

2026

BELONGING MATTERS

The social connection report

A photograph of four diverse individuals standing outdoors in a natural setting. From left to right: a man in a dark jacket, a man in a white kurta and blue turban, a man in a wetsuit holding a surfboard, and a woman in a dark jacket and sunglasses. A circular orange logo is overlaid on the bottom right of the image.

The
Municipal
Association
of Victoria

Victoria stands at a crossroads. The wellbeing, prosperity and social cohesion of our state depend on the strength of our communities and the capacity of local systems to adapt and respond to accelerating environmental, social, cultural and economic shifts.

Local government is the first tier of government where democracy meets daily life – where trust and resilience is built through services, spaces, and connections that sustain over seven million Victorians.

Our purpose is to mobilise action that supports Victorian councils to create cities, regions, and towns that are thriving, resilient and inclusive communities.

Acknowledgement of Country

The Municipal Association of Victoria acknowledges the Traditional Owners of Country throughout Victoria, and recognise their continuing connection to lands, waters, and culture. We pay our respects to Elders past and present who carry the stories, traditions, cultures, and aspirations of First Peoples, and who forged the path ahead for emerging leaders.

We support local government's commitment to strengthen relationships with Victoria's Aboriginal communities and for it to encourage greater unity, knowledge, cultural awareness and respect for the first occupants of our land – through its strong community links and local representation.

Appreciation and thanks

The MAV is very grateful for the contributions to this report by Dr Stephen Carbone and Professor Rosemary Calder, Stella McNamara and Tyler Nichols, the Australian Health Policy Collaboration team at Victoria University.

We also acknowledge with thanks feedback and advice from MAV's Health and Wellbeing Advisory Panel.

Content warning

People with lived experience of mental ill-health are especially acknowledged, along with their families and friends who support them. Please note there are references to suicide in this report. If you require help as a result of reading this report, please contact Lifeline Australia on 13 11 14 or chat online – lifeline.org.au

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Cover image: MAVlab Innovation Case Study Library, Bass Coast Shire Council – 'Beach Safety: Innovation and Collaboration in Bass Coast' **Opposite image:** MAVlab Innovation Case Study Library, Mount Alexander Shire – 'Community Infrastructure for Flood Recovery and Resilience'



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Community Hub
Emergency Hub

Rural Transaction Centre Inc.

Campbells Creek

M A V
MUNICIPAL ASSOCIATION OF VICTORIA

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Foreword

By the MAV President

The evidence is clear. Mental ill-health is increasing across Australia, particularly among young people, and demand for mental health services continues to out-strip supply. Rates of death by suicide remain tragically high, despite Australia having one of the highest living standards in the world.



The reasons for this rise in mental ill-health and suicidal distress are complex and numerous, with Victoria's Royal Commission into Victoria's Mental Health System in 2021, the Australian Government's National Suicide Prevention Strategy 2025–35 and the Victorian Government's Wellbeing in Victoria: A Strategy to Promote Good Mental Health 2025–2035 illustrating where attention is needed. From these, it is clear that social factors play a key role.

Social connection, inclusion and cohesion are vital to our collective wellbeing, but traditional pathways by which we connect into our local communities, in our local places, are being undermined by a confluence of factors.

The rapid rise in social media is connecting people from all over the world but it is also driving some people further from their local communities – racism, radicalisation, conspiracy theories and loneliness are just some of the offshoots which occur when people have less local and in-person social interaction.

At the same time, housing unaffordability and cost of living pressures are creating significant community stress, widening wealth inequalities, and causing many to feel left out or left behind.

The evidence is telling us we need to act now.

Local, place-based infrastructure and social connections for wellbeing are in all communities – deep and wide community networks facilitated by councils, local services and facilities such as public libraries, recreation centres, parks and community centres. But if people aren't linked to these through programs that foster participation, interaction and engagement, the community can't experience the full benefits of social connection, belonging and collective resilience.

Let's talk now about what might make a difference on the ground where people live and work. Let's devote whole-of-government attention to preventing mental ill-health by focussing on the social connection scaffolding that holds up connected, vibrant and healthy communities – the results could be transformational, for individuals and the community as a whole.

This conversation is not only timely and will be cost effective; it will also strengthen individual and community resilience, support local leadership and boost productivity for Australia as a whole.

I encourage colleagues across governments, health and community organisations to read this report and consider how we can best pool our resources to deliver better value for individuals and the community more generally.

Cr Jennifer Anderson

Overview

“Social connection is not just a nice idea. It is the very foundation of thriving communities” – World Health Organisation, June 2025.

Social connection fuels cooperation, sparks innovation and unlocks opportunities that no individual or institution can achieve alone. Without genuine connection, the complex challenges we face today, whether in public health, economic growth, or social stability, remain unsolvable.

Improved social cohesion and safer more engaged communities will also arise if there is more in-person connection which values cooperation, provides a sense of belonging, and generates respect for others and a shared understanding that encompasses differences.

Communities where people feel **safe, healthy, economically secure and connected** experience:

- higher wellbeing,
- less distress, and
- dramatically lower suicide rates.

These are not mere aspirations; they are proven outcomes backed by compelling evidence.

MAV's report BELONGING MATTERS examines the challenges facing local communities, opportunities, and the pivotal role local governments play in fostering social connection for mental health and wellbeing.

“Make no mistake – connection is not just a nice idea. It is fundamental. It strengthens communities, fosters cooperation and creates opportunities. Without connection, we will not be successful in solving the problems facing us today – whether they are public health, economic growth or social stability”.

From loneliness to social connection: charting a path to healthier societies. World Health Organisation. June 2025¹

Opposite image: MAVlab Innovation Case Study Library, Baw Baw Shire Council – ‘Shaping the Future of Noojee’

Changing course for positive mental health and wellbeing

Prevention is the key

Australians are grappling with rising psychological distress despite increased mental health investment by governments. Loneliness and social disconnection are escalating, posing serious threats to global health and our social fabric.

Many mental ill-health conditions are preventable. Investing in prevention is not only socially and morally responsible but also cost-effective, yielding significant savings for governments and society alike. Good health empowers individuals to engage fully in community life, education, and employment, which in turn strengthens social cohesion, belonging and collective resilience.

"The Australian and Victorian Governments working in partnership with local government to deliver community-based preventive and public health programs will significantly improve population health outcomes, reduce long-term healthcare costs and relieve pressure on hospitals and emergency departments.

Investment in preventive health measures should be at least 5% of health budgets".

Resolution passed by representatives from all 79 Victorian councils at the MAV State Council, October 2025

Strong, connected neighbourhoods have the power to promote inclusion, protect against loneliness and foster wellbeing. Yet, there remain critical gaps between national and state policies and the untapped potential of local communities.

MAV's Report BELONGING MATTERS shows how investment in social connection can prevent loneliness and improve community resilience and social cohesion. Supported by two expert technical papers, it clarifies commonly used mental health terminology, presents communal solutions which have been proven to work and recommendations for new approaches to arresting mental ill-health in its tracks.

"Despite billions spent on mental health, loneliness and disconnection are eroding our communities from the inside out. Let's work on preventing problems in the first place by working on being well together".

Cr Jennifer Anderson, President MAV



This report is a wake-up call: without coordinated, whole-of-government action focused on social connection, inclusion, and place-based community initiatives, mental health outcomes will continue to deteriorate, no matter how much governments spend.

Changes which can be made now

What can we collectively do to effect meaningful change?

By empowering councils to foster local connections, we can build healthier, more resilient communities, deepen individual and collective strength, and boost productivity across society. Investing in connected communities alongside physical infrastructure is essential to stem the loneliness epidemic and strengthen social cohesion.

A collaborative, whole-of-government focus on place-based social connection via local government could transform mental health outcomes for individuals and communities alike.

This model illustrates what we need to work on to achieve deep and lasting social connection.

Local connectedness, inclusivity and cohesiveness all need to be present and work well for positive individual and community wellbeing. If there are many individuals experiencing social isolation or loneliness, then it's unlikely the broader community will have high levels of inclusion, cohesion, and social capital.

"The time people spend together, the activities they engage in with one another, and the quality and diversity of their relationships play an important role in determining overall health, happiness and wellbeing... however Australians have become less trusting of others and less connected with their neighbourhoods."

Australian Institute of Health and Welfare²

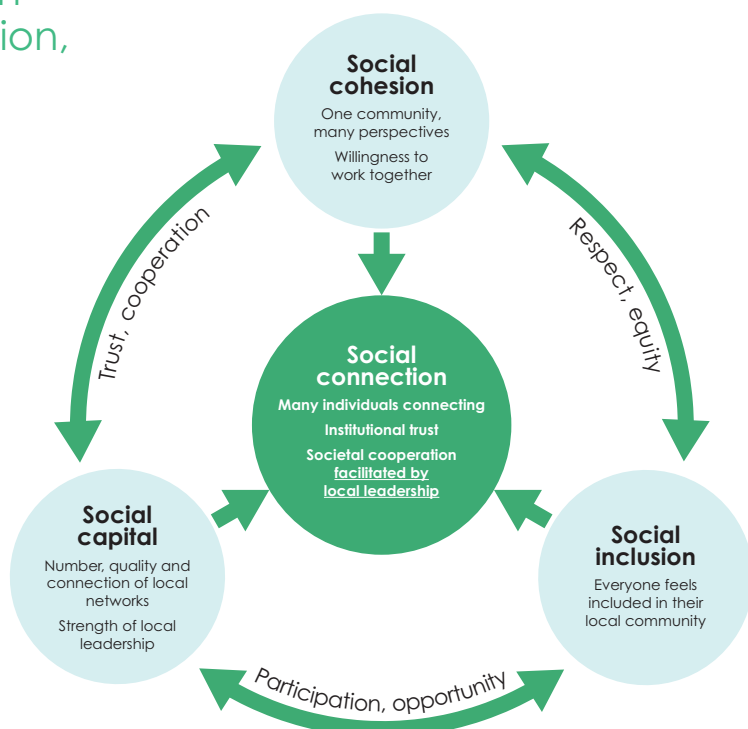
"Social cohesion, the glue that binds communities, is under pressure amid rising distrust, financial stress, and social fragmentation".

Scanlon Research Institute Index of Social Cohesion³

"Local councils are also directly affected by the state of social cohesion. When social cohesion is low, there is increased pressure on local services, greater social tensions and reduced trust within the community... social fragmentation can expose or deepen vulnerabilities and social fault lines".

Australian Health Policy Collaboration, Victoria University

Essential ingredients for social connection:



Context

The Royal Commission into Victoria's Mental Health System in 2021 highlighted the critical role communities play in preventing mental ill-health. Recommendation 15 specified the Victorian Government establish and recurrent resource community collectives in each local government area.

The Victorian Government's vision is to transform Victoria's mental health system so Victorians living with mental ill-health, and their families and carers are supported to live full and contributing lives. The [Victorian Health and Wellbeing Plan 2023–2027](#) and the [Victorian Wellbeing Strategy 2025–2035](#) outline key priority actions being delivered to protect and promote health and wellbeing in Victoria. A Social Inclusion Action Group program was also initiated.

In recognition of the enormous task in meeting unmet demand for mental health services, the Victorian Government introduced a Mental Health and Wellbeing Levy in 2022 to dedicate expenditure on mental health, with expenditures now over \$3 billion per year.

Strengthening protective wellbeing has also been recognised as a key enabler in the [National Suicide Prevention Strategy 2025–2035](#), with communities in which people feel safe, healthy, economically secure and connected to others being associated with higher levels of wellbeing, lower levels of distress and lower suicide rates. The Australian Productivity Commission has recently released its final report reviewing the [National Mental Health and Suicide Prevention Agreement](#).

All Victorian councils play a role in supporting their communities to thrive and flourish, including through their four-yearly Municipal Public Health and Wellbeing Plans.

Beyond Australia, the World Health Organisation's landmark report [From Loneliness to Social Connection – Charting a path to healthier societies](#) has identified the urgent need for action to retain social connection for the health, strength and resilience of individuals and societies.¹

The Australian and Victorian Governments are currently spending over \$3.4 billion each year on mental ill-health. A recent Australian Productivity Commission report cites that the effects of mental ill-health and suicide cost Australia over \$200 billion a year through lost productivity and reduced life expectancy.⁴

Loneliness has been estimated to cost the Australian economy around \$2.7 billion annually, equivalent to an annual cost of \$1,565 for each person who becomes lonely. This cost reflects the impact of loneliness on physical and mental health and subsequent service use, productivity, and the overall economy.^{5,6}

Issues requiring attention



Key insights

The world is changing at an unprecedented pace, reshaping how we connect and interact. These global forces ripple through local communities, profoundly impacting mental health.

- Continued urbanisation and population growth, with Victoria's current population of 6.8 million people expected to reach 10.3 million by 2051⁷
- Rising proportion of people over 65 years to 2 million, almost double current numbers^{7,8}
- Increasing average annual temperatures, with more intense and frequent heatwaves, and decreased average annual rainfall but more intense storms are occurring⁹

Local communities and their governments are navigating a complex landscape shaped by multiple, simultaneous global transformations, including:

- New extremes of climate volatility
- Demographic shifts, peaks and cliffs
- Digital landscape proliferating
- Social instability and fragmentation
- Infrastructure resilience and risk

Together, these forces intensify pressures on mental health and wellbeing at the local level, demanding adaptive, place-based responses that are as dynamic as the challenges themselves.

Despite significant government spending, mental ill-health and demand for services continue to rise, underscoring the urgent need for new approaches.

- 1 in 5 Victorians are experiencing mental illness annually¹⁰
- More than 3,000 Australians die by suicide each year¹¹
- Lifeline Australia recorded its busiest year in 2024, with 1.36 million contacts¹²
- \$3.4 billion is being spent each year on mental ill-health in Victoria¹³

Mental health challenges are escalating. Across Australia, mental wellbeing has declined over the past decade, with distress fuelled by factors like cost of living, social isolation, and housing insecurity.

Suicide remains a leading cause of death, Young people are particularly vulnerable, with a significant proportion experiencing suicidal ideation.

Despite increased government investment, mental health treatment services are struggling to meet demand, leaving many without necessary support.



Rapid technological advances are redefining how people live, work, and connect.

- Mis- and dis-information have been identified as the top global risks by the World Economic Forum¹⁴
- Doubling in bills now paid online¹⁵
- Over a third of young people have constant contact with friends online¹⁶

Rapid technological change is reshaping social interaction.

While digital tools offer new ways to connect, they can also contribute to misinformation, polarisation, and reduced in-person engagement.

The World Health Organisation has identified social disconnection as a serious threat to global health, contributing to increased risks of disease, early death, and poorer mental health, along with significant social and economic costs.¹

Young people in particular report high levels of online contact but also face challenges with problematic social media use, impacting mental health.

Loneliness, social isolation, and exclusion are on the rise, fuelling psychological distress, deteriorating physical health, and escalating societal costs.

- 23.3% of adults in Victoria experience loneliness, with people with severe loneliness 4.6 times likely to have depression, and 4.1 times more likely to have social anxiety⁶
- Lone person households are expected to increase to 27.6% of the Victorian population by 2051⁷

Loneliness and social isolation have been found to be a contributing factor to mental ill-health. The recent inquiry into loneliness by the NSW Legislative Council Standing Committee on Social Issues found that loneliness is not the same as being alone.

*"An individual can spend time alone and not feel lonely or isolated from others; equally, an individual can be surrounded by familiar people, but still feel lonely"*¹⁷

An advisory from the United States Surgeon General in 2023 found that lonely people have a 26% increased risk of mortality ... with the health impacts like smoking 15 cigarettes per day and greater than the impact of obesity and physical inactivity.¹⁸

Local government stands uniquely positioned to deliver the community infrastructure and services that nurture social connection and inclusion.

- Councils spend \$3.68 billion annually on community infrastructure and services¹⁹
- Asset renewal and infrastructure to meet growing population needs are key issues needing to be addressed to maintain local liveability

Community initiatives addressing social connection are scattered across multiple government departments, often lacking coordination and overlooking local government's critical role.

Government expenditure on mental health has also surged, yet outcomes have not improved proportionally.

This disconnect highlights the need for more effective, coordinated approaches.

*"...every lost club, every closed hall, every bulldozed gathering space is another crack in our social infrastructure. This cost isn't just measured in dollars; it's measured in the pain of loneliness, disconnection and exclusion in the people left behind when community vanishes. Once these places are gone, where do people go?"*²⁰

Opportunity to change – think local!

Communal place-based solutions need more focus

Evidence collated in the MAV's Belonging Matters report highlights the important role communal interventions can play in promoting health and wellbeing, at much reduced cost to health service systems.

"Local, place-based infrastructure and social connections for wellbeing is there – deep and wide community networks facilitated by councils, local services and facilities such as public libraries, recreation centres, parks and community centres.

But if people aren't linked to these through programs that foster participation, interaction and engagement, the community can't experience the full benefits of social connection, belonging, and collective resilience".

MAV President, Cr Jennifer Anderson

Research evidence on communal-level actions

| Response spectrum | | Promote wellbeing | Prevent mental ill-health | Early detection | Low intensity support | High intensity support |
|----------------------|------------|--|--|---|---|--|
| Type of Intervention | Population | Health promotion and public information Reducing stigma for people with mental ill-health | | Medicare system Pharmaceutical Benefits Scheme | Service promotion and availability | Service availability |
| | Communal | Neighbourhood design interventions Leverage green and blue spaces (e.g. parks, woodland, rivers, lakes) Alternative use of spaces Community development interventions Community hubs | | Public information and awareness raising campaigns, word-of-mouth | Support for carers from families and friends | Support for carers from families and friends |
| | Individual | Social network and contact Physical/exercise Leisure/skill development | Education Social skills training Social support Computer/internet/digital | Local medical and support services | Psychological/therapy Social prescribing trials to attend community activities | Hospitalisation |
| Cost | | ● | ● | ● | ● | ● |

Delivered by local government

Legend for cost per capita: Green = low; Orange = medium; Red = high.

Work with local government

Alignment of government programs and interventions

Many departments across national and state governments provide individual funding programs to local communities. So much more could be achieved if these many and varied funding programs could be better prioritised for their health and wellbeing impacts.

Collective focus could reduce harmful loneliness

Loneliness and social isolation are major public health challenges linked to mental ill-health, early death, and increased healthcare costs.

In Victoria, nearly a quarter of adults experience loneliness, with severe loneliness dramatically increasing risks of depression and social anxiety.

Place-based interventions targeting loneliness could yield substantial savings in health expenditures and improve quality of life.

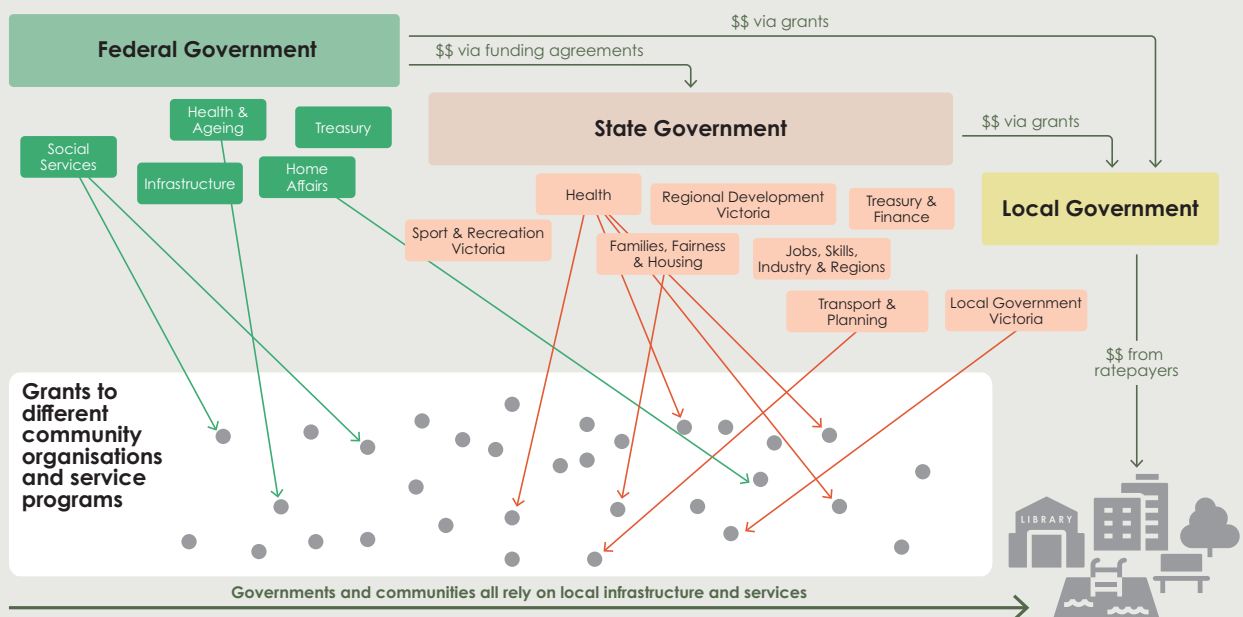
Building wellbeing together

Social cohesion in Australia is at a historic low, reflecting broader societal pessimism, declining trust, and rising financial stress.

Investing in community-building initiatives that promote inclusion and cohesion offers a more positive, sustainable path to social cohesion.

Socially cohesive societies experience less discrimination and stigma, fostering fairer workplaces and fuller participation.

Opportunity to improve multiple government funding streams



About local government

Victorian councils are deeply invested in creating strong, healthy and connected communities.

They manage and maintain an extensive network of public spaces and facilities – parks, libraries, recreation centres, community halls, playgrounds and sporting grounds – which serve as the social infrastructure of every day life. This is not just bricks and mortar – it is significant local investment in belonging, in keeping people connected and in the quiet, everyday acts of connection that sustain mental health and wellbeing.



In 2023–2024, \$3.68 billion was spent collectively by Victorian councils in recurrent expenditures on community infrastructure and services:

| Activity | \$ annually |
|--|-----------------------|
| Recreation and culture: <ul style="list-style-type: none"> – Sports grounds and facilities – Parks and reserves – Waterways, lakes and beaches – Art galleries – Museums and cultural heritage – Performing arts centres – Libraries – Public centres and halls | \$2.36 billion |
| Family and community services <ul style="list-style-type: none"> – Families and children – Community health – Education – Community housing | \$0.95 billion |
| Aged and disability services <ul style="list-style-type: none"> – Community care services – Facilities | \$0.36 billion |
| Total | \$3.68 billion |

Source: Council expenditure and revenue data 2023–24, Victorian Local Government Grants Commission¹⁹

“The future of wellbeing is local. Councils are not the periphery of the system, they are its beating heart”.

Dr Stephen Carbone, mental health clinician and founder of Prevention United

This page image: MAVlab Innovation Library Case Study Library, Darebin City Council – Northcote Aquatic and Recreation Centre
Opposite image: MAVlab Innovation Case Study Library, Yarra Ranges Shire Council – ‘Our Country, Our Way – Embedding Indigenous Perspectives in Land and Emergency Management’

Recommendations

Time for place-based action via local government

Preventing rising mental ill-health demands bold, coordinated action across all levels of government, with a shared focus on prevention through social connection at the local level.

By harnessing the unique strengths of local governments and communities and aligning with Victorian and Australian Government policy frameworks—we can build resilient, inclusive, and thriving societies.

This report calls for a whole-of-government commitment to place-based strategies that prioritise connection, inclusion, and wellbeing. These strategies must be embedded within national and state mental health reform agendas, with a clear line of sight to accountability and measurable impact of publicly funded investments in population wellbeing.

In Victoria, implementation of the recommendations from the 2021 Royal Commission into Victoria's Mental Health System is essential to ensure coherence, sustainability, and equity of outcomes.

Alignment with Australia-wide initiatives such as the National Mental Health and Suicide Prevention Agreement, and reforms being undertaken will also help.

Together, we can transform mental health outcomes and create healthier futures for all Victorians. And the time to act is now.



Recommendations



| Social investment | Whole-of-government delivery, with local government | Infrastructure investment |
|---|--|--|
| <ul style="list-style-type: none"> – Launch a statewide ‘Community Cohesion Action Fund’ coordinated by the MAV, using local assets to rebuild local community connections for safer, more engaged and socially cohesive communities. – Extend the Victorian Government’s 10 Social Inclusion Action Groups to support more communities in building social connection infrastructure. – “Local Issues, Local Solutions” Active Local Democracy Fund in cooperation with councils to design and pilot programs that promote active democracy and combat disinformation at the community and neighbourhood level. – Explore local social enterprise collaboration opportunities in partnership with local government to boost local resilience. | <ul style="list-style-type: none"> – Connect departments across all levels of government to deliver actions in the National Mental Health and Suicide Prevention Agreement and reforms from the Victorian Royal Commission into Victoria’s Mental Health system. – Investigate improved efficiencies and potential health cost savings to enhance social connection, including social prescribing being available through the medical referral system. – Include local government-specific initiatives in the National Stigma and Discrimination Reduction Strategy to reduce impacts on people with lived and living experience of mental ill health and suicide. – Adequately support and fund service providers demonstrating effectiveness, particularly those working with people in serious need of help. – Address service gaps for responding to people experiencing acute mental health episodes in public places, particularly the gap in culturally appropriate supports. | <ul style="list-style-type: none"> – Fund the Gap Community Infrastructure Fund over three years until a statewide infrastructure contribution scheme is in place in 2027–28 to ensure councils can continue providing essential enabling infrastructure, including: <ul style="list-style-type: none"> • Activity transport, walking and bike-riding trails • Maintain, upgrade and build new public pools and aquatic/leisure centres • Public library infrastructure. – Fast-track and prioritise public transport and active transport links to unlock economic growth and housing supply in under-served areas. |

Together, we can transform mental health outcomes and create healthier futures for all Victorians. And the time to act is now.

Opposite image: MAVlab Innovation Case Study Library, Baw Baw Shire Council – ‘Shaping the Future of Noojee’



1. Introduction

Mental health conditions and ill-health are not inevitable. Even though the statistics show mental ill-health and demand for more services are rising, this doesn't have to be the case. The challenge for us all is how people in Australia can experience their best possible mental wellbeing, and live free from preventable mental health conditions.

High and increasing levels of loneliness, social isolation and social exclusion require all levels of government to reconsider how communities maintain local social connection, in place, where people live and work. Without intervention, high rates of psychological distress and diagnosable mental health conditions, poor physical health, decreased life expectancy, and increased societal costs will continue to grow.

This report brings together well-tested and new and emerging evidence regarding the protective shield communal social connection (and the ingredients which contribute to it) provides for community-wide mental health and wellbeing.

Focussing on place-based health engagement pathways – social networks, inclusion and cohesion – can produce substantial personal and community-level social and economic benefits. It draws on the growing evidence that community level responses are effective. It's also a reminder that councils are already practising and investing in communal interventions every day.

The infrastructure for wellbeing is there, much of it provided through local government, but if people aren't linked into it through connecting programs that foster participation, interaction, and engagement, then the community can't experience the full benefits of social connection, belonging and collective resilience.

Joining the connections between services and agencies which provide the infrastructure which already exist is the challenge considered in this report.

To succeed in having fewer people suffering from mental ill-health, the value of fostering trust, shared values, and meaningful connections across different cultural, social and demographic groups needs dedicated attention over the long term.

There is no one model that will work for everyone, everywhere, every time. So the best place to start is deepening and expanding local community participation in places where people live and work, through local communities and businesses. As the tier closest to local communities, local government is ideally situated to foster opportunities for social connection, and its component parts of inclusion, cohesion and local networks (social capital).

About this report

This report focusses on the links between mental health, social connection and inclusion. It also introduces the connection between social cohesion and community health and wellbeing.

Chapters 2 and 3 set out the forces of change impacting communities across Victoria (and Australia more generally) and how current institutional arrangements could be more productive if local government and health prevention were more formally recognised in national and state government arrangements. Chapter 4 unpacks key health definitions and provides background regarding Australia's current institutional arrangements for mental health and wellbeing. Conclusions are outlined in Chapter 5.

The technical papers which have informed this report are also included. Technical Paper 1 prepared by former clinician and mental health promotion expert Dr Stephen Carbone summarises the evidence regarding mental health promotion and prevention, social connection and social inclusion. Technical Paper 2 prepared by Stella McNamara, Tyler Nicholls and Rosemary Calder from the Australian Health Policy Collaboration, Victoria University, identifies the links between social cohesion and community health and wellbeing, illustrated with practical examples of local and international initiatives.

Context

The Royal Commission into Victoria's Mental Health System in 2021 highlighted the critical role communities play in preventing mental ill-health. It recommended that councils be funded to coordinate and oversee the implementation of 'community collectives' in each local government area across the state (Recommendation 15). The Victorian Government accepted all of the Royal Commission's recommendations.

The Victorian Government's vision is to transform Victoria's mental health system so Victorians living with mental ill-health, and their families and carers are supported to live full and contributing lives. The Victorian Health and Wellbeing Plan 2023–2027 and the Victorian Wellbeing Strategy 2025–2035 outline key priorities actions being delivered to protect and promote health and wellbeing in Victoria. In recognition of the enormous task in meeting unmet demand for mental health services, the Victorian Government introduced a new Mental Health and Wellbeing Levy in 2022, lifting the state's mental health expenditures by an additional \$1 billion per year to nearly \$4 billion annually.

Strengthening protective wellbeing is recognised as a key enabler in the National Suicide Prevention Strategy 2025–2035, with communities in which people feel safe, healthy, economically secure and connected to others having higher levels of wellbeing, lower levels of distress and lower suicide rates. The current Australian Government is working to update the National Mental Health and Suicide Prevention Agreement with the states and territories, with a review recently undertaken by the Australian Productivity Commission.

All Victorian councils play a role in supporting their communities to thrive and flourish, demonstrated through their four-yearly Municipal Public Health and Wellbeing Plans.

Beyond Australia, the World Health Organisation's landmark report From Loneliness to Social Connection – Charting a path to healthier societies has identified the urgent need for action to retain social connection for the health, strength and resilience of individuals and societies. It highlights the severe consequences from social disconnection, and that although it is often overlooked, illustrates how loneliness is just as damaging as other well-known public health risks which lead to poor health outcomes for individuals and the community as a whole.¹

In Australia, the effects of mental ill-health and suicide cost over \$200 billion a year through lost productivity and reduced life expectancy, as well as what people and governments spend on mental health and suicide prevention services.²

Loneliness has been estimated to cost the Australian economy around \$2.7 billion annually, equivalent to an annual cost of \$1,565 for each person who becomes lonely. This cost reflects the impact of loneliness on physical and mental health and subsequent service use, productivity, and the overall economy.^{3,4}

2. Challenges facing local communities in mental health and wellbeing

Key takeaways:

- Global forces of change are increasing general societal anxiety
- A technology tsunami is seriously disrupting in-person social connection and contributing to a prevalence of mis- and dis-information
- Mental ill-health is rising in Australia, and in Victoria, despite increased government investment in prevention and health services

National, state and local governments are devoting considerable resources to the provision of services and facilities which support the mental health and wellbeing of people living in Australia, yet demand for acute treatment services is rising.

Acting now to arrest these ever-increasing pressures absolutely makes sense – with social and economic benefits to the community as a whole.

Spending on early intervention relies on, and has the dual benefit of having healthy and able people contributing to society as well as freeing up public funding otherwise spent on the acute health system to generate economic, social and environmental benefits for everyone in Australia. The benefits (or costs which could otherwise be avoided) at individual and community levels are exponential, both upwards and downwards.

These costs are significant, with the Australian Productivity Commission citing in its recent review of the National Mental Health and Suicide Prevention Agreement that the effects of mental ill-health and suicide cost Australia over \$200 billion a year through lost productivity and reduced life expectancy, as well as what people and governments spend on mental health and suicide prevention services.¹

Despite these significant annual outlays of public funds, prevention expenditures are not always the highest priority, with the reality being that the benefits of early intervention have long lead times and will be appreciated in the future rather than immediate budget cycles.

In health, there is a wealth of evidence that taking action now will save later costs for individuals and society as a whole. Acting now on smoking cessation or melanoma prevention activities reducing the incidence of the poor health they cause is well entrenched in government policy and frameworks. Although it is hard to pin-point which program had a benefit for which individual, the benefits of long-standing cessation programs have long been invested in because of they are assumed to be of long-term value at a population-health level.

Similarly, it makes sense to invest in whole-of-government approaches to work on addressing the root causes of mental ill-health conditions which can be mitigated or arrested early. For example, a concerted and coordinated effort to reduce loneliness could be undertaken now, by having improved social connection opportunities.

There are also significant structural adjustments at play which are rapidly affecting the way people connect with each other, such as rapid technological change, which mean that acting now is critical to arresting declining mental health and wellbeing. These issues are explored in greater detail in the following sections.

2.1 Global forces of change are impacting locally

Global forces of change are impacting pressures on local communities and are being experienced at an individual level. From rapidly evolving technology to social changes, shifting economies to environmental pressures, local communities – and the governments that represent them – are at the forefront of experiencing multiple transformations happening simultaneously.

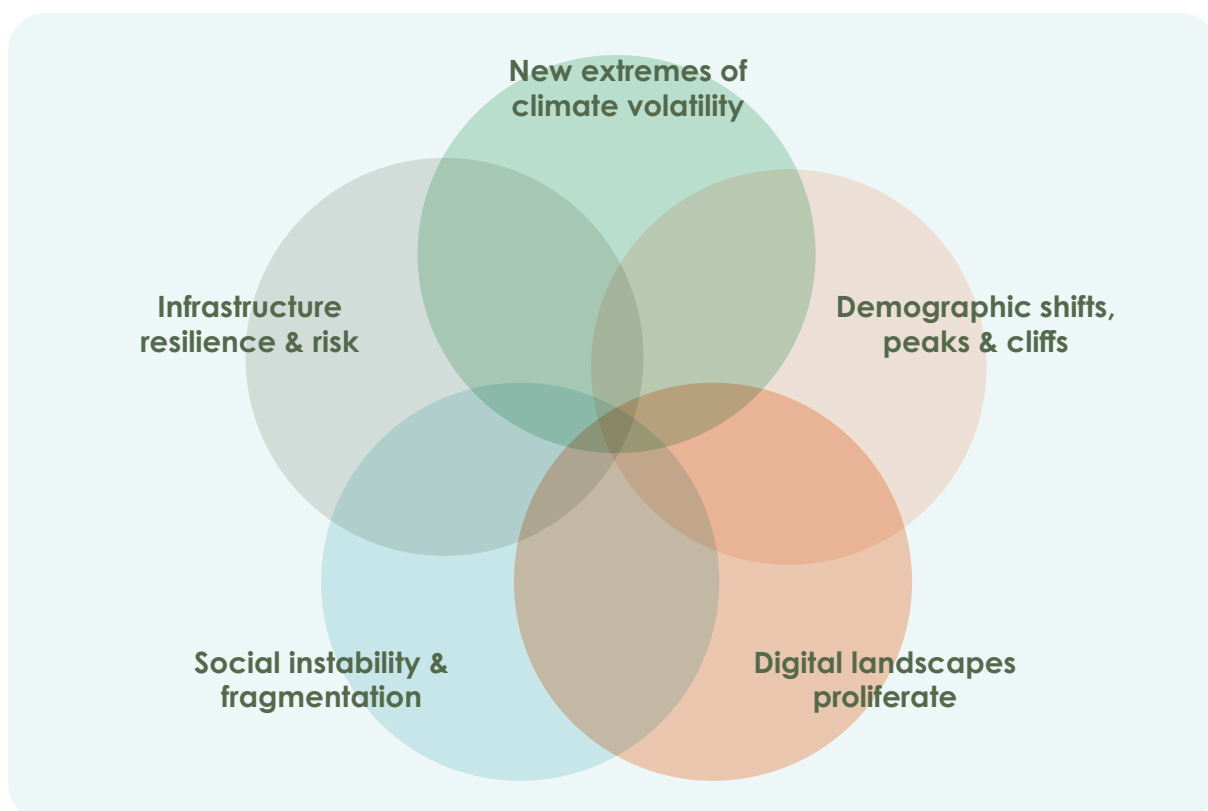
Continued urbanisation and population growth and changing climate patterns will continue to present change for local communities. Victoria's current population of 6.8 million people is expected to reach 10.3 million by 2051, with almost one fifth of the population aged 65 years or older. The number of people aged over 65 years is expected to almost double, to 2 million people.² Increasing average annual temperatures are also anticipated, along with more intense and frequent heatwaves, and decreased average annual rainfall but more intense storms.³

The MAV report *The Future is Local* illustrates the significant forces of change impacting Australians and councils in particular – see Figure 1 below.

The medium-term trends underpinning these forces of change for local government include:

- **Demographic**, with trends of uneven population growth, continued urbanisation and population density, cultural diversity, skill changes and new gaps, ageing population.
- **Climate volatility**, with trends of increased frequency and severity of extreme weather events, blue and green infrastructure becoming even more valued, and net zero carbon emission trajectories.
- **Digital proliferation**, with trends of human/AI collaboration, decline in in-person services, advanced data analytics and prevalence of mis- and dis-information.
- **Social instability and fragmentation**, with trends to new avenues for participation, decreasing institutional trust, and collective anxiety and loneliness.
- **Infrastructure resilience and risk**, with trends of ageing infrastructure in its twilight years, uninsurable assets and energy transition.

Figure 1 – Global forces of change⁴



2.2 A technology tsunami is rapidly disrupting in-person connection

Rapid technology changes are significantly impacting social connection and public discourse and the way people connect at a very fast pace.

Mis- and dis-information have become pervasive elements of our social and political contexts, so much so that the World Economic Forum's [Global Risk Report 2025](#) named these as the top global risks of the immediate term because of their capacity to erode institutional trust, promote social and political polarisation, manipulate systems including economic, political and essential services, incite violence and conflict.⁵ In Victoria, disinformation has driven protests and disruptions in council meetings and places of decision-making, leading at times to additional security measures being required, including additional security and police presence at meetings, physical modification to public spaces and moving council meetings to online.

Manipulated and misleading narratives that circulate in increasingly insular information bubbles – often on social media – can lead to higher levels of division and polarisation within the community, where different people are being exposed to entirely different informational ecosystems are shaping divergent local realities. Having a filter and reality-check for these is crucial. The [Disinformation in the City Response Playbook](#) recognises the important role cities play in creating trust – and trusted information pathways – in four key areas: trusted institutions, trusted people, trusted information and trusted places. Councils are integral players in all of these domains.⁶

Place-based in-person connections will become ever more important to mitigating social isolation, but rapidly increasing digital service provision is reducing the need for people to visit service locations to undertake daily life transactions. For example, over 60% of bills were paid online in 2022, more than double that in 2007.⁷ This trend to online use for many activities is rapidly changing the way people go about their daily lives and interact with others.

More and more people are also socialising online, with a range of positive and negative consequences. Particularly among young people, over a third (36%) reported constant contact with friends online, with the highest rates among 15-year old girls (44%).⁸ Of concern from a mental health perspective is the finding from a study of school-aged children undertaken by the World Health organisation that more than 1 in 10 adolescents (11%) showed signs of problematic social media behaviour, struggling to control their use and experiencing negative consequences.⁸

Having 24/7 access to connecting with services and people online may be convenient and connect people from across the world, but the multiplier effect on individuals and how people move and connect in local places is still to be fully understood.

2.3 Mental ill-health and health-system demands are rising

Each year, around one in five Victorians will experience mental illness and almost half of Victorians will experience mental illness during their life.⁹

The following statistics illustrate the urgent need for new approaches:

- In any year in Australia, an estimated 1 in 5 people aged 16–85 will experience a mental disorder, and reported mental wellbeing has declined over the past decade.¹
- In 2022, 14% of people aged 18 years and over experienced high or very high levels of psychological distress.¹⁰
- Suicide is one of the leading causes of death for Australians, with more than 3,000 people dying by suicide every year. In Victoria, 772 people died by suicide in 2024.¹¹
- One third of teenagers in Australia aged 14–19 have experienced suicidal thoughts and behaviours in the last 12 months to August 2025¹⁰ and nearly one in five (19%) young Australians have had serious thoughts of suicide.^{12,13}
- Lifeline Australia recorded the busiest year in its history in 2024, receiving 1.36 million contacts across their phone, text and chat services.¹⁴

Brain health conditions, including mental health, neurological and substance use disorders, account for roughly 10% of global disease burden, comparable to all cancers combined, resulting in the associated burden of brain health conditions contributing an added 150 million lost years globally. Unlike other chronic illnesses, mental and substance-use disorder burden disproportionately affects young people, with 75% of mental disorders appearing by the age of 24.

For Australia, anxiety and depressive disorders represent 347,000 years of healthy life years impacted.

Source – McKinsey Health Institute and Healthy Brains Global Initiative online article¹⁵

2.4 Government health services can't keep up with demand

Demand pressure on national and state budgets continues to grow, despite more services being offered than ever before. Concerningly, in 2022–23 an estimated 230,500 people with severe mental illness and 263,100 people with moderate mental illness aged 12–64 years who required psychosocial supports were not receiving them through the National Disability Insurance Scheme (NDIS) or other government funded programs.¹⁶ There is also concerning growth in the use of mental health related services and mental health prescriptions by those under 25 years of age.¹⁷

The Australian Productivity Commission's Final Report from its review of the National Mental Health and Suicide Prevention Agreement corroborates these demand pressures, finding that while the Australian and state and territory governments have delivered most of the outputs agreed in the National Mental Health and Suicide Prevention Agreement, this has not led to better outcomes.¹⁸

A new approach to prevention investment has also been identified in the Australian Productivity Commission's *Delivering quality care more efficiently* final report. It recommends the introduction of a National Prevention and Early Intervention Framework to stop problems from starting or getting worse. It noted that particularly for vulnerable populations there can be better outcomes for individuals and the community from investment in effective prevention activities which reduce demand for acute and more costly services down the track.¹⁹

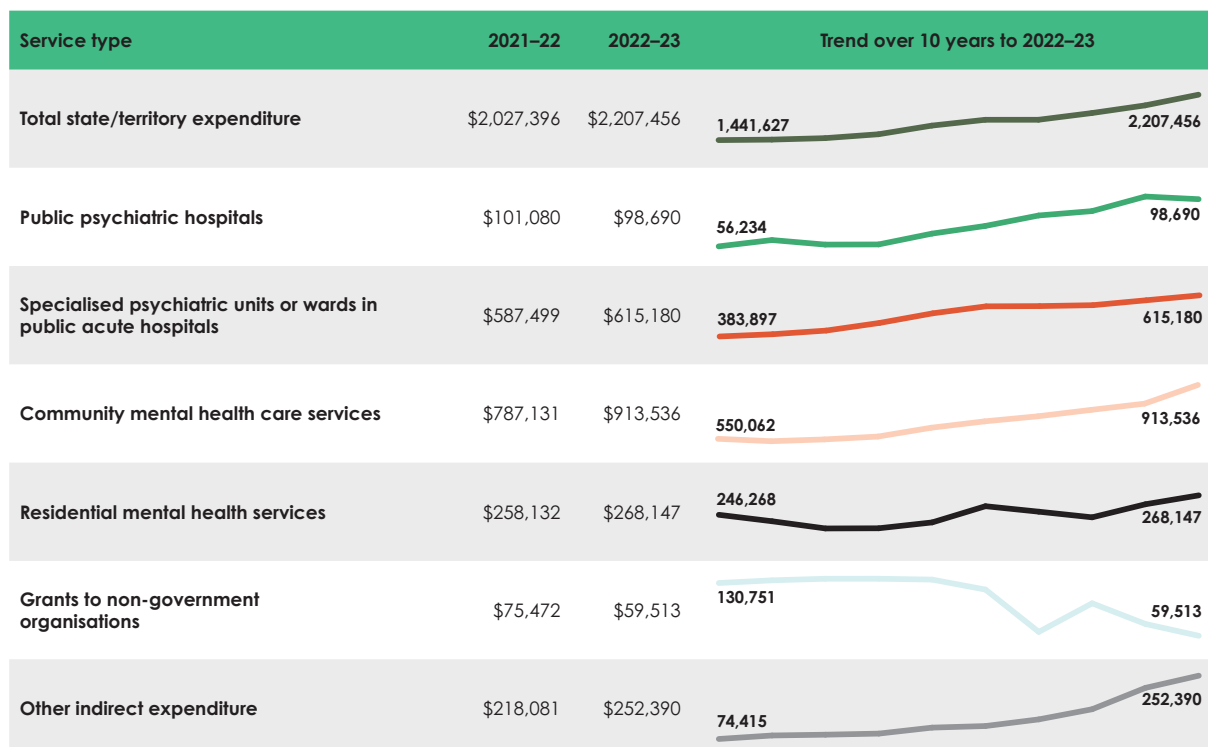
Identifying programs that produce the best value for money, based on rigorous assessment and evaluation makes sense. Such a framework should provide a stable and ongoing basis for funding prevention, recognising that the benefits fall across sectors and levels of government, and over extended timeframes.

2.5 Rising public-funded expenditures

The financial commitment by the Australian and Victorian Governments to mental health services is substantial and has risen significantly in the last 10 years. Figure 2 illustrates the level of increases. Other indicators include:

- In 2022–23 expenditure per person on mental health services was nearly 16% higher than it was in 2013–14, and total expenditure has grown by 30%. However mental health and suicide prevention outcomes did not improve.²⁰
- Data from the Australian Institute of Health and Welfare shows that the Victorian Government's expenditure on mental health services, public psychiatric hospitals, specialised psychiatric units or wards in public acute hospitals and residential mental health services is double the spend just 10 years ago.²¹
- Young people, aged 15–24 had the highest population rate for service use (17%) in 2021, increased from 8.3% in 2012. This cohort also had the largest percentage increase (111%) in the number of MBS mental health consumers from 2012 to 2021.²²

Figure 2 – 10-year recurrent spending trends by the Victorian Government on specialised mental health services 2013–14 to 2022–23



Source: Australian Institute of Health and Welfare (AIHW) Expenditure on Mental Health Services²¹

2. Challenges facing local communities in mental health and wellbeing

The Australian Government's expenditure on specific mental health subsidies in Victoria through Medicare and the Pharmaceutical Benefits Scheme was \$611.2 million in 2023–24.²¹ In addition, the Victorian Government's specific expenditure on specific mental health clinical care and support services was \$3.1 billion spent in 2024–25 – see Figure 3 for details.

Over \$3.4 billion annually is currently being spent on specific mental health treatments and support in Victoria by the Australian and Victorian Governments.

Figure 3 – Specific revenues and expenditures on mental health clinical care and mental health-specific services in Victoria

| Financial year | Revenue source | | Expenditure | | | |
|---------------------------|--|--|--|--|--|-------------------|
| | Vic Govt Mental Health & Wellbeing Levy ¹ | Cth Govt NMHSPA payment to Victoria ² | Vic Dept of Health specific mental health expenditure ³ | Cth Govt Medicare subsidies ⁴ | Cth Govt PBS and RPBS subsidies ⁴ | Total expenditure |
| Activity | \$m | \$m | \$m | \$m | \$m | \$m |
| 2021–22 | 328.0 | 0.0 | 2,352.3 | 475.4 | 178.9 | 3,006.6 |
| 2022–23 | 874.0 | 36.0 | 2,684.8 | 450.2 | 163.0 | 2,847.8 |
| 2023–24 | 993.0 | 30.0 | 2,857.4 | 443.2 | 168.0 | 3,468.6 |
| 2024–25 | 1,096.0 | 39.0 | 3,102.5 | na | na | na |
| 2025–26 (budgeted) | 1,147.0 | 41.0 | 3,004.3 | na | na | na |
| Total over 6 years | 4,438.0 | 146.0 | | | | |

Notes:

1. The Mental Health and Wellbeing Levy is a payroll tax surcharge on wages paid in Victoria by those businesses with annual Australia-wide wages over \$10 million which commenced on 1 January 2022.
2. National Mental Health and Suicide Prevention Agreement (NMHSPA) payments to Victoria, outlined in annual Victorian Government No 5 Budget Papers.
3. Output expenditure itemised in annual Victorian Government No 3 Budget Papers for the Department of Health on Mental Health Clinical Care and Mental Health Community Support Services. These amounts do not include spending on other health and hospital services accessed by people with mental ill-health, or those provided through drug and alcohol support services.
4. Australian Institute of Health and Welfare data for Australian Government spending on mental health-related services subsidised by Medicare and medications subsidised under the Pharmaceutical Benefits Scheme and the Repatriation Pharmaceutical Benefits Scheme [available from <https://www.aihw.gov.au/mental-health/topic-areas/facilities-resources/expenditure>].

3. Opportunity to change course – go local!

- Communal place-based solutions could play a bigger part if there was dedicated attention to programs focussed on social connection
- Local councils already invest in local facilities and services which bring people together in-person – opportunities exist for scale-up

Notably, of the communal approaches identified, all are activities where councils play a role, whether it be from providing public infrastructure for recreation, and public facilities such as libraries, recreational facilities and community centres, to funding of local sporting and community group activities.

Building on these investments with focussed attention to preventing mental and physical ill-health will make a difference for those people whose mental health issues causing at least moderate functional impact. For example, research from Beyond Blue and The Social Research Centre shows that these people were significantly more likely to rate their sense of community (51%) and ability to get support from family and friends (33%) as “fair” or “poor” than the general population (30% and 18% respectively).¹

3.1 Communal place-based solutions could have more focus

Research outlined in Technical Papers 1 and 2 of this report shows that communal responses are effective in supporting community-level mental health and wellbeing, both in terms of preventing ill-health but also mitigating escalation of need for high intensity support. Figure 4 illustrates the sorts of responses which occur along this spectrum.

Figure 4: Research evidence on communal-level actions

| Response spectrum | Promote wellbeing | Prevent mental ill-health | Early detection | Low intensity support | High intensity support |
|-------------------|--|--|---|---|--|
| Population | Health promotion and public information Reducing stigma for people with mental ill-health | | Medicare system Pharmaceutical Benefits Scheme | Service promotion and availability | Service availability |
| Communal | Neighbourhood design interventions Leverage green and blue spaces (e.g. parks, woodland, rivers, lakes) Alternative use of spaces Community development interventions Community hubs | | Public information and awareness raising campaigns, word-of-mouth | Support for carers from families and friends | Support for carers from families and friends |
| Individual | Social network and contact Physical/exercise Leisure/skill development | Education Social skills training Social support Computer/internet/digital | Local medical and support services | Psychological/therapy Social prescribing trials to attend community activities | Hospitalisation |
| Cost | ● | ● | ● | ● | ● |

Legend for cost per capita: Green = low; Orange = medium; Red = high.

3.2 Partnering with local government

As the tier of government closest to their communities, councils are innately connected to and understand their communities. They have the knowledge and practice in delivering activities and infrastructure which make a material difference to community life. They offer or financially support many of the evidence-informed and evidence-based programs and services needed to have an impact, and they manage the community infrastructure that's needed to support connection and inclusion.

Councils also have the accountabilities in place to assist with monitoring and evaluation through user experiences, and they have the planning and oversight capabilities to ensure things get done effectively, efficiently and in a coordinated way.

Yet local government is currently not referenced in any national or state mental health response frameworks despite the work of councils at the local level directly impacting goals and targets these other tiers of government are striving to achieve, and the benefit of responding at the communal level.

About local government in Victoria

79 councils are governed by over 600 democratically elected councillors.

Councils deliver over 100 different services, from provision of local roads and footpaths, urban stormwater drainage, street lighting, waste management, maintaining public open spaces, parks and gardens, sporting and community facilities, to delivering community services from libraries, maternal and child health, early years and seniors programs. They perform regulatory functions, including planning, building, emergency management, public health and environmental protection.

Councils respond to local community needs, with each council having the powers to set their own regulations and local laws.

The *Local Government Act 2020* mandates how councils are structured, their accountability and reporting requirements, and their planning framework and revenue-raising mechanisms.

Victorian councils have a long history of positively impacting public health. From early days of pest eradication from properties and advocating for clean water and the development of waste management and sewerage systems, to being involved in delivering universal immunisation programs and maternal and child health services. Today councils lead a wide range of initiatives to promote the health and wellbeing of their local communities.

Through the Australian Local Government Association's signed commitment to the National Closing the Gap Agreement, councils have obligations to improve relationships with Aboriginal and Torres Strait Islander people to achieve nationally agreed priorities and targets to benefit First Nations people. Councils also have mandated requirements to consult with Traditional Owners regarding key strategic plans.

Of all the tiers of government, councils have the highest rating for trust, with the Scanlon Foundation Research Institute Social Cohesion Index report for 2024 showing that 47% of respondents had trust in their councils more or most of the time, compared with 33–34% of the surveyed adults trusting their state and federal governments.²

3. Opportunity to change course – go local!

3.3 Improving productivity from existing institutional frameworks

Key takeaways:

- Current national and state-level strategies have a prime focus on supporting individuals, carers and families
- Significant levels of funding are being expended by the Australian and Victorian Governments but the Australian Productivity Commission has found that the outcomes of the National Mental Health and Suicide Prevention Agreement are not being achieved

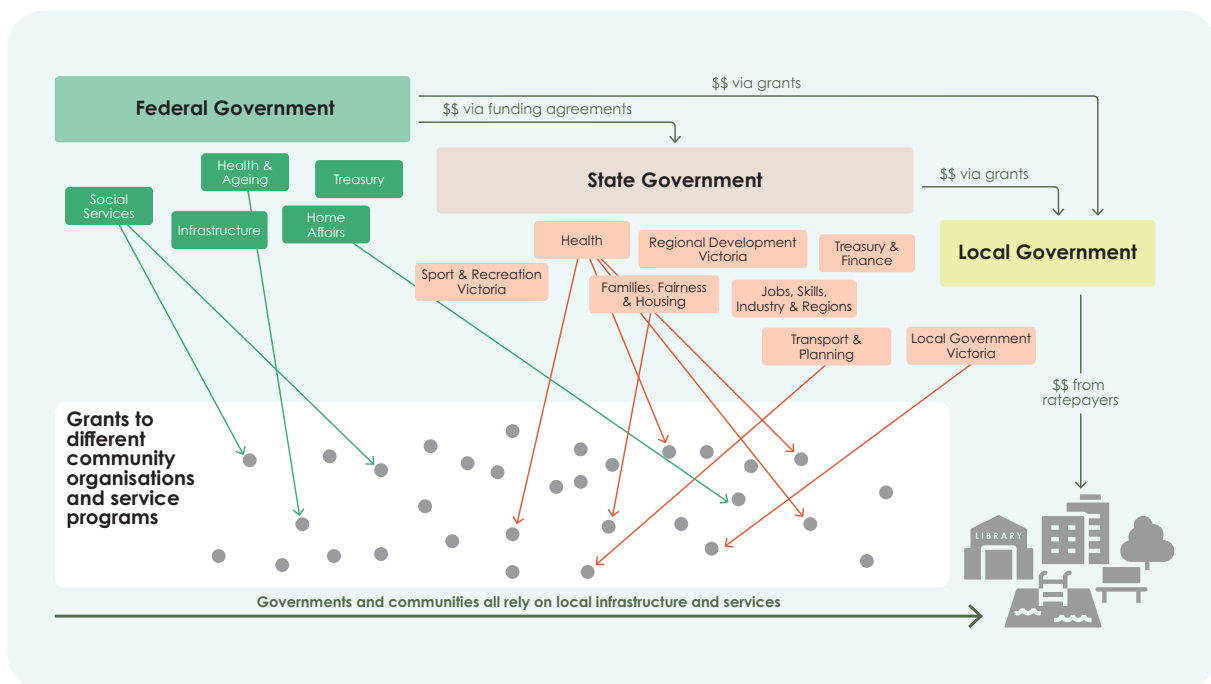
Providing support to individuals who are experiencing suicidal distress or mental ill-health, and on supporting their families and carers is (rightly) a core area of activity undertaken by the Australian and Victorian Governments. However much more can and does need to be done now to reduce preventable psychological distress and mental ill-health.

Waiting until people are experiencing significant mental health difficulties before interventions are introduced is not a good model or desirable approach. Consequently, many experts are advocating for a dual-systems approach of prevention plus treatment so that mental health promotion co-exists equally as a delivery mechanism alongside existing mental healthcare efforts. There are emerging efforts to promote mental wellbeing and actively prevent mental ill-health drawing on communal responses, but these are relatively small in nature, and still in trial stage.

It makes sense to adopt a broad definition of mental health and wellbeing and to recognise the advantages of a community-based approach which paves the way for more groups to take on a role in enhancing Australians' mental health and wellbeing.

It also makes sense to examine the considerable levels of funding across departments at both national and state levels, and between governments, to identify productivity efficiencies and minimise duplication. Figure 5 illustrates the complex funding arrangements that impact in or on local communities.

Figure 5 – Multiple government and funding overlays



3. Opportunity to change course – go local!

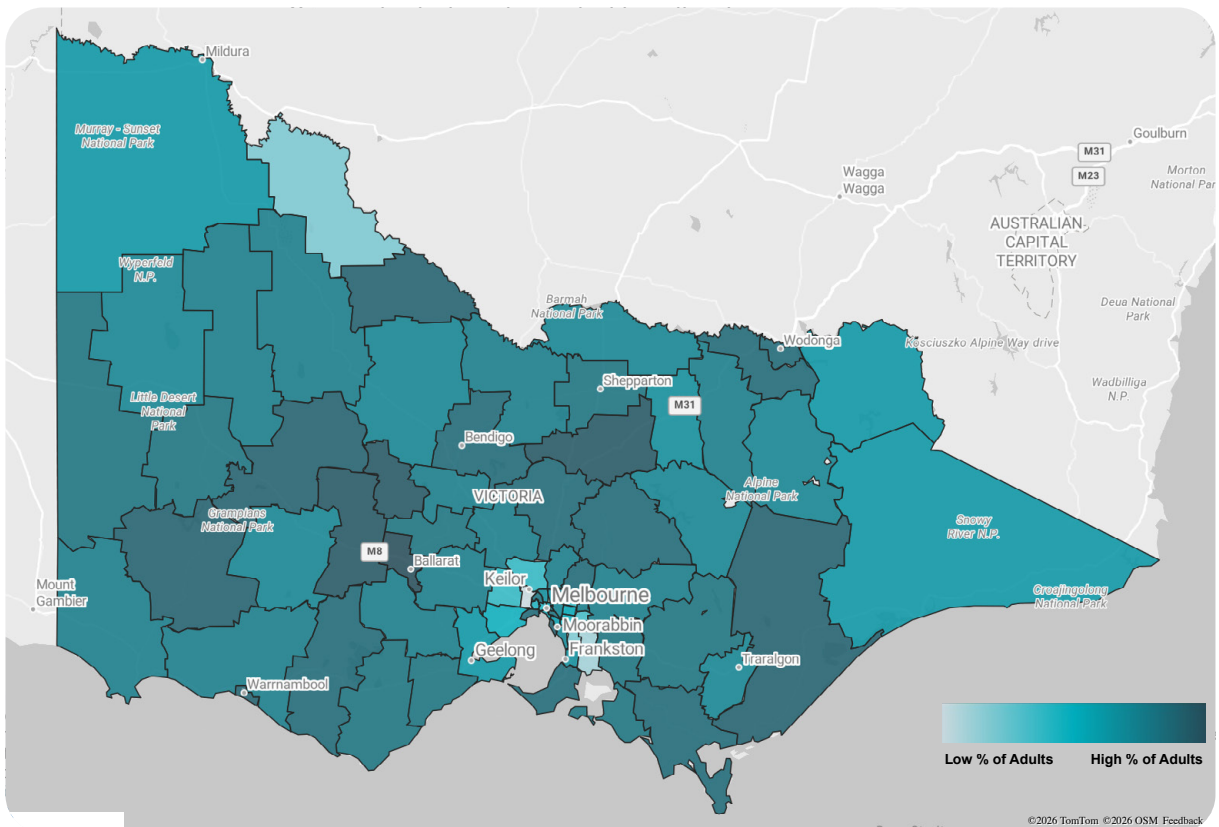
3.4 Place-based approach to reducing loneliness – A case-study

Loneliness and social isolation are major public health challenges which have been found to be a contributing factor to mental ill-health, and in fact to such an extent that the World Health Organisation report *From Loneliness to Social Connection* recently identified social disconnection as presenting a serious threat to global health, contributing to increased risks of disease, early death, and poorer mental health, along with significant social and economic costs.³

In Australia, the New South Wales Legislative Council's Standing Committee on Social Issues inquiry report *Prevalence, causes and impacts of loneliness in New South Wales* found that loneliness is a significant social issue requiring a comprehensive 'whole of society' response across government, the health sector, the private sector, the workplace, researchers, community groups, and individuals across every community.⁴

In Victoria, approximately 23.3% of adults in Victoria experience loneliness, with Figure 6 illustrating its prevalence across the state.⁵ Of those experiencing severe loneliness, people are 4.6 times likely to have depression, and 4.1 times likely to have social anxiety.⁶

Figure 6 – Victorian Population Health Survey 2023 findings on loneliness in Victoria by local government area



Source: Victorian Population Health Survey 2023 data dashboard

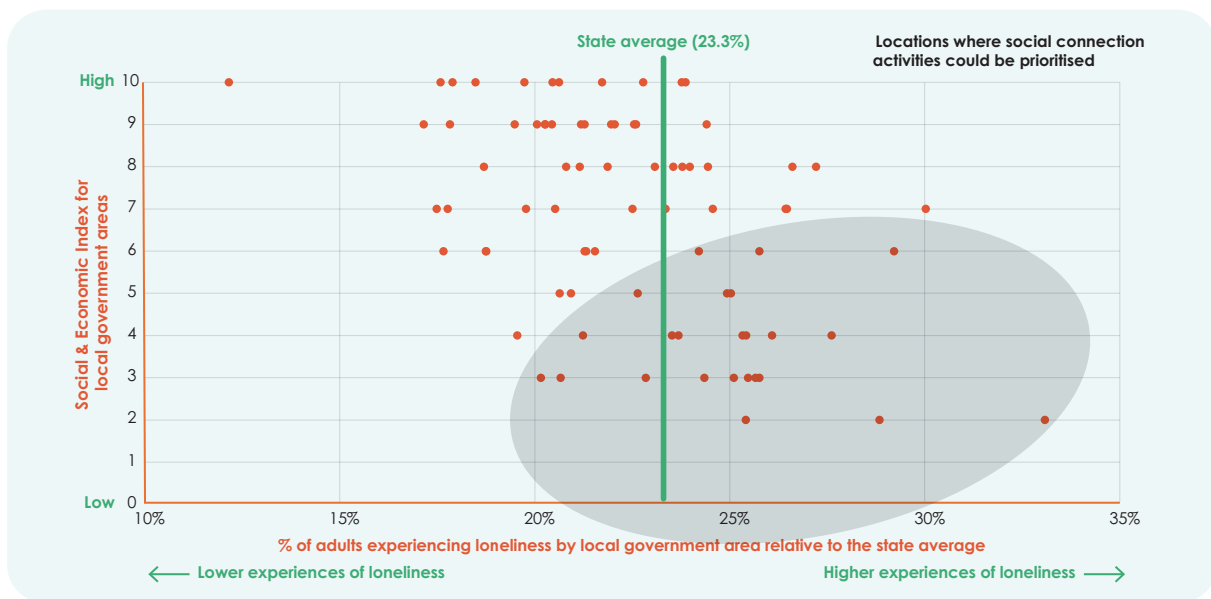
3. Opportunity to change course – go local!

The experiences of loneliness are similar across the state, however when this data is mapped alongside the Australian Bureau of Statistics Socio-Economic Index for Areas (SEIFA), it is also apparent there is a correlation between loneliness and locations where people live, with higher incidences of loneliness felt in areas of disadvantage. Figure 7 illustrates how experiences of loneliness are evident in locations relative to the state average. This finding also accords with VicHealth’s analysis [How your postcode predicts your health and life expectancy](#).⁷

If a dedicated program were established focusing on reducing the number of people experiencing loneliness to a harmful extent, significant savings would accrue to national and state government health expenditures each year, potentially releasing millions of dollars over the short term. Reducing psychological distress would also be enormously beneficial to those individuals experiencing harmful levels of loneliness, as well families, carers and the community as a whole.

The importance of planning policies and infrastructure to support healthy and liveable communities is critical, however research from the Australian Prevention Partnership Centre has found that although people value walkability and liveability, urban policies are not always implemented in local communities, and that planning policies and infrastructure are needed to help avoid disadvantage being suburbanised.⁸

Figure 7: Socio-economic profile of loneliness and where people live



Note:

The Australian Bureau of Statistics (ABS) advises that estimates for each local government area should not be compared against each other due to insufficient sample sizes – the key point from this diagram is the volume and extent of divergence from the state average, and locations where early intervention efforts could be prioritised.

Source: [Victorian Population Health Survey 2023 data dashboard](#) and the ABS [Index of Relative Socio-economic Advantage and Disadvantage \(IRSAD\)](#)

4. Terms, definitions and current institutional frameworks

Key takeaways:

- Having commonly understood definitions provides clarity about what is meant by mental health and mental ill-health to better identify specific issues and relevant solutions
- There are a range of interventions to prevent and/or treat mental ill-health, including promotion, prevention, treatment and maintenance
- A combination of individual and communal approaches is needed to achieve community-level health and wellbeing

4.1 Terms and definitions

Before considering the role of local government in mental health promotion through a focus on social connection, inclusion and cohesion, it is important to define key concepts to be clear about the issues and solutions for specific issues discussed in this report.

4.1.1 What is mental health?

In recent decades, there has been increasing familiarity and interest among Australians in the topic of mental health. However, when discussing this issue, it is clear that 'mental health' means different things to different people. Some use the term to denote a state of wellbeing, while others associate it with conditions such as depression, anxiety disorders, or other mental disorders. This varying usage can cause confusion and has prompted some to seek new terminology that offers common ground for communication.

One approach is to simply view mental health as an umbrella term for how we think and feel, perceive the world, relate to ourselves and others, and function in our daily life while recognising that mental health includes two main dimensions: mental wellbeing and mental ill-health.

Mental wellbeing is about feeling generally happy and satisfied in life while being able to express and manage a range of negative emotions. It's also about liking yourself and having a sense of self-efficacy; relating well to others and feeling that you belong; being able to handle stress and meet one's responsibilities, and having a sense of purpose, meaning and direction in life.¹ Put simply, mental wellbeing is about feeling good emotionally, and functioning well psychologically and socially.²

Mental ill-health, on the other hand, is a term used to describe experiences of psychological distress or of a 'diagnosable' mental health condition like depression.

Defined in this way, it is clear that 'mental health' – like physical health – is something that is relevant to all of us, not just to people who are experiencing mental health difficulties. It is also something that is dynamic and exists along these two dimensions. According to one expert, 'complete' mental health can be defined as the presence of high levels of mental wellbeing and the absence of symptoms of mental ill-health (or the presence of minor symptoms).²

Good mental health – like good physical health – is one of life's most important assets. High levels of mental wellbeing are associated with better learning outcomes at school as well as higher engagement, reduced absenteeism, better job performance, and greater productivity at work. High levels of mental wellbeing are also linked to better quality interpersonal relationships, increased prosocial behaviour and greater civic participation, better health and mental health outcomes, and longer life expectancy.³⁻⁹

By contrast mental ill-health can be distressing, disruptive, and potentially disabling. It is associated with poorer academic performance at school and early school leaving¹⁰⁻¹³; absenteeism and presenteeism at work and an increased risk of unemployment^{11,14,15}; alcohol and substance use disorders¹⁶; relationship breakdown¹⁷; homelessness¹⁸; and poor physical health.¹⁹ It is also linked to premature death by suicide.²⁰

4.1.2 What is mental health promotion?

Considering the benefits of good mental health and the negative impacts of mental ill-health, mental health experts from around the world have started to ask themselves “what we can do to help people experience their best possible mental wellbeing, and live free from preventable mental health conditions?”

These questions have in turn spawned the field of mental health promotion, a new multidisciplinary field that brings together the principles and knowledge from mental health, health promotion, public health, community development, and other disciplines to focus on achieving three main goals:

- Promoting high levels of mental wellbeing across the community, from infancy to old age.
- Preventing the occurrence or onset of mental health conditions like depression and anxiety disorders, wherever possible.
- Building mental health and wellbeing literacy to promote self-care, destigmatise mental health conditions and encourage help-seeking and help-giving for mental ill-health.

Mental health promotion is different from, but complementary to mental healthcare. It operates ‘upstream’ and aims to understand and tackle the root causes of mental ill-health and create

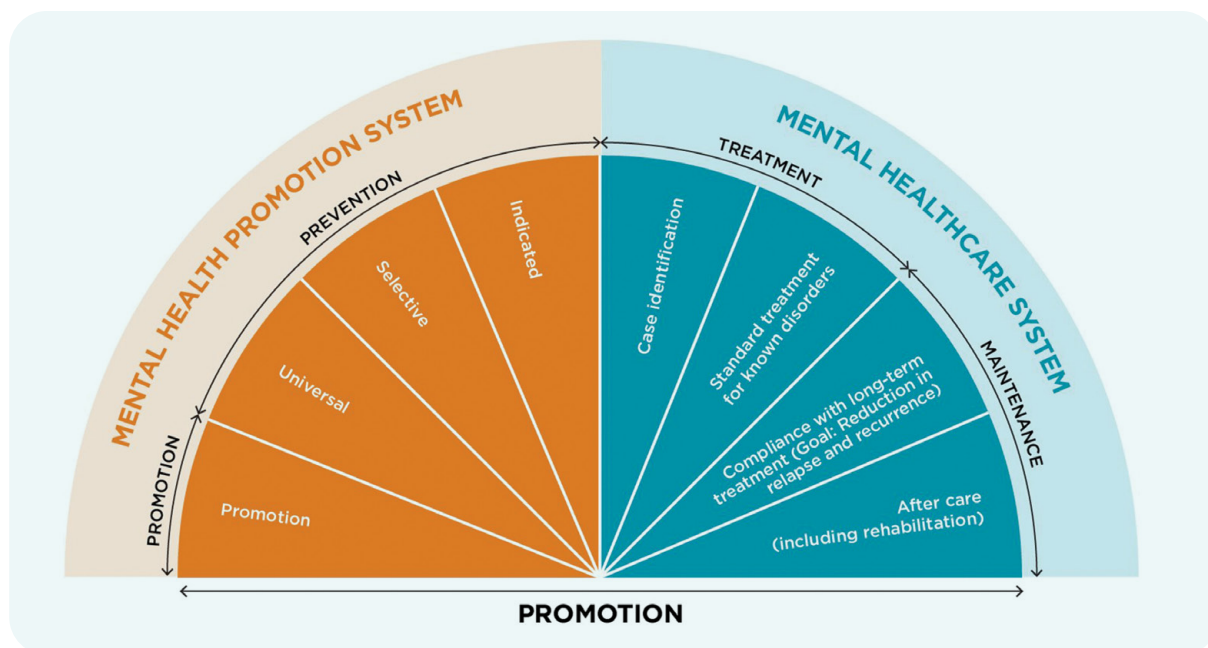
mentally healthy homes, schools, universities, TAFEs, workplaces, local neighbourhoods and online environments through a focus on individual behaviour change and structural/systems change.²¹ It is an endeavour that happens in the everyday community settings where people learn, work, live and play, and it’s therefore no surprise that local governments have a critical role to play in this work.

By contrast, **mental healthcare** operates ‘downstream’ and aims to support individuals who are already experiencing mental health difficulties through their personal recovery. This approach involves one-to-one, family, and carer support and occurs in various settings such as GP clinics, psychologists’ and psychiatrists’ offices, community mental health services, psychosocial support services, psychiatric inpatient units, and through online and digital interventions.

A simple way to think about these differences is that mental healthcare asks, “how can we help this individual improve their mental wellbeing and recover from mental ill-health?” whereas mental health promotion asks, “how can we improve the mental wellbeing of this entire group, community or population, and lower their collective risk of experiencing a mental health condition”?²²

The relationship between mental health promotion and mental healthcare is represented in Figure 8. They are two components of one overarching system.

Figure 8 – Relationship between mental health promotion and mental health-care



Source: Adapted from Mrazek and Haggerty (1994). Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention Research. National Academies Press (US).

4.1.3 What are social connection, inclusion, and cohesion?

The social sciences literature contains numerous concepts that aim to describe our connections with others and the nature and quality of our social environments – terms such as social connection, social inclusion, social cohesion, and social capital. Although each concept provides unique insights into our social world, there is a degree of overlap among these terms. Understanding what these terms mean and how these terms relate to one another is important. Broadly speaking, these concepts can be grouped into three categories – those that focus on individuals' relationships, those that focus on our collective relationships and those that focus on a mixture of the two.

1. The individual

Social connection describes an individual's relationships with others and their sense of belonging to a group or community. It encompasses the number and variety of connections a person has; the frequency of their interactions with others; the degree to which these relationships serve key emotional and practical needs; and the extent to which a person's relationships and interactions are positive, helpful, and satisfying or otherwise.²³ Social connection exists on a continuum and is dynamic.²³

Conversely, social disconnection includes experiences of loneliness and social isolation. Loneliness is a *subjective* experience, that refers to the negative feelings people feel where there is a discrepancy between their actual and desired level and quality of social interaction. Social isolation is an *objective* state characterised by absent or infrequent social contacts and interactions.^{24,25}

2. Individual and collective

The terms social inclusion and social exclusion pertain to individuals as well as society as a whole. At an individual level, social inclusion refers to a person's subjective perception of whether they are valued, accepted, and respected within society, can participate equally in social, cultural, and economic life, access necessary services, and have a voice in decisions impacting their lives. Conversely, social exclusion describes a state in which individuals feel left out or left behind. They may feel a sense of rejection, discrimination or alienation. They may also lack access to money, work, housing and essential services and feel that they have no power, influence or control over important decisions that affect their life.²⁶⁻²⁹

At a societal level, these terms describe how fairly and equitably opportunities, power, status, and access to essential resources are distributed within a society. A society can be more or less inclusive. Social inclusion is fostered when "individuals feel valued and respected for who they are, feel connected to and accepted by their community, have equal opportunities and can contribute and feel safe within their community".³⁰

The fewer individuals who are discriminated against, marginalised, or disadvantaged, the more inclusive a society is considered to be.^{27,31-33}

3. The collective

Social cohesion is defined in various ways in the literature, with no single accepted definition. In general, definitions tend to include a sense of belonging, acceptance, sharing common values and goals and willingness to live and work together.³⁴

Social capital is also about the collective. It refers to the networks, relationships, and norms of trust and reciprocity that exist within a community that enables individuals and groups to work together effectively to achieve common goals. It can be categorised into several dimensions, including structural and cognitive; bonding, bridging, and linking; strong and weak ties; and horizontal and vertical.^{35,36}

4.1.4 Similarities and differences

Collectively, these concepts are all about relationships – how people connect and get along with each other, for their own benefit, and for the good of the community. The differences between the terms relate to their specific focus. These are illustrated in greater detail in Technical Paper 1 prepared by Dr Stephen Carbone. In summary they are:

- **Social connection** – focuses on the extent to which people connect with each other, and how satisfied they are with these connections.
- **Social inclusion/exclusion** – describe how fair a society is, and the extent to which people have a voice and opportunities or are they marginalised and left behind.
- **Social cohesion** – focuses on the way people trust each other, get along, feel united, and cooperate with each other despite any perceived differences – for the common good.
- **Social capital** – describes how relationships between individuals and groups are organised and how they are leveraged to generate personal and collective benefits.

Despite the differences, these terms shared certain elements including a focus on:

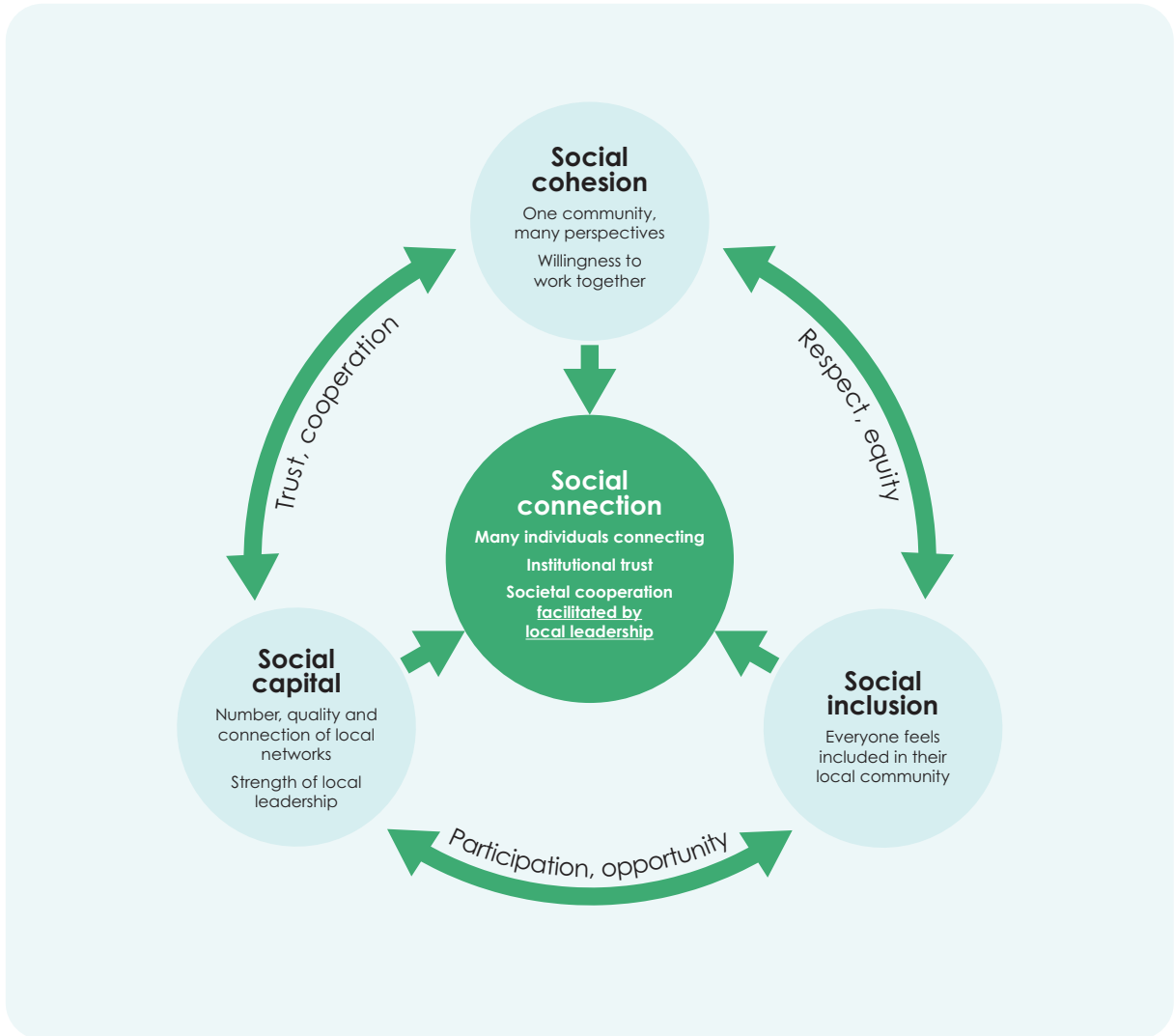
- Networks – the links that exist between individuals and between groups in a community.
- Relationship quality – and the extent to which people trust each other, have positive relationships with others and get along with each other (or don't).
- Mutual respect – the extent to which individuals and groups feel accepted, respected and valued by others.
- Mutual support – the extent to which individuals and groups get help and help each other.
- Opportunities and benefits – the extent to which individuals and groups are able to participate in their community and reap its benefits.

| Term | Core idea | Benefits |
|-----------------------------|---|--|
| Social connectedness | Level of interaction and satisfaction with interpersonal relationships | Individuals feeling connected to others |
| Social inclusion | Ability of people to have a voice, participate equally and reap benefits | Reduced discrimination and disadvantage |
| Social cohesion | Sense of belonging, acceptance, sharing common values and goals and willingness to live and work together | Group stability and cooperation |
| Social capital | Support and resources derived from social networks | Mutual support, trusted local leadership |

The components of local connectedness, inclusivity and cohesiveness all need to be present and work well for positive individual and community wellbeing. If a lot of individuals experience social isolation or loneliness, then it's unlikely the broader community will have high levels of inclusion, cohesion, and social capital.

The evidence shows that wellbeing outcomes are higher in societies where people trust and respect each other, support and help each other, and interact with each other than where any of these things is not true.

Figure 9 – Essential elements for individual and community wellbeing



4.2 Current inter-governmental responsibilities

Australia's health system is complex, with funding and responsibilities shared between the Australian Government and state and territory governments. Local government is less formally involved and is not recognised as a 'player' in this system, despite its activities and services playing a role, particularly in health promotion and ill-health prevention.

Activities by all levels of government intersect, with action taken by one level impacting the level of intensive treatment support required downstream. Figure 10 illustrates how activities undertaken by each tier of government interact at different levels of the response spectrum.

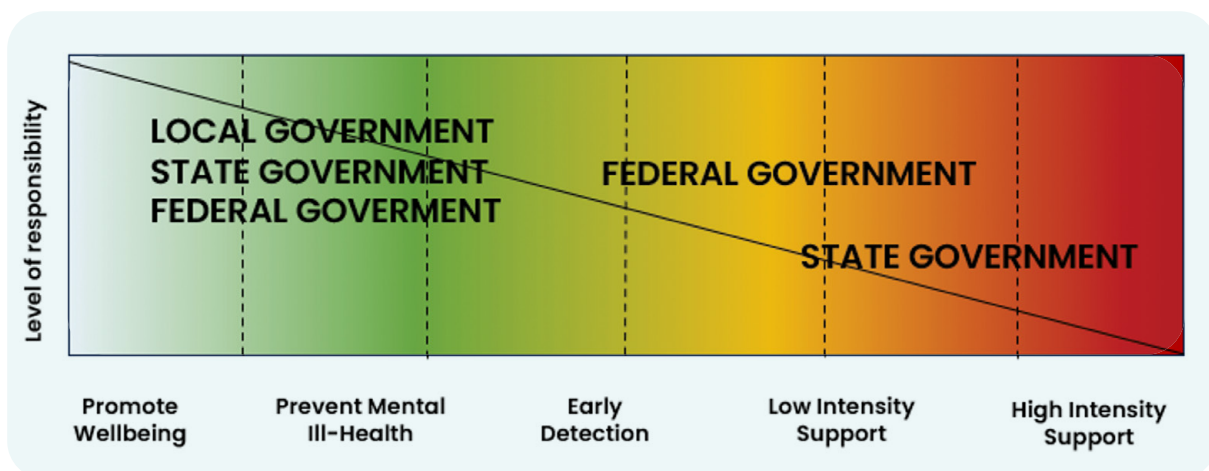
The **Australian Government** provides funding for primary health care (such as GPs) via the Medicare system, Primary Health Networks, regulation and subsidy of pharmaceuticals via the Pharmaceutical Benefits Scheme and regulation of medicines and devices through the Therapeutic Goods Administration. It regulates private health insurers and has oversight of private hospitals through funding mechanisms and regulatory frameworks. It provides funding for medical research, and national health promotion programs.

State governments operate the frontline public hospitals, emergency departments, ambulance services, mental health and community health services, and manage responses to communicable diseases and substance abuse.

Local government's role, though less formally recognised in mental health frameworks, includes prevention and population health planning with statutory responsibilities in the *Public Health and Wellbeing Act 2008* to prepare Municipal Public Health and Wellbeing Plans on a four-yearly cycle following the election of each new council. They have health protection roles to engage environmental health officers to oversee regulatory functions such as registering and monitoring food and accommodation (rooming houses) premises, water quality inspections, responding to public health nuisances, supporting communicable disease investigations and delivering the National Immunisation Program for preschool and secondary school children via community clinics and visits to secondary schools.

Councils also have formal emergency management responsibilities to prevent and respond to local emergencies.

Figure 10 – Respective roles of different tiers of government



Source: Dr Stephen Carbone presentation to MAV forum, May 2025

4.2.1 National and state-level mental health strategies and plans

There are a range of strategies and plans which guide Australian and state and territory government priorities in preventing and responding to mental ill-health, which are summarised below.

National and State-level mental health strategies and plans

Australian Government:

- [National Preventive Health Strategy 2021–2030](#)
- [National Suicide Prevention Strategy 2025–2035](#)
- [National Aboriginal and Torres Strait Islander Suicide Prevention Strategy \(2024\)](#)
- [National Children's Mental Health and Wellbeing Strategy \(2021\)](#)
- [Measuring What Matters national wellbeing framework](#)

Victorian Government:

- [Victorian Health and Wellbeing Plan 2023–2027](#)
- [Wellbeing in Victoria: a strategy to promote good mental health 2025–35](#)
- [Wellbeing Strategy Action Plan 2025–27](#)
- [Suicide Prevention and Response Strategy 2024–34](#)
- [Victorian Eating Disorders Strategy 2024–31](#)
- [Mental Health and Wellbeing Outcomes and Performance Framework](#)

Under the [National Mental Health and Suicide Prevention Agreement](#), the Australian and Victorian Governments have committed to:

- a) improving the mental health and wellbeing of the Victorian population, with a focus on improving outcomes for priority populations
- b) reducing suicide, suicidal distress and self-harm through a whole-of-government approach to coordinated prevention, early intervention, treatment, aftercare and postvention supports
- c) providing a balanced and integrated mental health and suicide prevention system for all communities and groups
- d) improving physical health and life expectancy for people living with mental health conditions and for those experiencing suicidal distress; and
- e) improving quality, safety and capacity in the Victorian mental health and wellbeing and suicide prevention system.

4.2.2 Social Inclusion Action Groups – “community collectives”

In response to the Royal Commission into Victoria's Mental Health System (2021), the Victorian Government has pioneered innovative, locally-driven approaches to mental health promotion through Social Inclusion Action Groups (SIAGs). These community collectives, funded in 10 municipalities (Ballarat, Benalla, Brimbank, Frankston, Greater Geelong, Latrobe, Mansfield, Mildura, Wangaratta and Whittlesea) empower local leaders and residents to co-design initiatives that foster social connection and inclusion.

Supported by council coordinators and a dedicated investment fund, SIAGs embody grassroots action to combat isolation and build resilient communities. Providing an opportunity to work with local communities and vulnerable people within communities, SIAGs represent a flagship prevention initiative that bridges government policy and lived community experience.

The Department of Health's Wellbeing Promotion Office guides the design, implementation, and evaluation of these programs, ensuring they are evidence-informed and community-led.

Royal Commission Inquiry into Victoria's Mental Health System, 2021

Recommendation 15: Supporting good mental health and wellbeing in local communities

The Royal Commission recommended that the Victorian Government:

1. Establish and recurrently resource 'community collectives' for mental health and wellbeing in each local government area.
2. Support each community collective to bring together a diversity of local leaders and community members to guide and lead efforts to promote social connection and inclusion in Victorian communities.
3. Test and develop a range of initiatives that support community participation, inclusion and connection.
4. By the end of 2022, establish one social prescribing trial per region (refer to recommendation 3(3)) in Local Mental Health and Wellbeing Services to support healthcare professionals to refer people, particularly older Victorians, living with mental illness, into community initiatives.

4.3 Local government’s role in supporting mental health and wellbeing

Victorian councils are deeply invested in creating strong, healthy and connected communities. They manage and maintain an extensive network of public spaces and facilities — parks, libraries, recreation centres, community halls, playgrounds, and sporting grounds — which serve as the social infrastructure of everyday life.

In 2023–24, councils collectively spent more than \$3.68 billion on community infrastructure and services. This investment represents more than just bricks and mortar — it’s an investment in belonging, in prevention, and in the quiet, everyday acts of connection that sustain mental health. Figure 11 illustrates the depth of the foundations which could be built on if there were new approaches to engaging with local government on mental health response.

Figure 11 – Victorian council recurrent expenditures on community infrastructure and services in 2023–24

| Activity | \$ annually |
|--------------------------------------|-----------------------|
| Recreation and culture | \$2.36 billion |
| Sports grounds and facilities | |
| Parks and reserves | |
| Waterways, lakes and beaches | |
| Art galleries | |
| Museums and cultural heritage | |
| Performing arts centres | |
| Libraries | |
| Public centres and halls | |
| Family and community services | \$0.95 billion |
| Families and children | |
| Community health | |
| Education | |
| Community housing | |
| Aged and disability services | \$0.36 billion |
| Community care services | |
| Facilities | |
| Total | \$3.68 billion |

Source: Council expenditure and revenue data 2023–24, Victorian Local Government Grants Commission

Community health planning and promotion

Councils deliver regulatory functions to protect health (such as food safety regulation, prescribed accommodation and water quality testing). They also deliver preventative health measures through health promotion activities (such as promoting healthy living) and working with local organisations to deliver Municipal Public Health and Wellbeing Plans which they develop on a four-yearly cycle when a new council has been elected.

Municipal Public Health and Wellbeing Plans

MAV’s analysis of the 4-year Municipal Health and Wellbeing Plans developed by councils following the 2020 local government elections for the period 2021 to 2025 found that:

- 96% of the Plans included a focus on improving mental wellbeing
- 25% included a focus on social connection and/or social inclusion
- many included a focus on related areas such as equity and diversity/ reducing disadvantage (17%), housing and homelessness (17%), education, employment and economic development (14%) and gender equity/equality (6%).

Actions in these plans are based on health data, local wellbeing indicators and state policy, and determined in consultation with community members and local partner organisations.

Initiatives are diverse, such as the provision of quality open space encouraging walking and cycling, community-based programs to foster community connection and mental wellbeing, education, and food system changes to promote healthy eating, future planning to reduce the impacts of climate change on health, and initiatives that prevent family violence and create safer communities.¹

Updated data collating the themes and priorities of the plans developed by councils in 2025 will be available from the MAV in early 2026.

Source: MAV Analysis of Municipal Public Health and Wellbeing Plans 2021–2025

First Nations

First Peoples Local Government Relations

The Australian Local Government Association is signatory to the Partnership Agreement on Closing the Gap as it is recognised that councils can play an important role in helping to Close the Gap between Aboriginal and Torres Strait Islander People and non-Indigenous Australians.

Councils have capacity to deliver on the National Closing the Gap Partnership Agreement by:

- Strengthening shared decision-making at the local level with Traditional Owners.
- Engaging in place-based partnerships in cooperation with local Aboriginal communities.
- Addressing institutional racism and promoting cultural safety.
- Work to close the gap in priority areas relating to local government services and activities, such as Aboriginal and Torres Strait Islander children participating in maternal and child health, kindergarten and preschool services.

First Peoples local government relations is a key priority in MAV's Strategic Plan 2023–2027. MAV is collaborating with First Peoples' Assembly of Victoria, Treaty Authority and Reconciliation Victoria to increase local government sector awareness and understanding of their role in the Victorian Treaty process and strengthen local community awareness.

Examples of local connection programs run or funded by councils

Maternal and Child Health services

Are a long-standing free support and information and health care service to families with young children from birth to school age. Service features include:

- universal access for families with new children living in Victoria
- provision of guidance and resources on various parenting topics
- organised groups for new parents to share experiences and connect with other families
- support for parents facing challenges, and referral pathways to relevant services and resources in the community.

Demonstrated impact: First time parent groups are particularly important when it comes to promoting social connection. Research shows that such groups help parents feel more confident and empowered, strengthen their parenting skills, and enable them to build friendships, expand their social networks, and feel connected to their community.²

Kindergarten and preschool services

Victorian councils are heavily invested in the education, safety, health and wellbeing, and quality of life of young Australians. They play a critical role in planning, the provision of significant infrastructure and for many the direct operation of early childhood education and care services.

Maternal child health and early years services provided by councils

Council maternal and child health nurses see over 97% of the approximately 70,000 babies born in Victoria each year.

50 councils provide one or more direct early childhood education centre, and approximately 60 operate a central registration enrolment scheme at some or all of the services in their municipality.

4. Terms, definitions and current institutional frameworks

Playgroups

Many receive funding support from councils, with features including:

- Provision of information, funding, and infrastructure to local community organisations to run groups for parents/caregivers and their babies, toddlers and preschool children who get together regularly for play and social interaction.
- Some are specifically targeted to families experiencing disadvantage and are run by a trained facilitator (i.e., supported playgroups).

Demonstrated impact: A qualitative study from Western Australia of mothers' experiences of playgroups found they provided opportunities to learn about parenting, build a supportive network, forge friendships and experience a sense of connectedness to the local community.³ A recent systematic review of supported playgroups found that such programs were highly valued by parents and led to benefits for children (e.g., improved language, social development, cognition, behaviour and attachment status); and for parents (e.g., increased parent confidence and skills, social support, reduced stress, enhancement of the quality of parent-child interactions, higher responsiveness, lower directiveness, and higher language facilitation and more positive parental perceptions of children).^{3,4}

Youth services

Vary across the state, but features include:

- Opportunities for local social connection activities in a variety of settings, from libraries, local community sport and recreation places
- Counselling (or referrals), arts and music programs, sport and recreation, education and skills training, youth empowerment and leadership initiatives, drop-in centres, and mentoring programs.

Demonstrated impact: Assistance in helping young people (especially those without supportive adults in their lives) navigate challenges, develop pro-social coping skills, and access specialist services where needed.^{5,6}

Council youth services

There are approximately 1.2 million young people living in Victoria aged 12–25, representing approximately 18% of the Victorian community (Australian Census, 2020).

According to research undertaken the Youth Affairs Council Victoria (YACVic), **councils are one of the main providers of services for young people in their communities**, with 77% of councils providing some form of service, and most having a youth strategy or policy.⁷

Source: [Mapping youth policy, participation mechanisms and services across local councils in Victoria](#)

Ageing well programs

Features include:

- Organised physical activity (e.g., walking groups, gardening, aqua-fitness, Tai Chi).
- Social engagement (e.g., community events, social groups, and senior citizens centres).
- Access to My Aged Care services (e.g., home care, community transport, and meals on wheels).
- Community Connector Programs linking older people with services, support and engagement opportunities.

Demonstrated impact: Evidence shows that active ageing programs can increase older adults' social participation, life satisfaction and quality of life, and contribute to improvements in their physical, mental and cognitive-behavioural health.⁸

Libraries

Help to build social connection and social inclusion through active and passive means. Features include:

- Safe places for people to connect with others, participate in learning and development, pursue a hobby, and obtain information and credible advice about a range of issues and local services.
- Free access to books, audiovisual materials, magazines, and newspapers, computers, Wi-Fi and a range of online resources and learning tools that build digital inclusion.
- Rhyme time and story time for children and parents, school holiday programs for children and teens, and book clubs, digital skills, cooking groups, craft groups, English language classes, physical activity groups and 'chatty cafes' for adults and the elderly.
- Some libraries have makerspaces, which provide a range of tools, equipment, and resources to support activities like crafting, coding, electronics, 3D printing and recording.

Demonstrated impact: A recent literature review by Dalmer et al found that libraries are conduits to information and learning, foster civic engagement, act as bridges to community resources and involvement, are spaces of social inclusion, and they promote economic vitality. Public libraries have a positive impact on social connection and social inclusion by creating safe physical spaces; addressing issues of accessibility; encouraging feelings of belonging; creating connections through technology; and reinforcing cultural identities.⁹

About libraries in Victoria

- There are approximately 290 public library branches, 233 mobile library stops, and 72 other library outlets in Victoria, with well over 2 million members across all ages and demographics.
- Over 99,000 programs delivered.
- Libraries cater to all ages, genders, and backgrounds. A census conducted in 2022 found that 1.1% of library users identified as Aboriginal and Torres Strait Islander while one-third of library users spoke a language other than English at home. One in four came from households living on less than \$49,000 a year.

Many libraries also facilitate referrals to local community services while some provide space for social and community service organisations to provide their services. The physical design of the library also supports interaction through communal seating areas, and the availability of items such as jigsaw puzzles and board games that encourage people to interact.^{10,11}

A survey and census of library users in Victoria conducted in 2022 found that:

- 92% agreed that libraries are safe (92%), they welcome people from all walks of life (88%), they can find out what is happening in the community at the library (64%).
- 82% of library users surveyed agreed libraries were a hub for community activities and connections.
- 72% agreed they felt better when at the library.
- 59% felt connected to other people when they are at the library.
- 56% said they find out about Council or government services at the library.

Overall, 41% of respondents said the library was important or very important to their physical health and wellbeing, 54% said the library was important or very important to them in connecting with their community, 61% said the library was very important or important to supporting their mental health and wellbeing, and 82% gave their library a score above 8 out of 10 in terms of its importance to them personally.¹⁰

Aquatic and recreation centres

Are important places where people can attend throughout the seasons for physical activity, either in groups or as an individual. Features include:

- standalone aquatic facilities with a single pool, through to large multi-faceted facilities with gyms and health centres, indoor and outdoor courts, and commercial and public spaces.
- A range of fitness and wellness activities are offered, such as swimming, aqua-fitness, gym, exercise classes, Yoga, Pilates, and more.

Demonstrated impact: A review of the value provided by the aquatics industry in Australia found it provided benefits in five key areas – safety and education, health and wellbeing, social connection, social cohesion and employment. Overall, there was evidence that aquatic centres contributed to improvements in users' mental, physical, and functional health; reduced feeling of loneliness and social isolation; supported social inclusion by providing opportunities for people of different culture and backgrounds to mix and interact in a positive environment; promoted water safety and reduced the risk of drowning; and they supported employment and the local economy. When it comes to social connection the report noted that aquatic centres were particularly important for at-risk members of the community, and that for some users, the pool or program was their only opportunity for regular and genuine social interaction.^{12,13}

Community sport

Councils are a major owner and funder of hundreds of sporting grounds and facilities. They also contribute funding to community groups for specific sporting activities, such as community-level football, netball and a range of other sporting codes.

Value of community sport and active recreation infrastructure in Victoria

The KPMG study [Value of community sport and active recreation infrastructure in Victoria](#) undertaken in 2020 showed benefits worth \$848 million for improved mental health and wellbeing that accrue to individuals, communities and society generated through the construction and operation of these facilities and spaces, and the activities that take place within them. These include increased levels of physical activity, social connections and skill development.

Local employment opportunities are also a feature, with over 13,000 full-time equivalent positions being sustained through the delivery of sport and active recreation through community sports infrastructure operations, programming and events in Victoria, with this infrastructure generating an estimated at \$2.1 billion annually in economic activity.

Health benefits supported by community sport and active recreation infrastructure have been estimated at (at least) \$2.3 billion on an average annual basis. This value captures:

- The improved standard of living that individuals experience from either a reduction in the symptoms of a health condition or from not developing that condition at all estimated by approximating the number of disability adjusted life years (DALYs) avoided.
- The savings generated across the health system by fewer people having and being treated for the health conditions included, measured using the Australian average health system costs of these health conditions.
- The value generated by increased levels of productivity that are driven by a healthier, physically active workforce.¹⁴

4. Terms, definitions and current institutional frameworks

Arts and culture programs

Play a vital role in local and regional creative activity and rely heavily on council funding. Features include:

- Funding for cultural infrastructure, staff, and programs.
- Victorian councils are responsible for some 39 art galleries and 47 performing arts centres and numerous sites of Aboriginal heritage, museums, and creative spaces including town halls, community centres, rehearsal rooms, artist studios, and business hubs.¹⁵

Demonstrated impact: A recent study from Western Australia found that people who had high levels of arts engagement (100 or more hours/year or 2 or more hours a week) had significantly better mental wellbeing than those with no, low or medium levels of engagement.¹⁶ A systematic review of the benefits of arts in health found that there was good evidence to show that arts participation was associated with increased social networks, social connection, social cohesion, inclusion and reduced loneliness.¹⁷

Council-owned aquatic infrastructure in Victoria includes:

- 180 outdoor pools
- 122 aquatic and recreation centres
- 74 stadiums and leisure centres
- 5 adventure parks and water parks
- 59 water play areas and splash parks

Many assets are ageing however, and in need of renewal. Maintenance costs are also increasing – fees for service are often required to keep these centres operating.

Community development

From elected councillor interactions with community members, forums with community and business organisations, councils run a myriad of programs and activities with people from across the municipality. Features include:

- Community and business network forums.
- Funded programs with community organisations.
- Funding for local community sporting facilities and clubs.

Community events and festivals

Cultural celebrations, music, arts and culture, sport, seniors, family fun days, and more are supported year-round.

Demonstrated impact: The benefits of community events and festivals is descriptive rather than experimental, however, there is nevertheless enough qualitative, survey and other evidence to show the benefits of festivals and community events in relation to civic pride and pride in place, community connection and sense of belonging, social inclusion, and subjective wellbeing.^{18,19}

Interestingly, a recent study from South Australia found that while face-to-face event attendance significantly enhanced social connectedness, virtual event attendance did not have a significant effect.²⁰

Town planning and public place manager

Is a major focus of council activity, with the design and use of public places having a significant influence on the nature and quality of the local built and physical environment.

Demonstrated impact: There is good evidence to show there are ways to 'build in' a focus on social connection and social inclusion, and individual and community wellbeing in town planning and urban design. By focusing on key aspects such as travel, leisure, work, social relationships, health, emotional responses and residential wellbeing urban planners can create cities that enhance quality of life for their inhabitants, promote social connection, and improve health and mental health outcomes.²¹

Healthier Cities and Communities Through Public Spaces

The UN-Habitat Healthier Cities and Communities Through Public Spaces guidance paper released in 2025 is a reminder that green and open public spaces are essential to fostering the health and wellbeing of urban areas and their communities. Thoughtfully designed and well-maintained, spaces encourage physical activity, support mental health, promote social cohesion, and enhance community engagement.

Investment in public spaces provides opportunities for leisure, socialising, and physical activity, fostering healthy habits and reducing the incidence of diseases associated with sedentary or isolated lifestyles. A street network characterised by high connectivity and safety can promote active mobility and interaction among citizens, encouraging walking and cycling, which provides a daily dose of low-intensity exercise. Research indicates that active transportation can significantly contribute to public health by lowering the risk of chronic diseases and enhancing overall fitness.

Beyond physical health benefits, public spaces significantly impact mental well-being and social interaction. Urban design that invites people to use streets for strolling, relaxing, and spending time outdoors enhances mental well-being and happiness. The presence of well-maintained, accessible public spaces can reduce stress and anxiety levels, providing a natural remedy for mental ill-health issues.

4. Terms, definitions and current institutional frameworks

Neighbourhood houses

Many councils contribute funding to neighbourhood houses which are not-for-profit, community-based organisations. Although the majority of their funding comes from the Victorian Government, some are managed by local government, and many receive local government support through recurrent or grant funding, and/or in-kind support.²² This partnership model offers considerable benefits, but while there is widespread support for neighbourhood houses from councils, some do more than others.²³⁻²⁶

Men's sheds

Some councils also host and/or contribute funding for Men's Sheds, which are community-based organisations that provide a place for men to meet, talk, share a meal, get involved in physical and recreational activities, undertake hands-on work (e.g., woodwork or metal working) and volunteer in their community. Local government plays an important role in supporting men's sheds through grants, land leases, or administrative support. Men's sheds also receive support from the Victorian and Federal governments.

Men report enjoyment from participation, camaraderie, socialisation and skill development, and the 'shoulder-to-shoulder' communication that enables them to talk about sensitive and shameful topics.²⁷ A systematic review of the role of men's sheds in health promotion for older men found shed participation had positive impacts on self-rated health, social isolation, and well-being in men aged 50 years and older.²⁸

Demonstrated impact: A systematic review of the health and wellbeing impacts of Men's Sheds in Australia found that across the included studies, three key benefits emerged – health promotion, wellbeing, and socialisation; intergenerational mentoring; and Aboriginal and Torres Strait Islander men's health. The authors found that men's sheds play an important role in reducing social isolation and loneliness. There is also evidence that shows that men's sheds actively engage and support men at high risk of social inclusion, including men with a disability or mental health difficulty, men from lesser educated backgrounds or lower socioeconomic groups, Veterans, men whose primary language is not English, First Nations men and older men.²⁹

5. Conclusion

As the tier of government closest to local communities, councils are uniquely placed to augment the efforts by federal and state governments to support mental health and well-being at the community level. They are involved in providing facilities and services which the literature shows can and should be utilised for mental health promotion and prevention.

While published research on the specific role of local government in social connection, inclusion and cohesion is limited, based on the findings of this review, there is no doubt that local government is exceptionally well placed to lead and contribute to this work.

Federal, state and local governments are devoting considerable resources to the provision of services and facilities which support the mental health and wellbeing of people living in Australia, yet demand for acute treatment services is rising.

Acting now to arrest these ever-increasing pressures absolutely makes sense – with social and economic benefits to the community as a whole.

In the case of spending public resources to prevent mental illness, the argument for early intervention relies on the dual benefits of having healthy and able people contributing to society and freeing up public funding on acute health system costs for other necessary expenditures which generate economic, social and environmental benefits for Australia. The benefits (or costs which could otherwise be avoided) at individual and community levels are exponential, both upwards and downwards.

Compounding the complexity of this calculation is the reality that the benefits arise in the future, while the cost of early intervention occurs in budgets today.

What's needed then, is joined up collaboration and focus on preventing mental ill-health.

Identifying programs that produce the best value for money, based on rigorous assessment and evaluation also makes sense. Such a framework should provide a stable and ongoing basis for funding prevention, recognising that the benefits fall across sectors and levels of government, and over extended timeframes.

Technical Paper 1: Improving social connection and inclusion for good mental health

By Dr Stephen Carbone

Key takeaways:

- Social connection is a fundamental human need
- Social isolation and prolonged loneliness are known contributors to mental ill-health, with life-long implications
- Social norms, institutional practices, government policies and laws that influence the distribution of power, status and control over and access to resources are important factors which influence community health and wellbeing
- There are many public facilities and local connections already provided and facilitated by local government which, built on, can make a difference.

5.1 Social connection and mental health

Social connection is a fundamental human need, as essential to survival as food, water, and shelter.^{1,2} Connecting with others is a protective factor and helps to support good mental health, prevent mental health problems, and aids in the recovery from mental health conditions.

By contrast, social isolation and prolonged loneliness are associated with increased rates of psychological distress, substance use disorders, depression, and suicidality.³⁻⁸ For example, a systematic review of 63 studies found that loneliness and social isolation among children and adolescents increased the risk of depression and anxiety, and that this risk remained high up to nine years later. Another systematic review focused on adults found that individuals who report they 'feel lonely often' are two times more likely to experience depression than adults who rarely or never feel lonely, while among older adults, social isolation and loneliness both independently increase the likelihood of depression and anxiety.¹¹

Social isolation and loneliness can also impact physical health. Young people who are lonely may engage in behaviours such as reduced physical activity, overeating, smoking, substance use, and unprotected sex to cope with negative emotions or fit in with peers.⁶ Among adults, loneliness is associated with poor sleep quality, somatic symptoms like headaches, backaches, and stomach aches, an increased risk of inflammation, diabetes, dementia, high blood pressure and cardiovascular disease.⁶⁻¹¹ One study found social disconnection was linked to a 29% increase in the incidence of heart attacks and a 32% increase in the risk of stroke.^{12,13} Loneliness and social isolation also increase the risk of premature death by 26% and 29% respectively.¹⁴

Put into context, a lack of social connection can increase the risk of premature death at a similar level as smoking 15 cigarettes a day.

Office of the Surgeon General, United States Department of Health and Human Services, 2023²

5.2 Social inclusion and mental health

The relationship between social inclusion/ social exclusion and mental health is complex and bidirectional. Generally, social inclusion is associated with good mental health, whereas social exclusion is linked to higher rates of psychological distress and diagnosable mental health conditions, especially among people who experience exclusion in multiple areas of life.¹⁵⁻²⁷ This link between low social inclusion/high social exclusion and adverse mental health outcomes is well established and has been found across numerous studies with various designs, sample sizes and settings, in both the general population and high-risk groups.¹⁵

Equally, though, individuals with diagnosed mental health conditions are more likely to experience social exclusion.¹⁵ In some instances, social exclusion appears to contribute to mental ill-health, while in others, it results from mental ill-health due to the stigma and discrimination that people with a lived or living experience of mental ill-health experience.

5.2.1 What causes social disconnection and social exclusion?

The causes of loneliness are complex and multifactorial and involve an interaction between individual and socio-environmental factors.²⁸ Individual level determinants include age; gender and sexuality; marital status; income; disability; experiences of trauma; and physical and mental health challenges. Broadly speaking, rates of loneliness are higher among young people and the elderly, people who are single and/or who live alone, individuals who identify as LGBTQIA+, people from cultural minorities; people living in rural or remote areas, and people with a disability or a mental health condition.^{29,2}

Structural determinants are also important and include factors like residing in disadvantaged areas; low levels of trust, community life and community cohesion; poor quality physical and built environments; or a lack of availability of social infrastructure and 'third spaces' (i.e., public places outside home and work).^{29,2} Major societal changes, such as the social distancing and lockdown measures implemented to manage the recent COVID-19 pandemic and the rapid acceleration of technology and digitalisation of communication and interaction have also started to contribute to social isolation and loneliness, particularly among young people.^{29,6}

The causes of social exclusion are equally complex and several overlap with the causes of social isolation and loneliness. While anyone can be at risk of social exclusion, certain attributes linked to age, gender, sexual identity, disability, culture and ethnicity, migration status, religion, place of residence, and socioeconomic status are drivers of social exclusion.³⁰ In Australia, the experience of social exclusion is higher among women, the elderly, early school leavers, single-person and single-parent households, public housing tenants, people with a disability, mental illness or chronic illness, people who speak a language other than English, and First Nations people compared to other people in the community.³¹

However, it is important to note that social exclusion is not about the individual. Rather it is caused by the social norms, institutional practices, government policies and laws that influence the distribution of power, status and control over and access to resources. Social exclusion often occurs in subtle ways due to prejudice, discrimination at institutional and societal levels, under-representation in decision-making, and constraints on opportunity.^{30,20,23,32,33} According to the Brotherhood of St Laurence, more than 1.2 million Australians experience social exclusion in multiple aspects of life – something known as deep exclusion³⁴ while many more experience exclusion in at least one life domain.

5.2.2 What works to promote social connection and social inclusion?

As noted, while social disconnection and social inclusion are distinct experiences, they are also linked. People who experience social exclusion often become isolated and feel lonely, while isolation can impact people's ability to participate fully in social, cultural, and economic life. Given this, what works to promote social connection can also support social inclusion and vice versa, however, the evidence also suggests that different interventions are needed to address these two related, but distinct issues, and so it is important to look at the evidence of each of these goals separately.

5.3 Social connection

Over the last few decades, a range of approaches have been trialled to tackle social isolation and loneliness. Some of these approaches have targeted individuals at risk of or experiencing social disconnection through one-on-one or group activities while others have been targeted at the communal or structural level to prevent social isolation and loneliness at a whole-of-population level.

5.3.1 Individual level approaches

A wide range of 'individual' level initiatives have been trialled over the years, which can be broadly grouped into the following categories:

- **Social network and contact interventions** that use online or group-based meetings or activities such as shared interest groups, exercise groups, choirs, or community centres to promote social contact, expand network size, and provide opportunities for social interaction.
- **Social support interventions** that provide social support through regular one-to-one contact or companionship (e.g., befriending). They are typically delivered by a volunteer or peer mentor. Unlike 'social network and contact', which focuses on reciprocity and mutual benefit, this category is more one-directional.
- **Psychoeducation interventions** that involve educating individuals at risk of loneliness about topics relevant to loneliness or health and mental health more generally.
- **Psychological/therapy interventions** that use cognitive-behavioural therapy (CBT), mindfulness-based stress-reduction or other approaches to address negative social cognitions or provide psychological support to cope with distress. Their goal is to tackle negative thoughts and beliefs, increase self-efficacy, and reduce barriers to socialisation and secure social connections.
- **Social skills training** interventions that focus on improving communication and interpersonal skills.
- **Computer/internet/digital** interventions that involve training in the use of information and communication technology, such as internet, email, social media, online forums, or other digital platforms to connect with others.
- **Physical/exercise** interventions that include physical activities, such as walking groups, gardening, or aerobics in a group format.
- **Leisure/skill development** interventions that focus on skill development or learning a new hobby alongside others.³⁵

Research on the effectiveness of strategies to reduce social isolation and loneliness shows varied results. While some approaches are effective, others have modest impacts. Overall, the literature relating to individual level approaches suggests that:

- Social contact and social support type initiatives that bring people together demonstrated low to moderate effectiveness in reducing social isolation in the short term, however, the long-term impacts remain uncertain. Some studies showed these interventions also have small positive impacts on loneliness, however, the evidence for this was inconsistent.
- Psychoeducational and psychological strategies/treatments (e.g., CBT, mindfulness meditation, social cognitive training) that enhance people's interpersonal skills or help them manage the negative emotions and cognitions they may experience in social situations demonstrated low to moderate effectiveness in tackling loneliness but were less effective in reducing social isolation.

5.3.2 Communal level approaches

The availability and quality of environments where people can interact and build social networks significantly impact their ability to connect with others. Creating safe and accessible, informal and formal places for people to bump into others, meet and interact can therefore also help to promote social connections.^{2,8}

While communal level approaches to tackling social isolation and loneliness are not new, published research into the benefits and limitations of such approaches is just starting to emerge, and as a result the number of systematic or umbrella reviews looking at these approaches is far less than those relating to individual level interventions.

Overall, the literature of communal level approaches suggests evidence for a range of local, place-based interventions.

There is strong evidence that neighbourhood design interventions that focus on the scale, form or function of buildings and open space, can enhance social networks, and create a sense of safety and a sense of community. However, such initiatives may also contribute to gentrification and the transfer of problems from one area to another.

Research conducted by the Grattan Institute into Social Cities found that:

- One-person households are the fastest-growing household type in Australia, expected to grow from 24% of all households in 2006 to 28% in 2030.
- Older people with stronger networks of friends live longer.
- The number of friends and local people an average Australian can ask for a small favour from has fallen over the last 20 years.

If physical inactivity was reduced by 10% through more walking, 2,000 fewer Australians would die each year and \$96 million would be saved in healthcare costs.

Source: The Economic case for investment in walking, Walking Matters, 2018

There is strong evidence that **interventions that leverage or create green and blue spaces** (e.g., parks, woodland, rivers and lakes), can facilitate social interactions through formal and informal ways, create a sense of community belonging and pride, and promote physical activity, skills development, knowledge acquisition, and individual empowerment.

Liveable areas have the potential to enhance public health, the economy, social inclusion and environmental and social sustainability.

The Importance of Healthy Liveable Cities, Sax Institute, December 2022

“Healthy and affordable food options, parks and accessible infrastructure make a difference to everyone – but a gigantic difference to some. Imagine the healthy lifestyle opportunities it could create for those on low incomes or experiencing any number of life situations that create health barriers? This is how we break the cycle of circumstances beyond our control affecting our health. So it should be a priority.”

How your postcode predicts your health and life expectancy, VicHealth, 2023

There is strong evidence that initiatives that focus on the **alternative use of spaces**, such as the temporary closure of streets for parties or for children to play; or 'pop-up' parks, public art installations or 'civic games' that involve collecting items from different places, can all have positive impacts on civic participation and reduced crime/increased perception of safety. However, there is also moderate evidence that such approaches may have negative or unequal impacts on individual wellbeing due to perceived gentrification and contested use of space.

The Yarraville Pop Up Park is an initiative that facilitates public open space in the context of an entertainment district. The project design emerged from findings of the Yarraville Urban Design and Traffic Study (2006) undertaken by Maribyrnong City Council, which recommended a transformation of the northern end of Ballarat Street into an entertainment precinct; a proposition reinforced by the existing presence of restaurants and the Sun Theatre. The design was simple – ample greening, tree planting and potted planting were integrated to create an appealing and flexible space. The inclusion of temporary furniture including coffee tables and chairs, lounge chairs and umbrellas was initiated through the involvement of adjacent traders. Each trader was allocated management of specific furniture, allowing for efficient project implementation.

What was initially a temporary 3-month summer event, the park became so popular for locals and in attracting visitors, a permanent park was installed in 2014. It remains a successful public park open all hours, every day of the year.

There is strong evidence that **community development interventions** can have positive impacts on social interactions. There is also moderate to strong evidence that these approaches can foster a sense of community belonging, pride or identity, and community empowerment.

Social Connection Program – Benalla Rural City Council

Through the Victorian Government's Social Inclusion Action Group grant program, Benalla Rural City Council has:

- Held 45 distinct events and activities across 11 rural towns to bridge social gaps and created opportunities for residents to engage with their local community.
- Organised and hosted the Creating Community Connections Expo that spotlighted local groups and organisations within the Benalla area. The expo was designed to raise awareness of these groups and encourage active participation, helping residents discover new ways to get involved and contribute to their community.

These activities would not have been possible without additional staff resourcing from this state-funded program to bring community organisers together, find the venues and promote the events to encourage people to be more engaged in local in-person activities.

There is good evidence to show that **community hubs** that provide activities and services to address social and health issues, can increase social networks, engender a sense of belonging, promote social cohesion and improve the physical and mental health and wellbeing of service users.

There is moderate evidence that **community events**, such as festivals, art exhibitions, and concerts give people a reason to socialise and can enhance social networks, social cohesion and social capital, promote a sense of belonging or pride, and improve individual wellbeing. However, there is also moderate evidence that community events can have adverse effects such as creating divisions when an event is perceived to be for a particular population and not others and causing problems with increased traffic/crowds.

There is weak to moderate evidence that **placemaking interventions** that focus on shaping the places people live to strengthen connections between people and the places they share, can have positive impacts on social relations and community wellbeing.

There is mixed evidence for the benefits of **urban regeneration projects** that improve derelict or dilapidated areas of a city with studies reporting both positive and negative impacts on social connection.^{8,13}

5.3.3 Hybrid approaches

Social prescribing is another type of intervention that has been steadily increasing in popularity. It is a 'hybrid' approach that supports individuals at risk of social isolation or loneliness (in particular people with chronic physical and/or mental health conditions), by linking them to *communal* level groups, programs, and community infrastructure.

Evidence for the benefits of social prescribing on loneliness is rapidly increasing. A recent systematic review found improvements in self-reported loneliness in two studies using interviews, and significant reductions in loneliness scores among trial participants in trials using the UCLA 3-item loneliness scale, with one study finding a reduction in UCLA loneliness scores among 69% of trial participants. The review also found that trial participants generally provided positive feedback on the delivery model and their relationship with their link worker.³⁶

Social prescribing and how it works

A social prescriber is someone who actively 'prescribes', or recommends, a referral to non-clinical community-based supports to improve health and wellbeing. A social prescriber may be a GP, nurse, allied health, mental health, alcohol and other drugs treatment provider or other worker that undertakes social prescribing as part of their usual practice. They may also be a specialist link worker or community connector engaged for the specific purpose of supporting a person to connect with their community to improve health and wellbeing. Social prescribing in Victoria may occur as part of the existing health system or through specialised funded initiatives, for example through a model involving a link worker / community connector.

The Local Connections program is funded as a social prescribing trial by the Victorian Government. This initiative supports people who are experiencing loneliness and social isolation to build a sense of belonging and meaningful connections through connecting with others and engaging with community-based activities. People may be supported to attend activities such as art, creative, nature or other groups and activities.

Link workers will help strengthen pathways between Local Services and community initiatives and activities to reduce loneliness and social isolation. They will support people to build their confidence and participation in activities and social groups.

Latrobe Mental Health and Wellbeing Local Connections Initiative – Nathan's story

Nathan (not his real name) was seeking supports as a carer of an adult son experiencing a mental health condition. Nathan identified feeling quite isolated due to work and caring commitments. Other than his wife's friendship group, he didn't have his own friendship circle with similar interests. A link worker supported Nathan to explore a range of community activities. First, he was invited to an in-house writing group at the Local Service that was facilitated by another former guest of the service.

This led to him attending another onsite facilitated group called Creative Wellbeing. Facilitated by a social worker, therapy elements were included along with some psychosocial supports. Nathan enjoyed these sessions and found them to be very beneficial and therapeutic. With his own experience in the military, the link worker supported Nathan to connect with a local chapter of a veterans group. Following his experience, Nathan was inspired to create his own group and started a monthly community book club at the local library. The library supported him with the resources and facilities to run this group.

Outcome:

Nathan was less socially isolated following his experience with the initiative. He felt a sense of empowerment and autonomy as well as a sense of healing from social prescribing in ways that individual therapy alone could not provide. Nathan's reaction "definitely a brilliant ray of sunshine into my life... Local Connections was very important in helping me appreciate that I was not the only one experiencing mental health challenges. I became very aware that like myself, others needed the care and support which a social group setting could provide".

Source: [Understanding Social Prescribing Emergence in Victoria](#) report by the Victorian Social Prescribing Collaborative, February 2025

5.3.4 A comprehensive approach

Taken together, the above evidence suggests that given the complexity of the issue, no single intervention at the individual and/or communal level can prevent social isolation and loneliness among everyone, but rather several strategies at each level have benefits for many people, though not all. This suggests that a comprehensive multi-modal, multi-level approach implemented at scale at a state or national level is needed to address this issue.

Such an approach has been adopted in the UK through 'A connected society: A strategy for tackling loneliness' and the importance of a comprehensive approach is also echoed in the U.S. Surgeon General's *Advisory on the Healing Effects of Social Connection and Community*² and in Australia by the not-for-profit organisation Ending Loneliness Together.^{37,38}

5.4 Social inclusion

Promoting social inclusion depends on making sure everyone in the community has access to high quality education, an adequate income, a good job, and affordable and secure housing. It's also about ensuring that people can access the health, mental health, social and community services they need, where and when they need them, feel safe, respected and valued, and have their needs met. It also requires efforts to help people participate equally and fully in social, cultural and civic life, and have a say in decisions that affect their life. This means providing opportunities and tackling barriers such as prejudice and discrimination.

Within this context, efforts to promote social inclusion and prevent social exclusion have included programmatic approaches, place-based and social policy approaches. While some initiatives take a 'universal' approach to promote social inclusion across the community, others take a targeted approach that is tailored to the needs of specific communities.

5.4.1 Programmatic approaches

Programmatic approaches to social inclusion typically focus on working directly with individuals and communities at risk of, or who are experiencing social exclusion. A range of approaches have been trialled across different target populations. Programmatic approach creates activities for people to do in groups together. This provides incentive for people to meet and motivates participation via shared responsibility. Taken together, the literature on programmatic approaches suggests that:

- There is good evidence to suggest that anti-bias/antiprejudice programs that aim to change people's attitudes and behaviours towards groups and communities in society who may be regarded as 'outgroups' can reduce racial and religious prejudice and promote social inclusion and social cohesion.³⁹⁻⁴¹
- There is moderate evidence to suggest that sports-based programs can break down barriers between different groups in the community and foster social cohesion and social inclusion, particularly among young people and people from migrant and refugee backgrounds.⁴²⁻⁴³

- There is some evidence to suggest that participation in group activities such as a community garden allows people at risk of social exclusion to connect with others with plots in the garden and provides a 'gateway' to join other local groups and activities, which in turn can lead to an increased sense of social connectedness.⁴⁴⁻⁴⁵
- There is some evidence to suggest that skills-development programs, peer mentoring, and physical activity/outdoor based interventions (e.g., walking groups, biking, gardening), can also help to reduce social disconnection and empower individuals from migrant or refugee communities.⁴⁶⁻⁴⁸
- There is some evidence to suggest that healing-centred approaches to address internalised racism; diversity, inclusion and equity (DEI) programs in education and healthcare settings; and anti-racism training and policy interventions to address systemic racism in education and healthcare organisations can lead to improvements in awareness, knowledge, attitudes, behavioural intentions and workforce diversity, however, there is insufficient evidence to suggest they reduce overall community racism or social exclusion.⁴⁹

Overall, when it comes to programmatic approaches targeted to individuals at risk of social inclusion, while the type of strategy has some bearing, the effectiveness of such programs depends more on how they are designed and implemented. Successful programs tend to:

- Adopt a clear theory of change and align content to that theory.
- Take a strengths-based approach.
- Involve community members to identify urgent issues and to co-design and implement interventions as co-workers.
- Build strong relationships with community leaders and civil society organisations.
- Ensure necessary skills and capacity for implementation and evaluation.⁵⁰⁻⁵¹

5.4.2 Place-based approaches

Another way to promote social inclusion is through place-based approaches that foster community-based and collective solutions to create socially inclusive local communities. These approaches recognise that the local neighbourhood is an effective level for intervention, as it is where residents can build commonality, connection, and motivation for collective action.²

Asset-Based Community Development (ABCD) approaches are one way achieve this goal. ABCD initiatives build on the skills of local people, the power of local associations and the supportive functions of institutions and services, to build stronger, more sustainable communities. They are about people living in local places taking responsibility for each other and their local resources, and they adopt a strengths-based, rather than a deficit approach.⁵² While research into the effectiveness of ABCD approaches is still nascent, there are some indications that it has important benefits. In their review of ABCD approaches, Woodward et al noted that there is emerging evidence to show these approaches achieve outcomes in three main domains:

- Individual: confidence and self-efficacy; improved health behaviour; improved physical and mental health; improved social connections and decreased loneliness.
- Community and community process: greater civic engagement; empowerment; increased social capital; better connections and relationships between diverse groups; greater sense of belonging; positive changes in the built environment.
- Organisational: improved awareness about services; changes in services offered and used.⁵²

In Victoria, community involvement in overtly addressing mental health by improving social connections is being addressed through implementation of the Royal Commission into Victoria's Mental Health System's recommendation to establish Social Inclusion Action Groups (SIAGs) across the State. Each SIAG aims to increase social connection and social inclusion, and prevent social exclusion in its community by:

- Identifying local needs, existing initiatives and gaps related to social connection and social inclusion.
- Testing, developing and supporting a range of funded initiatives that prevent social exclusion and support community participation, inclusion and connection.
- Promoting mental health and wellbeing through place-based coordination and activities/initiatives addressing social inclusion and connection.⁵³

At a national level, the Australian Government's Department of Social Services' *Strong and Resilient Communities (SARC)* grant scheme also aims to build strong, resilient, cohesive and harmonious communities across Australia. The initiative includes three streams – the inclusive communities stream that aimed to increase social and economic participation of vulnerable and disadvantaged people, the community resilience stream that aimed to create strong, resilient and cohesive communities, and the national research stream that aimed to build the government's understanding of emerging and existing social cohesion issues and increase the evidence base for informing government policies and programs.⁵⁴

An evaluation of the program by the Social Research Centre found that overall, the program had been successful in engaging a broad range of 'vulnerable' groups including children and young people, older Australians, women, socially isolated people, unemployed people, people with a disability and/or mental illness, CALD communities, and Aboriginal and Torres Strait Islander communities as well as communities at high risk of low social cohesion. The evaluation found that the initiative was well received and contributed positively to social and economic participation of vulnerable and disadvantaged people and helped to build strong, resilient and cohesive communities. However, the evaluators noted that a lack of well-defined indicators and standardised outcome measures, and limited data collection guidance for funded organisation made it difficult to rigorously assess the effectiveness of the program over the short, medium and long term.⁵⁴

Technical Paper 2: Social cohesion for community health and wellbeing

By Stella McNamara, Tyler Nicholls and Rosemary Calder, the Australian Health Policy Collaboration (AHPC), Victoria University

Key takeaways:

- Healthier individuals are more likely to engage in civic activities, volunteerism and community events which build and sustain social cohesion
- There are many international and national examples where community-level responses have been effective in enabling improved understanding and discourse between groups of people

Good health enables people to participate more in community life, education and employment. Healthier individuals are more likely to engage in civic activities, volunteerism and community events which build and sustain social cohesion

Preventative Health South Australia "Inclusive and Connected Communities Resource Guide" 2024

6.1 What is social cohesion?

Social cohesion is defined in various ways in the literature, with no single accepted definition. In general, definitions tend to include a sense of belonging, acceptance, sharing common values and goals and willingness to live and work together.¹ Social inclusion and connection are central to the concept of social cohesion. A society cannot be socially cohesive if certain groups are excluded or feel disconnected. Conversely, building trust, empathy and mutual support through social connection will reduce isolation and division and help foster social cohesion.^{2,3}

Social cohesion in Australia has been actively mapped and measured since 2007 by the Scanlon Foundation Research Institute.⁴ The Scanlon Index of Social Cohesion organises aggregated survey responses into five core domains of social cohesion:

- **Belonging:** the sense of pride and belonging people have in Australia and in Australian life and culture.
- **Worth:** the degree of emotional and material well-being across society, as measured through levels of happiness and financial satisfaction.
- **Social inclusion and justice:** perceptions of economic fairness in Australian society and trust in the Federal Government.
- **Participation:** active engagement in political activities and the political process, including through voting, signing a petition, contacting Members of Parliament, and attending protests.
- **Acceptance and rejection:** attitudes to immigrant diversity, support for ethnic minorities, and experience of discrimination.⁴

To reflect contemporary social dynamics, the Index of Social Cohesion was redeveloped in 2021. The Belonging domain now captures both neighbourhood and national-level belonging, while the Participation domain was expanded to include involvement in various types of groups (social, community, religious, civic and political groups).⁴

Social cohesion is both a goal and a tool. In reference to it being a goal, the OECD notes that people often value key traits of social cohesion, like tolerance, respect and shared responsibility, more than individualistic traits. As a means, social cohesion supports the development of communities where people feel they belong, trust others and are socially connected. Without social cohesion, societies may face growing division and instability.⁵

6.1.1 Complexity of the term 'social cohesion'

The concept of social cohesion gained prominence in Australia in the mid-1990s as policy moved away from embracing multiculturalism and accepting diversity and towards compelling assimilation.² This framing and use of the term attributes a perceived lack of cohesion to ethnic minority communities and effectively absolves the dominant culture (primarily white Australians) of responsibility, casting them as neutral or normative. In this use, social cohesion emphasises conformity with the dominant norm.

As a result, it implies that ethnic minorities must assimilate into the dominant culture, rather than promoting the integration of all groups within a genuinely multicultural society.^{2,6} It is therefore reasonable to suggest that for a more inclusive framing, rather than requiring conformity, social cohesion should accommodate difference, provided that the relationships across communities are built on mutual respect and shared commitment to the benefit of their community.

It is important to note that in the context of social cohesion, diversity is not the same as division and social cohesion does not mean consensus or conformity. Diverse views, open disagreement and healthy debate are essential to democracy. Social cohesion means that disagreements are navigated peacefully for the common good and with open dialogue.³

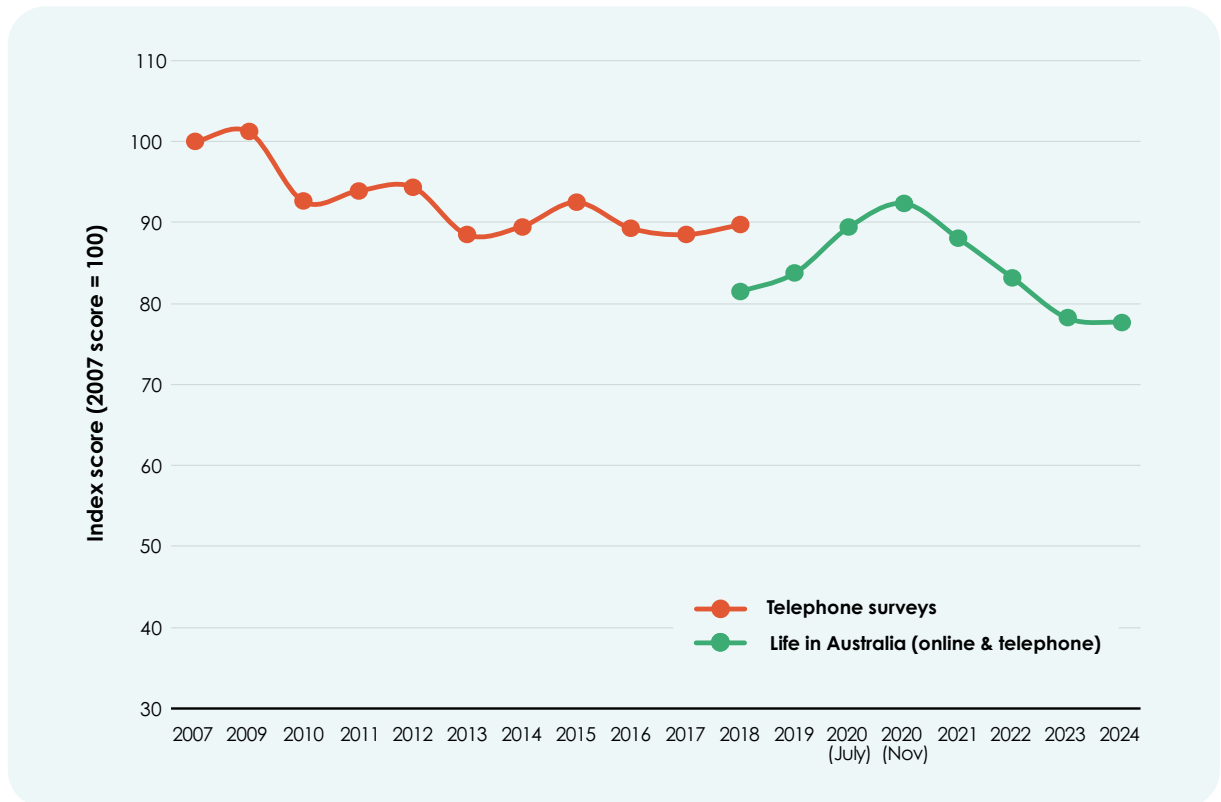
In socially cohesive societies where the focus is on inclusivity, embracing diversity and mutual respect, public policies can be more effective. Greater public investment can enable more inclusive health and education services. In turn, better education can boost community participation and strengthen an individuals' sense of belonging.⁵

6.2 Social cohesion in Australia

In Australia, social cohesion has remained stable over the last 12 months, however, it is currently at its equal lowest level since the Index of Social Cohesion was first introduced. This low point reflects a broader sense of pessimism about the future among Australians, which is linked to a declining sense of social inclusion justice, reduced neighbourhood cohesion, lower levels of trust in government and increased financial stress. Although neighbourhood bonds increased during COVID-19, these have since reverted to pre-pandemic levels. Individuals who perceive Australia's social fabric, the complex web of social relationships, shared values and trust that holds a society together, as weak are more likely to report feeling socially isolated, less likely to have a sense of belonging and less likely to report being happy.⁴

Social cohesion is recognised as a key contributor to a thriving Australia, reflected in the inclusion of cohesion as one of the five wellbeing themes of *Measuring What Matters*, Australia's first national wellbeing framework. Introduced by the Australian Government in 2023, *Measuring What Matters* aims to complement traditional economic indicators by tracking a broader set of factors that reflect the wellbeing of Australians. The Cohesive theme specifically includes the dimensions 'having time for family and community', 'valuing diversity, belonging and culture', and 'trust in institutions', all things that contribute to social cohesion, inclusion, belonging and trust.⁷

Figure 12 – Scanlon Research Institute Index of Social Cohesion from 2007 to 2024



6.3 Coordination and collaboration between governments to promote social cohesion

Social cohesion is a vital policy concern for both the Commonwealth and state and territory governments due to its direct influence on social stability, economic participation and the successful delivery of government programs. Although Australia maintains relatively high levels of social cohesion compared to many other countries, this stability is increasingly under pressure. Growing inequities, driven by persistent economic and cost-of-living pressures, are contributing to social fragmentation and community stress.^{3,4,8} The national debate over the First Nations Voice to Parliament in 2023 revealed deep divisions in public discourse, while rising global tensions and instances of violence are further eroding community trust and affecting both personal and collective wellbeing.

These factors highlight the need for coordinated policy attention at both the federal and state level to strengthen inclusion, equity and unity across Australia.⁴

Local government plays a crucial role in supporting social cohesion and promoting community health and wellbeing. As the level of government most closely connected to communities, councils are central to shaping safe, inclusive and supportive local environments.^{8,9} Local governments are also directly affected by the state of social cohesion. When social cohesion is low, there is increased pressure on local services, greater social tensions and reduced trust within the community and with the local government. Social fragmentation can expose or deepen vulnerabilities and social fault lines, such as those related to inequality, cultural divisions or geographic disadvantage.^{8,9}

Conversely, when social cohesion is strong, the local government benefits from a more engaged, connected and resilient community. Many of the core functions of local government are underpinned by social cohesion, including public health, community safety and effective service delivery. Strengthening social cohesion is not only vital for community wellbeing, but also a strategic priority for councils working to build sustainable, equitable and thriving communities.^{8,10}

Cohesion cannot be imposed upon a community, governments must instead work to create the conditions in which individuals and communities can thrive.⁸ While all levels of government have a role to play in offering pathways to inclusion², local government plays a crucial role.¹⁰ Local government is well placed, with deep connections to the community to create many of the conditions necessary for cohesion, but they require adequate resources and power to do so.^{8,11} Local governments are also somewhat limited in what they can do to address one of the main drivers of social cohesion, socioeconomic equity. Macro-level policies in housing, education, employment, health and social services, relevant to social and economic policies that affect equity, are implemented by state, territory and federal governments.

Examples of resources currently available for local governments and communities are provided in Appendix 1.

6.4 Building socially cohesive communities

Promoting social cohesion requires creating the conditions where all members of a community feel that they belong, are included and experience mutual respect. Effective approaches recognise the strengths of diversity and focus on fostering trust, shared values, and meaningful connections across different cultural, social and demographic groups.

Social cohesion is strongly linked with equity. When inequities are persistent or entrenched, they can lead to disillusionment, reduced trust in institutions and disengagement from civic life, ultimately undermining democracy and community cohesion.¹²

Neighbourhood-level stressors also influence social cohesion. Communities experiencing high rates of unemployment, environmental hazards, violent crime or limited access to essential services often experience lower levels of social connection and trust. These conditions have longer-term impacts, particularly for children, and are linked to a lower educational attainment, increased risk behaviour and greater risk of chronic diseases such as cardiovascular disease, diabetes and depression.¹³

High crime rates or fear of violent crime erodes social cohesion further. High crime rates can lead to declines in property values, reduced investments in the built and physical environment, higher healthcare and social service costs and diminished civic participation. Perceived safety shapes whether people engage in outdoor activities, use local parks or participate in community life, that is, factors that significantly influence both mental and physical wellbeing.¹³

Communities with high crime rates and fear of violent crime are also much more likely to be affected by structural inequalities that compound these challenge.¹⁴

The built and physical environment also plays a crucial role in enabling or inhibiting social cohesion. Where public spaces are safe, accessible and designed to encourage interaction with walkable streets, well connected public transport, green spaces and community facilities, social cohesion is more likely to flourish.¹⁵ Conversely, poorly designed or disconnected environments limit opportunities for interaction and social connection, weakening social cohesion.¹³

When communities provide the opportunity for shared decision-making through place-based approaches, there tends to be an increase in civic participation. Inclusion of people and groups in shaping the communities they live in fosters a stronger sense of agency, connection and shared purpose. The most effective approaches acknowledge and value difference, and are grounded in principles of inclusion, equity and local leadership.¹⁶

Local initiatives must be supported by broader policy measures that address structural inequalities, including justice, housing and social policies. Together, these will support and build safer, more inclusive environments and social cohesion.

6.4.1 Social cohesion and community health and wellbeing – a bi-directional relationship

Social cohesion and community health and wellbeing are strongly linked, sharing a bi-directional relationship whereby one can significantly influence the other and vice versa.¹⁷⁻²⁰

Research shows that people living in cohesive, inclusive communities tend to experience better mental health, lower rates of chronic disease and improved psychosocial wellbeing.^{17,18} There is also strong evidence that people with good health and wellbeing are more likely to participate in their community, which can contribute to social cohesion.^{19,20}

It is important to note, however, that due to the varied definition of social cohesion in literature, the evidence on the positive impact of social cohesion on health and wellbeing is mixed. Social cohesion can undermine community health and wellbeing, particularly when it is based on exclusivity, rigid conformity or in-group loyalty.^{17,21} In these circumstances, social cohesion may reinforce harmful norms, marginalise minority groups, suppress help-seeking behaviours or increase pressure to conform at the expense of the individual.^{22,23} When, as in this paper, social cohesion refers to inclusive communities that value equity and diversity, the evidence mostly shows a positive association between social cohesion and community health and wellbeing.

Social cohesion and associated dimensions such as inclusion and connection are increasingly recognised as critical determinants of community health internationally. In the US, perceived neighbourhood cohesion is associated with positive psychosocial wellbeing, reduced psychological distress outcomes and improved social wellbeing.²⁴ In Finland, social participation and networks are associated with health behaviours such as adequate sleep, non-smoking, daily consumption of vegetables, leisure-time physical activity and non-excessive drinking.²⁵ Social support, trust and reciprocity are also independently associated with self-rated health and psychosocial wellbeing.²⁵

In the UK, perceptions of social cohesion and attachment to their neighbourhood are positively associated with self-reported wellbeing.²⁶ In older adults in Taiwan, social cohesion and trust are associated with better performance of activities of daily living, lower depression and higher subjective quality of life.²⁷ Mechanisms for these associations can be due to reduced social isolation, increased access to shared resources, maintenance of healthy behaviours through social norms and safer, more stable environments.²⁴

Social cohesion and quality of life are so interconnected that, historically, the two concepts were often presented as overlapping in international literature.²⁸ For example, the Council of Europe's 2005 definition of social cohesion was "a society's ability to secure the long-term well-being of all its members".²⁹ However, it is now widely agreed in the literature that health, wellbeing and quality of life are better described as an outcome and/or determinant, rather than a component, of social cohesion.²⁹

Good health enables people to participate more in community life, education and employment. Healthier individuals are more likely to engage in civic activities, volunteerism and community events which build and sustain social cohesion.^{19,30}

6.5 Place-based initiatives for healthy and cohesive communities

Socioeconomic disadvantage is closely linked to poorer health and wellbeing outcomes, as well as lower levels of social cohesion.^{6,31} Communities experiencing greater levels of socioeconomic disadvantage often have disproportionately high rates of chronic disease and associated risk factors, alongside reduced social connectedness and social cohesion.^{6,31,32} Governments, service providers and community organisations are increasingly implementing place-based initiatives to address health disparities and improve social cohesion.^{6,33,34}

Place-based interventions are tailored to the specific context and needs of local communities.¹² Differences in demographic, cultural and historical factors across communities mean that a one-size-fits-all approach is often ineffective. Instead, place-based approaches are designed to reflect and respond to local priorities. These approaches are also participatory, that is, they are shaped by people who live and work in the area, which helps to ensure alignment with the shared values, cultural identities and priorities of a community. This participatory nature fosters stronger local relationships and supports community self-determination. Compared to broader state or national programs, place-based approaches operate at a smaller scale, enabling more targeted allocation of resources, greater visibility of impact, and the flexibility to adapt quickly based on local feedback.³⁵

International and Australian examples of community-based inclusion initiatives are provided in Appendix 2.

6.6 The economic benefits of social cohesion

In addition to the health and wellbeing benefits, social cohesion is also associated with significant economic benefits for individuals, communities and governments alike.^{36,37} High levels of social cohesion are associated with better physical and mental outcomes, greater community and civic participation, lower crime and incarceration rates and increased participation in education and the workforce.³⁶⁻³⁹ These outcomes can contribute to savings for governments across the health system, justice system and social service sector and confer a variety of economic benefits to communities and individuals.³⁶⁻³⁸

When people feel connected and valued within their community, they are more likely to engage in activities that benefit the community and broader economy, including volunteering, employment and education activities and supporting local businesses.^{36,37,40,41} Furthermore, strong social networks can enhance innovation and economic participation by improving access to information, resources, and opportunities, ultimately contributing to a more stable and prosperous economy.^{36,37,41}

A 2019 Deloitte report highlights that enhancing social inclusion (used interchangeably with social cohesion in the report) in Australia would deliver an annual economic benefit of approximately \$12.7 billion.³⁶ These economic benefits would be attributable to increased workforce participation, improved productivity, and better health outcomes.³⁶ The report also found that by ensuring more equitable access to opportunities, social inclusion supports broader economic growth and helps reduce inequality, ultimately contributing to higher living standards for all Australians.³⁶

6.6.1 Community participation and volunteering

Social cohesion has a strong and positive influence on rates of volunteering and community participation.⁴⁰ In communities where people feel connected, supported, and trust one another, individuals are more likely to engage in civic activities and contribute their time and skills for the collective good.^{30,40} A shared sense of belonging and mutual responsibility can motivate people to volunteer for local organisations, participate in community events, and support local businesses.^{30,40}

These actions not only strengthen social bonds but also generate significant social and economic value by enhancing service delivery, building local capacity, and reducing reliance on formal government support systems.^{10,42} Socially cohesive environments also foster inclusivity and respect, which encourage participation from diverse groups who may otherwise feel excluded.^{6,36} As people see their contributions making a visible difference, this further reinforces engagement, creating a positive cycle of participation, empowerment and resilience that benefits both individuals and the broader community.^{6,36}

6.6.2 Healthcare demand

Social cohesion has been shown to influence demand for healthcare services, which has implications for government healthcare expenditure and the out-of-pocket healthcare costs paid by individuals.^{36,42} There are multiple mechanisms by which strong social cohesion confers economic benefits to the health system, including:^{3,4,17,36}

- Reduced service demand – social cohesion and inclusion can foster a sense of belonging and support within a community that can reduce the need for medical interventions. Individuals with strong social networks may be more likely to seek support from friends, family, or community organisations rather than the health system for non-critical issues. Socially cohesive communities may also be more likely to adhere to preventive measures, reducing the likelihood of developing chronic illnesses and needing expensive treatments.
- Lower rates of psychosocial issues, loneliness and mental ill health – social isolation and lack of social support networks are significant risk factors for developing clinical mental health conditions, which are often costly to treat. Strong social cohesion can buffer individuals against stress and adversity, and is associated with lower rates of depression, anxiety, and other mental health conditions and subsequent reduced healthcare utilisation in the long-term.
- Healthier communities – socially cohesive and inclusive communities tend to have lower exposure to the major behavioural risk factors for chronic disease (i.e. unhealthy diets, physical inactivity, smoking and tobacco use and excessive alcohol consumption).
- Community adherence to infectious disease advice – a strong sense of community can also reduce the spread of infectious diseases, further reducing the burden on the health system.

6.6.3 Participation in workforce and education

Social cohesion plays a vital role in promoting workforce participation by fostering inclusive, connected communities that support individuals in accessing and sustaining employment. Social networks can facilitate informal peer support, connections to local employers and access to job information.³⁷ This can be especially valuable for individuals from population groups who face barriers to employment, including young people and people from culturally diverse or disadvantaged backgrounds.⁴³ Social cohesion also reduces feelings of isolation and exclusion, which are common deterrents to job-seeking and workforce engagement.^{42,44}

Socially cohesive societies also tend to experience lower levels of discrimination and stigma, creating fairer and more equitable workplaces.^{16,36} When individuals feel respected and accepted by their community and society more broadly, they are more likely to pursue job opportunities and participate fully in the economy.^{4,42} Moreover, shared community values and a collective sense of responsibility can inspire investment in education, skill development, and lifelong learning – all of which are essential for workforce readiness.^{36,39,41}

Together, these factors demonstrate how social cohesion not only strengthens community well-being but also contributes directly to a more productive and inclusive labour market.

6.6.4 Justice system benefits and reduced crime rates

Social cohesion provides significant economic benefits to the justice system by reducing crime rates, alleviating pressure on legal institutions, and lowering public expenditure on policing and incarceration.^{45,46} In cohesive communities, strong social bonds, mutual trust, and shared values act as protective factors against criminal behaviour. When individuals feel connected and supported, they are less likely to engage in antisocial or illegal activities and more likely to intervene or support others in making prosocial choices.^{46,47} This reduction in crime translates directly into cost savings for the justice system, through lower rates of arrests, court cases, and prison sentences.^{45,48}

Moreover, cohesive communities often experience increased cooperation with law enforcement, leading to more effective crime prevention and community policing strategies.^{49,50} These collaborative relationships enhance public safety while reducing the need for costly interventions. In the long term, lower rates of recidivism and criminal activity also free up resources that can be redirected toward preventative and rehabilitative programs, further reinforcing a positive cycle of social stability and fiscal efficiency within the justice system.^{46,47}

Lower crime rates also result in fewer costs borne by victims, such as healthcare expenses, loss of productivity, or property damage.⁴⁸ Business environments also benefit, as perceptions of safety attract investment, reduce insurance premiums, and improve employee retention and productivity. Moreover, lower crime enhances public confidence and social stability, which are essential for sustained economic growth.^{37,45} This illustrates that the economic value of reduced crime due to social cohesion can extend beyond the justice system and contribute to improved socioeconomic conditions and quality of life across society.

Appendix 1 – Government social cohesion grants programs

There have also been several state or federal grant programs within Australia over the past 3 years to foster social cohesion:

Tasmania – Social Cohesion Small Grants Program 2024 (\$200,000 available (max \$25,000))

- A focus on collaborative approaches between community organisations and local government to foster partnership and place-based approaches to respond to social cohesion challenges.

New South Wales – Social Cohesion Grants for Local Government 2022–2025 (\$50,000–\$150,000)

- Grants for local government to enhance social cohesion in their local communities.

Victoria – Multicultural Festivals and Events Program 2025 (up to \$50,000)

- For community not-for-profit groups to support activities that promote and foster social cohesion.

South Australia – Department of Human Services Social Impact Grants 2025 (up to \$10,000)

- For community groups and organisations to foster strong, inclusive communities.

Northern Territory – Multicultural grants 2025

- To migrant and multicultural communities in the Northern Territory, which includes funding for events or project that promote social inclusion and cohesion.

Australian Capital Territory – Multicultural inclusion grants 2024–2025

- For organisations to deliver programs or events that celebrate cultural diversity and social cohesion.

Australian Government – Community funding to support social cohesion initiatives 2025 (\$25 million) to programs including:

- \$4 million for Community Cohesion and Support Program (CCSP) grant opportunity to support community-led grassroots programs
- \$4 million for local social cohesion projects.

Appendix 2 – International and Australian social cohesion community initiatives

We Make Camden (UK)

Launched by the Camden Council in 2022, We Make Camden is a refreshed vision for Camden by 2030. It builds on earlier work, Camden 2025, which was established in 2018 through extensive conversations with the borough community.¹ We Make Camden tackles systemic barriers to inclusion, creates opportunities for residents to work together and promotes equity, participation and shared leadership. This, along with shifting power and voice to the communities, promotes social cohesion.

Through inclusive collaboration, We Make Camden aims to empower the community to lead change and shape the future. We Make Camden has six ambitions, which are the long-term vision for the Borough; four missions, which are the specific goals for the biggest issues facing Camden; and six challenges, which are broader areas where community-led change will make the most difference.

The six ambitions (below) all promote social cohesion by tackling inequities:^{1,2}

- Every child has the best start in life.
- The local economy should be strong, sustainable, and inclusive – everyone should have a secure livelihood.
- Injustice and inequality are actively tackled, creating safe, strong and open communities.
- The community supports good health, wellbeing and connection for everyone.
- Everyone should have a place they call home.
- Camden should be a green, clean, vibrant, accessible, and sustainable place.¹

Participation is also a strong focus of We Make Camden, with residents collaborating to inform the Education Strategy, the Youth Services Review and the Building Equal Foundations Report, alongside Citizens Assemblies on Climate Change and Health and Care.

The Southern Initiative (NZ)

The Southern Initiative (TSI) was established in 2012 as one of the key focus areas of the Auckland Council's *The Auckland Plan*. TSI aimed to deliver long-term and transformational social, economic and physical change in South Auckland, an area with a high proportion of Māori and Pacific peoples.^{3,4}

TSI uses a collective impact approach, bringing together the local government, the central (national) government, NGOs, iwi (Māori nations), businesses and community leaders. TSI collaborates across systems to mobilise and deliver projects. The focus areas of TSI include:

- First 2000 days: ensuring children get the best start in life.
- Workforce & Rangatahi: helping young people successfully transition into the workforce.
- Whanau prosperity: lifting the economic status of households to provide for wellbeing and resilience.
- Business & innovation: Supporting Māori and Pasifika businesses for inclusive growth.⁴

TSI elevated Māori and Pacific Islander knowledge systems and leadership, fostering cultural recognition, a sense of belonging and mutual respect. It's community-led and co-designed approach builds trust, shared purpose and local ownership. By focusing on employment pathways and economic inclusion, TSI promotes economic participation and works to reduce inequities. Investment in youth empowerment and leadership prioritises civic engagement, while the place-based nature of the initiative reinforces a strong collective identity.⁴

By embedding equity, community voice and shared responsibility into all its work, TSI helps to improve social cohesion.

TSI recognised the capacity of local government to influence the conditions for wellbeing. With its proximity to the community and its relationship with the central (national) government, it can play a systems-influencing role as an intermediary.⁵ TSI identifies three main roles for local government:

- To be an Anchor Institution where it can work with the procurement and supply chain; place-based impact investing; local recruitment and workforce development; active collaboration with community; generating and regenerating infrastructure and health environment; and growing healthy, local and affordable housing.
- Placemaking, where it can build public spaces and neighbourhoods that promote health, care towards nature and respect cultural history.
- Systems networker and convener, where through its diversity of relationships and connections to support collaborations and both bottom-up and top-down approaches.⁵

Township of Langley: Social Sustainability Strategy (Canada)

The Township of Langley is a district municipality of British Columbia (BC), Canada. To help the municipality become a more connected, inclusive and resilient community, a Social Sustainability Strategy titled *Our Thriving Community* was adopted in 2022. In response to inequalities driven from rapid population growth, climate change, technological advancements and community shocks from COVID-19, the municipality undertook a 2.5 year long development phase involving research, community engagement and collaboration with local organisations.⁶

The Strategy outlines three goals over a 10-year period and six priority areas for the next 5-years, all aimed at improving the quality of life of current and future residents. Its vision of social sustainability is a safe, diverse, connected and democratic community. The Strategy defines social sustainability as encompassing the fulfilment of basic needs, the development of individual potential and the strengthening of community capacity, all of which are grounded in the principles of social equity and inclusion.⁶

Supporting social wellbeing is a key responsibility for local governments in the Province of BC, outlined in its Community Charter. But the Township of Langley understood that reaching social sustainability goals would require working collaboratively with other levels of government, local First Nations, neighbouring municipalities, schools, health services, community and faith-based organisations and local residents.⁶ The Township of Langley is leading the implementation of the Strategy, which includes building the systems, partnerships and enabling conditions that will promote social cohesion, inclusion, connection and community resilience.⁶

The initial six priority areas and their relevance to building social cohesion through enhanced local connections and increased opportunities for civic participation, are outlined below:

- Indigenous relations: establishing mutually respectful relationships between Indigenous and non-Indigenous builds trust and strengthens cultural awareness and shared identity.
- Belonging: encourage inclusive participation in community and civic life and promoting volunteering reduces social isolation.
- Housing and food: supporting stable living conditions and access to nutritious food reduces stress and vulnerability gives opportunities for social participation.

- Learning: equitable access to education improves social mobility and reduces inequity which creates opportunities for civic engagement and participation in the workforce.
- Getting around: equitable access to transportation and access to inclusive public spaces supports participation in the workforce and opportunities for engagement with others.
- Health and safety: a sense wellbeing and personal safety enables individuals to participate in society and creates trust in neighbours and institutions.⁶

Healthy Communities Together (UK)

Healthy Communities Together (HCT) is a programme that supports place-based partnerships to improve the health and wellbeing of communities. Funded between 2022–2025, HCT has five sites (Croydon, Coventry, Gloucestershire, Leeds and Plymouth) that receive grant funding from The National Lottery Community Fund and leadership and development support from The King's Fund. All sites have a partnership between local authorities, the National Health Service (NHS) and the Voluntary, Community and Social Enterprise (VCSE) sector and an aim to better meet the health and wellbeing needs of local communities, but beyond that, the HCT programme is non-prescriptive about how the partnership works and what activities they undertake.⁷

For example, in Coventry, the close ties of the lead VCSE organisation to the local community members helped to identify community-led initiatives, such as a men's mental health support group, for development and support. In Croydon, a Local Commissioning Model has been developed where community organisations are empowered to design services that best meet the local needs through outcomes-focused collaborative commissioning. In Gloucestershire, the Integrated Care Boards have transitioned from a structured agenda to a conversational and dynamic approach to enable more equal inclusion of voices in their decision-making.⁷

By fostering more equitable partnerships and collaboration between diverse stakeholders in a community and encouraging shared decision-making and resource allocation, the Healthy Communities Together programme aims to improve outcomes for individuals and communities. This strengthens trust and mutual understanding within communities and contributes to building stronger, more cohesive and connected communities.^{7,8}

Australian examples

Play Australia – 1000 Play Streets

The Play Australia 1000 Play Streets is a movement to create stronger and healthier communities. In a Play Street, residential streets are temporarily closed (for 2–3 hours) and turned into spaces where neighbours can connect and play. This creates a safe play environment for kids to engage in active play and for neighbours to interact. Play Australia aimed to establish 1000 Play Streets in Australia by 2025.

Evaluations of the Play Australia 1000 Play Streets initiative have demonstrated strong health and wellbeing outcomes. After participating, parents were more likely to encourage their children to play outside and interact with neighbours regularly. Participants also reported increased confidence in speaking with neighbours and a strong sense of connection with others involved in their Play Street. One of the key outcomes was an improved connection between neighbours, which contributed to greater social cohesion, enhanced perceptions of safety, reduced social isolation and development of social networks for parents and older adults.⁹

Play Australia supports this initiative by creating a toolkit for local governments in how they can get support their community to implement Play Streets. The toolkit includes guidance on traffic management, planning and community engagement.¹⁰

Between 2020–2022, the South Australian Government supported a collaborative effort between Play Australia, local governments and community partners to deliver Play Streets across the state. Local governments played a central role in helping to shape strategy, influence policy, unlock resources and advocate for systemic change. Their involvement included leadership in local planning, alignment of budgets and staff capacity, and sharing knowledge to support a best-practice model. For instance, Play Australia facilitated a South Australian Local Government Play Street Network to identify barriers and enablers to deliver Play Streets in South Australia.

One key issue identified was the outdated and costly legislative requirement for street closure notices to appear in local newspapers. The Network developed an advocacy strategy to reform this legislation. The South Australia experience mirrored the national 1000 Play Streets trial outcomes, showing stronger community connections and increased outdoor play opportunities for children.¹¹

Logan Together

Logan Together is a long-term place-based initiative aimed at improving the wellbeing of children and families in Logan, Queensland. Officially launched in 2015, it features a Collective Impact approach with a shared vision and agenda built around three foundational pillars – First Nations First, Children at the heart and Community led.¹² Logan Together is now one of the communities funded under the *Stronger Places, Stronger People* initiative of the Australian Government Department of Social Services.¹³

Logan Together's primary goal is to ensure that all children, regardless of background, have the opportunity to thrive. In the decade since its inception, there has been significant progress toward this primary goal, as well as various other positive outcomes related to improving social cohesion within the community.¹⁴ These include:

- establishing over 60 formal partnerships between community and cross-sectoral leaders;
- engaging over 30,000 community members;
- facilitating over 1,000 community conversations; and
- developing new career pathways and ongoing local job opportunities.¹⁵

In 2023, a participatory research approach involving community members across Logan identified social cohesion as the most significant change driven by Logan Together. This was reflected in stronger community connections, increased participation and volunteerism, greater employment opportunities, and more inclusive, cross-generational engagement. Community members also noted a rise in civic participation, with more community-led initiatives and a stronger sense of safety and empowerment.

The Logan Together initiative helped build local capability, enhancing leadership, problem-solving and equity awareness. A more holistic model of care emerged, characterised by community-led commissioning, shared decision-making and tailored services. Efforts in healing and reconciliation, particularly around First Nations leadership and truth-telling, were also highlighted. Additionally, there was a stronger shared understanding through transparent data practices and a growing sense of self-determination, with communities taking on greater responsibility for collective wellbeing.¹⁴

Logan Together has supported enhanced social cohesion and community empowerment through:

- creating a shared community vision;
- enabling shared decision-making and fostering inclusive participation, to ensure that decision-making reflects the diverse voices of the community;
- employing a collective impact approach that draws together partners from various sectors to breakdown long-standing silos;
- prioritising equity and working to reduce systemic disadvantage to create conditions where every child, regardless of background, can thrive; and
- creating and using shared language, measures and goals that foster a collective identity and bridge cultural, sectoral and socioeconomic divides in the community.^{12,14,15}

Hands up Mallee

Hands Up Mallee is a community-led, place-based initiative operating in the Northern Mallee region of Victoria. It is a collective impact approach that connects community, government and services to improve the lives of children, young people and their families in the region. Hands up Mallee was established in 2015 with in-kind support from the Mildura Rural City Council and negotiated constrained funding under the Primary Care Partnerships from the Victorian Government.^{16,17} Over 1600 conversations in 2016 with community members led to the community aspiration of a “connected community, where families matter and children thrive”.¹⁷ Since 2022, it has been funded in a three-way partnership between the Victorian Department of Jobs, Skills, Industries and Regions, the Mildura Rural City Council and the *Stronger Places, Stronger People* initiative of the Australian Government Department of Social Services.^{13,16}

The local government area of Mildura has complex social issues with high rates of domestic violence, suicide, drug and alcohol use, and mental health issues.¹⁶

Hands Up Mallee has a Backbone Team that provides strategic guidance, mobilises resources and public support and offers technical expertise and capacity building for the broader community. They are also responsible for facilitating alignment between and within project partners.¹⁶

The collective impact approach of Hands Up Mallee unites diverse stakeholders around a shared vision, guided by extensive consultation and co-design to ensure community-led solutions. It promotes collaborative leadership that reflects community diversity, shares decision-making power, maintains strong accountability to the community and targets long-term systems change.¹⁶ By focusing on inclusion, trust and shared responsibility, Hands Up Mallee has increased the social cohesion of the local area. This trust was exemplified during the COVID-19 pandemic when existing relationships with community members, local services and government were leveraged to deliver collaborative testing and vaccination clinics and to deliver extensive food relief to local community members in need.¹⁷

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Chapter 4

4.1: Key terms and definitions

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Content warning

People with lived experience of mental ill-health are especially acknowledged, along with their families and friends who support them. Please note there are references to suicide in this report. If you require help as a result of reading this report, please contact Lifeline Australia on 13 11 14 or chat online – lifeline.org.au