] VicHealth Indicators Survey 2015 Results: Maroondah LGA Profile
[cxxxvi] Department of Sustainability and Environment, 2005, Safer Design Guidelines for Victoria
[cxxxvii] Women's Health East Prevent Violence Against Women (whe.org.au)
[cxxxviii] Australian Institute of Health and Welfare 2019, Family, domestic and sexual violence in Australia: continuing the national story 2019, AIHW, Canberra.
[cxxxix] Quick facts | Our Watch | Preventing violence against women - Our Watch
[cxl] https://aifs.gov.au/agrc/publications/impact-gambling-problems-families/what-are-impacts-gambling-problems-families
[cxli] NSW Bureau of Crime Statistics and Research 2013, Personal stress, financial stress, social support and women's experiences of physical violence: A longitudinal analysis, *Nadine Smith and Don Weatherburn*
[cxlii] Social isolation, time spent at home, financial stress and domestic violence during the COVID-19 pandemic | Australian Institute of Criminology (aic.gov.au)
[cxliii] Responding to the 'Shadow Pandemic': Practitioner views on the nature of and responses to violence against women in Victoria, Australia during the COVID-19 restrictions — Monash University
[cxliv] Australian Bureau of Statistics (ABS) 2017. Personal Safety Survey, Australia, 2016, ABS cat. no. 4906.0. Canberra: ABS.
[cxlv] ABS 2017. Personal Safety Survey, Australia, 2016, ABS cat. no. 4906.0. Canberra: ABS. "Intimate partner" includes a current or former cohabiting partner and non-cohabiting partners and dates. In 2016, 23.0% women reported having experienced intimate partner violence since age 15, as compared with 7.8% of men.
[cxlvi] ABS 2017. Personal Safety Survey, Australia, 2016, ABS cat. no. 4906.0. Canberra: ABS. In 2016, 11.7% of women aged 18 to 24 years experienced physical and/or sexual violence in the 12 months prior to the survey.
[cxlvii] ABS 2017, *4906.0 - Personal Safety, Australia, 2016* Australian Bureau of Statistics, Canberra.
[cxlviii] Women's Health East Prevent Violence Against Women (whe.org.au)
[cxlix] Quick facts | Our Watch | Preventing violence against women - Our Watch
[cl] Australian Institute of Health and Welfare (AIHW) 2019. Family, domestic and sexual violence in Australia: Continuing the national story. Cat. no FDV 3. Canberra: AIHW. During this year, 3600 women hospitalised for assault injuries identified a spouse or domestic partner as the perpetrator.

[cli] Australian Institute of Health and Welfare 2019, Family, domestic and sexual violence in Australia: continuing the national story 2019, AIHW, Canberra.
[clii] Women's Health East Prevent Violence Against Women (whe.org.au)
[cliii] National Women's Health Strategy 2020-2030
[cliv] Family violence during pregnancy | Pregnancy Birth and Baby (pregnancybirthbaby.org.au)
[clv] Mission Australia 2018. Out of the Shadows: domestic and family violence, a leading cause of homelessness in Australia.
[clvi] The Australian Bureau of Statistics (ABS). 2017. Personal Safety Survey 2016.
[clvii] Australian Institute of Health and Welfare (AIHW) 2019. Child protection Australia: 2017–18. Child welfare series no. 70. Cat. no. CWS 65. Canberra: AIHW.
[clviii] Victoria Police | Crime Statistics Agency Victoria
[clix] Ambulance Victoria | Crime Statistics Agency Victoria
[clx] World Health Organisation. (2018). *Elder Abuse; Key factors.* https://www.who.int/news-room/fact-sheets/detail/elder-abuse
[clxi] World Health Organisation. (2016). *Elder Abuse: The Health Sector Role in Prevention and Response.* https://www.who.int/ageing/media/infographics/EA_infographic_EN_Jun_18_web.pdf?ua=1
[clxii] Australian Institute of Health and Welfare 2019. Family, domestic and sexual violence in Australia: continuing the national story 2019. Cat. no. FDV 3. Canberra: AIHW.
[clxiii] Victorian Government, Community Safety Statement 2017
[clxiv] Victorian Government, Community Safety Statement 2017
[clxv] Latest crime data by area | Crime Statistics Agency Victoria
[clxvi] Latest crime data by area | Crime Statistics Agency Victoria
[clxvii] **https://ccyp.vic.gov.au/child-safety/being-a-child-safe-organisation/#TOC-2**
[clxviii] Department of Transport, Victorian Road Safety Strategy 2021-2031
[clxix] Department of Transport, Victorian Road Safety Strategy 2021-2031
[clxx] Department of Transport, Victorian Road Safety Strategy 2021-2031
[clxxi] Maroondah Municipal Emergency Management Plan 2020-2023
[clxxii] Maroondah Municipal Emergency Management Plan 2020-2023
[clxxiii] Disaster risk reduction and resilience | Australian Government Department of Foreign Affairs and Trade (dfat.gov.au)
[clxxiv] https://www2.health.vic.gov.au/about/publications/policiesandguidelines/tackling-climate-change-mphwp-guidance-local-gov-pdf
[clxxv] Maroondah Municipal Emergency Management Plan 2020-2023
[clxxvi] Climate Centre (2020). Climate-related extreme weather events and COVID-19. A first look at the number of people affected by intersecting disasters. https://www.climatecentre.org/wp-content/uploads/Extreme-weather-events-and-COVID-19.pdf
[clxxvii] Avani Dias, A., McGregor, J. and Day, L. 2021. The TikTok Spiral. ABC News: Sydney. Accessed at: https://www.abc.net.au/news/2021-07-26/tiktok-algorithm-dangerous-eating-disorder-content-censorship/100277134
[clxxviii] Parliament of Australia 2020. Regulation of Australian online content: cybersafety and harm. Regulation of Australian online content: cybersafety and harm – Parliament of Australia (aph.gov.au)
[clxxix] Australian Bureau of Statistics (ABS). (2016). Household use of information technology, Australia, 2014–15 . Canberra: ABS. www.abs.gov.au/ausstats/abs@.nsf/mf/8146.0.
[clxxx] Inner East Primary Care Partnership (2020) Social Inclusion Framework
[clxxxi] https://inclusive-australia.s3.amazonaws.com/files/Inclusive-Australia_2019-Brochure.pdf
[clxxxii] City of Hobart (2014): City of Hobart Social Inclusion Strategy 2014-2019. Accessed at *https://www.hobartcity.com.au/Council/Strategies-and-plans/Social-Inclusion-Strategy*
[clxxxiii] Holt-Lunstad J, Smith T, Baker M, Harris T & Stephenson D 2015. Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review. Perspectives on Psychological Science 10:227–37.
[clxxxiv] Social isolation and loneliness - Australian Institute of Health and Welfare (aihw.gov.au)
[clxxxv] Australian Psychological Society 2018. Australian loneliness report: A survey exploring the loneliness levels of Australians and the impact on their health and wellbeing. Melbourne: APS.
[clxxxvi] Social isolation and loneliness - Australian Institute of Health and Welfare (aihw.gov.au)
[clxxxvii] Victorian Public Health Survey 2023.
[clxxxviii] Household type | City of Maroondah | Community profile (id.com.au)
[clxxxix] Household type | City of Maroondah | Community profile (id.com.au)
[cxc] Making sense of belonging | APS (psychology.org.au)
[cxci] Jetten, J., Haslam, C. & Alexander, S. H. The social cure: Identity, health and well-being. (Psychology Press, 2012).
[cxcii] Beyond Blue - 'Sense of belonging' hand out
[cxciii] Australian Bureau of Statistics (2013): Community connections and diversity, measures of Australia's progress 2013. Accessed at *https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/1370.0main+features302013*
[cxciv] Faulkner, N., Borg, K. Zhao, K. and Smith, L. 2021. *The Inclusive Australia Social Inclusion Index: 2021* Report. Melbourne: Inclusive Australia.
[cxcv] Inner East Primary Care Partnership (2020) Social Inclusion Framework

[cxcvi] Volunteer benefits and stories - Volunteering Victoria
[cxcvii] Benefits of volunteering | healthdirect
[cxcviii] Volunteer benefits and stories - Volunteering Victoria
[cxcix] Benefits of volunteering | healthdirect
[cc] Benefits of volunteering | healthdirect
[cci] Volunteer benefits and stories - Volunteering Victoria
[ccii] Volunteering is also an important pathway to employment especially for those facing barriers in the job market.
[cciii] Develop your skills and experience (unimelb.edu.au)
[cciv] Social Health Atlas Australia 2024
[ccv] City of Melbourne (2014), Community Infrastructure Development Framework
[ccvi] Maroondah Gender Equity Policy 2018
[ccvii] Missionaustralia.com.au/what-we-do/homelessness-social-housing/what-is-homelessness
[ccviii] ABS (2016) Census of Population and Housing: Estimating homelessness, 2016
[ccix] Missionaustralia.com.au/what-we-do/homelessness-social-housing/what-is-homelessness
[ccx] Fitzpatrick S, Bramley G & Johnsen S 2013. Pathways into multiple exclusion homelessness in seven UK cities. Urban Studies 50:1.
[ccxi] Johnson G, Scutella R, Tseng Y & Wood G 2015. Entries and exits from homelessness: a dynamic analysis of the relationship between structural conditions and individual characteristics. Australian Housing and Urban Research Institute (AHURI) final report no. 248. Melbourne: AHURI.
[ccxii] Missionaustralia.com.au/what-we-do/homelessness-social-housing/what-is-homelessness
[ccxiii] 2021 Census of Population and Housing
[ccxiv] Faulkner, N., Borg, K. Zhao, K. and Smith, L. 2021. *The Inclusive Australia Social Inclusion Index: 2021* Report. Melbourne: Inclusive Australia.
[ccxv] Faulkner, N., Borg, K. Zhao, K. and Smith, L. 2021. *The Inclusive Australia Social Inclusion Index: 2021* Report. Melbourne: Inclusive Australia.
[ccxvi] Williams, D. R., Yu, Y., Jackson, J. S. & Anderson, N. B. Racial differences in physical and mental health: Socioeconomic
status, stress and discrimination. J. Health Psychol. 2, 335–351 (1997).
[ccxvii] Faulkner, N., Borg, K. Zhao, K. and Smith, L. 2021. *The Inclusive Australia Social Inclusion Index: 2021* Report. Melbourne: Inclusive Australia.
[ccxviii] Lloyd, C., Tse, S. and Deane, F.P., 2006. Community participation and social inclusion: How practitioners can make a difference. *Australian e-journal for the Advancement of Mental Health*, *5*(3), pp.185-194.
[ccxix] Arinto, P. B., Hodgkinson-Williams, C. & Trotter, H. (2017). OER and OEP in the Global South: Implications and recommendations for social inclusion. In C. Hodgkinson Williams & P. B. Arinto (Eds.), *Adoption and impact of OER in the Global South* (pp. 577–592). Retrieved from https://doi.org/10.5281/zenodo.1043829
[ccxx] Gidley, J., Hampson, G., Wheeler, L. & Bereded-Samuel, E. (2010). Social inclusion: Context, theory and practice. *The Australasian Journal of University-Community Engagement*, 5(1), 6–36.
[ccxxi] What is digital literacy? | Western Sydney University
[ccxxii] What does it mean to be digitally literate? | this. (deakin.edu.au)
[ccxxiii] Thomas, J, Barraket, J, Wilson, CK, Holcombe-James, I, Kennedy, J, Rennie, E, Ewing, S, MacDonald, T, 2020, Measuring Australia's Digital Divide: The Australian Digital Inclusion Index 2020, RMIT and Swinburne University of Technology, Melbourne, for Telstra.
[ccxxiv] Thomas, J, Barraket, J, Wilson, CK, Holcombe-James, I, Kennedy, J, Rennie, E, Ewing, S, MacDonald, T, 2020, Measuring Australia's Digital Divide: The Australian Digital Inclusion Index 2020, RMIT and Swinburne University of Technology, Melbourne, for Telstra.
[ccxxv] Patrick, H.A & Kumar, V.R. (2012). Managing Workplace Diversity: Issues and Challenges. Retrieved from: https://journals.sagepub.com/doi/full/10.1177/2158244012444615
[ccxxvi] Patrick, H.A & Kumar, V.R. (2012). Managing Workplace Diversity: Issues and Challenges. Retrieved from: https://journals.sagepub.com/doi/full/10.1177/2158244012444615
[ccxxvii] What does intersectional feminism actually mean? | IWDA
[ccxxviii] Faulkner, N., Borg, K. Zhao, K. and Smith, L. 2021. *The Inclusive Australia Social Inclusion Index: 2021* Report. Melbourne: Inclusive Australia.
[ccxxix] Kimberle Crenshaw, 'Demarginalizing the intersection of race and sex' (1989) University of Chicago Legal Forum 139
[ccxxx] Australian Institute of Health and Welfare, (2020). People with disability in Australia. Retrieved from https://www.aihw.gov.au/getmedia/ee5ee3c2-152d-4b5f-9901-71d483b47f03/aihw-dis-72.pdf.aspx?inline=true
[ccxxxi] People with disability in Australia, Prevalence of disability - Australian Institute of Health and Welfare (aihw.gov.au)
[ccxxxii] Need for assistance | City of Maroondah | Community profile (id.com.au)
[ccxxxiii] Australian Institute of Health and Welfare[b], (2020). People with disability in Australia: Health Risk Factors and Behaviours: Physical Health. Retrieved from: https://www.aihw.gov.au/reports/dis/73-1/people-with-disability-in-australia/contents-1/health/health-risk-factors-and-behaviours#Physical

[ccxxxiv] Australian Institute of Health and Welfare[c], (2020). People with disability in Australia: Health Risk Factors and Behaviours: Tobacco. Retrieved from: https://www.aihw.gov.au/reports/dis/73-1/people-with-disability-in-australia/contents-1/health/health-risk-factors-and-behaviours#Tobacco
[ccxxxv] Australian Institute of Health and Welfare[e], (2020). People with disability in Australia: Educational attainment. Retrieved from https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/education-and-skills/educational-attainment#Highest%20level%20of%20education
[ccxxxvi] Australian Institute of Health and Welfare[f], (2020). People with disability in Australia: Employment. Retrieved from https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/employment
[ccxxxvii] People with disability in Australia, Employment participation needs and challenges - Australian Institute of Health and Welfare (aihw.gov.au)
[ccxxxviii] https://www.aihw.gov.au/getmedia/ee5ee3c2-152d-4b5f-9901-71d483b47f03/aihw-dis-72.pdf.aspx?inline=true
[ccxxxix] Australian Institute of Health and Welfare[g], (2018). Cultural and Linguistically Diverse populations. Retrieved from https://www.aihw.gov.au/getmedia/f3ba8e92-afb3-46d6-b64c-ebfc9c1f945d/aihw-aus-221-chapter-5-3.pdf.aspx
[ccxl] Birthplace | City of Maroondah | Community profile (id.com.au)
[ccxli] Face the facts: Cultural Diversity | Australian Human Rights Commission
[ccxlii] Crisp, R., Turner, R. (2011). Cognitive adaptation to the experience of social and cultural diversity. Psychological Bulletin, 137.
[ccxliii] Shawyer, F., Enticott, J.C., Block, A.A., Cheng, I-H & Meadows, G.N. (2017). The mental health status of refugees and asylum seekers attending a refugee health clinic including comparisons with a matched sample of Australian-born residents. BMC Psychiatry 17:76.
[ccxliv] VicHealth. (2013). Mental Health Impacts of racial discrimination in Victorian culturally and linguistically diverse communities. Retrieved from: https://www.vichealth.vic.gov.au/-/media/ResourceCentre/PublicationsandResources/Discrimination/LEAD-CALD-Full-Report_final_with_covers.pdf?la=en&hash=083C1F0A9AD361B72A0A19CAB95E59CF2A66FE41
[ccxlv] THE SOCIAL, ECONOMIC AND INDUSTRIAL ISSUES SPECIFIC TO MIGRANT WORKERS OVER 45 YEARS OF AGE SEEKING EMPLOYMENT, OR ESTABLISHING A BUSINESS, FOLLOWING UNEMPLOYMENT (A QUANTITATIVE APPROACH)
[ccxlvi] *National Women's Health Strategy 2020-2030*
[ccxlvii] McDonald, B., Steel, Z. (1997) *Immigrants and Mental Health. An Epidemiological Analysis*. Transcultural Mental Health Centre, Sydney.
[ccxlviii] Miller, H. (2015). Risk factors for problem gambling: environmental, geographic, social, cultural, demographic, socio-economic, family and household. Retrieved from: https://responsiblegambling.vic.gov.au/documents/22/risk-factors-for-problem-gambling.pdf
[ccxlix] Aboriginal and Torres Strait Islanders: Australia's First Peoples | Australian Human Rights Commission
[ccl] What is Reconciliation? | Reconciliation Australia
[ccli] www.australia.gov.au/about-australia/australian-story/reconciliation
[cclii] What is Reconciliation? | Reconciliation Australiahttps://humanrights.gov.au/our-work/education/aboriginal-and-torres-strait-islanders-australias-first-peoples
[ccliii] Population highlights | City of Maroondah | Community profile (id.com.au)
[ccliv] Indigenous population statistics | City of Maroondah | profile.id
[cclv] Aboriginal and Torres Strait Islanders: Australia's First Peoples | Australian Human Rights Commission
[cclvi] Australian Government: Productive Commission (AGPC). (2016). Overcoming Indigenous disadvantage: key indicators 2016 report.
[cclvii] Aboriginal and Torres Strait Islanders: Australia's First Peoples | Australian Human Rights Commission
[cclviii] Data & Statistics - Lifeline Australia
[cclix] *National Women's Health Strategy 2020-2030*
[cclx] https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/priority-populations/aboriginal-and-torres-strait-islander-people
[cclxi] ABS (Australian Bureau of Statistics) 2013. Australian Aboriginal and Torres Strait Islander health survey: first results, Australia, 2012–13. ABS cat. no. 4727.0.55.001. Canberra: ABS.
[cclxii] Aspin, C., Brown, N., Jowsey, T., Yen, L., Leeder, S. (2012). Strategic approaches to enhanced health service delivery for Aboriginal and Torres Strait Islander people with chronic illness: A qualitative study. BMC Health Serv Res. 12:143.
[cclxiii] Australian Institute of Health and Welfare[h]. (2017). School retention and completion. Retrieved from: https://www.aihw.gov.au/getmedia/87fbf917-cf74-4747-84ab-bcc2e0e53755/aihw-australias-welfare-2017-chapter3-2.pdf.aspx
[cclxiv] Indigenous employment status | City of Maroondah | profile.id
[cclxv] Overview of Sexual Orientations - for Young People | headspace
[cclxvi] https://humanrights.gov.au/our-work/education/face-facts-lesbian-gay-bisexual-trans-and-intersex-people
[cclxvii] The health and wellbeing of the lesbian, gay, bisexual, transgender, intersex and queer population in Victoria - Findings from the Victorian Population Health Survey 2017 | Better Safer Care
[cclxviii] Data & Statistics - Lifeline Australia

[cclxix] Alcohol, tobacco & other drugs in Australia, People identifying as lesbian, gay, bisexual, transgender, intersex or queer - Australian Institute of Health and Welfare (aihw.gov.au)
[cclxx] The health and wellbeing of the lesbian, gay, bisexual, transgender, intersex and queer population in Victoria - Findings from the Victorian Population Health Survey 2017 | Better Safer Care
[cclxxi] City of Stonnington, Birth to 25, Children, Youth and Family Strategy
[cclxxii] City of Stonnington, Birth to 25, Children, Youth and Family Strategy
[cclxxiii] City of Stonnington, Birth to 25, Children, Youth and Family Strategy
[cclxxiv] Victorian State Government, Premier and Cabinet (2020), Victorian Youth Strategy Discussion Paper. What matters to young people in Victoria.
[cclxxv] Data & Statistics - Lifeline Australia
[cclxxvi] Victorian State Government (2020) - Ageing Well in a Changing World - A report by the Commissioner for Senior Victorians
[cclxxvii] Population and age structure | City of Maroondah | Population forecast (id.com.au)
[cclxxviii] Service age groups | City of Maroondah | Community profile (id.com.au)
[cclxxix] https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/impacts/health-impacts
[cclxxx] https://adf.org.au/talking-about-drugs/impact-aod-workplace/
[cclxxxi] https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/priority-populations/aboriginal-and-torres-strait-islander-people
[cclxxxii] ABS (Australian Bureau of Statistics) 2013. Australian Aboriginal and Torres Strait Islander health survey: first results, Australia, 2012–13. ABS cat. no. 4727.0.55.001. Canberra: ABS.
[cclxxxiii] https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/priority-populations/people-experiencing-homelessness
[cclxxxiv] AIHW 2019. Specialist homelessness services annual report 2017–18.
[cclxxxv] https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/priority-populations/older-people
[cclxxxvi] Alcohol, tobacco & other drugs in Australia, People identifying as lesbian, gay, bisexual, transgender, intersex or queer - Australian Institute of Health and Welfare (aihw.gov.au)
[cclxxxvii] https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/priority-populations/younger-people
[cclxxxviii] https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.001~2017-18~Main%20Features~Alcohol%20consumption~100
[cclxxxix] https://cdn.community.adf.org.au/media/documents/ADF_VH_Art_of_Comm_Management3_Dec.pdf
[ccxc] https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.001~2017-18~Main%20Features~Alcohol%20consumption~100
[ccxci] https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.001~2017-18~Main%20Features~Alcohol%20consumption~100
[ccxcii] Family violence | FARE
[ccxciii] https://www.aihw.gov.au/reports/illicit-use-of-drugs/2016-ndshs-detailed/data
[ccxciv] SGS economics PLO research paper
[ccxcv] Victorian Commission for Gambling and Liquor Regulation. (2019). Geomaps. Retrieved from: https://geomaps.vcglr.vic.gov.au/Liquor/#
[ccxcvi] Inner East Primary Care Partnership, Core Indicator Set for Inner East Catchment Planning, 2017, Compiled by Maroondah City Council
[ccxcvii] Ambulance attendance: *Turning Point, Victorian Alcohol and Drug Interactive Statistics and Mapping* https://www.aodstats.org.au/index.php
[ccxcviii] https://www.aihw.gov.au/reports-data/behaviours-risk-factors/illicit-use-of-drugs/about
[ccxcix] Australian Institute of Health and Welfare (AIHW) 2020. National Drug Strategy Household Survey 2019. Drug Statistics series no. 32. PHE 270. Canberra AIHW.
[ccc] https://www.aihw.gov.au/reports-data/behaviours-risk-factors/smoking/about
[ccci] Victorian Population Health Survey 2017
[cccii] https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/drug-types/tobacco
[ccciii] https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/drug-types/tobacco
[ccciv] Victorian Public health Survey 2023.
[cccv] Technology Addiction - Brain and Mind Centre (sydney.edu.au)
[cccvi] Technology Addiction - Brain and Mind Centre (sydney.edu.au)
[cccvii] https://www.betterhealth.vic.gov.au/health/healthyliving/internet-addiction
[cccviii] Technology Addiction - Brain and Mind Centre (sydney.edu.au)
[cccix] https://www.schn.health.nsw.gov.au/files/factsheets/screen_time_and_children-en.pdf
[cccx] Browne, M, Langham, E, Rawat, V, Greer, N, Li, E, Rose, J, Rockloff, M, Donaldson, P, Thorne, H, Goodwin, B, Bryden, G & Best, T 2016, Assessing gambling-related harm in Victoria: a public health perspective, Victorian Responsible Gambling Foundation, Melbourne.
[cccxi] Blaszczynski, A. et al (2015) *Gambling Harm Minimisation Report* NSW Government, Department of Trade and Investment; Office of Liquor, Gambling and Racing

[cccxii] Problem gambling (lifeline.org.au)
[cccxiii] https://www.qgso.qld.gov.au/statistics/theme/society/gambling/australian-gambling-statistics#current-release-australian-gambling-statistics
[cccxiv] https://responsiblegambling.vic.gov.au/resources/publications/study-of-gambling-and-health-in-victoria-findings-from-the-victorian-prevalence-study-2014-72/
[cccxv] https://www.dtf.vic.gov.au/sites/default/files/2018-02/counting-the-cost-inquiry-into-the-costs-of-problem-gambling.pdf
[cccxvi] Problem gambling (lifeline.org.au) - Gambling factsheet
[cccxvii] The Victorian Competition & Efficiency Commission. (2012). *Counting the Cost: Inquiry into the costs of Problem Gambling: Final Report December 2012.* Retrieved from: https://www.dtf.vic.gov.au/sites/default/files/2018-02/counting-the-cost-inquiry-into-the-costs-of-problem-gambling.pdf
[cccxviii] Morasco, B., Pietrzak, R., Blanco, C., Grant, B., Hasin, D & Petry, N. (2006). Health Problems and Medical Utilization Associated with Gambling Disorders: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. https://pubmed.ncbi.nlm.nih.gov/17132843/
[cccxix] The Victorian Competition & Efficiency Commission. (2012). *Counting the Cost: Inquiry into the costs of Problem Gambling: Final Report December 2012.* Retrieved from: https://www.dtf.vic.gov.au/sites/default/files/2018-02/counting-the-cost-inquiry-into-the-costs-of-problem-gambling.pdf
[cccxx] Thomas, S., & Jackson, A. C. (2008). Risk and Protective Factors, Depression and Comorbidities in Problem Gambling. (1 ed.) beyondblue the National Depression Initiative.
[cccxxi] https://aifs.gov.au/agrc/publications/impact-gambling-problems-families/what-are-impacts-gambling-problems-families
[cccxxii] Dowling, N. A., Suomi, A., Jackson, A. C., Lavis, T., Patford, J., Cockman, S., Thomas, S., Bellringer, M., Koziol-Mclain, J., Battersby, M., Harvey, P. (2014). *Problem gambling and intimate partner violence: A systematic review and meta-analysis.* Retrieved from: https://pubmed.ncbi.nlm.nih.gov/25477014/
[cccxxiii] Dowling, N. A., Jackson, A. C., Thomas, S. A., & Frydenberg, E. (2010). *Children at risk of developing problem gambling*. Retrieved from: https://www.responsiblegambling.nsw.gov.au/__data/assets/pdf_file/0011/225794/Children-at-Risk-of-Developing-Problem-Gambling.pdf
[cccxxiv] Thomas, S., & Jackson, A. C. (2008). *Risk and Protective Factors, Depression and Comorbidities in Problem Gambling*. (1 ed.) beyondblue the National Depression Initiative.
[cccxxv] Miller, H. (2015). *Risk factors for problem gambling: environmental, geographic, social, cultural, demographic, socio-economic, family and household.* https://responsiblegambling.vic.gov.au/documents/22/risk-factors-for-problem-gambling.pdf
[cccxxvi] VLGCR (2017), Ministerial Order - New Regional Caps and Municipal Limits, September 2017. Retrieved from : https://www.vcglr.vic.gov.au/sites/default/files/Ministerial_Order_-_new%20regional_caps_and_municipal_limits.pdf
[cccxxvii] https://profile.id.com.au/maroondah/seifa-disadvantage-small-area?SeifaKey=40002
[cccxxviii] https://responsiblegambling.vic.gov.au/resources/gambling-victoria/pokies-across-victoria/maroondah/