

Living Well in Mitcham Survey

All fields marked with an asterisk (*) are required

Welcome

1. Thank you for taking the time to help shape a healthy and inclusive community in the City of Mitcham.

For the completion of the survey, each submission must include your name and residential address. Council will consider all submissions received by the due date, however any submissions received that do not provide this information may not be included in the consultation process. At the end of the consultation period, submissions will be collated, and a summary of findings may be presented in a Council agenda.

We understand your privacy is important and we take this seriously. Your name and street address will not be published in the Council agenda but may be made available for Council Member's information and may potentially be accessible under the Freedom of Information Act 1999. *

☐ Yes, I acknowledge the above

2. Full Name *

Maximum 255 characters

0/255

3. Address *

Maximum 255 characters

0/255

4. Suburb



5. Are you completing this survey on behalf of someone else?

☐ Yes

☐ No

6. What is your relationship to this person?

☐ Parent / Guardian

☐ Child

☐ Carer

☐ Other (please specify)

Connection to the City of Mitcham

7. Which of the following describe your connection to the City of Mitcham? (Select all that apply)

- ☐ I live here
- ☐ I work here
- ☐ I study here
- ☐ I own a business here
- ☐ I shop here
- ☐ I attend events here
- ☐ I use Council Services here
- ☐ I visit friends / family here
- ☐ Other (please specify)

About you

8. Age

- ☐ Under 18
- ☐ 18 - 24
- ☐ 25 - 34
- ☐ 35 - 44
- ☐ 45 - 54
- ☐ 55 - 64
- ☐ 65+
- ☐ Prefer not to say

9. Are you of Aboriginal or Torres Strait Islander origin?

- ☐ No
- ☐ Yes, Aboriginal
- ☐ Yes, Torres Strait Islander
- ☐ Yes, both
- ☐ Prefer not to say

10. Do you speak a language other than English at home?

- ☐ No
- ☐ Yes

11. Which language/s?

Maximum 255 characters

0/255

12. What is your gender?

- ☐ Female
- ☐ Male
- ☐ Non-binary
- ☐ Prefer not to say
- ☐ Other (please specify)

Lived experience

13. Do you have lived experience of disability?

- ☐ I have a disability
- ☐ I am a carer for someone with a disability
- ☐ I am a family member or friend of someone with a disability
- ☐ No, I do not
- ☐ Prefer not to say
- ☐ Other (please specify)

14. Please select any of the following that apply to you

- ☐ Blind or vision impairment
- ☐ Deaf or hearing impairment
- ☐ Intellectual disability
- ☐ Learning disability
- ☐ Mental illness / psychosocial disability
- ☐ Neurological disability (includes traumatic or acquired brain injury)
- ☐ Physical disability (impacts mobility or dexterity)
- ☐ Sensory disability
- ☐ Other (please specify)

15. Do you have a chronic health condition that sometimes affects your life or your ability to participate?

☐ Yes, I have a chronic health condition

☐ No

☐ Prefer not to say

☐ Other (please specify)

Public Health and Wellbeing

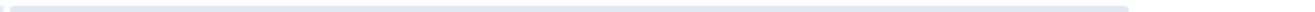
16. What do you feel are the most important contributors to your general health and wellbeing? (Please select up to 6)

- ☐ Cycling routes that feel safe
- ☐ Safe, welcoming public spaces
- ☐ Access to education and training
- ☐ Access to viable public transport options
- ☐ Opportunities to connect with others (clubs, volunteering, events)
- ☐ Affordable, healthy food options nearby
- ☐ Access to health and community services
- ☐ Parks, nature, trees and shade
- ☐ Information that's easy to find and understand
- ☐ Opportunities to be physically active (facilities, groups, equipment)
- ☐ Programs that support mental wellbeing
- ☐ Secure and stable employment opportunities
- ☐ Paths and crossings for walking/wheeling
- ☐ Other (please specify)

17. How concerned are you about each of the following in our community?

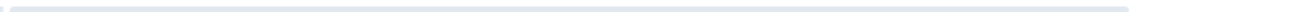
Smoking and vaping

☐ Not concerned ☐ Slightly concerned ☐ Moderately concerned ☐ Very concerned ☐ Extremely concerned



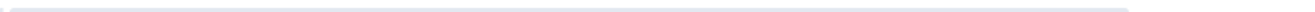
Harmful alcohol use

☐ Not concerned ☐ Slightly concerned ☐ Moderately concerned ☐ Very concerned ☐ Extremely concerned



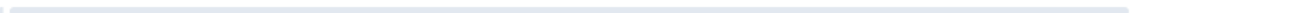
Illicit drug-related harm

☐ Not concerned ☐ Slightly concerned ☐ Moderately concerned ☐ Very concerned ☐ Extremely concerned



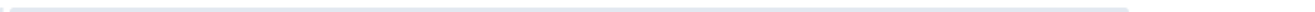
Physical inactivity

☐ Not concerned ☐ Slightly concerned ☐ Moderately concerned ☐ Very concerned ☐ Extremely concerned



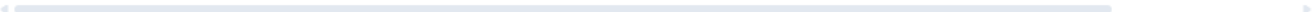
Poor nutrition/food insecurity

☐ Not concerned ☐ Slightly concerned ☐ Moderately concerned ☐ Very concerned ☐ Extremely concerned



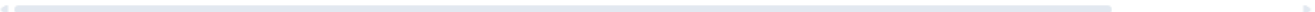
Gambling harm

☐ Not concerned ☐ Slightly concerned ☐ Moderately concerned ☐ Very concerned ☐ Extremely concerned



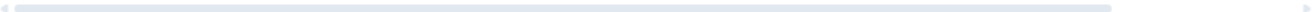
Domestic and family violence

☐ Not concerned ☐ Slightly concerned ☐ Moderately concerned ☐ Very concerned ☐ Extremely concerned



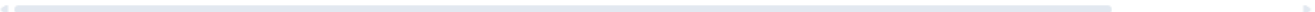
Heatwaves and extreme weather impacts on health

☐ Not concerned ☐ Slightly concerned ☐ Moderately concerned ☐ Very concerned ☐ Extremely concerned



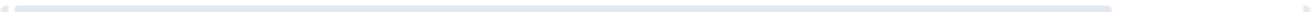
Road safety for pedestrians/cyclists

☐ Not concerned ☐ Slightly concerned ☐ Moderately concerned ☐ Very concerned ☐ Extremely concerned



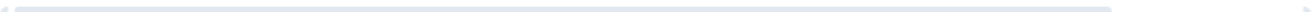
Social isolation/loneliness

☐ Not concerned ☐ Slightly concerned ☐ Moderately concerned ☐ Very concerned ☐ Extremely concerned



Mental illness

☐ Not concerned ☐ Slightly concerned ☐ Moderately concerned ☐ Very concerned ☐ Extremely concerned



18. What would help you be more physically active? (Please select all that apply)

- ☐ Community activity groups
- ☐ Information about local options
- ☐ Low-cost classes/events
- ☐ Outdoor fitness equipment
- ☐ Safer walking routes and crossings
- ☐ Shaded, connected paths
- ☐ Learn-to-ride or bike skills
- ☐ Other (please specify)

19. What would help you to eat a more healthy and balanced diet? (Please select all that apply)

- ☐ Affordable healthy options nearby
- ☐ Community gardens/food share
- ☐ Healthy food at Council events/venues
- ☐ Community kitchens/meal-skills programs
- ☐ Clearer nutrition information
- ☐ I already eat well
- ☐ Other (please specify)

Heatwaves and Extreme Weather Impacts on Health

20. How prepared do you feel for heatwaves and extreme weather?

- ☐ Not at all
- ☐ A little prepared
- ☐ Somewhat prepared
- ☐ Well prepared
- ☐ Very well prepared
- ☐ Unsure

21. Which improvements would most support your wellbeing in hot weather?
(Please select up to three)

- ☐ More trees and plants (urban cooling)
- ☐ Water fountains in public places
- ☐ Cool refuges/air-conditioned community spaces
- ☐ Shaded seating and play
- ☐ Earlier/later program times in summer
- ☐ Heat alerts/info
- ☐ Other (please specify)

Safety and connection

22. Overall, do you feel safe, respected and treated fairly in your community?

☐ Yes

☐ No

23. What change would help?

24. How connected do you feel to others in your neighbourhood?

☐ Not at all connected

☐ A little connected

☐ Somewhat connected

☐ Quite connected

☐ Very connected

Accessibility of places, services and information

25. Overall, how accessible and inclusive are Council places and services?

- ☐ Very poor
- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Excellent
- ☐ Not applicable

26. Which improvements would make the biggest difference? (Please select up to five)

- ☐ Information about services and activities
- ☐ Accessible toilets/Changing Places
- ☐ Kerb ramps/crossings
- ☐ Wayfinding/signage
- ☐ Inclusive and low-cost activities
- ☐ Accessible parking at Council sites
- ☐ Website and digital accessibility
- ☐ Alternative communication channels (e.g., phone)
- ☐ Accessible playgrounds
- ☐ Council building access (doors, lifts, counters)
- ☐ Footpath accessibility
- ☐ Opportunities to give feedback
- ☐ Volunteering and employment pathways
- ☐ Other (please specify)

27. When accessing information, what works best for you? (Please select all that apply)

- ☐ Large print
- ☐ Easy Read
- ☐ Easy English
- ☐ Audio
- ☐ Video with captions
- ☐ Auslan
- ☐ Hearing loop / bluetooth hearing support
- ☐ Translated material
- ☐ Talking to someone face to face
- ☐ I don't require adjustments
- ☐ Other (please specify)

28. How easy or difficult is it to get information from Council via the following channels?

In person

☐ Very difficult ☐ Difficult ☐ Okay ☐ Easy ☐ Very easy ☐ Not applicable

Email

☐ Very difficult ☐ Difficult ☐ Okay ☐ Easy ☐ Very easy ☐ Not applicable

Phone

☐ Very difficult ☐ Difficult ☐ Okay ☐ Easy ☐ Very easy ☐ Not applicable

Website

☐ Very difficult ☐ Difficult ☐ Okay ☐ Easy ☐ Very easy ☐ Not applicable

Letter

☐ Very difficult ☐ Difficult ☐ Okay ☐ Easy ☐ Very easy ☐ Not applicable

Facebook

☐ Very difficult ☐ Difficult ☐ Okay ☐ Easy ☐ Very easy ☐ Not applicable

Instagram

☐ Very difficult ☐ Difficult ☐ Okay ☐ Easy ☐ Very easy ☐ Not applicable

Mitcham Community News

☐ Very difficult ☐ Difficult ☐ Okay ☐ Easy ☐ Very easy ☐ Not applicable

Inclusive experiences

29. Tell us one Council place, program or service you would recommend as inclusive and accessible.

What is the place / service and what makes it work well?

30. In the last 12 months, have you avoided a place, service or activity in Mitcham for any of these reasons? (Select all that apply)

- ☐ Cost
- ☐ Safety concerns
- ☐ Limited disability parking at Council sites
- ☐ Lack of shade or shelter
- ☐ Poor lighting
- ☐ Limited public transport
- ☐ Path/kerb inaccessibility
- ☐ Lack of toilets/amenities
- ☐ No bike parking/unsafe cycling
- ☐ Lack of inclusive programming
- ☐ Difficult to find information
- ☐ Not welcoming
- ☐ Other (please specify)

31. At what location/s or service/s did you experience this?

32. What is the single most important change Council could make to improve access, inclusion and participation?

Closing Thoughts

33. What else would you like to see in your community to support your health and wellbeing?

34. Would you be interested in sharing further feedback by being involved in an interview or focus group if there was an opportunity to do so?

- ☐ No
- ☐ Maybe, with some more information
- ☐ Yes