

# Public Health and Wellbeing Plan



Mornington  
Peninsula Shire

2025–29



# Acknowledgement of Country

Mornington Peninsula Shire acknowledges the Bunurong people, who have been the custodians of this land for many thousands of years; and pays respect to their Elders past and present. We acknowledge that the land on which we meet is the place of age-old ceremonies, celebrations, initiation and renewal; and that the Bunurong people's living culture continues to have a unique role in the life of this region.

# Acknowledgement of Lived and Living Experience

Council acknowledges the valuable contributions of community members with lived or living experience of health and wellbeing challenges, including those who are family members, carers, kin and supporters. We thank them for sharing their insights through community engagement to inform this Plan.

We recognise that people use different words to describe their experiences. This Plan uses general language to discuss health and wellbeing themes, while acknowledging that other terms and perspectives are equally valid.





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# Mayor's Message

Good health and wellbeing should be possible for everyone, but we know not all members of our community have the same opportunities or access to support.

The Public Health and Wellbeing Plan 2025–29 is our commitment to changing that, by focusing on the things that make the biggest difference to people's lives here on the Mornington Peninsula. That means a continued focus on mental health, gender equality, addressing family violence and housing vulnerability, action on food security, and a renewed focus on community safety, inclusion and resilience.

We know these challenges are often connected. That's why this Plan brings everything together, looking at the full picture and supporting people, not just symptoms. It recognises that health and wellbeing are shaped by a range of social, economic, environmental and cultural factors, and responds in ways that reflect the complexity of real life.

This Plan has been shaped by the voices of our community. Thousands of people shared their experiences, ideas and priorities to help us build something that truly reflects the depth and diversity of the Peninsula. We're grateful for your input, and it will continue to guide our work.



Council can't do this alone, and lasting change is only possible when we work together with our health providers, community organisations, volunteers and residents who care deeply about making life better for others.

Let's keep working to build a healthier Peninsula with opportunities for everyone to thrive.

**Councillor Anthony Marsh,  
Mayor**

# CEO's Message



Our health and wellbeing is shaped by where we live, the services we can access, and the support we find in our community. As a local government, Council plays a unique role in shaping these conditions, and we take that responsibility seriously.

The Public Health and Wellbeing Plan 2025–29 outlines how we'll work with our partners and community to protect, promote and improve the wellbeing of everyone on the Mornington Peninsula over the next four years.

Many people on the Peninsula enjoy a high quality of life, but not everyone has the same opportunities to live well. This Plan focuses on eight priority areas where we can make the greatest impact:

- Mental health and wellbeing
- Family violence and inequality

- Food systems and food security
- Active living
- Alcohol, other drugs, and gambling harm
- Health and wellbeing impacts of climate change
- Housing and homelessness
- Community safety

We recognise these health and wellbeing challenges don't exist in isolation. For example, someone facing homelessness may also be dealing with mental illness, food insecurity or alcohol harm. That's why this Plan takes an intersectional approach, acknowledging the many interconnected factors that influence people's health and wellbeing.

We're committed to delivering integrated services, programs and policies that respond to these complexities and improve

health outcomes across all priority areas.

This Plan builds on our strong history of working with local partners, service providers, community groups and residents. It's been shaped by data, research, policy advice and most importantly, the voices of our community. Thank you to everyone who shared their time, experiences and insights throughout its development.

Together, we can continue to make a lasting difference to the health and wellbeing of our community.

**Mark Stoermer,**  
CEO

# Our Councillors



Cr. Kate Roper  
Beek Beek Ward



Cr. Max Patton  
Benbenjie Ward



Cr. Anthony Marsh  
Briars Ward



Cr. Patrick Binyon  
Brokil Ward



Cr. David Gill  
Coolart Ward



Cr. Stephen Batty  
Kackeraboite Ward



Cr. Bruce Ranken  
Moorooduc Ward



Cr. Andrea Allen  
Nepean Ward



Cr. Paul Pingiaro  
Tanti Ward



Cr. Cam Williams  
Tootgarook Ward



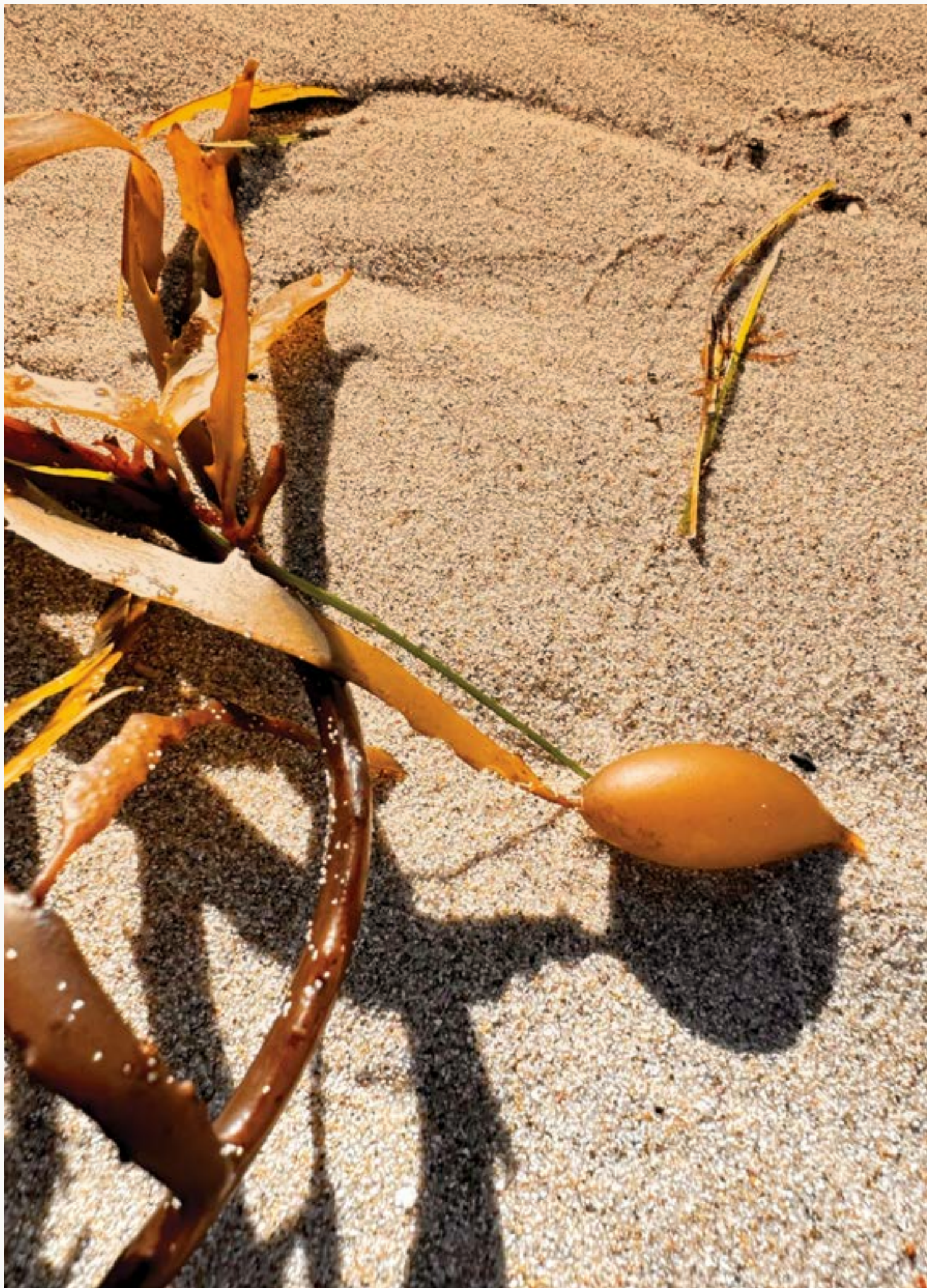
Cr. Michael Stephens  
Warringine Ward

For more information visit:

[mornpen.vic.gov.au/ourcouncillors](https://mornpen.vic.gov.au/ourcouncillors)

# Our Wards







# About the Mornington Peninsula

The Mornington Peninsula is located on the land of the Bunurong people. It sits on the fringe of Melbourne's outer southern suburbs and spans 723 square kilometres, with 192 kilometres of coastline along Port Phillip Bay, Western Port and Bass Strait. The Peninsula is around 70 per cent rural and Green Wedge, with the remaining 30 per cent a mix of urban and commercial areas. There are 40 townships and villages.

The region includes more than 1,735 kilometres of roads, 725 kilometres of footpaths, 342 kilometres of walking trails, and 106 kilometres of cycling trails. The Peninsula has a population of more than 175,000 people, with significant seasonal population increases due to tourism and holidaymakers. Townships span from Mount Eliza to Portsea, and from Baxter and Hastings to Crib Point and Balnarring. Larger population centres such as Mornington, Rosebud, Hastings and Sorrento are complemented by smaller communities such as Flinders, Merricks, Red Hill, Somers, Shoreham, St Andrews Beach and Tuerong.

The Peninsula is known for its distinct coastal villages, sandy beaches, lush parklands, vibrant arts scene and a proud First Nations history, which is reflected in Bunurong cultural heritage and significant sites.

Mornington Peninsula Shire Council is an 'interface Council'—a classification that recognises the community does not yet have full access to many services available in metropolitan Melbourne, often requiring residents to travel outside the municipality for key services.

All data presented in this plan is sourced from our website as of 2025:

[mornpen.vic.gov.au/ourpeninsula](https://mornpen.vic.gov.au/ourpeninsula)

# Community Snapshot



Population of **175,153** (expected to be **192,617** by 2046).



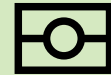
**51.7%** women  
**48.3%** men  
Note: Other classifications of sex and gender were not released at the LGA level in the 2021 ABS Census.



Median age: **48** (11 years older than Australian average)  
**19.8%** aged 0-17  
**34.3%** aged over 60.



Population of retirement age is forecast to increase by **5.3%** between 2021-26.



**1%** identify as Aboriginal and/or Torres Strait Islander with **64%** aged under 35.



**5.4%** identify as LGBTIQ+.



**76.6%** born in Australia.  
**23%** have both parents born overseas.



**6%** from countries where English was not their first language.  
**5.4%** speak a language other than English at home.



**48.8%** have no religion.  
**18.4%** identify as Catholic and **12.6%** as Anglican.



**23%** have a disability.  
**6.2%** require assistance with daily activities.



**93,600** dwellings (forecast to grow to **107,605** by 2046).



Average household size **2.38** persons.  
**86%** live in separate houses.



**29.6%** couples without children.  
**26.2%** couples with children.



**27.4%** lone person households.  
**9.8%** one parent families.



**18%** of households are renting.  
**79.7%** have access to internet at their household.



**36.9%** have no qualification.  
**21.5%** have a Bachelor degree or higher.  
**21.3%** have a vocational trade.



**74,058** are employed.  
**53%** worked full-time and  
**38%** part-time  
**3%** of labour force are unemployed.



**33%** of females over 15 do 15+ hours unpaid domestic work per week.  
**14.4%** provide unpaid care for a person with a disability, chronic illness and/or age-related needs.



Median weekly household income of **\$1,625**.  
**38.4%** spend more than 30% of household income on rent (**14.9%** for mortgage).



**98%** of businesses employ less than 20 people.  
 Top **5** industries: Health care, construction, retail, food services, education/training.



**7.9 million** people visit the region each year. Of these:  
**73%** day trippers.  
**26%** overnights.



**\$1.8 billion** total visitor spend (FY24).  
**4,8884** jobs supported by tourism.



**\$1.3 billion** estimated worth of agriculture, food and beverage sector.



**54.5%** live and work on the Peninsula.  
**38%** travel outside of the area to work.



**58%** travel by car to work.  
**1.9%** walk or cycle to work.



Average of **1.9 cars** per occupied dwelling.  
**82%** of the Peninsula is not serviced by public transport.



There were **2,281** recorded family violence incidents in 2023-24 (1,950 the previous year).  
**34%** of incidents involved a child.



Life expectancy:  
 Women **85.3** years  
 Men **81.2**  
 First Nations women **75.6**  
 First Nations men **71.9**



**15.9%** of children developmentally vulnerable on one or more domains.  
**8%** vulnerable on two or more domains.



**81%** self-reported their health as excellent, very good or good.  
**17.9%** self-reported their health as fair or poor.

# Strategic Overview

## Legislative Context

Every four years, in accordance with the Victorian *Public Health and Wellbeing Act 2008* (the Act), Mornington Peninsula Shire is required to develop a Public Health and Wellbeing Plan (the Plan). The aim of the Plan is to set Council's strategic direction for protecting and promoting the health and wellbeing of the community. The Plan directly aligns to the Victorian Government's Public Health and Wellbeing Plan 2023-27 and is underpinned by community and stakeholder engagement, health and social data analysis as well as evidence-based practice and policy frameworks.

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

- a. creating an environment which supports the health and wellbeing of members of the local community and strengthens the capacity of the community and individuals to achieve better health and wellbeing.
- b. initiating, supporting and managing public health planning processes at the local government level.
- c. developing and implementing public health policies and programs within the municipality.

The Act requires that Councils prepare a Public Health and Wellbeing Plan every four years, within 12 months following a council general election. Section 26(2) states that it must:

- a. include an examination of data about health status and health determinants in the municipal district.
- b. identify goals and strategies based on available evidence for creating a local community in which people can achieve maximum health and wellbeing.

- c. provide for the involvement of people in the local community in the development, implementation and evaluation of the public health and wellbeing plan.
- d. specify how the Council will work in partnership with the Victorian Government Department of Health and other agencies undertaking public health initiatives, projects and programs to accomplish the goals and strategies identified in the public health and wellbeing plan.

Section 26(2)(ba) requires councils to specify (in their municipal public health and wellbeing plan) measures to prevent family violence and respond to the needs of victims of family violence in the local community.

Councils are also required to ensure the Plan meets the legislative requirements, and has regards to the:

- **Local Government Act 2020:** Guided by five primary principles including community engagement, strategic planning, financial management, public transparency and service performance. The principles of community engagement and strategic planning are particularly relevant to council planning and the development of the Plan.
- **Climate Change Act 2017:** Section 17 requires councils to have regard to tackling climate change and its impacts on health when preparing their municipal public health and wellbeing plans.
- **Gender Equality Act 2020:** Applies to organisations ('defined entities'), that have 50 or more employees, including the public sector, universities and local councils.

## Council's Role

Council plays a vital role in protecting and promoting the health and wellbeing of all community members. We help our community have opportunities to live, learn, work, and play in environments that support their health and wellbeing. Our approach is guided by the social model of health, which considers the influence of the broader social, cultural, economic, natural, and built environments we live in.

As the closest level of government to the community, Council is well-placed to understand and respond to the diverse needs and concerns of the local community through various roles:

**D Deliver:** Plan and deliver evidence-based programs, services, and policies, undertake community and stakeholder engagement as well as provide and maintain facilities and infrastructure.

**P Partner:** Work collaboratively with and build the capability of key stakeholders, community groups and individuals to provide and support evidence-informed programs, services, and policies.

**A Advocate:** Advocate for systemic change and increased resourcing to address health and wellbeing challenges and improve the local service sector.

**R Regulate:** Fulfil legislative requirements and ensure effective use of public resources, such as compliance with health standards, enforcement of local laws and management of community infrastructure.



Council invests in and enables improvements to the health and wellbeing of the local community through the delivery of services across environments:

## Social environments

- Child, family and youth services
- Community inclusion programs and policies (e.g. positive ageing, reconciliation, LGBTIQ+, disability)
- Partnering with stakeholders and community
- Research and advocacy on health and social issues
- Citizen engagement and local democracy
- Maintaining and nurturing open spaces
- Managing the impacts of public health emergencies

## Economic environments

- Community grants and sponsorships
- Volunteer recruitment, management and retention
- Supporting local economy, business, and tourism
- Business and employment mentoring and training
- Networking and investment attraction
- Planning and advocacy for local services
- Planning, promoting and delivering local events and festivals
- Local food system

## Physical environments

- Community facilities (e.g. libraries, community houses)
- Recreation facilities (e.g. aquatic centres, sporting clubs)
- Arts and culture facilities (e.g. galleries, gathering places)
- Open space (e.g. reserves, beaches, playgrounds)
- Footpaths, trails, roads and drains
- Maintaining amenity in activity centres and townships
- Street cleaning and waste management
- Street furniture, lighting, and signage
- Environmental health (e.g. food safety, noise pollution)

## Natural environments

- Protecting and enhancing the Green Wedge, bushland reserves and biodiversity
- Protecting cultural heritage and significant sites
- Responding to natural events and emergencies

## Guiding Framework

Our Public Health and Wellbeing Plan 2025–29 builds upon the achievements and learnings from the previous integrated Council and Wellbeing Plan 2021–25.

The Plan has been developed in alignment with local, regional, state, national and international policy directions and datasets. It is underpinned by a set of guiding principles and makes considerations for equity across the lifespan and among priority

population groups. A priority population group refers to a specific group of people who are identified as needing targeted interventions or services due to particular characteristics, such as their health status, social, economic, or environmental conditions, or other factors that make them more vulnerable or disadvantaged. These groups often face barriers to accessing resources or services, which can lead to health disparities or social inequalities.

### Our Community Vision Council Plan 2025–29 Public Health and Wellbeing Plan 2025–29

#### Aligned Council Plans and Policies:

- Gender Equality Strategy
- We All Belong Strategy
- Triple A Housing Plan
- Reconciliation Action Plan
- Our Library Strategy
- Arts and Culture Plan
- Economic Development and Tourism Strategy
- Pedestrian Access Strategy
- Community Facilities Infrastructure Strategy
- Towards Zero Road Safety Strategy
- Open Space Strategy
- Biodiversity Plan
- Food Economy and Agroecology Strategy
- Community Garden Policy
- Food Safety Policy
- Playspace Strategy
- Sustainable Transport Strategy
- Municipal Emergency Management Plan
- Universal Design Policy
- Alcohol Harm Prevention Policy
- Gambling Harm Prevention Policy
- Affordable Housing Policy
- Community Investment Funding Policy
- Volunteer Management Policy
- Sports Club Management Policy
- Fair Access Action Plan
- Water Safety Framework
- Smoke Free Environment Policy.

## Guiding Legislation and Policy

### Victorian legislation

- Public Health and Wellbeing Act 2008
- Local Government Act 2020
- Gender Equality Act 2020
- Climate Change Act 2017
- Charter of Human Rights and Responsibilities Act (2006)
- Disability Discrimination Act 2006

### National policy frameworks

- National Preventative Health Strategy 2021–30
- Australia’s Long Term National Health Plan
- National Suicide Prevention Strategy 2025–35
- National Obesity Strategy 2022–2032
- National Alcohol Strategy 2019–28
- National Climate and Health Strategy 2023
- National Plan to End Violence against Women and Children 2022–32

### State policy frameworks

- Victorian Public Health and Wellbeing Plan 2023–27
- Korin Korin Balit-Djak – Aboriginal Health, Wellbeing and Safety Plan 2017–27
- Victoria’s 10-year Mental Health Plan 2015–25
- Our Equal State: Victoria’s Gender Equality Strategy 2023–27
- Healthy Kids Healthy Futures Action Plan 2021–25
- Victoria’s Family Violence Diversity and Intersectionality Framework
- Plan for Victoria 2025

### Regional policy frameworks

- South East Public Health Unit (SEPHU) Population Health Catchment Plan 2023–28
- Peninsula Health Integrated Health Promotion Plan 2025–29
- Women’s Health in the South East (WHISE) Promoting Respect and Equity Together Strategy 2021–25
- WHISE Good Health Down South Strategy 2021–25

## Victorian Public Health and Wellbeing Plan 2023–27 – Priority Areas

- Improving sexual and reproductive health
- Reducing harm from tobacco and e-cigarette use
- Improving wellbeing
- Increasing healthy eating
- Increasing active living
- Reducing harm from alcohol and drug use
- Tackling climate change and its impact on health (mandatory for Councils to address)
- Decreasing all forms of violence (mandatory for Councils to address)
- Reducing antimicrobial resistance across animal and human health
- Reducing injury

## Guiding Principles

1. **Determinants of Health** – health and wellbeing is influenced by the conditions and environments in which we are born, grow, live, work and age. Council commits to protecting and promoting the social and commercial determinants of health including housing, education, employment, transport, food security, support networks and civic trust.
  2. **Prevention** – the importance of working collaboratively with key partners to stop health and wellbeing challenges before they occur. Council commits to adopting a systems approach that aims to address the root causes or drivers of health inequities.
  3. **Intersectionality** – people have many interconnected and overlapping parts that define their identity, such as age, cultural background, disability, gender, and sexual identity which can lead to overlapping forms of discrimination (Victoria’s Family Violence Diversity and Intersectionality Framework).
  4. **Equity** – not all people have the same opportunities for good health and wellbeing, especially for those in our community who are most vulnerable. Women and gender diverse people, people with disability and First Nations, multicultural and LGBTIQ+ people often experience inequitable access to resources, power, and opportunities.
- Council commits to undertaking Equity Impact Assessments on all new and revised policies, programs and services that have a direct and significant impact on community to consider the different needs of men, women, and gender diverse people across the life span and population groups, as required under the Gender Equality Act 2020.
  - Council commits to removing or minimising barriers to participation by ensuring that Council services, facilities and infrastructure are universally designed.
5. **Self Determination** – there is an important connection between healthy Country and healthy people. Council commits to working with our First Nations community to better understand First Nations’ ways of knowing, being and doing to ensure our services are delivered in a meaningful, accessible, and culturally safe way.
  6. **Child Safety** – the Victorian Child Safe Standards are underpinned by an understanding that all children and young people are vulnerable, and that child safeguarding is everyone’s responsibility. Council commits to ensuring all children and young people feel safe, welcome, and included in services and empowered to achieve their dreams and aspirations.

## Equity – Across Communities

First Nations      Multicultural      People with disability      LGBTIQ+      Economically and socially vulnerable

## Equity – Across the Lifespan

Children      Young People      Adults and Families      Older People



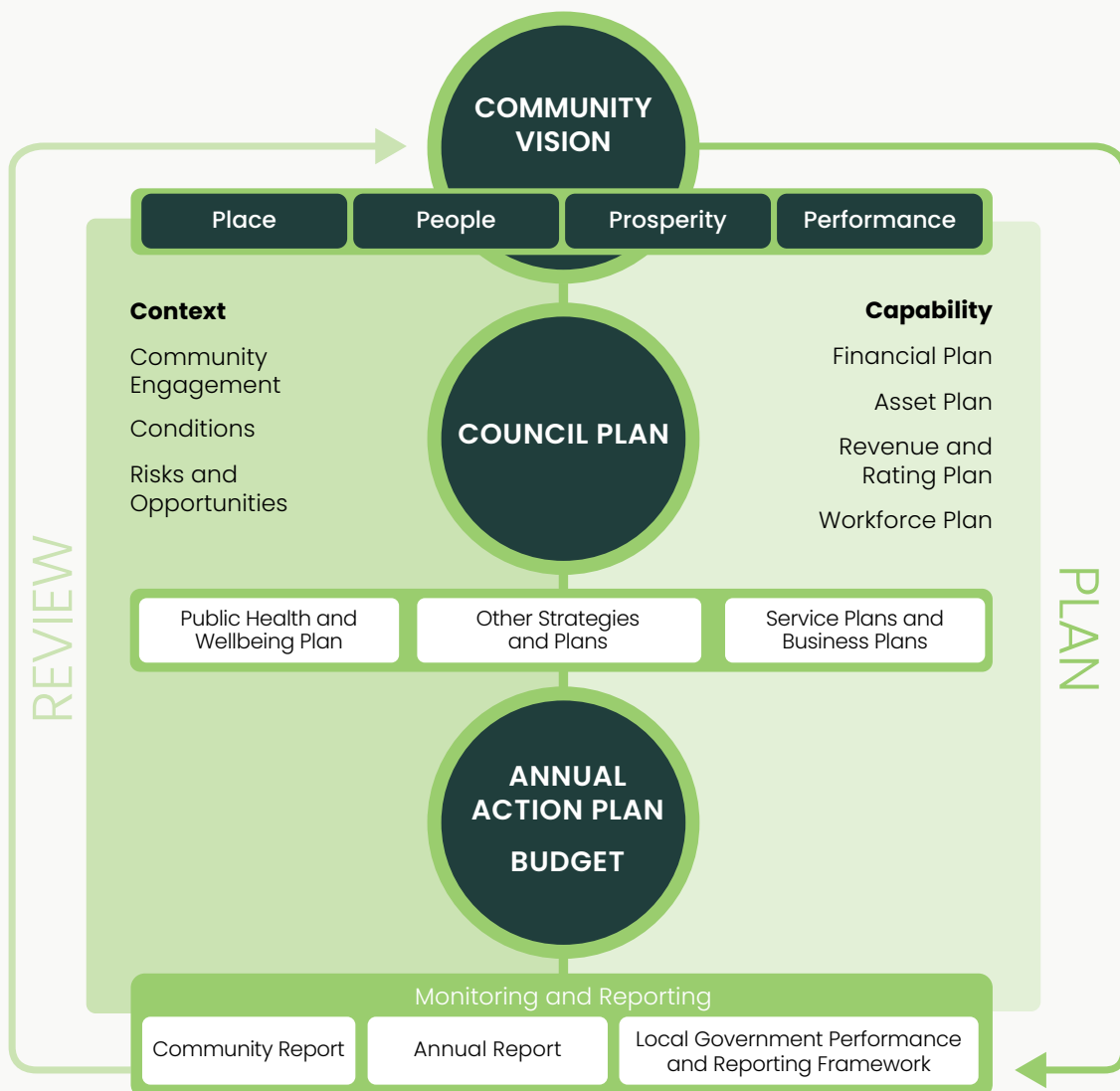
# Integrated Strategic Planning and Reporting Framework

It is a requirement of the *Local Government Act 2020* that 'strategic planning must address the Community Vision' and that Councils must adopt 'an integrated approach to planning, monitoring and performance reporting'.

Our Integrated Strategic Planning and Reporting Framework helps ensure our planning is centred

on achieving the Community Vision, and that our progress is regularly monitored and reported back to community.

The Public Health and Wellbeing Plan is a key Council plan that helps meet our legislative obligations and deliver on the Council Plan and Community Vision.







# Our Community Vision

Welcome (Wominjeka).

We celebrate, protect and enhance our unique blend of coast, hinterland, green wedge and heritage - fostering our diverse culture and connected villages, townships and community.

We are committed to supporting community groups, sustainable and balanced growth, a vibrant local economy, fit-for-purpose infrastructure, and ensuring a prosperous, safe, accessible, and inclusive future for all.

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Our Community Vision can be themed into the following groupings, forming Council's priority areas.

## Place

Celebrate, protect and enhance our unique blend of coast, hinterland, green wedge and connected villages and townships.

## People

A safe, accessible, inclusive and engaged community that fosters our diverse culture, supporting health and wellbeing and a connected and compassionate society for all.

## Prosperity

Enabling balanced growth through innovation, empowering community groups and volunteers, and fostering a resilient, thriving and vibrant local economy.

## Performance

A transparent, accountable council delivering measurable, community-centred services that are cost-effective, fit-for-purpose, future-proofed, and responsive to community needs.

# Council Plan

The Council Plan sets our strategic direction for the next four years. It is made up of several parts, including strategic objectives and strategies, that together show how we will deliver on our shared Community Vision.

## Place – Strategic Direction 1

Strategic Objective 1.1:  
Protected, resilient and enhanced natural environments.

Strategic Objective 1.2:  
Connected townships with integrated and accessible transport and well-maintained infrastructure.

## People – Strategic Direction 2

Strategic Objective 2.1:  
A safe, accessible, inclusive and healthy community.

Strategic Objective 2.2:  
An engaged and connected community.

## Prosperity – Strategic Direction 3

Strategic Objective 3.1:  
A vibrant, innovative and thriving local economy.

Strategic Objective 3.2:  
Valued partnerships and empowered community groups and volunteers.

## Performance – Strategic Direction 4

Strategic Objective 4.1:  
A financially sustainable, high-performing and well-governed Council.

Strategic Objective 4.2:  
Community-centred, responsive, and fit-for-purpose services.

To read our Council Plan, visit:

[mornpen.vic.gov.au/councilplan](http://mornpen.vic.gov.au/councilplan)



# Public Health and Wellbeing Plan Overview

<p><b>Priority Area 1:</b> Mental health and wellbeing</p>	<p>Mornington Peninsula is a place where all community members can achieve optimal mental health and wellbeing and social connection through all stages of life.</p>	<p><b>Guiding Principles</b></p> <ul style="list-style-type: none"> <li>Determinants of health</li> <li>Prevention</li> <li>Intersectionality</li> <li>Equity</li> <li>Self determination</li> <li>Child safety</li> </ul> <p><b>Council's Roles</b></p> <ul style="list-style-type: none"> <li><b>D</b> Deliver</li> <li><b>P</b> Partner</li> <li><b>A</b> Advocate</li> <li><b>R</b> Regulate</li> </ul>
<p><b>Priority Area 2:</b> Family violence and inequality</p>	<p>Mornington Peninsula is a welcoming and inclusive place where all community members are free from violence and inequality and where diversity is embraced.</p>	
<p><b>Priority Area 3:</b> Food systems and food security</p>	<p>Mornington Peninsula is a place where all community members have equitable access to nutritious, available, safe, reliable and affordable food.</p>	
<p><b>Priority Area 4:</b> Active living</p>	<p>Mornington Peninsula is a place where community members have equitable and inclusive opportunities to be physically active, participate in organised and social sport and recreation and travel actively.</p>	
<p><b>Priority Area 5:</b> Alcohol, other drugs, and gambling harm</p>	<p>Mornington Peninsula is a place where community members are safe from the harmful impacts of alcohol, other drugs, and gambling.</p>	
<p><b>Priority Area 6:</b> Health and wellbeing impacts of climate change</p>	<p>Mornington Peninsula is a place where community is prepared, supported, and resilient to the health and wellbeing impacts of climate change.</p>	
<p><b>Priority Area 7:</b> Housing and homelessness</p>	<p>Mornington Peninsula is a place where everyone has a home that meets their needs and enables them to participate meaningfully in community life.</p>	
<p><b>Priority Area 8:</b> Community safety</p>	<p>Mornington Peninsula is a place where all community members feel safe, secure, connected, and supported.</p>	
<p><b>Equity across communities:</b> First Nations, multicultural, people with disability, LGBTIQ+, economically and socially vulnerable.</p> <p><b>Equity across the lifespan:</b> Children, young people, adults and families, older people.</p>		

## Development of the Plan

Our Public Health and Wellbeing Plan 2025–29 has been shaped through meaningful community and stakeholder engagement, robust data analysis, and consideration for regional, state, and federal policy directions. Together, these inputs guided the development of the Plan’s key priority areas, goals, objectives, strategies, and indicators.

### Data Analysis

To inform the development of this Plan, we compiled a Mornington Peninsula Health and Wellbeing Data Profile, available on our website. The Profile provides insights into how our community is tracking across key health and wellbeing indicators compared to all Victorians.

The Profile draws on secondary data from credible sources, including the Victorian Population Health Survey 2022 and the Australian Bureau of Statistics Census 2021. We also analysed previous community engagement data and local research datasets, bringing together information from all levels of government to inform a strong evidence base.

### Community and Stakeholder Engagement

From February to March 2025, we delivered the Our Peninsula, Our Future community engagement project to inform the development of the Council Plan, Public Health and Wellbeing Plan, Financial Plan and Asset Plan.

Findings from this engagement, including data disaggregated by gender and other attributes, are detailed in the Community Engagement Findings Report, available on our website.

More than 3,000 community members and stakeholders helped to identify current and emerging health and wellbeing challenges impacting the Mornington Peninsula community and opportunities for collaborative and coordinated action. Data obtained through this project has been reflected under each priority area of this Plan.

We connected with people in a range of ways to ensure a broad and diverse mix of voices were heard:

- 39 attendees representing 19 local and regional organisations attended the Health and Wellbeing Stakeholder Forum, delivered in partnership with Frankston City Council.
- 1,569 responses to our online survey.
- 930 conversations at our 18 pop-up locations.
- 262 postcards completed by primary school aged children.
- 44 children took part in kindergarten group activities.
- 70 responses to our youth survey (12–17 years).
- 3 in-person Community Conversations as part of our deliberative engagement.

The draft Municipal Public Health and Wellbeing Plan was presented for public exhibition for a 6-week period prior to adoption.

### Equity Impact Assessments

In line with the *Gender Equality Act 2020*, we undertook Equity Impact Assessments (including Gender Impact Assessments) on our Community Vision, community engagement approach, as well as the draft Public Health and Wellbeing Plan and Council Plan. These assessments evaluated how the Plans may affect our community based on their gender (women, men and gender-diverse people) as well as other attributes such as age, disability, cultural background, and sexual and gender identities. This process ensures the Plans are inclusive and equitable and addresses potential negative impacts.

## How to read the Plan

The Plan is grouped into eight key priority areas:

1. Mental health and wellbeing.
2. Family violence and inequality.
3. Food systems and food security.
4. Active living.
5. Alcohol, other drugs, and gambling harm.
6. Health and wellbeing impacts of climate change.
7. Housing and homelessness.
8. Community safety.

While these health and wellbeing challenges have been separated into priority areas, there is significant interconnection between them. For example, community members experiencing homelessness, may also be experiencing mental illness, alcohol harm and food insecurity. As such, services, programs, and policies that aim to address one priority area will have co-benefits for other priority areas.

To enact Council's commitment to these priority areas, the Plan outlines the following elements:

- **Goals:** Values-based outcomes that Council aspires to achieve.
- **Objectives:** Broad approaches to support achievement of each goal.
- **Strategies:** Detailed approaches to support achievement of each objective.
- **Impact indicators:** Demonstrate progress in achieving objectives. These are typically short- to medium-term impacts that Council can directly measure using local data sources.
- **Outcome indicators:** Demonstrate progress in achieving goals. These are typically longer-term outcomes that Council works towards within a broader health and social system. They are measured through regional, statewide, and national data sources.



More than 3,000 community members and stakeholders helped to identify current and emerging health and wellbeing challenges.

# Priority Area 1:



# Mental health and wellbeing

Having good mental health supports people to fully live their lives, cope with life’s stresses, work productively, and contribute to their communities. Being socially connected and having a strong sense of belonging enables lower rates of mental illness, higher self-esteem, reduced loneliness, greater empathy, trusting and cooperative relationships, and strengthened social cohesion. A more connected community also leads to greater community resilience in times of hardship and disaster.

In 2021, the Royal Commission into Victoria’s Mental Health System was released, outlining a comprehensive vision for reforming the mental health and suicide prevention system. Mental wellbeing and socially engaged communities are prioritised in the Victorian Public Health and Wellbeing Plan 2023–2027, in the Victorian Mental Health and Wellbeing Outcomes and Performance Framework, and in Australia’s Long Term National Health Plan.

Mental health conditions are one of the top five causes of burden of disease and death in Australia. They refer to a range of disorders that affect a person’s mood, thinking, behaviour, and emotional wellbeing, such as depression, anxiety disorders,

personality disorders and eating disorders. These conditions can impact how a person feels, interacts with others, and functions in daily life and can be caused by a combination of genetic, biological, environmental, and psychological factors.

Compared to the general population, people with mental illnesses are more likely to develop physical illnesses such as cardiovascular disease, respiratory disease, and cancer; and to have a reduced life expectancy. Mornington Peninsula Shire recorded a total of 113 suicide deaths from 2019 to 2023. Rates of suicide, suicidal ideation and suicide attempts are more prevalent amongst young people, older people, First Nations people, LGBTIQ+ people and people with disability.

Often stigmatised, mental health conditions are interconnected with other health and wellbeing challenges, such as alcohol, drug, tobacco/vaping and gambling harm, unhealthy eating, physical inactivity, family violence, ageism, Elder abuse and homelessness. As such, prevention efforts that focus on social connection and belonging enable protective factors for mental health and have co-benefits for health and wellbeing priority areas.

Data on Mornington Peninsula adults (18+ years)	Mornington Peninsula	Victoria
Have sought professional assistance for a mental health problem in the last 12 months.	15.2%	19%
Are experiencing loneliness.	20.3%	23.3%
Have a mental health condition (including depression and anxiety).	9.8%	8.8%
Have a high level of life satisfaction.	79.4%	76.7%

Sources: ABS Census, 2021; Victorian Population Health Survey, 2023.

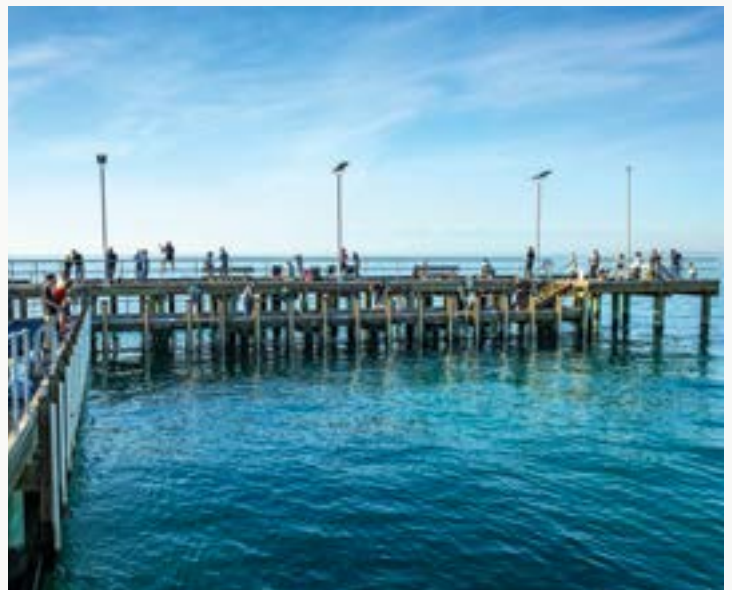
Data on Mornington Peninsula children (9–12 years) and young people (12–18 years)	Girls	Boys	Young women	Young men
Feel nervous, anxious or on edge	69%	78%	56%	77%
Feel socially excluded	19%	13%	14%	10%
Have high or very high life satisfaction	86%	86%	77%	85%
Give their time to help others	82%	76%	73%	62%

Source: Living Ripples Student Resilience Survey, 2024.

### Snapshot of what our community told us:

- Children (5–12 years): 24% consider feeling happy in their minds a top three priority.
- Young People (12–18 years): Ratings of top 3 challenges:
  - 61% rated good mental health.
  - 51% rated strong social connection.
  - 43% rated access to health services.
- Adults (18+ years):
  - 50% feel some sense of belonging to their local community.
  - 47% rated mental health and social connection as a top three challenge.
  - 43% rated access to health services as a top three challenge.
- Older People (60+ years): Ratings of top three challenges:
  - 45% rated access to health services.
  - 43% rated mental health and social connection.
- Service Providers: 19.3% of local health and social service providers rated improving mental wellbeing as a high priority.

Sources: Health and Wellbeing Stakeholder Forum 2025 Report and Community Engagement.



**Mornington Peninsula is a place where all community members can achieve optimal mental wellbeing and social connection through all stages of life.**

Alignment to Council Plan:  
 Place: Strategic Objectives 1.1 and 1.2  
 People: Strategic Objectives 2.1 and 2.2  
 Prosperity: Strategic Objective 3.2

Key Plans/Policies: We All Belong Strategy; Reconciliation Action Plan; Our Library Strategy; Arts and Culture Strategy; Community Facilities Infrastructure Strategy; Sports Club Management Policy; Fair Access Action Plan; Community Investment Funding Policy; Volunteer Management Policy; Universal Design Policy.

**Strategic Objective 1.1:  
 Deliver services, programs and policies that enable social connection and social support across the lifespan.**

Strategies:

- 1.1.1 Deliver child family health and early years services and programs that enable strong early childhood development. **D P**
- 1.1.2 Deliver youth services and programs that enable strong adolescent development. **D P**
- 1.1.3 Deliver positive ageing programs and policies that address issues affecting older people that encourage social connection and decrease loneliness. **D P**
- 1.1.4 Deliver programs, facilities, services, and events that promote social connection. **D P**
- 1.1.5 Support and facilitate intergenerational programs and community-led initiatives. **D P**

**Strategic Objective 1.2:  
 Facilitate and support initiatives aimed at strengthening neighbourhoods and building community capacity.**

Strategies:

- 1.2.1 Increase, support, recognise, and celebrate volunteerism. **D P**
- 1.2.2 Implement the Shire's Community Investment Funding Program, including grants for place-making and social inclusion projects. **D P**
- 1.2.3 Deliver programs that promote social connection in inclusive and welcoming Council facilities and open spaces (e.g. Mornington Peninsula Regional Gallery, community houses, youth hubs, libraries, recreation centres, parks and reserves). **D P**
- 1.2.4 Support and facilitate arts and culture initiatives in partnership with community arts organisations, artists and arts professionals. **D P**
- 1.2.5 Undertake local area community infrastructure planning to ensure facilities are meeting community need. **D P A**

Partners:

- Lifeline
- Beyond Blue
- VicHealth
- Mental Health Victoria
- State Government
- Federal Government
- Peninsula Health
- Headspace
- Women's Health in the South East
- South Eastern Melbourne Primary Health Network
- Mental Health and Wellbeing Local
- Wellways
- Mental Health First Aid Australia
- Chasing Change
- Peninsula Voice
- Roses in the Ocean
- Kindred Clubhouse
- Hope Assistance Local Tradies
- Blue Tree Project

Council's Role: **D** Deliver **P** Partner **A** Advocate **R** Regulate

**Strategic Objective 1.3:  
Build community awareness and understanding of mental health and contributing factors such as loneliness and social isolation.**

Strategies:

- 1.3.1 Deliver prevention and early intervention mental health and wellbeing programs in education, workplace, and community settings. **D P**
- 1.3.2 Better understand the impacts of social isolation and loneliness on community members. **D P**

**Strategic Objective 1.4:  
Contribute to the prevention of suicide deaths, suicidal ideation, and suicidal attempt rates.**

Strategies:

- 1.4.1 Support and facilitate suicide prevention initiatives, networks, and events. **D P**
- 1.4.2 Support the delivery of suicide postvention protocol to support community members impacted by suicide. **D P**

**Strategic Objective 1.5:  
Plan and advocate for local and affordable health and social services across the municipality.**

Strategies:

- 1.5.1 Identify and better understand local health service gaps to inform advocacy efforts, to ensure access to and availability of mental health services. **D P A**
- 1.5.2 Undertake community infrastructure planning to ensure facilities are meeting community need. **D P A**
- 1.5.3 Work in partnership with local services to advocate for appropriate and local health services and a strong health workforce. **D P A**

**Strategic Objective 1.6:  
Monitor and respond to key indicators of social, emotional and mental wellbeing of children and young people through the provision of strength-based, person-centred programs and services.**

Strategy:

- 1.6.1 Deliver and promote programs that enrich personal, social and community connections to enhance resilience and wellbeing. **D P**

Council's Role: **D** Deliver **P** Partner **A** Advocate **R** Regulate

### Impact Indicators (Local level and shorter-term)

- Access to and participation in child and family health, early years, and youth services.
- Participation in social connection programs, training and events.
- Proportion of people with access to social support and services.
- Proportion of people who belong to a formal or informal club or community group.
- Participation in volunteering.
- Efficient delivery of community grants.
- Community awareness and understanding of mental wellbeing.
- Delivery of local area Infrastructure Action Plans.
- Effectiveness of local partnerships with community networks, mental health promotion and mental health service providers.
- Number of First Time Parent Groups sessions delivered and participation rates.
- Number of Supported Playgroup programs delivered, and participation rates.
- Number of Story Time sessions hosted at libraries and participation rates.
- Number of Youth programs and participation rates.

### Outcome Indicators (Broader system level and longer-term)

- Self-rated mental wellbeing.
- Proportion of people who feel loneliness.
- Rates of seeking professional help for a mental health problem.
- Rates of suicide and/or self-harm.
- Proportion of people who feel a strong sense of belonging to a community.
- Proportion of people who have enough people they feel comfortable asking for help at any time.
- Proportion of health and social services available.
- Proportion of mental health services available.
- Proportion of people with access to community facilities in their local area.

# Priority Area 2:

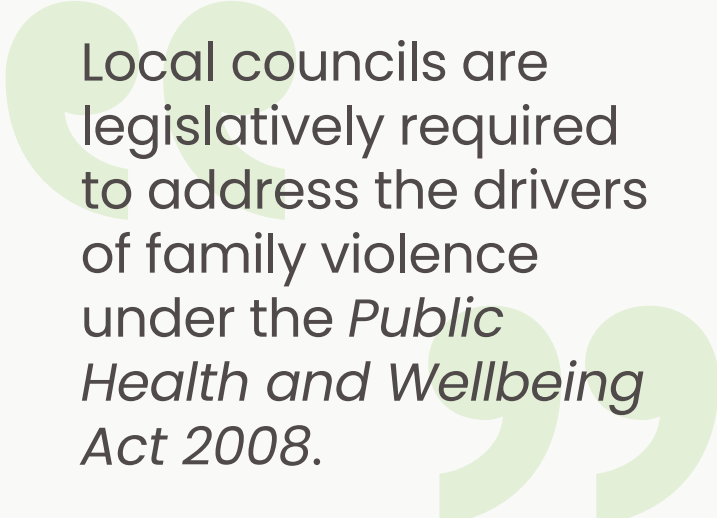


# Family violence and inequality

All community members have the right to live safely, feel valued and respected, and be free from all forms of violence and inequality. Violence against women and their children is recognised as a serious and widespread problem in Australia, with enormous individual and community impacts and social costs. This is a significant social problem that is also ultimately preventable. The key determinant of violence against women and their children is the persisting inequities and the unequal distribution of power between men and women. Some population groups disproportionately experience violence, compared to the general population. Women aged 18 years and over with disability are more likely to have recent experiences of violence, abuse and harassment than women without disability. First Nations women, migrant and refugee women, and LGBTIQ+ community members also experience violence at a disproportionate higher rate than non-First Nations women. Elder abuse is any act which causes harm to an older person and is often carried out by someone they know and trust, such as a family member or friend. The abuse may be physical, social, financial, psychological, or sexual and can include mistreatment and neglect.

Local councils are legislatively required to address the drivers of family violence under the *Public Health and Wellbeing Act 2008* and the *Gender Equality Act 2020*. The Royal Commission into Family Violence in 2015 led to the passing of the *Victorian Gender Equality Act 2020* that aims to promote gender equality in policies, programs, and services across the community, addressing systemic causes of inequality and promoting the rights to equality.

Experiences of discrimination have a direct impact on health and wellbeing as well as community cohesion. The unfair or unequal treatment of individuals or groups based on characteristics such as race, gender, age, religion, disability, or sexual orientation can occur in various settings, such as the workplace, education, housing, and social interactions. To prevent discrimination, it is important to consider 'intersectionality' – the many inter-connected parts of a person's identity that can result in overlapping forms of discrimination and marginalisation (*Victorian Government Family Violence, Diversity and Intersectionality Framework 2019*).



Local councils are legislatively required to address the drivers of family violence under the *Public Health and Wellbeing Act 2008*.

# Priority Area 2: Family violence and inequality

Data on Mornington Peninsula adults (18+ years)	Mornington Peninsula	Victoria
Number of police-recorded family violence incidents 2023-24.	2,281	NA
Increase in police-recorded family violence rates percentage since year before 22/23 – 23/24.	24.6%	1.5%
Proportion of affected family members that were women.	74%	NA
Have experienced discrimination.	13.1%	15.8%

Sources: Crime Statistic Agency, 2025; Women’s Health Atlas, 2022; VicHealth Indicators Survey, 2015; Traffic Accident Commission, 2024.

Data on Mornington Peninsula children (9-12 years) and young people (12-18 years)	Girls	Boys	Young women	Young men
Get along with people who are different to them	79%	75%	76%	74%

Source: Living Ripples Student Resilience Survey, 2024.



Mornington Peninsula is a welcoming and inclusive place where all community members are free from violence and inequality and where diversity is embraced.

Alignment to Council Plan:  
Place: Strategic Objective 1.2  
People: Strategic Objectives 2.1 and 2.2

Key Plans/Policies: Gender Equality Strategy; Fair Access Action Plan; We All Belong Strategy; Towards Zero Road Safety Strategy; Water Safety Framework; Open Space Strategy, Universal Design Policy.

**Strategic Objective 2.1:  
Prevent the gendered drivers of violence against women and their children.**

Strategies:

- 2.1.1 Implement and support evidence-based family violence prevention and gender equality initiatives and events. **D P**
- 2.1.2 Support and participate in relevant stakeholder and community-led family violence and gender equality networks and initiatives. **D P**
- 2.1.3 Deliver training for Shire staff, stakeholders, and community members on promoting gender equality and family violence prevention. **D P**
- 2.1.4 Ensure Council buildings and facilities are designed and upgraded to enable equal access for women, men, and gender diverse people. **D A**
- 2.1.5 Support sport and recreation settings to encourage women's and girls' participation and challenge harmful gender stereotypes. **D P A**
- 2.1.6 Work with arts and culture settings to support the delivery of events and initiatives that enable representation and participation of women. **D P A R**
- 2.1.7 Use media and social media platforms to celebrate the achievements and contributions of women. **D P A**
- 2.1.8 Deliver and advocate for services that actively support those impacted by family violence, including Child and Family Health and Youth Services. **D P A**
- 2.1.9 Deliver and advocate for elder abuse awareness and prevention initiatives and training. **D P A**

Partners:

- State Government
- Federal Government
- Gender Equality Commission
- Victoria Police
- VicHealth
- MAV
- Gender Equity Victoria
- Respect Victoria
- Geographic Victoria
- Sport and Recreation Victoria
- Office for Women in Sport and Recreation
- Women's Health in the South East
- Bayside Peninsula Integrated Family Violence Partnership
- Good Shepherd
- Family Life
- Orange Door
- Peninsula Health
- Peninsula Community Legal Centre
- Frankston City Council
- Family Violence Victim Survivor Advocates

Council's Role: **D** Deliver **P** Partner **A** Advocate **R** Regulate

**Strategic Objective 2.2:  
Address discrimination by enabling support for diversity, inclusion and ageism.**

- 2.2.1 Engage meaningfully with First Nations, multicultural, disability groups and LGBTIQ+ communities to deliver advocacy and support for services, programs, and partnerships, based on mutual trust, respect and self-determination. **D P A**
- 2.2.2 Prioritise opportunities for community to share and protect cultural heritage, beliefs, traditions, and stories. **D P**
- 2.2.3 Participate in and promote local, regional, statewide and national networks, events and campaigns promoting diversity and addressing all forms of discrimination. **D P**
- 2.2.4 Convene and facilitate committees, networks and collaboratives aimed at empowering and elevating the voices of diverse community members across the lifespan (e.g. Youth Advisory Committee, Peninsula Advisory Committee for Elders, Disability Advisory Committee, LGBTIQ+ Collaborative). **D P A**
- 2.2.5 Support strategies and undertake community advocacy to reduce ageism in the community.

**Impact Indicators  
(Local level and shorter-term)**

- Effectiveness of local family violence prevention partnerships.
- Community commitment to understanding and addressing the gendered drivers of family violence.
- Participation in networks, committees, and collaboratives.

**Outcome Indicators  
(Broader system level and longer-term)**

- Number of reported family violence offences
- Attitudes towards violence against women.
- Proportion of people who have experienced discrimination.

Council's Role: **D** Deliver **P** Partner **A** Advocate **R** Regulate

# Priority Area 3:



# Food systems and food security

A sustainable food system enables food security and nutrition for all without compromising the economic, social, and environmental outcomes for future generations. This means that it can achieve economic sustainability through profitability; social sustainability through benefits for community health and wellbeing; and environmental sustainability through positive or neutral impacts on the natural environment.

Having access to sufficient, safe, and nutritious food that meets dietary needs and preferences is strongly linked with good health and wellbeing. Food security is influenced by food availability; access (through purchase, production, or assistance); utilisation (cooking techniques, adequate storage, and safe food handling); and stability (access to food over time, including in times of crisis).

Being able to grow and prepare healthy, nourishing, and affordable meals creates opportunities for home- or community-based food production that not only benefits individual health and wellbeing. It also benefits natural and economic environments, including shelter for homes, habitats for animals, water saving, waste reduction, reduced cost of groceries and reduced emissions by decreasing food processing packaging, transport and distribution. Circular economy principles including using food waste at home in compost (to help grow more food) is cheaper, lowers emissions and is healthier for the community.

Historically, food and other health policy has been based on weight-centred principles. Diet culture and an objectifying body culture can lead to experiences of confusion and distress about nutrition, weight and body shape. Focusing solely on weight and weight loss can lead to weight stigma, poor body image, exercise avoidance, avoiding healthcare appointments and preventative screenings, unhealthy dieting and eating behaviours as well as mental health issues including eating disorders and alcohol and drug harm.

Considering health and wellbeing more holistically and focusing on size inclusivity encourages people to appreciate their bodies primarily for what they can do, their functionality and their health. Size inclusive approaches involve creating environments where people with bodies of all shapes and sizes can thrive, and where health enhancing behaviours are nurtured through self-acceptance, care, and compassion.



...food consumption and production affecting health and environmental sustainability.

# Priority Area 3: Food systems and food security

Data on Mornington Peninsula adults (18+ years)	Mornington Peninsula	Victoria
Experienced food insecurity, reporting they ran out of food and couldn't afford to buy more.	NA	7.6%
Prevalence of food insecurity with hunger.	5%	3.6%
Proportion of adults who worried about food insecurity with hunger.	13.8%	12.5%
Did not meet the daily fruit and vegetable consumption guidelines.	96%	96.5%
Consumed sugar-sweetened beverages every day.	14%	19%
Percentage of households located within 1km of a supermarket.	24.4%	NA

Source: Victorian Agency for Health Information, 2021; Victorian Population Health Survey, 2023; Australian Urban Observatory, 2024..

Data on Mornington Peninsula children (9-12 years) and young people (12-18 years)	Girls	Boys	Young women	Young men
Eat healthy food	86%	82%	80%	89%
Poor appetite, weight loss or overeating	18%	14%	31%	16%

Source: Living Ripples Student Resilience Survey, 2024.

## Snapshot of what our community told us:

- Children (5-12 years): 54% rated having healthy food to eat as a top three priority.
- Young People (12-18 years): 41% rated being able to buy and eat healthy food as a top three challenge.
- Adults (18+ years): 40% rated being able to access affordable, healthy food as a top three challenge.
- Older People (60+ years): 31% rated being able to access affordable, healthy food as a top three challenge.
- Service Providers: 12.1% of local health and social service providers rated healthy eating as a high priority.

Sources: Health and Wellbeing Stakeholder Forum Report 2025 and Community Engagement Findings Report 2025.

**Mornington Peninsula is a place where all community members have equitable access to nutritious, available, safe, affordable and appropriate food.**

Alignment to Council Plan:  
 Place: Strategic Objectives 1.1 and 1.2  
 People: Strategic Objectives 2.1 and 2.2  
 Prosperity: Strategic Objective 3.2

Key Plans/Policies: Food Economy and Agroecology Strategy; Healthy Food and Drink Policy; Community Garden Policy.

**Strategic Objective 3.1:  
 Enhance the local food system to increase access and availability of nutritious, locally produced food.**

Strategies:

- 3.1.1 Participate in The Community Plate collective impact initiative aimed at improving food systems across the region. **D P A**
- 3.1.2 Support whole-of-setting approaches to providing healthy food and drink options (e.g. workplaces, sports clubs, schools). **D P**
- 3.1.3 Implement the Shire’s Best Bites program aimed at supporting local food vendors to provide safe and healthy food; accessible and safe premises; and to use environmentally sustainable business practices. **D P**
- 3.1.4 Incorporate requirement for nutritious, sustainable, and locally sourced food options in sport, recreation, and aquatic contracts. **D P A**
- 3.1.5 Advocate for recycled water access for food production for agricultural regions. **D P A**
- 3.1.6 Incorporate requirements for nutritious, sustainable, and locally sourced food and drink options in Council managed meetings, programs, events and Council facilities. **D**
- 3.1.7 Partner with the Food Economy and Agroecology Taskforce to implement the Shires Food Economy and Agroecology Strategy to encourage a thriving and resilient local agrifood sector.
- 3.1.8 Partner with local Indigenous organisations to provide opportunities for Indigenous people to grow and harvest culturally appropriate foods. **P**
- 3.1.9 Advocate for measures to increase the resilience of food supply chains to shocks and stresses. **A**

Partners:

- VicHealth
- State Government
- Peninsula Health
- Frankston City Council
- Deakin University
- Monash University
- National Nutrition Foundation
- Sustainability Victoria
- My Smart Garden
- Sustain
- Community Support Centres
- Food Economy and Agroecology Taskforce
- Community gardens
- Cafes and restaurants
- Farm gates
- Willum Warrain

Council’s Role: **D** Deliver **P** Partner **A** Advocate **R** Regulate

**Strategic Objective 3.2:  
Promote and support opportunities for home- and community-based food production.**

Strategies:

- 3.2.1 Deliver programs, training and events aimed at encouraging community to grow their own food, use water wisely and reduce waste (e.g. My Smart Garden). **D P**
- 3.2.2 Support development and sustainability of community gardens and urban agriculture initiatives. **D P**
- 3.2.3 Encourage and support community members to grow and share their own fresh food. **D P**
- 3.2.4 Promote composting through rebates and education to assist in food production at home. **D P**

**Strategic Objective 3.3:  
Support and deliver services that aim to protect physical health and wellbeing of community members.**

Strategies:

- 3.3.1 Ensure food for sale is safe and suitable for human consumption, as legislated under the Food Act 1984. **D R**
- 3.3.2 Provide appropriate information and raise awareness of food allergens amongst food vendors. **D R**
- 3.3.3 Provide breastfeeding support services and enable Council facilities, local businesses, and other relevant settings to be breastfeeding friendly environments. **D P A**
- 3.3.4 Support implementation of local emergency food relief and food rescue and re-distribution programs. **D P A**
- 3.3.5 Deliver Meals on Wheels services ensuring priority is given to nutritious and sustainable food options and packaging. **D P A**


Council's Role: **D** Deliver **P** Partner **A** Advocate **R** Regulate

### Impact Indicators (Local level and shorter-term)

- Participation in urban agriculture and edible gardening programs and training.
- Proportion of local businesses and organisations involved in Best Bites program.
- Fulfilment of legislative requirements under the Food Act 1984.
- Number of community settings providing nutritious, locally sourced and safe food and drink options.

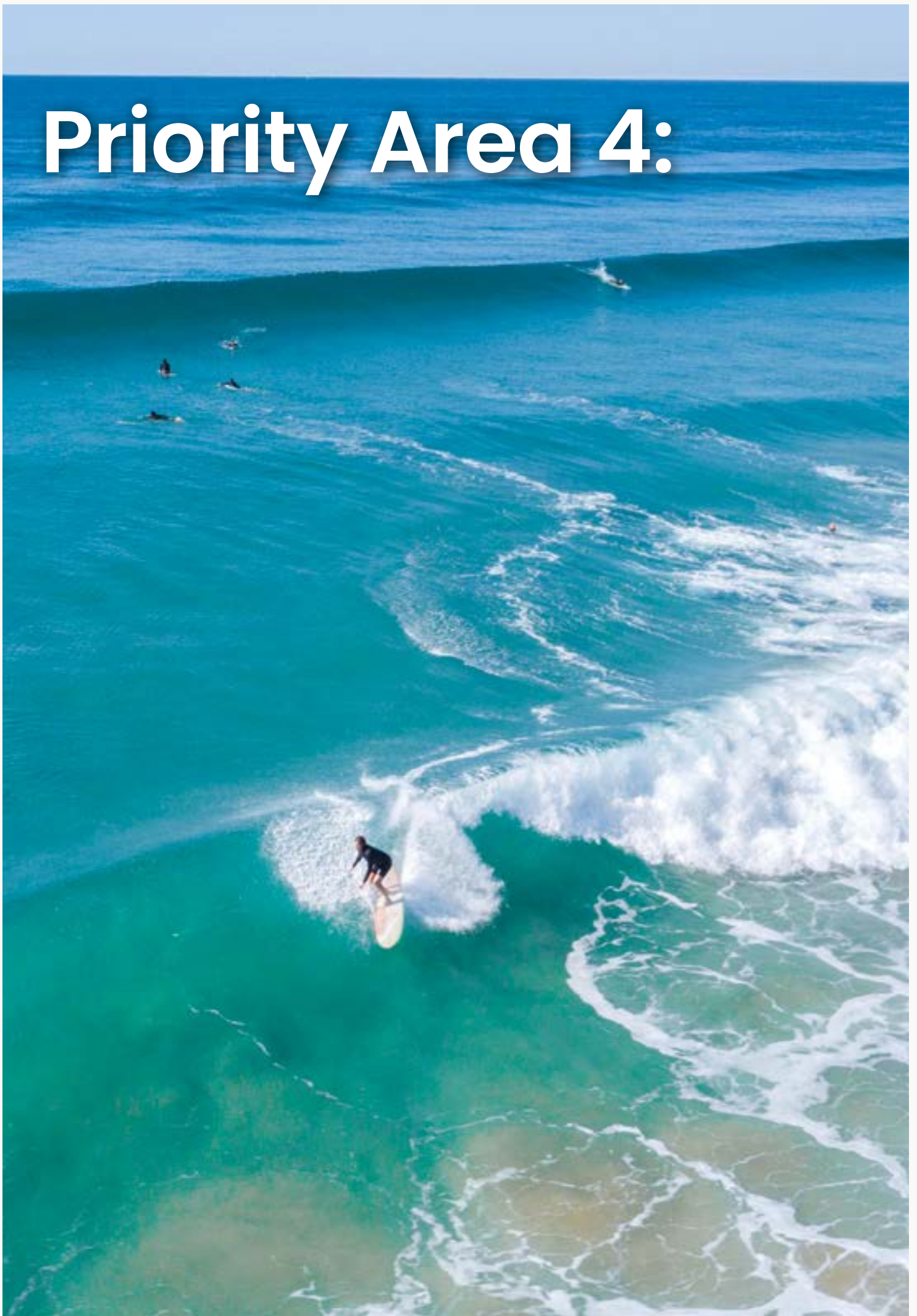
### Outcome Indicators (Broader system level and longer-term)

- Proportion of people who report they ran out of food and couldn't afford to buy more.
- Proportion of people meeting daily fruit and vegetable consumption guidelines.
- Proportion of adults who eat take-away meals or snacks more than once per week.
- Proportion of adults who consume sugar-sweetened soft drinks daily.
- Average distance to food outlets.



A sustainable food system enables food security and nutrition for all.

# Priority Area 4:



# Active living

Leading an active life by moving more and sitting less has a positive impact on our physical, mental, social, and emotional health and wellbeing. Regular physical activity can help prevent and treat diseases such as heart disease, stroke, some cancers, diabetes, osteoporosis, dementia, musculoskeletal conditions, and depression. It is also associated with improved mental health, positive ageing, increased happiness, better academic performance, and enhanced workplace productivity.

Townships that are designed to encourage walking, cycling and use of public transport promote positive social connections and feelings of safety and belonging; support local business activity; and reduce climate impacts from car emissions and traffic congestion.

Participation in organised and/or social sport and recreation has positive health and wellbeing benefits for community members. Participation in sport and recreation can help to create a sense of belonging, challenge and shift socio-cultural norms, help to reduce inequalities and discrimination, and enable economic benefits.

Providing sporting, recreation and aquatic facilities such as Yawa Aquatic Centre, Civic Reserve Recreation Centre, Pelican Park Aquatic Centre, Crib Point Pool as well as sporting clubs, contributes to the social fabric of the Mornington Peninsula. These facilities provide opportunities for community to be physically active and social connected through an affordable and inclusive model.

Health and wellbeing are further enhanced when community members can walk, ride or scoot to local services and infrastructure such as schools, workplaces, community facilities, public transport and open spaces. Considerations for universal design and crime prevention through environmental design underpin the quality of built environments. Characteristics of the built environment that support health and wellbeing include footpath connectivity, good lighting and sightlines, shade, connections to nature, quality public transport systems, distance to community facilities, and accessibility of infrastructure.

Data on Mornington Peninsula adults (18+ years)	Mornington Peninsula	Victoria
Did at least 150 minutes of vigorous physical activity every week.	39.6%	35.1%
Sit for 7 hours or more on a typical day.	23%	32.6%
Residents who walked, cycled, or used public transport to get to work.	3.4%	7.3%
Residents who drove to work.	54.4%	49.9%
Percentage of households within 400m of regular public transport.	23.1%	NA

Sources: ABS Census, 2021; Victorian Population Health Survey, 2023; Australian Urban Observatory, 2024.

# Priority Area 4: Active living

Data on Mornington Peninsula children (9-12 years) and young people (12-18 years)	Girls	Boys	Young women	Young men
Involved in one hour of physical activity per day.	86%	89%	73%	88%
Play excessive online games.	NA	NA	23%	47%

Source: Living Ripples Student Resilience Survey, 2024.

### Snapshot of what our community told us:

- Children (5-12 years):
  - 42% rated playgrounds as important for Council to deliver.
  - 32% rated being able to walk, ride, or scoot to kinder or school as a top three priority.
  - 30% rated being able to play in parks and playgrounds as a top three priority.
  - 25% rated sports fields, stadiums and courts as important for Council to deliver.
  - 19% rated skate parks as important for Council deliver.
- Young People (12-18 years):
  - 60% rated sustainable transport options as important for Council to deliver.
  - 24% rated being active and able to walk or ride to school and activities as a top three challenge.
- Adults (18+ years):
  - 61% rated keeping physically active and being able to walk or ride to places as a top three challenge.
  - 58% currently access recreation and leisure facilities.
  - 48% currently access open spaces.
- Older People (60+ years): Ratings of their top three challenges:
  - 64% rated keeping physically active and being able to walk or ride to places as a top three challenge.
- Service Providers: 13.2% of service providers rated active living as a high priority.

Sources:  
 Health and Wellbeing Stakeholder Forum Report 2025  
 and Community Engagement Findings Report 2025

Mornington Peninsula is a place where community have equitable and inclusive opportunities to be physically active, participate in organised and social sport and recreation and travel actively.

Alignment to Council Plan:  
 People: Strategic Objectives 2.1 and 2.2  
 Prosperity: Strategic Objective 3.2

Key Plans/Policies: Open Space Strategy; Pedestrian Access Strategy; Sustainable Transport Strategy; Sports Clubs Management Policy; Gender Equality Strategy; Fair Access Action Plan.

**Strategic Objective 4.1:  
 Enable opportunities for physical activity in public places and spaces.**

Strategies:

- 4.1.1 Deliver and activate local and inclusive infrastructure that enables active recreation in open spaces and places (e.g. skate parks, BMX tracks, playgrounds, parks, seniors parks and nature reserves). **D P A**
- 4.1.2 Oversee management of Council owned aquatic and recreation facilities ensuring they are inclusive, accessible for all, and meet community needs. **D P A**
- 4.1.3 Manage permitting for local businesses to use open space to deliver physical activity programs and services. **D P R**
- 4.1.4 Foster stronger links between communities and the natural environment to improve wellbeing.

Partners:

- State Government
- VicHealth
- Belgravia Leisure
- Peninsula Health
- Sport and Recreation Victoria
- Sustainability Victoria
- Bicycle Network
- National Sporting Associations
- State Sporting Associations
- Local Sporting Leagues and Associations
- Access for All Abilities Play (AAA Play)
- Schools
- Sporting clubs
- Lifesaving clubs
- Community groups
- Visitor Economy Partnership, Mornington Peninsula Regional Tourism

Council's Role: **D** Deliver **P** Partner **A** Advocate **R** Regulate

**Strategic Objective 4.2:  
Support and encourage equitable community participation in sport and recreation.**

Strategies:

- 4.2.1 Support local sporting clubs to enhance equitable delivery and promotion of core functions including options for organised and social sport. **D P**
- 4.2.2 Make considerations for health and wellbeing in planning for events, festivals, and celebrations (e.g. healthy food options, opportunities for active play). **D P A**
- 4.2.3 Provide targeted visitor information services that promote access to active and passive recreation and tourism opportunities. **D P**
- 4.2.4 Provide and promote accessible beach infrastructure (e.g. beach matting, hoists, and beach wheelchairs) to ensure inclusive access for all. **D P**
- 4.2.5 Provide accessible information on physical activity opportunities for older people and people with disability. **D P**

**Strategic Objective 4.3:  
Support and deliver initiatives that promote active travel across the municipality.**

Strategies:

- 4.3.1 Provide and enhance the range of bicycle facilities on and off road that connect community to public transport, townships and open spaces. **D P A**
- 4.3.2 Encourage and support community settings to implement sustainable active transport and active neighbourhoods' initiatives. **D P A**
- 4.3.3 Promote and encourage use of walking and cycling paths for active transport, recreation, and tourism purposes. **D P**
- 4.3.4 Advocate for improved integration and availability of public transport. **P A**
- 4.3.5 Improve canopy and cool UV protected shade in urban areas. **D**

Council's Role: **D** Deliver **P** Partner **A** Advocate **R** Regulate

**Strategic Objective 4.4:  
Enhance access to health services to support healthy and active living for children and their families.**

4.4.1 Expand child and family outreach program to enhance access to Maternal and Child Health, immunisation and supported playgroup programs and services that aim to improve health, wellbeing, and participation in active living. **D P**

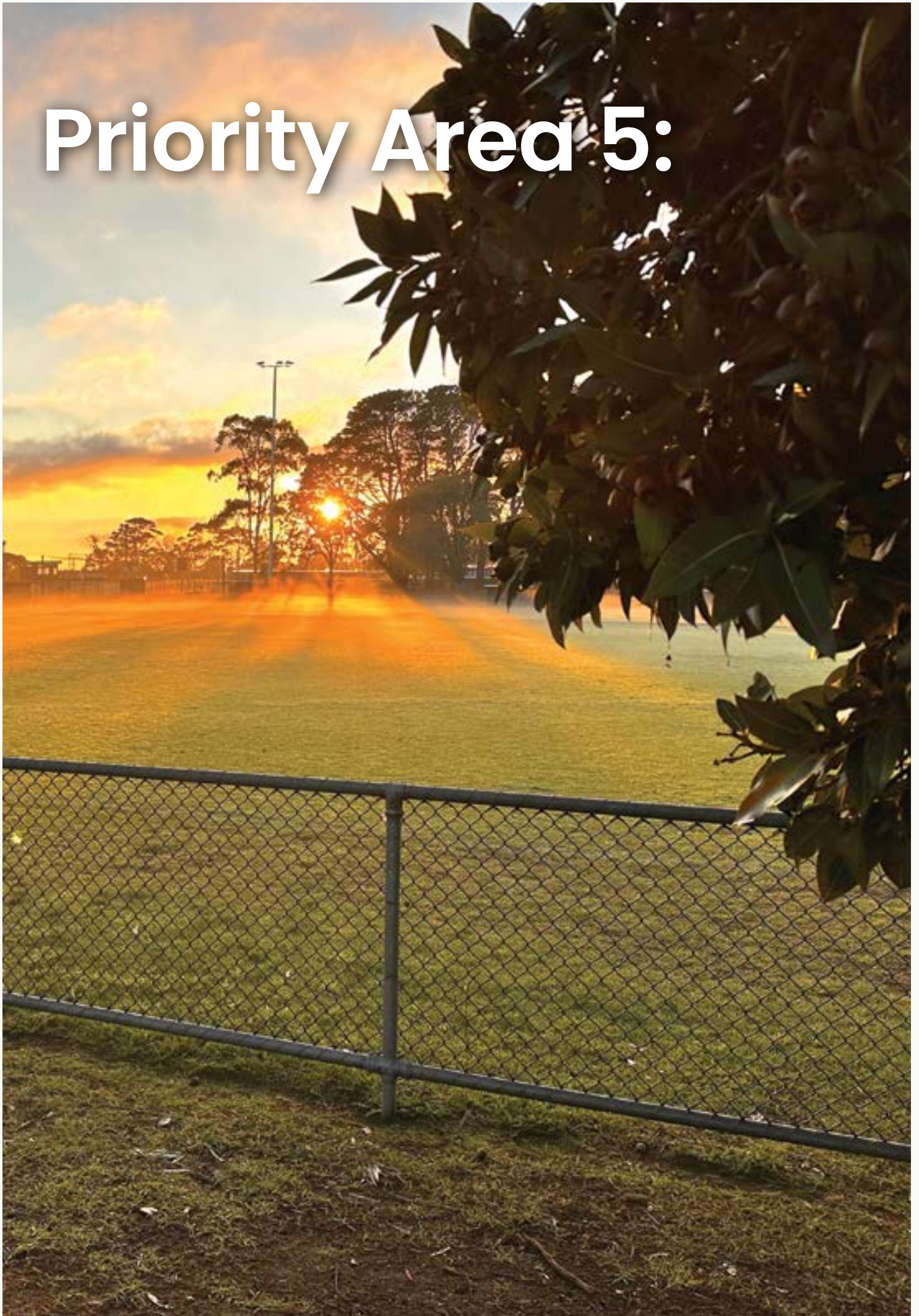
**Impact Indicators  
(Local level and shorter-term)**

- Use of and satisfaction with community infrastructure that supports physical activity.
- Participation and satisfaction with Council owned aquatic and recreation facilities.
- Participation of women and girls in organised and/or social sport and recreation.
- Participation in physical activity and active transport initiatives.
- Participation in health services and programs delivered by Shire.

**Outcome Indicators  
(Broader system level and longer-term)**

- Proportion of people who do 30 minutes or more of moderate physical activity more than once per day, every day or 5-6 times per week.
- Proportion of people who actively travel to work (i.e. public transport, cycling, walking).
- Proportion of people who have walked or cycled to local shops or facilities in the past week.
- Proportion of households within 400m of a bus stop.

# Priority Area 5:



# Alcohol, other drugs, and gambling harm

Alcohol consumption is a socially accepted activity, and responsible supply and service of alcohol can support the vitality of the local economy by generating employment and profit in the viticulture, niche manufacturing, hospitality, and tourism industries. Alcohol consumption is typically influenced by formal rules, societal norms, attitudes, and beliefs around what is socially acceptable.

Alcohol is the primary drug of concern in Victoria and Mornington Peninsula. In 2021, alcohol accounted for more than half of all drugs of concern on the Mornington Peninsula – the highest of all the local governments in the Bayside Peninsula Catchment. Overall demand for alcohol and other drugs services is not currently being met in Frankston and on the Mornington Peninsula.

Alcohol is a known risk factor for short and long-term health problems such as cancers, cirrhosis of the liver, alcohol dependence, strokes, suicide, and injury. Harmful community impacts of alcohol include drink driving, contributing to family violence and violence in the public realm. Alcohol harm prevention requires a combination of effective measures that address social inequalities, alcohol availability, and the context and patterns of alcohol use.

In relation to the supply and consumption of alcohol, federal and state governments hold the most powerful levers of change, such as regulating price, availability, licensing, and marketing, and providing vital services such as police and health systems. Local government plays an integral role in addressing alcohol related harm such as improving community safety and amenity, managing availability and promotion, and supporting individuals to access support.

Smoking and vaping (e-cigarettes) have significant individual, community, and environmental impacts. The physical impacts of smoking and vaping include damage to almost every organ in the body, with long-term effects including cancers, chronic respiratory diseases, and cardiovascular disease. Cigarette smoking is often interconnected with other individual behaviours such as alcohol and drug consumption and is more prevalent amongst people experiencing social and economic disadvantage.

Community impacts of smoking and vaping include exposure to second-hand smoke, particularly for vulnerable groups such as children, people with chronic disease, and older people as well as placing pressure on the public health system. Vaping is often marketed as a safer alternative to cigarette smoking however it carries similar long-term health effects. Vaping has become increasingly popular amongst young people, raising concerns about its role in nicotine addiction and the potential gateway to cigarette smoking.

Smoking and vaping contribute to environmental pollution. Cigarette butts, which are non-biodegradable, litter public spaces and harm wildlife when discarded improperly. These butts contain toxic chemicals that leach into the soil and water, affecting ecosystems. E-cigarette pods and disposable vapes contribute to plastic pollution, and the production and disposal of lithium batteries used in vaping devices can have adverse effects on the environment.

Gambling is the act of wagering something of value, typically money, on an event or game with an uncertain outcome, driven primarily by chance. It can take many forms including electronic gaming machines (pokies), sports betting, online gambling, and casinos. While gambling is generally socially accepted as a form of entertainment or social activity, it can lead to harmful consequences.

Almost one in five (around 550,000) Victorians who gamble may be experiencing harm from gambling. Although harm from problem gambling is more severe at an individual level, harm from low-risk and moderate-risk gambling has a greater impact on the community because the number of people affected is much greater.

Gambling harm has significant impacts on the health and wellbeing of individuals, families, and communities. This includes relationship difficulties, health problems, psychological distress, financial problems, issues with work or study, cultural problems, and criminal activity. The stigma surrounding gambling harm can make it difficult for individuals to seek help, exacerbating feelings of isolation and shame.

# Priority Area 5: Alcohol, other drugs, and gambling harm

Data on Mornington Peninsula adults (18+ years)	Mornington Peninsula	Victoria
Residents with increased risk of alcohol-related harm	23.1%	13.1%
Alcohol related hospital admissions	775 per 100,000	NA
Residents who are daily smokers	12.1%	10%
Residents who are daily e-cigarette users	3.1%	4.5%
Expenditure on electronic gaming machines 2023-24	\$87.8 million	Average of \$53.1 million per LGA

Sources: Victorian Population Health Survey, 2023; Victorian Gambling and Casino Control Commission, 2024.

Data on Mornington Peninsula young people (12-18 years)	Young women	Young men
Drink alcohol	28%	26%
Use illicit drugs	7%	9%
Gamble online	5%	20%
Smoke cigarettes	6%	8%
Vape	14%	10%

Source: Living Ripples Student Resilience Survey, 2024.

### Snapshot of what our community told us:

- Young People (12-18 years): Ratings of top three challenges:
  - 21% rated harm caused by alcohol and drug use.
  - 20% rated harm caused by smoking and vaping.
  - 4% rated harm caused by gambling.
- Adults (18+ years): Ratings of top three challenges:
  - 20% rated harm caused by alcohol and drug use.
  - 18% rated harm caused by gambling.
  - 12% rated harm caused by smoking and vaping.
- Older People (60+ years): Ratings of top three challenges:
  - 26% rated harm caused by alcohol and drug use.
  - 23% rated harm caused by gambling.
  - 14% rated harm caused by smoking and vaping.
- Service Providers: Ratings of health and wellbeing high priorities:
  - 10.4% rated harm from alcohol and drug use.
  - 6% rated harm from tobacco and e-cigarette use.

Sources: Health and Wellbeing Stakeholder Forum Report 2025 and Community Engagement Findings Report 2025.



Mornington Peninsula is a place where community are safe from the harmful impacts of alcohol, other drugs, and gambling.

Alignment to Council Plan:  
Place: Strategic Objective 1.1  
People: Strategic Objective 2.1  
Prosperity: Strategic Objective 3.1

Key Plans/Policies: Alcohol Harm Prevention Policy; Gambling Harm Prevention Policy; Smoke Free Environments Policy.

**Strategic Objective 5.1:  
Deliver evidence-based alcohol harm prevention approaches.**

Strategies:

- 5.1.1 Undertake social impact assessments and provide a response to the Victorian Liquor Commission (VLC) for applications to grant, vary, transfer and relocate liquor licences and BYO permits. **D P A R**
- 5.1.2 Advocate for liquor licence and packaged liquor reforms with a focus on harm and cumulative impact. **A**
- 5.1.3 Foster local partnerships with sporting clubs, venues, business groups and industry networks to promote safer drinking cultures. **D P**
- 5.1.4 Create safe and healthy environments in the design of streetscapes that are in the immediate vicinity of venues providing for the sale and/or consumption of alcohol. **D A**
- 5.1.5 Deliver, support, and participate in alcohol harm prevention campaigns, initiatives, and networks, including liquor accords. **D P A**
- 5.1.6 Improve understanding of the impact of alcohol harm on community members, particularly vulnerable population groups. **D P**
- 5.1.7 Ensure appropriate licensing and responsible service of alcohol for sporting, recreational or community facilities which sell or provide alcohol. **D P R**
- 5.1.8 Work collaboratively with Victoria Police to regulate trading hours, licence types, patron numbers, land use mix and density of licences as well as enforcement of the local law. **D P A R**

Partners:

- Victorian Liquor Commission
- Victorian Gambling and Casino Control Commission
- Victorian Responsible Gambling Foundation
- Alliance for Gambling Reform
- Victoria Police
- Cancer Council of Victoria
- QUIT Victoria
- VicHealth
- Turning Point
- State Government
- Federal Government
- Gambler's Help Southern
- Windana
- Peninsula Health
- Sporting clubs
- Licenced premises

Council's Role: **D** Deliver **P** Partner **A** Advocate **R** Regulate

**Strategic Objective 5.2:  
Deliver evidence-based smoking and vaping harm prevention approaches.**

Strategies:

- 5.2.1 Implement smoke and vape free signage across the municipality. **D P**
- 5.2.2 Deliver, support, and participate in smoking and vaping harm prevention and butt litter campaigns, initiatives, and networks. **D P A**
- 5.2.3 In partnership with Victoria Police, enforce the local law in relation to declared smoke and vape free areas. **D P R**

**Strategic Objective 5.3:  
Deliver evidence-based gambling harm prevention approaches.**

Strategies:

- 5.3.1 Support advocacy for reforms in gambling advertising, improving safety of gambling environments (including online) and investment in prevention of gambling harm. **D P A**
- 5.3.2 Deliver, support, and participate in gambling harm prevention campaigns, initiatives, and networks. **D P A**
- 5.3.3 Promote Council-run programs and events as alternative recreational activities to gambling. **D P**
- 5.3.4 Undertake social impact assessments on licence applications for electronic gaming machines. **D P A**

Council's Role: **D** Deliver **P** Partner **A** Advocate **R** Regulate

**Impact Indicators  
(Local level and shorter-term)**

- Completed social impact assessments on liquor licence applications.
- Participation in alcohol and gambling harm prevention initiatives and campaigns.
- Awareness of the impact of alcohol and gambling harm locally and support services available.
- Proportion of licenced venues adhering to liquor licence conditions.
- Effectiveness of collaboration with key stakeholders.
- Proportion of Council facilities with installed smoke and vape free signage.

**Outcome Indicators  
(Broader system level and longer-term)**

- Proportion of people experiencing alcohol-related harm.
- Alcohol-related hospital admissions.
- Alcohol-related ambulance callouts.
- Proportion of people experiencing gambling-related harm.
- Expenditure on electronic gaming machines.
- Density of alcohol outlets and electronic gaming machines.
- Rates of smoking and vaping.



# Priority Area 6:



# Health and wellbeing impacts of climate change


The direct health and wellbeing impacts of climate change are predicted to include deaths, injuries, and ill health due to increases in respiratory diseases, cardiovascular diseases, infectious diseases, mental illness, allergies, injuries, poisoning, dehydration and malnutrition.

In addition, climate change is expected to indirectly impact the social determinants of health, including socio-economic status, education, housing, transport, food security, and social connections. Resilience to climate change is interconnected with other social factors including income, housing security and through individual factors such as age, gender, disability, and cultural background.

Climate-related disasters can lead to existing gender inequalities worsening, greater adherence to gender roles and stereotypes and increased risk

of family violence. Globally, women and children are significantly more likely than men to die during climate-related disasters, and they comprise up to 80 per cent of those displaced by natural disasters. It is internationally recognised that gender must be central to efforts to adapt and build resilience, to counter the impact of climate change.

There are numerous co-benefits to addressing the health and wellbeing impacts of climate change such as improved mental health, reduced deaths from extreme heat, and reduced cardiovascular and respiratory disease.



There are numerous co-benefits to addressing the health and wellbeing impacts of climate change...

# Priority Area 6: Health and wellbeing impacts of climate change

Data on Mornington Peninsula adults (18+ years)	Mornington Peninsula	Victoria
Residents that agreed climate change has an impact on our health and wellbeing.	75%	NA
Residents that agreed climate change will moderately or significantly impact their health and wellbeing in the next 5 years.	74%	NA
Residents that do not feel prepared to cope with the changing climate.	19%	NA

Sources: ABS Census, 2021; Mornington Peninsula Climate Change and Health Survey, 2023.

Data on Mornington Peninsula children (9-12 years) and young people (12-18 years)	Girls	Boys	Young women	Young men
Are highly connected to nature	65%	57%	44%	45%

Source: Living Ripples Student Resilience Survey, 2024.

## Snapshot of what our community told us:

- Children (5-12 years):
  - 40% rated looking after nature as a top three priority.
  - 36% rated nature parks as important for Council to deliver.
  - 30% expressed that they can help keep our community healthy by looking after nature.
- Young People (12-18 years):
  - 41% rated improving our natural environment as important for Council.
  - 21% rated the impacts of climate change on health as a top three challenge.
  - 17% rated being ready for impact of the changing environment as important for Council.
- Adults (18+ years):
  - 20% rated the impacts of climate change on health as a top three challenge.
  - 50% rated bushfires and 30% rated storm events as environmental challenges.

- Older People (60+ years):
  - 19% rated the impacts of climate change on health as a top three challenge.
  - 51% rated bushfires and 31% rated storm events as environmental challenges.
- Service Providers: 9.9% of local health and social service providers rated addressing the health and wellbeing impacts of climate change as a high priority.

Sources: Health and Wellbeing Stakeholder Forum Report 2025 and Community Engagement Findings Report.

**Mornington Peninsula is a place where community is prepared, supported, and resilient to the health and wellbeing impacts of climate change.**

Alignment to Council Plan:  
 Place: Strategic Objective 1.1  
 People: Strategic Objectives 2.1 and 2.2  
 Prosperity: Strategic Objective 3.2

Key Plans/Policies: Urban Forest Strategy; Food Economy and Agroecology Strategy; We All Belong Strategy.

**Strategic Objective 6.1: Increase resilience and preparedness of community to proactively adapt to the health and wellbeing impacts of climate change.**

Strategies:

- 6.1.1 Deliver programs and events that aim to increase awareness in recognising, preparing for and responding to the health and wellbeing impacts of climate change. **D P**
- 6.1.2 Embed considerations for the health and wellbeing impacts of climate change into long-term asset planning and maintenance programs. **D**

**Strategic Objective 6.2: Effectively prepare and respond to local emergency events and extreme climate conditions.**

Strategies:

- 6.2.1 Strengthen community disaster preparedness by building capacity through networks, partnerships, and advocacy. **D P A**
- 6.2.2 Provide clear and inclusive information and training about emergency preparedness, response, and recovery. **D P**
- 6.2.3 Identify, implement, and promote programs and activities that minimise the impacts of disasters and increase resilience in our community. **D P A**

Partners:

- Federal Government
- State Government
- State Emergency Service
- Victoria Police
- Ambulance Victoria
- Country Fire Authority
- Red Cross
- Victorian Council of Churches Emergency Ministry
- VicEmergency
- Emergency Management Victoria
- Environmental Protection Authority
- South East Water
- Melbourne Water
- Melbourne University
- Parks Victoria
- Sustainability Victoria
- Worksafe Victoria
- Resilience, Relief and Recovery Network
- Brotherhood of St Laurence
- Community Support Centres

Council's Role: **D** Deliver **P** Partner **A** Advocate **R** Regulate

**Impact Indicators  
(Local level and shorter-term)**

- Number of local community groups and services activated to respond to emergencies and disasters.

**Outcome Indicators  
(Broader system level and longer-term)**

- Perceptions and understanding of health and wellbeing impacts of climate change.
- Proportion of individuals, households, communities report being more prepared for emergencies and disasters.
- Proportion of people who feel prepared to cope with extreme weather events.
- Proportion of individuals and households that report being more comfortable in their homes during temperature extremes.

Resilience to climate change is interconnected with other social factors including income, housing security...



# Priority Area 7:



# Housing and homelessness

Having a home is a secure foundation for good physical, mental and emotional health, and inclusion in our community. When everyone has a home that meets their needs, our neighbourhoods become better places to live for all of us. The primary responsibility for the provision of social and affordable housing, matched with funding capability, lies with Federal and State Governments.

The Mornington Peninsula is often perceived as a wealthy municipality, yet 948 community members sought assistance for homelessness in 2024-25 and more than 100 are sleeping rough on any given night, often on the foreshore of our most iconic beaches. There is a higher proportion of community members on low incomes than Greater Melbourne, with 28 per cent of local households in the lowest income quartile as well as a high proportion of community members experiencing rental stress, compared to Victoria. Townships including Tootgarook, Rosebud, Capel Sound, Hastings and parts of Mornington experience more relative disadvantage than the Australian average.

The cost of owning or renting a home is rising fast – it is now more expensive to live on the Peninsula than in Melbourne. The current median house price on the Peninsula is \$1.1 million. Fewer than one in three rental properties and only 1.7 per cent of properties sold are affordable to those on a low income. Community members on low incomes are at risk of becoming homeless and are being forced out of the region – away from their families, schools, services, and support networks.

Housing affordability is worsened by shortages of available long-term rental accommodation. The Shire has a comparatively small rental market that is targeted towards tourism with more than 4,500 short stay rentals across the municipality. Health, tourism, and hospitality sectors are struggling to attract workers due to a lack of affordable accommodation.

In the last year, there has been a 16 per cent increase in the number of people seeking homeless crisis support on the Mornington Peninsula. Women and children are disproportionately affected, often due to family violence. More than 60 per cent of people seeking crisis support in the last year were women. The groups most in need of housing are females aged 30-39, as well as young people and older people whose income is not keeping up with the cost of living.

Despite the growing need, the provision of social housing on the Mornington Peninsula is below the Greater Melbourne average. There are currently more than 2,800 applications on the wait list for social housing on the Mornington Peninsula including more than 1,000 applications for the Western Port area. More than 50 per cent of these applications are eligible for priority access. Homes Victoria rates the Mornington Peninsula Shire in the top five local government areas with the highest social housing demand. The quality of social housing is also an important factor impacting health and wellbeing. There is a need for social housing to be efficient, to reduce energy bills and the impacts of hot and cold temperatures.

# Priority Area 7: Housing and homelessness

Data on Mornington Peninsula adults (18+ years)	Mornington Peninsula	Victoria
Households with rental cost >30% of household income	38.4%	30.9%
Households with a mortgage cost >30% of household income	14.9%	15.5%
Households renting social housing	1.4%	2.5%
Increase in homelessness in last 5 years	37%	NA
Households living in acute financial hardship	17.1%	NA
Number of people rough sleeping (in cars, tents, couch surfing) and were assisted by local services in 2023-24	689	NA

Source: ABS Census, 2021, Mornington Peninsula Shire Housing Research, 2024.

**Snapshot of what our community told us:**

- Children (5-12 years): 6% expressed the need to ensure housing and support for people experiencing homelessness.
- Young People (12-18 years): 40% rated homelessness and not having enough housing for people as a top three challenge.
- Adults (18+ years): 43% rated homelessness and lack of affordable and social housing as a top three challenge.
- Older People (60+ years): 43% rated homelessness and lack of affordable and social housing as a top three challenge.
- Service Providers: Local support service providers reported a 16% increase in need for crisis support in 2024-25.

Sources: Health and Wellbeing Stakeholder Forum Report 2025 and Community Engagement Findings Report 2025.

**Mornington Peninsula is a place where everyone has a home that meets their needs and enables them to participate meaningfully in community life.**

Alignment to Council Plan:  
Place: Strategic Objective 1.2

Key Plans/Policies: Triple A Housing Plan 2020–30;  
Affordable Housing Policy.

People: Strategic Objectives 2.1 and 2.2

Prosperity: Strategic Objective 3.2

**Strategic Objective 7.1: Advocate for and facilitate sustainable housing options for our community that are affordable, appropriate, and available.**

Strategies:

- 7.1.1 Advocate to state and federal government for housing system funding, reform and increased social housing stock investment. **A**
- 7.1.2 Facilitate research, information sharing and engage with key stakeholders for effective coordination and improvements in the housing system and related services. **D P**
- 7.1.3 Encourage community-led social and affordable housing initiatives including shared housing and developer contributions **D P A**
- 7.1.4 Participate in collaborative advocacy efforts including Triple A Advisory Committee and partnering with housing agencies. **P A**
- 7.1.5 Advocate to ensure housing stock is sustainable and encourage a greater diversity of stock. **P A**

**Strategic Objective 7.2:  
Ensure community members experiencing homelessness or in housing stress are respected, included, and meaningfully supported.**

Strategies:

- 7.2.1 Deliver the Functional Zero initiative aimed at promoting improved service coordination for people experiencing homelessness and sleeping rough. **D P**
- 7.2.2 Advocate to subsidise and support local relief agencies to support the delivery of services such as food relief, material and legal aid, service referrals, and assertive outreach. **D P**
- 7.2.3 Encourage the voice of homeless people to tackle stigma and enable inclusion and dignity of community members who are experiencing homelessness. **D P A**

Partners:

- State Government
- Federal Government
- Housing Victoria
- Launch Housing
- Salvation Army
- Victoria Police
- Aboriginal Housing Victoria
- Southern Homelessness Services Network
- Peninsula Health
- Peninsula Community Legal Service
- Frankston City Council
- Bolton Clarke
- Community Support Centres
- Housing Providers
- Triple A Advisory Committee

Council's Role: **D** Deliver **P** Partner **A** Advocate **R** Regulate

**Impact Indicators  
(Local level and shorter-term)**

- Participation of stakeholders and community in advocacy initiatives.
- Number of community members on Functional Zero by-name list.
- Reach and engagement of local relief agencies.

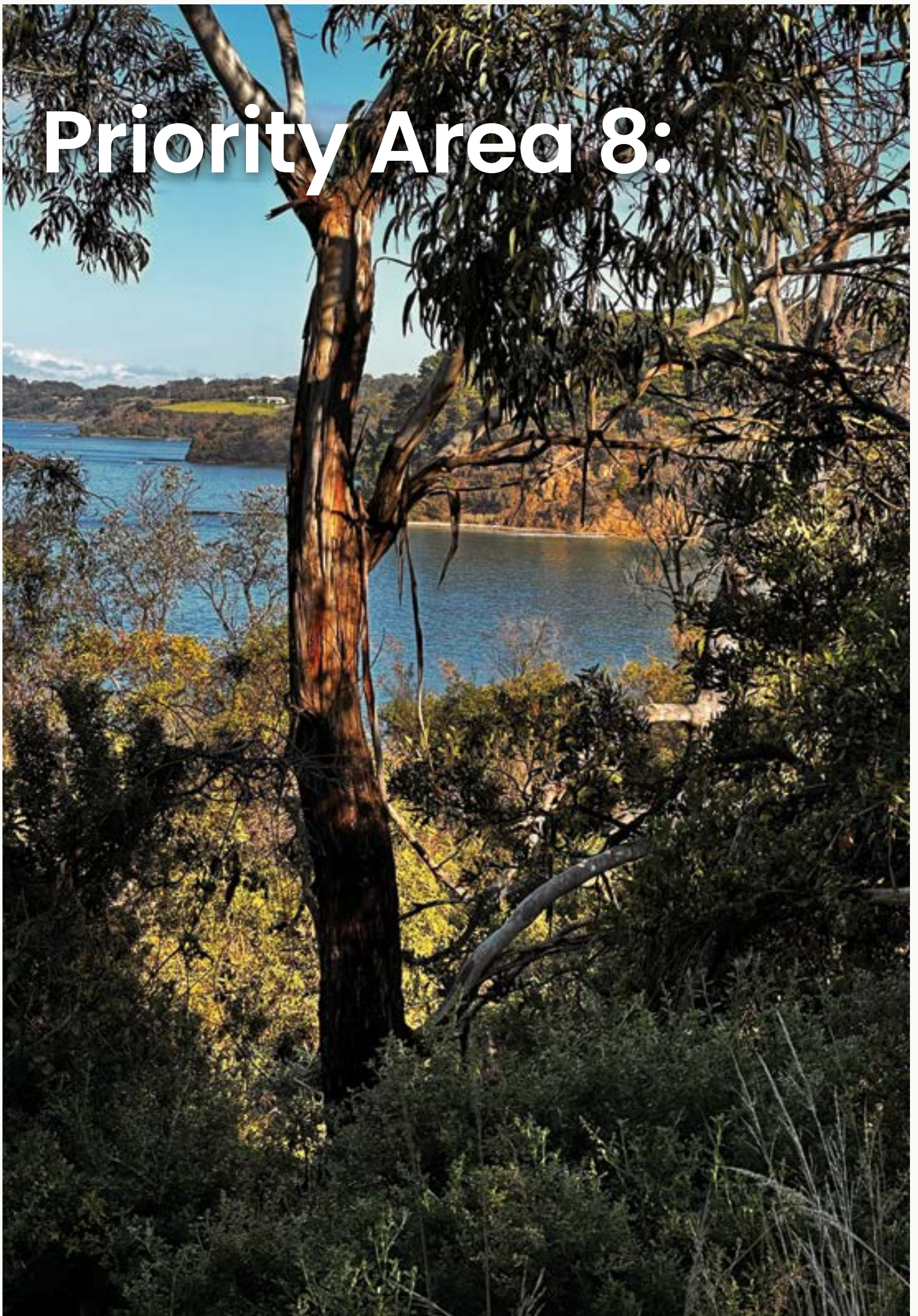
**Outcome Indicators  
(Broader system level and longer-term)**

- Proportion of households experiencing mortgage and rental stress.
- Number of social housing applicants on Victorian Social Housing Register.
- Proportion of people experiencing homelessness.
- Proportion of people rough sleeping.
- Proportion of people experiencing acute financial hardship.

What young people told us: 40% rated homelessness and not having enough housing for people as a top three challenge.



# Priority Area 8:



# Community safety

Feelings of safety and security, whether real or perceived, impact on the way people interact in their community. Having safe and secure environments for people to live, learn, work, and recreate enables a strong, cohesive, participatory community which has co-benefits for health and wellbeing. Safer communities also enable people to feel valued, be treated in a respectful manner, and have meaningful opportunities to participate in community life fully and freely.

Councils are well-placed to identify local safety issues, support crime prevention initiatives, and create environments that reduce harm and promote community resilience. By working collaboratively with emergency services, community organisations and residents, local governments help ensure that public spaces are safe, accessible, and inclusive for all.

Given the Mornington Peninsula's vast coastline and large geographic spread, it is important to prioritise preventative action around water safety and road safety, alongside general community safety.



Councils are well-placed to identify local safety issues, support crime prevention initiatives, and create environments that reduce harm and promote community resilience.

# Priority Area 8: Community safety

Data on Mornington Peninsula adults (18+ years)	Mornington Peninsula	Victoria
Increase in total criminal incidents since year before.	24%	NA
Women who felt 'very safe' or 'safe' walking alone in their local area after dark (compared to 82.3% of men).	41.2%	NA
Lives lost on Mornington Peninsula roads (2022-24).	14	NA

Sources: Crime Statistic Agency, 2025; Women's Health Atlas, 2022; Traffic Accident Commission, 2024.

Data on Mornington Peninsula children (9-12 years) and young people (12-18 years)	Girls	Boys	Young women	Young men
Feel safe at home	85%	85%	90%	95%
Feel safe in the area where they live	84%	83%	86%	91%

Source: Living Ripples Student Resilience Survey, 2024.

### Snapshot of what our community told us:

- Children (5-12 years): 40% rated feeling safe when they are out as a top three priority.
- Young People (12-18 years): Ratings of their top challenges:
  - 50% rated feeling safe in their community.
  - 40% rated racism and discrimination.
  - 36% rated feeling safe in their home.
  - 29% rated abuse and disrespect towards age groups.
  - 21% rated family violence.
- Adults (18+ years): Ratings of their top challenges:
  - 68% rated crime and antisocial behaviour in public places.
  - 59% rated feeling safe in their home.
  - 30% rated family violence.
  - 20% rated racism and discrimination.
  - 20% rated abuse and disrespect towards age groups.
  - 19% rated unintentional injury.
- Older People (60+ years): Ratings of their top challenges:
  - 60% rated feeling safe in their home.
  - 43% rated crime and antisocial behaviour in public places.
  - 28% rated family violence.
  - 26% rated abuse and disrespect towards age groups.
  - 23% rated unintentional injury (e.g. falls).
  - 22% rated racism and discrimination.
- Service Providers: 19.3% of local health and social service providers rated preventing all forms of violence as a high priority.

Sources: Health and Wellbeing Stakeholder Forum Report 2025 and Community Engagement Findings.



**Mornington Peninsula is a place where all community members feel safe, secure, connected, and supported.**

Alignment to Council Plan  
Place: Strategic Objective 1.2  
People: Strategic Objectives 2.1 and 2.2

Key Plans/Policies: Gender Equality Strategy; We All Belong Strategy; Towards Zero Road Safety Strategy; Water Safety Framework; Open Space Strategy, Universal Design Policy.

**Strategic Objective 8.1: Improve community safety by creating environments where community members feel secure and supported.**

Partners:

Strategies:

- 8.1.1 Embed Crime Prevention Through Environmental Design (CPTED) and Universal Design principles in planning and design of Council assets and open space. **D P**
- 8.1.2 Support and participate in preventative initiatives aimed at reducing anti-social behaviour in public places and spaces. **D P**
- 8.1.3 Ensure effective, coordinated, and proactive approaches to graffiti management. **D P A R**
- 8.1.4 Undertake proactive approaches to addressing noise and air pollution issues. **D P A R**
- 8.1.5 Promote and address mosquito control and stagnant water issues to minimise vector-borne diseases. **D P A**
- 8.1.6 Deliver road safety initiatives to prevent road deaths and serious injuries. **D P A**
- 8.1.7 Deliver water safety initiatives to prevent drowning rates and water related injuries. **D P A**
- 8.1.8 Support implementation of programs and campaigns promoting targeted safety messages (e.g. fire prevention). Mornington Peninsula is a place where all community members feel safe, secure, connected, and supported. **D P A**
- 8.1.9 Provide appropriate health and safety information (e.g. immunisation and injury prevention) during Key Ages and Stages visits through Maternal and Child Health services. **D P A R**

- State Government
- Federal Government
- Victoria Police
- VicHealth
- Traffic Accident Commission
- MAV
- Geographic Victoria
- Peninsula Health
- Peninsula Community Legal Centre
- Frankston City Council
- Life Saving Victoria

**Impact Indicators  
(Local level and shorter-term)**

**Outcome Indicators  
(Broader system level and longer-term)**

- Effectiveness of local community safety, road safety and water safety initiatives.
- Participation in networks, committees, and collaboratives.

- Number of reported criminal incidents.
- Perceptions of community safety (feeling safe walking in the day and night).
- Rates of public graffiti.
- Number of road traffic and water incidents and deaths.

# Reporting our Progress

The Public Health and Wellbeing Plan will be implemented and monitored through our Community and Annual Reports, integrated with our Council Plan and other key strategic plans.

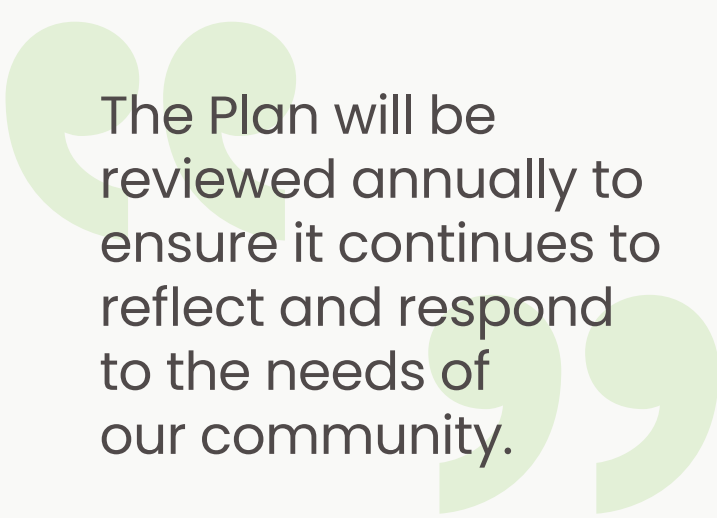
The Plan will be reviewed annually to ensure it continues to reflect and respond to the needs of our community.

Impact indicators, aligned with each priority area, will help Council identify where short-term change is occurring and adapt the Plan if needed. Outcome indicators will track longer-term changes. As Council's influence on these outcomes is often indirect, significant changes are not expected within the four-year timeframe of this Plan.

The Annual Report will be presented to Council via the Health and Wellbeing Advisory Committee and submitted to the Department of Health, as required under the *Public Health and Wellbeing Act 2008*. These documents will also be made available to the community and stakeholders on Council's website: [mornpen.vic.gov.au/healthplan](https://mornpen.vic.gov.au/healthplan)

A full review of the Plan will take place at the end of its cycle in 2029.

To support delivery of the Plan, Council will also undertake equity impact assessments on all new and revised policies, programs, and services, as required under the *Gender Equality Act 2020*.



The Plan will be reviewed annually to ensure it continues to reflect and respond to the needs of our community.

# Public Health and Wellbeing Plan 2025-29

Plan on a page

## Priority Area 1 Mental health and wellbeing

Mornington Peninsula is a place where all community members can achieve optimal mental health and wellbeing and social connection through all stages of life.

### Objectives:

- 1.1 Deliver services, programs and policies that enable social connection and social support across the lifespan.
- 1.2 Facilitate and support initiatives aimed at strengthening neighbourhoods and building community capacity.
- 1.3 Build community awareness and understanding of mental health and contributing factors such as loneliness and social isolation.
- 1.4 Contribute to the prevention of suicide deaths, suicidal ideation, and suicidal attempt rates.
- 1.5 Plan and advocate for local and affordable health and social services across the municipality.
- 1.6 Monitor and respond to key indicators of social, emotional and mental wellbeing of children and young people through the provision of strength-based, person-centred programs and services.

## Priority Area 2 Family violence and inequality

Mornington Peninsula is a welcoming and inclusive place where all community members are free from violence and inequality and where diversity is embraced

### Objectives:

- 2.1 Prevent the gendered drivers of violence against women and their children.
- 2.2 Address discrimination by enabling support for diversity, inclusion and ageism.

## Priority Area 3 Food systems and food security

Mornington Peninsula is a place where all community members have equitable access to nutritious, available, safe, and affordable food.

### Objectives:

- 3.1 Enhance the local food system to increase access and availability of nutritious, locally produced food
- 3.2 Promote and support opportunities for home- and community-based food production.
- 3.3 Support and deliver services that aim to protect physical health and wellbeing of community members.

## Priority Area 4 Active living

Mornington Peninsula is a place where community have equitable and inclusive opportunities to be physically active, participate in organised and social sport and recreation and travel actively.

### Objectives:

- 4.1 Enable opportunities for physical activity in public places and spaces.
- 4.2 Support and encourage equitable community participation in sport and recreation.
- 4.3 Support and deliver initiatives that promote active travel across the municipality.
- 4.4 Enhance access to health services to support healthy and active living for children and their families.



**Mornington  
Peninsula Shire**

### How will we achieve this?

Each year we will prioritise the key actions that Council will deliver in that financial year in support of the priority areas identified above.

# Our Community Vision

Welcome (Wominjeka).

We celebrate, protect and enhance our unique blend of coast, hinterland, green wedge and heritage - fostering our diverse culture and connected villages, townships and community.

We are committed to supporting community groups, sustainable and balanced growth, a vibrant local economy, fit-for-purpose infrastructure, and ensuring a prosperous, safe, accessible, and inclusive future for all.

## Priority Area 5 Alcohol, other drugs, and gambling harm

Mornington Peninsula is a place where community are safe from the harmful impacts of alcohol, other drugs, and gambling.

### Objectives:

- 5.1 Deliver evidence-based alcohol harm prevention approaches.
- 5.2 Deliver evidence-based smoking and vaping harm prevention approaches.
- 5.3 Deliver evidence-based gambling harm prevention approaches.

## Priority Area 6 Health and wellbeing impacts of climate change

Mornington Peninsula is a place where community is prepared, supported, and resilient to the health and wellbeing impacts of climate change.

### Objectives:

- 6.1 Increase resilience and preparedness of community to proactively adapt to the health and wellbeing impacts of climate change.
- 6.2 Effectively prepare and respond to local emergency events and extreme climate conditions.

## Priority Area 7 Housing and homelessness

Mornington Peninsula is a place where everyone has a home that meets their needs and enables them to participate meaningfully in community life.

### Objectives:

- 7.1 Advocate for and facilitate sustainable housing options for our community that are affordable, appropriate, and available.
- 7.2 Ensure community members experiencing homelessness or in housing stress are respected, included, and meaningfully supported.

## Priority Area 8 Community safety

Mornington Peninsula is a place where all community members feel safe, secure, connected, and supported.

### Objectives:

- 8.1 Improve community safety by creating environments where community members feel secure and supported.

### How will we measure progress?

Each year we will prepare an Annual Report against the actions completed in supporting the Public Health and Wellbeing Plan, as well as reporting on the impact and outcome indicators in the plan.

Want to know more visit:  
[mornpen.vic.gov.au/healthplan](https://mornpen.vic.gov.au/healthplan)

# Contact Mornington Peninsula Shire

Phone: 1300 850 600 (24 hours)

TTY: 133 677 then request 1300 850 600

TIS: 131 450

NRS: Connect to NRS on [accesshub.gov.au](https://accesshub.gov.au) then request 1300 850 600

Email: [customerservice@mornpen.vic.gov.au](mailto:customerservice@mornpen.vic.gov.au)

Mail: Private Bag 1000, Rosebud, Victoria, 3939

Website: [mornpen.vic.gov.au](https://mornpen.vic.gov.au)

[facebook.com/mornpenshire](https://facebook.com/mornpenshire)

[instagram.com/ourpeninsula](https://instagram.com/ourpeninsula)

[youtube.com/MornPenShire](https://youtube.com/MornPenShire)

## Mornington Peninsula Shire Service Centres

Rosebud Office

90 Besgrove Street, Rosebud

Mornington Office

2 Queen Street, Mornington

Hastings Office

21 Marine Parade, Hastings



**Mornington  
Peninsula** Shire