

knox
your city



Knox City Council

Key Life Stages Plan

2017 – 2021

Executive Summary

A healthy and resilient Knox community is achieved through the active participation, engagement and contribution of people during all stages of their lives.

Council's provision of high quality and effective services and initiatives to key life stage groups is well recognised and received by the Knox community.

This Key Life Stages Implementation Plan brings together Council's previous Municipal Early Years, Youth Strategic and Active Ageing Plans; focuses on the **key life stages** of *early childhood*, *youth* and *older age*; and recognises that intervention during these key life stages has the greatest benefit for individuals, families and the community. It both aligns with and responds to the Knox Community and Council Plan 2017-21; identifies key issues across life stages; provides direction for Council's response across and between life stages; and sets out a framework to assist Council to determine its role and service response to current and future reform agendas.

The current environment in which Council operates is complex and changing. A thorough analysis of the *Knox Community and Council Plan 2017-21*, service information, literature, demographic data and targeted stakeholder feedback identified a range of key life stage **focus areas** that require Council's intervention in accordance with its roles and responsibilities.

These focus areas fall into three intervention categories: *key life stage specific*, *intergenerational* and *common*.

1. **Key life stage specific** – cohort-specific and targeted interventions, tailored for the specific needs of particular key life stages.
2. **Intergenerational** – interventions that promote intergenerational connections between people from different key life stages.
3. **Common** – interventions that are common or shared across key life stage cohorts.

The key life stage specific focus areas include:

- **Early years** – government policy reform, early years services management, out-of-home care, family violence, facilities, health and mental health, sustainable transport and lifelong learning;
- **Youth** – health and mental health including prevention of suicide, working with parents/families/carers/workers, youth engagement, LGBTIQ+, facilities, working with young people living in out-of-home care and who are official carers of a parent, family violence and bullying, and community safety issues affecting youth; and
- **Older People** – government policy reform, elder abuse, housing issues, age friendly initiatives, health and mental health, financial security, social isolation, facilities, supporting community groups, lifelong learning and end of life issues.

Intergenerational and common focus areas are interlinked and include:

Government policy reform; community connections and respect between diverse age groups; children in out-of-home care; family violence, including bullying and elder abuse; community group support; volunteers/volunteering; facilities; lifelong learning; LGBTIQ+ (Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and Questioning); and health and mental health

including access to health and mental health services, housing, and sport, recreation and leisure opportunities.

Many of the focus areas require a combination of key life stage specific, intergenerational and common interventions or actions.

Council already responds to many of these focus areas as part of its core business. However, a review of the approach utilised in its core business has resulted in a refreshed suite of actions to ensure that Council continues to achieve the most favourable outcomes possible for the community. A number of new focus areas have also emerged in the development of this Implementation Plan, including changing government policy reforms, family violence and elder abuse, and LGBTIQ+ issues etc.

An important area of focus across key life stages is government policy reform. There is substantial State and Federal Government policy change occurring in the key life stages space that is, and will continue to, significantly influence Council's future service delivery and initiatives in relation to, for example, early years service management, aged service provision and the implementation of recommendations from the Victorian Royal Commission into Family Violence. The Plan sets out clear actions to enable Council to respond to government policy reforms, consider its role in the context of these reforms, maintain best-practice standards and enable children, youth and older people to access the highest quality services.

This Implementation Plan presents a suite of actions that respond to the focus areas and the categories of intervention required (key life stage specific, intergenerational and/or common). The *Implementation Plan – Action Table*, at the back of this document, also outlines amongst other things: the Community and Council Plan's goals, strategies and Council initiatives; which actions are existing or new; the departments that will lead each action; resources available or required to implement each action; and performance indicators to measure outputs arising from actions. The actions will be monitored and evaluated throughout the life of the Implementation Plan, and a mid-term review will also be conducted.

Contents

1. Our approach to developing the Implementation Plan	5
Purpose of the Implementation Plan	5
Methodology.....	5
Role of the Knox Community and Council Plan 2017-21	6
Stakeholder Engagement	7
2. Life stages outcome statement and approach to key life stages	9
An Opportunity to Influence Across the Full Life-Course	9
3. Council’s key life stages services	11
Early Years.....	11
Youth	11
Older People	12
4. What is influencing key life stages in Knox?	13
Summary of Data Analysis Findings – the Emergence of Focus Areas.....	13
Data Analysis Findings	15
5. What are we going to do?	27
Actions.....	27
Implementation.....	27
6. How will we know if we have made a difference?	29
Evaluation	29
7. Action Table	30

1. Our approach to developing the Implementation Plan

Purpose of the Implementation Plan

Council believes that interventions during **key** life stages – early years/ childhood, youth and older age – will optimise people’s ability to achieve a healthy, happy and fulfilling life. It also recognises the interdependence and reciprocity between different generations and adopts an intergenerational approach to planning and providing services, facilities, infrastructure and support in Knox.

The Key Life Stages Implementation Plan (the Implementation Plan) recognises the importance of Council understanding and responding appropriately to the specific needs of particular life stage groups within the Knox community. Children, youth and older people can be particularly vulnerable to poor quality of life outcomes if they do not have access to the right supports and opportunities that promote their health and wellbeing. On the other hand, with the right conditions, people in these life stages can flourish.

This Implementation Plan sets out a clear direction for how Council will assist, support and engage with children, youth and older people in Knox including:

- Detailing Council’s actions which respond to the needs of people during key life stages over the next four years – 2017 to 2021;
- Maintaining a targeted approach (where necessary) to the needs of children, youth and older people through cohort-specific initiatives and actions;
- Adopting an intergenerational approach (where possible) to respond to community needs by strengthening opportunities for people to better connect and interact, building on strengths and mitigating weaknesses, and increasing resilience across key life stages; and
- Maximising our collective reach and return on finite resources.

Importantly, this Implementation Plan becomes Council’s Municipal Early Years Plan (where Council’s actions relating to the Victorian Early Years Compact are described) and is combined with its youth and active ageing strategic plans.

The difference in the approach utilised in this Implementation Plan, compared with previous plans, is that it brings together Council’s early years, youth and active ageing strategic plans into a single document. And, while it maintains a targeted approach to the needs of children, youth and older people through cohort-specific initiatives and actions where needed, it also adopts a more integrated and intergenerational approach that enables connectivity and reciprocity across generations. This new approach will achieve positive and more effective social outcomes for individuals, families and the Knox community.

Methodology

The Implementation Plan is based on a strong evidence base and stakeholder views. The methodology included:

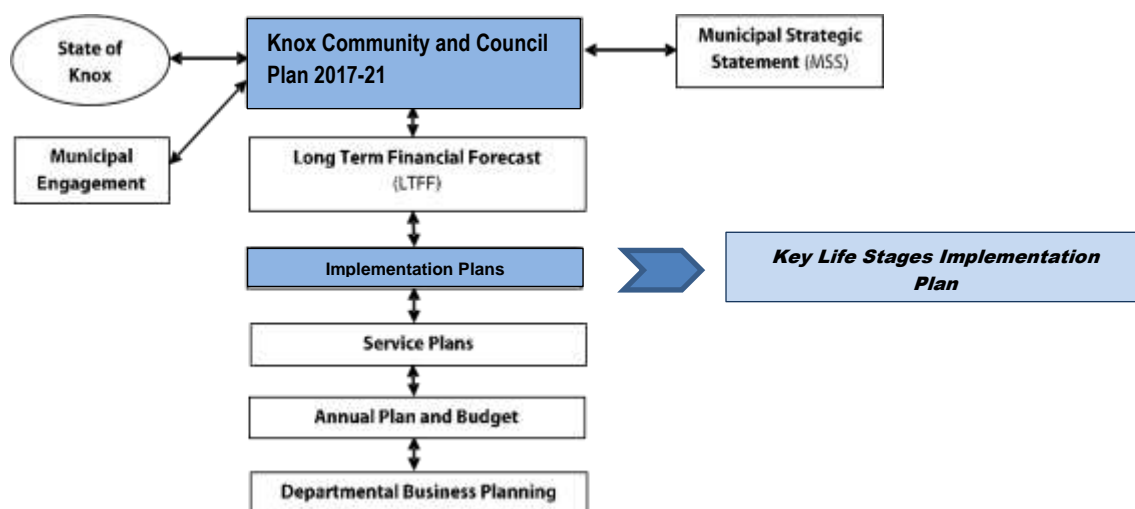
- Guidance and prioritisation from the Knox Community and Council Plan 2017-21 (Community and Council Plan);

- Stakeholder engagement and feedback¹, including early years, youth and older people;
- A thorough literature review of relevant local, state and federal government and international research, policies and planning frameworks;
- An analysis of demographic, population- and performance-level data and service information, trends and drivers;
- The identification of evidence-based focus areas; and
- The development of a suite of early years, youth, and active ageing specific and intergenerational actions that respond to the identified focus areas.

Role of the Knox Community and Council Plan 2017-21

The Knox Community and Council Plan 2017-21 (Community and Council Plan) is the *head of power* that informs the Implementation Plan. The Community and Council Plan includes preliminary key life stage analysis and planning and should be read in conjunction with this Implementation Plan.

The diagram below shows where this Implementation Plan fits into Knox Council’s Strategic Planning Framework. It is one of a number of implementation plans informed by the Community and Council Plan.



Community and Council Plan’s guiding principles

The Community and Council Plan’s principles of *flexibility, integration, robustness, inclusiveness, resourcefulness, reflection* and *foresight* guide Council’s approach and planning in relation to key life stages, including the *Life Stages Outcome Statement and Approach to Key Life Stages*. The *robustness* guiding principle is particularly applicable.

Strategies should be well conceived, evidence based and able to take account of all life stages (pg. 18).

¹ This was predominantly undertaken during the development of the Community and Council Plan, which included: a municipal-wide survey; a series of wide-ranging focus groups and workshops; feedback from the Knox Community Panel; and a public exhibition of the draft Plan.

Goals, Strategies and Council Initiatives

Goals

Many of the eight Community and Council Plan goals are life stage-related and have informed the Implementation Plan. The Goals are:

1. We value our natural and built environment;
2. We have housing to meet our changing needs;
3. We can move around easily;
4. We are safe and secure;
5. We have a strong regional economy, local employment and learning opportunities;
6. We are healthy, happy and well;
7. We are inclusive, feeling a sense of belonging and value our identity; and
8. We have confidence in decision-making.

Goals 6 and 7 – *We are happy, healthy and well*; and *We are inclusive, feel a sense of belonging and value our identity* – respectively, are particularly relevant to key life stages cohorts and have strongly influenced the Implementation Plan.

Strategies and Council initiatives

Many of the strategies and Council initiatives have helped to inform the Implementation Plan, however, two Strategies and Council Initiatives have explicitly influenced this work:

- **Strategy 6.2** – Support the community to enable positive physical and mental health (pg. 52) and **Council Initiative 6.2.6** – Finalise and implement the Key Life Stages Implementation Plan focusing on Early Years, Youth and Older People (pg. 54); and
- **Strategy 7.3** – Strengthen community connections (pg. 59) and **Council Initiative 7.3.3** – Prioritise and promote programs and services which aim to build community connections and reduce social isolation across all life stages and spatially represent this information on Council’s mapping system (pg. 60).

Relevant Council initiatives are referenced in the *Implementation Plan – Action Table*².

Stakeholder Engagement

Extensive community engagement across key life stage cohorts informed and guided the Implementation Plan. This was predominantly undertaken during the development of the Community and Council Plan, which included:

- a municipal-wide survey;
- a series of wide-ranging focus groups and workshops, which included early years, youth and older people cohorts;
- feedback from the Knox Community Panel³; and
- a public exhibition of the draft Plan.

These findings⁴ were reanalysed to inform this Implementation Plan.

² Refer to Chapter 6 for more information.

³ For more detail, refer to pgs. 6 and 7 of the Community and Council Plan.

⁴ Refer to Knox City Council, Community Plan Engagement Final Report, March 2007 for a summary of the findings.

'Health...is important to everyone, at every stage, from the beginning, maternal and child health, and right through the life stages' (Community and Council Plan, pg. 8).

'We want centres where all ages can come together, building better community spirit, mentoring for older and younger people, support, a place to go' (Community and Council Plan, pg. 9).

Further targeted stakeholder engagement followed to identify and test the Implementation Plan's actions. Caution was taken to avoid consultation fatigue.

2. Life stages outcome statement and approach to key life stages

The Life Stages Outcome Statement and Approach to **Key** Life Stages were developed from a review of data, literature and key stakeholders' views to underpin and guide the development of the Implementation Plan.⁵

<i>Life Stages Outcome Statement</i>
A healthy and resilient Knox community is achieved through the active participation, engagement and contribution of people during all stages of their lives.
<i>Approach to <u>Key</u> Life Stages</i>
1. Council believes that everyone has fundamental rights ⁶ and practical needs ⁷ throughout their life.
2. Council recognises that moving through different stages is a normal part of the human life cycle.
3. Council supports the key life stages of childhood, youth and older age, where prevention and early intervention will have the greatest benefit.
4. Council respects and listens to people through their life stages to fully understand their specific needs and requirements.
5. Council invests in planning, services, infrastructure and partnerships which respond to identified needs and builds knowledge, skills, confidence and resilience over time to benefit individuals, families and the community.

An Opportunity to Influence Across the Full Life-Course

Prevention and early intervention are methods to avoid or mitigate individual, social and financial impacts and costs that would otherwise arise. *Prevention* refers to interventions that occur before the initial onset of a problem or disorder to prevent its development and *early intervention* involves interventions targeting people displaying the early signs and symptoms arising from a problem or disorder.

There is strong evidence that investment in early childhood (0-5 year olds) has significant positive short, medium and long-term impacts on people's health, wellbeing, educational, employment and financial prospects across their life-course. In other words, the more attention given to early childhood

⁵ The review identified cohort-specific and intergenerational key life stage themes, which included fundamental rights, practical needs, and critical things that make a difference. These are summarised in the table on pg. 19.

⁶ Children, youth and older people have fundamental rights and are: valued, respected and informed; in control and have choices; diverse; able to express their views and opinions; heard and influence decision making; and part of the community (social and civic).

⁷ The practical needs of children, youth and older people relate to: access to a clean, green environment; safe water and sanitation; housing; transport; economic stability; employment; health care and community services; education and lifelong learning; safety; family violence prevention; strong families; good mental health; alcohol and drug awareness; and disability support. (*Note: some are particularly relevant to certain life stages.*)

support, services and infrastructure, the better and more productive people's lives will be through their entire life – early years, youth, adulthood and older age.

Research shows that failure to provide high quality services and supports for children and their families through their early years results in costly human, social and financial outcomes for individuals and the community. The Dunedin Study⁸ is one of numerous studies that show that three-year-old assessments provide strong predictors of adult life-course outcomes. The Study also confirms that a 'small segment of the population (20% of study members) accounts for a disproportionate share of costly service use in a society's health-care, criminal-justice, and social welfare systems (almost 80% of study members)'.⁹ If this segment of the population is well-supported through early childhood prevention and early intervention, it is possible to avoid or mitigate some of the serious social and financial costs predicted to arise.

'The strong connection between early-childhood development and costly adult outcomes underscores the need for preventive health and education programmes for children and families.'¹⁰

Therefore, Council recognises that it has a major role to play in early childhood and supporting families of young children, as well as during the key life stages of youth and active ageing, that will advantage people throughout their lives.

⁸ The Dunedin Multidisciplinary Health and Development Study, New Zealand, is an internationally renowned study, which has followed all babies born in Dunedin between 1 April 1972 and 31 March 1973 through to 2017. 97% of the 1037 participants are still part of the study.

⁹ Poulton R, 2016, Childhood disadvantage strongly predicts costly adult life-course outcomes, University of Otago, NZ.

¹⁰ Poulton R, 2016, Childhood disadvantage strongly predicts costly adult life-course outcomes, University of Otago, NZ.

3. Council's key life stages services

Council provides a range of core services to early years/children, youth and older people that assist and benefit people in key life stages.

Early Years

Council's vision for children and families in Knox is that:

- Knox children are enjoying a fun, happy, safe childhood where they are loved, supported and nurtured. They are engaged towards optimal health, wellbeing and are active participants in their own learning, development and community;
- Childhood in Knox is an important and recognised stage of life, where children play and explore and are part of neighbourhoods, as their learning is supported by their family, friends and wider community; and
- Knox families are richly diverse, and their role as their child's first and most important teachers is acknowledged and valued. They are supported, encouraged, connected, informed and empowered to be nurturing, confident and thriving families.

Family and Children's Services at Council offers a range of direct services to children from birth to school transition (0 - 6 years) and their families. As well as direct service provision, it also provides advocacy, facility advocacy, research and planning, community capacity building, and governance and stewardship for and on behalf of children and their families and carers. This work is done in collaboration and partnership with State and Commonwealth Government departments as well as non-Council service providers. Family and Children's Services also host the *Early Years Advisory Committee*, which advises Council on issues affecting children and families.

Other Council services also offer programs and services aimed at families and young children, such as, Youth, Leisure and Cultural Services, Biodiversity (environmental awareness raising), Sustainable Transport, Community Wellbeing and Health.

Youth

Council is committed to actively engaging with, valuing and supporting young people's unique contributions to the Knox community.

The purpose of Council's *Youth Services* is to support young people and their families to build wellbeing through positive connections in their lives and to promote young people as active and respected members of the community with strong mental health. It also participates in coordination, planning and facilitation, and advocates for and with young people in Knox. A range of direct services is offered to young people including counselling, support, and education and training, as well as the *School Focused Youth Services* and the *Engage Program*, which are supported with State Government grants. A proportion of its work is also directed toward working with young people's parents, families and people who work closely with young people. Other initiatives include providing capacity-building skills, engagement opportunities and empowering young men and women to take up leadership roles. Council's *Youth Advisory Committee* particularly assists community engagement processes and provides valuable information to support the decision making of Council. The establishment of the Committee supports Council's commitment to engage with its community on issues that affect the lives and wellbeing of its young people.

Other Council services also offer programs and services to young people, such as, Youth, Leisure and Cultural Services, Biodiversity (environmental awareness raising), Community Wellbeing, Health, Economic Development and Sustainable Transport.

Older People

Council is committed to enabling its older people in Knox to enjoy active, healthy and independent lives by encouraging positive approaches to active ageing and by removing barriers to participation.

Council's *Active Ageing and Disability Services* Department coordinates and delivers quality, inclusive services and responses for older people, people with disabilities and carers to enhance independence and wellbeing as well as foster community connections.

It offers a wide range of *direct* services to older people in Knox including community transport, housing support and the provision of *Commonwealth Home Support Program* (CHSP), and home-based assessment services targeting vulnerable people through the *My Aged Care Regional Assessment Service* (RAS). Other services offered to support the wellbeing and positive ageing of older people include: supporting senior citizens' clubs and providing facility support; promoting positive ageing; providing seniors' grants and assisting groups to access other funding opportunities; facilitating and coordinating community engagement through the *Knox Seniors Bright Ideas Network* and *E-Newsletter*; and facilitating a carer support group. Active Ageing and Disability Services have also commenced a new trial project, *60+ Online – Enhancing Social Inclusion Through Digital Stories and Social Media Participation*, in collaboration with Swinburne University of Technology, Telstra and Boroondara Council. It also supports the *Active Ageing Advisory Committee*¹¹, which advises Council on issues affecting older people and provides strategic responses to an ageing population.

Other Council services also offer programs and services to older people, such as, Youth, Leisure and Cultural Services; Biodiversity (Gardens for Wildlife); Community Wellbeing; Health; and Sustainable Transport.

¹¹ Note that all Council advisory committees are currently under review.

4. What is influencing key life stages in Knox?

Summary of Data Analysis Findings – the Emergence of Focus Areas

Council is operating in a complex and changing environment. A thorough analysis of the *Knox Community and Council Plan 2017-21*, service information, literature, demographic data and targeted stakeholder feedback has identified a range of key life stage **focus areas** that require Council's intervention in accordance with its various roles and responsibilities.

These focus areas fall into three intervention categories: *key life stage specific*, *intergenerational* and *common*.

1. **Key life stage specific** – cohort-specific and targeted interventions, tailored for the specific needs of particular key life stages.
2. **Intergenerational** – interventions that promote intergenerational connections between people from different key life stages.
3. **Common** – interventions that are common or shared across key life stage cohorts.

The key life stage specific focus areas include:

- **Early years** – government policy reform, early years services management, out-of-home care, family violence, facilities, health and mental health, sustainable transport and lifelong learning;
- **Youth** – health and mental health including action that helps to prevent the incidence of suicide, working with parents/families/carers/workers, youth engagement, LGBTIQ+, facilities, working with young people living in out-of-home care and who are official carers of a parent, family violence and bullying, and community safety issues affecting youth; and
- **Older people** – government policy reform, elder abuse, housing issues, age friendly initiatives, health and mental health, financial security, social isolation, facilities, supporting community groups, lifelong learning and end of life issues.

Intergenerational and common focus areas include:

Government policy reform; building connections, understanding and respect between life stages groups; children in out-of-home care; family violence, including bullying and elder abuse; community group support; volunteers/volunteering; facilities; lifelong learning; LGBTIQ+ (Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and Questioning); and health and mental health including access to health and mental health services, housing, and sport, recreation, leisure and arts opportunities.

Many of the focus areas require a combination of key life stage specific, intergenerational and common interventions or actions. The actions are presented in the Action Table at the back of this document and identify the category of intervention.¹²

¹² The Action Table at the back of this document identifies which actions are *intergenerational*, *common* or *key life stage specific* and colour codes them accordingly – early years/pink, youth/yellow, active ageing/green, intergenerational/orange and common/blue. Actions that have been directly drawn from the Knox City Council Community and Council Plan 2017-21 are coded in grey.

Council currently provides services which respond to many of these focus areas as part of its core business. However, a number of new focus areas also emerged from the analysis of the findings, including changing government policy reforms, family violence and elder abuse, and LGBTIQ+ issues etc. Therefore, a suite of refreshed and new actions that respond to existing and new focus areas, which utilise an intergenerational lens where possible, is required to ensure that Council continues to achieve the most favourable outcomes possible.

An important area that requires particular attention is Council's implementation of new and emerging *government policy reforms* to enable compliance with expected requirements and standards. There is substantial State and Federal Government policy change occurring in the current key life stages space that is, and will continue to, significantly influence Council's service delivery and initiatives in relation to, for example, early years management, aged service provision and the implementation of recommendations from the Victorian Royal Commission into Family Violence. These findings confirm the need for clear actions to enable Council to respond to government policy reforms, consider its role in the context of these reforms, maintain best-practice standards and enable children, youth and older people to access the highest quality services.

Data Analysis Findings

Quantitative data themes

A review of relevant data has identified a range of positive indicators for early years, youth and older people, as well as some weaknesses in particular areas. More detail is available via the *State of Knox Master Database*¹³, *Review and analysis of the State of Knox Master Database*¹⁴ and *Early Years, Youth and Older Persons Profiles*.¹⁵

Knox demographic snapshot

	Population (Census 2016) ▲ increase on 2011 figures ▼ decrease on 2011 figures	Projections of population increases	Diversity (NESB - Non- English speaking background)	Household income	Living Arrangements	Housing tenure
Early years and youth	0-4 yrs. –▲ 9000 5-11 yrs. –▲ 12,600 12-17 yrs. –▼ 11,300 18-25 yrs. –▼ 14,300 Total 47,200	2016-2036 0-4 yrs. – +1200 5-11 yrs. – +1900 12-17 yrs. – +1500 18-25 yrs. – +900 Total +5,500	1 in 15 children (5-11 yrs.) & 1 in 10 adolescents (12-17 yrs.) & young adults (18-24 yrs.) were born overseas in a NESB country China, Malaysia & India top 3 NESB ¹⁶ source countries for children & youth under 18 yrs. of age India, Malaysia & Sri Lanka top 3 NESB source countries for youth aged 18-24 yrs. 1 in 6 children & youth speak a language other than English at home 1400 children (0-14 yrs.) & 1200 youth (15-24 yrs.) speak a Chinese language at home 55% (415 people) of Knox's local indigenous population are children & youth	Considerably lower than average proportion of children & youth live in a low-income household (<\$600/week) Majority of low-income households are '1 parent' families 540 low-income 'couple with children' households (<\$600/ week) or 2.5% of all 'couple with children' families in Knox 1101 low-income '1 parent family' households (<\$600/ week) or 18% of all '1 parent households' in Knox Less than 3% of 'couples with children' families & 18% (1 in 5) '1 parent' families are classified as (very) low-income A child or youth in a '1 parent' family is 7 times more likely to be living in a low-income household than if living in a '2 parent' family	80-90% of children under 18 yrs. live with two parents 65% of young adults (18-24 yrs.) live with parents as couple family with children 1 in 6 Knox children live with 1 parent, compared with 1 in 5 State-wide	15-20% of children & youth live in rental housing – a rate considerably lower than the metro average

¹³ Knox City Council, 2016

¹⁴ (2nd Edition) 2017-21, Knox City Council, 2016

¹⁵ Knox City Council, 2017

¹⁶ Non-English Speaking Background

	Population (Census 2016) ▲ increase on 2011 figures ▼ decrease on 2011 figures	Projections of population increases	Diversity (NESB - Non- English speaking background)	Household income	Living Arrangements	Housing tenure
Older people	<p><i>Service age groups</i> 50-59 yrs. – ▲ 21,500 60-69 yrs. – ▲ 17,500 70-84yrs. – ▲ 12,700 85+ yrs. – ▲ 3,100 Total 54,800</p> <p><i>Communities of Interest age groups</i> 55-64 yrs. – ▲ 19,900 65-79 yrs. – ▲ 17,900 80+ yrs. – ▲ 6,000</p>	<p>2016-2036 55-64 yrs. – +900 65-79 yrs. – +6500 80+ yrs. – +4500 Total 11,900</p>	<p>Nearly 1 in 3 people 55 or + yrs. were born overseas in a NESB country</p> <p>Malaysia, Sri Lanka and Italy are the top 3 NESB source countries for pre-retirement aged people (55-64 yrs.)</p> <p>Germany, Italy & the Netherlands are the top 3 NESB source countries for post-retirees</p> <p>1 in 5 older people aged 55-79 yrs. speak a language other than English at home</p> <p>1 in 4 people 80 + yrs. speak a language other than English at home</p> <p>There are also nearly 300 people 55 + yrs. that speak Arabic & 1900 that speak a Chinese languages at home</p>	<p>Lower than average proportion of pre-retirees (55-64 yrs.) live in a low-income household.</p> <p>The share of older people aged 65-79 yrs. that live in a low-income household is similar to the metropolitan average, however, the proportion of older seniors 80+ yrs. that live in a low-income household is slightly higher than average.</p> <p>2100 people aged 55-64 yrs. live in a low-income household (<\$600 per week) or 11% of people of this age in Knox</p> <p>4400 people aged 65-79 yrs. live in a low-income household (<\$600 per week) or 32% of people of this age</p> <p>1670 people 80 + yrs. are living in a low-income household (<\$600 per week) or 33% of people of this age</p> <p>Of 14,100 people in low-income households living in Knox, the largest group are those aged 65-79 years.</p> <p>One in three people that live in a low-income household in Knox are aged between 65 and 79 years.</p> <p>One in ten people aged 55-64 years lives in a low-income household in Knox; this increases to one in three for Knox residents of retirement age or older.</p>	<p>1 in 10 older residents (55-64 yrs.), 1 in 5 residents (65-75 yrs.) live in a lone person household</p> <p>40% of residents 80+ yrs. live alone</p> <p>1 in 3 pre-retirees (55-64 yrs.) live in a 'couple household' that still have a child/children living at home</p> <p>While declining with age, 1 in 10 residents 80+ yrs. live in a 'couple household' with a child/children at home</p>	<p>6-8% of older people live in rental housing, which is considerably lower than the metro average (9-13%)</p>

Early years

When compared with metropolitan Melbourne, children and young people in Knox are doing very well on a range of indicators drawn from the Census relating to disadvantage and potential vulnerability – whether this be living in a low income household; in a one parent family; having a non-English speaking background; or circumstances of reduced housing security and stability. In general, children and young people in Knox are more likely to be living in a higher income family with two parents or carers; and less likely to have been born overseas in a non-English speak country; speak a language other than English at home, or live in rental accommodation.

Knox has consistently achieved better than average results for all childhood health and wellbeing indicators over many years, including developmental benchmarks, participation in key age and stage maternal and child health visits, immunisation and breastfeeding rates. The percentage of children (0-6 years) that are developmentally vulnerable is better than average and has declined since the first Australian Early Childhood Census.

The review of data confirms a rebounding of Knox's steady decline over recent years in children attending maternal child health '3½ year, key ages and stages visits'¹⁷, one-year-old immunisation rates and infants being fully breastfed at 6 months. For example:

- The rate of children attending the 3½ year maternal child health visit has risen to 76.7% in 2015, which is up from 64.9% in 2014;
- Immunisation rates for one, two and three year olds in 2015-16 were 93.4%, 91.8% and 93.7% (respectively), which is up from 90.8%, 89.8% and 92.9% in 2014-15; and
- 41% of babies in Knox were fully breast fed at 6 months in 2014-15, which is up from 37% in 2013-14 and above the metropolitan average of 39%.

Summary: Early childhood health and wellbeing is an ongoing strength in Knox and needs to be maintained and further developed. Even though gradual declines in maternal child health, immunisation and breast feeding rates over the past few years have started to rebound, some weaknesses still exist and require attention.

Family violence has also been identified as a problem affecting children and young people. In 2016 there were 1,658 family violence incidents reported in Knox. The Knox Family Violence Profile¹⁸ identified that Bayswater and Boronia have higher rates of family violence than State and metropolitan Melbourne rates, with figures for Ferntree Gully also being above the Melbourne average. 9.2% of *affected family members* aged 0-19 years were the victims of family violence enacted by their own parent. 21.9% of *affected family members* were the victims of family violence by their own child in 2016, which has significantly increased from 16.9% in 2012.

Summary: Rates of family violence continue to be a problem in Knox and affect children and young people, along with other cohorts (elder abuse is discussed below).

Youth

Young people in Knox, like most young people in Australia, have many strengths. The Resilient Youth, Resilience Survey¹⁹ indicates that young people in Knox are generally socially conscious and well connected to the community and school. The Survey was conducted with 3921 young people from years 3 to year 12 across schools in Knox and found that resiliency peaks in primary school, with 58% of young people in years 3 to 6 having good to excellent resilience, before levels start declining in secondary school.

Over 95% of surveyed young people value the diversity in our community, including navigating cultural differences, building friendships and resolving conflicts. Almost 100% feel that they are able to help others (which experts say is a component of developing positive values which will eventually influence how they think and act), over 80% of young people feel connected to their school with the vast majority motivated to learn and over 90% feel that they have positive role models within their lives.

¹⁷ This measures participation in first and last key ages and stages visits between birth and 3 ½ years. This is important because MCH services offer support, information and advice regarding parenting, child health and development, child behaviour, maternal health and wellbeing, child safety, immunisation, breastfeeding, nutrition and family planning.

¹⁸ Knox City Council, 2015 (updated in 2017)

¹⁹ Knox City Council, 2017

Research shows that adults influence and support, whereby young people feel loved, listened to and valued is associated with lower risk-taking behaviour and higher academic achievement.

In 2016, Knox Youth Services conducted a Needs Analysis²⁰ across 42 schools to identify the key areas of need for young people. The Analysis indicates a very clear trend in two key areas of concern – peer relationships/bullying (35% of respondents) and anxiety (33% of respondents). Peer relationships concerns included peer pressure, friendship group issues, anti-social behaviour and lack of friends. Additionally, when reporting the prevalence of anxiety, respondents noted that anxiety was demonstrated through excessive worries, fears, dealing with stress, friendship issues and lack of emotional regulation in young people. Emerging areas, indicated through the Needs Analysis, included concerns about young people’s technology use and cyber safety.

This data collected across Knox provides valuable insights into the wellbeing of young people who live, work and attend education in Knox. The results show that young people in Knox are surrounded by school staff, family, community and local agencies that care about their wellbeing and their positive development. There are many strengths in our young people and through continued engagement with the young people themselves and through the support of caring adults around them, they are able to grow and reach their full potential.

A pronounced issue arising from the data review is alcohol misuse, particularly among young people. While alcohol misuse is a community-wide issue and rates in Knox overall tend to be lower than metropolitan and State averages, young people are *over-represented* in the statistics. For example, the rate of alcohol-related assaults during high alcohol hours among young people is 35% higher than found in the Knox general population – 10.4 cases per 10,000 young people (18-24 years), compared with 7.6 per 10,000 total population; or double the rate found in the 40+ population of 4.5 per 10,000 in 2014-15. However, the alcohol-related hospitalisation rate among young people (15-24 years) declined slightly from 27.1 per 10,000 in 2012-13 to 26.9 per 10,000 in 2014-15. This is the second year of decline, which is in contrast to an upward trend in the metropolitan average.

The use of ‘ice’ among young people has been a prominent issue in Knox. However, treatment rates for methamphetamine use, after steadily increasing since 2004-05 to a peak of 55.1 per 10,000 young people in 2013-14, has declined for the first time to 49.9 per 10,000. This is still well above the metropolitan average of 38.5/10,000 and accords Knox with the 10th highest metropolitan rating. Importantly, the negative ‘reach’ of ice into the community is less compared with alcohol and pharmaceuticals in terms of the numbers affected. For example, ambulance call-outs to young people are *four times more likely* for pharmaceutical misuse and *nine times more likely* for alcohol-related misuse than they are for ice use.

Summary: Significant strengths in Knox’s youth population are evident, including strong resilience and community connectedness. Weaknesses in relation to peer relationships and bullying and levels of anxiety are identified. Youth alcohol and substance misuse are significant, but there is some evidence of decline.

²⁰ Knox City Council, 2016

Older people

The positive findings concerning older Knox residents include *better than average* participation in citizen engagement activities²¹ by people over the age of 55 years in Knox (52% compared with a 46% metropolitan benchmark, 2011), with this group:

- Being relatively more civically active than those elsewhere (as above);
- Having a willingness to recycle waste water (44% compared with 42% metropolitan wide);
- Holding a higher than average and *increasing* satisfaction with feeling part of the community (Index score 72.6 in 2007 to 73.2 in 2011);
- More likely than not to own their own home outright (73%, 2011); and
- Having a better than average level of access to services for older people including hospitals/general practitioners, aged care facilities, supermarkets, community centres, libraries, U3A, public transport stops etc. (10 services/km² compared with a metropolitan average of 8.3/km²).

Such access has important social, economic, emotional and physical impacts. Also, a slightly smaller than average share of the local population aged 75+ years living alone (33.8%), suggests positives around levels of support.

Older people in Knox are, however, over-represented in the disability figures. In 2015 there were an estimated 8000 people living in Knox households²² with profound or severe limitations (needing help *always* or *at times* with core activities). 40% of them (3200 in number) were people over the age of 65 years. Approximately 2000 of them were *older women* over the age of 65 years. It is estimated that age-related conditions such as Dementia and Alzheimer's disease are the main conditions associated with almost a quarter of profound/severe disability arising from mental and behavioural disorders. This is expected to increase as the number of aged residents grows.

Older people are also over-represented in low-income households (those that fall into the bottom 25% of incomes nationally). According to the 2011 Census, more than 43% of Knox residents that lived in low-income households were aged 65+. This reflects the high proportion of older people in Knox that are reliant on the age pension as their principle source of income – 71.4% of the eligible population aged 65+ compared with 64.4% across metropolitan Melbourne, on average, in 2016. The most recent data available²³ indicates that the rate of age pension payments is higher than the State average in most Knox suburbs, with the exception of Wantirna and Wantirna South, and there are upwards of 3,000 or more aged pensioners living in each of Ferntree Gully/UFTG, Boronia/Basin and Rowville.

An emerging issue for older people is the incidence of reported elder abuse. The Knox Family Violence Profile²⁴ identifies that:

- 6.2% of people aged 60-69 years were *affected family members* (individuals deemed to be affected by events occurring during the family violence incident) in 2016, which had increased from 4.2% in 2014; and

²¹ Attended a town meeting, public hearing, contacted a local politician, joined a protest or signed a petition etc.

²² As opposed to living in Knox in cared or non-private housing i.e. nursing homes, aged care hostels etc.

²³ September 2016

²⁴ Knox City Council, 2015 (updated in 2017)

- 3.1% 70 year olds and over were *affected family members* in 2016, which had slightly increased from 3.1% in 2014.

However, knowing more about this at a local level requires the collection of qualitative data including the knowledge and experiences of key service providers, police and lived experiences of the community.

Summary: Active and healthy ageing is a strength in Knox. Older people, however, are over-represented in the disability figures; there is an increasing and considerably higher than average percentage of them in receipt of the age pension; and an emerging trend in the incidence of reported elder abuse.

Themes arising from the literature

The review of literature identified cohort-specific, intergenerational and common key life stage themes including: fundamental rights; practical needs; and critical things that make a difference – as summarised in the table below.²⁵

Themes arising from the literature				
Theme type	Childhood/early years	Youth	Older people	Common and/or intergenerational
Fundamental rights	Express opinions Influence decision making Participation in society Not exploited or abused Non-discrimination Recognised 'rights of the child' and citizen equality	Express views and opinions Be heard Influence decision making Respect Positive images Recognised diversity (non-discrimination) Link with community Information sharing Understanding of Council	Respect Social inclusion and participation Being valued Equity Citizen equality Choices Control Non-discrimination	The rights of 'children', 'youth' and 'older people' are recognised. Children, youth and older people are: valued (<i>positive images/citizen equality</i>), respected (<i>not discriminated against/equity</i>) and informed; in control (<i>not exploited or abused</i>) and have choices; diversity (<i>ethnic origin, religion, income, gender or disability</i>); able to express their views and opinions; heard and influence decision making; and part of the community (<i>social and civic inclusion/participate in society</i>).
Practical needs	Unpolluted environment and green spaces Safe water and sanitation Access to basic services health care housing education Feel safe Have friends and participate in social/cultural events	Access to services and support Education/lifelong learning Access to resources/interests and passions Mental health Strong families, safe children Family violence Alcohol and drugs Housing Transport Disability	Housing Transport Access to outdoor spaces/buildings Access to services Community Health Information Financial security Employment Mental Health Family violence (elder abuse) prevention	Access to a clean, green environment Safe water and sanitation Housing (affordable) Transport Economic stability Employment Health care and community services Education/lifelong learning Safety Strong families Family violence/elder abuse protection Mental health Alcohol and drugs Disability
Critical things that make a difference	A balanced approach to nurturing physical, emotional, social, cognitive and language development as these are intertwined in the early years. Warm, responsive and dependable interactions with	Young people need to be at the centre of decision making about issues that are important to them, encouraged to represent their own interests and supported to act on their own authority.	Recognising the wide range of capacities and resources among older people. Anticipating and responding flexibly to ageing-related needs and preferences.	Subtle similarities and variations across key life stages.

²⁵ These themes informed the development of the *Life Stages Outcome Statement and Approach to Key Life Stages* which are presented on pg. 8 underpin and guide this Implementation Plan.

	<p>nurturing caregivers – both within and outside the family.</p> <p>A skilled workforce of educators and health professionals working with children and their families.</p> <p>Moderating stress – small amounts of stress help to build resilience, but excessive stress that can have a long-lasting impact.</p>		<p>Respecting their decisions and lifestyle choices.</p> <p>Protecting those who are most vulnerable.</p> <p>Promoting their inclusion in and contribution to all areas of community life.</p>	
--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

Themes arising from stakeholders' views

Targeted stakeholders identified a range of current and influencing factors concerning key life stages as set out in the table below.

Childhood, youth and older people specific themes – emergence of focus areas		
Childhood/early years	Youth	Older people
<ul style="list-style-type: none"> • Government policy reform – Influence of Victorian Government's policies on local council including: <i>Supporting Children and Families in the Early Years: A Compact between DET, DHHS and Local Government 2017-27</i>; <i>Education State Early Childhood Reform Plan</i>; <i>Roadmap for Reform Strong families, safe children</i>; <i>Out-of-Home Care Education Commitment</i>; and <i>Victorian Child Safe Standards</i> etc. • Early years services management – changes to the management of Kindergartens – transition from Kindergarten Cluster Management to Early Years Management • More services for children in out-of-home care to get them ready for school • Contribute to addressing family violence – relevant <i>Royal Commission into Family Violence</i> recommendations • Facilities provision and access – construction of Early Years Learning Hubs in Wantirna South and Bayswater, consolidation of long-day-care and occasional-care services • Children and their parents/carers' access to relevant health and mental health including, access to health and wellbeing services, housing, sport, recreation and leisure opportunities, biodiversity programs, gender and sexuality 	<ul style="list-style-type: none"> • Government policy reform – Victorian Government's funded initiatives – <i>Roadmap for Reform: Strong families, safe children</i> • Youth health and mental health issues – access to health services, housing, sport, recreation and opportunities and contribute to building resilience, strengths-based approaches and mitigating anxiety etc. • Working with parents, families, carers and workers, as well as youth • Enable youth engagement opportunities – input into local decision-making, information on services, activities and events, volunteering etc. • Respond to the increased queries from young people about gender and sexuality issues (LGBTIQ+²⁷) • Facilities provision and access – establish Youth Information Centre etc. • Work with young people living in out-of-home care – with partner organisations • Work with young people who are the official carers of a parent • Contribute to addressing family violence affecting young people, child abuse, bullying – relevant <i>Royal Commission into Family Violence</i> recommendations • Address safety issues affecting youth – linked to family violence and alcohol consumption • Lifelong learning – enables youth to realise their full potential 	<ul style="list-style-type: none"> • Government policy reform – changes in aged care service provision – <i>Aged Care (Living Longer Living Better) Act 2013 (Cth)</i>. Subsequent policy reform from State Home and Community Care Program (HACC) to Commonwealth Home Support Program (CHSP) and concurrent policy reform to home care to under 65 yrs. reflected in NDIS and HACC Program for Younger People. • Contribute to addressing elder abuse – relevant to the <i>Royal Commission into Family Violence</i> recommendations • Housing issues – access to secure and affordable housing, housing options that better respond to intergenerational interactions (for example, caring for grandchildren and other family members etc.) and age-friendly design • Supporting an ageing population – age friendly initiatives • Health and mental health impacts of ageing – including increases in Alzheimer's, dementia and access to recreation and leisure opportunities etc. • Financial security – significant proportion of Knox's older residents are reliant on the Aged Pension • Mitigating social isolation – inclusion opportunities, community participation, volunteering, biodiversity groups, gender and sexuality issues (LGBTIQ+²⁸) etc. • Facilities provision and accessibility – access to community facilities • Supporting community groups – capacity building, training, grants etc. • Lifelong learning – essential to the health and wellbeing of older people

²⁷ As above

²⁸ As above

<p>(LGBTIQ+²⁶) services, environmental awareness raising etc.</p> <ul style="list-style-type: none"> • Sustainable transport options for children – Road Safety Village initiative • Lifelong learning – starts at birth 		<ul style="list-style-type: none"> • End of life support – need for better information, education and referrals to appropriate specialist support services, as directed by the National Palliative Care Strategy.
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Intergenerational and common themes

A number of issues that are currently affecting people across the generations emerged from the feedback from targeted key life stages stakeholders.²⁹

Government policy reform

A range of State and Federal Government policy reforms are playing-out in key life stages space and will strongly influence Council’s future planning and service delivery. Such reform includes changes to early years management, Victorian Child Safe Standards, aged service provision, and implementation of the recommendations from the Victorian Royal Commission into Family Violence.

Children in out-of-home care

Children in out-of-home care (0-18 yrs.) has been identified by both Family and Children’s Services and Youth Services as an area of ongoing focus, driven by the Victorian Government’s early childhood reform agenda. Active Ageing work with older people who are kinship carers³⁰ for children who are in out-of-home care, so this area is also of interest to the future work of this department.

Family violence

Family violence is a serious and ongoing concern in Knox that affects many people, including the key life stages, with children and young people witnessing or being subjected to family violence, family violence perpetrated by adolescents against parents or siblings, and elder abuse. Family violence is defined in Victoria as any behaviour by a person towards a family member that is: physically or sexually abusive; emotionally or psychologically abusive; economically abusive; threatening; coercive; or in any other way controls or dominates the family member and causes that family member to feel fear for their own safety or the wellbeing of their family. Children hearing or witnessing family violence also constitutes family violence.³¹ There are several findings from the Victorian Royal Commission into Family Violence that require Council involvement and/or action.

Community group support

Community organisations play a vital role in building a cohesive, healthy, vibrant and resilient community. Council currently provides support to many not-for-profit groups that operate within the municipality. There are over 800 groups relating to sports, schools, arts, churches, services, environment, children, youth, older adults, culture, recreation, health and more. Each of these not-for-profit organisations engage in activities and/or deliver services of benefit to the Knox community during key life stages.

Volunteers/volunteering

²⁶ Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and Questioning

²⁹ *Intergenerational* interventions promote intergenerational connections between people from different key life stages and *common* interventions are common or shared across key life stage cohorts. *Cohort-specific* interventions may also apply.

³⁰ Department of Human services defines kinship care as the care of a child by relatives or a member of a child’s social network when the child cannot live with their parents.

³¹ Section 5 of the *Family Violence Protection Act 2008* (Vic) defines family violence.

Volunteers play a vital role in supporting services across Knox. Volunteering is also an important factor in building community involvement, engagement, wellbeing and resilience across key life stages, and addressing social isolation.

Facilities

Access to good quality and appropriate community facilities is important to people during key life stages. Increasing and diversifying the utilisation of Council's facilities will enable a more effective, cooperative and supportive use of these important assets.

Lifelong learning

Lifelong learning is an important way for individuals to realise their full potential. It contributes to personal growth and development, support full participation in social, cultural and economic life and provides a pathway to a rewarding and well-paid career. The ability to participate in lifelong learning is essential to the health and wellbeing of people across all life stages.

LGBTIQ+ (Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and Questioning)

Gender and sexuality issues have been raised across the key life stages cohorts. Issues raised include social isolation, discrimination and mental health issues leading to poorer health outcomes

Health and Mental Health

Access to appropriate and timely health services is an issue for the key life stages cohorts, as well as housing which provides shelter and security, and enables people to achieve life opportunities such as, education, employment and happiness. Sport, recreation and leisure opportunities, including access to 'the arts', are also important preventative contributors to health and mental health by enabling physical exercise, creative pursuits and community connectedness.

Health literacy³² was raised as a particular issue for older people but is relevant to other cohorts and the community more broadly. Mental health is also a concern for all of the key life stages, but high levels of anxiety particularly apply to young people.

Frameworks, approaches and lenses utilised in the Implementation Plan

There are numerous frameworks, approaches and lenses that inform Council's work with early years, youth and older people, including a range of intergenerational approaches, as presented below.

Early Years and Youth

The four core principles of the United Nations Convention on the Rights of the Child³³ are: non-discrimination; devotion to the best interests of the child; the right to life, survival and development; and respect for the views of the child. These principles strongly align with the Unicef's foundations of building a child-friendly city³⁴ and are embedded into Council's approach to early years and youth services.

Council's Family and Children's Services, particularly Maternal and Child Health and the provision of early childhood education and care services, is governed by a number of guidelines and frameworks,

³² Health literacy describes the ability of a person to understand essential health information that is required for them to successfully make use of all elements of the health system (preventive, diagnostic, curative and palliative services). Health literacy lies at the heart of a person being able to take control of their own health care through making informed health decisions, seeking appropriate and timely care and managing the processes of illness and wellness.

³³ United Nations, Convention on the Rights of the Child, 1989

³⁴ Unicef, Building Child Friendly Cities – A Framework for Action, 2004

designed to ensure that high-quality, standardised early years services are offered across Victoria and the country.³⁵ There are also national standards and guidelines to ensure that every child has access to a quality early childhood education program, delivered by a qualified early childhood teacher for 15 hours per week in the year before they attend school.³⁶

There has been substantial reform at a state government level over several years that has driven the work of Family and Children's Services. The Victorian Government recognises that the early years are vitally important for children's future. *Early Childhood Reform Plan: Ready for Kinder, Ready for School, Ready for Life* (the Plan)³⁷ outlines Government's vision and reform for a higher quality, more equitable and inclusive early childhood system. Importantly, the Plan recognises that providing the right early childhood education experience will set children on a course of lifelong learning. *Supporting Children and Families in the Early Years: A Compact between DET, DHHS and Local Government (represented by MAV), 2017-2027*³⁸ strengthens the relationship between the State and local governments in the planning, development and provision of early years services.

The *Victorian Child Safe Standards*³⁹ set out compulsory standards for organisations that provide services to children to prevent child abuse and encourage reporting of abuse that occurs. They also aim to drive cultural change within organisations so that protecting children from abuse is intrinsic to the way organisations are managed and operated. The Guidelines are applicable across Council.

Children and young people who have experienced family violence and those who are living in out-of-home care are key focus areas for both Family and Children's Services and Youth Services. *Roadmap for Reform: strong families, safe children – first steps*⁴⁰ responds to the findings of the *Royal Commission into Family Violence (Victoria)*. It sets out changes designed to improve the lives of vulnerable children, young people and families by:

- building strong and supportive communities and providing enhanced, universal services;
- targeting integrated support to vulnerable children, young people and families; and
- strengthening home-based care and improving outcomes for children and young people in out-of-home care.

The *Early Childhood Agreement for Children in Out-of-Home Care*⁴¹ and the *Out-of-Home Care Education Commitment: A Partnering Agreement between the Department of Human Services, Department of Education and Early Childhood Development, the Catholic Education Commission of Victoria and Independent Schools Victoria*⁴² outlines the shared commitment to children and young people in out-of-home care. There have also been recent changes to the *Children, Youth and Families*

35 Examples include the State Government of Victoria's: Early Years Management Policy Framework, July, 2016; Early Years Management Kindergarten Operating Guidelines, July 2016; Maternal and Child Health Service Guidelines, February, 2011; Maternal and Child Health Service: Key Ages and Stages Framework, May, 2009; Maternal and Child Health Service Program Standards, October, 2009; Maternal and Child Health Service Standards and Criteria, November, 2009; and Victorian Early Years Learning and Development Framework: For all children from birth to eight years, 2016.

36 Examples include the Commonwealth of Australia (Department of Education and Training) National Partnership Agreement on Universal Access to Early Childhood Education – 2016 and 2017; and the Australian Children's Education and Care Quality Authority's 'Guide to the National Quality Framework' (September, 2013) and 'Guide to the National Quality Standards' (January, 2017).

37 State Government of Victoria (Department of Education and Training) May, 2017.

38 State Government of Victoria, 2017.

39 State of Victoria, Department of Health and Human Services, November 2015.

40 State of Victoria, Department of Health and Human Services, April 2016.

41 State Government of Victoria, 'Early Childhood Agreement for Children in Out-of-Home Care: A Partnering Agreement between the Department of Human Service, Department of Education and Early Childhood Development, the Municipal Association of Victoria and Early Learning Association Australia', 2014.

42 State Government of Victoria (Department of Education and Early Childhood Development and Department of Human Services) August 2011.

Act 2005 (Vic) and the *Child Wellbeing and Safety Act 2005* (Vic) to promote children’s safety, wellbeing and development.

The Victorian Government’s youth policy vision is for ‘an inclusive society where all young people are empowered to voice their ideas and concerns, are listened to and are recognised for their valuable contributions to Victoria’⁴³. The vision presented in the *National Strategy for Young Australians* is ‘for all young people to grow up safe, healthy, happy and resilient and to have the opportunities and skills they need to learn, work, engage in community life and influence decisions that affect them’⁴⁴. These documents provide Council with a framework for service provision and engagement with young people. Council also has its own *Youth Charter*⁴⁵ that sets out ten guiding principles that support Council’s commitment to actively engage with young people and value their unique contribution to the community.

Older people

Active ageing is an underlying principal of the World Health Organisation’s *Global Age-friendly Cities: A Guide*. This Guide underpins Council’s work with older people for the future. The Guide recognises that older people play a vital role in shaping vibrant, healthy and connected communities and notes that physical and social environments will determine whether people can remain healthy and independent into their old age. It lists eight domains that communities can work on to provide improved amenities for older people including:

- the built environment;
- transport;
- housing;
- social participation;
- respect and social inclusion;
- civic participation and employment;
- communication and information; and
- community support and health services.



This document has guided the *Victorian Government and Municipal Association of Victoria ‘Age-Friendly Victoria Declaration*.⁴⁶ The Declaration creates a vision for better state and local planning for age-friendly local communities.

Another important report that guides the Council’s work includes the *Longevity Revolution: Creating a society for all ages*⁴⁷, which makes recommendations to create a more age friendly society. *Ageing is everyone’s business: A report on isolation and loneliness among older Victorians*⁴⁸ considers issues of loneliness and isolation for older people, and looks at ways of addressing this including the role of volunteering.

⁴³ State Government of Victoria (Department of Health and Human Services), *Youth Policy: Building Stronger Youth Engagement in Victoria 2016*, June 2016 (pg. 6).

⁴⁴ Commonwealth of Australia, *National Strategy for Young Australians 2010* (pg. 4).

⁴⁵ Knox City Council Youth Charter, 2010 https://www.knox.vic.gov.au/Page/Page.aspx?Page_Id=1071

⁴⁶ State Government of Victoria (Department of Health and Human Services), April 2016.

⁴⁷ Kalache, Alexandre for Department of the Premier and Cabinet (South Australia), May 2013.

⁴⁸ Commissioner for Senior Victorians, January 2016.

A number of Victorian and Commonwealth Acts of Parliament⁴⁹, practice guidelines and service provision frameworks guide the delivery of the *Commonwealth Home Support Programme* to older people in Knox.

Intergenerational

Charter of Human Rights and Responsibilities

The Victorian Charter of Human Rights and Responsibilities⁵⁰ is a Victorian law that sets out the basic rights, freedoms and responsibilities of all people in Victoria. It aims to build a fairer, more inclusive community by requiring that the Victorian Government, local councils and other public authorities consider human rights when they make laws, develop policies and provided services. The Charter gives legal protection to 20 fundamental human rights.

Social Determinants of Health Framework

The *Social Determinants of Health Framework*⁵¹ is widely utilised by the World Health Organization and explains the processes and elements that contribute to the health, wellbeing and resilience of populations. In particular, the Framework shows the layers and interconnectedness of the various socio-economic, cultural, environmental, practical and health-related factors that influence fundamental rights and practical needs of people across the key life stages. Interventions to address these rights and needs during key life stages help to optimise life opportunities and the health and wellbeing of children, youth and older people.



Amended from Dahgren and Whitehead 1991

⁴⁹ Legislation includes: *Privacy and Data Protection Act 2014* (Vic); *Health Records Act 2001* (Vic); *Working with Children Act 2005* (Vic); *Children, Youth and Families Act 2005* (Vic); *Aged Care (Living Longer Living Better) Act 2013* (Cth); *Aged Care Act 1997* (Cth); *Occupational Health and Safety Act 2004* (Vic); *Food Act 1984* (Vic); *Disability Act 2006* (Vic); *Disability Discrimination Act 1992* (Cth); *Equal Opportunity Act 2010* (Vic); *Local Government Act 1989* (Vic); *Age Discrimination Act 2004* (Cth); *Home and Community Care Act 1985* (Cth); *Accident Compensation Act 1985* (Vic); *Accident Compensation (Work Cover Insurance) Act 1993* (Vic); *Freedom of Information Act 1982* (Vic); *Charter of Human Rights and Responsibilities Act 2006* (Vic).

⁵⁰ *Charter of Human Rights and Responsibilities Act 2006* (Vic).

⁵¹ Dahlgren G and Whitehead M (1991) Policies and strategies to promote social equity in health, Stockholm, Institute for Future Studies.

5. What are we going to do?

Actions

A suite of actions is set out in the *Implementation Plan – Action Table* section, which respond to the focus areas that emerged from the data analysis and the categories of intervention required – key life stage (or cohort) specific, intergenerational and/or common. The Action Table also outlines the Community and Council Plan’s goal, strategy and Council initiative that helped to inform each action, whether the action is new or existing, which Council department will lead on the action, when the action will be implemented, how the action will be resourced, the performance indicators and which guiding frameworks apply.

Implementation

Delivery and resourcing of actions

The Implementation Plan’s actions will be delivered by departments and business units across Council through an integrated approach. The resources required to deliver actions will involve a mixed contribution of Council resources, external funding grants and shared resourcing or funding models with key partners.

Council’s role and focus

There are many individuals, groups, organisations and businesses that contribute to Knox being a great place to live and work including: government (local, state and federal); community organisations and service providers; community and volunteer groups; partnerships, networks; educational institutions; and businesses etc.

This Implementation Plan, however, identifies the actions that Council will undertake to support the Knox community during their key life stages. Many of the eight Council roles and focuses outlined in the Community and Council Plan (pg. 14) apply.

Council’s role and focus
Advocate Raising awareness in state and federal governments and other stakeholders of the issues and needs of Knox residents and businesses, as well as initiating or supporting campaigns for positive change.
Partner Developing trusting formal and informal relationships and alliances and working with others to achieve common goals.
Provide Offering a range of services and support, preventative interventions, infrastructure and facilities to individuals and groups.
Fund Providing grants, funding and/or subsidies to local groups and agencies to progress and develop services and infrastructure for individuals and groups.
Educate Sharing information, raising awareness, and developing knowledge and skills to empower individuals and groups.

Council's role and focus

Plan

Proactively planning for services and infrastructure, which respond to current and future needs and requirements.

Regulate

Providing governance and regulatory controls such as local laws and health and building controls.

Research

Undertaking the collection, analysis and dissemination of quantitative and qualitative data to inform evidence-based planning, priority setting, decision-making and evaluation.

An additional role and focus has arisen through the development of the Implementation Plan is:

- **Facilitate** – to enable a process, method or way forward to encourage or make things happen.

The term 'facilitate' is included in the *Implementation Plan – action table* where appropriate.

6. How will we know if we have made a difference?

Evaluation

Performance evaluation approach

The performance-level evaluation for the Implementation Plan will focus on outputs. Indicators have been identified for each action and will be monitored throughout the life of the Plan.

Council is exploring cross-organisational performance and population evaluation options and methods as part of its Community and Council Plan 2017-21 program. This may influence the evaluation process for this Implementation Plan.

Mid-term review

The Implementation Plan will be subject to a mid-term review (July 2019) to enable Council to assess the progress of the Plan and update actions, performance indicators and resource requirements in accordance with any arising issues or drivers.

Role of population-level evaluation

Population-level evaluation identifies the status of the environment, economy, health and wellbeing and the built environment in Knox to monitor any improvement in or diminution of these over time.

Community and Council Plan

A suite of *targets, measures and sources* presented in the Community and Council Plan (pgs. 82-88) will measure the achievement of each of Council's eight *Goals*. The findings of this work will contribute to evaluating the Implementation Plan.

State of Knox

The *State of Knox* report is a monitoring tool to assist Council and the community to understand their progress towards the long-term Knox City Vision. The third edition of the *State of Knox* will compare data trends against the base-line of earlier editions to evaluate changes in Knox's strengths and weaknesses.

7. Action Table

See Attachment A – Key Life Stages Action Table