

school. In 2015, AEDC data indicated that 1 out of 4 children in Mitchell Shire require additional assistance to achieve success.⁷

Child protection

Mitchell Shire has high rates of child protection reports and substantiations. The rate is substantially higher than metropolitan Melbourne when it comes to: child protection reports (43% higher), child protection investigations (60.25% higher), child protection substantiations (97.99% higher) and child protection applications issued (92.93% higher).⁸

Gambling

In the 2017-2018 financial year losses on poker machines (also known electronic gaming machines) in Mitchell Shire Council was \$18,771,635. This equates to \$51,429 losses per day. Average loss per adult in Mitchell Shire on poker machines was \$574, which is higher than the Victorian average of \$532 and higher than the rural average of \$335. There is a total of 4 gambling venues across Mitchell Shire Council totaling 204 poker machines.

Mitchell Shire Council has a municipal limit of 299 poker machine entitlements designated by the Victorian State Government.⁹

Housing stress

In Mitchell Shire, 69% of households were purchasing or fully owned their home, 18.2% were renting privately, and 2.3% were in social housing in 2016.¹⁰ Housing stress is characterised as financially vulnerable households spending more than 30% of their income on housing costs. In 2016, the rate of rental stress in Mitchell Shire Council was 7.3% (lower than the Victorian average of 1.4%) and the rate of mortgage stress was 9.4% (higher than the Victorian average of 7.5%).¹¹

Homelessness

Mitchell Shire's rate of homeless individuals is 26.25% higher than Metropolitan Melbourne. The rate of individuals at risk is 24.39% higher than Metropolitan Melbourne. The leading cause of homelessness is domestic and family violence.¹²

Transport

There is a limited train and bus network in the municipality, however for many there is a reliance on cars for transport. 60% of households within the municipality having access to two or more vehicles.¹³ A key barrier in accessing services and participating in community life is transport. In particular, the lack of public transport and the cost of travelling are obstacles. Mitchell Shire residents are less likely to walk for transport compared with the Victorian average; only 12% of

⁷ Australian Early Development Census (AEDC) 2017, 2015 Community Results for Mitchell Shire.

⁸Interface Council Group Human Services Gap Analysis, 2017. Final Report, Version 7.3. [Accessed 9 Jan. 2018].

⁹ Victorian Responsible Gambling Foundation, 2018, <https://responsiblegambling.vic.gov.au/resources/gambling-victoria/pokies-across-victoria/mitchell/> [Accessed 9 July 2019].

Victorian Commission for Gambling and Liquor Regulation (VCGLR), 2019, https://www.vcgr.vic.gov.au/CA2570C30016EEF3/pages/map_mitchell?Open [Accessed 9 July 2019].

¹⁰ .id 2019, Mitchell Shire Housing Tenure, citing Australian Bureau of Statistics, Census of Population and Housing 2011 and 2016.

¹¹ .id, 2017, Mitchell Shire Population Profile, citing Australian Bureau of Statistics Census 2011

¹² VincentCare Victoria, *What causes homelessness?*, 2018, accessed online 15 January 2018.

¹³ Source: Australian Bureau of Statistics, Census of Population and Housing 2016.

residents walked for transport four days or more per week for trips longer than 10 minutes.¹⁴ Walkability is also affected by access to foot paths and the distance between home and services.

Disability

Consistent with the state average, 4.9% of residents required help with their day to day lives due to a severe or profound disability.¹⁵

Income

The majority of households in Mitchell Shire have a moderate level of income (55% earn between \$800-\$2,999 per week). Compared with Victoria, fewer households in Mitchell Shire earn a high weekly income (16.4% earn \$2,500+) and fewer households earn a low income (16.7% earn less than \$650).¹⁶

Some people in our community experience significant disadvantage and we have a large difference between our poorest and wealthiest residents. Mitchell Shire scores 972 on the Socio-economic Indexes for Areas (SEIFA) Index of Disadvantage, lower than the Victorian average of 1,009 and the Australian national average of 1,003.¹⁷

Learning, Participation, Jobs and Enterprise

The statistics in this section inform the aspirations and actions under Priority two: Learning: Participation, Jobs and Enterprise.

Education

In 2016, 38.8% of people aged 15 years and above had completed Year 12 schooling. 10.9% of the population aged 15 years and above had a Bachelor or Higher degree, 8.7% had a Diploma or Advanced Diploma, 24.6% had received vocational training and 43.4% had no qualification.¹⁸

There are 19 schools in Mitchell Shire for 7,426 students; 4,040 primary students and 3,386 secondary students.¹⁹ We need to accommodate an estimated 10,000 future students by 2036.²⁰

Volunteering

Nearly 20 per cent of people aged 15 or over in Mitchell Shire volunteer with a group or organisation in some way.²¹ Each volunteer contributes an average of 128 hours of voluntary work a year.²² Volunteers contribute to the work of more than 100 not-for-profit organisations and community groups within Mitchell Shire. These include committees of management, advisory committees, emergency services, sports clubs, service clubs, schools, kindergartens, education, health services, community services, environment, animal welfare, religious organisations, arts, heritage, childcare, tourism and more.

¹⁴ Community Indicators Survey 2011.

¹⁵ Australian Bureau of Statistics, Census of Population and Housing 2016.

¹⁶ profile.id 2017, Mitchell Shire Population Profile citing Australian Bureau of Statistics Census 2016.

¹⁷ Atlas .id 2019, Mitchell Shire Population Profile, citing Australian Bureau of Statistics Census 2016.

¹⁸ Australian Bureau of Statistics, Census of Population and Housing 2016.

¹⁹ Department of Education, 2018, Schools Census.

²⁰ Mitchell Shire population forecasts by small area, <http://forecast.id.com.au/mitchell>, accessed Oct 2017.

²¹ Australian Bureau of Statistics, 2016.

²² Volunteers Victoria, 2019.

Jobs

There are approximately 9,500 local jobs in Mitchell Shire. Our area generates \$1.4 billion GDP and has a total economic output of \$2.83 billion.²³

The highest employing industry sectors in the municipality include:

- public administration and safety (15% of total employment)
- health care and social assistance (12% of total employment)
- education and training (11.1% of total employment)
- retail trade (9.8% of total employment)
- construction (9.4% of total employment) and,
- accommodation and food services (9.1% of total employment).²⁴

Key employers within the Shire include: Puckapunyal Military Area, Council, hospitals, health services, schools, child care, supermarkets, Ralphs Meats and Nestle. Our agricultural, equine and tourism industries are also important contributors to our local economy.

Commuting for work

We have a high commuter work force, with 48.9% of Mitchell Shire's resident workers traveling outside of the municipality to work,²⁵ and our community relies heavily on regional rail and road networks to travel to and from work. Although 75% of jobs within the municipality are held by people who also live here.²⁶

Partnerships, Services and Infrastructure

Knowledge of and engagement with the community have informed, and will continue to inform, priority three: partnerships, services and infrastructure.

The commitment and contributions of all our community service providers and planners is recognised and valued.

The Life Stages

Mitchell Shire values all people over every life stage. We recognise that the life stages do not exist in isolation, rather intergenerational connections exist through families, neighbourhoods and communities. People of all ages can support each other to be strong and resilient and share a range of capacities, skills and resources. A focus on the life stages is to ensure everyone in the municipality is catered for.

At each life stage there are critical periods of susceptibility and vulnerability, as well as opportunities to build resilience and capabilities. Our understanding of the life stages is shaped by academic research and community engagement.

²³ Australian Bureau of Statistics, Australian National Accounts: National Income, Expenditure and Product, catalogue number 5206.0, and the National Institute of Economic and Industry Research (NIEIR) 2018.

²⁴ Australian Bureau of Statistics, Census of Population and Housing 2011 and 2016.

²⁵ Australian Bureau of Statistics, Census of Population and Housing 2016.

²⁶ Australian Bureau of Statistics, Census of Population and Housing 2016.

Consultation is a paramount component of Mitchell Shire Council's planning, to ensure we reflect the needs of the community. The Mitchell Shire Life Stages Strategy was drafted in consultation with the community and draws on numerous consultation surveys including the:

- Community Wellbeing Survey 2017
- Youth Survey 2017
- Age Friendly Communities Project 2018
- Your Budget Ideas 2019-2020

Early Years – birth to 5 years

Mitchell Shire Council aspires for all babies and young children to be loved, nurtured, content and safe, with access to maternal and child health services and kindergarten. It is our vision that children are highly valued within their family and community and that they are acknowledged as equal citizens, with the same rights as adults.

Babies, toddlers and children in the early years are going through rapid physical and cognitive development. In the early years, wellbeing of the child and parent or carer is strongly interlinked. Possible issues for the early years are concerns about the rate of development, family violence, and family breakdown. Trauma and child protection issues effect a small percentage of this age group.

Common transitions for this life stage are starting childcare (whether that be through a centre, family day care or with a family member) and starting kindergarten at age 3 or 4. Some children within this age group transition into primary school.

In 2018, 580 babies were born within Mitchell Shire Council. Eighteen kindergarten services operate within Mitchell Shire and 620 children were attending four year old kindergarten in 2018. The kindergarten participation rate was high at 97.9%.

Middle Years – 6-11 years

Mitchell Shire Council aspires for all children in the middle years to be content, safe and supported at home and attending school.

Children in the middle years are attending primary school. The wellbeing of this age group is still strongly interlinked with the wellbeing of the family. Possible issues for this age group are family violence, learning difficulties and social isolation, which is often a symptom of broader family social isolation. Conditions that may affect learning are commonly identified during the middle years. Family breakdown may also occur for children in the middle years. Puberty may begin for some children within this age group.

Common transitions for the middle years include starting primary school and transitioning into secondary school.

Our middle years children compared to the nation

The following data has been drawn from the Australian Early Development Census *Community Profile 2018, Mitchell Vic*, which assessed children in their first year of primary school across five domain. Generally, Mitchell Shire's children were considered on track, with the average percentage being higher or in line with the national average in three of the five domains. Fewer of our children were considered on track than the national average in the emotional maturity and language and cognitive skill domains.

The physical health and wellbeing domain measures children's physical readiness for the school day, physical independence, and gross and fine motor skills. Of the children in Mitchell, 81.2% assessed were considered to be on track, higher than the national average of 78.1%.

The social competence domain measures children's overall social competence, responsibility and respect, approach to learning and readiness to explore new things. The children in Mitchell were in line with the national average, with 76.2% considered developmentally on track. Our percentage of the developmentally vulnerable was lower than the national average, 8.4% compared to the national average of 9.8%.

The emotional maturity domain measures children's pro-social and helping behaviours and absence of anxious and fearful behaviour, aggressive behaviour and hyperactivity and inattention. In this domain 74.8% of our children were developmentally on track, lower than the national average of 77.1%.

The language and cognitive skills (school-based) domain measures children's basic literacy, advanced literacy, basic numeracy, and interest in literacy, numeracy and memory. The percentage of children considered developmentally on track was 80%, lower than the national average of 84.4%; 11.5% were developmentally at risk and 8.6% were considered developmentally vulnerable, higher than the national average of 6.6%

The communication skills and general knowledge domain measures children's communication skills and general knowledge based on broad developmental competencies and skills measured in the school context. More of our children were considered developmentally on track than the national average, 82% in Mitchell Shire compared to the national average of 77.3%.

One fifth (20.1%) of our children were developmentally vulnerable in one or more domains and one tenth (10.4%) were developmentally vulnerable in two or more domains.

Youth – 12-24 years

Mitchell Shire Council aspires for youth to be content, safe, healthy, active, socially connected and attending school or vocational training and transitioning into employment.

Youth are becoming more independent but are still heavily reliant on the care of their parent/s or guardian/s. Puberty is a significant period of change and a key time to encourage protective factors (such as participation in sport) and to deter modifiable risk factors (such as drugs and alcohol). Possible issues include poor mental health and social isolation.

Common transitions for this age group include completing secondary school, negotiating relationships, getting a drivers license, leaving the family home, continuing in further education, and entering the workforce. Other transitions may include purchasing a home and becoming a parent.

What you have told us

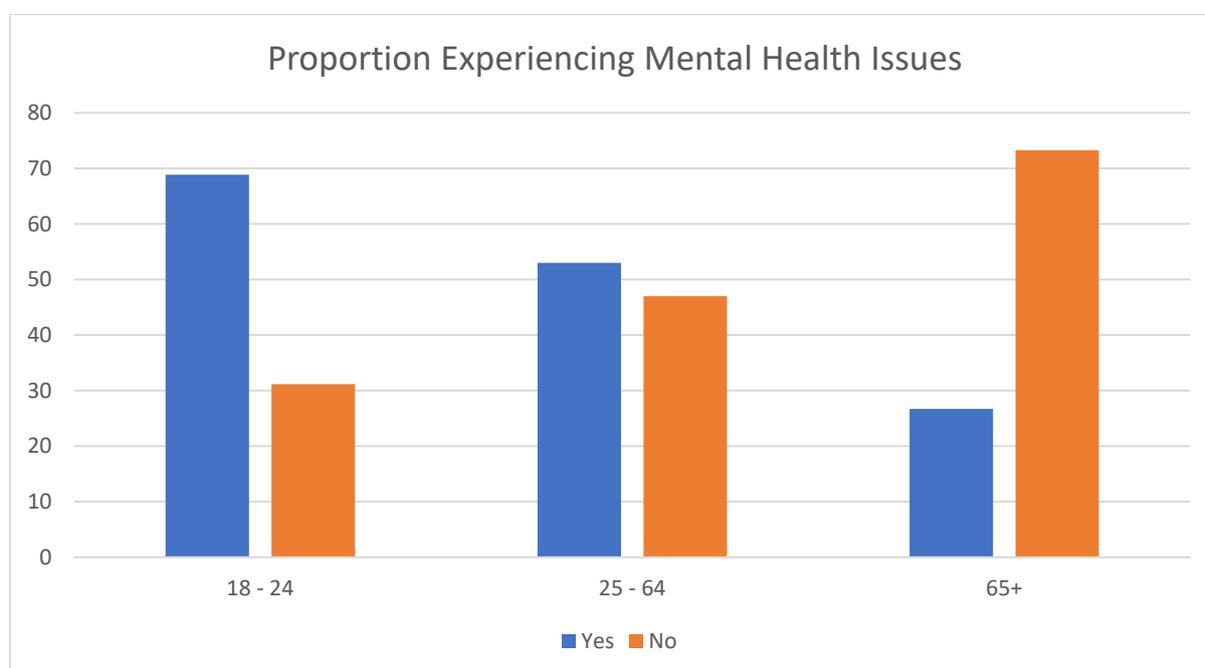
Of the 18-24 year olds who completed the Mitchell Shire Community Wellbeing Survey, close to one third were studying and two thirds were employed; of which 41% were working fulltime, 38% were employed as a casual and 22% were working part-time. Of all the 18-24 year olds, just 3% were unemployed, 5% were not seeking employment.

Youth who responded to the Community Wellbeing Survey are passionate and interested about their wellbeing and that of their community. They have reported that Council investment in health, sustainability and community safety and resilience is important to them.

Of all the Community Wellbeing Survey respondents, youth are the most socially connected, with 96% being in contact with at least one friend the previous week, and 66% of 18-24 year olds having being in contact with five or more friends or family members the previous week. Youth are tech savvy and use the internet to connect with others more than other life stages, with 67% having reported using the internet to contact family or friends five or more times in the previous week.

The majority of Community Wellbeing Survey respondents are involved in their community, with 85% attending at least one community event and 66% being a members of one or more community groups. In the Your Budget Ideas 2019-2020 survey, youth described their community as “friendly pro sport and recreational”, “safe and comforting” and “a diverse community, quiet but connected”.

Mitchell Shire’s 18-24 year olds reported to be in good health in the Community Wellbeing Survey, however only one quarter (25%) of this age group reported to be exercising the recommended minimum 150 minutes per week²⁷. Over two thirds (69%) report to have experienced a mental health issue, such as feeling depressed, anxious or down to the extent it has affected ones ability to perform daily activities; this is more than any other life stage.



Source: Mitchell Shire Community Wellbeing Survey 2017.

Interestingly, 97% of 18-24 year olds reported in the Community Wellbeing Survey that they feel it is important for Council to reduce harmful alcohol and drug use. Alcohol and drug use is evident amongst our youth, with 13% of 10-13 year olds and 59% of 14-24 year olds reporting to have consumed alcohol²⁸. Of the survey respondents, 19% of 14-24 year olds claimed to drink to get drunk and 22% have taken drugs.

The majority of youth who responded to the Youth Survey felt safe in the area they live. Of the 10-13 year olds, 94% felt safe. Some of the reasons provided for why they felt safe included: “That I have

²⁷ 2019. Department of Health. *Australia’s Physical Activity and Sedentary Behaviour Guidelines*.

²⁸ Note this age group does include respondents of the legal drinking age.

adults I can trust all around me”; “People look out for you”; “All my neighbours are nice and keep me safe”; “the community sticks together”; and “we have police, fire department and hospital”.

Of the 14-24 year olds, 89% felt safe. Some of the reasons provided for why they felt safe included: “A feeling the community looks after each other”; “Our neighbours are helpful and look out for us”; “Everyone is willing to help everyone”; and “because you always see police roaming around”.

The reasons provided for a feeling of safety indicated the youth felt safe in the areas they knew, such as home and school, and with people they knew and police. By omission, it is apparent youth did not necessarily feel safe on their own within the community. A couple of responses did report this directly: “I feel safe at home but not out on the street”; and “sometimes out and about I don’t (feel safe)”.

Individuals and families 25-65 years

Mitchell Shire’s aspiration for individuals and families is that they are content, socially connected, physically well, active, living in stable and affordable housing, able to engage in life-long learning, and are participating in the community as an employee, business owner, volunteer or carer. It is our vision that families are supported to enjoy our natural and built environments, experience the benefits from involvement in our services and community activities, pursue their interests and create new networks.

There are many changes in adulthood, particularly in levels of responsibility at home and at work. Relationships have a strong impact on a sense of connection and wellbeing. Becoming a parent can be a time of vulnerability, requiring a range of support services. Another significant indicator of general wellbeing for adults and their families is economic wellbeing.

Individuals and families are independent and more self-reliant. The life course for this adult cohort is diverse and affected by choice and factors such as health and historical wellbeing. Individuals may be living alone or may have their own family. Common issues that arise for this age group are financial pressures, poor mental health, social isolation, boredom, family stresses, family violence and ill-health.

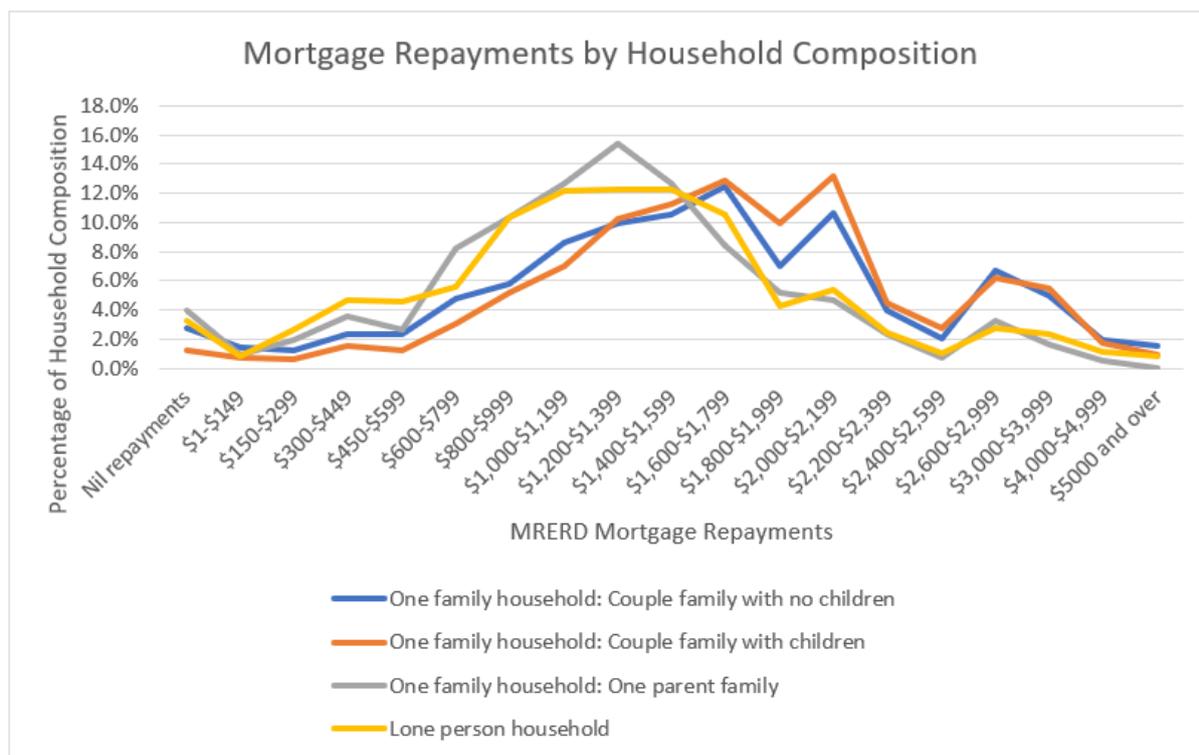
Common transitions include moving home, acquiring a mortgage, changing jobs, participating in further education, starting a new relationship, becoming a parent, family growth, relationship breakdown, retirement and becoming a carer of a parent and/or partner.

What you have told us

Of the adults in the 25-65 age group who responded to the Community Wellbeing Survey, three quarters (74%) were employed; of those employed, full time work was the most common at 42%, followed by 24% employed on a part time basis and 8% were casual employees. 6% of adults were unemployed, 8% are not seeking employment, 3% were retired and 5% were receiving a pension due to disability.

Over half (54%) of the adults who responded to the Community Wellbeing Survey are financially comfortable. However, of those experiencing financial stress, 34% reported to be just getting by, 8% were struggling financially and 4% were experiencing financial distress. A quarter of respondents had to make sacrifices due to housing costs; sacrifices included: household items, medical treatment, food and groceries, heating and cooling, and education. The percentage of adults aged 25-64 was higher than youth and older adults.

Australian Bureau of Statistics data informs that families with children were paying more money on their mortgage each month, than any other household paying a mortgage. Couples without children (without children at all or without children living at home) were paying the second highest amount toward their mortgages each month. One parent families were paying the third highest mortgages per month and lone person households were paying the least.



Source: Australian Bureau of Statistics 2016.

Of those who responded to the Community Wellbeing Survey, most adults were connected to their community, with 74% being a member of at least one community group and 90% having attended a community event in the previous year. The majority of 25-64 year olds were socially connected with 97% being in contact with at least one friend in the previous week, and 51% being in contact with 5 or more friends or family the previous week; adults in this age range had contact with fewer friends and family her week than youth. The internet was a common mode of contact for 25-64 year olds, with 85% using the internet to contact family or friends in the past week.

In response to the Your Budget Ideas 2019-2020 survey, communities were described by this age cohort as being: “close knit”; “caring”; “a place where everyone says G’day”; and a “lovely place to live and work”. However, some adults, predominantly living in the growth areas of the Shire, expressed a sense of disconnection in the community. “No one knows their neighbours, no one gets out of their homes. I want to see the community come together”.

The majority of adults aged 25-64 years reported in the Community Wellbeing Survey to be in good to excellent health, with just 14% reporting to be in fair health and 4% reporting to be in poor health. Physical activity was considered important by this life stage, with 88% stating it was important or very important for Council to provide more opportunities for physical activity. Despite this, only one quarter of adults (26%) are exercising the recommended minimum 150 minutes per

week²⁹, 60% are exercising between 30 and 120 minutes a week and 14% reported that they do not exercise at all.

Just over half of adults who responded to the Community Wellbeing Survey (53%) report to have experienced a mental health issue. In line with this a substantial majority (91%) felt it was important for Council to work on improving mental health in the Shire.

Positive Aging (65+)

Mitchell Shire Council's aspirations for older adults is that they are respected, content, socially connected, active, healthy and living in stable and affordable accommodation.

What it means to be an older adult has changed over time due to health and social trends. Participation in social, cultural, leisure and religious activities enables older adults to continue to use their skills, enjoy respect and esteem and to maintain supportive relationships. Older adults are increasingly active and are often a resource for their families, communities and economies in supportive and enabling living environments.

Wellness and independence in the older years requires attention and investment in earlier years. Active ageing is a lifelong process shaped by several factors that, alone and acting together, favour health, participation and security in older adult life.

Older adults are active in family life, social life and in the community. Increasingly, people in this age bracket are participating in employment or assisting with the care of grandchildren. Common issues for older adults include poor mental health, social isolation, disability, financial dependence, housing instability and ill-health.

Common transitions include retirement, moving home, becoming a grandparent, ceasing driving, deterioration of physical or mental health, becoming a carer of a partner and/or depending on a carer, and the death of partners and other support people.

What you have told us

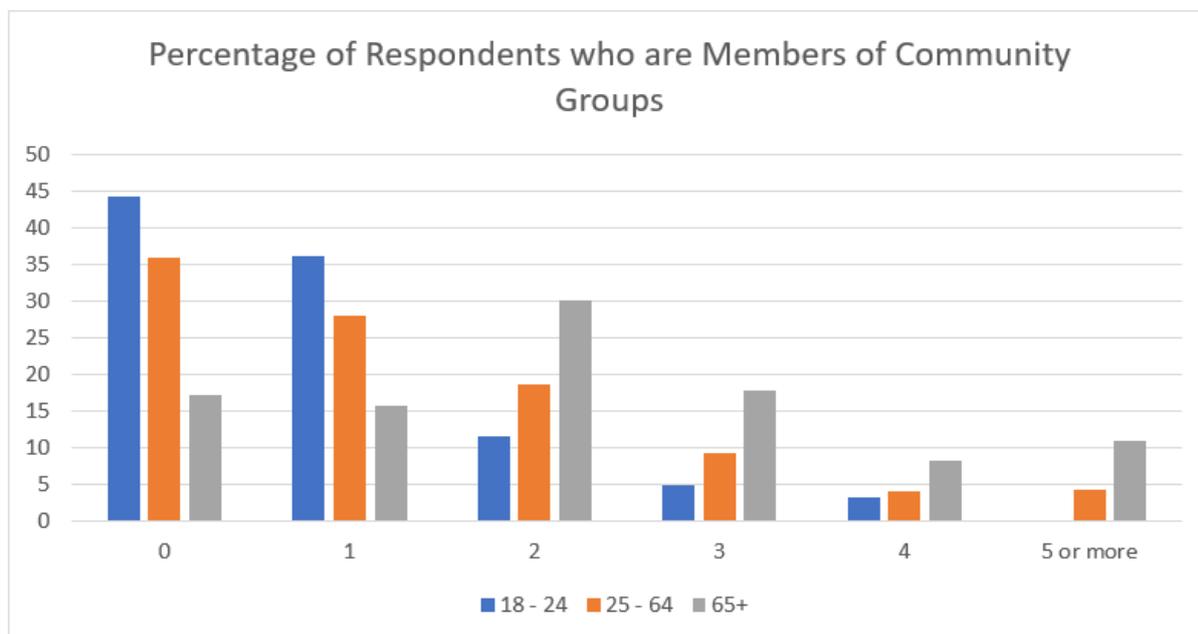
Approximately two thirds (69%) of the over 65s who responded to the Community Wellbeing Survey reported to be financially comfortable, however in contrast, 27% were just getting by and 3% were struggling financially. Of the total respondents aged 65+, 7% have had to make sacrifices due to housing costs. Sacrifices included: heating and cooking, household items, food and groceries and medical treatment.

Most older adults who responded to the Community Wellbeing Survey reported to be in good health (81%); 18% reported to be in fair health and just 0.6% were in poor health. The majority of older adults reported to have good mental health, with just 27% reporting to have experienced a mental health issue.

Many older adults who responded to the Community Wellbeing Survey reported being connected to their community; 91% had attended a community event and 83% were a member of one or more community groups, with 11% being a member of five or more community groups. It is apparent that participation in community groups is a key way for older adults to connect with the community. The table below shows that most people in this age cohort attend 2 or 3 community groups, whereas the

²⁹ 2019. Department of Health. *Australia's Physical Activity and Sedentary Behaviour Guidelines*.

more youth and individuals and families are not members of a community group or participate in just one group.



Source: Mitchell Shire Community Wellbeing Survey.

Respondents to the Age Friendly Communities Survey expressed appreciation for: free, intergenerational community events; community groups such as U3A, CWA and Senior Citizens; having local access to doctors and health care facilities; home care services; a range of local shops; walking tracks and cycling paths; leisure services such as indoor pools; and beautiful scenery and nature.

Most (97%) older adults who responded to the Community Wellbeing Survey had been in contact with at least one family member or friend in the previous week, with 64% being in contact with five or more friends or family. Older adults were less likely than other life stages to use the internet to connect with family or friends, with 36% not using the internet to connect to others the previous week.

Respondents to the Aged Friendly Communities survey described their community as: having “community spirit – I feel like I belong”; “a great place to live with a lot of community awareness and support”; and “vibrant, involved and community spirited”.

However some respondents to the Aged Friendly Communities survey identified isolation, making it clear they felt they had no-one to talk to. A range of key barriers to community involvement were noted: disability; caring responsibilities; not knowing what events or groups are on; a lack of footpaths; poorly maintained footpaths; a lack of public transport; inability to drive at night; and fear of violence at night. Disability included either their own or caring for a partner or other family member with a disability.

Respondents to the Age Friendly Communities Survey expressed concern about transport. They are worried about the state of the roads and footpaths. They expressed some footpaths were not suitable for walking with aids: “the sloping footpath...is difficult to walk along”; “the footpaths in the centre of town are very dangerous”. They sought a more integrated public transport system, including inter-town connections, with many noting they do not drive, or they only feel safe driving

during the day, and their transportation is limited. Some of the responses regarding what limits community involvement included: “no transport”; “wheel chair access”; the lack of public transport to the town centre and railway station”; transportation connections within the shire towns and shops, libraries, market days, doctors”; “elderly access to railway station”; and “I no longer feel happy/confident driving at night”.

They were concerned about how growth would affect the feel of their community overcrowded. They also expressed they hoped their communities would retain the strong community feel: “A great place to live with a lot of community awareness and support. As our town rapidly grows we must make sure that it retains that attraction.”

Priority Areas and Aspirations

The Mitchell Shire Life Stages Strategy is an aspirational document, shaped by what we know about the current, emerging and future population across the life stages. The three priority areas and the corresponding aspirations form the base to the corresponding four-year action plan.

A new action plan will be drafted every four years, this will enable the plan to be current and to reflect the changing needs of the Mitchell Shire community. Council currently provides services which respond to many of the focus areas as part of its core business, these will not be included in the action plan.

The aspirations in this strategy aim to positively influence people across all five of the life stages, although not necessarily directly; for example access to local career pathways will not directly impact a child, but it will have an effect on them as it will impact a parent or guardian within their family.

It is our vision that Council is consultative, responsive and effective in its planning for children and families. Ongoing consultation with the community, service providers and researchers will allow the Life Stages action plan to be refreshed, updated and refined, so it reflects the latest evidence of ‘what works’ for whom, where and how.

The action plan will be updated to reflect the newest developments in policies and programs, as these are adjusted in line with most recent evidence. In these ways, the Life Stages Strategy will be a living document, and part of the Council’s commitment to continuously improving its operations in co-designing the services, programs and partnerships that will make Mitchell Shire a great place to live, learn, work and play.

Priority 1: Health, Wellbeing and Safety

Priority one aims to positively influence many factors, including living, cultural and environmental conditions, that influence the health, wellbeing and safety of the population.

Community connection leads to better health and wellbeing. Benefits can include a sense of identity, belonging, feeling valued and respected, and can increase self-esteem.

Ensuring good mental health is essential to the wellbeing of individuals, their families and the wider community. Sufficient access to appropriate services leads to increased liveability and a decrease in alcohol and/or other drug related harm, mental illness and family violence.

Integrated, responsive and accessible community services enable the community to address issues of disadvantage. Services with a holistic approach can address a range of issues and co-morbidity. Issues may include family violence, mental health, alcohol and other drugs, socio-economic issues and homelessness.

A perception of safety leads to greater confidence, self-sufficiency and improved resilience. Safe communities foster community participation and connectedness and contribute to the health and wellbeing of local residents.³⁰

The environment has the potential to affect physical health (for example, respiratory problems due to air pollution) and mental wellbeing (for example, positive mental health associated with tree canopies). Conversely, there are natural and modified features of the environment (such as green space and water quality) which benefit health.

It is recognised that the Shire's natural features and the resulting open space are a strength, from which social, economic and environmental benefits can be generated. Population growth and urbanisation of the Shire will significantly increase the demand for open space, outdoor recreation and sports and expectations relating to the quality of outdoor experiences provided.

The ability to engage in physical activity and have access to open space and leisure facilities are vital to preventing chronic diseases and public health emergencies and they encourage social connectedness and positive mental health.

It is important that the Mitchell community continues to be prepared to support community recovery from emergencies in Mitchell Shire, in particular from natural disasters. For our community to be safe and resilient it is recognised that Council continue to maintain or increase the rates of immunisation through the public health service delivery for our growing community.

Gambling harms can include financial difficulties, family violence, crime and relationship breakdown. Mitchell Shire Council endeavours to reduce these harms.

There are significant benefits to stable, appropriate, accessible and affordable housing including empowerment and security. This can be in the form of affordable rentals, mortgages or homes owned outright. Stable and long term rental properties and home ownership (whether mortgaged or owned outright) are reported to provide greater security, control and autonomy which are thought to support mental and physical health and improved educational outcomes for children.³¹ Home ownership can also provide economic benefits and work as a catalyst for increasing economic participation.

Accessible, available and timely transport connectivity supports work, leisure, and family requirements. This would reduce the extraneous financial and interpersonal pressures placed on individuals and families.

Aspirations:

Aspiration 1.1: Community is connected and mentally well.

Aspiration 1.2: Community is safe from family violence.

³⁰ Community Indicators Victoria 2016 – Perceptions of Safety, 2016

³¹ Hulse, K. and Burke, T.2009. The Benefits and Risks of Home Ownership: Disaggregating the effects of Household Income. AHURI Positioning Paper No. 120

Aspiration 1.3: Community services are integrated, responsive and accessible.

Aspiration 1.4: Community is prepared for emergency situations.

Aspiration 1.5: Public spaces across Mitchell Shire provide connectivity and safety for all ages, stages and abilities.

Aspiration 1.6: Open spaces are well planned, visually inviting and encourage healthy lifestyles.

Aspiration 1.7: Natural assets and environmental sustainability are valued and fostered.

Aspiration 1.8: Gambling harms are minimised.

Aspiration 1.9: Affordable, appropriate and accessible housing that is environmentally sustainable and meets a diversity of needs across the life stages.

Aspiration 1.10: Accessible, available and timely transport connectivity.

Priority 2: Learning, Participation, Jobs and Enterprise

Organisations, including Council, can play an important role in improving access and opportunities for local education and employment pathways.

Providing opportunities for people to connect with others, join a group, volunteer and be heard and be engaged in community events can improve the overall wellbeing of our residents as they feel connected to others in their community.

Participation and employment are vital. Participation includes volunteering and contributing by undertaking a caring role. A healthy and productive workforce is paramount for economic wellbeing; equally being in work can contribute to good health, wellbeing and to family security. Research has found that people with insecure employment have lower incomes, are more likely to suffer from injury and illness and have fewer rights and entitlement. Unemployment, underemployment and insecure employment can also affect the living standards and financial independence of a family.

Aspirations:

Aspiration 2.1: Community is actively engaged in volunteering as a pathway to social connection and/or employment.

Aspiration 2.2: Community has the opportunity to participate in lifelong learning

Aspiration 2.3: Employment zones and precincts are planned and developed within the Shire

Aspiration 2.4: Community has access to local career pathways

Aspiration 2.5: The economy has a range of dynamic and innovative industries

Priority 3: Partnerships, Services and Infrastructure

A healthy Mitchell Shire is one that enables all residents to play a full and meaningful role in the social, economic and cultural life of the community.³²

Council needs to work with partners to plan and deliver for communities. A critical role of Council is to partner with State and Federal Governments, industry and business to ensure we can deliver high quality services, programs and infrastructure which meets the complex needs of our existing and emerging communities.

We will focus on advocacy for our existing towns and rural areas, as well as advocacy to support rapid growth and development of new towns in the south of the Shire.

Community infrastructure that responds to the diverse and changing needs of the community will help build community resilience and social connectedness. Community infrastructure will be used to support strong and socially inclusive communities, encourage participation in community life and promote healthy and active lifestyles.

Improving service integration and co-ordination will deliver improved social outcomes for clients such as cross referrals, enhanced community involvement, inclusion of marginalised groups and increased flexibility in service delivery.

Aspirations:

Aspiration 3.1: Urban growth and development is planned and designed to enhance social connection and amenity.

Aspiration 3.2: Community infrastructure is accessible, timely and sustainable.

Aspiration 3.3: Community services are integrated, holistic, responsive and community focussed.

Aspiration 3.4: Local planning and investment is community directed.

Aspiration 3.5: Partnerships are innovative, collaborative and adaptive to drive joint planning and delivery.

Aspiration 3.6: The environment is valued in all planning and decision making.

³² World Health Organisation, Social Determinants of Health: The Solid Facts, 2003.

Appendix A: Legislative and Policy Context

Mitchell Shire Council's Life Stages Strategy is informed and influenced by international, national, state and local policies, legislation and reforms. These are summarised here.

International Context

Australia is signatory to a number of United Nations declarations and treaties relevant to this Framework, including seven major human rights treaties. These include:

- *Universal Declaration of Human Rights 1948*
- *International Covenant on Economic, Social and Cultural Rights 1966*
- *International Covenant on Civil and Political Rights 1966*
- *Convention on the Elimination of all Forms of Discrimination Against Women 1979*
- *United Nations Convention on the Rights of the Child 1989*
- *International Convention on the Rights of Persons with Disabilities 2007*
- *Declaration on the Rights of Indigenous Peoples 2008*

The World Health Organisation has identified health and ageing as a key international public health issue and has been driving the need for governments to enact policies and programs that support active ageing through the following initiatives.

- *The World Health Organisations Active Ageing: A policy Framework 2002*
- *The World Health Organisations Global Age-friendly Cities: A Guide 2007*
- *Global strategy and action plan on ageing and health 2016*

National/Federal Context

The Australian Government legislates across a number of departments responsible for national policies and programs relating to Australian people including: Department of Human Services; Department of Health; Department of Education and Training; Department of Social Services and Department of Employment.

Key Commonwealth legislation includes:

- *Home and Community Care Act 1985*
- *Disability Discrimination Act 1992*
- *Human Rights (Sexual Conduct) Act 1994*
- *The Aged Care Act 1997*
- *Children, Youth and Families Act 2005*
- *Child Wellbeing and Safety Act 2005*
- *Carers Recognition Act 2010*

- *Education and Care Services National Regulations 2011*
- *Education and Care Services National Law Act 2010*
- *National Health Reform Act 2011*
- *National Health Reform Amendment (Administrator and National Health Funding Body) Act 2012*
- *National Disability Insurance Scheme (NDIS) Act 2013*
- *Age Discrimination Act 2004*
- *Disability Discrimination Act 1992*
- *Human Rights Commission Act 1986*

[Investing in the Early Years - A National Early Childhood Development Strategy \(ECDS\): An initiative of the Council of Australian Governments](#)

The ECDS set out a vision to ensure that ‘by 2020 all children have the best start in life to create a better future for themselves and for the nation.’ It underlined the importance of ensuring services supported not only children but also families to ensure that positive child outcomes are achieved.

[National Partnership Agreement on the Quality Agenda for Early Childhood Education and Care \(2009\)](#)

This document provides the overarching policy framework that commits the Commonwealth Government as well as State and Territory governments to “increasing their focus on the early years to ensure the wellbeing of children throughout their lives, and to deliver the vision of the Early Childhood Development Strategy (ECDS) endorsed by the Council of Australian Governments (COAG) in July 2009 , that ‘by 2020 all children have the best start in life to create a better future for themselves, and for the nation”.

[National Framework for Protecting Australia’s Children \(2009-2020\)](#)

Endorsed by COAG in April 2009, this is an ambitious, long-term approach to ensuring the safety and wellbeing of Australia’s children and aims to deliver a substantial and sustained reduction in levels of child abuse and neglect over time. It includes high level and other supporting outcomes and actions which are being delivered through a series of three-year action plans.

[National Aged Care Reform](#)

The Australian Government announced its Living Longer, Living Better Aged Care Reform in April 2012. The aim of this ten year reform plan is to drive significant changes in the design and supply of services over three stages to deliver benefits to older Australians including:

- More support and care at home;
- Better access to residential care;
- Increased recognition of carers and those from culturally diverse backgrounds
- More support for those with dementia
- Better access to information

State Context

The Victorian Government legislates across a number of departments responsible for state policies and programs relating to Victorian people including: Department of Education and Training; Department of Health and Human Services; and Department of Premier and Cabinet.

Key Victorian legislation includes:

- *Victorian Home and Community Care Act 1985*
- *Aged Care Act 1997*
- *Victorian Equal Opportunity Act 1995, 2010*
- *Children, Youth and Families Act 2005*
- *Health (Commonwealth State Funding Agreement) Act (2012).*
- *Child Wellbeing and Safety Act 2005*
- *Charter of Human Rights and Responsibilities Act 2006*
- *Disability Act 2006*
- *Local Government Act 1989*
- *Public Health and Wellbeing Act 2008*
- *Mental Health Act 2014*

Key Victorian plans, frameworks and strategies include:

Victorian Public Health and Wellbeing Plan 2015-2019

This plan outlines the Victorian government's key priorities over the next four years to improve the health and wellbeing of all Victorians. It seeks to engage communities in prevention and strengthening systems for health protection, health promotion and preventative healthcare across all sectors and all levels of government.

The plan also identifies the importance of maintaining healthy environments and responding to the impacts of climate change on people's health and wellbeing.

The Victorian Charter for Child Friendly Cities and Communities (2013)

This Charter was developed specifically for local governments and their communities to take steps toward achieving child friendly cities in Victoria. The Charter embraces the principles of the United Nations Convention on the Rights of the Child and the Victorian Charter of Human Rights and Responsibilities.

The Early Years Strategic Plan: Improving outcomes for all Victorian Children (2014-2020)

This plan aims to promote a seamless learning experience for children aged 0-8 years. It focuses on supporting parents and communities; providing early and sustained support to those who need it;

and promoting high quality early learning. It is underpinned by a number of key reviews, strategies and frameworks.

Supporting Children and Families in the Early Years: A Compact between DET, DHHS and Local Government (represented by MAV) – 2017 – 2027

The Early Years **Compact** is a high level overarching commitment between DET, DHHS and Local Government to support consistency across terms of government and lift outcomes for children and families between 2017 and 2027. To facilitate new ways of working together, it sets out the **complementary roles and responsibilities of each party in the collective stewardship of the early years system.**

The Compact was **distributed to all Councils in December 2016** by the CEO of the MAV, **seeking Councils' consideration** of it during January 2017 and **requesting comments** on the document be provided to MAV **by Friday 17 February**. In light of that feedback the Compact was formally **signed by Secretaries of DET and DHHS and the CEO of MAV in March 2017.**

Now it has been launched **Implementation Agreements** are being negotiated and will cover specific areas of joint activity under the four Compact pillars:

- Child and Family Health and Development
- Early Childhood Education and Care
- Connected Care
- Place Based Planning.

All Implementation Agreements will:

- outline implementation roles and responsibilities of each government partner
- directly relate to the Compact's vision, principles, outcomes, and strategic priorities
- build on existing practice frameworks and new initiatives while allowing flexibility to respond to local needs and to innovate
- seek to achieve a stronger, more consistent early years system, while recognising the need for flexibility for Local Government in making decisions about the best ways to deliver services according to local need, council policy and capacity.

Council representatives will sit on the **governance structure** with the MAV. It will include:

- A high level **Compact Board** (meeting twice yearly) to monitor and review implementation of the Compact and related Implementation Agreements
- A **Compact Steering Group** (meeting quarterly) to advise the Compact Board on design of Implementation Agreements and processes to support monitoring and review of the Compact

Roadmap for Reform: strong families, safe children (2016)

In April 2016 the Victorian Government released its *Roadmap for Reform: strong families, safe children* paper. This noted that children's and families' services are overstretched and need to offer

broader support for children at risk and families under pressure. Given the stark picture of family violence painted by the Royal Commission into Family Violence, the Victorian Government acknowledged ‘the need for children and families to be able to access connected, easy to understand services that they can trust.’

The *Roadmap* is informed by the best evidence of what works to build confidence, stability and functioning within families by:

- making support and advice available to families in every community;
- driving a family-centred approach – led by children and parents’ needs and risks, and a stronger voice for families in decision-making processes;
- building positive opportunities and connections for vulnerable families within their communities;
- building on the recommendations of the Royal Commission into Family Violence to develop shared responsibility and bring together the full range of services and supports victims and other vulnerable families need;
- prioritising earlier preventative support to identify issues early, rather than responding to them once they have happened;
- recognising and supporting cultural identity as a strength and protective factor for children and families; and
- transforming the out of home care system by building the capacity of home-based and culturally appropriate models of care and trauma informed treatment for victims of child abuse and neglect.

Early Childhood Reform Plan - Ready for kinder, Ready for school, Ready for life (2017)

Building on the *Roadmap for Reform* directions, the Victorian Government launched the *Early Childhood Reform Plan - Ready for kinder, Ready for school, Ready for life* (May 2017). This Reform Plan emphasises the importance of investing in comprehensive and integrated early years and family support services as part of securing long-term outcomes across the life course.

Youth Employment Strategy (2016)

The Youth Employment Strategy announced in the 2015–16 Budget is a \$331 million commitment to help young people at increased risk of long-term unemployment get into work and move off welfare.

Youth Jobs PaTH (2016)

Youth Jobs PaTH helps young people gain the employability skills and real work experience they need to get and keep a job. The program is a key part of the \$840 million Youth Employment Package announced in the 2016-17 Budget.

Youth Jobs PaTH provides three elements designed to prepare young job seekers for the workplace and encourage Australian businesses to hire them: Prepare – Trial – Hire

Transition to Work (2016)

The Transition to Work service provides intensive, pre-employment support to improve the work-readiness of young people and help them into work or return to education. The service has a strong focus on helping young people to understand more about the workplace and to develop the skills, attitudes and behaviours expected by employers.

Engaging Early School Leavers (2016)

The Engaging Early School Leavers initiative strengthens the chances of early school leavers finding and keeping a job. It supports early school leavers who are not on track to further education look for work and find training opportunities.

Engage, Involve, Create (2012)

This is Victoria's key policy relating to young people and young adults. It recognises that young people should have the opportunity to engage in education and/or employment; be involved in their communities and decisions that affect them; and, create change, enterprise and culture. It takes a whole-of-government and whole-of-community approach with a strong emphasis on partnerships and young people's involvement in the economy and community.

Ageing in Victoria – A Plan for an Age-Friendly Society 2010-2020

This ten-year plan sets out a proactive and coordinated approach for the Victorian Government in addressing the challenges and opportunities of population ageing. The strategies outlined in the plan aim to achieve better outcomes for older people in the areas of good health and wellbeing; age-friendly communities; and, economic and social participation.

Victorian Government and Municipal Association of Victoria Age-Friendly Victoria Declaration (2016)

In April 2016, the Victorian Government signed an Age-Friendly Declaration with the Municipal Association of Victoria expressing their commitment to planning for and establishing age-friendly communities. The signing of this Declaration also signalled the launch of a new Age-Friendly Victoria initiative that aims to promote the inclusion of older people and support services, business and community leaders to better plan for the needs of seniors and enhance the quality of life for people as they age.

Because Mental Health Matters: Victorian Mental Health Reform Strategy 2009-2019.

This Strategy sets directions and reforms for current and future policy and service delivery in Victoria. The Strategy is based on four key elements of reform:

- Prevention
- Early intervention
- Recovery
- Social inclusion

Victoria's Vulnerable Children Strategy 2013-2022

This ten-year plan provides a vision and system framework to drive sustained change and is a result of the Protecting Victoria's Vulnerable Children Inquiry. It seeks to improve outcomes for children 'at risk' and those in statutory care through measures which focus on prevention, early intervention and support.

Ending Family Violence: Victoria's Plan for Change (2016)

Victoria is in the process of broad-reform to end family violence. This 10 year Plan details how government will deliver the 227 recommendations made by the Royal Commission into Family Violence and build a new system that protects families and holds perpetrators to account. It adopts an integrated, whole-of-government response to family violence, and is underpinned by a number of integral reform strategies.

Local Context

The Life Stages Strategy adopts a whole of Council approach. Key Council policy and action plans that align with the Strategy include:

- *Mitchell Shire Council Plan 2017-2021*
- *Mitchell Shire Municipal Public Health and Wellbeing Plan 2017-2021*
- *Mitchell Shire Social Justice Framework 2017-2021*
- *Mitchell Shire Council Community Engagement Framework*
- *Mitchell Volunteer Framework*
- *Mitchell Shire Open Space Strategy 2013-2023*
- *Mitchell Shire Library Learning Strategy 2014-2024*
- *Mitchell Shire Integrated Community and Services Infrastructure Plan 2019*
- *Mitchell Environment Strategy 2014-2024*