

## POLICY REPORTS

### 7 **CARDINIA SHIRE'S LIVEABILITY PLAN 2017-29**

FILE REFERENCE INT1761117

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#### RECOMMENDATION

That Council adopts Cardinia Shire's Liveability Plan 2017-19.

#### Attachments

1	Cardinia Shire's Liveability Plan 2017-19	21 Pages
2	Cardinia Shires Liveability Plan Strategic Directions Paper	63 Pages
3	Summary of feedback from public exhibition of Cardinia Shire's Draft Liveability Plan	6 Pages

#### EXECUTIVE SUMMARY

Development of Cardinia Shire's Liveability Plan 2017-29 (policy document) is now complete, having concluded public exhibition of the draft Plan in June 2017. The Plan is on track to be submitted to the Department of Health and Human Services in October 2017.

The Action Agenda and Outcomes Framework will be finalised by the Partnership Steering Group prior to the documents being submitted to the Department of Health and Human Services in October. They could not be included in this report as many partners will not have completed business planning by the time this report is due.

The version of the Plan attached is the final draft before being sent to the graphic designer. The design and final content will be confirmed after adoption by Council.

A total of 23 responses were received from the community during public exhibition of the draft Plan (please see attachment for the summary of responses). Verbal feedback was also provided by the Partners at the Partnership Steering Group Meeting.

Three key changes have been made to the Plan since public exhibition and the last Partnership Steering Group Meeting:

Change	Rationale
The inclusion of 'gambling' in the seventh goal.	Although this didn't come up throughout initial community consultation and currently our data does not show a significant issue in this area, The Partnership Steering Group predict gambling to become an increasing problem as the population grows and more

Change	Rationale
	gaming venues start operating. By plainly including 'gambling' the partners hope to add greater strategic guidance for planners when considering planning applications for gaming machines. This also provides consistency with the Municipal Strategic Statement.
Changing the name of the 'Open Space' domain to 'Open Spaces and Places'.	The Liveability Partnership Group suggested changing the name of this domain as it better articulates what this domain incorporates; which includes not only parks, reserves and bushland, but community spaces such as halls, plazas and other public meetings places.
Including one measurable objective under each of the Liveability Policy Domains and dropping the original objectives to become the strategies.	It was decided that including a measureable objective under each domain would add strength to the document and was also raised during public exhibition of the document.

## BACKGROUND

The goals, objectives and strategies of the Plan have now been finalised in consultation with the Liveability Partnership Steering Group.

The goals articulate what the plan aims to achieve in the long-term (by 2029) and include:

- Improve mental health and wellbeing
- Improve social cohesion
- Improve safety
- Reduce obesity
- Reduce family violence
- Reduce financial vulnerability
- Reduce harm from tobacco, alcohol, drugs and gambling

The objectives and strategies articulate what needs to happen in the medium-term (by 2025) in order to achieve the goals and are themed under the seven Liveability Policy Domains:

- Active Travel
- Education
- Employment
- Food
- Health and Social Services
- Housing
- Open Spaces and Places

The Action Agenda will document what activities will be implemented each year in order to achieve the Plan's objectives and strategies.

The Plan and Action Agenda will be supported by a Monitoring and Evaluation Plan, which includes the Outcomes Framework (indicators, measures and tools to measure the Plan's impact).

## **POLICY IMPLICATIONS**

This Plan seeks to fulfil Council's public health planning responsibilities under the *Public Health and Wellbeing Act 2008* and the *Climate Change Act 2010*.

The Plan is consistent with Council's role under the *Victoria Charter of Human Rights and Responsibilities Act 2006* and the *Convention on the Rights of the Child*.

The Plan will consider the local implementation of priorities identified through the Victorian Public Health and Wellbeing Plan 2015-2019.

The Plan addresses Council's responsibility under Recommendation 94 from the Royal Commission into Family Violence.

Cardinia's Liveability Plan aligns to both the Council Plan 2017-2021 and the Cardinia Municipal Strategic Statement (MSS). The Plan has been written in such a way that it can be included in the MSS at the next review.

Cardinia's Liveability Plan will guide and influence further strategic planning for the Council and our partners over the next 12 years.

## **RELEVANCE TO COUNCIL PLAN**

The Liveability Plan aligns to all aspects of the Council Plan, in particular:

**Our People** - Improved health and wellbeing for all

**Our Community** - Improved health and wellbeing of our residents

**Our Environment** - Balanced needs of development, the community and the environment

**Our Economy** - A local economy supporting the improved health and wellbeing of our communities

**Our Governance** - An engaged community; Appropriate funding and support from all levels of government

## **CONSULTATION/COMMUNICATION**

Under the Act, Councils must “provide for the involvement of people in the local community in the development, implementation and evaluation of the public health and wellbeing plan”.

Council has undertaken extensive internal and external consultation for the development of the Plan. A Liveability Partnership Steering Group consisting of 20 organisations has assisted in the development of the Plan from its initial stages.

The Draft documents were circulated to internal officers and the partnership group, and feedback incorporated into the Plan before being presented for Public Exhibition in May-June 2017. A full overview of the consultation activities to date can be found in Section 4.3 of the *Strategic Directions Paper*.

## **FINANCIAL AND RESOURCE IMPLICATIONS**

This document has been prepared within the operational budget of Community Strengthening.

Additional funding will be required to undertake regular evaluation and to support elements of the Action Agenda going forward.

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**CONCLUSION**

Development of Cardinia Shire's Liveability Plan is now complete, pending endorsement and ratification of the document by Council. Once ratified, the Plan will be sent to a designer before being submitted to DHHS and publicly distributed.

Cardinia Shire Council



# Cardinia Shire's Liveability Plan

Municipal Public Health and Wellbeing Plan

2017-29

DRAFT

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## Mayor and CEO Foreword

We respectfully acknowledge the Boonwurrung and Wurundjeri people of the Kulin Nation who are the traditional custodians of the land on which we work, and pay our respect to their Elders, both past and present.

It is with great pleasure that we present *Cardinia Shire's Liveability Plan 2017-29*. The Plan recognises Council's role in coordinating local public health planning, by bringing together a range of organisations and local groups to collectively protect, improve and promote the health and wellbeing of all Cardinia Shire residents. A Partnership Steering Group of twenty organisations, and extensive community consultation, has supported the development of this Plan.

Our shared vision is that *'Cardinia Shire is a liveable, resilient community where the environment flourishes and residents are healthy, included and connected'*.

This ambitious vision recognises that people's health and wellbeing is not only influenced by individual behaviours, but by the conditions in which we are born, grow, live, learn, work and age, or in other words, how liveable our community is.

This whole-of-community plan reflects the work that Council, our partners and community groups undertake, through their many strategies, services and programs, to strengthen community wellbeing. It is inclusive of all residents and recognises that health is not always equally distributed, seeking to promote health equity between different communities of people.

Based on solid community consultation and research, the Plan provides clear guidance for collectively addressing our community's health and wellbeing needs and aspirations over the next twelve years.

With limited funding and resources, we need to do things differently. We need to align our priorities and coordinate our efforts to ensure that we make the best use of local resources. The *Action Agenda* recognises that Council alone cannot improve the liveability, health and wellbeing of all residents; it will require a collective approach between all levels of government, industry, communities and individuals.

The challenge we pose to you is, how will you contribute to the collective effort of improving the liveability, health and wellbeing of Cardinia Shire?

<Mayor/CEO signature>

<b>Mayor and CEO Foreword</b>	<b>2</b>
<b>Our commitment as partners</b>	<b>4</b>
<b>Committed Partners</b>	<b>5</b>
<b>Our Framework</b>	<b>6</b>
<b>Liveability</b>	<b>7</b>
<b>Our long-term goals</b>	<b>8</b>
Improved mental health and wellbeing	8
Improved social cohesion	8
Improved Safety	9
Reduced family violence	9
Reduced obesity	9
Reduced harm from tobacco, alcohol, drugs and gambling	10
Reduced financial vulnerability	10
<b>How we will achieve our goals</b>	<b>11</b>
Active Travel	11
Education	1
Employment	11
Food	12
Health and Social Services	13
Housing	14
Open Spaces and Places	15
<b>Implementation</b>	<b>14</b>
<b>Measuring success</b>	<b>15</b>
<b>Acknowledgements</b>	<b>16</b>



## **Our commitment as partners**

As partner organisations who are funded to protect, improve and promote community health and wellbeing, we commit to the vision and objectives of *Cardinia Shire's Liveability Plan 2017-29*.

We will collectively take responsibility for the identified priority areas, by working with the community to implement, monitor and evaluate the strategies identified in the *Action Agenda* each year.

We have adopted six principles which will guide our partnership:

### **Prevention is better than cure**

*The Plan* aims to 'keep well people well'. The primary prevention of disease, illness, injury, disability or premature death is preferable to remedial measures. For that purpose, capacity building and other health promotion activities are central to reducing differences in health status among population groups.

### **Evidence-based decision making**

Decisions surrounding the *Plan*, and associated strategies, will be based on relevant and reliable evidence to ensure the most appropriate use of resources for the promotion and protection of public health and wellbeing.

### **Safe to learn**

If a public health issue cannot be addressed using the current evidence and knowledge base, a lack of relevant scientific evidence should not be used as a reason to not take action. Innovation and safe-to-learn approaches will be encouraged to develop new solutions.

### **Collaboration**

*The Plan* is a whole-of-community blueprint to collectively addressing the health and wellbeing challenges in Cardinia Shire. Collaboration between all levels of government and industry, business, communities and individuals is essential to improving the liveability, health and wellbeing of our community.

### **Accountability**

Decisions relevant to public health planning in Cardinia Shire are transparent, systematic and appropriate. The public will have access to reliable information to facilitate a good understanding of public health issues and have opportunities to participate in policy and program development.

### **Engagement and participation**

The community will be actively encouraged to participate and engage in the planning, implementation and evaluation of the *Plan*.

*Note: These principles align with the guiding principles outlined in the Public Health and Wellbeing Act 2008 and the Department of Health and Human Services place-based primary prevention principles.*

### Committed Partners

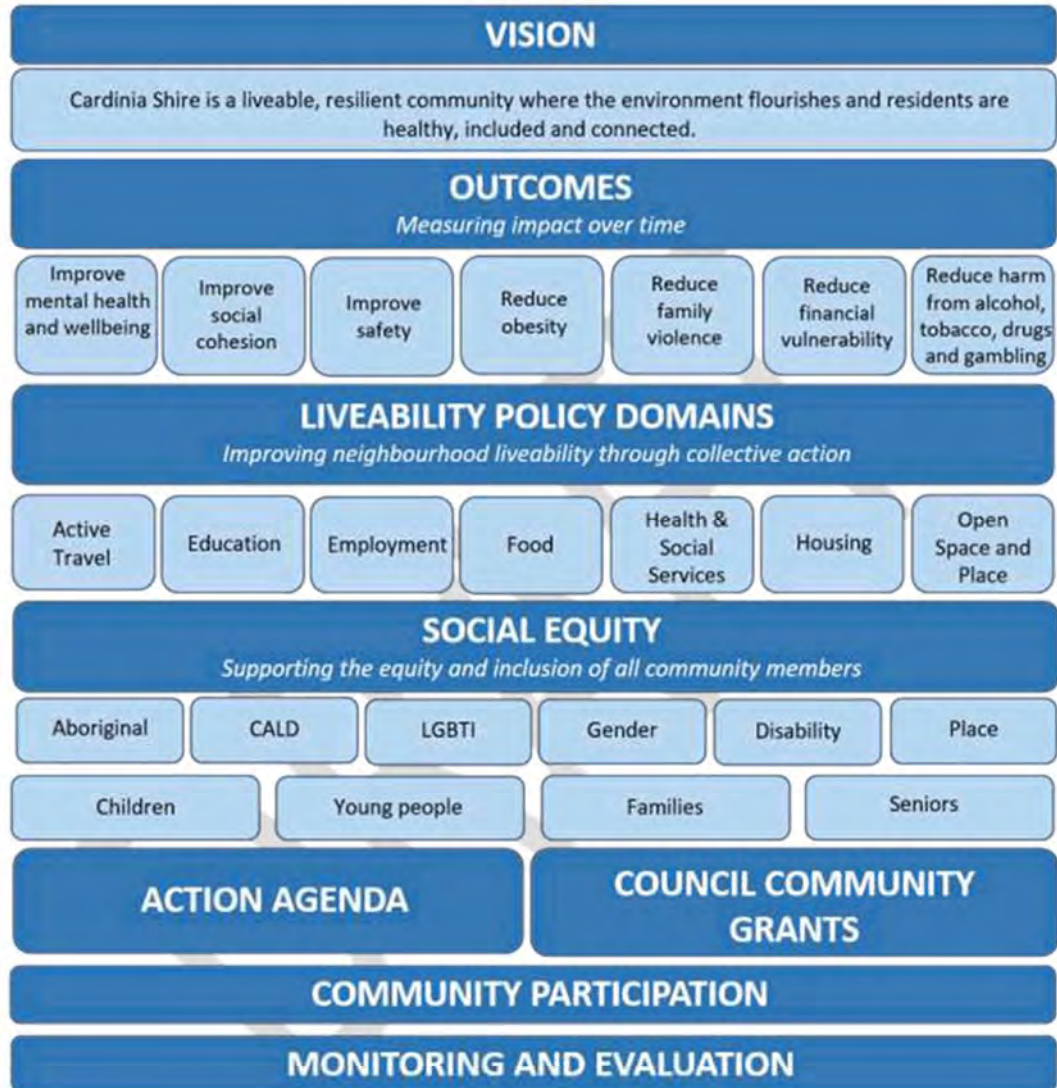


Southern Migrant Resource Centre



## Our Framework

Figure 1: Cardinia Shire's Liveability Plan 2017-29 Framework



## Liveability

The Liveability Plan is taking a different approach to previous Cardinia Shire municipal health and wellbeing plans. Previous plans have focused on the risk factors of illness, such as 'healthy eating' or 'physical activity', whereas this plan focuses on the social determinants of health, or the conditions in which people are born, learn, live, work and age. This is also known as a community's 'liveability'.

Liveable communities are regarded as “safe, attractive, socially cohesive and inclusive, and environmentally sustainable with affordable housing linked via public transport, walking and cycling to employment, education, public open space, local shops, health and community services, and leisure and cultural opportunities” – Place, Health and Liveability, Melbourne University.

Through extensive research undertaken by the Melbourne University School of Place, Health and Liveability, we know that by influencing key liveability, we can ultimately affect a health or social outcome.

By having a focus on liveability, we recognise the role of urban planning in creating environments which enhance the health and wellbeing of our community and the natural environment. The Victorian government sets the policy for land use planning in Victoria, with Plan Melbourne 2017-2050 setting the long term vision for Melbourne's liveability. However, it's the responsibility of Council to govern and implement land use policy locally. Council also has a role in advocating on behalf of the community where changes need to be made. This plan seeks to strengthen the relationship between our local land use planning and public health planning, to ensure we achieve the best possible outcomes for our community.

## Our long-term goals

Improving the health and wellbeing of communities requires a long term vision, as changes in attitudes, behaviours and cultures are mostly seen over generations. That is why we've committed to long-term goals, which focus on the top wellbeing priorities for our community.

### By 2029, we expect to see:

#### Improved mental health and wellbeing

Good mental health is more than just the absence of mental illness. A positive state of mental health and wellbeing is about feeling good, being able to cope with life's stressors, an ability to work productively, realising individual potential and an ability to contribute to family and community life.

*In Cardinia Shire, on average*

- 15% of adults experience high or very high psychological distress, compared to 12.5% of Victorians<sup>1</sup>.
- 8% of adults were unable to work, study or manage day-to-day activities compared to 9% of Victorians<sup>2</sup>.
- 19% adults have reduced work, study or day-to-day activities due to impacts of psychological distress, compared to 15% of Victorians<sup>2</sup>.
- 17% of adults living in rural areas identified workplace stress negatively impact them or their households, compared to 21% living in growth areas<sup>3</sup>.

#### Improved social cohesion

Social cohesion is about the glue that holds communities together. It's about people being connected and included and feeling part of their community. It refers to the sense of trust within neighbourhoods and people's willingness to help their neighbour.

*In Cardinia Shire, on average*

- 76% of adults living in rural areas felt their community had a positive atmosphere, compared to 69% living in the growth areas<sup>3</sup>.
- 71% of adults living in rural areas felt there are a range of community groups, compared to 55% living in the growth areas<sup>3</sup>.
- 78% of adults living in rural areas felt a sense of belonging within their community, compared to 69% living in the growth areas<sup>3</sup>.
- 78% of adults living in rural areas felt they could turn to their neighbours for help in times of need, compared to 70% living in the growth areas<sup>3</sup>.
- 70% of adults living in rural areas talked to their neighbours regularly, compared to 66% living in the growth areas<sup>3</sup>.
- 70% of adults living in rural areas felt it was easy to get to know neighbours and meet other residents, compared to 64% living in the growth areas<sup>3</sup>.
- 76% of adults living in rural areas believe cultural diversity enriches community life, compared to 84% living in the growth areas<sup>3</sup>.

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<sup>1</sup> Victorian Population Health Survey 2014

<sup>2</sup> Victorian Population Health Survey 2011-12

<sup>3</sup> Cardinia Shire Council Social Research, Growth Areas 2014-15 and Rural and Township Areas 2015-16

## Improved Safety

Safety is about being and feeling safe. It's about protecting people from danger and preventing harm where there are known hazards or risks to personal safety.

*In Cardinia Shire, on average*

- 18% of adults living in rural areas identified crime or safety issues negatively impacted them or their household, compared to 20% living in the growth areas<sup>3</sup>.
- 29% of adults living in rural and growth areas identified dangerous driving negatively impacted them or their household<sup>3</sup>.
- 82% of adults living in rural areas believe their area is a safe place to live at night, compared to 74% living in the growth areas<sup>3</sup>.
- 88% of adults living in rural areas believe their area is a safe place to live during the day, compared to 80% living in the growth areas<sup>3</sup>.

## Reduced family violence

Family violence is any violent, threatening, coercive or controlling behaviour that occurs in current or past family, domestic or intimate relationships. This includes not only physical injury but direct or indirect threats, sexual assault, emotional and psychological torment, economic control, damage to property, social isolation and any behaviour which causes a person to live in fear<sup>4</sup>.

*In Cardinia Shire, on average*

- A rate of 1,494 incidents (per 100,000 population) of family violence are reported annually, compared to 1,190 (per 100,000 population) for the Southern Metro Region. This equates to approximately four incidents of family violence being reported across Cardinia each day<sup>5</sup>.
- 77% of people experiencing family violence in Cardinia Shire are female<sup>5</sup>.
- 30% of people experiencing family violence are young people aged 24 and under<sup>5</sup>.
- Children are present at 43% of recorded family violence incidents<sup>5</sup>.

## Reduced obesity

Obesity is one of the leading risk factors for life-style related illness. People who experience obesity have a much higher risk of developing diabetes, heart disease and some cancers.

*In Cardinia Shire, on average*

- 25% of adults are obese, compared to 19% of Victorians<sup>1</sup>.
- 29% of adults are overweight, compared to 31% of Victorians<sup>1</sup>.
- 6% of adults eat the recommended serves of vegetables each day, the same as the average Victorian<sup>1</sup>.
- 50% of adults eat the recommended serves of fruit each day, compared to 48% of Victorians<sup>1</sup>.
- 12% of adults eat take-away meals or snacks up to three times a week, compared to 10% of Victorians<sup>1</sup>.
- 15% of adults drink sugar-sweetened beverages each day, compared to 11% of Victorians<sup>1</sup>.
- 39% of adults meet the physical activity guidelines each day, compared to 41% of Victorians<sup>1</sup>.
- 19% of adults sit for 8 hours or more each weekday, compared to 24% of Victorians<sup>1</sup>.

<sup>4</sup> Victorian Department of Health and Human Services

<sup>5</sup> Victorian Crime Statistics Agency 2017

### **Reduced harm from tobacco, alcohol, drugs and gambling**

Addiction to tobacco, alcohol, drugs and gambling can have a harmful impact on individuals, their families and the broader community. Harms can include burdens on a person's health, relationships, job security, social isolation and community safety.

*In Cardinia Shire, on average*

- 18% of adults are current smokers, compared to 13% of Victorians<sup>1</sup>
- 17% of adults who smoke are daily smokers, compared to 10% of Victorians<sup>1</sup>.
- 62% of adults have an increased long-term risk of alcohol-related harm, compared to 59% of Victorians<sup>1</sup>.
- 43% of adults have an increased short-term risk of alcohol-related harm, similarly to 43% of Victorians<sup>1</sup>.
- Contact with hospitals, ambulance or treatment providers occurs on average four times a day for drug misuse across the municipality<sup>6</sup>.
- \$67,706 is lost each day on electronic gaming machines<sup>7</sup>

### **Reduced financial vulnerability**

Financial security means basic living costs are met for housing, food, transport, health and education. A household experiencing financial stress are not able to meet basic costs which can affect their ability to participate fully in their community having significant impacts on their health and wellbeing.

*In Cardinia Shire*

- 38% of adults have a low income (less than \$400 a week)<sup>8</sup>.
- 13% of adults experience mortgage stress, compared to 11% of Victorians<sup>8</sup>
- 27% experience rental stress, compared to 25% of Victorians<sup>8</sup>.
- 15% of adults living in rural areas identified financial difficulties impacting them or their household, compared to 21% in the growth areas<sup>3</sup>.
- 4% of adults identified running out of food in the last 12 months and not being able to buy more<sup>1</sup>.

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<sup>6</sup> Turning Point 2014

<sup>7</sup> Victorian Commission for Gambling and Liquor Regulation 20

<sup>8</sup> DHHS local Government Profile 2015

## How we will achieve our goals

To achieve our long term goals, we have developed set of medium-term objectives and strategies. These objectives focus on the behaviour change we hope to see in the next four to eight years. The strategies focus on the liveability features that need to occur in order to achieve the objectives.

### Active Travel

*In Cardinia Shire, walking and cycling for transport is safe, enjoyable, accessible and linked to promote social connection, reduce financial hardship and enhance the health of people and the environment.*

#### By 2025 we expect to see:

1. An increase in people walking and cycling for transport.

#### We will do this by:

- 1.1 Planning pedestrian and cycling routes which link education, employment and residential areas with public transport and community spaces.
- 1.2 Building safe, accessible and enjoyable walking and cycling infrastructure.
- 1.3 Enhancing the amenity, safety and natural environment along active travel routes.
- 1.4 Encouraging and supporting residents to use active travel to school, work and events.

5% of residents travel to work by public transport (11% Greater Melbourne, 9% Vic)

0.2% of residents travel to work by bike (1% Greater Melbourne, 1% Vic)

10% of adults walked for transport 4 or more days a week (19%SMR, 18% Vic)

75% of residents travel to work by car (64% Greater Melbourne, 66% Vic)

Related Council Documents	Plan Melbourne Alignment
Healthy by Design Guidelines	1.3.2, 3.1.6, 3.2.2, 3.3.1, 3.3.2, 3.3.3, 3.3.4,
Pedestrian and Bicycle Strategy	4.1.2, 5.1.2, 5.2.1, 6.4.1, 6.5.1, 6.6.1,
Road Safety Strategy	
Access Design Policy and Guidelines	



**Education**

All residents have access to a variety of education and training opportunities close to home. Modern and contemporary learning environments support quality education, continuous learning, enhanced employment opportunities, social connection and better health outcomes.

**By 2025 we expect to see:**

- 2. An increase in participation in local education.

**We will do this by:**

- 2.1 Planning for education and training facilities which meet the diverse needs of a growing population.
- 2.2 Advocating for and facilitating improved access and opportunities for continuous learning.
- 2.3 Supporting early childhood education centres and schools to be healthy places for children and young people to learn.
- 2.4 Promoting learning through nature, arts and cultural experiences.

40% of residents have completed year 12 or equivalent (55% Greater Melbourne, 50% Vic)

24% of residents have completed a vocational qualification (15% Greater Melbourne, 16% Vic)

19% of residents have completed a university qualification (32% Greater Melbourne, 29% Vic)

Related Council Documents	Plan Melbourne Alignment
Neighbourhood House Policy Cultural Diversity Policy and Action Plan Reconciliation Action Plan Age Friendly Strategy Access and Inclusion Policy and Action Plan Child, Youth and Family Plan	1.2.3, 5.3.1, 5.3.2

## Employment

Cardinia Shire residents are skilled to access local jobs in a resilient, innovative and thriving local economy. Workplaces are inclusive and promote the health, wellbeing and safety of workers.

### By 2025 we expect to see:

3. An increase in participation in local employment.

### We will do this by:

3.1 Facilitating investment in the local economy that creates new job opportunities.

3.2 Supporting innovation, diversification and resilience within the local economy.

3.3 Encouraging and facilitating pathways which enable employment opportunities.

3.4 Promoting healthy workplaces for local employees and volunteers.

95% of adults are employed.

55% of residents travel outside the Shire for work.

73% of adults undertake unpaid home duties.

### Related Council Documents

### Plan Melbourne Alignment

Casey-Cardinia Economic Development Strategy  
Casey-Cardinia Tourism Strategy  
Investment Attraction Policy  
Disability Access and Inclusion Policy and Action Plan  
Cultural Diversity Policy and Action Plan  
Reconciliation Action Plan  
Age Friendly Strategy

1.1.5, 1.1.6, 1.1.7, 1.2.2, 1.2.3, 4.2.3, 4.4.3

**Food**

*Cardinia Shire's healthy, delicious, sustainable and fair local food system promotes the health of people, strengthens the local economy and enhances the natural environment.*

**By 2025 we expect to see:**

- 4. An increase in access to affordable, nutritious food.

**We will do this by:**

- 4.1 Protecting and utilising fertile land as a source of fresh food for current and future generations.
- 4.2 Growing a vibrant local food economy which supports growers and enables people to access locally produced food.
- 4.4 Enhancing food knowledge, skills and culture within schools, workplaces, clubs and the wider community.
- 4.5 Reducing and diverting food waste from landfill and reusing water to grow food.

For every 1 fresh food outlet there are 6 fast food outlets.

For a family receiving government support, the cost of a healthy food basket is more than 30% of their income.

About 50% of food waste ends up in landfill.

Related Council Documents	Plan Melbourne Alignment
Food Security Principles	1.4.1, 2.1.1, 4.4.4, 4.5.1, 5.4.2, 6.5.2, 6.5.3, 6.7.1,
Cardinia Western Port Green Wedge Management Plan	6.7.3
Nature Strip Policy	
Waste and Resource Recovery Strategy	
Reconciliation Action Plan	

## Health and Social Services

*Local services and community groups work together to ensure residents can access appropriate and affordable services and facilities which promote and protect health and wellbeing throughout life.*

### By 2025 we expect to see:

5. An increase in access to services and social support close to home.

### We will do this by:

5.1 Attracting and supporting appropriate health and social services which fill identified service gaps.

5.2 Providing health and social services which are inclusive and accessible for all people.

5.3 Providing and developing leadership for prevention through partnerships and collaboration.

5.4 Enabling volunteering and community action which enhances health and wellbeing.

Health and social services account for 3% of registered businesses, compared to the Victorian average of 6%.

18% of adults living in rural areas identified expensive medical services impacting them or their household, compared to 20% living in growth areas.

61% of adults living in rural areas participate in volunteering, compared to 41% of adults living in growth areas.

Related Council Documents	Plan Melbourne Alignment
Services for Success	5.3.3, 5.3.4, 6.2.1
Child, Youth and Family Plan	
Access and Inclusion Policy and Action Plan	
Cultural Diversity Policy and Action Plan	
Age Friendly Strategy	
Safer Communities Strategy	
Municipal Emergency Management Plan	
Municipal Fire Management Plan	
Relief and Recovery Plan	
Storm and Flood Plan	
Municipal Heat Health Plan	
Relief Centre Activation Plan	
Emergency Response Activation Plan	
Pandemic Plan	
Gaming Policy	
Reconciliation Action Plan	

## Housing

Cardinia Shire encourages diverse, high quality and sustainable housing, affordable for all, in close proximity to employment, education, goods and services and open space, which is connected by active travel infrastructure and meets the needs of a growing and diverse community.

### By 2025 we expect to see:

6. An increase in access to appropriate and affordable housing.

### We will do this by:

6.1 Supporting and facilitating affordable and flexible housing which caters for different households and meets the needs of all people.

6.2 Encouraging diversity in housing to meet the needs of existing and future residents across all life stages, including those with specific housing requirements

6.3 Supporting high quality residential developments that respond to best practice in sustainability, environmental, safety and healthy by design guidelines.

6.4 Identifying opportunities to work with housing organisations to encourage development of sustainable community housing across the municipality.

93% of houses are privately occupied.

23% of houses are fully owned, 47% are under mortgage.

22% of houses are rented.

1% of housing is community housing.

Related Council Documents	Plan Melbourne Alignment
Precinct Structure Plans	2.1.2, 2.1.3, 2.2.5, 2.3.1, 2.3.2, 2.3.3, 2.3.4, 2.5.1,
Housing Strategy	2.5.2, 4.3.1, 5.1.1, 6.1.1
Access and Inclusion Policy and Plan	
Age Friendly Strategy	

## Open Spaces and Places

Open space in Cardinia Shire is strategically planned, developed and maintained to create a sense of place, encourage participation, protect the natural environment and promote health and wellbeing.

### By 2025 we expect to see:

7. An increase in participation in open spaces and places.

### We will do this by:

7.1 Strategically planning and maintaining open spaces and places to be safe, accessible, appealing and connected.

7.2 Enriching local identity and place-making through public art and cultural expression.

7.3 Increasing access to leisure, sport and recreation opportunities.

7.4 Protecting and enhancing the environmental quality of open spaces and places.

41% of adults visit green space at least once per week, compared to 51% of Victorians.

74% of adults living in rural areas felt there were good open spaces in their neighbourhood, compared to 71% in the growth areas.

872% of adults living in rural areas felt their neighbourhood was clean and well maintained, compared to 73% living in growth areas.

### Related Council Documents

### Plan Melbourne Alignment

Reconciliation Action Plan  
 Open Space Management Framework  
 Arts and Culture Policy and Action Plan  
 Public Art Policy  
 Buildings and Facilities Maintenance Policy  
 Healthy by Design Guidelines  
 Access Design Policy and Guidelines  
 Skate and BMX Strategy  
 Equestrian Strategy  
 Fishing Policy  
 Pedestrian and Bicycle Strategy  
 Play Space Strategy  
 Graffiti Policy and Action Plan  
 Landscape Strategy  
 Festivals and Events Grant Policy  
 Nature Strip Policy  
 Conservation Management Plan  
 Pest Plant Management Strategy  
 Recreation Reserve Management and Usage Policy  
 Recreation Reserve Facility Standards Policy  
 Recreational Open Space Strategy  
 Reserves Policy  
 Waste and Resource Recovery Strategy

4.1.1, 4.4.4, 4.5.2, 5.4.1, 5.4.2, 6.1.2, 6.2.2, 6.3.3, 6.3.2, 6.3.1, 6.4.1, 6.4.2, 6.5.1, 6.7.1

## Implementation

Implementing *Cardinia Shire's Liveability Plan 2017-29* will take a whole of Council and whole of community approach.

Figure 2 below highlights the key documents which guide our local public health planning. The *Data Profile* provides all of the population and demographic data related to Cardinia Shire. The *Strategic Directions Paper* provides the background, context, consultation and data analysis and rationale, which has informed the goals and objectives identified within the *Plan*.

The *Action Agenda* will establish a set of strategies which detail how Council, partner organisations and the community will work together to achieve these goals and objectives.

Figure 2: Documents supporting public health planning in Cardinia Shire



The strategies will be developed in consultation with a range of stakeholders and the community and will be identified based on their alignment with our guiding principles.

Council recognises the important role of volunteering in our local community to improve liveability, health and wellbeing. Council encourages and enables community groups to align to the goals and objectives of the Plan through the *Cardinia Shire Community Wellbeing Grants* program.

Local ownership and capacity is key to ensuring the ongoing sustainability and resilience of our community. Organisations, businesses, community groups and individuals who would like to support this plan are encouraged to visit Council's website for more information on how to get involved.

## Measuring success

Improving health and wellbeing outcomes requires a long term commitment, as changes in attitudes, behaviours and social outcomes are mostly observed over generations. The outcomes that we are collectively working towards are complex, multidimensional and non-linear and as such require an innovative and considered approach to measuring.

Cardinia Shire Council and individual partners cannot take a direct responsibility or credit for affecting change. Council's efforts through the *Plan* are only part of the process of addressing liveability and health, which are being tackled by multiple actions on multiple fronts.

It is, however, important that our efforts are monitored and evaluated over time to ensure our collective resources are being used most effectively. The *Plan* will be monitored against a number of key indicators, which will be shared by Council, partner organisations and the community. A *Monitoring and Evaluation Plan* sits alongside this *Plan* and documents the indicators and measures within a shared outcomes framework. The *Data Profile* will capture the current statistics and will be reviewed and updated on a regular basis as new data becomes available.

The *Action Agenda* will be monitored annually and a progress report available for Council and the community in October each year. The *Liveability Plan 2017–29* will be reviewed every four years in consultation with partners and the community. At this time, the goals and objectives within the *Plan* may be revised. At conclusion of the 12 years we should expect to see trends emerge around each of our priority areas. Figure 3 below outlines the timeline for this process.

Figure 3: Review and evaluation timeline for the Liveability Plan 2017–29





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Cardinia Shire Council



# Strategic Directions Paper

For development of the Municipal Public Health and Wellbeing Plan

May 2017

<b>Contents</b>	
<b>1. Introduction</b>	<b>3</b>
1.1 Reading this Paper	4
1.2 Policy context	4
<b>2. Background</b>	<b>5</b>
2.1 The Social Determinants of Health and Health Equity	6
2.1.1 Aboriginal and Torres Strait Islander People	7
2.1.2 Culturally and Linguistically Diverse People	8
2.1.3 Sexual Diversity – LGBTI	8
2.1.4 Gender	9
2.1.5 Place	9
2.1.6 Disability	10
2.2 Health across the life stages	10
2.2.1 Children	11
2.2.2 Young People	11
2.2.3 Families	12
2.2.4 Older Adults and Seniors	12
2.3 Health and the Environment	13
2.4 Health and Liveability	13
<b>3. Scope</b>	<b>16</b>
<b>4. Methods and Findings</b>	<b>17</b>
4.1 Data Profile	17
4.2 Document Review	17
4.3 Consultation	18
4.3.1 Internal Consultation	19
4.3.2 External Consultation	20
<b>5. Discussion</b>	<b>23</b>
5.1 Guiding Principles	23
5.2 Health and Social Priorities	23
5.2.1 Alcohol, Drug and Tobacco Misuse	23
5.2.2 Family Violence	25
5.2.3 Financial Vulnerability	27
5.2.4 Mental Health and Wellbeing	28
5.2.5 Obesity	30
5.2.6 Safety	31
5.2.7 Social Cohesion	32
5.3 Liveability Policy Domains	33
5.3.1 Active Travel	33

5.3.2 Education	34
5.3.3 Employment	35
5.3.4 Food	37
5.3.5 Health and Social Services	38
5.3.6 Housing	39
5.3.7 Open Space	40
<b>6. Governance and Partnerships</b>	<b>42</b>
<b>7. Implementation</b>	<b>1</b>
<b>8. Measuring Success</b>	<b>2</b>
<b>9. Glossary</b>	<b>3</b>
<b>10. Appendices</b>	<b>4</b>
Appendix A: Legislative and Strategic Documents Reviewed	4
Appendix B: Council Documents Categorised by Liveability Domain	0
Appendix C: Council Functions Categorised by Liveability Domain	2
Appendix D: Stakeholders Reached through Community Consultation	0
Appendix E: Distribution Locations of Promotional Postcards	1
<b>11. References</b>	<b>1</b>

## 1. Introduction

The Cardinia Shire is located in the south east of Melbourne and is one of 10 'Interface Councils' which form the perimeter of metropolitan Melbourne, providing a transition between urban and rural areas. The municipality has an area of approximately 1,280 square kilometres, comprising a variety of landforms and landscapes<sup>1</sup>.

Figure 1: Location of Cardinia Shire



The population of Cardinia Shire is expected to grow from a current population of 99,192 people in 2017 to an ultimate population of around 180,308 by the year 2036. Over the next 12 years we expect the population to increase by 60 per cent to a total of 158,661<sup>2</sup>. The majority of Cardinia Shire's population is located within the growth areas of Beaconsfield, Officer and Pakenham, which will also accommodate the majority of future residential and commercial growth. Currently, half the population reside in Pakenham alone (48,464 people) and we expect this to increase by 43 per cent to a total population of 69,316 by 2030. However, Officer will see the highest rate of growth with the population expected to increase four times in this same period, from 10,414 in 2017 to 43,035 in 2030. The remainder of the population is located within Cardinia Shire's townships and rural residential areas<sup>2</sup>.

It is anticipated that the largest number increase will occur in the service group of 'parents and homebuilders' (aged 35–49), however we also expect to see subsequent increases in the proportion of young children aged 0–17, and seniors aged 70–84<sup>2</sup>. This rapidly growing population and shift in demographics has impacts on service capacity, infrastructure and sense of community, all of which influence the liveability of the shire and resident's overall health and wellbeing.

The health and wellbeing of our community is our greatest asset. Communities with poor health experience negative impacts both socially and economically. To ensure the needs of current and future residents are met, we need to consider how we plan liveable neighbourhoods which protect, improve and promote the health and wellbeing of all residents.

### 1.1 Reading this paper

This paper provides the context and rationale for the development of the Cardinia Shire Public Health and Wellbeing Plan (the plan). The background and scope set the scene for the context of municipal public health planning and define the parameters of the final Plan. The methods and findings section explores how the plan was developed, who was involved and what was found.

The discussion explores the identified health and social priorities which will be addressed through the seven liveability policy areas and finally provides guidance for implementation, monitoring and evaluation of the Plan.

### 1.2 Policy context

The Municipal Public Health and Wellbeing Plan sits alongside the Council Plan and Municipal Strategic Statement and guides the development of all Council policies, strategies and actions.

Figure 2: Cardinia Shire Council planning framework



## 2. Background

Health is defined as 'a state of complete physical, mental and social wellbeing and not merely the absence of disease'<sup>3</sup>. The leading contributors to the burden of disease in Australia are chronic non-communicable diseases (NCDs) such as cancer, cardiovascular diseases, mental illness, substance-use disorders and injuries<sup>4</sup>. The top modifiable risk factors contributing to the burden of disease include tobacco use, harmful alcohol use, high body mass, physical inactivity and high blood pressure<sup>4</sup>.

Health is influenced not only by biological and behavioural factors, but also by everyday living conditions and social position<sup>5</sup>. Improving health is complex and multi-faceted; with no single level of government, organisation or individual able to effect change alone.

Councils have a responsibility under the *Public Health and Wellbeing Act 2008*<sup>6</sup> to coordinate local public health planning and to prepare a municipal public health and wellbeing plan within 12 months of each general election of the Council. The municipal public health and wellbeing plan is a strategic plan that sits alongside and integrates with key Council documents, specifically the Council Plan<sup>7</sup> and the Municipal Strategic Statement<sup>1</sup> (MSS). According to the Act, municipal public health and wellbeing plans must also have regard for the Victorian Public Health and Wellbeing Plan<sup>8</sup>. The *Climate Change Act 2010*<sup>9</sup> also stipulates that decision makers must have regard to climate change when preparing a municipal public health and wellbeing plan.

Recommendation 94 from the Royal Commission into Family Violence<sup>10</sup> was also adopted and states that when preparing municipal public health and wellbeing plans, all Victorian councils will need to report on the measures they propose to take to reduce family violence and respond to the needs of victims.

The function of councils under the Act is to seek to protect, improve and promote public health within the municipal district by:

- creating an environment which supports the health of members of the local community and strengthens the capacity of the community and individuals to achieve better health
- initiating, supporting and managing public health planning processes at the local government level
- developing and implementing public health policies and programs within the municipal district
- developing and enforcing up-to-date public health standards and intervening if the health of people within the municipal district is affected
- facilitating and supporting local agencies whose work has an impact on public health and wellbeing to improve public health and wellbeing in the local community
- coordinating and providing immunisation services to children living or being educated within the municipal district
- ensuring the municipal district is maintained in a clean and sanitary condition.

The previous Cardinia Shire Public Health and Wellbeing Plan 2013–2017 was developed in the context of Healthy Together Victoria, where 12 local government areas were funded by the Federal and State Government to test the application of systems thinking in addressing the risk factors of lifestyle-related disease. The initiative has since ceased; however, system thinking, as it applies to the social determinants of health, continues to be practiced within Cardinia Shire.

Since the conclusion of Healthy Together Victoria, Cardinia Shire Council looked to further strengthen the approach to public health planning by taking a whole-of-Council approach and partnering with Melbourne University's Place, Health and Liveability research partnership with Community Indicators Victoria, to support development of a liveability framework for Cardinia Shire.

Using a social determinants of health lens, liveable communities are regarded as “safe, attractive, socially cohesive and inclusive, and environmentally sustainable with affordable housing linked via public transport, walking and cycling to employment, education, public open space, local shops, health and community services, and leisure and cultural opportunities” – Place, Health and Liveability, Melbourne University<sup>11</sup>.

## **2.1 The social determinants of health and health equity**

It is well recognised that health is not only determined by natural biological variation (e.g. sex, age, genetic make-up) but by the conditions in which people are born, learn, work, live and age, and the wider set of forces and systems shaping the conditions of daily life. Known as the ‘social determinants of health’, these circumstances are shaped by the distribution of money, power and resources at global, national and local levels<sup>12</sup>.

The social determinants of health can strengthen or undermine the health of individuals and communities. They influence a person’s socioeconomic status and in turn a person’s position in society. In general, people from poorer social or economic circumstances are at greater risk of poor health than people who are more advantaged.

The underlying social structures and processes that systematically assign people to different social positions and distribute the social determinants of health unequally are the social determinants of health inequities. Different groups – depending on their ability to exercise power and to access money and resources – have differential exposure to a range of daily living conditions.

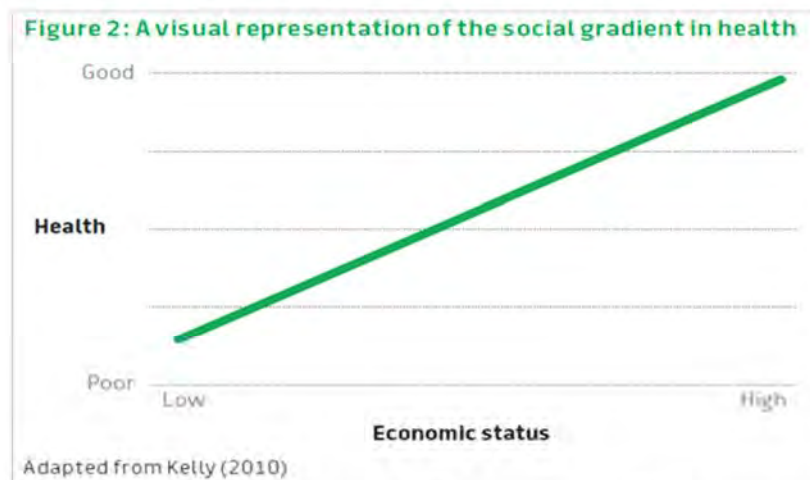
*“Equity is a concept based on the human rights principles of social justice and fairness. It is an approach that addresses the unfair and avoidable difference among social groups with the aim of achieving more equal outcomes”. – Fair Foundations, VicHealth 2015.*

Conversely, inequity are the avoidable inequalities in health between groups of people within and between communities<sup>12</sup>. Sub-population groups within Cardinia Shire who are more likely to experience social and health inequity include those who are of a culturally and linguistically diverse (CALD) background; people who identify as lesbian, gay, bisexual, transsexual or intersex (LGBTI), Aboriginal people, and people with a disability. It is also well established that gender inequality drives a number of health and social issues within Australia. People living in lower density geographical areas may also experience inequity due to poorer access to services, jobs, nutritious food, transport, education and opportunities for social interaction.

The graded relationship between social position and health, where health outcomes progressively improve with increasing social position, is known as the social gradient in health<sup>13</sup>.



Figure 3: A visual representation of the social gradient in health, Fair Foundations, VicHealth



The Victorian Charter of Human Rights and Responsibilities Act 2006<sup>14</sup> sets out the basic rights, freedoms and responsibilities of all people in Victoria. Twenty fundamental human rights are protected in the Charter because “as human beings, we have basic rights, including the right to be treated equally” **Error! Bookmark not defined.**

Evidence tells us that equality and health equity is best achieved by addressing the social conditions that influence health, and the social processes [and systems] that distribute them unequally in society<sup>5</sup>.

### 2.1.1 Aboriginal and Torres Strait Islander people

The population group in Australia experiencing the highest degree of health inequity are Aboriginal and Torres Strait Islander’s. In Cardinia Shire, the traditional land owners are the Bunurong/Boonwurrung and Wurundjeri People of the Kulin Nation, however the local population of Aboriginal people come from a diversity of indigenous heritages. Aboriginal people make up approximately 0.6 per cent of Cardinia Shire’s population<sup>2</sup>. The most powerful indicator of inequity is life expectancy where, in Victoria, Aboriginal people live on average 11.5 years less for males and 9.7 years less for females than non-Aboriginal people<sup>15</sup>.

Inequity has both immediate social, economic and cultural determinants, as well as deeper underlying causes. For example, the relatively high rates of violence in Aboriginal communities are influenced by immediate factors such as alcohol use, mental illness and childhood experience of violence. However, deeper underlying causes include intergenerational trauma resulting from the ongoing and cumulative effects of colonisation, loss of land, language and culture, the erosion of cultural and spiritual identity, forced removal of children, gender inequalities and racial based discrimination<sup>16</sup>.

The national Close the Gap campaign aims to reduce the discrepancies in health outcomes between Aboriginal and non-Aboriginal Australians. In the 10 years since the start of the campaign, progress towards the targets has been varied<sup>17</sup>. The targets to halve the gap in child mortality by 2018 and Year 12 attainment by 2020 are on track, however the targets to close the gap on life expectancy and halve the gap in employment are lagging<sup>17</sup>.

Progress towards these targets is a shared responsibility between governments, communities, business and individuals. The Cardinia Shire Council Reconciliation Action Plan<sup>18</sup> was developed in 2015 as an extension of Council’s Statement for Reconciliation. The plan articulates how Council will

work with the local Aboriginal communities towards reconciliation through building relationships, creating opportunities and strengthening understanding and respect. Council is committed to working with the local Aboriginal people towards reconciliation.

### **2.1.2 Culturally and linguistically diverse people**

The Casey-Cardinia growth corridor is one of the fastest growing regions in Victoria and net overseas migration is contributing significantly to the population growth.

At the 2011 census, 17 per cent of Cardinia Shire residents were born overseas and eight per cent of these came from non-English speaking countries<sup>19</sup>. In line with the rapid population growth, the number of residents from non-English speaking countries is now estimated to be 15 per cent and recent data has confirmed that the number of residents on provisional visas from non-English speaking backgrounds, who have settled in the shire in the past 10 years, now exceeds residents on provisional visas from English speaking countries who have settled in the shire in the same period<sup>2</sup>.

Community members from a culturally and linguistically diverse (CALD) background may face barriers to accessing services, employment, cultural foods and fully participating in education and community life. This may be due to low English proficiency, poor health literacy, limited culturally appropriate services or discrimination; however, is not limited to this.

The term 'CALD' is used to describe the many cultures and languages that are part of Australian life. Indigenous Australians are generally excluded from the term CALD because their experiences and needs as first-nation people are seen as significantly different from other groups.

Cardinia Shire Council's Cultural Diversity Action Plan provides a strategic framework to support our multicultural residents and promote the development of an inclusive community and a sense of belonging for all. Council works with the Cardinia CALD Network and Cardinia Interfaith Network to uphold the rights of people from diverse backgrounds.

### **2.1.3 Sexual diversity – LGBTI**

In Australia, the Commonwealth Government uses the initials 'LGBTI' to refer collectively to people who are lesbian, gay, bisexual, transsexual, and/or intersex. LGBTI people and populations are now recognised by the Commonwealth and State Government in federal legislation, policies, and programs.

While LGBTI people are as diverse as the rest of the population, Australian society has generally regarded heterosexuality as the most acceptable sexual orientation. This means that LGBTI people have historically been, and continue to be, marginalised and faced discrimination. For many this discrimination has resulted in isolation, loss of employment, family and friends and reduced access to services.

The strong correlation and causal relationship between the discrimination of sexual minorities and poorer mental health outcomes is well documented through academic literature. More specifically research shows that prejudice and discrimination are major contributors to the development of stress-related psychiatric disorders such as depression, anxiety, suicide and substance abuse among same-sex, more than one gender attracted people, intersex and transgender diverse people<sup>20</sup>.

The statistics are particularly alarming for younger and newly-identifying LGBTI people, who have consistently higher rates of drug and alcohol abuse, homelessness, early school leaving, conflict with peers and parents and suicide ideation, all directly related to the discrimination and prejudice they experience. Council's 2015 Youth Forum Survey found that young LGBTI people living in Cardinia Shire were the only cohort to identify drugs, alcohol and gender identity within their top 10 issues of

concern. They also experienced higher rates of being unhappy, anxiety, body image issues and bullying.

Nationally, people identifying as same-sex couples have increased both in number and as a proportion of all couples in every Census since 1996, when this information was first compiled. Locally, 2011 Census recorded 197 people in Cardinia Shire were living together in the same household as a same-sex couple<sup>21</sup>. However, these figures are expected to be under-reported. Continued increases will require greater willingness by people to identify themselves as same-sex couples and increased awareness that counts of same-sex couples are compiled from the Census; giving more reason to supply this information.

In August 2013, the *Human Rights Sex Discrimination Act 1984*<sup>22</sup> provided federal protection from both direct and indirect discrimination on the basis of sexual orientation, relationships status, gender identity, and intersex status.

In March 2017, Council moved a motion to publically support marriage equality. Council currently oversees a support group for young LGBTI people and will continue to strengthen these relationships. Council will also explore options for supporting the LGBTI community more broadly.

### **2.1.4 Gender**

Gender is “the socially constructed roles, behaviours, activities and attributes that society considers appropriate for men and women”<sup>23</sup>. This is different to sex, which by comparison are the biological and physical differences between females, intersex and males. Gender inequality is a social condition characterised by the divergent values assigned to men and women and the unequal distribution of power, resources and opportunities associated with these values<sup>23</sup>.

The individual and structural restriction, undervaluing of women and discrimination of women due to rigid social structures, and a limiting notion of ‘gender order’, which has historically positioned men as superior to women, means women experience fewer opportunities and poorer health outcomes when compared to men<sup>24</sup>.

Gender equality is the equal rights, responsibilities and opportunities for participation of women, men and trans and gender-diverse people in all spheres of public and private life<sup>25</sup>.

### **2.1.5 Place**

Cardinia Shire is considered an ‘Interface Council’, the collective term for a group of 10 councils which form the outer ring around Metropolitan Melbourne and bridge the gap between rural and urban Victoria<sup>26</sup>. Population growth is a major concern for Interface Councils as they will contain the majority of Melbourne’s future growth, and Cardinia Shire is at the ‘front’ of Melbourne’s south east growth corridor which includes Beaconsfield, Officer and Pakenham. However, Cardinia Shire also has a significant proportion of rural townships experiencing unique and distinct health inequities. Rural areas can have poorer overall health outcomes attributed to differences in access to services, employment, transport and the regional/remote environment.

Whilst the health and social priorities this plan seeks to address are experienced consistently across the municipality there is some distinction in the needs of communities living within the growth corridor compared to those living within the rural and township communities.

#### **Growth areas**

The growth areas experience a poorer sense of community, with particularly low rates of neighborhood relationships<sup>27</sup>. This may be a contributing factor to their concern around graffiti, vandalism and anti-social behavior. Residents are more likely to seek community meeting places and places for youth, as well as more appropriate play equipment in playgrounds. This reflects the

demographics of families with younger children. Unemployment is experienced at higher rates in the growth areas with subsequent financial vulnerability related to rental and mortgage stress. There was also a high need for entertainment and social venues.

#### **Rural and township areas**

The rural and township areas have an older population, where employment is considered less of a concern<sup>28</sup>. Financial vulnerability is therefore related to a higher proportion of the population on disability or aged pensions and struggling to meet the costs of bills and other essential items. The rural communities feel cultural diversity enriched community life to a lesser extent, and were more likely to seek services such as public transport, aged and disability services and general practitioners. Whilst community participation and neighborhood relationships are good, family or relationship issues were identified as causing undue stress for residents.

#### **2.1.6 Disability**

Community members living with a disability as well as their families and carers can face many different barriers to accessing facilities, employment, goods and services and fully participating in community life. These barriers can be physical as well as attitudinal.

In 2011, four per cent of Cardinia Shire's population reported a core need for assistance, being supported by 5,349 carers (65 per cent female). More detailed research conducted in 2012 by the Australian Bureau of Statistics (ABS) found that an estimated 13,300 people, or 17 per cent of Cardinia Shire's residents, had one or more specified limitation, restriction or impairment that had lasted or was likely to last for a period of six months or more. Cardinia Shire also has the highest proportion in the region of children aged 5–14 with a disability.

The term 'disability' includes an impairment of a physical, intellectual or sensory nature (i.e. vision and hearing). Impairment can be life long, acquired by accident or as part of the ageing process.

The 'social model of disability' is based on the understanding that disability is caused by the barriers to participation in community life, rather than by a person's own impairment. The social model places the person at the forefront and highlights that it is the environment and/or negative attitudes that are most 'disabling' to individuals living with an impairment. It emphasises dignity, independence, choice and privacy. When the environment and opportunities are presented in a more accessible and inclusive manner, people can be enabled to achieve their best possible health.

Cardinia Shire Council's Access and Inclusion Policy and Action Plan provides a strategic framework that guide's Council's practices across the organisation, in the community and in partnership with the Cardinia Access and Inclusion Advisory Committee to uphold the rights of people experiencing disability.

### **2.2 Health across the life stages**

Health is also determined by stage of life. As people move through different life stages they have different needs and health risks. It's important to consider these differences when undertaking population health planning.

Council's Draft Child, Youth and Family Plan and the Age Friendly Action Plan outline our community's priorities for residents across each stage of life. The following sections provide an overview of the considerations for health and wellbeing across the life span.

### **2.2.1 Children**

Cardinia Shire has a higher population of children aged 0–11 years than the Victorian average. This is expected to continue increasing, with this age group representing one fifth of the population by 2036<sup>2</sup>.

The early years of development from conception to age six, particularly the first three years, provide the basis for developing competence, coping and emotional skills that effect learning, behaviour and health throughout life. Good quality nutrition, nurturing and responsive care giving in these early years, combined with high quality early childhood development programs, can improve the long-term outcomes for all children's learning, behaviour and physical and mental health.

The balance between factors that impact positively and negatively on children's development, health and wellbeing are determinants of vulnerability. Children exposed to multiple risk factors become vulnerable to developmental problems whereas those exposed to protective factors are more likely to be resilient in the face of adversity.

Children are impacted greatly by family violence; as both direct and secondary victims<sup>29</sup>. In families where there is discord and high levels of conflict there can be adverse effects on the wellbeing of children and young people<sup>30</sup>. Data indicates 30 per cent of family violence cases in Cardinia Shire are perpetrated against family members aged between 0–24 years of age, with nine per cent of all cases involving children under the age of 14. More recently it was identified that children entering primary school in Cardinia Shire had experienced higher rates of stress in relation to family violence than the Metropolitan and Victorian averages. The percentage of parents and children witnessing violence in Cardinia Shire is very similar, indicating children are present at the majority of family violence incidents.

Overall, the majority of children in Cardinia Shire make good progress in transitioning from early education to the primary school structure and learning environment, however fewer children have parent(s)/caregivers(s) actively engaged with the school in supporting their child's learning or regularly encouraging reading at home. Teachers report that approximately one in five children in Cardinia Shire have special needs or require further assessment for behavioural and emotional problems.

To ensure that children develop well, we need to reduce the factors that place them at risk and promote those that are protective. Among other things this means building supportive, safe and inclusive communities.

### **2.2.2 Young people**

There is a higher than average population of young people aged 12–24 years in Cardinia Shire, making up 18 per cent of the total population<sup>2</sup>. As of 2017 this is approximately 17,336 young people living in Cardinia Shire, which is expected to increase by 86 per cent to a total of 32,207 by 2036.

The teenage years are a time of enormous opportunity and of enormous risk for young people's development as they move from childhood to adulthood. During these years' young people have to negotiate the changes to their bodies and their emotions and exploring their identity and sexuality. Friends tend to play a more important role in their lives, as they seek more independence from their families.

These years are generally a time where young people experiment and partake in risky behaviours, and confident young people who feel supported by their families and friends are more likely to safely negotiate these challenges.

The 2015 Cardinia Youth Forum Survey found that the top issues of concern for young people in the shire included stress, bullying, being unhappy and body image. Each of these top issues can be

related to mental health and wellbeing and mirror issues experienced more broadly by youth across Australia. Research conducted in partnership with Deakin University indicated that depressive symptoms were higher among students in Cardinia Shire compared to Australian averages. Alcohol and drug consumption is also relatively high in Cardinia Shire. Alcohol use is common with over half of Year 10 students having consumed alcohol on a regular or semi-regular basis. For illicit drug use, young people represented half the total number of people from Cardinia Shire presenting at emergency departments and requiring an ambulance. In addition, one fifth of both perpetrators and survivors (victims) of family violence in Cardinia Shire are young people aged between 15 and 24.

The health needs of young people have come to greater prominence in recent years and it is increasingly acknowledged that teenagers have needs that differ from those of other age groups. Some considerations include young people's experiences of discrimination, peer-pressure, self-identity, sexual and reproductive health, health literacy, and mental health and wellbeing<sup>31</sup>.

### **2.2.3 Families**

The definition of a "family" is subject to a range of economic, political and social complexities. In Australia, the concept of family is often examined using data from the ABS, where family is defined as:

*"A group of two or more people that are related by blood, marriage (registered or de facto), adoption, step or fostering, and who usually live together in the same household. This includes newlyweds without children, gay partners, couples with dependents, single mothers or fathers with children, and siblings living together".*

However, it is noted that any conception of family that is limited to physical connections alone (i.e., living in the same household) does not adequately reflect the reality of many families living in contemporary societies, particularly Aboriginal families which are based on a kinship system<sup>32</sup>.

The main household type in Cardinia Shire is couple families with children (38%), followed by couples without children (28%), lone person households (19%) and one parent families (11%). We expect to see the biggest growth in couple households with children over the next 10 years, followed by lone person households<sup>2</sup>. The average number of people per household in the growth areas is higher than the rural and township areas with the migration of young families with children driving the trend upward. When grouping the population by 'service needs', 'parents and homebuilders aged 35–49' represent the largest proportion, at one fifth of the population<sup>2</sup>.

Social research has identified some of the biggest challenges families are experiencing in Cardinia Shire include lack of transport options, long commutes to work or study, long distances for specialist medical services, discord and relationships issues, dangerous driving, financial vulnerability and crime and safety concerns. However, Council is currently in the process of developing the *Child, Youth and Family Strategy 2017–21* and has recently conducted consultation to further capture the needs of local children, young people and families. Once findings have been analysed results will be reviewed in line with this plan to consider how Council will support these population groups over the next four years and beyond.

### **2.2.4 Older adults and seniors**

Cardinia Shire's population of older adults, aged between 50–69 years, is slightly lower than the Victorian average, as is the population of seniors aged 70 and over<sup>2</sup>. This is due to the large number of young families moving into the shire and does not hide the fact that Cardinia Shire is also experiencing the global trend of an ageing population, as a consequence of increasing life expectancy. We also know, on average women live longer than men. Women also earn less than men throughout life and retire with half the superannuation than men. As a consequence, women are more likely than men to live in poverty later in life<sup>33</sup>. It is therefore important that we recognise the

opportunities and challenges of ageing population groups and create communities that respond to this significant social shift and better support people as they age.

The World Health Organisation defines healthy ageing as “the process of developing and maintaining the functional ability that enables wellbeing in older age”, where “functional ability comprises the health-related attributes that enable people to be and to do what they have reason to value”<sup>34</sup>. This builds on its earlier definition of active ageing as “the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age” allowing people to “realise their potential for physical, social and mental wellbeing throughout the life course”<sup>35</sup>.

Council is in the processes of reviewing the *Age Friendly Strategy* and has recently conducted a community survey to capture the needs and aspirations of our older residents. Initial results are currently being analysed and a summary will be included in the final version of this paper.

Council's *Age Friendly Strategy* outlines how Council will work with the Age Friendly Advisory Committee and its partners to support older residents. Council is also a signatory to the *Victorian Age Friendly Communities Declaration*<sup>36</sup>.

### **2.3 Health and the environment**

Natural environments contain the ingredients that enable life as we know it. The way we design our lives to fit within the natural environment is fundamental to determining our health and wellbeing.

Numerous studies point to the many benefits of green space for both physical and mental health. Positive health effects of green space have been observed on longevity<sup>37,38</sup>, cardiovascular diseases<sup>39</sup>, people's self-reported general health<sup>40</sup>, mental health<sup>41</sup>, sleep patterns<sup>42</sup>, recovery from illness<sup>43</sup>, social health aspects<sup>44,45</sup>, and birth outcomes<sup>46</sup>. Some of the associations are shown to be modified by socioeconomic status and level of urbanity, with greater benefits for populations of a lower socioeconomic class<sup>46</sup> and those in more urban areas<sup>41</sup>. Furthermore, studies have suggested that green space is associated with more social contacts and cohesion<sup>45</sup>.

Increased physical activity and social contacts, psychological restoration/stress reduction, a reduction in pollutants such as noise and air pollution, and temperature have been proposed as possible mechanisms for the health benefits of green space. Access to and/or use of green space has been associated with higher levels of physical activity and lower levels of obesity within communities<sup>47</sup>. Studies even suggested that 'green exercise' can have even more positive mental health benefits than other kinds of exercise.

And finally, reduction in exposure to air pollution has been observed in areas with more green space, as vegetation is known to reduce air pollution levels and temperature<sup>48,49</sup>, with some studies suggesting that the benefits are greater for socially disadvantaged groups<sup>48</sup>. Urban Heat Island effects are becoming more and more a problem as our urban areas develop to cooling vegetation is reduced.

### **2.4 Health and liveability**

The concept of 'liveability' and how best to measure it is a key priority for local governments who undertake local land use planning and have a responsibility to improve people's quality of life and protect the natural environment<sup>50</sup>. Current academic literature also shows clearly defined links between strong democratic processes and broader individual and societal wellbeing<sup>51</sup>. It is Local Government's role to ensure that policy and initiatives encourage the opportunity for local democracy in all its forms. The local democratic process, supported by increasing the availability of information to all members of the community, will help promote social cohesion and maintain universal rights to access public services and protection.

Careful planning, evaluation and reporting of democratic engagement is an important indicator in the inclusion of all community members especially the vulnerable and often disaffected members of society. The focus of promoting and enhancing access to local democracy through any and all community based dialogic activity allows Local Government to monitor large and small scale community indicators.

With only a four year planning cycle it is difficult for councils to show improvements to population health and wellbeing outcomes. Measuring liveability provides local government with tangible, shorter term indicators to predict and measure future health outcomes.

Melbourne University's Place, Health and Liveability research partnership with Community Indicators Victoria (CIV) is undertaking the Victorian Liveability Indicators Program. Cardinia Shire Council has partnered with Community Indicators Victoria to develop local liveability 'policy domains' and monitor liveability indicators for Cardinia Shire, as a way of strengthening the framework of the municipal public health and wellbeing plan.

The focus on liveability highlights that health is everyone's responsibility; from transport systems, education providers, businesses, government, community services and residents – we all have a role to play in improving the liveability of Cardinia Shire, and ultimately people's health and wellbeing. Where traditional municipal public health planning has focused on the risk factors of disease or health behaviours (e.g. physical activity), liveability focuses on the environments and systems which influence how people are able to live their lives. For example, by focusing on 'active travel' or 'open space' a broader range of partners may see their role in influencing physical activity, and ultimately a health outcome.

*"Healthy and liveable communities provide the basis for social equity, harmony, economic resilience and environmental and social sustainability".* – School of Place, Health and Liveability, Melbourne University.

Between 2012–13 the Place, Health and Liveability partnership conducted an in-depth international review of urban 'liveability' domains and how they have been measured<sup>52</sup>; with the work being funded by the Melbourne Social Equity Institute and the Melbourne Sustainable Society Institute.

Through extensive workshoping seven measurable liveability domains were identified including:

- social infrastructure
- employment
- food
- housing
- public open space
- walkability
- transport.

Through further unpacking of the domains and discussions with the principal researchers, some adjustments have been made to reflect the needs of Cardinia Shire. As an area with a high rate of growth, combined with small rural townships, there is much diversity in the demographics and health and social profile of Cardinia Shire. The identified policy areas below reflect Cardinia Shire's priorities and the potential to positively influence the social and health outcomes experienced by residents.



The seven liveability domains recommended as the policy areas for the Cardinia Shire Municipal Public Health and Wellbeing Plan are as follows;

- active travel
- education
- employment
- food
- health and social services
- housing
- open space.

The natural environment, and managing the impacts of climate change, is regarded as an underlying determinant of healthy and liveable neighbourhoods and sits across all seven policy areas. Similarly, civic participation is both a cause and an outcome of liveable communities and is a fundamental role of local government.

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### 3. Scope

The intention of the municipal public health and wellbeing plan is to achieve maximum levels of population health and wellbeing, by developing a liveable community. The plan aims to keep well people well and to promote health amongst 'at risk' populations. Table 1 below highlights the scope of the Cardinia Shire Municipal Public Health and Wellbeing Plan.

Table 1: Scope of the Municipal Public Health and Wellbeing Plan.

Level of health	Level of action	Level of population	Level of health promotion
Well	Primary prevention	Whole population	Upstream
At risk	Secondary prevention	Targeted population groups	
Early stages of disease	Early intervention	Individual	Mid-stream
Established diseases	Treatment		
Complex condition	Chronic disease management		Downstream

The priorities identified within this plan will inform the operations of Council, guide partner organisations and inspire local community action.

The plan also recognises that many drivers and influencers of health can sit outside municipal boundaries. The plan will outline how we may work with neighbouring councils and advocate on behalf of our community to other levels of government, non-government agencies and the private sector.

## 4. Methods and findings

### 4.1 Data profile

An extensive data profile has been compiled to inform the development of the Cardinia Shire Municipal Public Health and Wellbeing Plan. The profile provides an overview of the population level data and statistics relevant for population health and social planning. An important contribution to the profile is the data shared by partners on the Liveability Health Partnership Steering Group and findings from local social research undertaken by Cardinia Shire Council in the growth areas in 2014 and the rural areas in 2016. Information gathered through this research highlighted differences in health and social wellbeing between these areas, and can be separated by electoral ward. The remaining data has been sourced from over 40 external sources including State Government reports, specialist data requests from health services and a review of all available population and demographic data.

The profile is broken down into three sections including:

- demographic profile
- health and social profile
- liveability profile

The profile will be made available to partners of the Liveability Health Partnership Steering Group. Community groups and schools may request specific data to support community health and wellbeing grant applications or project planning.

The top health and social challenges for Cardinia Shire identified through the compilation of the data profile, in no particular order, are:

- alcohol, drug and tobacco misuse
- family violence
- financial vulnerability
- mental health and wellbeing
- obesity
- safety
- social cohesion.

### 4.2 Document review

A number of local, state, national and international documents were reviewed between August 2016 and March 2017 to inform the development of the Cardinia Public Health and Wellbeing Plan (see Appendix A).

The key strategic document which must inform the Cardinia Shire Municipal Public and Wellbeing Plan is the Victorian Public Health and Wellbeing Plan<sup>8</sup> (VPHWP). The VPHWP sets the vision of a Victoria free from the avoidable burden of disease and injury, so that all Victorians can enjoy the highest attainable standards of health, wellbeing and participation at every age. The overarching aim is to reduce inequalities in health and wellbeing. The Plan identifies six priorities for Victoria as shown in Table 2 below.

The Victorian priority areas will be addressed through the platforms of:

- healthy and sustainable environments
- place-based approaches
- people-centred approaches.

Table 2: Summary of state, national and international health and wellbeing priority areas

Victorian Priorities <sup>8</sup>	Australian Priorities <sup>53</sup>	International Priorities <sup>54</sup>
<ul style="list-style-type: none"> <li>• Healthier eating and active living</li> <li>• Tobacco-free living</li> <li>• Reducing harmful alcohol and drug use</li> <li>• Improving mental health</li> <li>• Preventing violence and injury</li> <li>• Improving sexual and reproductive health</li> </ul>	<ul style="list-style-type: none"> <li>• Cancer control</li> <li>• Cardiovascular health</li> <li>• Injury prevention and control</li> <li>• Mental health</li> <li>• Diabetes mellitus</li> <li>• Asthma</li> <li>• Arthritis and musculoskeletal conditions</li> <li>• Obesity</li> <li>• Dementia</li> </ul>	<ul style="list-style-type: none"> <li>• No poverty</li> <li>• Zero hunger</li> <li>• Good health and wellbeing</li> <li>• Quality education</li> <li>• Gender equality</li> <li>• Clean water and sanitation</li> <li>• Affordable and clean energy</li> <li>• Decent work and economic growth</li> <li>• Industry, innovation and infrastructure</li> <li>• Reduced inequalities</li> <li>• Sustainable cities and communities</li> <li>• Responsible consumption and production</li> <li>• Climate action</li> <li>• Life below water</li> <li>• Life on land</li> <li>• Peace, justice and strong institutions</li> <li>• Partnerships for the goals</li> </ul>

Implementation of the Victorian Public Health and Wellbeing Plan is further explored in *Taking action – the first two years*<sup>55</sup>. Supporting these documents is the *Victorian Health and Wellbeing Outcomes Framework*<sup>56</sup> which was released in November 2016. The outcomes framework brings together the key health and wellbeing outcomes, indicators and measures for state departments.

### 4.3 Consultation

The importance of consultation is established under the Victorian *Public Health and Wellbeing Act 2008* and legislates that involvement of local communities must be provided for in the development, implementation and evaluation of the public health and wellbeing plan.

Involving the community and external and internal stakeholders was fundamental in understanding the health and wellbeing needs of Cardinia Shire. It also provided an opportunity to identify the strengths and understand the challenges in Cardinia Shire, along with building relationships that will be valuable in implementing the identified strategies.

Consultation for development of the Plan was undertaken in a staged approach, engaging with Council officers, partner organisations, other government departments, community groups and the general public. The following sections outline the process undertaken with each group, along with the key findings.

### 4.3.1 Internal consultation

Consultation with Council staff was undertaken during October 2016 in the form of business unit workshops. A total of 10 workshops were delivered, providing all Council business units an opportunity to have input into the Plan's development.

The objective of the workshops was to:

- inform staff of the role of the plan and Council's legislative responsibility.
- increase understanding of the health and social issues residents currently experience in Cardinia Shire
- increase understanding of how each team's work impacts the health and wellbeing of residents, through development of a map
- identify innovative ideas which could have positive impacts on resident's health and wellbeing.

Each team identified the top five health or social challenges they influenced through their work. They then each created a 'liveability map' which depicted the external partners they work with and how the functions and services they provide align to the liveability policy areas, and ultimately influence a health or social outcome. Through this process, a number of Council documents, programs and services were identified which relate to the seven liveability policy domains (see Appendix B and Appendix C).

Figure 4: Map created by the buildings and facilities team

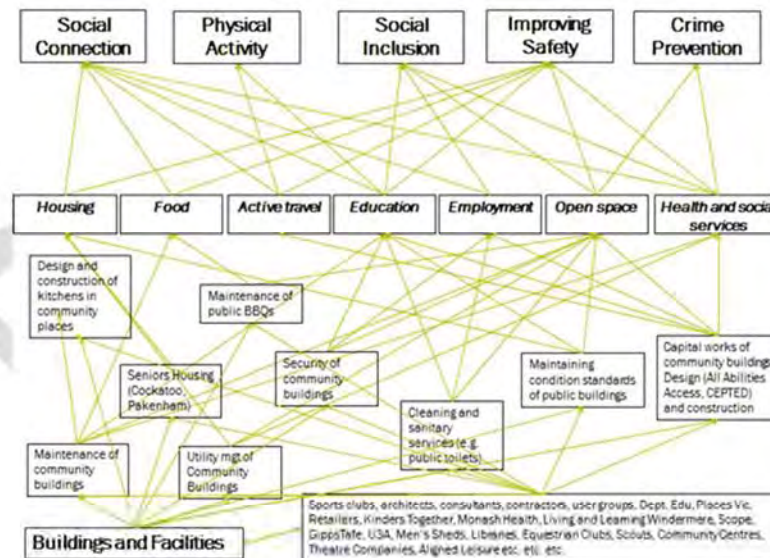


Figure 4 above depicts an example map created by the Buildings and Facilities Team during their workshop. The map shows a number of the key functions and services provided by the team which impact multiple liveability domains. Their functions and services are working towards increasing social connection, physical activity and social inclusion, improving safety and preventing crime.

More than 85 staff attended the workshops, with evaluation showing that after the workshops:

- 100% of officers agreed or strongly agreed that a key role of local government is to improve the quality of life of people within the shire.
- 99% of officers agreed or strongly agreed that a key role of local government is to promote the health and wellbeing of residents.
- 95% of officers agreed or strongly agreed that the work they do every day directly impacts the health and wellbeing of people within the shire.

The top 10 health and social challenges that Cardinia Shire Council is already influencing, as identified by Council staff, include:

1. Safety
2. Social inclusion
3. Physical activity
4. Social connection
5. Mental health
6. Obesity
7. Family violence
8. Financial hardship
9. Crime and gaming (equal)
10. Alcohol

Other forms of internal consultation included presentations at the Integrated Advisory Network (IAN), Leadership Forum, Wellbeing Divisional Meeting, team meetings, 1:1 meetings with officers and Senior Leadership Team (SLT) briefings.

#### **4.3.2 External consultation**

Initial community consultation was conducted between June 2016 and February 2017.

The external consultation phase involved a range of activities designed to strengthen the contribution of community and key stakeholders in development of the Plan. The process was developed using a range of methods that would appeal to, and be accessible to, many groups and individuals in the community. A list of the stakeholders reached is outlined in Appendix D.

The key questions that the consultation sought to answer were:

- What is working well in Cardinia Shire to promote your health and wellbeing?
- Is there anything we should be doing differently to promote your health and wellbeing?

The consultation opportunities available to partners and the general public included:

##### **Partnership Steering Group meetings**

Held quarterly, these meetings bring together representatives from 20 local, regional and state organisations whose purpose is to identify shared priorities for the liveability, health and wellbeing of Cardinia Shire. The group also oversees the development of the Cardinia Shire Municipal Public Health and Wellbeing Plan and has contributed to the development of the *Social Health Data Profile*. Further information about the partnership steering group is provided in Section 6.

**Structured workshops with external networks**

Consultation workshops were held with eight local networks including:

- Community Workers in Cardinia Shire (CWICS) Network
- Municipal Emergency Management Planning Committee
- Anglicare (communities for children)
- Communities that Care Board
- Access and Inclusion Committee
- Enliven LGBTI Reference Group
- Cardinia Youth Network
- Diabetes Awareness Group
- Youth Strategy Reference Group
- Mental Health Providers Network.

**Online survey**

An online survey was open from November 2016 to February 2017 and accessible via Council's website. The survey was promoted through Council's social media pages, mass emails to stakeholder groups, media releases, school newsletters, pop-up consultation stalls and the Connect magazine. Postcards explaining how to get involved were also distributed to over 60 locations in each of the shire's townships (see Appendix E).

The survey sought to answer the two questions above, in relation to the seven liveability domains. A total of 32 responses were received. The comments were thematically analysed and the responses is explored in Section 5.3.

**Social media campaign**

The @LivingHealthyCardinia Facebook page was used to promote the consultation period and provide the community with an online platform for two-way discussion into the health and wellbeing challenges and opportunities within the shire. The page is currently followed by 544 people, the majority of which are women. During the consultation period 18 posts were uploaded to the site prompting residents to think about the two questions above. Residents were also directed to the online survey and encouraged to attend pop-up stalls at the Pakenham Central Marketplace.

The posts reached over 7,500 people, with 492 people clicking on the content and 75 comments, reactions and shares recorded.

**Resident focus groups**

Residents who had participated in local social research previously, and had agreed to participate in further research, were contacted to participate in a focus group. Twenty people responded as attending, however, only eight came on the day. Council's Community Engagement Facilitator ran the focus groups using the *Ketso* method. Responses recorded during the focus groups have been collated with other qualitative responses received through the online survey and emails. These have been thematically analysed and included in the discussion of this report.

**Pop-up stalls**

Pop-up stalls were located at the Richmond Football Club training day held in December 2016 and at the Pakenham Central Marketplace in February 2017. Thousands of people attended the Richmond Football Club training day, with many coming past the stall to chat and receive a postcard. More than 155 people also engaged with Council officers at the stall at the Pakenham Central Marketplace.

**Opportunity to phone, email or write to the project officer**

Three email submissions were received by the project officer in relation to consultation for this Plan. The responses have been included in the thematic analysis and included within the discussion of this report. No letters or phone calls were received in relation to the consultation.

**Consultation results from other plans**

A number of other plans and strategies have included community consultation in the past 12 months, including the Safer Communities Strategy, the draft Pedestrian and Bicycle Strategy, the draft Child, Youth and Family Plan and the Positive Ageing Strategy. Many networks and community groups are frequently asked to participate in workshops and provide input into Council plans. As results from these previous consultations provided adequate and meaningful information, some groups were not actively engaged for consultation of this plan to avoid consultation 'burn out'. The findings from consultation of the above plans has been incorporated into this paper and will inform the development of the goals, objectives and strategies within the Plan.

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## 5. Discussion

### 5.1 Guiding principles

The *Public Health and Wellbeing Act 2008* outlines six guiding principles for public health planning. These principles have been adopted by the partnership steering group and have informed the prioritisation of the health and social challenges which were identified through population health statistics, public consultation and the review of relevant policies and strategies.

#### **Prevention is better than cure**

The public health and wellbeing plan aims to 'keep well people well'. The prevention of disease, illness, injury, disability or premature death is preferable to remedial measures. For that purpose, capacity building and other health promotion activities are central to reducing differences in health status among population groups.

#### **Evidence-based decision making**

Decisions surrounding the Cardinia Shire Public Health and Wellbeing Plan, and associated strategies, will be based on relevant and reliable evidence to ensure the most appropriate use of resources for the promotion and protection of public health and wellbeing.

#### **Safe to learn**

If a public health issue cannot be addressed using the current evidence and knowledge base, a lack of relevant scientific evidence should not be used as a reason to not take action. Innovation and safe-to-learn approaches should be encouraged to develop new solutions.

#### **Collaboration**

Public health can be enhanced through collaboration between all levels of government and industry, business, communities and individuals. Council will support and monitor local collaboration for public health and wellbeing.

#### **Accountability**

Decisions relevant to public health planning in Cardinia Shire are transparent, systematic and appropriate. The public will have access to reliable information to facilitate a good understanding of public health issues and have opportunities to participate in policy and program development.

#### **Engagement and participation**

The community will be actively encouraged to participate and engage in the planning, implementation and evaluation of the *Plan*.

### 5.2 Health and social priorities

Cardinia Shire is currently experiencing a range of health and social challenges which are clearly documented in the *Social Health Data Profile* and verified through the review of key documents and community consultation. The top five priorities for Cardinia Shire have been identified and are discussed below.

These priorities will be translated into the key outcomes that the municipal public health and wellbeing plan will seek to achieve in the long term. Key outcome indicators and measures will be defined within an outcomes framework.

#### **5.2.1 Alcohol, drug and tobacco misuse**

Alcohol usually refers to drinks such as beer, wine or spirits that contain ethyl alcohol (ethanol). It is a legal mood-changing drug that belongs to the class of drugs known as 'depressants'. Alcohol has a complex role in Australian society.

Research indicates that 80 per cent of alcohol consumed in Australia is sold from packaged liquor outlets, and this proportion has steadily increased over time. Cardinia Shire has a larger amount of packaged liquor outlet floor space per 1,000 persons (18 years+) in comparison to the South East as well as a slightly higher packaged liquor spend per person (18+ years).

Most Australians drink alcohol, generally for enjoyment, relaxation and sociability, and do so at levels that cause few adverse effects. However, a substantial proportion of people drink at levels that increase their risk of alcohol-related harm. Local data suggests that men in Cardinia Shire are at a greater risk of alcohol related harm (71%) compared to women (53%)<sup>57</sup>. The National Health and Medical Research Council produce national guidelines outlining safe alcohol consumption levels. In Cardinia Shire 62 per cent of the population is considered to have an increased lifetime risk of alcohol related harm and 43 per cent an increased risk of alcohol related injury on a single occasion. Lifetime risk of alcohol-related harm attempts to measure the risk associated with developing illnesses such as cirrhosis of the liver, dementia, other cognitive problems, various cancers and alcohol dependence. Risk of alcohol-related injury on a single occasion (previously identified as 'short term risk') refers to the acute effects of excess alcohol consumption that can result in death or injury due to road traffic accidents, falls, drowning, assault, suicide and acute alcohol toxicity. The risk of alcohol-related injury increases with the amount of alcohol consumed on a single occasion.

For some, alcohol is a cause of significant ill health and hardship, and in Australia alcohol is responsible for a considerable burden of death, disease and injury, as well as placing strain on our health and social services. In Cardinia Shire contact with hospitals, emergency departments or ambulances occurs on average twice a day and engaging with a treatment provider for alcohol misuse are significantly higher than Victorian averages. Further to this, alcohol plays a significant role in family violence. While alcohol is understood to be a trigger of violence rather than a cause, there is evidence that it contributes to the severity of the violence inflicted and the injuries sustained. Men and women also have different alcohol metabolism and distribution, with women developing damage at lower levels of consumption over a shorter period of time<sup>57</sup>.

Cardinia Shire also has high rates of underage alcohol consumption, with research identifying that one in five Year 6 students, one in three Year 8 students and one in two Year 10 students consume alcohol.

The term 'drugs' refers to medicines or other substances which have a physiological effect when ingested or otherwise introduced into the body. Pharmaceutical drugs are used for medical purposes but still have addictive ingredients, whereas illicit drugs refer to use of a variety of non-medical drugs which are prohibited by law. In Cardinia Shire the majority of service use relates to the use of illicit drugs (55%), followed by pharmaceuticals (26%), and Crystal Meth/Amphetamines (19%)<sup>58</sup>.

Overall, Cardinia Shire has continued to see an increase in the number of contacts with services due to drug use. Contact with either a hospital, ambulance or treatment provider occurs on average four times per day in Cardinia Shire. Cardinia Shire has higher rates than Victoria for illicit drug related emergency department presentation and episodes of care, amphetamine episodes of care and pharmaceutical emergency department presentations. Approximately 6.5 per cent of all criminal offences committed in Cardinia Shire are attributed to drug offences.

Tobacco is also classified as a drug due to its addictive nature. As of 2014, approximately one in five residents smoke (higher than the state average). In Cardinia Shire, there is a higher proportion of women who smoke than men. This is an increase from previous years and significantly higher than the Victorian average. This equates to an estimated 11,494 of the population aged 18 years and over currently smoking, of which 45 per cent are estimated to be female and 55 per cent male. Cardinia Shire also has the third highest rate of lung cancer in the South East region. Mortality rates associated with lung cancer provide a proxy indicator for substance misuse associated with tobacco smoking. Additionally, Cardinia Shire has double the rate of Victoria and the highest in the South East region for women smoking during pregnancy.

Several biological, social, environmental, psychological, and genetic factors are associated with the use of alcohol, drugs and tobacco. These factors can include gender, race and ethnicity, age, income level, educational attainment, and sexual orientation. Substance abuse is also strongly influenced by interpersonal, household, and community dynamics. Family, social networks, and peer pressure are key influencers of substance abuse, particularly among adolescents<sup>59</sup>. For example, research suggests that marijuana exposure through friends and siblings was a primary determinant of adolescents' current marijuana use. Locally, young people in the LGBTI community identified experiencing issues with alcohol and drugs at rates higher than other young people. Other determinants of substance abuse are known to include mental illness (anxiety / depression) as a form of self-medicating, social norms, the availability and affordability of alcohol, targeted advertising and social isolation. Further it is noted that women who are full time carers of children find it difficult to access and comply with alcohol and drug treatment programs that are generally only available during the day.

The impact of alcohol, drug and tobacco use can be far reaching. In addition to the long term health affects including cardiovascular disease, stroke, cancer, lung disease, infections such as HIV/AIDS, hepatitis, and the short term harm associated with the increased risk of injury, operating cars under the influence and violence; substance misuse also has financial implications due to lost productivity, reduced capacity to hold down employment and the high cost of the substance itself prioritised over other necessities such as nutritious food. Substance use is known to negatively impact a person's relationships and personal safety, and contribute to social isolation, homelessness, financial vulnerability and criminal activity<sup>60</sup>. Some of these effects occur when alcohol or drugs are used at high doses or after prolonged use; however, some may occur after just one use.

Key strategies included in this plan to address alcohol, drug and tobacco use will align to the liveability domains of employment, education, housing, health and social services, and open space.

### **5.2.2 Family violence**

The issue of family violence is now well recognised in Australia, with the Royal Commission recommending that all municipal public health and wellbeing plans focus and report on family violence in the local area<sup>10,25</sup>.

Family violence includes any and all behaviour that is violent, threatening, coercive, controlling or intended to cause the family or household member to be fearful. It can include physical, verbal, emotional, sexual or psychological abuse, neglect, financial abuse, stalking, harm to an animal or property, restricting your spiritual or cultural participation, or exposing children to the effects of these behaviours.

Family violence, can affect anyone and directly impacts one in five Victorian women over the course of their lifetime<sup>61</sup>. It is an often invisible, but common form of violence, and an insidious violation of human rights. It has serious impacts on the health and wellbeing of those affected and exacts significant economic costs on communities and nations<sup>62</sup>. People affected by family violence may live in fear for themselves and their family, even when they have left a violent relationship. Family violence is predominantly, but not exclusively, perpetrated by men against women and children<sup>63</sup>.

Family violence can impact all types of relationships, such as:

- past or current intimate relationships – including people who are dating or living together, regardless of their sex or sexual orientation
- relationships involving carers – where care is provided to older people, people with a disability or a medical condition
- relatives and guardians
- Aboriginal and Torres Strait Islander concepts of family, including extended family, and
- other culturally recognised family groups.

Cardinia Shire sees an average of four family violence incidents reported each day across the municipality, the second highest rate in the Southern Metropolitan Region. It is also important to note that many incidents of family violence remain unreported.

Although violence against women is prevalent and serious, it is also preventable. Whilst there are a number of factors contributing to violence against women, the latest research shows that significant drivers of the problem are the unequal distribution of power and resources between men and women and an adherence to rigidly defined gender roles and identities, i.e. what it means to be masculine or feminine<sup>64,65</sup>.

Other risk factors associated with perpetrators and survivors include perpetrators' alcohol and drug use, and victims' experience of child abuse, pregnancy and separation. Financial stress, personal stress and lack of social support are also strong correlates of violence against women. Attitudes and beliefs are also central to family violence. They influence its prevalence and impact, and shape community responses and victims' help-seeking behavior. The National Community Attitudes to Violence against Women Survey 2013 revealed that overall being male and having low levels of support for gender equity or equality were the strongest predictors for holding violence-supporting attitudes which include justifying, excusing, trivialising, minimising or shifting blame of family violence.

Family violence cuts across social and economic boundaries and the data on the effect of education, employment status and income are mixed. The International Violence Against Women Survey found that experience of current intimate partner violence varied little according to education, employment status or household income. Nevertheless, there is some evidence that women who have lived with a violent partner are more likely than other women to have low levels of education. Australian Bureau of Statistics data indicates that unemployed women were more likely to experience both current and previous partner violence over their lifetime than those who were employed or not in the labor force, indicating that socio-economic status is a risk factor for violence. Women reliant on government pensions and allowances as their main source of household income were also at increased risk of violence by a previous partner over their lifetime.

Violence is experienced differently by different groups of women, based on factors such as age, Indigenous status, location, disability, ethnicity, and English language ability. This means some groups of women are more likely to experience violence and experience more leaving violent relationships. For example, Our Watch explain:

*Aboriginal and Torres Strait Islander women experience both far higher rates and more severe forms of violence compared to other women. Young women (18 to 24 years) experience significantly higher rates of physical and sexual violence than women in older age groups. There is growing evidence that women with disabilities are also more likely to experience violence – Our Watch.*

The White Ribbon Foundation points to gender roles and relations as a key factor in young women's vulnerability to violence in relationships; with inexperience, age differences in relationships, and lack of access to services compounding the experiences of violence. Locally we know that one third of all family violence incidents are perpetrated against young women under 24 years of age.

Family violence has severe and persistent effects on physical and mental health and is the leading avoidable risk factor contributing to death, disability and illness in Victorian women aged 15 to 44. In addition, the health consequences remain long after the violence has stopped. The Australian Longitudinal Study on Women's Health found that women who have experienced family violence rate their health as poorer and use health services more frequently than other women, even after they are no longer exposed to the violence<sup>66</sup>. On an individual level, family violence creates complex economic issues for women and their children and disrupts their lives over the short and long term. Regardless of their prior economic circumstances, many women experience financial risk as a result of family violence including debts, bills and banking, accommodation, legal issues, health, transport,

migration, employment, social security and child support. These difficulties hamper their recovery and capacity to regain control over their lives, and are one of the typical pathways into homelessness for Australian women<sup>64</sup>. Locally we know this to be true, with the main reason people seek emergency housing being due to family violence.

Research on children exposed to family violence indicates that there are a range of impacts that such children are likely to experience, among them anxiety and depression, increased aggression, anti-social behavior, low self-esteem, school difficulties, impaired cognitive functioning and increased likelihood of substance abuse. Researchers note that such social, behavioral, cognitive and emotional effects may also have a lasting impact on education and employment outcomes. Locally we know children are present at close to half of all family violence incidents, and that almost one in 10 incidents are perpetrated against a child under the age of 14.

Council is actively engaged in family violence prevention including undertaking White Ribbon Accreditation. Council has signed the Child Friendly Cities Charter and is committed to ensuring that children and young people have a strong voice and participation in this project. Council has committed to the large collective impact project 'Together We Can' in partnership with Family Life. This project sees involvement from every sector to act in preventing and ending family violence in Cardinia Shire.

### **5.2.3 Financial vulnerability**

The Australian Council of Social Services (ACOSS) measures poverty as the number of people living on the 'poverty line', or those who are earning less than 50 per cent of the average Australian household income. As of 2016 this equates to a disposable income (after housing costs) of \$426.30 for a single adult and \$895.22 for a couple with two children. Housing is deemed unaffordable, and people classified as living in 'housing stress' when these costs are more than a third of a person's or household's income. The vast majority of people below the poverty line in Australia are in rental housing (60%) however 16 per cent are home-owners. The median rent for a three bedroom house in Cardinia Shire is \$310, similar to the Victorian average of \$320, which means that for close to one fifth of households in Cardinia Shire (18%) the cost of housing constitutes approximately half their weekly income. It is therefore not surprising that Cardinia Shire has a higher percentage of the population in mortgage and rental stress compared to the Victorian average and is ranked in the bottom quarter of all LGA's in Victoria. In October 2016, ACOSS released a report revealing that poverty is growing in Australia with an estimated 2.9 million people or 13 per cent of all people living below the internationally accepted poverty line. It also found that 731,300 or 17 per cent of all children were living in poverty in Australia.

*Locally, it is estimated that a third of the population are financially vulnerable in some way.*

Low income earners typically include people earning the minimum wage or relying on aged, disability, single parenting or other government pension. Over half of people below the poverty line relied upon these types of welfare payments as their main source of income, however a third were employed and relied upon wages. Locally, over a third of the population (35%) earned a low income. Most recent data estimates that 55 per cent of those receiving Newstart Allowance, 52 per cent receiving Parenting Payment, 36 per cent of those receiving Disability Support Pension, 24 per cent receiving Carer Payment, and 14 per cent of those on the Age Pension are living below the poverty line. In real terms for Cardinia Shire, this is potentially more than 3,500 people currently receiving a pension who are living below the poverty line and at risk of homelessness. Some welfare payment rates are indexed to the Australian Bureau of Statistics (ABS) Consumer Price Index which is consistently lower than average household incomes growth and ensures that these households continue to slide further behind the rest of the community in terms of economic resources and opportunities.

In addition to being a low income earner or relying on a pension, there are many other reasons people find themselves financially vulnerable across the life span, many of which are unavoidable

and based on experiences of wider social, cultural and economic structures as opposed to individual fault. Risk factors can include separation or relationship breakdown, death of a spouse, illness or expensive medical treatment, sudden loss of job, parenting duties, ongoing debt, or other factors inhibiting one's ability to secure full time employment such as mental health or alcohol or drug addiction. Women are more vulnerable to financial hardship, particularly if they are a sole carer. In Cardinia Shire 15 per cent of families are single-parent and of these the large majority are female resulting in significant disparities between male and female income. Locally, males earn on average 87 per cent higher income than females. Overall 41 per cent of single parent families are unemployed. Males however are more vulnerable to having to leave the home due to relationship breakdown and are overrepresented in local homelessness statistics.

Expenditure on electronic gaming machines (EGM's) has significant financial implications for individuals, families and communities. In Cardinia Shire this exceeds \$68,000 per day and \$25million per year. This does not include money spent by residents on EGM's outside the municipality or other forms of online gambling and betting which continue to increase in popularity. The highest concentration of EGMs and the highest losses per head occur in the most socially and economically disadvantaged communities in Victoria and research found the prevalence of problem gambling in people presenting with acute mental health issues was four times that of the general population<sup>67</sup>. There are also clear links between gambling addiction and family violence.

For low income earners, once the basic costs of living are accounted for, such as housing, food and bills there is very little, if any, left to cover other costs such as car registration, maintenance and transport, medical expenses, schooling expenses or personal products. Cardinia Shire's main emergency relief organisation saw an average of 12 new clients per day requiring assistance in the form of food, bills or housing during 2014/15. Most gambling losses are funded not by savings, but by reduced spending on other goods<sup>67</sup>.

Financial insecurity impacts a person's ability to participate fully in society, and can limit children's access to and full participation in education. Children who grow up in a financially stressed family, and who experience adversity, are more likely to experience mental health challenges during their teen and growing up years. Living in such precarious circumstances may also mean households must cut back their standard of living and therefore unable to prioritise certain protective behaviours such as seeking medical treatment when required, consuming a healthy diet or reducing stress, all of which have significant impacts on short and long term health outcomes.

Key strategies included in this plan to address financial vulnerability will align to the liveability domains of employment, education, housing, health and social services, open space, active travel and food.

#### **5.2.4 Mental health and wellbeing**

Mental health is defined as 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 rewardingly, and is able to make a contribution to their community<sup>68</sup>.

This differs from mental illness which is a health condition that changes a person's thinking, feelings, or behaviour (or all three) and that causes the person distress and difficulty in functioning. As with many diseases, mental illness is severe in some cases and mild in others. Whilst there are many different mental illnesses, including schizophrenia, attention deficit hyperactivity disorder (ADHD), autism, and obsessive-compulsive disorder; depression and anxiety are the most prevalent mental disorders experience by Australians.

Nationally it is estimated that one in five Australians will experience a mental illness or serious mood disorder during their lives and that it accounts for 14 per cent of Australia's total health burden<sup>4</sup>. This reflects local data for Cardinia Shire with social research identifying that 20 per cent of the

population experience mental health issues. This figure encompasses a broader definition of mental health issues, whereas 2014 data found that 15 per cent of the adult population are suffering from high or very high rates of psychological distress, higher than the Victorian average. This is reported to be significantly higher for women (21%) than men (9%) in Cardinia Shire<sup>57</sup>, similar to the regional average. Cardinia Shire has the highest rate of mental health overnight hospitalisations for depressive episodes in the South East Catchment (12 Local Government Areas), as well as an above average rate of hospital admissions for bi-polar and mood disorders<sup>69</sup>.

The presence or absence and various combinations of protective and risk factors contribute to a person's mental health and wellbeing. Social networks and connections, resilience and positive peer and family relationships are all examples of protective factors which can prevent the onset of mental health issues, particularly when it comes to reducing symptoms of depression and anxiety<sup>70</sup>. Experiences such as discrimination, conflict, bullying, social exclusion, and financial hardship are considered risk factors exposing people to a higher likelihood of developing mental health issues. Additionally, certain population subgroups are at higher risk of diminished mental wellbeing due to greater exposure and vulnerability to unfavourable social, economic, and environmental circumstances. For example, determinants such as education level, employment, gender and ethnicity can also impact a person's mental wellbeing.

For culturally diverse people; migration, language barriers and refugee experience can impact mental health outcomes. For people on low incomes, their exposure to risk factors at a higher rate than those on higher incomes can impact mental health outcomes. Nationally it is estimated that up to 85 per cent of homeless people have a mental illness. In Cardinia Shire, approximately one third of the population are financially vulnerable. Male suicides account for approximately three in four suicides, a trend which has persisted since 1921 (when suicides were first reliably documented in Australia), and further inspection of trends signify that unemployment may have made a decisive contribution to approximately one third of suicides among males recorded in Australia during this period. Unemployment is a chronic stressor that affects mental health. The loss of a job is not merely the loss of a pay check but the loss of a routine, self-worth, identity, security, and connection to other people.

It is recognised that the majority of mental illnesses begin between the ages of 15–25 years. This poses a significant threat to our nation's future workforce capacity and economic prosperity and thus the need for a focus on prevention is required. Young people in Cardinia Shire identified issues related to mental health, such as being stressed, being unhappy, having anxiety and poor body image as their main concerns. These issues are consistent with youth across Australia and mirror findings from the 2014 National Mission Australia Youth Survey.

In Cardinia Shire poor mental health is contributing to people who are unable to work, study or manage day-to-day activities at full capacity. Nationally it is estimated that 75 per cent of people presenting with alcohol and drug problems also have additional mental health problems. Cardinia Shire also has higher than average rates of self-harm and suicide death. Hospital data reveals that reveals that six per cent of all hospital admissions for residents of Cardinia Shire were for intentional injury.

The way people think about mental health has changed over the last 30 years as we continue to learn the importance of protecting our mental wellbeing. With an informed effort, it's possible to remove the stigma, focus on prevention and ensure people are able to seek support without fear of judgement and in a timely manner. In most cases, with treatment and the right care, individuals can learn to manage their mental health and wellbeing.

Papers outlining best practice in preventing poor mental wellbeing and addressing mental health outcomes have informed the strategies included in this plan. Key strategies will align to the domains of Health and Social Services, Employment, Education and Open Space.

### 5.2.5 Obesity

The rate of obesity in Cardinia Shire is significantly higher than the state average, with one in four adults affected<sup>71</sup>. This combined with one in three adults being overweight, means that more than half the adult population in Cardinia Shire is at an increased risk of disease and premature death. Although local data is not available, currently one in four children in Australia are now overweight or obese<sup>72</sup>. Given the higher than average adult obesity rates in Cardinia Shire, it's expected that local childhood obesity rates would mirror this.

Over the last two decades, these rates are continuing to rise, with adult obesity having almost tripled. This results in a significant burden, not only to individuals who experience a poorer quality of life, but on Australia's economy. In Victoria alone it is estimated that obesity costs \$19.8 billion each year, with \$1.2 billion of this attributed to lost productivity<sup>73</sup>.

Obesity is a strong predictor of chronic and fatal diseases such as high blood pressure, heart disease, stroke, some cancers, type-2 diabetes, sleep apnoea and musculoskeletal problems to name some. These devastating consequences are already being felt in Cardinia Shire, with a higher than average number of admissions to hospital for diabetes complications, chronic obstructive pulmonary disease and congestive heart failure, and almost one quarter of the population having high blood pressure. Further, being overweight was identified in the top 10 issues of concern for young people in Cardinia Shire, with nine per cent self-reported as overweight. These consequences of obesity, along with the social stigma associated with larger body sizes, are also associated with depression, anxiety and low self-esteem.

Obesity is often over-simplified by the general public as an individual problem of eating too much and not exercising enough. However, it is well recognised by health experts that obesity is a chronic disease in its own right, and the result of highly complex, systemic challenges with many social, biological, economic and political determinants<sup>74</sup>.

Low education attainment and unemployment or low household incomes are associated with obesity, particularly influencing people's ability to make healthy food choices. The accessibility and marketing of energy dense, nutrient poor foods and drinks has increased dramatically over the past few decades and the relative cost has decreased. Conversely, the availability and affordability of fresh produce, lean meats and other healthy food options has reduced<sup>75</sup>.

Sedentary behaviour due to car dependency, computer-based jobs and modern conveniences such as televisions and home appliances is also a known determinant of obesity. Urban planning which prioritises car use over active means of transport, such as walking and cycling, often means active travel is not a viable option. Council has recently prepared Healthy by Design guidelines<sup>76</sup> which aim "to encourage increased physical activity by ensuring that the built environment within the shire naturally supports active lifestyles" by providing guidance to planners when reviewing planning applications. Rates of walking or cycling as means for transport in Cardinia Shire are very low (discussed further in section 5.3.5), however there is a significantly higher proportion of people who work in manual labour and subsequently a significantly lower proportion sitting at work compared to Victorian averages. This may be attributed to the large proportion of workers in the manufacturing, construction and retail industries.

With a reliance on cars and the associated costs, combined with the cost of healthy food, many middle and low income households may experience financial barriers to participating in organised sport or joining a local recreation centre. Therefore, free public open spaces need to be accessible and provide infrastructure and activities which are inclusive and encourage participation.

Genetics does play a small part of the variation in body weight, and parental obesity is associated with an increased risk of childhood obesity. However, people with other co-morbidities such as physical or intellectual disabilities or mental illness and those on certain medications are more likely to be obese. Given these challenging factors, health and social services that can coordinate



interventions which prevent people who are overweight from transitioning into obesity is also necessary.

Many papers and reports have been published which offer solutions to the obesity crisis that we are currently facing. A number of papers have been reviewed to identify obesity prevention strategies for inclusion in the plan. Key strategies will be included under the Food, Active Travel, Open Space and Health and Social Services policy areas.

### **5.2.6 Safety**

To feel safe is to be free from danger, risk, or threat of harm, injury, or loss to your person and/or property, whether caused deliberately or by accident. Feeling safe is different for everyone, but everyone deserves to feel safe at home and in the community. For some, perceptions of safety relate to crime, for others it relates to dangerous driving, risk of injury, perceived threat, discrimination or work environment.

Neighbourhoods which are perceived as safe, foster community participation, encourage physical activity, community connectedness and add to the health and wellbeing of local residents and visitors. The built environment and the way neighbourhoods are designed and maintained, impact greatly on perceptions of safety and are critical factors in any strategy for improving safety in neighbourhoods<sup>52</sup>. Crime Prevention through Environmental Design (CPTED) principles is an approach to crime prevention that takes into account the relationship between the physical environment and the users of that environment. The theory behind CPTED is that the design of a physical environment can produce behavioural effects that will reduce both the incidence and fear of crime. These behavioural effects can be accomplished by reducing the susceptibility of the environment to support criminal behaviour<sup>77</sup>. Local research identified that 40 per cent of residents living in the growth areas feel their area is not a safe place to live at night and one in five residents report safety or crime issues impacting themselves or their households. An average of 20 criminal offences is recorded per day across the municipality, with over half of these relating to property damage, theft or burglary<sup>78</sup>.

Council has committed to becoming an International Safer Community. The International Safer Communities Model<sup>79</sup> is an internationally recognised, evidence based, best practice model premised on collaboration, partnerships and community capacity building to reduce injury and enhance safety.

Consultation for the Safer Community accreditation identified the top safety concerns for the community to be road and pedestrian safety, family violence, alcohol and other drugs, mental health, crime and natural hazards/disasters. Many of these areas are a health or social priority in their own right and for this reason have been given the status of their own priority within this plan. However, other areas of safety are also of great concern for the community and as such have been consolidated under the priority of 'safety'.

Road and pedestrian safety and crime are both closely aligned to the Active Travel and Open Space policy areas through the implementation of CPTED principles. Consideration of maintenance and public amenity such as lighting, landscaping and sense of ownership, allow increased natural surveillance as more people use the spaces. By more residents participating in active travel and engaging in open space, there is greater number for people observing the community which maximises the visibility and deterrence of crime. One third of residents report dangerous driving negatively effects themselves or their families. By enhancing active travel infrastructure, there will be less reliance on cars as the only mode of transport.

Cardinia Shire has vast and varying geographical regions, and as such almost all hazards that affect a community are present in the shire. This includes bushfires, grassfires, floods, storms and heatwaves. Typically, the 'Hills' areas of Gembrook, Cockatoo, Emerald and surrounds are at risk of

bushfire while those suburbs which lie south of the Princes Highway are located in a flood-prone area. Cardinia Shire has a long history of flooding and bushfires which has resulted in property loss and damage, stock loss and even loss of life. Consultation identified floods and fires as the main natural hazards that are of concern to the community. To ensure the safety of the community, Council's emergency management team, in partnership with a range of emergency services, has prepared a Municipal Emergency Management Plan outlining arrangements for the prevention of, the response to, and the recovery from, emergencies that could occur within Cardinia Shire.

People experiencing discrimination based on their culture, gender, sexual identity, disability status, or Indigenous status may also feel their personal safety is threatened. Similarly, vulnerable children and seniors may be at risk of carer or institutional abuse. Recently released Child Safety Standards<sup>80</sup> ensure that Government funded organisations have a responsibility to protect children from harm. Seniors Rights Victoria recognise elder abuse as a growing concern with financial and emotional abuse the most common forms. The majority of victims are female and perpetrated by someone related to them.

### **5.2.7 Social cohesion**

Research has found a positive association between social cohesion and the mental<sup>81</sup>, physical<sup>82</sup> and social wellbeing of the community<sup>83</sup>. There has been a resurgence, of late, with policymakers to regard social cohesion as a potential solution to the increasing health inequality within Australia.<sup>84</sup>

For the purposes of this document we are endorsing Green's definition of social cohesion as "the property by which the whole society, and individuals within, are bound together through the action of specific attitudes, behaviours, rules, and institutions, which rely on consensus rather than pure coercion"<sup>85</sup>.

The evidence supports the assertion that social cohesion is closely linked to positive social relationships within our community<sup>86</sup> – it can be expressed as a mutually accepted set of values and attitudes that binds people across all societal levels. Social cohesion can have a major influence on an individual's health through providing equal opportunity, mitigating poverty, disparity, and social exclusion<sup>86</sup>. Social cohesion is multi-levelled and has an effect across a wide range of health sectors. Policy decisions at all levels of Government have a direct effect on opportunities for community members to participate in social, economic, and political activities within communities, which in turn can either enhance or inhibit wellbeing. As Local Government is closer to its resident body they are perceived as being in a better position to influence the cohesive nature of the wider community. They traditionally understand and are responsive to local need; Local Government can deliver interventions directly into the fabric of the community and can influence community acceptance and support. Planning without reference to community perspectives within a neighbourhood context can lead to "social isolation and closed opportunity" this leads to an environment where negative behaviours and health practices not only become common, they become normative<sup>87</sup>.

Many studies have shown that Australia has a remarkably high degree of social cohesion given the diverse make up of its population. However, the challenge for Local Government is to maintain and encourage cohesion, especially in light of rapid growth. Sudden changes in the fabric of a community can increase social tensions which in turn can express themselves in a decrease in community wellbeing. Forging community partnerships and new initiatives that help increase the cohesive nature of residents can reap economic, environmental and social benefits that in turn build a stronger and more anti-fragile community. A cohesive society has a greater opportunity to exert influence through social norms that may lead to more investment in public infrastructure such as education, social welfare, and health services<sup>88</sup>. Following this approach will narrow down health inequality and reduce unequal access to health services, therefore allowing a more even distribution of key resources to 'hard to reach' society members.

For our residents' health and wellbeing, it is vital to work towards reducing social inequities that result in exclusion. From the perspective of the social determinants of health, it is important to understand that exclusion and vulnerability are outcomes from processes where social cohesion is strained or fractured<sup>89</sup>.

Research suggests that there are some key aspects of social cohesion (social diversity, social capital, and social inclusion) have a direct impact on individual health. This can help explain why some areas have similar income, service provision, and resources, but have vastly different health outcomes. Indeed, the influence of Local Government such as in "the process of deindustrialisation and switch to service economy" can contribute "to socio-economic polarisation" and can lead to the community lagging behind in socio-economic indicators of health and wellbeing<sup>90</sup>.

The relationship between local government and the local community sets an important foundation, it provides a conduit for firstly identifying and then working towards reducing social inequalities. One key outcome of Local Government entering honest and transparent dialogue, promoting civic participation, via the realisation of democratic rights, is the continuance of sustainable social relations. "As a social condition, cohesion in an urban context is dependent on consensus and coordination by the public institutions, as well as redistribution based on reciprocity and inclusion."<sup>90</sup>

It is Local Government's responsibility to support the promotion of cohesion, championed by civil society organisations. By becoming community advocates Local Government will also become providers of social protection. Community engagement can be used as an important lever to increasing trust between Local Government and all stakeholder groups. Successful relationship building will lead to greater confidence and competence among individual community members, and increase the social capital and the cohesive nature of whole communities<sup>91</sup>. These factors have been shown to have a positive effect on the health and wellbeing of individuals and groups in a local context, across Australia and globally.

### **5.3 Liveability policy domains**

#### **5.3.1 Active travel**

Access to different modes of transport is a critical social determinant of health<sup>96</sup>, facilitating access to employment, education, food, health and social services, family and friends. Active travel is physical activity undertaken as a means of transport and not purely as a form of recreation. It includes walking, cycling, scooting, wheelchairs and public transport.

Creating 'walkable' environments provides opportunities to habitually engage in active travel, and therefore physical activity. There is considerable evidence showing associations between walkability and health outcomes<sup>92</sup>. Providing walkable environments has been shown to reduce social inequities, enhance physical and mental health (through reductions in diabetes, heart health and traffic accidents), reduce living costs (e.g. petrol), increase social contact and neighbourhood surveillance and reduce impact on the environment (air pollution, noise).

Cardinia Shire has one of the highest rates of car ownership in the state, with 91 per cent of residents travelling to work by car and over 50 per cent travelling outside the shire each day<sup>2</sup>. Almost 20 per cent of residents travelling outside the shire for work, experience a two hour daily commute. This not only places a burden on families financially, with rising costs of petrol, but also means people have less time to cook, participate in sport, volunteer and spend with their families.

Children's sedentary travel has also increased significantly, with the proportion of children aged between five and nine who travel to school by car increasing from 23 per cent in 1991 to 67 per cent in 2008<sup>93</sup>. In 2013, around one in five Australian children walked or rode to school<sup>94</sup>. These figures have fallen markedly since the early 1970s. The percentage of five to nine-year-old children who walk to school declined from three to five children (58%) in 1971 to one in four children (26%)

in 1990–2003. The percentage of 10 to 14-years-olds walking to school has also declined over this period.

There are however some significant barriers for local residents to participate in active travel, such as the large distances and low population densities between and within rural townships.

*“The large distances in the outlying communities is a really big challenge” – Resident, Kooweerup*

The rural areas in the Port Ward are largely farmland, where livestock, produce, equipment and other goods need to be transported to and from the land. Similarly, in the Ranges Ward, steep terrain and the need to ensure safe travel routes in emergencies such as bushfire, has resulted in the historic prioritisation of car and truck infrastructure over walking and cycling infrastructure. As a result, Cardinia Shire is classified as a ‘car dependant’ city on the walkability score<sup>95</sup>, with the majority of errands requiring a car.

Community consultation found that residents were fairly despondent at the opportunities for active travel within the shire, with many respondents answering ‘not much’ when asked “what’s working well with regard to active travel?”. Residents did however provide a number of examples for ways to improve active travel, indicating a desire to advance focus in this area. Many residents wanted to see a greater focus on active travel infrastructure within new estates and would like to see greater advocacy for public transport options both within the shire and to other parts of Melbourne, including greater frequency and reliability of services.

*“developer contributions could contribute to public transport infrastructure” – Resident, Officer*

Other residents suggested making it easier for people to work within the shire, by encouraging development of co-working office spaces, to reduce commute times and make active travel a possibility for more people. Many residents also saw improvements to footpaths and cycling infrastructure as a priority, with a focus on safety and connecting missing links along travel routes to key destinations.

Given the barriers described above, the greatest gains in walking and cycling for transport could be seen within the Central Ward, with higher residential densities and relatively proximal access to train and bus infrastructure from residential and commercial areas.

Neighbourhood liveability attributes relevant to active travel include access to and frequency of public transport, access to cycling infrastructure, land use mix, street connectivity, residential density, pedestrian infrastructure and traffic volume.

### **5.3.2 Education**

Education has consistently been found to be a strong determinant of health, with lower levels of education contributing to poorer health across the life span. **Error! Bookmark not defined.** Gaining an education, especially in childhood, is strongly associated with better employment, income, and physical and mental health trajectories, as well as reduced likelihood of committing crime. Importantly, these associations hold across the social gradient, with provision of good education in the early years having a disproportionate positive effect on disadvantaged children<sup>96</sup>.

In this context, education not only relates to formal education and qualifications provided through preschool, primary and secondary school, training institutions and universities, but to informal education provided through neighbourhood houses, men’s sheds and cultural centres.

Cardinia Shire has seen an increase in preschool participation and a decrease in day care participation, with 90 per cent of children participating in preschool prior to entering primary school.

Overall, teachers have reported children are transitioning well from early education into primary school.

This was reflected during community consultation, where many residents highlighted the excellent early education services provided within the shire, along with a good choice of primary schools.

*“we have good access to quality early childhood services” – Resident, Cockatoo*

In Cardinia Shire, approximately 40 per cent of residents have completed year 12, much lower than the state average<sup>2</sup>. Of the remaining 60 per cent of students who did not complete year 12, the majority left at Year 10. This could reflect overall patterns seen in the decline of students meeting literacy and numeracy standards between Years 7 and 9. For those who left school early the most popular reason, with over a quarter of responses, was for work or career reasons, consistent with Victorian responses. This was followed by almost one in 10 stating school was not good/not a good environment/not learning, and did not need school for chosen pathway, both of which were almost double the Victorian rate. Over half of early school leavers in Cardinia Shire stated that the school having a wider range of subjects would have motivated them to stay. This overall lower educational attainment may provide an indicator for the relatively higher population of young people who are disengaged from employment, training or further education.

This was consistent with community consultation, where residents highlighted the difference in academic expectations between ‘old’ and ‘new’ schools and suggested the need for *“local schools to work together to work out which teaching practices work best for our children”* – Resident, Pakenham.

Of the current residents, approximately half do not have a university or trade qualification and only 11 per cent have a bachelor degree or higher, half that of the Victorian average. This may be a result of a lack of any further training and education institutions located within the shire, with the closest being in the City of Casey.

Residents highlighted the need for *“more TAFE type opportunities”* and to *“provide better support for those studying online”*. Given the distance many students need to travel to access further education some residents suggested the role libraries can play in providing study spaces and access to academic databases.

Continuous learning is part of the journey of personal growth and development and builds the capacity of communities. Many community groups within the shire provide opportunities for lifelong learning, including University of the Third Age (U3A), Neighbourhood Houses, Men’s Sheds and cultural centres. These organisations provide a valuable service within the community, facilitating community connection and resilience.

Neighbourhood liveability attributes relevant to education include access to education (distance to, density of by type), quality of education infrastructure, mix of education infrastructure and walkability surrounding education infrastructure.

### **5.3.3 Employment**

Employment and income are key determinants of health<sup>96</sup>. Being in good, convenient, and accessible employment provides financial security and fosters personal development and social networks. Conversely, unemployment or poor working conditions negatively affect physical and mental health<sup>97</sup>. For example, local research identified approximately one in five residents across the municipality experience high rates of work related stress and the national rate of smoking tobacco is higher in the construction industry compared to the average of smoking across all ‘employed’ people.

There are currently 7,194 business registered within Cardinia Shire, the majority of which are within the construction industry. The construction industry accounts for a third of all registered businesses in Cardinia Shire, almost double that of Victorian averages. However, retail trade is the largest employer generating approximately 3,700 local jobs. Cardinia Shire also has a high rate of successful home-based businesses. The highest concentration of businesses is within Pakenham, with the remaining spread throughout the rural and township areas. Over half the residents travel outside the local municipality to work, and one fifth of the population experience a daily commute of two or more hours. This not only has financial implications and impacts on family and community life as described earlier, but also means the municipality is often 'dormant' during the day which reduces the number of residents available to spend money at local businesses.

Cardinia Shire has above average unemployment rates<sup>2</sup>, and this is particularly prominent in Pakenham. Further to this, 10 per cent of residents in the growth areas and 14 per cent in the rural areas experience underemployment. Underemployment is the condition in which people in the labour force are employed at less than full time or at jobs inadequate with respect to their training or economic needs. Cardinia Shire also has higher rates of parents providing unpaid care to their children, the majority of which are females. Subsequently, there are less females in paid employment across the municipality.

This policy area is predominantly concerned with income and employment levels, the number and type of jobs and job growth, as well as the location and accessibility of employment<sup>11</sup>. Working conditions, such occupational health and safety, work-life balance, healthy workplace culture and equality are also considerations of this domain within Cardinia Shire.

Cardinia Shire Council works in partnership with City of Casey to form regional economic development strategies to attract new investment and jobs for local people. Council also supports the Casey Cardinia Business Group which offers local businesses the opportunity to connect and grow, with a strong focus on training and professional development. Local job creation, education to employment pathways and local business attraction and development are strongly aligned to our community's health outcomes. Financial vulnerability including homelessness and risk of homelessness, nutrition and mental health and wellbeing are some of the health and social impacts that we will seek to address through a focus on this policy domain, however the domain has direct links to each of the five priority areas including substance misuse and family violence.

Consultation revealed that residents believe Cardinia Shire is currently doing well with respect to setting aside land for future commercial and industrial use in the growth areas and subsequently successfully attracting new employment opportunities to the area.

*"new businesses are being encouraged to open and this is increasing slowly" – Resident, Officer*

Retail development is also continuing to strengthen and growing local opportunities for jobs and access to more local goods and services.

*"lots of retail employment and development in Pakenham and Officer" – Resident, Cockatoo*

Suggestions for strategies to address this domain and improve overall employment outcomes for all residents of Cardinia Shire were to focus on improving pathways to apprenticeships, mentoring programs for young and unemployed people, further employment opportunities in the smaller towns along the railway line, the attraction of more white collar, technical and corporate roles, developing professional employment hubs, gender diversifying industries, and addressing inequities that see predominately women in caring roles as opposed to paid employment.

Neighbourhood liveability attributes relevant to employment include access to employment (distance to, and travel mode to access), neighbourhood employment level, skills to match the local workforce opportunities and mix of job types.

### 5.3.4 Food

Access to healthy food is a social determinant of health **Error! Bookmark not defined.** and a basic human right<sup>14</sup>. This policy area relates to the food system as a whole and includes everything from production, processing, distribution, access, consumption and waste recovery. Unsustainable and unhealthy food systems are driving some of the key health, social, economic and environmental issues that we see today. People's consumption of foods high in fibre and essential nutrients is decreasing, while consumption of highly processed, energy dense and nutrient poor foods is increasing.

Rising energy and fuel costs, along with a local food supply that is dominated by fast food, means that the economic affordability and consumption of healthy food is compromised, not only for low-income families but also increasingly for higher income families as well. With an average income of \$40,000 most residents regard fresh food too expensive to buy regularly, with families reliant on welfare benefits having to spend more than a third of their income on food to access a healthy food basket<sup>75</sup>.

As a result, over 70 per cent of residents eat take-away meals or snacks once a week, and more than a third consume sugar-sweetened beverages at least once or several times a week<sup>71</sup>. This combined with the fact that 95 per cent of residents do not meet the fruit and vegetable guidelines each day (men are less likely than women to meet the guidelines), highlights the significant impact our local food supply has towards the health of residents.

This is in large part related to the affordability, availability and accessibility of food, as well as the saturation of food marketing skewed towards those less healthy options. Food preference, perceptions of the food environment and socioeconomic position influences dietary intake. Areas of higher disadvantage tend to have less access to fresh foods and higher access to fast-food outlets and convenience stores, with fast food outnumbering fresh food in Cardinia Shire 6:1<sup>75</sup>.

*"there's quite a lot of takeaway, but not many healthy options" – Resident, Pakenham*

Poor diet has now overtaken smoking as the leading risk factor for non-communicable disease in Australia<sup>98</sup> such as obesity, diabetes, cardiovascular disease and some cancers.

People are considered food secure when they have availability and adequate access at all times to sufficient, safe, nutritious food to maintain a healthy and active life<sup>99</sup>. Food insecurity is a growing concern not only for individuals but for communities as a whole. In Cardinia Shire it's estimated that four per cent of residents<sup>71</sup> are considered food insecure, that is they ran out of food within the last 12 months and were unable to buy more. However, given the high level of financial vulnerability, many families could be tipped over the edge if electricity or fuel costs continue to rise<sup>100</sup>. Emergency food relief, while important in the short term, is only a band aid solution.

*"I would love to see the food co-op come back" – Resident, Pakenham*

Victoria's food security as a whole is also compromised with increasing urban sprawl into prime agricultural land. Currently Melbourne's food bowl grows 47 per cent of the vegetables produced in Victoria and has the capacity to meet around 41 per cent of Melbourne's total food needs<sup>101</sup>. As Melbourne grows to a population of 7–8 million people by 2050, it will need at least 60 per cent more food. However, if the city's urban boundary continues to grow as it has in the past, the capacity of Melbourne's food bowl to meet the city's food needs could fall to around 18 per cent by 2050.

*"we access the farm gate outlets in the south of the shire" – Resident, Bayles*

Neighbourhood attributes relevant to this domain include the affordability, availability and accessibility of healthy versus unhealthy food in the neighbourhood, transport.

### **5.3.5 Health and social services**

As Cardinia Shire's population continues to grow, so too does the level of health and social support required to assist in everyday living requirements. Currently, the health and social services industry accounts for only 2.8 per cent of registered business in Cardinia Shire, comparing poorly to Victoria at 5.5 per cent. However, the Health and Social Services policy domain is broader than this, encompassing emergency management, leisure and recreational services, community centres and public amenities as well as typical healthcare services, maternal and child health services, youth services, senior citizen organisations, disability support services, housing and homelessness services, financial and legal services and employment services.

Combined, these types of social infrastructure and services are required for communities to function adequately. They provide an important avenue to facilitate interactions and partnerships, and provision of services support the development and maintenance of resources and skills, enabling people to reach their full potential and improve the overall health of residents and liveability of communities. Further, there is a focus on ensuring these services and spaces are safe and welcoming to our diverse community, by being culturally appropriate and inclusive for all people in the community.

Along with an influx of new residents to our urban growth area, many of our residents both urban and rural are facing hardships. Therefore, many of the health and social service needs in relation to the five priority areas this plan seeks to address effect a proportion of residents across the municipality irrespective of where they live. However, due to the shire's geographical location, there are some distinctions between the needs of residents with respect to the type of services required, and the availability and accessibility of these services.

Younger families with children are typically migrating to the growth areas, placing a focus on the attraction of a broad range of maternal, child and youth services. Whereas, the rural and township communities tend to have a more aged population placing importance on attracting adequate aged and disability services, with transport and access of service particular considerations. In order to strategically address this, Council has developed a services attraction model called Services for Success which outlines the strategic approach to attracting and engaging appropriate service providers to the area. Presented as two complimentary documents, one outlines Council's service philosophy and identifies a number of service delivery gaps in the community; the other details community facilities and highlights collaborative opportunities. The model aims to attract appropriate service providers to work in partnership with Council to meet identified needs and service gaps, thereby enhancing the health and wellbeing of our community.

The Department of Health and Human Services (DHHS) is the State Government body responsible for delivering policies, programs and services that address the health and social needs of all Victorians. The department provides many services directly to the community through its operational divisions. Additionally, they fund almost 2,000 other organisations across the state to deliver vital health and human services care and partner with other parts of the Victorian public service, federal and local governments. Council delivers maternal and child health services, youth services, and some family services including supported playgroups for vulnerable families. Council is responsible for emergency management planning. The remainder of health and social services are delivered by the partnering organisations of this plan, along with religious and volunteer agencies. The combined effort of local and state partners working together can drive positive long-term change for individuals and families, particularly those with complex service needs spanning multiple of the five priority areas.



Public consultation revealed that residents felt overall Cardinia Shire has good social support networks, good existing health and social services and are doing well in attracting new services into the area. Despite this, social research indicated that the majority of residents across the municipality still felt there are services missing which would make their life easier if they were available. These typically included general practitioners, aged and disability services, police, specialist medical and dental services, mental health counselling and support services, employment service providers and financial/legal services.

*“still a sense of smaller communities so a willingness to volunteer and be supportive of your local community” – Resident, Bayles*

Consultation also revealed that residents feel more services are required in some of the rural and township communities, services need to be better promoted, support groups for parents caring for children with special needs, and more cohesion between community groups to share resources, reduce duplication and respond to local areas of need.

*“stop being just an outreach base for many supports which are based around Dandenong or Narre Warren” – Resident, Kooweerup*

Neighbourhood attributes relevant to this domain include access to health and social services infrastructure (Distance to, density of by type), Quality of health and social services infrastructure, Mix of health and social services infrastructure, Neighbourhood walkability surrounding health and social services infrastructure.

### **5.3.6 Housing**

Housing is essential to meeting basic human needs for shelter and security and as such, is considered a basic human right<sup>102</sup>. It's also important for building successful and resilient communities. A range of suitable, available housing contributes to a community's capacity to prosper in an equitable, efficient and sustainable way. Affordable housing is needed to accommodate diversity in a community, to maintain social cohesion, and to support and sustain local economies with a range of services and businesses<sup>103</sup>.

Housing is a particularly important policy area for Cardinia Shire considering the predicted population growth. Cardinia Shire has approximately 33,800 households and this is expected to grow to 58,166 by 2031<sup>104</sup>. Almost one third of households are owned, however half are paying a mortgage, higher than Melbourne's average.

Living in lower quality housing has been associated with poorer mental health and higher rates of infectious diseases, respiratory problems, and injuries. Those who live in rented accommodation tend to have poorer physical and mental health than owner-occupiers, and some studies have shown housing tenure to be a better predictor of health compared with education measures.

The development of affordable low-density housing in greenfield sites can also be potentially detrimental to health. Although initially more affordable to purchase there are often hidden on-going living costs, as the lower residential densities are unable to support local services, employment, and public transport infrastructure, thereby increasing motor vehicle dependency. As a result, residents living in greenfield sites are at particular risk of mortgage stress should oil prices rise.

Community consultation found that although residents believed housing was more affordable in Cardinia Shire for first home buyers and that there was a good variety of housing available, the types of housing being built in new estates were not perceived as 'liveable' in regards to the size of the blocks in relation to the large houses. Residents felt that there wasn't enough space for children and pets and that some new estates lacked quality infrastructure such as parkland, age appropriate playgrounds and walking/cycling paths given the small amount of private open space. Residents also

commented on the lack of social housing and housing support available, believing more needed to be done to address systemic housing issues for poorer families. Some residents also commented on the need for more environmentally sustainable housing design.

### **5.3.7 Open space**

Contact with nature and engaging with open spaces is important for health and wellbeing; it promotes physical activity and mental health, and hence can reduce blood pressure, body size and stress levels. This includes the provision and utilisation of community spaces for both leisure and cultural pursuits, providing an important avenue for exercise, education and the arts.

Open spaces may be grassed, paved or naturally vegetated depending upon their function. Public plazas provide meeting and socialising spaces and are just as important as the provision of grassed and landscaped open space and areas of native vegetation conservation. Open space provides places to strengthen our connection with others through events, celebrations and public gatherings. Natural settings and green space not only support environmental quality and biodiversity but also enhance mental health and wellbeing.

Council manages a wide range of open spaces composed of passive recreation reserves, relaxation gardens, walkways, streetscapes and natural bushland reserves, as well as active reserves, play spaces and exercise nodes. Council also owns and manages a number of public buildings which provide meeting and socialising spaces, such as cultural centres, leisure centres and public halls.

Public art plays a key role in visually enhancing open spaces, making them feel safer and encouraging participation in open space. Creative pursuits and the arts can also facilitate a dialogue between people who experience life differently and provides a means of cultural expression.

Participation in physical activity through sport builds self-esteem and positive self-image, enhances life satisfaction and perceived quality of life. Evidence also suggests that regular participation through clubs and community groups can assist in reducing negative social activity and build understanding between diverse cultures. The benefits of social connection derived from participation in open space includes social inclusion and reduced incidence of isolation and loneliness. However, less than half (41%) of residents in Cardinia Shire visit green space each week, 10 per cent lower than the Victorian average, with older residents the least likely to visit green space.

Australian trends show that people are trying to fit sport into increasingly busy and time-fragmented lifestyles to achieve personal health goals<sup>105</sup>. Participation in running, walking, fitness apps and gym membership has risen sharply over the last decade, where participation in organised sport is declining. This holds true in Cardinia Shire where, 55 per cent of participation in sport or fitness activities is not through a club or organisation. Another trend is that of the rise of extreme sports, which have a strong lifestyle element, such as BMX cycling, rock climbing and skateboarding. Participants often obtain cultural self-identity and self-expression through these sports.

Community consultation found that overall, residents are happy with the amount of open space in Cardinia Shire and see it as a part of the shire's local character. Some residents noted that the quality of open space has improved greatly over the years, particularly the sporting facilities. Residents value having access to activities such as parkrun and the work of local volunteers to keep many parks clean. Cardinia Lakes was noted as a good example where open space has been well planned.

Council, along with residents, private land owners and organisations such as Melbourne Water, Vic Roads and Parks Victoria, play a role in ensuring the amenity of the shire. Clean and tidy open spaces free of litter, dumped rubbish and graffiti are an important part of quality of life and the liability of an area, for all residents and visitors. The presence of litter, dumped rubbish and graffiti contributes to people's mental health and perception of safety in the community and can also

present a health risk, i.e. syringes, broken glass or toxic chemicals. Litter is also known to cause problems to health of our waterways and the general environment.

Council cannot undertake the role of maintaining amenity of its open spaces and environments alone, with all members of the community playing an important role in prevention and action. Community involvement and participation in programs or groups taking action on littering, climate change or other environmental issues can also improve social cohesiveness and have positive impacts on mental health.

Consultation found some things that could be done differently in the future regarding open space includes the maintenance of parks, playgrounds and roadsides, and improved amenities such as seating, lighting, BBQs and established trees. During the focus groups, participants explained how open space could be better linked so you could travel from one park to another more easily and ensuring all new lots have open space within walking distance. Residents also noted many play spaces are designed for young children and don't offer a variety of equipment or activities for older children and teenagers. Parents also noted the lack of safe and secure play spaces for children with disabilities.

Neighbourhood liveability attributes of open space include the quality, quantity, amenity, distance and walkability and the density and mix of different types.

Council's Open Space Management Framework, Recreation Strategy and Arts and Culture Action Plan provide further detail of Council's responsibilities and priorities in open space.

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## 6. Governance and partnerships

Ultimately the Cardinia Shire Council has a statutory responsibility to govern municipal public health and wellbeing planning within Cardinia Shire. Councillors will be briefed by officers at least annually to review the year's progress.

The Liveability Partnership Steering Group will act as an informal advisory committee to Council on matters relating to municipal public health and wellbeing. Under collective impact principles, the group will also be responsible to the outcomes of the plan.

Council's role in municipal public health and wellbeing planning is to lead and facilitate partnerships that develop and implement public health policies and programs within the local area and to enforce up-to-date public health standards.

It is not Council's role to implement all of the strategies within the Plan, but to provide a point of coordination and oversight for the planning, implementation and monitoring, to ensure the plan stays on track.

Council is working with a number of partner organisations to collectively plan, implement, monitor and evaluate the Cardinia Shire Public Health and Wellbeing Plan. Although different partners may be involved at different times throughout the plan, current partners include:

- Department of Health and Human Services
- Community Indicators Victoria
- Kooweerup Regional Health Service
- Monash Health Community
- Monash Health
- Enliven Primary Care Partnership
- South East Melbourne Primary Care Network
- Victoria Police Pakenham
- Women's Health in the South East
- Department of Justice and Regulation
- Sustain: The Australian Food Network
- Windermere
- Dandenong and District Aborigines Cooperative
- Outlook Victoria
- Southern Migrant Resource Centre
- Department of Education and Training
- Aligned Leisure – Richmond Football Club.

## 7. Implementation

Implementing the municipal public health and wellbeing plan will take a whole-of-Council and whole-of-community approach.

Two documents will guide implementation of the municipal public health and wellbeing plan, the policy document and the action plan. The policy document will outline the long term vision, goals and objectives and the action plan will outline the key strategies, responsible partner/s, timeline and budget.

The strategies will be developed in consultation with a range of stakeholders and the community and will be identified based on their alignment with the guiding principles.

Council recognises the important role of volunteering in the local community to improve liveability, health and wellbeing. Council encourages and enables community groups to align to the goals and objectives of the municipal public health and wellbeing plan through the Cardinia Shire Community Wellbeing Grants program.

Local ownership and capacity will be key to ensuring the ongoing sustainability and resilience of Cardinia Shire.

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## 8. Measuring success

Under the Act, Council is required to “review its municipal public health and wellbeing plan annually and, if appropriate, amend the plan”.

The plan will be monitored against a number of key indicators and measures, which will be shared by Council, partner organisations and the community. A Monitoring and Evaluation Plan will be developed to sit alongside the Public Health and Wellbeing Plan and will document the indicators within a shared outcomes framework.

Table 3: Example outcomes framework template

Outcomes	Indicators	Measures	Frequency	Owner
What do we want to see?	How do we know if we are progressing towards that?	Which measures do we use?	How often is the measure collected?	Who collects this measure?

Each year Council will work with partner organisations to provide an annual report for the community which details progress of the Action Plan.

Evaluation of the plan will occur every four years, at which point the health and social outcomes, along with the liveability policy areas, will be reviewed.

## 9. Glossary

ABS	Australian Bureau of Statistics
ACOSS	Australian Council of Social Services
AIHW	Australian Institute of Health and Welfare
CALD	Culturally and Linguistically Diverse
CSC	Cardinia Shire Council
DHHS	Department of Health and Human Services
IAN	Integrated Advisory Network
LGBTI	Lesbian, Gay, Bisexual, Transsexual and Intersex
MPHWP	Municipal Public Health and Wellbeing Plan
MSS	Municipal Strategic Statement
NCD	Non-communicable disease
NHPA	National Health Priority Areas
SLT	Senior Leadership Team
VPHP	Victorian Public Health and Wellbeing Plan
WHO	World Health Organisation

## 10. Appendices

### Appendix A: Legislative and strategic documents reviewed

#### International

- Alma-Ata Declaration 1978
- International Safer Communities, World Health Organisation
- International Child-Safe Communities, World Health Organisation
- International Age-Friendly Cities, World Health Organisation
- Ottawa Charter 1986
- Rio Political Declaration on Social Determinants of Health 2011
- United Nations Agenda for Sustainable Development 2030
- United Nations Conventions on the rights of Persons with Disabilities 2006
- 100 Resilient Cities

#### National

- Australian Child Safety Standards
- Close the Gap
- *Disability Discrimination Act 1992*
- Royal Commission into Family Violence Recommendations Report 2016
- National Chronic Disease Strategy, Australian Institute of Health and Welfare
- National Health Priority Areas, Australian Institute of Health and Welfare
- National Preventative Health Strategy

#### State

- Age Friendly Victoria Declaration 2016
- *Climate Change Act 2010*
- *Disability Act 2006*
- *Equal Opportunity Act 2010*
- *Gambling Regulation Act 2003*
- *Local Government Act 1986*
- *Planning and Environment Act 1987*
- *Public Health and Wellbeing Act 2008*
- *Victorian Charter of Human Rights and Responsibilities Act 2006*
- Victoria's Cycling Strategy – Cycling into the Future 2013–23
- Victorian Disability Plan 2017–20
- Victorian Public Health and Wellbeing Plan 2015–19
- *Victorian Tobacco Act 1987*
- Victorian Water Plan 2016

#### Local

- Cardinia Shire Council Plan 2017–2021
- Cardinia Shire Municipal Strategic Statement
- Cardinia Shire Reconciliation Action Plan
- Cardinia Food Security Principles
- Cardinia Age Friendly Strategy
- Cardinia Access and Inclusion Action Plan



### Appendix B: Council documents categorised by liveability domain

Liveability domain	Documents			
<b>Open space</b>	<ul style="list-style-type: none"> <li>• Township Strategies and Structure Plans</li> <li>• Developer Contribution Plans</li> <li>• Precinct Structure Plans</li> <li>• Development Plans</li> <li>• Open Space Management Framework</li> <li>• Sustainable Environment Strategy</li> <li>• Public Art Strategy</li> <li>• Play Space Strategy</li> <li>• Landscape Masterplan</li> <li>• Open Air Burning Policy</li> </ul>	<ul style="list-style-type: none"> <li>• Safer Communities Strategy</li> <li>• Pedestrian and Bicycle Strategy Recreation Strategy</li> <li>• Skate/BMX Strategy</li> <li>• Equestrian Strategy</li> <li>• Reconciliation Action Plan</li> <li>• Municipal Emergency Management Plan</li> <li>• Storm and Flood Plan</li> <li>• Municipal Fire Management Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Relief and Recovery Plan</li> <li>• Emergency Response Activation Plan Heat Health Plan</li> <li>• Access and Inclusion Plan</li> <li>• Aspirational Energy Transition Plan</li> <li>• Integrated Water Management Plan</li> <li>• Child and Family Plan</li> <li>• Access and Inclusion Policy</li> <li>• Age Friendly Strategy</li> </ul>	<ul style="list-style-type: none"> <li>• Safer Design Guidelines</li> <li>• Healthy by Design Guidelines</li> <li>• Facility Standards</li> <li>• Landscape developer guidelines</li> <li>• Crime Prevention Through Environmental Design Guidelines</li> <li>• Nature strip Policy</li> </ul>
<b>Housing</b>	<ul style="list-style-type: none"> <li>• Township Strategies and Structure Plans</li> <li>• Precinct Structure Plans Housing Strategy</li> <li>• Age Friendly Strategy</li> <li>• Sustainable Environment Strategy</li> </ul>	<ul style="list-style-type: none"> <li>• Access and Inclusion Policy</li> <li>• Access and Inclusion Plan</li> <li>• Safer Design Guidelines</li> <li>• Integrated Water Management Plan</li> <li>• Waste Resource and Recovery Strategy</li> </ul>	<ul style="list-style-type: none"> <li>• Emergency Response Activation</li> <li>• Community Based Emergency Planning Relief and Recovery Plan</li> <li>• Storm and Flood Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Municipal Fire Management Plan Municipal Emergency Management Plan</li> <li>• Open Air Burning Policy</li> <li>• Relief Centre Activation</li> </ul>
<b>Food</b>	<ul style="list-style-type: none"> <li>• Township Strategies and Structure Plans</li> <li>• Precinct Structure Plans</li> <li>• Westernport Green Wedge Management Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Food Security Principles Policy Bunyip Food Belt Plan Nature strip policy</li> <li>• Storm and Flood Plan</li> <li>• Draft Packaged Liquor Strategy</li> </ul>	<ul style="list-style-type: none"> <li>• Pandemic Plan</li> <li>• Age Friendly Strategy</li> <li>• Aspirational Energy Transition Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Municipal Fire Management Plan</li> <li>• Relief and Recovery Plan</li> </ul>

Liveability domain	Documents			
<b>Active travel</b>	<ul style="list-style-type: none"> <li>• Township Strategies and Structure Plans</li> <li>• Development Plans</li> <li>• Pedestrian and Bicycle Strategy</li> <li>• Road Safety Strategy</li> <li>• Developer Contribution Plans</li> </ul>	<ul style="list-style-type: none"> <li>• Precinct Structure Plans</li> <li>• Cultural Diversity Policy &amp; Plan</li> <li>• Investment Attraction Strategy</li> <li>• Access and Inclusion Policy</li> <li>• Access and Inclusion Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Safer Communities Strategy</li> <li>• Tourism Strategy</li> <li>• Cardinia Cultural Centre Bus Plan</li> <li>• Sustainable Environment Strategy</li> <li>• Healthy by Design Guidelines</li> </ul>	<ul style="list-style-type: none"> <li>• Age Friendly Strategy</li> <li>• Landscape developer guidelines</li> <li>• Recreation Strategy</li> <li>• Skate/BMX Strategy</li> <li>• Equestrian Strategy</li> </ul>
<b>Education</b>	<ul style="list-style-type: none"> <li>• Cultural Diversity Policy and Plan</li> <li>• Reconciliation Action Plan</li> <li>• Age Friendly Strategy</li> </ul>	<ul style="list-style-type: none"> <li>• Safer Communities Strategy Heat Health Plan</li> <li>• Pandemic Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Access and Inclusion Policy and Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Youth Strategy</li> </ul>
<b>Employment</b>	<ul style="list-style-type: none"> <li>• Investment Attraction Strategy</li> <li>• Airport Policy</li> <li>• Township Strategies and Structure Plans</li> </ul>	<ul style="list-style-type: none"> <li>• Tourism Strategy Access and Inclusion Policy and Plan</li> <li>• Youth Strategy</li> </ul>	<ul style="list-style-type: none"> <li>• Cultural Diversity Policy and Plan</li> <li>• Reconciliation Action Plan</li> <li>• Age Friendly Strategy</li> </ul>	<ul style="list-style-type: none"> <li>• Relief and Recovery Plan</li> <li>• Safer Communities Strategy</li> </ul>
<b>Health and social services</b>	<ul style="list-style-type: none"> <li>• Cultural Diversity Policy and Plan</li> <li>• Reconciliation Action Plan</li> <li>• Age Friendly Strategy</li> <li>• Municipal Emergency Management Plan</li> <li>• Relief and Recovery Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Storm and Flood Plan</li> <li>• Municipal Fire Management Plan</li> <li>• Safer Communities Strategy</li> <li>• Emergency Procedures Policy</li> </ul>	<ul style="list-style-type: none"> <li>• Relief Centre Activation</li> <li>• Emergency Response Activation</li> <li>• Heat Health Plan</li> <li>• Pandemic Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Access and Inclusion Policy and Plan</li> <li>• Gaming Policy Youth Strategy</li> </ul>

**Appendix C: Council functions categorised by liveability domain**

Liveability domain	Functions & services			
<b>Open space</b>	<ul style="list-style-type: none"> <li>• Fire prevention – planned burning &amp; fuel management</li> <li>• Community based emergency planning</li> <li>• Graffiti prevention program</li> <li>• Community functions &amp; events</li> <li>• Place of Public Entertainment (POPE) permits</li> <li>• Community Infrastructure – Neighbourhood Houses, Halls</li> <li>• Public Art</li> <li>• Heritage Management</li> <li>• Local and regional strategic planning</li> <li>• Environment Planning</li> </ul>	<ul style="list-style-type: none"> <li>• Threatened species programs</li> <li>• Friends groups</li> <li>• Landcare grants</li> <li>• Environment e-newsletter</li> <li>• Open space management – horticulture management, playgrounds, native vegetation, furniture, waterways, native fauna, trees</li> <li>• Community gardens</li> <li>• Procurement and contractor compliance</li> <li>• Management of funding for projects within new estates</li> <li>• Management of public buildings, parks and playgrounds</li> <li>• Interpretive signage</li> </ul>	<ul style="list-style-type: none"> <li>• Developer infrastructure design, delivery and handover</li> <li>• Maintenance and Renewal Programs for Infrastructure, drainage, pathways, lighting, furniture, BBQs, signage</li> <li>• Maintaining building standards</li> <li>• Cleaning and sanitary services (public toilets)</li> <li>• Enforcement of local laws to improve the amenity of the shire – septic tank regulations, dog regulations, planning enforcement, noise regulations, subdivisions</li> </ul>	<ul style="list-style-type: none"> <li>• Capital works projects</li> <li>• Bushland reserve programs</li> <li>• Public place litter and recycling services</li> <li>• Hazard mapping</li> <li>• Crime Action Group</li> <li>• Utility management of Council assets – gas, electricity, Telstra, water</li> <li>• Security – monitoring, surveillance, CCTV, keys, patrols</li> <li>• Community Capital Works Grants</li> <li>• Community Wellbeing Grants</li> <li>• Advocacy</li> </ul>
<b>Housing</b>	<ul style="list-style-type: none"> <li>• Fire prevention</li> <li>• Energy Saver Study</li> <li>• Sustainable Housing Design Planning Assessments</li> <li>• Building Approvals</li> </ul>	<ul style="list-style-type: none"> <li>• Building inspections and compliance Seniors Housing (Cockatoo, Pakenham)</li> <li>• Housing Permits</li> <li>• Planning enforcement</li> </ul>	<ul style="list-style-type: none"> <li>• Regulate rooming houses and prescribed accommodation</li> <li>• Solar Rates Program</li> <li>• Septic tank regulations enforcement</li> </ul>	<ul style="list-style-type: none"> <li>• New Home Energy Advisory Service</li> <li>• Kerbside waste and recycling services</li> </ul>
<b>Food</b>	<ul style="list-style-type: none"> <li>• Commercial Kitchen inspections</li> <li>• Food safety standards</li> </ul>	<ul style="list-style-type: none"> <li>• Community events</li> </ul>	<ul style="list-style-type: none"> <li>• Leisure Centre Kiosks</li> </ul>	<ul style="list-style-type: none"> <li>• Emergency relief trailer</li> </ul>

Liveability domain	Functions & services			
<b>Active travel</b>	<ul style="list-style-type: none"> <li>• Driver education programs</li> <li>• Lighting projects</li> <li>• Community Bus</li> <li>• Community Art / public art projects</li> <li>• Community Infrastructure</li> <li>• Theatre Program and Performances</li> <li>• Community Grants</li> </ul>	<ul style="list-style-type: none"> <li>• Capital works projects</li> <li>• Manage funding for projects within new estates</li> <li>• Risk Register</li> <li>• Maintenance (drains, bridges, roads, pathways, street furniture, trees)</li> <li>• Nature strip policy</li> </ul>	<ul style="list-style-type: none"> <li>• Contractor compliance</li> <li>• Car parking</li> <li>• Traffic and road rules enforcement</li> <li>• Lighting design</li> </ul>	<ul style="list-style-type: none"> <li>• Strategic planning (pathways, cycling paths etc.)</li> <li>• Developer infrastructure design, delivery and handover</li> </ul>
<b>Education</b>	<ul style="list-style-type: none"> <li>• Community Based Emergency Planning</li> <li>• Crime Action Group</li> <li>• Emergency Management Training for Staff</li> <li>• Community Grants</li> </ul>	<ul style="list-style-type: none"> <li>• Intercultural Hub</li> <li>• Community Art</li> <li>• Community Events</li> <li>• Information Exchange</li> <li>• Neighbourhood House Network</li> </ul>	<ul style="list-style-type: none"> <li>• Art Exhibitions</li> <li>• Maintenance of Kindergarten grounds</li> <li>• Supported Playgroups</li> <li>• Schools Biodiversity Education Program</li> </ul>	<ul style="list-style-type: none"> <li>• Waste education</li> <li>• Linking Learning</li> <li>• Preschool Field Officers</li> </ul>
<b>Employment</b>	<ul style="list-style-type: none"> <li>• Crime Action Group</li> </ul>	<ul style="list-style-type: none"> <li>• Neighbourhood House Network</li> </ul>	<ul style="list-style-type: none"> <li>• Intercultural Hub</li> </ul>	<ul style="list-style-type: none"> <li>• Local Tendering</li> </ul>
<b>Health and social services</b>	<ul style="list-style-type: none"> <li>• Emergency relief trailer</li> <li>• Ready to Go Program</li> <li>• Community Based Emergency Planning</li> <li>• Crime Action Group</li> <li>• Emergency Support Team</li> <li>• Vulnerable Persons Register</li> <li>• Vulnerable Facilities List</li> <li>• Leisure and Recreation Services</li> <li>• Sporting Club support and training</li> </ul>	<ul style="list-style-type: none"> <li>• Fire Prevention</li> <li>• Wiser Driver Program</li> <li>• Collective Impact Projects</li> <li>• Community Grants</li> <li>• Theatre Hire</li> <li>• Community functions</li> <li>• Theatre Programs and Performances</li> <li>• Communities for Children Strategic Reference Group</li> </ul>	<ul style="list-style-type: none"> <li>• My Place</li> <li>• Aged care Homes</li> <li>• Provide community spaces (Halls, Neighbourhood Houses, kindergartens, children's centres)</li> <li>• Communities That Care Board</li> <li>• Family Violence Alliance</li> <li>• Youth Strategy Reference Group</li> <li>• Best Start</li> </ul>	<ul style="list-style-type: none"> <li>• Disaster Recovery</li> <li>• Aged and Disability Partnership</li> <li>• Youth Transitions</li> <li>• Better Connections Better Outcomes</li> <li>• Crime Prevention Committee</li> <li>• Universal Maternal and Child Health Services</li> <li>• Enhanced Maternal and Child Health Services</li> </ul>

**Appendix D: Stakeholders reached through community consultation**

- The Liveability Partnership Steering Group, consisting of managers and directors representing 20 different organisations.
  - Kooweerup Regional Health Service
  - Monash Health
  - Monash Health Community
  - Department of Health and Human Services
  - Windermere
  - Outlook
  - Aligned Leisure
  - Department of Justice and regulation
  - Enliven Primary Care Partnership
  - Women’s Health in the South East
  - South Eastern Melbourne Primary Health Network
  - Victoria Police – Pakenham
  - Sustain: The Australian Food Network
  - Department of Education and training
  - Melbourne University School of Place, Health and Liveability
  - Southern Migrant Resource Centre
  - Community Indicators Victoria
  - Mecwacare
  - WAYSS Ltd
  - Dandenong and District Aborigines Co-operative Ltd
- Network groups including:
  - Diabetes Awareness Group
  - Cardinia Youth Network
  - Municipal Emergency Management Planning Committee
  - Access and Inclusion Committee
  - Communities that Care Board
  - Community Workers in Cardinia Shire Network
  - Communities for Children Partnership
  - Enliven LGBTI Reference Group
  - Youth Strategy Reference Group
  - Mental Health Providers Network
  - South East Melbourne Local Government Health Planners Network
  - Leadership for Prevention Network
- Bunurong Land Council
- General public through pop-up stalls, social media and online survey
- Older people through the Age Friendly Survey
- Children and parents through the consultation for the Child, Youth and Family Plan

## Appendix E: Distribution locations of promotional postcards

- Koo Wee Rup Regional Health Service
- Koo Wee Rup Men's Shed
- Koo Wee Rup Post Office
- Chandelier Café, Koo Wee Rup
- Degani Café, Koo Wee Rup
- Koo Wee Rup Veterinary Clinic
- Koo Wee Rup Police Station
- Lang Lang Milk Bar
- Lang Lang Pharmacy
- Lang Lang Laundromat
- Lang Lang Community Bank (Bendigo Bank)
- Lang Lang Bakehouse
- Lang Lang Post Office
- Bayles General Store
- Nar Nar Goon Fish and Chip Takeaway
- Nar Nar Goon Eatery and Café
- Nar Nar Goon Butchery
- Tynong General Store
- Garfield Hotel
- Garfield Pharmacy
- Garfield Ultimate Indulgence Beauty Therapy
- Garfield Café
- Garfield Post Office
- Bunyip Community Op Shop
- Bunyip Community House
- Loretta's Hairdressing, Bunyip
- Bunyip Bakehouse
- Bunyip Pharmacy
- Bunyip Doctor's Clinic
- Bunyip Post Office
- Hairitage Hairdressers Bunyip
- Bunyip Community Bank (Bendigo Bank)
- Maryknoll General Store
- Gembrook Post Office
- Gembrook Veterinary Clinic
- Betty's Café, Gembrook
- Spenser's Store, Gembrook
- Cockatoo Community Centre
- Cockatoo Laundromat
- Cockatoo Post Office
- Brunch Café, Cockatoo
- Cockatoo Bendigo Bank
- Cockatoo Hairdressers
- Cockatoo Pharmacy
- Emerald General Food Store
- Emerald Laundromat
- Emerald Library
- Emerald Newsagency
- Sally's Diner, Upper Beaconsfield
- Upper Beaconsfield Post Office
- Upper Beaconsfield Neighbourhood House
- Beaconsfield Neighbourhood House
- Pakenham Library
- Cardinia Cultural Centre
- 4Cs
- Centrelink, Pakenham
- Pakenham Police Station
- Toomah Community Centre
- Monash Health Community
- Mecwacare, Pakenham
- Outlook Community Centre, Pakenham
- Living Learning Pakenham
- Cardinia Leisure, Pakenham
- Anglicare, Pakenham
- Windermere, Pakenham
- My Place Youth Centre, Pakenham
- Officer Community Hub

## Appendix F: Alignment of the Liveability Policy Domains to Plan Melbourne

Plan Melbourne is a long-term plan to accommodate Melbourne's future growth in population and employment. It includes:

**9 Principles** that underpin a long-term vision for Melbourne.

**7 Outcomes** to drive Melbourne as a competitive, liveable and sustainable city.

**32 Directions** setting out how these outcomes can be achieved.

**90 Policies** outlining how each outcome will be approached, delivered and achieved.

Many of these policies will influence how population growth is managed within the

### Active travel

1.3.2 Plan for new development and investment opportunities on the existing and planned transport network

3.1.6 Support cycling for commuting

3.2.2 Improve outer-suburban public transport

3.3.1 Create pedestrian friendly neighbourhoods

3.3.2 Create a network of cycling links for local trips

3.3.3 Improve local transport choices

3.3.4 Locate schools and other regional facilities near existing public transport and provide safe walking and cycling routes and drop off zones

4.1.2 Integrate place-making practices into road-space management

5.1.2 Support a network of vibrant neighbourhood activity centres

5.2.1 Improve neighbourhoods to enable walking and cycling as part of daily life

6.4.1 Support a cooler Melbourne by greening urban areas, buildings, transport corridors and open spaces to create an urban forest

6.5.1 Create a network of green spaces that support biodiversity conservation and opportunities to connect with nature

6.6.1 Reduce air pollution emissions and minimise exposure to air pollution and excessive noise

### Education

1.2.3 Support the provision of telecommunications infrastructure

5.3.1 Facilitate whole-of-government approach to the delivery of social infrastructure

5.3.2 Create health and education precincts to support neighbourhoods

### Employment

1.1.5 Support major transport gateways as important locations for employment and investment opportunities

1.1.6 Plan for industrial land in the right locations to support employment and investment opportunities

1.1.7 Plan for adequate commercial land across Melbourne

1.2.2 Facilitate investment in Melbourne's outer areas to increase local access to employment

1.2.3 Support the provision of telecommunications infrastructure

4.2.3 Plan and facilitate private-sector tourism investment opportunities

4.4.3 Stimulate economic growth through heritage conservation

### Food

1.4.1 Protect agricultural land and support agricultural production

2.1.1 Maintain a permanent urban growth boundary around Melbourne to create a more consolidated, sustainable city

4.4.4 Protect Melbourne's heritage through telling stories

4.5.1 Strengthen protection and management of green wedge land

5.4.2 Support community gardens and productive streetscapes

6.5.2 Protect and enhance the health of urban waterways

6.5.3 Protect the coastlines and waters of Port Phillip Bay and Western Port

- 6.7.1 Improve the economic recovery of waste and reduce reliance on landfill
- 6.7.3 Protect waste management and resource recovery facilities from urban encroachment and assess opportunities for new waste facilities

#### **Health and social services**

- 5.3.2 Create health and education precincts to support neighbourhoods
- 5.3.3 Support not-for-profit community services to build social capital and stronger communities
- 5.3.4 Provide and protect land for cemeteries and crematoria
- 6.2.1 Mitigate exposure to natural hazards and adapt to the impacts of climate change

#### **Housing**

- 2.1.2 Facilitate an increased percentage of new housing in established areas to create a city of 20-minute neighbourhoods close to existing services, jobs and public transport.
- 2.1.3 Plan for and define expected housing needs across Melbourne's regions.
- 2.1.4 Provide certainty about the scale of growth in the suburbs.
- 2.2.3 Support new housing in activity centres and other places that offer good access to jobs, services and public transport.
- 2.2.5 Require development in growth areas to be sequenced and staged to better link infrastructure delivery to land release.
- 2.3.1 Utilise government land to deliver additional social housing.
- 2.3.2 Streamline decision-making processes for social housing proposals
- 2.3.3 Strengthen the role of planning in facilitating and delivering the supply of social and affordable housing
- 2.3.4 Create ways to capture and share value uplift from re-zonings
- 2.5.1 Facilitate housing that offers choice and meets changing household needs
- 2.5.2 Provide a range of housing types in growth areas
- 4.3.1 Promote urban design excellence in every aspect of the built environment
- 5.1.1 Create mixed-use neighbourhoods at varying densities
- 5.1.2 Support a network of vibrant neighbourhood activity centres
- 6.1.1 Improve energy, water and waste performance of buildings through environmentally sustainable development and energy efficiency upgrades

#### **Open space**

- 4.1.1 Support Melbourne's distinctiveness
- 4.4.1 Recognise the value of heritage when managing growth and change
- 4.4.2 Respect and protect Melbourne's Aboriginal cultural heritage
- 4.4.4 Protect Melbourne's heritage through telling its stories
- 4.5.2 Protect and enhance the valued attributes of distinctive areas and landscapes
- 5.4.1 Develop a network of accessible, high quality, local open spaces
- 5.4.2 Support community gardens and productive streetscapes
- 6.1.1 Improve energy, water and waste performance of buildings through environmentally sustainable development and energy efficiency upgrades
- 6.1.2 Facilitate the uptake of renewable energy technologies
- 6.2.1 Mitigate exposure to natural hazards and adapt to the impacts of climate change
- 6.2.2 Require climate change risks to be considered in infrastructure planning
- 6.3.1 Reduce pressure on water supplies by making the best use of all water sources
- 6.3.2 Improve alignment between urban water management and planning by adopting an integrated water management approach
- 6.3.3 Protect water, drainage and sewerage assets
- 6.4.1 Support a cooler Melbourne by greening urban areas, buildings, transport corridors and open spaces to create an urban forest.
- 6.4.2 Strengthen the integrated metropolitan open space network
- 6.5.1 Create a network of green spaces that support biodiversity conservation and opportunities to connect with nature
- 6.5.2 Protect and enhance the health of urban waterways



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## Summary of Feedback from Public Exhibition of Cardinia Shire's Draft Liveability Plan 2017-29

Public exhibition of Cardinia Shire's Draft Liveability Plan 2017-29 was undertaken from 22 May to the 30 June 2017.

A draft copy of the Plan was available at Council Reception and an electronic copy available to view online. Residents were encouraged to provide feedback either by an online survey, letter, email or phone.

A total of 22 online responses and one email were received.

In the survey, respondents were asked to rank which of the long-term goals were most important to them. Figure 1 below shows that improving mental health and wellbeing, reducing family violence and improving social cohesion were the most important to respondents.

Figure 1. Ranking of priority of the long-term goals by survey monkey respondents.

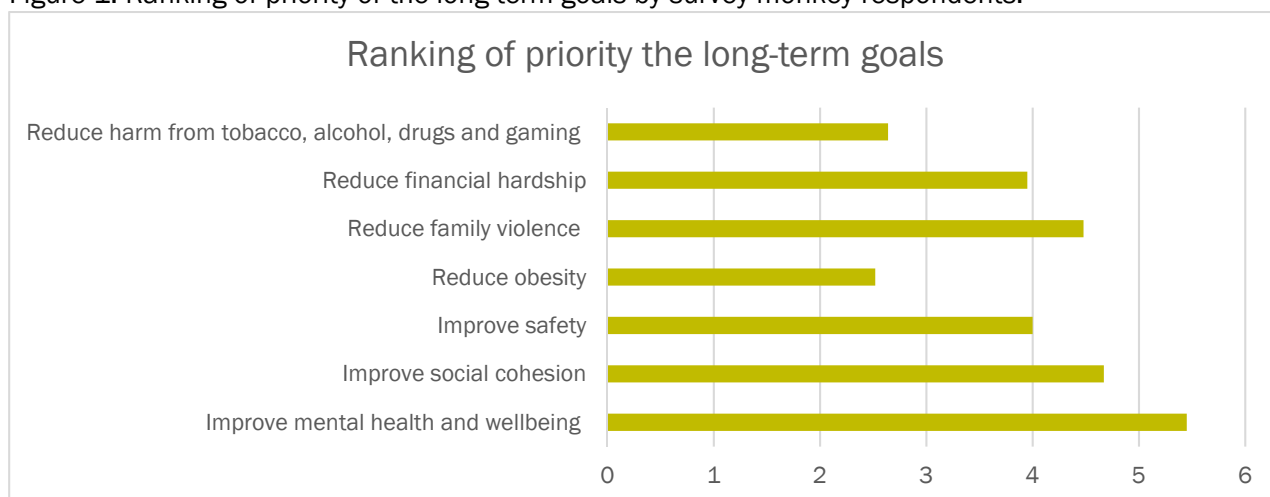


Figure 1. Relevance of each liveability policy domain as identified through public exhibition of the draft Liveability Plan

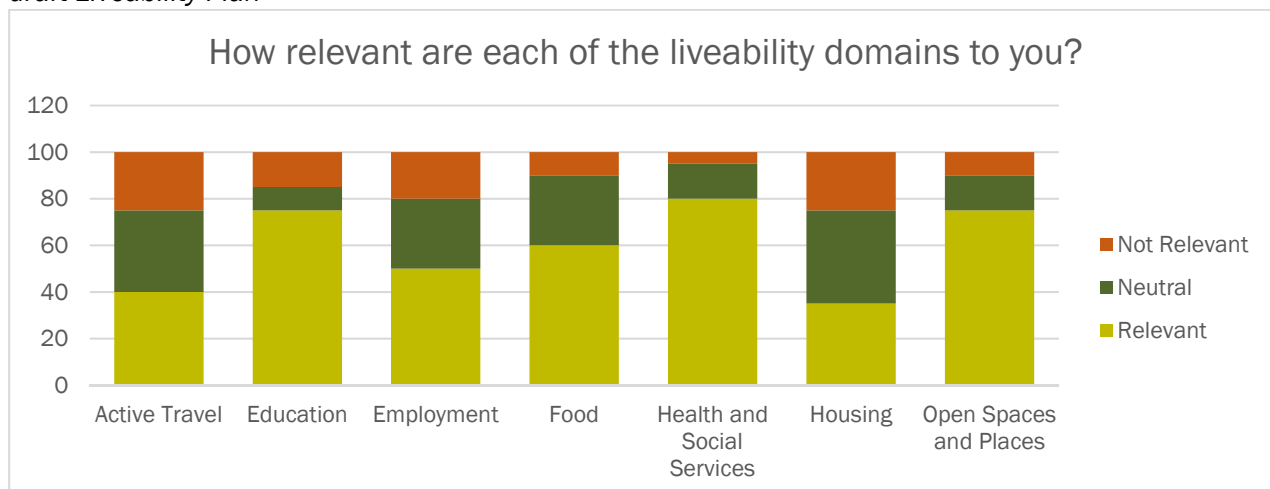


Figure 1 above shows that health and social services, open spaces and places and education were considered the most relevant policy domains by the respondents.

Table 1. Summary of feedback from respondents during public exhibition of Cardinia Shire's Draft Liveability Plan

Respondent ID	Age	Gender	Feedback method	How did they hear about the consultation?	Comment	Action
1	Not provided	Not provided	Survey monkey	Not provided	No comments	Nil
2	35-49	Female	Survey monkey	Council's website	Living in Cockatoo it is very challenging to enact active travel. But I think it's important for council to be focusing its work.  We have plenty of open space and that's important!	These comments are captured by strategies 1.1, 1.2, 1.3, 1.4 and 7.1 within the Plan
3	70-84	Female	Survey monkey	Email	There needs to be more thought given to more open space and adventure playgrounds for children so that Cardinia can compete with other municipalities who have far better facilities. Families often have to travel to other municipalities for adventure playgrounds. Teenagers need more structured youth groups to attend throughout the region. There is a lack of facilities for young people to connect and socialise in outer regions. Get a weekly youth bus on the road again.	An action for this comment would align to Strategy 7.1 and 7.3  Provided feedback to Family and Community Services.
4	35-49	Female	Survey monkey	Email	No comments	Nil

5	35-49	Female	Survey monkey	Email	It would be nice to see Cardinia Shire value community input and consult with them PRIOR to offering early childhood services up for tender, rather than allowing them to find out through their early years managers after tenders have gone out. If Cardinia Shire Council REALLY valued community consultation and early childhood education, the communities that chose their Kinder's Early Years. Manager should have been consulted as to WHY they chose this manager and if they had been pleased with the results. Why would a review not have been undertaken and feedback provided to the community prior to tenders being put out? Disgusted.	No contact details were provided to respond directly to this person. Comments were forwarded to GM Community Wellbeing and Manager Family and Children Services.
6	50-59	Female	Survey monkey	Email	Social isolation and financial vulnerability are major factors in keeping children in poverty and at risk circumstances. This makes social cohesion my priority.	Provided feedback to Family and Community Services. Look at actions for Child, Youth and Family Plan.
7	35-49	Not provided	Survey monkey	Email	No comments	Nil
8	Not provided	Not provided	Survey monkey	Not provided	No comments	Nil
9	60-69	Female	Survey monkey	Email	I live too far out to be able to use active travel as an option.  We have the challenges of the growth corridor but please don't forget us in the smaller communities on the swamp and in the hills areas.	An action for this feedback would align to Strategy 1.1
10	60-69	Male	Survey monkey	Email	For the plan to be effective and measurable you cannot have general outcome measures that cannot be assessed. For example, you mention that 75% of people using family violence against others in Cardinia	This Plan has not included targets. However, one measurable objective has been identified for each liveability

					<p>Shire are males. This can only be effectively measured if you state that within the first two years of the liveability plan our objective is to reduce males committing family violence in Cardinia by 10%. This is then measurable. With access to actual figures this can be assessed and evaluated during the progress of the two-year plan and be altered and addressed at milestone points, say every quarter. From this objective, plans are put in place to achieve this target and again measured each quarter of the plans implementation process. Any other non-measurable measures are hopeless and threatens your success. Cheers</p>	<p>policy domain in the updated Plan.</p> <p>Measures for the plan will be articulated within the Outcomes Framework.</p>
11	50-59	Not provided	Survey monkey	Council's website	No comments	Nil
12	Not provided	Not provided	Survey monkey	Not provided	No comments	Nil
13	25-34	Not provided	Survey monkey	Email	No comments	Nil
14	Not provided	Not provided	Survey monkey	Not provided	<p>I would like to see a well-connected set of footpaths/bike paths throughout the shire.</p> <p>Education precincts that include tertiary would be beneficial.</p> <p>I currently work in Casey council and would prefer to be local to Cardinia.</p> <p>Some land should be retained for farming purposes.</p>	<p>These comments are captured by strategies 1.1, 2.2, 3.1, 4.1, 5.2, 5.4, 7.1 within the Plan</p>

					<p>Provision for children's and family health, as well as services to keep teenagers out of trouble.</p> <p>Open space should be a strength of Cardinia, given it is already so far from the Melbourne CBD.</p>	
15	50-59 years	Female	Survey monkey	Local newspaper	<p>Need more local employment.</p> <p>Need more good food in the area.</p> <p>Need to maintain open space</p>	These comments are captured by strategies 3.1, 4.2 and 7.1 within the Plan.
16	60-69	Male	Survey monkey	Connect Magazine	No comments	Nil
17	35-49	Female	Survey monkey	Gembrook Community Facebook Page	<p>In our household we have a frail elderly person who cannot walk far, even with a walking frame, and a person with an intermittent neurological condition that can occur at any time with little warning. Any walking track or path, in order to be useful to this household would require frequent rest stops/benches.</p> <p>Having a Coles supermarket do home deliveries, as opposed to Woolworths would be advantageous. The emerald woollies is one of the most expensive we've ever seen. Our closest click and collect Coles is in Endeavour Hills, which isn't even in this council. Home delivery sometimes required when we are not well enough to drive out to a supermarket (we are in Gembrook).</p> <p>Need more access to mental health services. For example, I am permanently disabled due to my illness, I was retired from work because of it, I am not eligible for any federal government assistance because my husband works, so my needs tend to fall through the crack as I don't 'look' disabled,</p>	<p>These comments are captured by strategy 1.2, 4.2, 5.1, 5.2, 5.4, 7.1 within the Plan.</p> <p>In relation to the final comment, we are working with the communications team to ensure the document is accessible and uses plain language where possible. Once the plan has been professionally designed it we be much clearer to read.</p> <p>A suite of fact sheet summaries will also be produced for each priority area, with the aim of being less overwhelming than reading the entire document.</p>

					<p>and I don't fit into any category for assistance. Of course, if I had a permanent physical disability, that would be different. Where are the community health groups with formal and informal discussion groups to talk about how to cope with the illness and medication side effects? I know Casey used to have this service.</p> <p>We are paying off out house. Not in financial distress.</p> <p>The more open space the better for people.</p> <p>The document just looks like another bureaucratic 'tick the box' document, it has an awful lot of words, but doesn't necessarily say very much. Please make your reports more succinct and easier to read. Now that I've read the plan I couldn't really tell you what was in it through all the work language used!</p>	
18	Not provided	Male	Survey monkey	Word of mouth	<p>Early Childhood Education is important from a prevention and early intervention perspective. We know that the first 5 years of a Child's life impact on their lifetime well-being and it is thus essential that all children access high quality early childhood education and care. The social outcomes far exceed the short term financial costs of providing it.</p> <p>Kinders Together should be listed as a partner on Page 9</p>	These comments are captured by strategies 2.1, 2.3 and 2.4 within the Plan.
19	60-69	Female	Survey monkey	Connect Magazine	<p>My Grandchildren all attend school so it is relevant to me to see how they are being taught.</p> <p>As a pensioner we need to know that there a services out there that can help us all.</p>	These comments are captured by strategies 5.1 and 5.2 within the Plan.

20	18-24	Not provided	Survey monkey	Facebook	No comments	Nil
21	25-34	Female	Survey monkey	Facebook	No comments	Nil

# FINANCIAL REPORTS