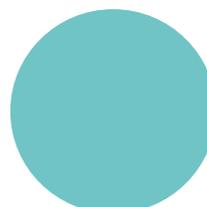
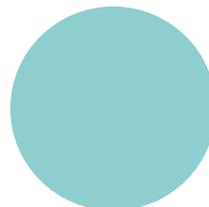


**MITCHELL SHIRE.**  
*Early Years Plan 2012-16*

*A plan for children 0-8 years*





# MITCHELL SHIRE.

## *Early Years Plan 2012-16*

This Plan was developed using the most recent information about the state of Mitchell's children 0-8 years, comprehensive feedback from service providers and planners; analysis of population forecasts for all areas in the Shire and the policy priorities of our local, state and federal governments.

### KEY FINDINGS IN PLAN

- **International evidence confirms the importance of the early years of life as critical** for a human being's learning, behaviour, health and opportunities for success, over their whole life course. High quality early childhood services have also been found to "offer significant productivity benefits" nationally and locally.  
  
Such evidence has been driving new policy and investments at both state and Federal levels with major reforms in areas of early childhood development and education, now impacting at the local level.
- **The Council Plan 2009-2013** highlights the need for a focus on infrastructure planning, growth planning and the use of community development strategies.
- **Demographic/population data** showed that Mitchell has a significantly higher proportion of its population aged 0-8 years, compared with Victoria and most councils in Victoria. The southern part of Shire (Beveridge, Wallan and Kilmore) was the only parts to experience growth since 2001 and forecasts show that Mitchell Shire will have an additional 2,200 young children (0-6 years) in the next five years mostly living in Beveridge and Wallan. Beveridge is forecast to have more young children than Wallan within 6-10 years.
- **A 10 year Infrastructure Plan for children's services and facilities** has been prepared. This will be required for discussions between Council and developers, the metropolitan Growth Areas Authority, government departments and service provider agencies.
- **Council has also identified as "priority target groups" - "children" and "vulnerable families** in socio-economically disadvantaged areas" (Mitchell's Public Health and Wellbeing Plan, 2009-2013). The data analysis undertaken for the Early Years Plan supports such a focus on disadvantaged areas/groups.

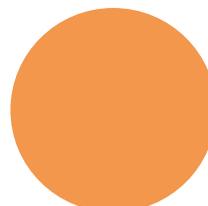
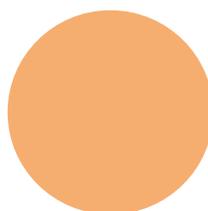
Evidence revealed:

- The most socio-economically disadvantaged localities in Shire are Seymour and Broadford (ABS data).
- The most developmentally vulnerable children in Mitchell Shire live in Seymour, Broadford and Wandong (AEDI data).
- The most developmentally vulnerable group of children in Victoria is Aboriginal children (AEDI data). Mitchell has a very high proportion of children 0-8 years who are Aboriginal (ABS/ DEECD data, comparing all Victorian councils).
- **Comprehensive feedback was received from service providers and planners** for development of this Plan. A detailed report on feedback from service providers was prepared. This research will be valuable for ongoing planning and advocacy. This research was in accord with findings from the data analysis - that the most pressing need across the Shire was to direct resources to the "most vulnerable families", identified as:
  1. Families living in the most disadvantaged localities.
  2. Young mums.
  3. Aboriginal children/families.
- **A profile of services in the Shire** has been put together and is included in the Plan. Importantly, service providers and planners were asked to identify key service gaps as well as barriers for families in accessing services or participating in community life. A key barrier was found to be a lack of transport options, in particular the lack of public transport and the cost of traveling to services especially for families living in rural areas.
- Further data analysis on Mitchell Shire revealed relative strengths and weaknesses for our children and families compared to Victorian results.



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## 1. WHAT'S AN MEYP? A Municipal Early Years Plan is a local area plan designed to provide strategic direction for the development and coordination of early years programs, activities and local community development processes that impact on children 0-8 years within the municipality.

A Municipal Early Years Plan is a local area plan designed to provide strategic direction for the development and coordination of early years programs, activities and local community development processes that impact on children 0-8 years within the municipality. The MEYP can assist with longer term facility planning, identify ways to plan and create more child-friendly environments and determine some local priority outcomes in the early years in partnership with community stakeholders. These community members and stakeholders can equally share the responsibility of developing and implementing the MEYP across the municipality.

MEYP is one of a range of plans that Council develops in partnership with its community, to enhance the wellbeing of its residents.

### HOW THIS PLAN WAS DEVELOPED

The development of Mitchell's Early Years Plan for 2012-2016 involved the following steps and processes from August to November 2011:

- An evaluation of Council's 2006 MEYP
- Consultation with service providers working in the Mitchell Shire and working directly with young children aged 0-8 years or their families. Consultation with planners or coordinators of programs and projects for young children and families. This Consultation was undertaken in September and October 2011 in the form of telephone interviews and surveys. A Report on these community consultations has been prepared. The results have been referred to and used throughout this Plan. The full report will be available for use as a resource for the proposed Mitchell Early Years Reference Group, council and others in planning new initiative or preparing submissions.

- A review of current policy objectives and key policy drivers at all levels of government, including Mitchell Shire Council itself.
- An analysis of demographic data for the Shire, available data on universal early childhood services within Mitchell and an analysis of the Early Childhood Community Profiles for Mitchell Shire, 2010 prepared by the Victorian Department of Education and Early Childhood Development.
- Review of the population projections for all areas of the Mitchell Shire and preparation of a draft Early Years Infrastructure Plan for Council: 2012-2021.
- Discussions about the vision and priorities for attention.
- Development of a Draft MEYP Action Plan and proposal for the establishment of a Mitchell Early Years Reference Group.
- Public Exhibition of Draft MEYP in February 2012, seeking feedback from the community on the Draft Plan and its proposed priorities.



## 2. COUNCIL'S VISION FOR CHILDREN

The MEYP has been developed to expand community understanding of the needs and priority issues for our young children and their families.

Council wants to mobilise all community resources to respond to challenges facing our young children.

Therefore, our vision is as follows:

*“Our children are highly valued within their family and communities. Children are acknowledged as equal citizens with the same rights as adults.*

*Our families are supported to enjoy our natural and built environments, experience the benefits of involvement in our services and community activities, pursue their interests and create new networks.*

*Council is consultative, seeking the ideas and opinions of children, responsive and effective in its planning for children and families.”*

### GUIDING PRINCIPLES FOR THE PLAN

Building on the “values” expressed in Mitchell Council’s Plan 2010-2013, the implementation of Mitchell’s Early Years Plan will be guided by the following principles:

- The diversity of Mitchell’s communities and families is acknowledged and welcomed as our strength.
- The voices of all our children and their families will be sought and used respectfully.
- Inequities across our Shire will be addressed with compassion and vigour to ensure better outcomes for all our young children.
- The commitment and contributions of all our community service providers and planners is recognised and valued.
- Private businesses can effectively contribute to the needs of our families and our future plans.
- Growing numbers of families and children in Mitchell create new opportunities and better outcomes for all residents.



### 3. RECOMMENDED PRIORITIES FOR THE MEYP Looking across all the chapters/inputs for this Plan, seven clear issues have emerged. These are recommended to be priorities for attention within Mitchell Shire for 2012-2016.

#### PRIORITIES

#### WHY

**1. Planning for population growth expected in the south of the municipality:** Beveridge, Wallan and Kilmore.

Responses required here are ensuring adequate resources for timely provision of infrastructure, and advocacy by Council; investing in careful and collaborative planning; considering how to create child and family-friendly environments.

**Community Feedback** Chapter 10

**Infrastructure Needs and Planning** Chapter 9

**Population Forecasts** Chapter 9

**2. Managing reforms in Early Childhood Education** – set to impact kindergarten services and centres in 2013 and 2016.

Managing these two waves of reform will require detailed planning, PR work and advocacy by Council over the next five years.

**Policy** Chapter 4

**Services for Children** Chapter 7

**Infrastructure Needs and Planning** Chapter 9

**3. Reviewing the information available for families with young children,** particularly about local services and supports.

**Community Feedback** Chapters 6, 7 and 10

**Child-friendly Communities** Chapter 8

**4. Addressing Disadvantage in Seymour and Broadford.** Specifically recommended are:

- 4.1 The introduction of more playgroups and supported playgroups and activities for young mothers and their children.
- 4.2 Community initiatives to arrest declining school attendance rates for children in Prep-Year 2; and the community valuing education more.

**Policy** Chapter 4

**The Evidence** Chapter 5

**Disadvantage** Chapter 6

**5. Addressing disadvantages faced by Aboriginal families and children.**

Efforts to better engage with Aboriginal families, through more Aboriginal-specific responses by service providers and joyful community gatherings for young Aboriginal children and their parents.

Initiatives should be directed at two separate Aboriginal communities - one in the north of the Shire (Seymour area) and one in the south of the Shire (Kilmore-Broadford area).

**Policy** Chapter 4

**The Evidence** Chapter 5

**Disadvantage** Chapter 6

**Addressing disadvantage will require strong Council leadership.** In particular strong advocacy, training of service providers, local collaborations (not just with service providers but also community leaders), a commitment to direct engagement and consultation with families and taking initiative.

## PRIORITIES (CONT'D)

### 6. Taking actions to reduce service gaps in:

- 6.1 Allied Health and Specialist Services.
- 6.2 Respite care for families with children who have a disability.
- 6.3 OSH Care, Vacation Care and school holiday activities.

Responses required here are strong advocacy and collaborative planning.

### 7. Improving the Health and Wellbeing of young children in Mitchell, specifically:

- 7.1 Review the findings of the Council's Health and Wellbeing Plan and consider initiatives and responses to reduce family violence and preventing accidents/injuries at home.
- 7.2 Kids Get Active Campaign targeting young children and families in Kilmore and Wandong areas.
- 7.3 Monitoring commitments for improvements to children's playgrounds, open space and walking trails across the Shire.

## WHY

**Community Feedback**  
Chapters 5, 6 and 7

**Infrastructure Needs and Planning** Chapter 9

**Policy** Chapter 4

**The Evidence** Chapter 5

**Child-friendly Communities and Places** Chapter 8

**Infrastructure Needs and Planning** Chapter 9

## WHAT ABOUT TRANSPORT ISSUES?

The lack of transport options, including lack of public transport, and the cost of travelling for services and social activities was identified as the number one barrier for many families and children living in Mitchell. This was also a key problem for services with increasing costs of providing outreach services becoming a mounting challenge for agencies working across this large rural shire. This has not been included as a priority in the MEYP because Council is aware of this barrier and continues its advocacy and collaborative planning to address this challenge. One example here is the "Connecting Mitchell" Project, funded by the Victorian Government. Council employs the project worker and drives the project.

- **Council considers the appointment of an Early Years Planner or Social Planner from 2012**, to drive and monitor progress on issues 1, 2 and 3.
- **Council approves the Early Years Infrastructure Plan: 2012-2021** as a guide to responding to the challenges of service delivery and population growth across the Shire.
- **Council commits to undertaking direct consultations with children, its youngest citizens**, commencing with consultations with children in Prep-Year 2 in Broadford and Seymour, about ways in which their environments or favourite places could become friendlier, safer and more inviting.

## SUPPORTING RECOMMENDATIONS

In response to seven priorities listed, the following key recommendations are made to support stronger early years planning in Mitchell Shire:

- **Formation of a Mitchell Early Years Reference Group, in 2012**, to work specifically on issues 3 and 4 and more generally drive the promotion of the MEYP and the implementation of the MEYP Action Plan. The Reference Group will be made up of interested local service providers and planners, community members, and Council staff. The Group will be facilitated by Council.

## MEYP ACTION PLAN

An MEYP Action Plan has been developed to reflect these priorities, recommend timelines for action and identify stakeholders who may share responsibility for actions on each of the priorities. This Plan is an attachment to the MEYP.

## 4. THE VALUE OF INVESTING IN CHILDREN - THE POLICY CONTEXT

04

**4.1 GOVERNMENT POLICY AND DIRECTIONS** All levels of government in Australia have been increasing their attention and investment in young children in recent years.

4.1

### NATIONAL REFORMS

The Council of Australian Governments (or COAG) has now placed early childhood firmly on the National Agenda, with a series of reforms in early childhood education and care currently being implemented.

In 2008/09 three National Partnerships Agreements (NP) were signed by the Commonwealth and all States and Territories in Australia to implement major reforms in the area of early childhood education.

#### 1. National Partnership Agreement on early childhood education

This was the first step towards broader early childhood development reform in Australia. It aimed to improve the supply and integration of early childhood services, including childcare, early learning and development through the delivery of universal access to quality early childhood education (UA) for every Australian child.

“The universal access commitment is that by 2013 every child will have access to a preschool program in the 12 months prior to full-time schooling. The preschool program is to be delivered by a four year university qualified early childhood teacher, in accordance with a national early years learning framework, for 15 hours a week, 40 weeks a year. It will be accessible across a diversity of settings, in a form that meets the needs of parents, and ensure that cost does not present a barrier to access.”

#### 2. The National Quality Agenda for early childhood education and care

The objectives of the National Quality Agenda, has resulted in development of a new set of National Standards, rating standards and regulatory system for all licensed children’s services. It will be implemented progressively from 2014–2016.

COAG’s objectives for these reforms included:

- Improving educational and developmental outcomes for children attending early childhood education and care and OSHC services under the NQA.
- Delivering an integrated and unified national system for early childhood education and care and OSHC, which is jointly governed and which drives continuous improvement in the quality of services.
- Improving public knowledge about and access to information about the quality of early childhood education and care and OSHC care services, in order to help inform parent’s choices about the quality of education and care for their children.
- Building a more highly skilled early childhood workforce.

#### 3. Closing the Gap: NP Agreement on Indigenous early childhood development

This NP Agreement was established to improve outcomes for Indigenous children in their early years and to contribute to COAGs Closing the Gap targets for Indigenous Australians. Recognised is the fact that Indigenous children are the most vulnerable group of children in Australia, and disparities with non Indigenous children in some cases have widened in recent years. The rationales, objectives and outcomes for each of these important agreements are detailed in Appendix 1, along with references to how the Victorian State Government is planning to implement these reforms and meet their agreements with the Commonwealth Government.

For full details of these National Agreements:

[www.coag.gov.au](http://www.coag.gov.au)

## NATIONAL STRATEGY FOR CHILDREN 0-8 YEARS

In July 2009, COAG also endorsed a National Early Childhood Development Strategy - investing in the Early Years (children 0-8 years). It aims to improve the health, safety, early learning and wellbeing of all children and better support disadvantaged children in order to reduce inequalities. It has signaled the intention of Commonwealth and State Governments to take a leadership role in early childhood development. The Commonwealth believes the strategy provides a "road map" for action and partnerships around the needs of young children.

Six priority areas have been flagged for reform/further development by COAG:

- Strengthening universal maternal, child and family health services.
- Supporting vulnerable children.
- Engaging parents and communities in understanding importance of Early Childhood Development (ECD).
- Improving early childhood infrastructure.
- Strengthening the workforce across ECD and family support services.
- Building better information and a solid evidence base.

The most recent Australian Government initiatives in early childhood include:

### 1. Development of a National Early Years Learning Framework (EYLF) 2009 "BELONGING, BEING AND BECOMING"

This Australian framework emphasises play-based learning as the most appropriate stimulus for brain development and also recognises the importance of communication and language, social and emotional development for children's learning from birth to five years of age and their transition to school. Key principles and learning outcomes provide direction and guidance for educators in all early childhood settings. The learning outcomes are also useful aims for those planning interventions and supports for young children:

- Children have a strong sense of identity.
- Children are connected with and contribute to their world.
- Children have a strong sense of wellbeing.
- Children are confident and involved learners.
- Children are effective communicators.

The EYLF has been incorporated into the National Quality Standards to ensure delivery of nationally consistent and quality early childhood education.

[www.deewr.gov.au](http://www.deewr.gov.au)

### 2. Funding to implement the Australian Early Development Index (AEDI)

The AEDI is a population measure of children's development in communities across Australia. It provides a picture of children's health and development in Australia, Victoria or local areas, helping to pinpoint strengths in a community as well as what can be improved, to strengthen communities and better support children. Following the success of the first national implementation of AEDI in 2009, the Australian Government has committed to collect these important data every three years.

The findings of the AEDI for Victoria and Mitchell Shire have been used in development of this MEYP.

[www.rch.org.au](http://www.rch.org.au)

The Office of Early Childhood Education and Childcare was established in 2008, to deliver the Australian Government's key commitments on early childhood education and childcare and guide major policy reforms at a national level. Further details on the Federal policy agenda for young children can be found at the following website:

[www.deewr.gov.au](http://www.deewr.gov.au)

### 3. Growing Early Childhood Infrastructure

In 2008, the Australian Government announced funding for the establishment of 38 new Early Learning and Care Centres (including six Autism-specific centres). The funding included both the capital costs and the ongoing costs of establishing additional childcare places.

The objective was to increase the supply of integrated early childhood education and care in areas of unmet demand for childcare. It also promoted connecting with schools to ensure the focus on early childhood education. Some of these centres are still being constructed and no new funding has been committed to this program since 2009.

[www.deewr.gov.au](http://www.deewr.gov.au)

## Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA)

FaHCSIA also has carriage of Australian Government policy objectives impacting on the health and wellbeing of young children including the Paid Parental Leave Scheme. In 2011-14, FaHCSIA aims to:

- **Increase social and economic participation:** Create opportunities to enjoy personal and financial independence, social belonging and general wellbeing including through employment.
- **Improve social cohesion:** Promote inclusion and increase equality.
- **Close the gap on Indigenous disadvantage:** Improve the lives of Indigenous Australians and in particular provide a better future for Indigenous children.
- **Support basic living standards:** Maintain a safety net for Australians in need.
- **Support individuals, families and communities to build their capacity:** Enhance personal responsibility and resilience to participate in society.

### FaHCSIA priority groups include:

- **Families with children:** Improved child development, safety and family functioning through support services for all Australians, payments for low and medium income families with children and child support policy.
- **Communities and people who are vulnerable:** Improved capacity for vulnerable people and communities to participate economically and socially and to manage life transitions through payments, targeted support services and community capability building initiatives.

Recent initiatives here include extensions to the 'Communities for Children' Programs. These are local projects aimed at increasing prevention and early intervention in areas with high numbers of families with children, who are at risk of disadvantage and who remain disconnected from childhood services. There are 45 sites nationally and eight in Victoria.

[www.fahcsia.gov.au](http://www.fahcsia.gov.au)

- **People with disability and carers in our community:** An adequate standard of living, improved capacity to participate economically and socially and manage life transitions for people with disability and/or mental illness and carers through payments, concessions, support and care services.

A recent initiative here has been Better Start for Children with a Disability Initiative. This provides funds to assist families with the cost of early intervention services and treatments for eligible children, including help with the costs of accessing services from outer regional or rural locations.

[www.fahcsia.gov.au](http://www.fahcsia.gov.au)



## VICTORIAN STATE GOVERNMENT POLICY CONTEXT

In 2007, the Victorian Government formed the new Department of Education and Early Childhood Development (DEECD) to bring together all early years services and schools. This change was seen as a new “lifecycle approach to learning and development... from birth to adulthood” with particular attention to the transitions for children/students between these stages. The early years (0-8 years) were seen as the first of three stages in that cycle. In the early years, DEECD’s reform agenda evolved from the directions in the following documents:

### **Victoria’s Plan to Improve Outcomes in Early Childhood (National Reform Agenda) April 2007**

This is a 10 year vision to improve the support available to families with young children, with a focus on:

- Providing better antenatal services.
- Strengthening the health, development and learning of all children.
- Enhancing provision of early childhood education and care services.
- Improving the early years workforce.

It was a landmark document, that influenced COAG discussions and later the National Partnership Agreements on early childhood matters.

### **Victoria’s Blueprint for Education and Early Childhood Development (2008)**

This is an integrated policy framework for early childhood and education services. It has three main streams of reform:

- System improvement.
- Partnerships with parents and communities (including local government).
- Workforce reform.

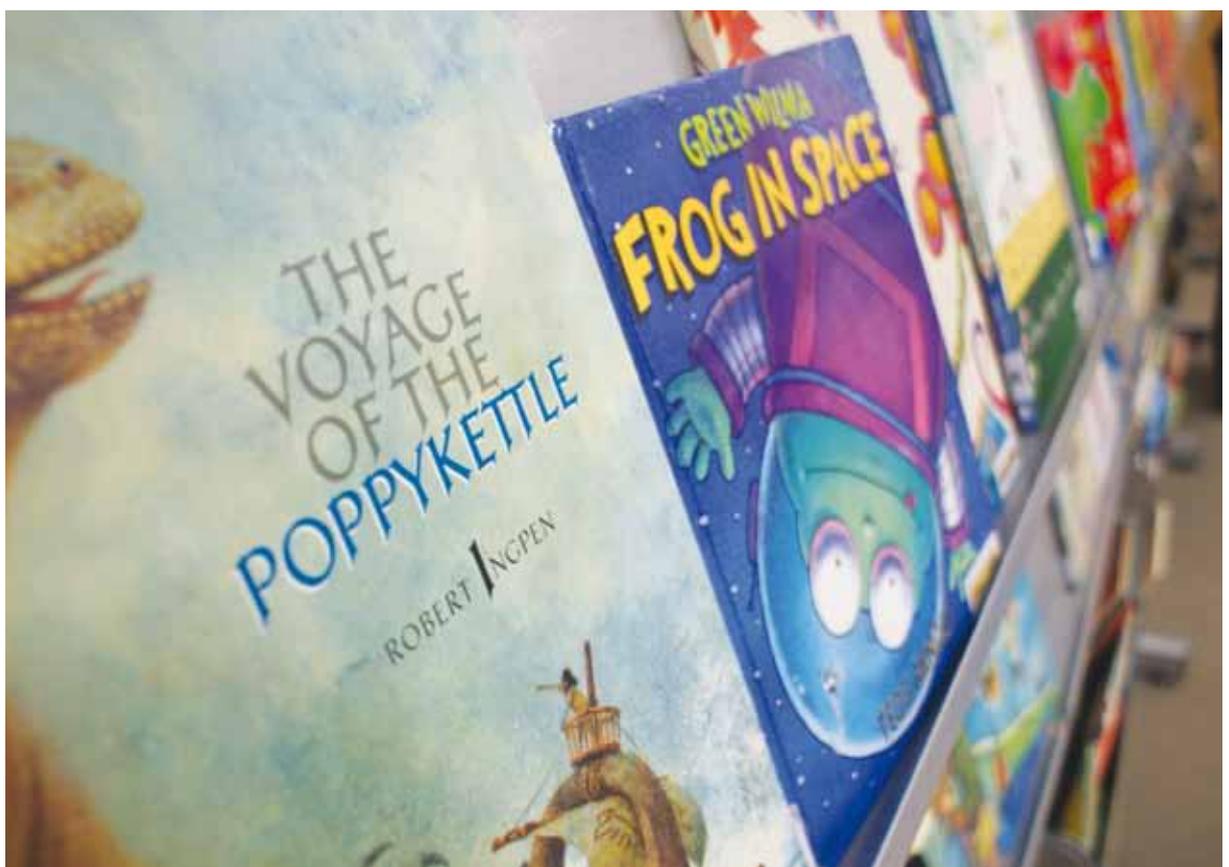
### **Growing, Learning and Thriving: Building on Victoria’s Achievements in Early Childhood Development (November 2009)**

This document reviewed Victoria’s achievements under the blueprint above and signaled the next wave of reform in early childhood development services for children from birth to eight in concert with the national reforms. This vision is reflected in the 2009-2011 DEECD’s Corporate Plan.

[www.education.vic.gov.au](http://www.education.vic.gov.au)

### **DEECD’s 2009-2011 Corporate Plan states the goals for early years as:**

- All Victorian children will have the best start in life to achieve optimal health, development and wellbeing.
- By the time Victorian children start school they will be ready to learn at school and schools will be ready for them.



## Addressing issues of social inclusion and disadvantage

DEECD Priorities for 2009-2011 include increasing access to early childhood services and the integration of services for families and children. These two priorities have driven the development of a number of resources and funding programs by the State to encourage the development of integrated family and children's services and the construction of multi-service facilities or Hubs, including MCH services, kindergarten, long day care, playgroup facilities and more. Resource have included research and guidelines about the development of integrated services and centres, available online at:

[www.education.vic.gov.au](http://www.education.vic.gov.au)

### The Children's Capital Program

DEECD has been providing grants for the partial cost of new early childhood infrastructure and renovations through an annual Children's Capital Program.

The budget and main focus of DEECD's current Capital Grants for children's services in Victoria is achieving Universal Access to 15 hours of kindergarten (UA), but some new centres have been funded.

[www.education.vic.gov.au](http://www.education.vic.gov.au)

## Other resources and initiatives developed to support the Blueprint are:

- Victorian Early Years Learning and Development Framework, for children 0-8 years, and based on the five outcome areas within the Australian EYLF.

The VEYLF emphasises important practice principles for early years professionals, including family-centred practice, partnerships with other professionals, high expectations for every child, equity and diversity, respectful relationships and responsive engagement, integrated teaching and learning approaches, assessment and reflective practice.

- Transition to School Resource Kits.

[www.education.vic.gov.au/earlylearning/eyldf](http://www.education.vic.gov.au/earlylearning/eyldf)

- The Victorian Plan for Aboriginal children and young people (2010-2020): BALERT BOORRON (meaning "strong child" in Wathaurong language).
- DARDEE BOORAI – the Victorian Charter of safety and wellbeing for Aboriginal children and young people (2008).

[www.education.vic.gov.au/about/directions/aboriginalcharter/charter](http://www.education.vic.gov.au/about/directions/aboriginalcharter/charter)

- A review of ECIS – Early Childhood Intervention Services.

[www.education.vic.gov.au/ecsmanagement/intervention/ecisreform](http://www.education.vic.gov.au/ecsmanagement/intervention/ecisreform)

- Families as Partners in Learning- resources.

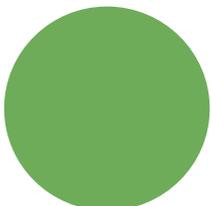
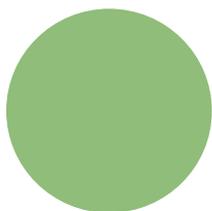
[www.education.vic.gov.au/about/directions/familiesaspartners](http://www.education.vic.gov.au/about/directions/familiesaspartners)

- Victoria's Early Childhood Workforce Strategy Nov 2009.

[www.eduweb.vic.gov.au](http://www.eduweb.vic.gov.au)

The full DEECD Corporate Plan 2009-2011 is available at:

[www.eduweb.vic.gov.au](http://www.eduweb.vic.gov.au)



## COMMITMENT TO EVIDENCE-BASED PLANNING

The State Government has invested heavily in developing a comprehensive system for monitoring the safety, health, development, learning and wellbeing of children and young people in Victoria (VCAMS). Many State Departments contribute to VCAMS, but DEECD has used VCAMS and other data to prepare a series of detailed 'Early Childhood Community Profiles' for Victoria, each of its regions and all local government areas.

These valuable Community Profiles collate and compare a range of demographic and statistical data about young children, families, communities and services. They are published in order to better support local and regional planning of early childhood services and to assist governments, agencies and partnerships to more easily identify the needs of children and families in their area, and to design better responses to improve outcomes for young children.

Prior to development of the Community profiles, the state regularly produced a report of the state of Victoria's children. Last year it released *The State of Victoria's Children 2009 – Aboriginal children and young people in Victoria*. Some of its key findings are included in Appendix 2, but it is hoped that this research will be used in discussions with "the Victorian Aboriginal community to assess what are important issues for them, to facilitate the planning of local responses."

### Catalogue of evidence-based interventions

DEECD have developed an online tool to assist agencies and communities to provide and plan for early intervention initiatives or programs that have been found do improve the health and wellbeing of children. The catalogue is organised around key sections that contain indicators of improvement in outcomes for children and recommended strategies that might be implemented and adapted to local needs.

[www.education.vic.gov.au/healthwellbeing/chilyouth/catalogue](http://www.education.vic.gov.au/healthwellbeing/chilyouth/catalogue)

[www.education.vic.gov.au/healthwellbeing/chilyouth/catalogue/updates](http://www.education.vic.gov.au/healthwellbeing/chilyouth/catalogue/updates)

## Best Start Projects

DEECD continues to fund Best Start Initiatives across Victoria. There are 30 Best Start project sites across the state. Local partnerships are the cornerstone of each project site. Six of these sites focus specifically on working with Aboriginal communities.

Through Best Start Projects, funding has been allocated for Supported Playgroups and Parent Groups.

[www.education.vic.gov.au](http://www.education.vic.gov.au)

## Integrated community facilities

The Victorian Government has recognised the value of integrated community facilities and has, through the Department of Planning and Development (DPCD) and in partnership with the Growth Areas Authority (GAA), developed a number of guidelines to better support local government in creating effectively shared community facilities and better integration of services and buildings:

- **A Guide to Governing Shared Community Facilities**  
[www.dpcd.vic.gov.au](http://www.dpcd.vic.gov.au)
- **A Guide to Delivering Community Precincts**  
[www.dpcd.vic.gov.au](http://www.dpcd.vic.gov.au)

### See also DEECDs:

- **Schools as Community Facilities**  
[www.education.vic.gov.au/management/infrastructure/shareduse](http://www.education.vic.gov.au/management/infrastructure/shareduse)
- **Shared Facility Partnerships: a guide to good governance for schools and community**  
[www.education.vic.gov.au/management/infrastructure/facilitypartner](http://www.education.vic.gov.au/management/infrastructure/facilitypartner)

## New directions at the state level

A new State Government was elected in Victoria 2010/11 and any new directions for DEECD or early years policy have yet to be announced.

## LOCAL GOVERNMENT POLICY COMMITMENTS

The Municipal Association of Victoria (MAV) is the peak body for councils in Victoria.

MAV has, since 2003, been working in partnership with Victorian councils and the State Government to promote better local area planning and improve outcomes for young children and their families. In 2004/05 all councils in Victoria committed to developing Municipal Early Years Plans (MEYPs) and the MAV developed a Framework for the preparation of MEYPs. In partnership with DEECD, the MAV completed a new Framework and Practical Guide to MEY Planning in 2011<sup>1</sup>.

MEYPs have been successful in improving coordination, integration and delivery of early childhood services and local efforts to make a difference for children and their families (Auditor General Victoria, Report 2007).

Local Government is the biggest single provider of licensed children's services in Victoria, and has a very long and proud history of providing services for young children and their families. The MAV, all Victorian councils and DEECD have also worked in partnership to prepare benchmark studies about support by councils for children and their families. Two reports have now been published in 2007 and 2011 '*Victorian Local Government support for Children*', and '*Young People and their Families*'.

This information is particularly useful for planning and advocacy as it demonstrates the extent of local government involvement in early childhood settings, and tracks changes or trends in this involvement over time. It also includes an analysis of council responses by various typologies, and includes a section on Growth Corridor, interface and metropolitan fringe councils, highly relevant for Mitchell Shire<sup>2</sup>.

## Mitchell Shire Council policy commitments

Council has three key policy documents, all required under legislation, to guide its direction. These are the Council Plan, the Municipal Strategic Statement and the Community Health and Wellbeing Plan.

### 1. The Council Plan 2009-2013

The Mitchell Shire Council Plan has two goals that directly support a local early childhood agenda and the vision and recommendations of this MEYP.

#### **Council's Goal 4: Community services, education and youth – developing a strong, healthy and caring community**

Council's Strategic Objective here is to "Enhance the quality of resident's lives by facilitating and encouraging healthy lifestyles, a community in which it is safe to live, and an environment that is diverse and sustainable" specifically by:

- ✓ Providing a range of community facilities and services Shire wide.
- ✓ Community services that support growing population and respond to community needs.
- ✓ Building strong partnerships.
- ✓ Fostering community involvement in Council decision-making.

#### **Council's Goal 2. Development - planning for our communities needs**

Council's Strategic Objective here is to "Plan developments and public spaces that take into account community needs and desires while being practical and responsive to longer term needs" specifically by:

- ✓ Ensuring policies and strategies are keeping up with current community expectation.
- ✓ A funded streetscape strategy and plans to improve amenity, safety and mobility.
- ✓ Planning effectively for growth.

The vision, mission and values expressed in the Plan were used to craft the proposed vision and principles for this MEYP.

<sup>1</sup> The new MEYP Framework is available at <http://www.mav.asn.au/policy-services/social-community/children-families/municipal-early-years-planning/Pages/default.aspx>

<sup>2</sup> A copy of the 2011 Report can be found on the website above.

## 2. Council's Health and Wellbeing Plan 2009–2013

“Working together to obtain optimal health outcomes for communities in Mitchell”.

The Plan specifically identifies children and vulnerable people living in socio-economically disadvantaged areas as “priority target groups”.

The Plan identified several issues for more attention in the Council's Early Years Plan.

List of issues from Council's Health and Wellbeing Plan, directly impacting on young children:

### A. Health and Safety of children:

- Increasing levels of physical activity in order to reduce rates of diabetes in the Shire.
- Road and bicycle safety.
- Decreasing the incidence of family violence.
- Injury prevention in the home.
- Maintain a high infant immunisation rate.
- Oral health.
- Sun protection.

### B. Wellbeing and addressing disadvantage:

- Social isolation.
- Strategies to address issues arising from the Australian Early Development Index (AEDI).
- Earlier intervention.

### C. Partnering with other organisations in delivery of children's services and addressing disadvantage. The Plan stresses the need for:

- Collaborative planning to meet the needs.
- More strategic planning in early years area to ensure services are available to meet demands from a growing population.

### Other Plans and Strategies of Council that were reviewed for development of this Plan include:

- Community Services Plan 2008 and Community Services Policy.
- Kindergarten Services Policy.
- Mitchell's Disability Action Plan, 2009-2012.
- Mitchell Shire's Community Engagement Strategy 2010 and Action Plan.
- Mitchell 2020 Plan, its Discussion Paper and Reports from the 'Community Speak Out' sessions.

## 4.2

### 4.2 POLICY DRIVERS the evidence that's driving investment in children.

Policies that have led to increased investment in early childhood development education and care, including new efforts to support parents of young children, have been informed by evidence that **sound development in the early years makes a significant difference to a person's chances of success in life.**

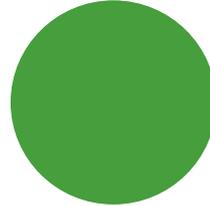
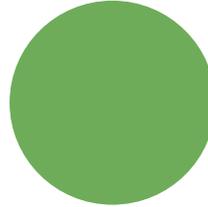
“Early childhood is a critical time in human development. There is now comprehensive research that shows that experiences children have in the early years of life set neurological and biological pathways that can have life-long impacts on health, learning and behaviour.

There is also compelling international evidence about the returns on investment in early childhood services for children from disadvantaged backgrounds, including the work of Nobel Laureate James Heckman.

- On average, children in Australia have good outcomes overall. The outcomes for some children however are poor and the gap is widening.
- Early childhood services, policies and practices in Australia have not benefitted from a national focus and are therefore quite fragmented.

This can be problematic for some families and particularly for those families with multiple and complex vulnerabilities, who may find it difficult to access and navigate fragmented services. It also makes it difficult to advance prevention-orientated and early intervention approaches for all children and to coordinate services for those with complex problems.

- High quality early childhood services offer productivity benefits - giving children the best possible start in life, and for parents, the opportunity to be active participants in the workforce or community life.”
- National Partnership Agreement on Early Childhood Education, Council of Australian Governments (COAG) 2009 (pg. 3-4)



“Australian and international evidence confirms that the early years of a child’s life are critical to his or her future development. It is at this time that a child’s brain is rapidly developing and the foundations for learning, behaviour and health over the life course are set.

The path to poor outcomes such as school difficulties, welfare dependency, and poor physical and mental health, often begins in early childhood with a range of associated risk factors.

Early childhood risk factors that impact on outcomes include child characteristics such as poor attachment or poor social skills;

parenting styles; family factors and life events; and community factors such as socio-economic disadvantage and lack of support services.

However, these risk factors can be offset by protective factors such as good antenatal and maternal health and nutrition, parental communication and positive attention from both parents, family harmony and participation in broader social networks.”

- Department of Families Housing, Community Services and Indigenous Affairs, Canberra, 2011.

“Science tells us that the quality of a child’s earliest environments and the availability of appropriate experiences at the right stages of development are crucial in determining the brain’s architecture. Creating quality environments means that strong communities are good for children.

Supporting children and families in the early years greatly increases children’s chances of finding successful pathways that lead to good health and educational outcomes.“

- DEECD Early Childhood Community Profiles, 2010, page 23

The World Health Organisation (WHO) has identified early childhood development as one of the key “Social Determinants of Health”<sup>3</sup>.

There is worldwide recognition now that the cause of one’s health status does not reside predominantly with the individual.

It is understood that inequality in health is due in large part due to underlying social, economic and political inequalities.

A good environment in the early years is crucial in shaping lifelong health and development.

- The MAV/DEECD - MEYP Framework, 2011, page 16

Use of the social determinants of health and the social model of health, has been one of the drivers behind the recent reforms in municipal public health planning. The new plans prepared by councils take a broader holistic approach to health and are now referred to as ‘Community Health and Wellbeing Plans’. It is strategic that Council closely links its MEYP and Community Health and Wellbeing Plan.

<sup>3</sup> Other social determinants include: women and gender equity, social inclusion, employment conditions, urbanisation, globalisation, health systems. (ref: <http://www.who.int>)

## 5. ABOUT MITCHELL'S CHILDREN - THE COLLECTED EVIDENCE

This Chapter presents demographic information and statistical data about the status of young children residing in Mitchell Shire and their families. It also includes feedback from a survey of service providers about the most pressing needs of families in Mitchell.

### 5.1

#### 5.1 WHERE DO MITCHELL'S YOUNG CHILDREN LIVE?

The majority of children in Mitchell are currently living in the southern parts of the Shire: Wallan, Beveridge and Kilmore. These areas experienced growing child populations between 2001-2006 (refer to the Table and Chart below). Wallan has by far the greatest proportion of its population aged 0-4 years, making for higher stronger demand on its current children's services and facilities.

The central parts of the Shire - Broadford area, Wandong and Heathcote Junction, experienced declining populations 2001-2006.

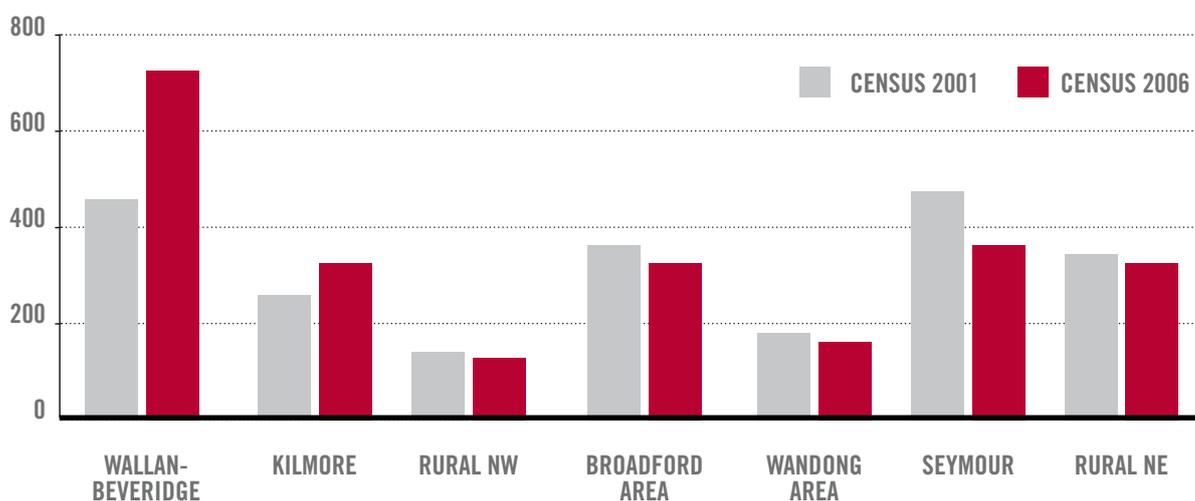
The areas in the north of the Shire include Seymour and the rural areas to the north east and northwest. Seymour is a large population centre but its child population declined between 2001-2006. Puckapunyal also has a very high proportion of its community aged 0-4 years, making for higher demand on its children's services and facilities.

**Table 1: Number Children aged 0-4 years in Mitchell Shire**

Source: .id Community Profiles for Mitchell Shire Council – key statistics for small areas

LOCALITY	CENSUS 2001	CENSUS 2006	% OF TOTAL POPULATION IN EACH AREA, 2006
Wallan – Beveridge	457	728	10.3%
Kilmore	270	337	6.1%
Pyalong and Rural Northwest (inc. Tooborac)	144	135	5.9%
Broadford area	291	259	6.6%
Wandong and Heathcote Junction	185	162	6.4%
Seymour	481	383	6.1%
Rural Northeast (inc. Puckapunyal, Trawool and Tallarook)	273	259	8.7%
<b>Mitchell Shire</b>	<b>2,101</b>	<b>2,263</b>	<b>7.4%</b>

**Chart 1: Populations of Children aged 0-4 years in each locality across Mitchell**



**5.2 YOUNG CHILDREN - A FEATURE OF MITCHELL'S POPULATION** This section presents highlights from the DEECD Early Childhood Community Profile 2010 for Mitchell. It has used a variety of data sources including results from the 2006 census, as the results for the 2011 census are not yet available.<sup>4</sup>

- **Over the past 10 years** (since 2000/01) births in Mitchell Shire have increased by 21.3%. This is higher than the 18.6% increase in births across Victoria during that same period (Counts of Birth notifications 2001-2010).
- **Mitchell had a higher proportion of children aged 0-8 years** (13.2%) than Victoria (11.2%) (2008, Estimated Resident Population data).

This is a key point of difference for Mitchell when Mitchell is compared with all other local government areas in Victoria (LGAs) Mitchell Shire is ranked 6 out of all 79 LGAs, in terms their percentage of residents aged 0-8 years.

This situation will continue as rapid population growth is expected in Mitchell for the next 30 years.

- The State's Department of Planning and Community Development (DPCD) **expect the 0-8 year old population in Mitchell to increase** by almost 50% (49.3%) by 2026. This is strikingly different and higher than the increase expected in the 0-8 year old population for Victoria in that same period 2006-2026 (23.5%).

#### Families with young children

- In Victoria, 26% of all families had children aged 0-8 years. In Mitchell however 57.2% of all families have children 0-8 years (ABS Census, 2006).
- 19% of families in Mitchell with children 0-8 years are one-parent families, which is higher than Victoria (16.9% of Victorian families with 0-8 year olds are one-parent families). This may indicate a greater need for both formal and informal support for families is required.
- In Mitchell, the gross median weekly income of one-parent families with children aged 0-8 years, was less than the gross weekly median income for one parent families in Victoria (\$537 and \$551 per week, respectively).

41.3% of these one-parent families in Mitchell were employed. While 50.9% of "couple families" with children aged 0-8 years in Mitchell had both parents employed. These statistics may be important for planning demand for childcare services in Mitchell.

- In regard to the education levels of families with young children 0-8 years Mitchell was ranked almost at the bottom on a scale comparing the 79 Victorian Local Government Areas (LGAs) on the percentage of couple families where both parents have a "non-school qualification". A rank of 1 was assigned to the LGA with the highest percentage of families with qualifications. Mitchell was ranked 73 out of 79. While only 7.5% of both parents in couple families had qualifications, a higher 11.2% of parents from one-parent families in Mitchell had qualifications. However this was still lower than for Victorian one-parent families which was 17.8% with qualifications).

#### Children with a profound or severe disability

- Data from the DEECD Early Childhood Profile for Mitchell Shire, 2010, shows that there were **64 children aged 0-8 years in Mitchell who had a need for assistance with core activities**, representing 1.5% of all children aged 0-8 years. This was greater than the percentage of children aged 0-8 years in Victoria with a need for assistance (1.4%).



<sup>4</sup> The latest data from the 2011 census is not due for release until mid 2012, by the Australian Bureau of Statistics (ABS).

## Aboriginal children

- Data from the DEECD Early Childhood Profile for Mitchell Shire 2010, shows that in 2006, there were **98 Aboriginal children aged 0-8 years living in the Shire**, representing 2.3% of all children aged 0-8 years. These 98 children were from 68 Aboriginal families.
- Mitchell stands out from most other LGAs in Victoria on the fact that it has a much higher proportion of its child population who are Aboriginal children. In Victoria, 1.2% of all 0-8 year olds are Aboriginal children. In Mitchell 2.3% of children aged 0-8 years are Aboriginal children. Mitchell was ranked fourth out of 76 councils in Victoria on this criteria.<sup>5</sup>
- Across Mitchell 13.8% of the total population of Shire is aged between 0-8 years. Yet the Aboriginal population in Mitchell has a much younger profile, with 28% of Aboriginal population aged 0-8 years.
- At the 2006 Census, there were 347 Aboriginal persons living in Mitchell Shire, representing 1.1% of the total population. This is greater than the proportion of Aboriginal people living in Victoria which is 0.6% only.

Table 2 below shows a count of residents in Mitchell who are Indigenous Australians (Aboriginal or Torres Strait Islander). The proportion of the Mitchell population who are Aboriginal is 1.1. This is almost double the proportion for Victoria (0.6% of Victorians are Aboriginal). The communities in Mitchell with the highest number of Aboriginal residents in 2006 were Seymour (Aboriginal 119 persons); Wallan (51 Aboriginal persons); Kilmore (42 Aboriginal persons) and Broadford (41 Aboriginal persons).

**Table 2: Indigenous Population in Mitchell Shire**

Source: .id community profiles for Mitchell Shire and small areas, using ABS 2006 census data.

LOCALITY	NUMBER OF ABORIGINAL PERSONS	% OF TOTAL POP IN THAT LOCALITY
Beveridge/Wallan	51	0.7%
Kilmore	42	0.8%
Pyalong and Rural Northwest (inc. Tooborac)	15	0.7%
Broadford area	41	1.1%
Wandong and Heathcote Junction	26	1.0%
Seymour	119	1.9%
Rural Northeast (inc. Puckapunyal, Trawool and Tallarook)	28	1.0%
<b>Mitchell Shire</b>	<b>344</b>	<b>1.1%</b>

Data on the number of Aboriginal children living in each locality of the Shire was not available, however feedback from the community consultations undertaken for the MEYP, indicate there are two separate Aboriginal communities in the Shire – one in the north of the Shire (focusing on Seymour) the other in the south of the Shire (focusing on Broadford-Kilmore).

<sup>5</sup> A rank of 1 was assigned to the LGA with the highest % of its Aboriginal Population aged 0-8 years.

**5.3 LOOKING AT THE FUTURE** In the next five years Mitchell will have an additional 2,205 young children aged 0-6 years living within the Shire. The major areas of growth will be within Beveridge and Wallan townships.

This is due primarily to the extension of the urban growth boundary into Mitchell, known as the northern metropolitan growth corridor. There may be as many as 90,000 residents within Wallan and Beveridge alone in the next 30 years. This is more than double the current population of the Mitchell Shire (31,000 residents in the Shire at 2006 Census).

Managing this urban growth and ensuring the timely provision of services and infrastructure for all the population, including young children, will now become a key priority for Mitchell Shire.

This section highlights some of the findings discussed in detail in the Early Years Infrastructure Plan, developed for Council as part of this MEYP.

**Table 3: Forecasts for Children aged 0-6 years in Mitchell Shire**

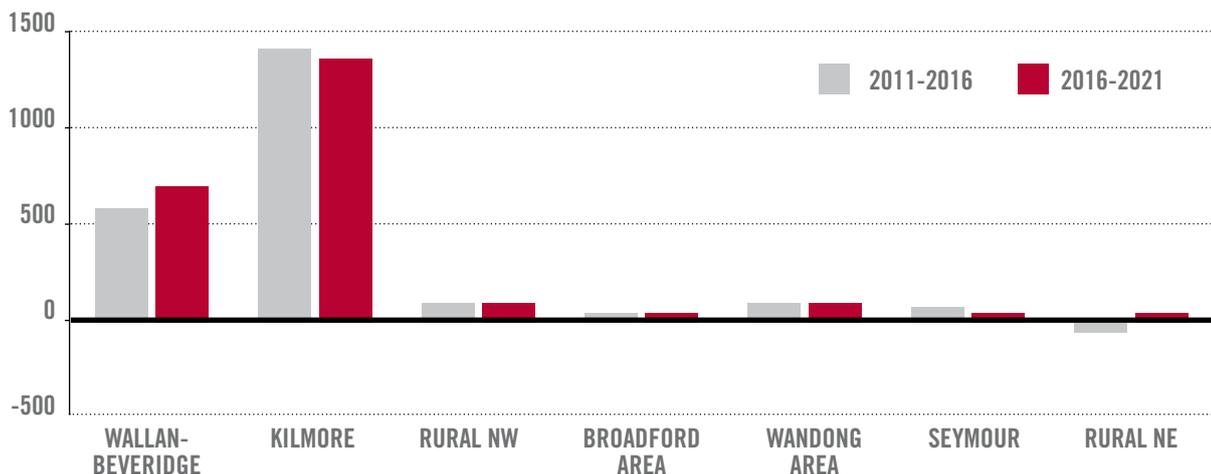
Source: Forecasts for Beveridge and Wallan developed for Mitchell's Early Years Infrastructure Plan study. Other areas - derived from .id forecasts (updated February 2010) for children aged 0-4 years and 5-9 years.

LOCALITY	FORECAST 2011	FORECAST 2016	FORECAST 2021
Wallan	1,067	1,683	2,440
Beveridge	97	1,577	2,989
Kilmore	597	660	723
Pyalong and Rural Northwest	229	244	260
Broadford area	403	423	444
Wandong and Heathcote Junction	254	260	276
Seymour	581	595	604
Rural Northeast (inc. Puckapunyal, Trawool, Tallarook)	367	358	365
<b>Mitchell Shire</b>	<b>3,595</b>	<b>5,800</b>	<b>8,101</b>

The table below shows that the growth in the child population in Mitchell over the next 10 years will be in the southern townships - largely in the urban growth areas of Beveridge and Wallan. In contrast, the population of young children in the northern parts of the Shire is expected to remain static over the next 10 years.

More details on expected increases in each age group can be found in the Mitchell Early Years Infrastructure Plan.

**Chart 2: Expected increases in the number of 0-6 year old children in the coming two 5-year periods, 2011-2021, for each locality in Mitchell Shire**



**5.4 HOW ARE MITCHELL'S CHILDREN FARING?** This analysis drew directly from the data collated by Victorian Department of Early Childhood Development and Education (DEECD) about young children 0-8 years living in Mitchell Shire, their Early Childhood Community Profile for Mitchell, 2010.

Highlighted are only those indicators where Mitchell 'stands out' in comparison to Victorian results. Sometimes this demonstrates a positive or strength for Mitchell. Most often highlighted are areas of concern, requiring more consideration and improvement. The results are presented firstly as a summary (of strengths and areas for improvement). Then the analysis looks at the detailed data results for young children in Mitchell, their families and communities.

### IN SUMMARY

**Mitchell's children, families and community appeared to be travelling in accord with Victorian children generally.**

In some areas the outcomes for Mitchell were more positive than for Victoria generally, and these might be seen as:

**Mitchell's strengths, to be maintained and built on in future:**

- ✓ Physical health and immunisation rates of children 0-8 years.
- ✓ Relatively good results in literacy of children in Prep-Year 2.
- ✓ Attendance at Universal Maternal and Child Health Services.
- ✓ Retention rates in public housing.

**Comparative areas of weakness and needing improvement:**

- ⊗ Breastfeeding rates.
- ⊗ Immunisation rates of children 5 years+.
- ⊗ Rate of hospital separations for Gastro.
- ⊗ Language development.
- ⊗ Parental concerns about their child's behaviour and emotional wellbeing.
- ⊗ Stress levels in Mitchell families with young children.
- ⊗⊗ School attendance in Prep-Year 2.
- ⊗⊗ Child abuse – both number of substantiated cases and re-reports.
- ⊗⊗ Access to shops and services.
- ⊗⊗ Access to good parks, playgrounds or play spaces.

**The "most developmentally vulnerable" children in Mitchell were:**

- ⊗⊗⊗ Children living in Seymour, Broadford and Wandong.

**Across Victoria:**

- ⊗⊗⊗ 43% of Aboriginal children were found to be vulnerable on one or more domains (which is more than double the level of vulnerability for Victorian children) and 27% of Aboriginal children were found to be vulnerable on two or more domains (almost triple the level of vulnerability for Victorian children in general).
- ⊗⊗⊗ 32% of children living in the most socio-economically disadvantaged communities were found to be vulnerable on one or more domains and 17% of children in these areas were vulnerable on two or more domains.

### THE DATA IN MORE DETAIL

**Our strengths** – need to maintain, build on these strengths for Mitchell.

**Physical health**

- In Mitchell, the vast majority of prep children (93.4%) were reported to be in either 'excellent' or 'very good health'. This was a higher proportion than that reported across Victoria which was 91.4% (Reported by parents with Prep children, 2008).

**Immunisation rates**

- Mitchell has comparatively high rates of children fully immunised at 12-15 months of age (which was 94.4%, compared with 91.9% in Victoria) and was ranked 12 out of 79 LGAs on this indicator. (A rank of 1 assigned to the LGA with the highest percentage of children in this age group fully immunised, 2008/09).

## Success in literacy and numeracy

- In 2008, 83.3% of Prep children enrolled in government schools in Mitchell achieved a reading accuracy score of 90%+ on Level 5 text. This was greater than the result for Victoria which was 81.3%.

The results for Year 1 students (reading accuracy on Level 15 texts was similar for Mitchell and Victoria (with 86.5% and 86.4% respectively). The results for Year 2 students in Mitchell for reading accuracy on Level 20 texts, was greater than the results for Victoria (96.6% for Mitchell and 94.5% for Victoria.)

## Key weaknesses – areas needing improvement in Mitchell

### Immunisation rates – children over five years

- In 2008/09, the percentage of children fully immunised at 60-63 months in Mitchell was 83%, which is less than the rate for this age group in Victoria which was 84%; and Mitchell was ranked 48 out of 79 LGAs on this indicator.

### Breastfeeding rates

Statistics on Breastfeeding rates in Mitchell and Victoria shows that breastfeeding rates are lower in Mitchell compared with Victoria:

- 50.7% of infants are fully breastfed at three months in Mitchell (compared with 51.4% in Victoria).
- 32.7% of children are fully breastfed at six months in Mitchell (compared with 37.9% in Victoria).

“Breastfeeding has been shown to be protective against a range of childhood conditions including asthma, gastrointestinal disorders, sudden infant death syndrome and overall infant mortality.” (DEECD Community Profiles 2010, pg.16).

### Nutrition

- In Mitchell and Victoria only a minority of children eat the minimum recommended daily serves of vegetables (this is a different situation from fruit – in Victoria most young children do eat their daily serve of fruit).

### Language Development

- Mitchell had a higher proportion of children reported to have difficulties with speech or language, compared with Victoria – 20.2% of Prep children in Mitchell; 14.6% Prep children in Victoria. Of these children 22.8% of Mitchell children were seeing a Speech Therapist. (Parent responses in SEHQ, 2008)

## RESULTS FROM AUSTRALIAN EARLY DEVELOPMENT INDEX (AEDI) FOR MITCHELL

The AEDI is a population measure of children’s development as they enter school. It contains over 100 questions for each child’s teacher about the development of the child across five domains:

1. Physical health and wellbeing.
2. Social competence.
3. Emotional maturity.
4. Language and cognitive skills (school-based).
5. Communication skills and general knowledge.

### The Victorian AEDI results found that:

- Victorian children are faring better than their national counterparts, that is they are less likely to be vulnerable across the five AEDI domains, with:
  - 20% of Victorian children vulnerable on one or more of the above domains.
  - 10% of Victorian children vulnerable on two or more domains.

The young children who are faring the worst are:

- Victorian Aboriginal children (43% are vulnerable on one or more domains; and 27% are vulnerable on two or more domains).
- Children living in Victoria’s most socio-economically disadvantaged communities (32% are vulnerable on one or more domains and 17% are vulnerable on two or more domains).

The AEDI results are also available at the local government level and for smaller areas (the postcodes or suburbs in which the children lived), except for local Aboriginal children.

### AEDI results for Mitchell

Results for Mitchell LGA showed that Mitchell’s children are on par with Victorian children, with 19.8% of Mitchell’s children being vulnerable on one or more domains (Victoria was slightly higher at 20.2%) and 9.1% of Mitchell’s children developmentally vulnerable on two or more domains (Victoria was slightly higher at 10%).

In particular, Mitchell’s children were on track in the areas of language and cognitive skills (with only 4.7% of Mitchell children vulnerable in these domains compared with 6.1% vulnerable across Victoria) and communication skills and general knowledge (with only 5.3% of Mitchell children vulnerable in this area, compared with 8.3% vulnerable across Victoria).

### **Mitchell's children displayed slightly higher levels of vulnerability in three specific domains:**

1. Physical health and wellbeing (0.8% more vulnerable than Victorian children generally).  
In particular, children living in Kilmore were found to be 5% more vulnerable than Victorian children in this domain.
2. Emotional maturity (0.8% more vulnerable than Victorian children generally).
3. Social competence (0.5% more vulnerable than Victorian children generally).

Detailed results are listed in Appendix 2, or obtained online at [www.rch.org.au/aedi](http://www.rch.org.au/aedi)

### **AEDI Findings for small areas within Mitchell**

AEDI results reveal the most developmentally vulnerable children live in Broadford, Seymour and Wandong.

#### **Seymour**

24.4% of children living in Seymour were found to be vulnerable on one or more domains, and 9.3% of children vulnerable on two or more domains.

The domains where Seymour children are found to be most vulnerable are:

1. Emotional maturity (10.5% children vulnerable in this domain).
2. Language and cognitive skills (8% children vulnerable in this domain).
3. Social competence (9.3% children vulnerable).
4. Physical health and wellbeing (8.1% children vulnerable on this domain).

#### **Broadford**

Children living in Broadford were found to be some of the most vulnerable, with 11.3% of the children in this area considered to be vulnerable on two or more domains.

There are four domains in which children living in this area were found to be more vulnerable than children in Mitchell and Victoria generally. These are:

1. Social competence (9.4% children vulnerable in this domain).
2. Emotional maturity (9.4% children vulnerable in this domain).
3. Language and cognitive skills (7.5% children vulnerable in this domain).
4. Communication skills and general knowledge (9.4% children vulnerable in this domain).

#### **Wandong**

Children living in Wandong were also found to be some of the most vulnerable in the Shire, with 11.8% of the children living there considered to be vulnerable on two or more domains.

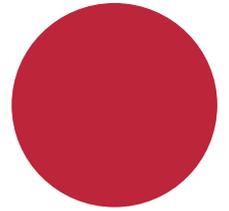
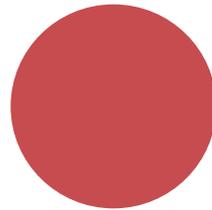
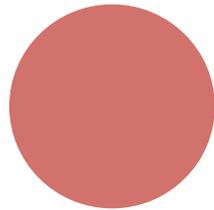
The domains where they were more vulnerable than children in Mitchell and Victoria were:

1. Social competence (11.8% children vulnerable in this domain).
2. Physical health and wellbeing (8.8% children vulnerable in this domain).
3. Emotional maturity (8.3% children vulnerable in this domain).

#### **Links between vulnerability and disadvantage**

The Australian Bureau of Statistics has identified Seymour and Broadford as the two most disadvantaged localities in Mitchell Shire. Wandong, on the other hand, is rated as the least disadvantaged community in the Shire, and is ranked in the fourth quintile of the least disadvantaged communities in Victoria.





## HOW CONFIDENT AND CAPABLE ARE MITCHELL FAMILIES?

Highlights from the Community Profile from Mitchell, prepared by the Victorian Department of Education and Early Childhood Development, 2010.

### Key weaknesses – areas needing improvement

#### School attendance

- Prep students in government schools in Mitchell were absent for an average of 16.6 days in 2009.
- Year 1 students in government schools in Mitchell were absent for an average of 17.1 days in 2009.
- Year 2 students in government schools in Mitchell were absent for an average of 16.8 days over 2009.
- Of concern is the fact that the average days absent has been increasing since 2006, and Mitchell LGA is now ranked at 6 and 8, out of 79 LGAs in Victoria for average student absence days in year 1 and year 2 respectively.

“Regular attendance at school is crucial for a student’s education and social skills. Students that do not attend are at a disadvantage both academically and socially and miss out on key stages of interaction with their peers and reduce the likelihood of academic progress and success. This can compound issues of low self-esteem, social isolation and dissatisfaction which may have triggered absenteeism.” (Page 71, Early Childhood Community profiles, 2010).

#### Concerns raised by parents and need for intervention

- PEDS<sup>7</sup> data collected in 2008, at stage of school entry, shows that Mitchell Shire had slightly higher proportion than Victoria of Prep children classified as having two or more predictive concerns and so a high risk, needing interventions (8% for Mitchell compared with 7.2% across Victoria).

#### Child’s behaviour and emotional wellbeing

- The School Entrant Health Questionnaire (SEHQ) is for parents across Victoria to complete about their Prep child. The results of the 2008 SEHQ showed that some parents were experiencing difficulties with their child’s behaviour and emotional wellbeing.

Results for Mitchell’s children were “poorer” on every indicator (where usually/often was selected) in comparison with the results for Victoria. (These indicators included trouble paying attention/completing activities, has temper tantrums, displays aggressive behaviour, plays well with other children, resists or sometimes refuses to go to school, generally happy, sleeps well through the night).

#### Stress levels within families

- In Mitchell, in 2008, 9.5% of families with children entering school reported “high levels of family stress over the past month”. This was higher than the percentage reported in Victoria (8.7%). (From the School Entrant Health Questionnaire, 2008, completed by parents of Prep children).
- In the same questionnaire, the majority of families with children entering school in Mitchell reported low levels of family stress over the past month (61.5%). This was lower than the percentage reported in Victoria (63%).
- Parents were asked to indicate whether a range of family stressors had affected their child. The main causes of family stress in Mitchell were reported to be moving to a new house (21.3%), moving to a new school (14.6%), recent divorce or separation of parents (11.2%) and a new baby in the house (9.2%).

<sup>7</sup> PEDS = Parental Evaluation of Developmental Status - is used as a means of detecting developmental delays and behavioral problems in children.

### Child abuse and neglect:

- In 2008-2009, 45 substantiated cases of child abuse were recorded in Mitchell, representing a rate of 10.2 per 1000 children aged 0-8 years in the area. This compares unfavourably to a rate of 7.0 per 1000 children in Victoria. Importantly, this rate has been decreasing over the five year period 2005-2009, by an average rate of 0.3 substantiations per 1000 children aged 0-8 years.
- The rate of child protection reports and re-reports for children aged 0-8 years<sup>8</sup>. In Mitchell in 2008/09, 25.2% of children aged 0-8 years were re-reported to child protection services within 12 months of a report. Importantly however, this rate has been decreased at an average rate of 6.9% per year over the past six years.

“Childhood trauma, abuse and neglect is one of the most significant factors impacting on child health, wellbeing and development. Abuse in childhood can result in a wide range of long and short-term consequences. In addition to physical harm, abused children can develop ongoing mental health and behavioural issues.” (Page 48, Early Childhood Community profile for Mitchell Shire, 2010).

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<sup>8</sup> A child is reported if they are notified to Child Protection more than once in a 12 month period.



## HOW SUPPORTIVE ARE MITCHELL'S COMMUNITIES AND SERVICES?

### Mitchell's strengths – need to maintain and build on these.

#### Universal Maternal and Child Health Services

- The percentage of children seen at the 3.5-year key ages and stages visit in Mitchell Shire has been consistently higher than the percentage seen in Victoria, since 2005, although this gap has been closing more recently. The rate in 2008/09 was 59% for Mitchell and 58.3% for Victoria. The rates for Hume Region are higher at 67.7%.

#### Retention rates in public housing

- Over 2007-2008, 100% of families with children aged 0-8 years in Mitchell remained in public housing 12 months or more after initial allocation. This was much greater than the percentage for Victoria (87.3%) and has been improved over recent years.

### Mitchell's weaknesses – areas needing improvement

#### Rate of hospital separations

- During 2008-09, there were 13.5 hospital separations for gastroenteritis per 1000 children under one year old in Mitchell. This was greater than the rate for Victoria (9.5 hospital separations per 1000 children under one).

Importantly, separations for gastro in Mitchell have decreased since 2005.

DEECD Report that gastro is a condition for which hospitalisation is considered avoidable with the application of preventative care and early management. Rates of hospitalisation for gastro can be considered an indirect measure of patient access to primary health care.

#### Accessibility of local recreation spaces, activities and community facilities

The following responses have been taken from the Victorian Child Health and Wellbeing Survey, conducted by DEECD in 2009, with parents of children aged 0-12 years. The results are provided at state and regional levels only, with no results for individual LGAs.

#### Access to shops and services

- Only 85.2% of parents in Hume Region agreed that their neighbourhood did have basic shopping facilities. This is significantly different to the response from Victorian parents, where a much higher 94.1%, agreed that their neighbourhood had basic shopping facilities.
- Only 84% of parents in Hume Region agreed that their neighbourhood had basic services. This is significantly different to the response from Victorian parents, where a much higher 92% agreed that their neighbourhood did have basic services.

#### Access to good parks, playgrounds or playspaces

- Only 72.1% of parents in Hume Region agreed that their neighbourhood had good parks, playgrounds and playspaces. This is significantly different to the response from Victorian parents, where a much higher 85.9% agreed that their neighbourhood had good parks, playgrounds and playspaces.

“Local amenities, such as shops, banks and recreation facilities can help create a sense of place and provide opportunities for members of the local community to interact. Urban planning that incorporates local shops and recreational opportunities promotes walking and activity within the neighbourhood. Local facilities are particularly important for children who are likely to have restrictions placed upon how far away from home they can travel unsupervised.

Access to green and open spaces is thought to be beneficial to general and mental health. Playspaces provide children with the freedom to explore their environment and to expand their activities beyond what is possible in the home, for example play that incorporates more activity, participants and noise.” (Page 61, Early Childhood Community profiles, 2010, DEECD).



## 5.5 THE MOST PRESSING NEEDS FOR FAMILIES IN MITCHELL - WHAT THE COMMUNITY SAYS

Community Consultations undertaken for this Plan focused on seeking feedback from service providers and planners in the health, education and care and family support sectors.

### IN SUMMARY

The most pressing issue for Mitchell's children identified in these community consultations was the need to direct resources to those groups identified as "the most vulnerable families" in the Shire. The most vulnerable groups identified were:

1. Families with young children, living in the most disadvantaged areas of the Shire.
2. Young mums.
3. Aboriginal children and their families.

The consultations also highlighted the need for greater attention and resourcing to more effectively prevent and respond to family violence and more generally for the community to value the importance of early childhood and invest more in supporting parents of young children. Many specific suggestions were made on how to respond to these issues and unmet needs.

### TOP THREE ISSUES

Service providers and planners were asked to consider the most pressing issues or unmet needs of young children and families in the Shire. The top three issues were seen as:

#### 1. The need to give special attention and resources to the most vulnerable families/groups in the Shire (16 mentions)

It is recognised that some families lacked the resources or ability to access universal and targeted services and more flexible approaches and targeted resources are needed to engage these families. Many of these families were considered to also experience some degree of social isolation.

These groups were identified as follows:

##### 1.1 Families living in the most disadvantaged areas in the Shire (5 mentions)

Key responses suggested were:

- Strong partnership responses including collaboration in initiatives.

- Training of service providers and family practitioners in assessing and responding to needs of vulnerable children and enhanced understanding about Trauma.
- Using more outreach workers, home visiting programs and in home family support services.
- Promoting social connectedness.
- Revising information provided to the parent and using alternate ways to deliver this information.
- Waiving fees.

##### 1.2 Young mums (5 mentions)

The development of more innovative programs was recommended to engage young, and young single mothers. More effort was needed to ensure the continuation of their own education as well as their knowledge about the needs of their young children, including more:

- Accessible childcare options.
- Supported playgroups.

##### 1.3 Children with special needs (4 mentions) – already discussed in Chapter 1: service gaps.

##### 1.4 Aboriginal families (3 mentions)

Key responses included:

- Committing to close the gap for Aboriginal children (in education, health and welfare outcomes).
- Implementing free services and programs that are specific and culturally appropriate for ATSI families, in particular health/dental services.
- Playgroups and parent support groups.

All comments regarding these high needs groups and ways to respond are listed in detail in the Report on the Community Consultations for the MEYP to be provided to the Mitchell Shire's Early Years Reference Group.

## 2. Preventing and responding to family violence (5 mentions)

The prevalence of family violence and the impact of family violence on the safety and wellbeing of children and their parents were considered by service providers as the third most pressing issue for families in the Shire.

Recommended were:

- More support services and education about family violence.
- Better training of professionals working with families so they are better informed and their practices improved (e.g. understanding trauma).

## 3. Parenting to be valued and better supported (7 mentions)

There were eight mentions under this broad heading relating to the need for the community in general to invest in more support for parents of young children, and to find better ways to influence the skills, knowledge, values and networks of parents, particularly first time mothers or single parents. Four service providers rated this as their first or second priority for attention in Mitchell Shire.

Suggestions covered:

- Provision of more support groups.
- Community supports and more in-home help/advice for new mothers.
- More publicity about the importance of early childhood and early education.
- Parenting skills training.

Other issues that received more than two mentions were the mental health and emotional wellbeing of families (4 mentions) and Social Isolation (3 mentions).



## 6. RESPONDING TO DISADVANTAGE

06

**THE IMPORTANCE OF RESPONDING TO DISADVANTAGE** As discussed in Chapter 5, the research shows there is considerable concern about the impact of disadvantage on children.

Local service providers and planners recommended directing resources to those groups identified as “the most vulnerable families” in the Shire.

Research conducted for the AEDI in 2009/10 found strong links between the “most vulnerable children” and areas found to be the most disadvantaged in terms of socio-economic indicators.

### 6.1 WHICH AREAS IN MITCHELL ARE DISADVANTAGED?

The Australian Bureau of Statistics has developed a means of identifying relative socio-economic disadvantage for areas or communities (IRSED scores<sup>9</sup>). Application of these indicators across Mitchell show that the most disadvantaged areas in the Shire are:

#### Seymour

Across Victoria, Seymour ranks in the first quintile of most disadvantaged communities in the state (with an IRSED score of 914.4).

#### Broadford

Broadford has an IRSED score of 967.1 and is ranked in the second quintile of most disadvantaged community in the state.

In comparison, Mitchell Shire overall, has an IRSED score of 1000.

#### AEDI Results

The AEDI results<sup>10</sup>, discussed earlier, showed that the young children who are faring the worst in Victoria are children living in Victoria’s most socio-economically disadvantaged communities (32% are vulnerable on one or more domains and 17% are vulnerable on two or more domains).

The AEDI results for Mitchell confirmed that two of the three areas where children showed the highest levels of vulnerability were in the localities of Seymour and Broadford.

Interventions focused on these two communities, specifically young children (and their parents) within these communities, may go a long way to making a difference to outcomes for these young children.

6.1



<sup>9</sup> IRSED – the Index of Relative Socio-Economic Disadvantage. The lower the score, the more relatively disadvantaged is that area.

<sup>10</sup> Australian Early Development Index – a new national measure of how young children are developing in different communities. It measures five areas or domains of development: physical health and wellbeing, social competence, emotional maturity, language and cognitive skills, communication skills and general knowledge.



## 6.2

### **6.2 ABORIGINAL FAMILIES** Victorian research has clearly demonstrated that Aboriginal families in Victoria are facing significant disadvantage.

#### **The State of Victoria's Children, Report DEECD, 2009 concludes:**

There are areas of clear strength within the Aboriginal community however the risk of poorer short term and long-term outcomes is often a result of the multiple stressors and disadvantage experienced by many Aboriginal children, young people and families. The ongoing and devastating effects of colonisation, including the high rate of removal from family, across generations in Victoria may go along way towards our understanding of some of the higher rates of family stressors such as substance abuse, psychological distress and social wellbeing, and the experience of violence within some Aboriginal families...

This report presents irrefutable evidence that [Victorian] Aboriginal families are faced with significant challenges..." (Pages 262-263).

"Aboriginal children and young people in Victoria face challenges that many in the non-Aboriginal population do not and may never experience. A high proportion has ear and hearing problems and many Aboriginal children have dental problems – the second leading cause of hospitalisation amongst Aboriginal children. There are high rates of smoking... and high rates of victimisation and being physically harmed or threatened, many experience discrimination on a regular basis in their daily lives, including at school, because they are Aboriginal..." (Pages 2, Executive summary).

"On the whole, evidence suggests that far more effort is required to support and strengthen Aboriginal families in Victoria, as higher proportions are exposed to issues of substance abuse, violence, crime, psychological distress, life stressors, and have experienced racism and discrimination..."

"...Aboriginal children and young people continue to be over represented in the child protection system. Though there have been improvements in some...indicators....over half of substantiated cases of abuse or neglect amongst Aboriginal children relate to children under five years of age, further emphasising the need to support and strengthen Aboriginal families in the early years..."

Improving outcomes for Aboriginal children and young people also requires the support of both government and community, as it is also important to take the data presented here back to the Victorian Aboriginal community to assess what are important issues for them to facilitate the planning of local responses." (Pages 264-265, DEECD Report).

One example of Victorian statistics relevant to Mitchell is the following:

The Community Consultations undertaken for this MEYP revealed that there is concern about the need to better support young mums in Mitchell, though supported playgroups or other activities to better engage these young mothers and their young children. The State of Victoria's Children Report, 2009 demonstrates that:

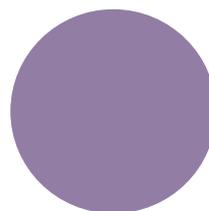
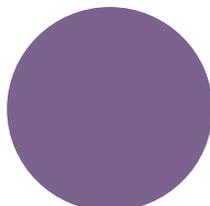
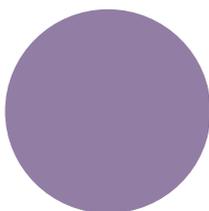
“Not all teenage pregnancies lead to poorer outcomes for infants, nor are all teenage pregnancies unwanted or unplanned, with many young parents reporting positive experiences. However young parents and their infants are also recognised to be at significant risk of experiencing disadvantage. In Victoria the fertility rate (births) for Aboriginal females less than 20 years of age was 45.4 per 1,000 females, 4.5 times higher than for all females less than 20 years of age at 10.1 per 1,000 females.” (Pages 235- 236).

This has been the driving force for the development of new Victorian Charters, policies and funding programs to better support Aboriginal Victorians, families, young people and children (see Appendix 2). It has also led to the COAG agreements to strive to reduce the gap in developmental outcomes between Indigenous and non Indigenous children. By focusing interventions on Indigenous women and children, Indigenous families' use of early childhood services and identifying models of services delivery that will improve outcomes for Indigenous children.

The efforts of local government as the major provider and coordinator of early childhood services may go a long way to reduce this gap in local outcomes.

The AEDI results for Victoria show that Victorian Aboriginal children are one of the most vulnerable groups of young children (43% are vulnerable on one or more domains and 27% are vulnerable on two or more domains). Local demographic analysis has showed that Mitchell has much higher proportions of Aboriginal young children compared with other municipalities in Victoria. The AEDI results for Aboriginal children in Mitchell are not made available. But the feedback from the community consultations undertaken for the MEYP has indicated that these families face many barriers to participation, and were identified as a disadvantaged group by service providers in Mitchell (discussed in the following pages).

Local efforts to better engage with and respond to local Aboriginal communities, their families with young children are expected to go along way to improve outcomes for local Aboriginal children. It is understood that there are two Aboriginal communities in the Shire, one in the North and one in the South. It has been recommended in the community consultations for the MEYP, that Council engage with each community separately. Many very good, specific suggestions have been made about how to engage with these communities/families, see the Report on Community Consultations 2011, (Pages 22-23).



## 6.3 BARRIERS TO ACCESSING SERVICES AND PARTICIPATING IN COMMUNITY-LIFE

### IN SUMMARY

The key barrier to participation in services identified in the community consultations was the lack of transport options, in particular the lack of public transport and the cost of travelling to services, especially for families living in rural areas. It was highlighted that not all parents drive and many disadvantaged groups in the community cannot afford to own or run a car.

Other primary barriers identified were the lack of locally based services and problems experienced by families in getting information about services and how to secure them. Some groups in the community face specific barriers.

This section summarises feedback from the MEYP Community Consultations to questions about barriers faced by families in getting the services/supports they wanted or needed.

They are listed in order of priority (number of mentions).

#### Barrier 1. Transport

A lack of transport options was identified by service providers and planners across Mitchell Shire, as one of the most pressing issues for families in the Shire. A lack of transport, transport infrastructure and the cost of travelling to services are seen as the main “barrier” facing families seeking community access to services.

Mitchell is a large rural shire, with its key townships spread across a wide geographic area.

#### Few public transport options

Service providers mentioned often concerns about the lack of public transport within the Shire, enabling families in rural areas to gain access to the townships or to move between towns. It was highlighted that not all parents drive and many disadvantaged groups in the community cannot afford cars.

Even within townships on the main North-South Railway line. There was concern expressed about difficulties experienced by families walking to the train station:

- “It’s a walk and a half to the train station at Wallan.”
- “Kilmore has no paved area to walk to station.”

Suggested improvements included:

- Easier access from neighbourhoods to train stations with more buses - not only in peak hours.
- More bus services in towns other than Seymour.
- Key efforts made to improve public transport.

#### Families living in rural areas - cost of travelling to the service/s

It is understood that provision of some services is just not financially viable in small rural towns. As a consequence, there may be limited services offered in rural areas. Even if a family has access to a private vehicle, the cost to the family of travelling more than 30 kms per day for the services (two ways) becomes a real barrier.

- “If services are not available locally, families without transport, can find them too hard to access.”
- “Rural families are missing out on participation in support groups and playgroups, 3 and 4-year-old kinder, family day care.”

Families with no transport options can become “stuck, socially isolated” e.g. Clonbinane, Upper Plenty, but there are many other relatively isolated town, districts and properties in this Shire. It was therefore suggested that:

- Outreach services must be maintained and extended beyond the bigger townships.
- Such programs need to be more flexible. Often there are limits to outreach work, around eligibility of the family.
- Checking with families to ensure public and other transport is available for families to access services, if not providing assistance families with transport or transport costs.



## Barrier 2. Local Gaps in Services

The lack of locally based services was the other main “barrier” facing families with children. Service Gaps within the Shire have already been discussed in Chapter 1. Families in need of targeted or intensive services often need to travel considerable distances, often outside the Mitchell Shire, to engage in these services.

- “Families miss out when services are not readily available locally like counselling and therapy.”

Service providers also pointed out concerns about a lack of more universal services in some townships and fears about the timely provision of services and infrastructure within the growing urban areas in the south of the Shire, Wallan and Beveridge.

- “We have some great allied health providers here but we need more of them and we also need therapy sessions and Early Childhood Intervention Services here in the Shire.”

Recommended was:

- Strong advocacy.
- Greater planning for future growth with timely provision of infrastructure.
- Employment of more professionals to run programs so waiting lists are reduced.
- Careful monitoring the waiting lists for all services and working to increase these services e.g. childcare, kindergarten places.

Direct supports for families were also recommended, to ensure all families can access services. These supports were:

- Building ongoing relationships with families.
- Financial support to assist with accessing specialist EI services.
- Leadership from government agencies to support viability of initiatives or services in rural locations and most effective models of operation.

## Barrier 3. Lack of information about services/programs

A lack of information available to and directed at families with children was also believed to be a barrier of access in Mitchell Shire. Clearer information was sought.

- “There’s a lack of understanding by families on how to access services.”

- “Need easier access to information re disability support services within the Mitchell Shire.”

Some mentioned that parents do need a level of confidence, social connectedness, or resourcefulness to seek out the information about services available and how to enrol for them.

It was mentioned also that some parents may have low comprehension and literacy levels may also be an issue. Service providers should be mindful of this and be prepared to communicate information in different ways.

Suggested responses were:

- A lead service for providing information.
- Make sure the information is provided to the community and that it is accurate information and up to date.
- Generally, services should be more welcoming and flexible with families – families should be able to come in at other times than crisis.
- Workloads of professionals changed to ensure they have time to engage with and better support families.

Ideas for better promotion of existing services were:

- Increased marketing and promotion of activities and services.
- Use mail drops, local papers and pamphlets.
- More use of social media.
- Current services for families are great but need more information for easy access. Need a Local Early Years website/newsletter.
- Newspaper articles.
- Update Shire website/develop electronic directory with increased content on Early Years and Disability service providers within the Shire.

## Barrier 4. Cost of the service/event

- There are often financial constraints in families, more so in families from low socio-economic backgrounds. The cost of a service, or fear about likely costs, is believed to act as a real barrier for some families.

6.4

### Barrier 5. Hours of operation

Two suggestions that more services for families should be provided out of regular office hours.

6.5

- MCH centres should have opening hours more suited to working parents (mothers). One childcare centre noticed that “parents have to rush to collect their children during their lunch hour to take their children to the MCH centre then return them to the childcare centre!” This suggests that their hours may not be in favour of working parents.

6.6

- Aquatic centres open longer hours and on weekends for families, especially in winter with a heated pool.

### 6.4 WHO’S MISSING OUT ON SERVICES AND OPPORTUNITIES?

In the community consultations, the children and families considered to be missing out on services were identified as:

- Children 0-6 years with additional needs/disabilities.
- Teenage or young mothers.
- Dysfunctional families.
- Families needing intervention services.
- Aboriginal families.
- Three year old children.

The Report on the Community Consultations provides important feedback about the perceived needs of these groups and **specific barriers** each group is facing.

### 6.5 RESPONSES OF THE LOWER HUME PRIMARY CARE PARTNERSHIP (PCP) AND GOULBURN VALLEY FAMILYCARE

The PCP and GV FamilyCare have recognised the importance of responding to disadvantage by targeting the early years and have very recently developed two important initiatives within Mitchell Shire:

#### 1. Lower Hume Early Childhood Development Project

This project, managed by FamilyCare, aims for:

- Systemic improvement for vulnerable children (0-5 years) through developing and enhancing partnerships between ChildFirst/Family services and local universal and targeted early childhood service providers.
- Service enhancements for vulnerable children (0-5 years) by facilitating activities to skills of practitioners in assessing and responding to vulnerable children and families.

It is noted that this program is a state-funded project.

#### 2. What Now Program

This program, funded by PCP and managed by FamilyCare, is also focused on improving outcomes for children under five years.

It aims to develop a parent support program with the Seymour Hospital and MCH Services for vulnerable families. These programs would aim to link the families into the universal service system. The sustainability of this program into future may be an issue.

Mitchell Shire Council is a member of the PCP.

### 6.6 POLICY IMPERATIVES

The need to address disadvantage and inequities and better support the most vulnerable children have been reoccurring themes in the policies of Commonwealth, State and Local Government.

The Mitchell Shire Community Health and Wellbeing Plan highlighted disadvantaged communities and vulnerable children as a priority, recommending further investigation of the AEDI results and strategies for the MEYP Action Plan.





## 7. SERVICES FOR CHILDREN AND THEIR FAMILIES

### 7.1

#### 7.1 A PROFILE OF SERVICES IN THE SHIRE

A profile of services for young children and their families has been prepared and is included in Appendix 4 of this Plan, (page 54).

### 7.2

#### 7.2 PERCEIVED GAPS IN SERVICES

##### IN SUMMARY

The most significant service gap highlighted in the community consultations was the lack of Allied Health and Specialist Services located within the Shire. Associated with this is the urgent need to better support children with a disability/additional needs and their families. More respite care services are also seen as crucial.

The Community Consultations undertaken for this MEYP identified numerous gaps in services when asked to consider the unmet needs of their clients. The TOP THREE service gaps for young children and their families in Mitchell Shire were seen as:

##### GAP 1: Allied Health and Specialist Services

This was clearly identified as the most significant service gap confronting young children and families across the Mitchell Shire. The problem received mentions from 19 service providers, with 15 rating this gap as their first or second priority for the Shire.

Particular specialist services considered most needed were:

1. Speech Therapy (8 mentions).
2. Paediatricians (6 mentions).
3. Physiotherapists (4 mentions).
4. Occupational Therapists (4 mentions).

Families across the Shire are required to travel considerable distances to access specialist services and some families have waited up to six months after referral, simply to have their child assessed.

In addition children with special needs were identified as one of the most vulnerable groups in the Shire.

Suggested responses:

- New partnerships created to advocate on the need to bring these services into the Shire and to support their establishment/relocation.
- Argue for better funding to attract additional allied health and early intervention workers into existing agencies and ensure the services are affordable.
- Encourage private services into Shire also.
- Ensure more places and funding for children with special needs in kindergarten programs (3 and 4 year old programs) and childcare services, with their fees fully subsidised/waived. Increased provision/funding of special needs assistants in universal services.
- More individual and group sessions that focus on social skills and behavioural support.
- Funding directly to families and services for equipment/resources/therapy.

##### GAP 2: Respite Care

Four service providers mentioned the lack of respite care for children with a disability/special needs and their parents. Two of these service providers rated this problem as their first or second priority for attention. Respite Care was also seen as important for children who may have a sibling with special needs or a parent with a mental illness.



### **GAP 3: Information Service – An information and access point for families**

Four service providers mentioned this as a gap, and all these rated this need as the highest or second highest priority for families with young children in the Shire.

Such a service was described as acting as a central point for information and local knowledge for families with enquiries. It would offer information about funded and private services. It would be an alternate source of information for parents who lack access to technology or Internet. It was imagined that such a service might also have the capacity to offer further support for a family who needed more assistance to understand the service system or consider options that might be best for their child and family. It might also act as a feedback loop for the local children's services system, indicating needs for improved coordination between services or ways to improve their accessibility.

#### **Other service gaps identified were:**

Gap 4: Family Counselling services (3 mentions).

Gap 5: Funded Dental Services targeting young children (3 mentions).

Details of all feedback on service gaps are listed in the Report on the Community Consultations, 2011.

## **7.3 MANAGING REFORMS IN EARLY CHILDHOOD EDUCATION 2012-2016**

The research conducted for this Plan has identified that extraordinary pressure is on those delivering kindergarten and centre-based long day childcare at present, due to a raft of reforms in early childhood education. These reforms will have impacts on enrolments and capacity of the kindergarten centres in Mitchell Shire from 2013 and will need to be managed very carefully to avoid the possibility that some children may miss out on their year of funded kindergarten while the reforms are being implemented in 2013-2016.

The Early Years Infrastructure Plan (EYIP) prepared for Mitchell Shire has examined this issue in more detail and makes a series of recommendations in regard to Council's kindergarten policy and facilities (see Chapter 9, MEYP).

Managing these specific reforms will need to become one of the priorities in Mitchell's Early Years Plan for 2012-2016.



## 8. CREATING CHILD-FRIENDLY COMMUNITIES AND PLACES

‘Child-friendly Cities’ is an initiative promoted by UNICEF. It aims to realise the Convention of the Rights of the Child at the local level, and views children as young citizens.

UNICEF describes a child-friendly city as a local system of good governance committed to fulfilling children’s rights. Their framework for action is based on the right of every young citizen to the following:

- Influence decisions about their city.
- Express their opinion on the city they want.
- Participate in family, community and social life.
- Receive basic services such as health and education.
- Be protected from exploitation, violence and abuse.

Through UNICEF’s promotion of the concept of child-friendly cities, there has been growing interest in Australia and appreciation of the value of including children’s voices in consultations with the community. There are many resources available to assist councils to engage in meaningful consultation with resident children:

- [www.childfriendlycities.org](http://www.childfriendlycities.org)
- Bibliography on the ACT Children’s Plan website [www.children.act.gov.au](http://www.children.act.gov.au)

### Recommendations from child and family service providers in Mitchell

In the community consultations, many suggestions were offered about creating more child and family friendly communities and environments. The top three suggestions concerned:

1. **Providing community events (11 mentions).**
2. **Quality public open space (11 mentions).**
3. **Improving children’s playgrounds (11 mentions).**

Other suggestions covered:

4. Improved pathways and streetscaping.
5. Provide breastfeeding facilities in public places and shopping areas.
6. Provide facilities where families can meet and family services can be provided.
7. Investing resources to really make a difference for children and families.
8. Lots of public information about needs and activities and services for children.
9. Services being welcoming, helpful to all parents and families, not just clients.
10. Providing school holiday activities.
11. Offering cultural and literacy experiences.
12. Protecting children against harm.

Details about these suggestions are included in the Report on Community Consultations.

Special attention however will also need to be given to the need for school holiday programs and activities, as explained overleaf.





## Providing school holiday activities and ensuring adequate provision of Outside School Hours Care services (OSHC).

### Why OSHC will become more important in Mitchell

The northern metropolitan growth corridor has now extended into Mitchell Shire and population forecasts demonstrate that the numbers of young children in Beveridge and Wallan are set to increase dramatically from 2012. Given the proximity of these townships to the railway line, it is expected that a high proportion of new households in these townships will have working parents that commute to work in Metropolitan Melbourne. It is likely therefore that over the coming 10 years demand for outside school hours care (OSHC) for primary school aged children will similarly increase dramatically.

It should be noted that 89% of Interface councils<sup>11</sup> and 100% of growth corridor councils have involvement in OSHC.<sup>12</sup>

Out of school hours care includes programs for children in the hours before school starts in the morning and after school care for the hours after school finishes around 3pm. This may include vacation care for all school holiday periods.

Vacation Care Programs are those run during the school holiday periods for children aged 6-12 years generally.

It is recommended that Mitchell Shire Council plan for this likely increase in demand, by working with school councils and other service providers and also ensuring that developer contributions (through GAIC) take into account demand for recreational facilities and OSHC facilities nearby to schools in/planned for Wallan and Beveridge.

The community consultation already showed that there is an unmet need for quality OSHC services in Kilmore already.

Outside school hours care can be provided by:

- Family Day Care Programs.
- Commercial Long Day Childcare Centres (some centres are licensed to cater for school-aged children before and after school and in school holiday times).
- Programs provided within schools or recreational facilities/halls and managed by school councils or other agencies, sometimes local government.

School Holiday Activities are a wider issue than provision of OSHC services.

A child-friendly community might provide a range of activities for its school-aged children over and above OSHC services. These activities and events would be available for all children in the community of school age.

All Neighbourhood Houses, leisure, cultural and recreation centres, churches and clubs across the Shire, could be encouraged to initiate activities, events or programs during the holiday periods to specifically engage school-aged children. This would encourage children to extend their skills, explore new interests, be active (physically and intellectually), extend their social networks and become more engaged with their local communities. In addition it supports families to ensure the care and wellbeing of their children during the school holiday period. Local businesses might also become involved, by offering special discounts during school holidays or pooling their resources to create events for primary school aged children.

<sup>11</sup> Interface councils are the nine councils located within Metropolitan Melbourne but on the outer boundary of Metro Melbourne. Six of these have large growth corridors.

<sup>12</sup> Growth Corridor councils have significant population growth due to growth corridors identified by the State Government to accommodate the expansion of Melbourne's population.



## 9. INFRASTRUCTURE NEEDS AND PLANNING

### 9.1 POPULATION GROWTH

Mitchell’s population has been experiencing steady growth over the past 10 years, with an average annual growth around 2.4% since 2001, equivalent to an increase of ~ 740 persons each year.<sup>13</sup>

The Early Years Infrastructure Plan undertaken as part of this MEYP Process, developed new 10 year population forecasts for Wallan and Beveridge, in response to the rapid residential development expected in these southern parts of the Shire.

Population forecasting has been limited by the lack of confirmed data from the 2011 Census (available mid 2012) so revision of the forecasts and the timing for infrastructure delivery will be necessary at the end of 2012.

Table 4 shows the population forecasts used for the Early Years Infrastructure Plan.

**Table 4: Forecasted Number of Persons in Mitchell Shire.** Sources: New forecasts for Beveridge and Wallan, developed October 2011, for development of the Mitchell Shire Early Years Infrastructure Plan. For other areas of Shire: .id forecasts for Mitchell Shire, updated February 2010.

LOCALITY	FORECAST 2011	FORECAST 2016	FORECAST 2021
Beveridge	566	9,443	18,198
Wallan	7,863	12,408	17,980
Kilmore	6,533	7,257	7,982
Pyalong and Rural Northwest (inc. Tooborac)	2,539	2,663	2,825
Broadford area	4,328	4,554	4,794
Wandong and Heathcote Junction	2,777	2,879	3,030
Seymour	6,665	6,800	6,961
Rural Northeast (inc. Puckapunyal, Trawool and Tallarook)	3,183	3,212	3,272
<b>Mitchell Shire</b>	<b>34,454</b>	<b>49,216</b>	<b>65,042</b>

<sup>13</sup> Source: ERP for Mitchell Shire 2001-2010, .id consulting – using ABS data on Regional Population Growth, Australia, 2009.

## 9.2 COMMUNITY FEEDBACK ON FACILITIES AND FORWARD PLANNING ACROSS THE SHIRE

Family and children's services managers and planners across Mitchell were asked if any significant changes in demand for their services or facilities were expected in the next 5-10 years; and whether they had plans for major change.

Most commonly mentioned was the need to prepare for and respond to the population growth:

- "The school has grown very quickly in the past few years and extra growth is expected."
- "Urban development in towns will bring increased enrolments."
- "Population increase across the Shire, especially in the southern end of the Shire."
- "In Wallan and Beveridge incredibly fast urban growth is apparent. Many young couples are assumed to be buying with plans to commute to Melbourne for work, and these households are expected to have families."
- "Local services will need to respond to population growth, otherwise families will have trouble accessing the services they need."
- "We recognise that with the increase in young families (and the demographic of those who will be relocating here) a greater investment in allied health will be necessary. Otherwise children will not receive the interventions and approaches they require to achieve their potential."
- "We know that the impact on families of not accessing services include economic disadvantage, social isolation and long term health problems that will ultimately increase the burden on the acute health care system."
- "We are planning new facilities and staff to cater for increased population."

It was considered that information about "exact growth" was important for forward planning, but "difficult to collect".

Also mentioned was the impact of housing affordability and links to demand for family support, crisis support services and homelessness.

### Impacts of population growth for Council's Early Years services and facilities

Generally there was agreement that Council had relatively new facilities in the south of the Shire, and ageing facilities in the northern and central areas. These needs will be canvassed further in the Council's Early Years Infrastructure Plan.

### Maternal and Child Health facilities

- New facilities would be needed in the southern growth area.
- Seymour MCH centre is adequate size wise but may need some updating.
- Wandong MCH is in a rented space in the community centre and could be improved.
- Broadford is still in the original 1950's building, although is of adequate size.

### Reforms in early childhood education and changes to kindergarten services and facilities

The most significant change in the next five years will be within the kindergarten program, impacting heavily on provision of council's kindergarten facilities.

Significant changes are about to occur in the way early childhood education must be delivered. This reform, together with rapid population growth in the south of the Shire will require additional resources to:

- Manage the change (timetables, days of operation, staffing arrangements and costs, parent choices and possible dislocation of 3-year-old kindergarten groups/playgroups).
- Review existing centres – some facilities may need to be extended to increase their size (or capacity) or new kindergarten rooms built across the Shire. It is estimated as many as six kindergarten services will not be able to provide the same level of support to current families within two years as result of the reforms alone.
- With population growth, new centres will need to be planned for construction over the next five years.
- It was also pointed out that increased service use may put additional stress on infrastructure, requiring increased funding for maintenance.

### Changes to funding of Occasional Care

Changes to funding of Take-a-Break childcare services traditionally located within Neighbourhood Houses are expected to impact on council owned and managed Community Centres currently offering Occasional Care services.

### 9.3 AN EARLY YEARS INFRASTRUCTURE PLAN FOR MITCHELL SHIRE: 2012-2021

A detailed study of population forecasts and service provision levels was undertaken for each of eight localities of the Shire, as a key input for the MEYP.

The result is a municipal-wide Early Years infrastructure Plan for the Mitchell Shire Council.

This Plan includes discussion of the following services: Maternal and Child Health, Kindergartens, parent run playgroups, Occasional Child Care, Outside School Hours Care and Early Childhood Intervention, with specific attention paid to identifying the facility needs of these services over the next 10 years.

In summary the Infrastructure Plan recommended the following new facilities:

Early 2012	Mandalay estate, Beveridge. Request the developer to proceed with construction of a small children's centre with a kindergarten (capacity for 33 children) and a MCH Centre with one consulting room and waiting area/meeting room.
Start 2013	Beveridge Central – west of the freeway. A family centre/hub located adjacent to main activity centre within a child-friendly precinct containing: kindergarten centre – triple unit (all three rooms having capacity for 33 children). Double unit MCH centre with a playroom attached by 2015.
Start 2013	Wallan East – south of Wallan-Whittlesea Road Children's centre to include a double unit MCH centre, with playroom. A kindergarten centre – triple unit (all three rooms having capacity for 33 children). To be located beside proposed Wallan East Primary School.
Start 2018	Beveridge Central – east of the freeway (beside the existing Primary School) or Beveridge East (beside the proposed major activity centre). A family centre/hub within a child-friendly precinct, containing a double (or triple) unit MCH centre with playroom attached. Kindergarten centre – triple unit (all three rooms having capacity for 33 children).
Start 2020	Wallan township – Community Services/Family Services Hub. Within a children's precinct adjacent to major activity centre. The existing MCH and kindergarten services in Bentinck Street Wallan to be relocated to this Hub. MCH centre with three consulting rooms, large waiting area and playroom. Kindergarten centre – triple unit (all rooms with having capacity for 33 children).
By 2020	The total population of the Shire will have reached 60,000. This would warrant construction of an Early Childhood Intervention Centre. Council to work with State/ community agencies on establishing this centre and having it operational by 2020.

The Early Years Infrastructure Plan has also recommended:

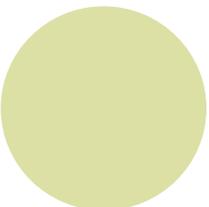
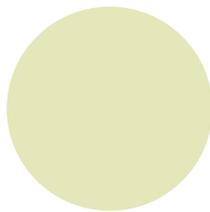
- A specific children's services infrastructure study be undertaken for Kilmore in early 2013. When new research will be available, including new strategic plans for Kilmore Township. This study should confirm the need for and location of a new kindergarten in Kilmore, possibly by 2015.
- Detailed planning and PR work is undertaken by the Council over the next five years to manage the reforms at the local level. These reforms are due to impact heavily on kindergarten services Shire wide, in 2013 and 2016. The reforms may require new Council policies (on kindergarten group sizes) and decisions about capital works required at kindergarten centres located outside the growth areas.
- New MCH centres in the Shire are built to include a children's playroom and additional consulting room/s for allied health/family support services. Council's specifications for MCH Centres to be adjusted accordingly.
- Council consider the appointment of a children's services planner or social planner to support the planning and establishment of new early childhood centres and Hubs in the growth areas and to work with community service providers, particularly commercial childcare providers to promote their investment in and expansion into Beveridge and Wallan. This planner should also work with local school councils, DEECD, commercial childcare providers and Council's recreation planners to establish over the next 10 years an adequate network of OSHC services across the Shire (including vacation care).

## 9.4 IMPROVING RECREATIONAL FACILITIES

It will also be important that the following recreational tasks are achieved, as committed to in the Council Plan before the end of 2013, in support of young children:

- Upgrade/provision of regional playgrounds including provision for all abilities in major townships within the Shire.
- Increase in open space/parklands that provide a safe, play environment for children (particularly in the south of the Shire where there are increasing housing developments on small allotments).
- Increased opportunities for physical activity other than organised sport e.g. expansion of recreational walking trails/paths that accommodate pushers and bicycles.
- Increasing provision of safe pathways and street crossings in townships.

This is important in the light of results of the community consultation. Respondents strongly indicated their view that the best way to make the Shire more child-friendly, is to improve the quality of public open space and improving Children's playgrounds (See earlier Chapter 8).



## 9.5 SPECIFIC AREAS AND FACILITIES REQUIRING ATTENTION – COMMUNITY FEEDBACK

The community consultations undertaken for this Plan identified some current facilities used by families and children that requiring additional attention by Council. These were Neighbourhood Houses, aquatic centres and kindergarten centres.

Feedback was also given about specific locations, places or facilities most used by young children and their families, in need of urgent attention.

Localities and places identified were:

### Seymour region

- Must ensure ongoing repairs to Goulburn Park in Seymour; generally need better places for playing, including fencing around playground for young children.
- Goulburn Park walking track needed.
- With lack of growth in the North and limited resources from low socio economic towns, the ageing infrastructure needs adequate maintenance.
- Seymour - Neighbourhood Renewal Initiatives should be built on and new iteration supported.
- JW Elliott Reserve (Black Train Park) needs shade over the playground and tables; safety fencing (not just around the train but also the play area) and toilets close by.
- Kings Park Playground has limited equipment and no shade over the playground.

### Wallan

- There are plans for a new larger Library in Wallan. This may provide opportunities for planning of facilities and particularly, services Hubs in Wallan township.
- Pathways urgently needed from Wallan township/urban estates to station (for prams/walking).
- Further development of child-friendly spaces in Wallan.
- More playground areas to be built in Wallan.
- Wallan needs more sporting venues, in particular swimming and upgrade of tennis courts.

### Kilmore

- Pathways urgently needed from Kilmore township/urban estates to station (for prams/walking).
- Hudson Park (adventure playground, picnic grounds, skate park).
- The Kilmore Community Centre may be expected to accommodate extra enrolments from the closure of Occasional Care (Take-a-Break) services at Neighbourhood Houses. There will be need for an extension or a larger childcare facility at that centre.
- Kilmore Leisure Centre and Library.

### Broadford

- Playground opposite the Post Office is “loved” but “desperately needs shade” over the play area - shade sails for summer. Also a gazebo with additional table and chairs/BBQ facilities.
- The Parkland in Broadford needs upgrading (Island near Broadford Kindergarten).
- Swimming facilities invested in/reinstated in Broadford.

### Pyalong

- Playground at the Recreation Reserve, needs shade and safety fencing.

### Tallarook

- Needs a playground that caters for more than toddlers, perhaps incorporated with the recreation reserve. The current playground, aimed at toddlers, needs better safety fencing for more use by families (the current fence has gap underneath with steep drop to road).

Recommendation: That the Yea Station playground be looked at as a model – it is liked by parents as a picnic/family location.

# 10. ROLES FOR COUNCIL *Perceptions of service providers and planners in Mitchell*

Feedback from the community consultations resulted in a number of recommendations about the roles that Council might take in responding to the priorities already discussed in this Plan. These roles included:

- 1. Continued provision of services and facilities, including playgrounds and public open spaces.
- 2. Local leadership in the early years, including:
  - 2.1 Facilitation of interagency collaboration.
  - 2.2 Stronger planning and advocacy.
- 3. More effective information distribution.

More details about each of these perceived needs or expectations are included in the Report from the Community Consultations.

## RECOMMENDATIONS TO COUNCIL

- 1. Feedback from the MEYP Community Consultations about the role of Council, is used by Council as an input when developing the new Council Plan, 2013.
- 2. In regard to Planning and Advocacy, that:
  - 2.1 Council adopts the recommendations of the Early Years Infrastructure Plan 2011-2012 and develops a 10-year Capital Works program. Council carefully monitors actual changes to child populations across Mitchell and adjusts the infrastructure plans/capital works programs accordingly.

2.2 Council considers the appointment of an Early Years Planner or Social Planner for the Shire 2012-2016, to support the above roles and implementation of the MEYP and Early Years Infrastructure Plan for Council. Suggestions for the key responsibilities of this Planner have been articulated in Appendix 3.

### 3. Facilitating collaboration

- 3.1 Formation of a Municipal Early Years Reference Group (MEYRG).

The community consultations found that early years service providers and community agencies working in Mitchell Shire had relatively strong networks or sense of connection with and knowledge of the work of local services.

Building on this strength, there was much interest expressed in the formation of an Early Years Reference group for the Shire, to drive better planning and outcomes for young children and their families in Mitchell Shire. Sixteen respondents volunteered to be a part of this Group, representing a range of agencies and service sectors across the Shire.

One of the key roles of this group will be to promote the MEYP, and monitor the Implementation of the MEYP Action Plan and participating in a two yearly review and evaluation of its impact and outcomes, adjusting its focus and resources as necessary.

- 3.2 A review of information/communication strategies for early years services and information across Mitchell Shire becomes one of the first responsibilities of the MEYRG.



# APPENDIX

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## APPENDIX 1

### EXTRACTS FROM THE NATIONAL PARTNERSHIP AGREEMENT ON EARLY CHILDHOOD EDUCATION

#### COAG 2008/09

#### For universal access to a preschool program in the year before full-time school

##### Preliminaries

This National Partnership Agreement has been established as a starting point for joint Commonwealth and State action to improve the supply and integration of early childhood services, including childcare and early learning and development, through the delivery of universal access to quality early childhood education in the year before full time schooling.

In conjunction with the development of an overarching Early Childhood Development strategy, further work will also occur on the development of a National Agreement on Early Childhood Development that will set the direction for collaborative early childhood reform across Australia.

Funding for universal access will be provided through a National Agreement after 2012-13.

The Parties are committed to addressing the issue of social inclusion, including responding to Indigenous disadvantage.

This Agreement is a first step towards broader early childhood development reform in Australia. Areas for future action include early childhood workforce development; national quality standards for early childhood education and care; improving data and information about services and supports for young children and their families; and further modernising infrastructure and associated service delivery.

All governments recognise that substantial benefits can be realised from working in partnership, in engaging with local government and non-government service providers and the community, and in taking a child-focused approach to policy development and service delivery.

##### Objectives

The universal access commitment is that by 2013 every child will have access to a preschool program in the 12 months prior to full-time schooling. The preschool program is to be delivered by a four year university qualified early childhood teacher, in accordance with a national early years learning framework, for 15 hours a week, 40 weeks a year. It will be accessible across a diversity of settings, in a form that meets the needs of parents and in a manner that ensures cost does not present a barrier to access. (Reasonable transitional arrangements - including potentially beyond 2013 - are needed to implement the commitment to preschool program delivery by four year university qualified early childhood teachers.)

Especially for the first two years of implementing universal access (2009 and 2010), national priorities include increasing participation rates, particularly for Indigenous and disadvantaged children; increasing program hours; ensuring cost is not a barrier to access; strengthening program quality and consistency; and fostering service integration and coordination across stand-alone preschool and childcare.

### **Victorian Government actions in response to NP Agreement on EC Education (UA)**

Consistent with NP Agreements, the Victorian Government is responsible for leading the implementation of universal access to early childhood Education (UA) throughout Victoria. Current initiatives to progress UA in Victoria are explained on the Victorian DEECD website:

[www.education.vic.gov.au](http://www.education.vic.gov.au)

These initiatives include:

#### **1. Municipal Planning**

Support to Victorian councils to work with local service providers to assess and support the capacity of each local area to implement UA, and to plan for impacts of change on other local services such as playgroups and 3-year old kindergarten programs.

#### **2. Optimising available places**

Planned approaches to ensure all current available kindergarten spaces are fully utilised.

#### **3. Access to 15 hours and trialling of new approaches**

Working with statewide bodies to develop possible models for delivering 15-hour kindergarten programs, with Pilot Programs being tested, in various settings, through to 2013. Trialling innovative models of 15 hours of kindergarten delivery to inform the state rollout of UA.

#### **4. The ECE Workforce**

The Victorian Early Childhood Workforce Strategy will be prioritised in order to support UA (increasing the number of kindergarten teachers and the quality of service delivery).

#### **5. Improving access for vulnerable children**

Barriers to access to UA for vulnerable children identified and strategies developed in coordination with DEECD's "home learning and parent support program".

#### **6. Capital Grants Program/Infrastructure Provision**

The focus of Capital Grants for Children's centres (for new buildings or extensions) will be to support UA.

## **EXTRACTS FROM THE CLOSING THE GAP: NATIONAL PARTNERSHIP AGREEMENT ON INDIGENOUS EARLY CHILDHOOD DEVELOPMENT**

### **COAG JULY 2009**

#### **To improve outcomes for Indigenous children in their early years**

##### **Preliminaries**

COAG agreed to sustained engagement and effort by all governments over the next decade and beyond to achieve the Closing the Gap targets for Indigenous people.

This NP aims to reduce the gap in developmental outcomes between Indigenous and non Indigenous children. COAG has set targets to:

- Halve the gap in mortality rates for Indigenous children under five within decade.
- Halve the gap for Indigenous students in reading, writing and numeracy within a decade.
- Ensure all Indigenous four years olds have access to early childhood education within five years.

##### **Objectives**

- Achieving sustained improvements in pregnancy and birth outcomes for Indigenous women and infants.
- Improving Indigenous families' use of the early childhood development services, which they need to optimise the development of their children.
- Identifying reforms and models of service delivery that will improve outcomes for Indigenous children.

## Outcomes

This Agreement concentrates on priority areas where the evidence shows a high level of impact can be achieved to improve the outcomes for Indigenous children.

- Indigenous children are born and remain healthy.
- Indigenous children have the same health outcomes as non Indigenous children.
- Indigenous children acquire the basic skills for life and learning.
- Indigenous families have ready access to suitable and culturally inclusive early childhood and family support services.

Also contributing to specific outcomes of:

- a) Increased percentage of Indigenous children participating in quality early childhood education, development and childcare services.
- b) Increased percentage of Indigenous people using parent and family support services.
- c) Increased percentage of Indigenous children's child health checks completed.
- d) Increased percentage of Indigenous children who are fully vaccinated each year.
- e) Increased percentage of pregnant Indigenous women aged under 20 years with an antenatal contact in the first trimester of pregnancy each year.
- f) Increased percentage of Indigenous teenagers accessing sexual and reproductive health programs.

## Outputs

- Children and Family Centres established in areas of high Indigenous populations and disadvantage with provision of early learning, childcare, parent and family support services to Indigenous families through each centre.
- Increased provision of antenatal care services targeted at young Indigenous women.
- Increased provision of sexual and reproductive health services to Indigenous teenagers.
- Increased provision of maternal and child health services for Indigenous children and their mothers.

## Victorian Government actions in response to this NP agreement on Indigenous EC Development

The Victorian Government will deliver this reform program in stages, with the first stage (2009-2014) focusing on Indigenous children aged 0-3 years. Victoria's three initiatives are:

1. Increased access to antenatal care, pregnancy and teenage sexual and reproductive health services.

Services will target areas with significant numbers of young Aboriginal women and high numbers of births to teenagers.

2. Increased access to and use of MCH services by Indigenous families.

This initiative emphasises local government and community health services working in partnership with Aboriginal Community controlled organisations, building of support for universal MCH services and links between supported playgroups, community health, MCH, Koorie Maternity Services and Aboriginal organisations.

3. Establishing two Aboriginal Child and Family Centres with integrated EC services in the City of Whittlesea and Shire of East Gippsland.

[www.education.vic.gov.au](http://www.education.vic.gov.au)

## APPENDIX 2

### WORKING WITH ABORIGINAL FAMILIES

#### The Victorian Indigenous Affairs Framework (VIAF)

VIAF contains six Strategic Actions Areas, many of which highlight the importance of the early years:

1. Improve maternal health and early childhood health and development.
2. Improve education outcomes.
3. Improve economic development, settle native title claims and address land access issues.
4. Improve health and wellbeing.
5. Build Indigenous capacity.
6. Prevent family violence and improve justice outcomes.

[www.dpcd.vic.gov.au](http://www.dpcd.vic.gov.au)



#### DARDEE BOORAI – the Victorian Charter of Safety and Wellbeing for Aboriginal Children and Young People

This Charter was developed to support work between the Victorian Government and the Aboriginal communities in Victoria to work towards making a difference to the current situation where many Aboriginal children and young people continue to experience significantly worse outcomes in life than non-Aboriginal children.

Its approach may be useful for local partnership work. The Charter covers acknowledgements, Statements about rights, commitments to working together and principles.

It also lists agreed outcomes and ways of measuring progress.

[www.education.vic.gov.au](http://www.education.vic.gov.au)

#### DEECD Supports available

The Victorian Government through DEECD has a range of special programs and resources to better support Aboriginal children and their families, including Koorie Engagement Support Officers that can assist to improve access to early childhood education for three and four year old children.

For more details see the web address below or contact the regional DEECD office.

[www.education.vic.gov.au](http://www.education.vic.gov.au)

The Report from the Community Consultations undertaken for Mitchell's MEYP has many suggestions about working with Aboriginal families - Report October 2011 (pages 22-23).

## APPENDIX 3

### RECOMMENDED ROLE OF EARLY YEARS PLANNER, AT MITCHELL SHIRE COUNCIL: 2012-2016

#### 1. Support Implementation of the Early Years Infrastructure Plan 2012-2016

##### 1.1 Attracting service providers to the growth areas

- Working with community service providers, particularly commercial childcare providers to promote their investment in and expansion into Beveridge and Wallan
- Work with others in Council to develop a prospectus for Beveridge and Wallan area – to use in publicising/promoting the expected population growth and business/service development and expansion opportunities within Beveridge and Wallan. To target community service providers - NGOs and commercial service providers - to invest in and plan to deliver services here over the coming years. Of urgent importance will be:
  1. Allied health professionals (therapists).
  2. Private commercial childcare providers in Beveridge (as soon as 2012).

##### 1.2 Children's Services planning

- Support the planning and establishment of new early childhood centres and Hubs in the growth areas.

Working between Council's Community Services Team and Infrastructure Division - planning and establishing new early childhood centres and Hubs in the growth areas. Including seeking of funding for these centres (undertaking research and preparing submissions). Demands on the current Kindergarten Services Coordinator, resulting from ECE reforms, may not allow that officer to dedicate adequate time to development of the significant new kindergarten infrastructure in the growth areas of Mitchell Shire.

- Playgroups  
Review provision of spaces for playgroups in each of the townships in the Shire, developing and regularly updating coordinated information about these groups. Working with family support agencies, churches and community groups in Shire to seek funding for more supported playgroups.

- Out of School Hours Care  
Working with local school councils, DEECD, commercial childcare providers and Council's recreation planners to establish over the next five years an adequate network of OSHC services across the Shire (including vacation care programs/activities for primary-aged children).

##### 1.3. Local Area planning

- Undertake the review of kindergarten places and early years infrastructure required for Kilmore in 2012/2013. Liaison with Council's Strategic Planning Unit.
- Collect new population data as it becomes available for Mitchell and review the findings and recommendations of the EY Infrastructure Plan for growth areas and other localities within Mitchell. Make this information available for the MEYRG and other key services within the Shire, to promote better local area and forward planning.
- Monitor new releases of Early Childhood Community Profile for Mitchell Shire by DEECD, tracking the measures for Mitchell over time and reporting changes on key indicators to MEYRG, for discussion and planning of interventions.

## 2. Promote Existing Services and Local Investment In The Early Years

### 2.1 Improving information and communication about existing Child and Family Services

- The MEYP found that such information across the Shire needs improving. Work with MEYRG to review and upgrade all communication/information mediums, including website and possible use of social media.

### 2.2 Promotion of Mitchell's MEYP Priorities and Action Plan

- Speaking to community groups, service clubs and churches about needs identified in the research for the MEYP (e.g. priorities of service providers; inferred needs from the research) and the value of investing in the early years.
- Assist Community Services staff to support and facilitate the Mitchell Early Years Reference Group, MERG, including monitoring achievements and outcomes of the Action Plan.

## 3. Manage Direct Consultations with Parents and Children from 2012

### 3.1 Planning the community consultations

In collaboration with the MEYRG and Council's Recreation Planner, to plan and manage the direct consultation of young children themselves seeking their input into the design of local playgrounds/spaces or their ideas for community events.

- Starting with Broadford or Seymour.
- Coordinating the involvement of the primary schools (for feedback from children in Prep – Grade 3); Kindergarten Centres and Child Care Centres (for feedback from four year olds).
- Also seeking ideas from parents with young children and local caregivers (MCH Centres and Neighbourhood Houses and FDC service providers).

### 3.2 Working to achieve outcomes for local areas

- Liaison with Council's Recreation Planner and Coordinator of Community Development in following up the findings from the consultations and seeking local resources to ensure the ideas and suggestions come to fruition including mobilising local community to create parts of the new desired playspaces.





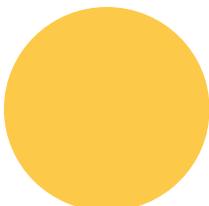
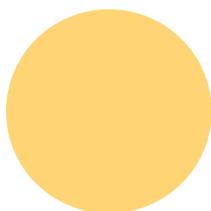
## APPENDIX 4

### EARLY YEARS SERVICES PROFILE 2011 MITCHELL SHIRE

Prepared for the Municipal Early Years Plan

#### PROFILE OF EARLY YEARS SERVICES IN MITCHELL SHIRE 2011

This profile covers services, programs, networks of service providers and key facilities aimed at young children aged 0-8 years and their families. Each of the services and program coordinators listed below were asked to participate in a survey of service providers, undertaken in September and October 2011, for the development of the MEYP.



## SHIRE WIDE SERVICES

### UNIVERSAL SERVICES AVAILABLE SHIRE WIDE:

Universal services are those services funded to be available for all children or families. There is no requirement, or expectation, that users of services have specific issues, problems or concerns that need to be addressed, although some users may. It is also not necessary for problems or issues to be present or identified for the child/families to use the service. MEYP Framework "Council Action for Early Years Change", Municipal Association of Victoria, 2006 (Page 45).

Immunisation program managed by Mitchell Shire Council	5734 6200
Maternal and Child Health Program managed by Mitchell Shire Council	5734 6200
Kindergarten Program managed by Mitchell Shire Council	5734 6200
State Primary Schools supported by Regional Networks within the Victorian Department of Education and Early Childhood Development (DEECD)	5761 2100
Family Day Care Services from 2011, provided by two commercial enterprises:	
Bambini FDC service *	03 9813 5680
Kids Matter *	03 5821 4949
Regulatory services for Licensed Children's Services (Kindergarten and Childcare Services) Victorian DEECD - Regional Office Seymour	5761 6400
Children's Librarian Mitchell Shire Council	5734 6200
Occasional Child Care provided at Council's Leisure Centres	5734 6200
Recreation Planning Mitchell Shire Council	5734 6200

### TARGETED SERVICES WORKING SHIRE WIDE:

Targeted services (or secondary services) are directed to people who do have a particular issue, problem or concern and who need assistance to help them to manage or resolve this. There may be some level of risk involved if issues are not addressed. People may seek out the assistance themselves, or it may be provided by way of referral from either universal or tertiary services. MEYP Framework "Council Action for Early Years Change", Municipal Association of Victoria, 2006 (Page 47).

Enhanced Home Visiting Services – part of the Maternal and Child Health Program managed by Mitchell Shire Council	5734 6200
'Mother Goose' Program – part of the Maternal and Child Health Program managed by Mitchell Shire Council	5734 6200
Peri natal Emotional Health Program – outreach service from Seymour MCH centre managed by Goulburn Valley Health	5792 1527
Goulburn Valley FamilyCare This service offers counselling and welfare services, carer and disability support services to families and to young people across the Shire. Offices in Seymour and Wallan.	5735 4600
Mitchell Community Health Service Services include allied health services, assessments and therapies, counselling, family violence outreach services. This service has three offices in Shire.	1300 773 352
Seymour Office (at the hospital)	5793 6100
Broadford Office	5784 5555
Wallan Office at the Multi-Purpose Community Centre, Bentinck Sreet	
Berry Street (NGO) Support programs for teen/young mothers/parents	5799 0039
Wannik Liaison Support Service - managed by DEECD, based at Seymour P-12. (Wannik is the State's education strategy to deliver the best possible education to Victoria's Koorie students, through promotion of a culture of strong leadership, high expectations and individualised learning programs).	5771 1300
Centrelink – Regional Office located in Seymour	13 28 50 or 1800 050 585

\* Means the service is a private business

## LOCAL SERVICES IN NORTH AND CENTRAL PARTS OF MITCHELL SHIRE 2011

### SEYMOUR TOWNSHIP AND SURROUNDS

#### Universal services:

ABC Childcare Centre Seymour Central	5799 2855
Seymour MCH Centre (double unit)	5792 1899
Seymour Preschool Centre	5792 1252
Seymour East Kindergarten (includes kindergarten for 3-year-olds)	5792 1711
Seymour P-12 Secondary Primary	5792 2209 5799 1055
Seymour East Primary School	5799 1705
St. Mary's College Primary School	5792 2611
Seymour and District Community House (includes programs for children, parents, and occasional childcare)	5792 3152

#### Targeted services:

The Bridge Youth Services (NGO) Support programs for teens/young mothers/parents	5799 1298
Seymour Renewal Alliance (formerly known as the Seymour Neighbourhood Renewal Project) lead by a community-based committee with support from a DHS Tenant Participation Officer. Some project initiatives targeted young children and their families (e.g. school attendance and literacy) Regional Housing Office Seymour.	5793 6400
Seymour Hospital Maternity Services	5793 6100
Seymour is the township where many regional agencies have offices located (e.g. targeted and intensive services FamilyCare; Mitchell Community Health Services, Berry Street, Special School in the P-12 college; Centrelink and State Government regional offices for DEECD, DHS includes Office for Housing)	

### RURAL NORTH EAST AND PUCKAPUNYAL

#### Universal services:

Puckapunyal MCH Centre	5793 1203
Puckapunyal Kindergarten (includes kindergarten for 3-year-olds)	5735 7698
B4Kids Puckapunyal Child Care Centre*	5735 7589
Puckapunyal Primary School	5793 1288
Puckapunyal and District Neighbourhood House (includes programs for children, parents and occasional childcare)	5735 7719

### WANDONG AND HEATHCOTE JUNCTION

#### Universal services:

Wandong MCH Centre	5787 1636
Wandong Kindergarten (includes kindergarten for 3-year-olds)	5787 1490
Wandong Primary School	5787 1232

### BROADFORD TOWNSHIP AND SURROUNDS

#### Universal services:

Broadford MCH Centre	5784 1680
Broadford Primary School	5784 1221
Mt. Piper Kindergarten	5784 1532
Ferguson Street Children's Centre* (includes OSHC)	5781 1400
Broadford Community House: (includes programs for children, parents, and occasional childcare)	5784 2043
Tallarook Primary School	5792 1752

#### Targeted Services:

Mitchell Community Health Service has an office  
in Broadford.

### PYALONG AND RURAL NORTHWEST

#### Universal services:

Pyalong MCH centre	5785 1233
Pyalong Kindergarten Centre (includes kindergarten for 3-year-olds)	5785 1237
Pyalong Primary School	5785 1291
Pyalong Neighbourhood House (includes programs for children, parents and occasional childcare)	5785 1462
Tooborac Primary School	5433 5225

\* Means the service is a private business

## LOCAL SERVICES IN SOUTHERN PARTS OF MITCHELL SHIRE 2011

### KILMORE TOWNSHIP AND SURROUNDS

#### Universal services:

Kilmore Family Centre, including:	
Kilmore MCH Centre (double unit)	5782 1098
Marie Williams Kindergarten (double Unit)	5781 1227
Kilmore Child Care Centre*	5781 1344
Kilmore Primary School	5782 1268
Piper Street Child Care Centre*	5781 1400
Sutherland St Child Care and Kindergarten*	5781 1300
St. Patrick's Primary School Kilmore	5782 1579
OSHC at Kilmore Primary School*	5781 1300
Kilmore Community Centre (includes programs for children, parents, 3-year-old kindergarten and occasional childcare)	5782 2319
Willowmavin Primary School	5782 1319

#### Targeted services:

Kilmore District Hospital Maternity Services	5734 2000
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### WALLAN TOWNSHIP AND SURROUNDS

#### Universal services:

Wallan MCH centre (double unit)	5783 1489
Wallan Kindergarten	5783 1616
Wellington Street Kindergarten	5783 1019
Wallan (includes Kindergarten for 3-year-olds)	
Dudley Street Childcare Centre*	5781 1300
Eltham College Kids*	5783 2698
Killara Child care Centre	5783 1101
Wallan Primary School	5783 1232
Wallan and District Community Centre (includes programs for children, parents and occasional childcare)	5783 1450
Darraweit Guim Primary School	5789 1234
Upper Plenty Primary School	5783 1358

#### Targeted Services:

Mitchell Community Health Service has an office in Wallan.

GV FamilyCare has an office in Wallan.

### BEVERIDGE

Universal Services Beveridge Primary School	9745 2264
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\* Means the service is a private business



## APPENDIX 5 - MEYP ACTION PLAN 2012-JUNE 2013

STRATEGIES	SPECIFIC ACTIONS 2012 AND 2013
<b>GOAL: 1. EMBED THE MEYP INTO COUNCIL PLANNING AND PROCESSES</b>	
<b>1.1 Promotion of MEYP.</b>	<ol style="list-style-type: none"> <li>1. Council adopts the Draft MEYP and Early Years Infrastructure Plan.</li> <li>2. MEYP findings/recommendations are discussed with key planning staff at Council so they are aware of relevant feedback and actions are integrated into their Work Plans: e.g. Infrastructure Planning; Proposed growth area planning unit; Manager Leisure and Culture; Manager Community Development and Services Communications.</li> <li>3. Discussion of MEYP and Early Years Infrastructure Plans with Regional Office DEECD (Director/ARD/program Managers) to ensure knowledge of Mitchell Priorities and pursue future opportunities for support and resourcing from State for MEYP goals/initiatives.</li> <li>4. Identify themes and stories from MEYP, Community Consultations Report and establishment of MEYRG to foster stories in local papers across Mitchell.</li> <li>5. Monitoring progress with MEYP: six monthly meetings - cross-corporate group. Update the MEYP Action Plan, present to MEYRG.</li> </ol>
<b>1.2 Establish and support MEYRG.</b>	<p>Make contact with service providers and residents who expressed interest in joining. Consider further the membership of MEYRG – is it adequate? Should non-service provider representatives be sought/invited? Should interested parents be involved?</p> <p>Presentation on the MEYP, Action Plan and Reports from Community Consultations 2011 MEYRG to set its priorities for 2012/2013.</p> <p>Drafting model Memorandum of Understanding for use by project partners across Mitchell who may agree to pool resources for initiatives arising from the MEYP priorities.</p>
<b>GOAL: 2. PLANNING FOR POPULATION GROWTH IN THE SOUTH OF THE SHIRE</b>	
<b>2.1 Early Years Infrastructure Plan – scheduling works, monitoring progress and contingency planning.</b>	<p>Negotiate for construction of children’s centre in Mandalay Beveridge to open early 2012.</p> <p>Amend the specifications for MCH facilities on council’s “facility spreadsheet” to include space for playgroups and additional consulting room.</p> <p>Use of Early Years Infrastructure plan in negotiations with GAA to secure GAIC for new infrastructure in the Beveridge and Wallan from 2013 and planning for placements of these new facilities with Developers and DEECD where school sites are implicated. Ensure GAIC includes provision of playground facilities for young children, linked-up pathways, shade provision and fencing.</p> <p>Preparation of a Prospectus for Mitchell South. To be used to attract private service providers into Wallan, Kilmore and Beveridge: particularly, allied health, medical specialists, family counselling and LDC providers.</p> <p>Review and adjust Early Years Infrastructure Plan with new figures from census, enrolments for Kindergarten, Birth Notifications from Beveridge and Wallan.</p> <p>Planning for construction in 2013 of two new facilities:</p> <ol style="list-style-type: none"> <li>a) Wallan East large Children Centre.</li> <li>b) Beveridge central - Family Services Hub and family precinct, (with breastfeeding facilities) ready for 2013.</li> </ol>

TIME FRAME	COUNCIL ROLES AND OFFICERS RESPONSIBLE	KEY COMMUNITY STAKEHOLDERS TO SHARE RESPONSIBILITY FOR ACTION
2011	Possible new Early Years Planning Officer to commence 2012, If not - reallocation of responsibilities across council staff. <b>Director – Community and Recreation</b>	
Early 2012	Internal Advocacy. <b>Executive Manager Community Development and Services</b> and proposed Early Years Planning officer	
Early 2012	Advocacy. Collaborative partnering. <b>Director Community and Recreation Coordinators: Maternal and Child Health (MCH) and Children's Services</b>	DEECD Regional Office
Early 2012	Advocacy. <b>Marketing and Communications</b>	MEYRG
Dec 2012, June 2013 ongoing	Review and Accountability. <b>Executive Manager Community Development and Services, Coordinators of MCH and Childrens Services, Manager Leisure and Culture, Coordinator Community Development Managers, Infrastructure Services and Operations and Chair MEYRG</b>	MEYG to prepare 6 monthly progress report, with key challenges identified.
Mid 2012	Facilitation. Decision-making	16 service providers who volunteered in 2011 for MERYG. Parents who responded to public exhib. Draft Plan Feb '12.
Mid 2012	Facilitation. Presentations of Reports and findings	MEYRG
Early 2013	Drafting Memorandum of Understanding	MEYRG

### ENSURING TIMELY PROVISION OF INFRASTRUCTURE AND FAMILY-FRIENDLY PUBLIC SPACES

Early 2012	Negotiation and agreement. <b>Director Community and Recreation</b>	Developer
Early 2012	Planning. <b>Executive Manager Community Development and Services and Manager Infrastructure Services</b>	
2011/2012 +	Advocacy and negotiations. <b>Strategic Planning Unit and Manager Growth Area Planning, Executive Manager Community Development and Services and Proposed Early Years Planner</b>	GAA DPCD DEECD
Early 2012	Initiation, Advocacy and PR. <b>Proposed Early Years Planner and Marketing and Communication Team</b>	Mitchell Community Health Service Associations and Peak Bodies of the targeted providers
Late 2012	Planning. <b>Proposed Early Years Planner</b>	Presentation to MEYRG
Early-Mid 2012	Planning and Capital Works. <b>Managers Infrastructure Services and/or Operations - Capital Works, Proposed Early Years Planner and Recreation Planner</b>	DEECD Developers

## STRATEGIES

## SPECIFIC ACTIONS 2012 AND 2013

### GOAL: 2. CONT'D

**2.1 Early Years Infrastructure Plan – scheduling works, monitoring progress and contingency planning.**

Seek resources to support the delivery of community art within the family precinct at Beveridge and in areas surrounding the new children's centre planned for Wallan East.

Children's Services Infrastructure Study undertaken for Kilmore – timing for new Kindergarten facility in Kilmore established.

Ensure discussion with developers and all new schools about need for facilities for OSHC. Include cost of these facilities in GAIC.

### GOAL: 3. REVIEW OF INFORMATION ABOUT SERVICES AND SUPPORTS FOR LOCAL FAMILIES

**MEYRG to review information about EY Services and family supports available to families in Mitchell Shire.**

Review how the information, modes and processes could be improved for parents. Utilising the feedback from community consultation 2011 about better promotion, and also seeking feedback directly from parents. Recommendations for improvements made to all stakeholders including council. Develop resourcing proposal to achieve recommendations.

### GOAL: 4. MANAGING REFORMS IN EARLY CHILDHOOD EDUCATION TO MAINTAIN AND IMPROVE

**4.1 Local area planning for 15 hours kindergarten by 2013 and NQS Reforms 2016.**

Kindergarten Participation Rates. Monitoring available kindergarten places and population of four year olds in all townships. Identify more precisely who is missing out and why. Working in partnership with the State Government on:  
a) Annual Capacity Assessment Reports for Universal Access.  
b) Explaining reforms to parents and the changed ways to access funded kindergarten.

Engaging with all local LDC centres on plans for funded kindergarten places 2013+ Enrolment Policy adjusted; possible Memorandum of Understanding developed in place to support new policies and processes.

Detailed planning, modeling and PR work undertaken to manage Shire-wide impacts of the reforms due affect Council Kindergarten Centres in 2013 (Universal Access to 15 hrs) and 2016 (National Quality Standards and changed staffing requirements). Flag impacts for capital works at kindergarten centres outside growth areas. (eg need to increase some room capacities to 33 from 2016). Identify supports/resources required from State.

**4.2 Attracting new LDC centre providers - with kindergarten programs - into Southern townships.**

Engaging with major LDC providers statewide to attract new providers into Beveridge and Wallan – private providers and Good Start (ABC centres) – using the Prospectus for Mitchell South.

### GOAL: 5. ADDRESSING DISADVANTAGE - FOR MITCHELL'S MOST VULNERABLE YOUNG CHILDREN

**5.1 Addressing Disadvantage in Seymour and Broadford.**

PLAYGROUPS

- Support the work of PCP initiatives including the "What Now" program.
- In partnership with other agencies/organisations develop a resourcing and partnering strategy to initiate more playgroups and supported playgroups in Broadford and Seymour, including young mums groups.

DIRECT CONSULTATIONS with CHILDREN in Prep-Yr. 2 in Broadford about ways to make their environments and favourite places, more friendly, safe, inviting or adventurous. WORK with COMMUNITY to achieve visions of the local children. Plan a Family Festival to launch results. If successful use same approach for Seymour in following year.

MEYRG to consider local initiatives/campaigns to boost community and family valuing of education and supporting increased attendance at school (P-Yr 2), in Broadford. If successful repeat in Seymour following year.

TIME FRAME	COUNCIL ROLES AND OFFICERS RESPONSIBLE	KEY COMMUNITY STAKEHOLDERS TO SHARE RESPONSIBILITY FOR ACTION
June 2013	Collaboration and Advocacy. Recreation Planner, Proposed Early Years Planner, Coordinator Community Development	Developers, Local service clubs and community groups. MEYRG input Primary and Secondary Schools.
Early 2013	Research and Planning. Proposed Early Years Planner, with CS Coordinators	
2011/2012	Director Community and Recreation	Developers and GAA; All new Schools, DEECD/Catholic Education Office
<b>WITH YOUNG CHILDREN</b>		
Start August 2012	Consider recommendations and resources required to make changes to own systems and information and oversee plans for undertaking direct consultation with parents Executive Manager Community Development and Services and Manager Marketing and Communications	MEYRG Other local service providers not part of MEYRG
<b>KINDERGARTEN PARTICIPATION RATES ACROSS MITCHELL</b>		
Ongoing to 2014	Research, Advocacy and Negotiation with State. Coordinator Children's Services	All Local childcare centre providers DEECD
Mid 2012	Advocacy and Negotiations, Policy development and Operational Planning. Coordinator Children's Services	DEECD Local childcare centre providers
2012	Policy Development, Operational Planning and Capital Works review. Coordinator Children's Services  Advocacy	
From 2013	Initiate, Advocacy and PR. Proposed Early Years Planner	Presentations to Peak Bodies for commercial childcare and Good Start consortia (providers of ABC centres)
<b>2012 - 2013</b>		
2012 - 2013	Identify council facilities suitable for such groups. Coordinator Maternal and Child Health Advocacy, Collaborative planning and initiatives. Coordinator Maternal and Child Health	MEYRG, local facility owners, services provider agencies, service clubs, churches and community groups/projects. Playgroups Victoria
Feb-Apr 2013	Action Research Initiative, collaborative planning of ways to engage children at school – drawing, conversations. Proposed Early Years Planner, Recreation Planner and Coordinator Community Development.	MEYRG, Primary Schools
Late 2013	Capital works, streetscaping, community artwork and facility development in playgrounds/public spaces.	Service Clubs, Community groups, Interested families and Seymour Neighbourhood Alliance.
From May 2013	Executive Manager Community Development and Services Coordinator Children's Services	MEYRG



TIME FRAME	COUNCIL ROLES AND OFFICERS RESPONSIBLE	KEY COMMUNITY STAKEHOLDERS TO SHARE RESPONSIBILITY FOR ACTION
July 2012 ongoing	Infrastructure Provision, Initiate and Collaborative planning Proposed Early Years Planner, Coordinator Community Development and Manager Leisure and Culture.	MEYRG input where required
July/August 2012	Presentations and Research and Advocacy. Proposed Early Years Planner, Coordinator – Engagement	MEYRG DEECD (Central Office and Regional Reps.)
March/June 2013	Initiative and Advocacy and Training provision. Possible Memorandum of Understanding with relevant services. Executive Manager Community Development and Services	MEYRG PCP
Mid-late 2012	Leadership and Consultation. Director Community and Recreation, Proposed Early Years Planner and Coordinator Community Development	Aboriginal Community Elders - Broadford and Seymour area
Spring 2012 and autumn 2013 then ongoing	Collaborative Planning and Community Consultation. Early Years Planner and Coordinator Community Development. Possibly start with Maternal and Child Health and Immunisation services	MEYRG input where required
<b>THERAPISTS AND SPECIALIST SERVICES, AND RESPITE CARE</b>		
Early 2013	Strong Advocacy and Collaborative Planning and partnering Director Community and Recreation, Coordinator Maternal and Child Health and Chair MEYRG.	MEYRG, Lower Hume PCP, GP Division, Mitchell Community Health, Federal Department H&A, State Government and Local MPs
Late 2012	Initiation and Advocacy and PR. Proposed Early Years Planner and Marketing and Communications Unit	Associations and Peak Bodies of the targeted providers
Mid-2012+	Infrastructure Planning and Management. Executive Manager Community Development and Services and Coordinator Maternal and Child Health	
2012-2013	Communications Strategy. Coordinator Maternal and Child Health	MEYRG
Late 2012 +	Advocacy. Coordinator Community Development, Manager Leisure and Culture and Proposed Early Years Planner	Libraries, all Neighbourhood Houses. Leisure, cultural and recreation centres, churches, clubs and business groups.
2012-2013	Infrastructure provision. Coordinator Recreation and Open Space and Manager Infrastructure	

## APPENDIX 6 - MEYP ACTION PLAN 2012-2016

STRATEGIES	SPECIFIC ACTIONS 2012 AND 2013
<b>GOAL: 1. EMBED THE MEYP INTO COUNCIL PLANNING AND PROCESSES</b>	
<b>1.1 Promotion of MEYP.</b>	<ol style="list-style-type: none"> <li>1. Council adopts the MEYP and Early Years Infrastructure Plan.</li> <li>2. MEYP findings/recommendations are discussed with key planning staff at Council so they are aware of relevant feedback and actions are integrated into their Work Plans: e.g. Infrastructure Planning; Proposed growth area planning unit; Manager Leisure and Culture; Manager Community Development; Communications.</li> <li>3. Discussion of MEYP and Early Years Infrastructure Plans with Regional Office DEECD (Director/ARD/program Managers) to ensure knowledge of Mitchell Priorities and pursue future opportunities for support and resourcing from State for MEYP goals/initiatives.</li> <li>4. Identify themes and stories from MEYP, Community Consultations Report and establishment of MEYRG to foster stories in local papers across Mitchell.</li> <li>5. Monitoring progress with MEYP: six monthly meetings - cross-corporate group. Update the MEYP Action Plan, present to MEYRG.</li> </ol>
<b>1.2 Establish and support MEYRG.</b>	<p>Make contact with service providers. Consider further the membership of MEYRG – is it adequate? Should non-service provider reps be sought/invited? Should interested parents be involved?</p> <p>Presentation on the MEYP, Action Plan and Reports from Community Consultations 2001 MEYRG to set its priorities for 2012/2013.</p> <p>Drafting model Memorandum of Understanding for use by project partners across Mitchell who may agree to pool resources for initiatives arising from the MEYP priorities.</p>
<b>GOAL: 2. PLANNING FOR POPULATION GROWTH IN THE SOUTH OF THE SHIRE</b>	
<b>2.1 Early Years Infrastructure Plan – scheduling works, monitoring progress and contingency planning.</b>	<p>Negotiate for construction of children’s centre in Mandalay Beveridge to open early 2012.</p> <p>Amend the specifications for Maternal and Child Health facilities on council’s “facility spreadsheet” to include space for playgroups and additional consulting room.</p> <p>Use of Early Years Infrastructure plan in negotiations with GAA to secure GAIC for new infrastructure in the Beveridge and Wallan from 2013 and planning for placements of these new facilities with Developers and DEECD where school sites are implicated. Ensure GAIC includes provision of playground facilities for young children, linked-up pathways, shade provision and fencing.</p> <p>Preparation of a Prospectus for Mitchell South. To be used to attract private service providers into Wallan, Kilmore and Beveridge: particularly, allied health, medical specialists, family counselling and LDC providers.</p> <p>Review and adjust Early Years Infrastructure Plan with new figures from census, enrolments for Kindergarten, Birth Notifications from Beveridge and Wallan.</p> <p>Planning for construction in 2013 of two new facilities:  a) Wallan East large Children Centre.  b) Beveridge central - Family Services Hub and family precinct, (with breastfeeding facilities) ready for 2013.</p> <p>Seek resources to support the delivery of community art within the family precinct at Beveridge and in areas surrounding the new children’s centre planned for Wallan East.</p>

TIME FRAME	COUNCIL ROLES AND OFFICERS RESPONSIBLE	KEY COMMUNITY STAKEHOLDERS TO SHARE RESPONSIBILITY FOR ACTION
2011	Possible new EY Planning officer to commence 2012, If not - reallocation of responsibilities across council staff. Director Community and Recreation	
Early 2012	Internal Advocacy. Executive Manager Community Development and Services and proposed Early Years Planning officer	
Early 2012	Advocacy. Collaborative partnering. Director Community and Recreation Coordinators: Maternal and Child Health and Children's Services	DEECD Regional Office
Early 2012	Advocacy. Marketing and Communications	MEYRG
July 2012, Feb 2013 ongoing	Review and Accountability. Executive Manager Community Development and Services, Coordinators of MCH and Childrens Services, Manager Leisure and Culture, Coordinator Community Development Managers, Infrastructure Services and Operations and Chair MEYRG	MEYG to prepare 6 monthly progress report, with key challenges identified.
Early 2012	Facilitation. Decision-making	16 service providers who volunteered in 2011 for MERYG. Parents who responded to public exhib. Draft Plan February 2012.
Early 2012	Facilitation. Presentations of reports and findings	MEYRG
Mid 2012	Drafting Memorandum of Understanding	MEYRG

## ENSURING TIMELY PROVISION OF INFRASTRUCTURE AND FAMILY-FRIENDLY PUBLIC SPACES

Early 2012	Negotiation and agreement. Director Community and Recreation	Developer
Early 2012	Planning. Manager Community Development and Services and Manager Infrastructure Services	
2011-2012 +	Advocacy and negotiations. Strategic Planning Unit and Manager Growth Area Planning, Manager Community Services and Proposed Early Years Planner	GAA DPCD DEECD
Early 2012	Initiation, Advocacy and PR. Proposed Early Years Planner and Marketing and Communication Team	Mitchell Community Health Service Associations and Peak Bodies of the targeted providers
Late 2012	Planning. Proposed Early Years Planner	Presentation to MEYRG
Early-Mid 2012	Planning and Capital Works. Managers Infrastructure Services and/or Operations-Capital Works, Proposed Early Years Planner and Recreation Planner	DEECD Developers
2013-2014	Collaboration and Advocacy. Recreation Planner, Early Years Planner, Manager Community Development	Local service clubs and community groups. Primary and Secondary Schools.

STRATEGIES	SPECIFIC ACTIONS 2012 AND 2013
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<b>GOAL: 2. CONT'D</b>	
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<b>2.1 Early Years Infrastructure Plan – scheduling works, monitoring progress and contingency planning.</b>	Children's Services Infrastructure Study undertaken for Kilmore – timing for new Kindergarten facility in Kilmore established.
	Planning for Family Services Hub in Beveridge central east. Ready for start of 2018 school year.
	Ensure discussion with developers and all new schools about need for facilities for OSHC. Include cost of these facilities in GAIC
<b>2.2 Lobby for a Best Start Project.</b>	Lobby for State Government. Funding for the southern parts of the Shire experiencing Growth to have a Best Start Project.

<b>GOAL: 3. REVIEW OF INFORMATION ABOUT SERVICES AND SUPPORTS FOR LOCAL FAMILIES</b>	
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<b>MEYRG to review information about Early Years Services and family supports available to families in Mitchell Shire.</b>	Review how the information, modes and processes could be improved for parents. Utilising the feedback from community consultation 2011 about better promotion, and also seeking feedback directly from parents. Recommendations for improvements made to all stakeholders including Council. Develop resourcing proposal to achieve recommendations.
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<b>GOAL: 4. MANAGING REFORMS IN EARLY CHILDHOOD EDUCATION TO MAINTAIN AND IMPROVE</b>	
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<b>4.1 Local area planning for 15 hours kindergarten by 2013 and NQS Reforms 2016.</b>	Kindergarten Participation Rates. Monitoring available kindergarten places and population of four year olds in all townships. Identify more precisely who is missing out and why. Working in partnership with the State Government on: a) Annual Capacity Assessment Reports for Universal Access. b) Explaining reforms to parents and the changed ways to access funded kindergarten.
	Engaging with all local LDC centres on plans for funded kindergarten places 2013+ Enrolment Policy adjusted; possible Memorandum of Understanding developed in place to support new policies and processes.
	Detailed planning, modeling and PR work undertaken to manage Shire-wide impacts of the reforms due affect Council Kindergarten Centres in 2013 (Universal Access to 15 hrs) and 2016 (National Quality Standards and changed staffing requirements). Flag impacts for capital works at kindergarten centres outside growth areas (e.g. need to increase some room capacities to 33 from 2016). Identify supports/resources required from State.
<b>4.2 Attracting new LDC centre providers with kindergarten programs into Southern townships.</b>	Engaging with major LDC providers statewide to attract new providers into Beveridge and Wallan – private providers and Good Start (ABC centres) – using the Prospectus for Mitchell South.

<b>GOAL: 5. ADDRESSING DISADVANTAGE - FOR MITCHELL'S MOST VULNERABLE YOUNG CHILDREN</b>	
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<b>5.1 Addressing disadvantage in Seymour and Broadford.</b>	COMMUNITIES for CHILDREN PROJECT Lobbying for funding for a Communities for Children Project – facilitator to work in Seymour, (building on the success of Seymour Neighbourhood Renewal Project) and also in Broadford.
	PLAYGROUPS - Support the work of PCP initiatives including the “What Now” Program - In partnership with other agencies/organisations develop a resourcing and partnering strategy to initiate more playgroups and supported playgroups in Broadford and Seymour, including young mums groups.

TIME FRAME	COUNCIL ROLES AND OFFICERS RESPONSIBLE	KEY COMMUNITY STAKEHOLDERS TO SHARE RESPONSIBILITY FOR ACTION
Early 2013	Research and Planning. Proposed Early Years Planner, with Coordinator Children's Services	
2016	Planning and Capital Works. Early Years Planner, with Coordinator Children's Services	DEECD, Developers
2011-2012	Director Community and Recreation	Developers and GAA; All new Schools, DEECD/Catholic Education Office
2012+	Advocacy and Submissions. Early Years Planner	DEECD, Growth Corridor/Interface Councils <sup>1</sup> and Local State MPs

### WITH YOUNG CHILDREN

Start August 2012	Consider recommendations and resources required to make changes to own systems and information and oversee plans for undertaking direct consultation with parents. Manager Community Services and Manager Marketing and Communications	MEYRG
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### KINDERGARTEN PARTICIPATION RATES ACROSS MITCHELL

2011-2014	Research, Advocacy and Negotiation with State. Coordinator Children's Services	All Local childcare centre providers DEECD
Mid 2012	Advocacy and Negotiations, Policy development and Operational Planning. Coordinator Children's Services	DEECD Local childcare centre providers
Early 2012	Policy Development, Operational Planning and Capital Works review. Coordinator Children's Services  Advocacy	
2012-2014	Initiate, Advocacy and PR. Proposed Early Years Planner	Presentations to Peak Bodies for commercial childcare and Good Start consortia (providers of ABC centres)
2012-2013	Advocacy and Submissions. Proposed EY Planner and Manager Community Services	Federal Department FaHCSIA Local MPs
2012-2013	Identify council facilities suitable for such groups. Coordinator Maternal and Child Health Advocacy, Collaborative planning and initiatives Coordinator Maternal and Child Health	MEYRG, local facility owners, services provider agencies, service clubs, churches and community groups/Projects. Playgroups Victoria

<sup>1</sup> All councils in both these Groups have funding for Best Start Projects – seek support from these groups of councils.

GOAL: 5. CONT'D

	<p>DIRECT CONSULTATIONS with CHILDREN in Prep-Yr. 2 in Broadford and Seymour about ways to make their environments and favourite places, more friendly, safe, inviting or adventurous. WORK with COMMUNITY to achieve visions of the local children. Family Festival to launch results.</p>
	<p>MEYRG to consider local initiatives/campaigns to boost community and family valuing of education and supporting increased attendance at school (P-Yr 2), in Broadford and Seymour.</p>
<p><b>Improving recreational facilities and open space. Initiate community events and school holiday activities.</b></p>	<p>Council to attend to feedback in MEYP about:</p> <ul style="list-style-type: none"> <li>- Local facilities requiring attention in Seymour and Broadford (MEYP page 45-46).</li> <li>- Ways to make Seymour and Broadford environments more child-friendly (MEYP page 39-40).</li> </ul>
<p><b>5.2 Addressing Disadvantage experienced by Aboriginal families.</b></p>	<p>AWARENESS-RAISING AND COMMITMENTS presentations to MEYRG (and Council) of:</p> <ol style="list-style-type: none"> <li>1. Data about outcomes for young aboriginal children and their families, including data for Mitchell Shire.</li> <li>2. Feedback and suggested responses in Report on Community Consultations about engaging Aboriginal families.</li> </ol> <p>Commitment by Council and members of MEYRG to 'close the gap' in outcomes for local Aboriginal children and their parents.</p>
	<p>TRAINING Training for all Maternal and Child Health and Kindergarten teachers (possibly open this up to LDC services and other child and family support providers in Mitchell?)</p> <ol style="list-style-type: none"> <li>1. Cultural competence</li> <li>2. Recognising and responding to trauma</li> </ol>
<p><b>Engaging with Aboriginal families</b> a) From the northern community. b) From the southern community.</p>	<p>CONSULTATIVE PROCESS Consultation with Aboriginal Elders about the issues arising from the MEYP and seek their suggestions for ways to engage with community members – especially young children and their parents.</p>
	<p>ABORIGINAL-SPECIFIC SESSIONS/FUN DAYS In Seymour and Broadford, plan to hold aboriginal specific days/gatherings at services or where service providers attend. (Utilise the findings/suggestions in the Community Consultations Report, 2011 for MEYP and feedback from consultations above).</p>
<p><b>Activities and supported playgroups Aboriginal young mums.</b></p>	<p>Supported PLAYGROUPS/ACTIVITIES for Aboriginal young mums (see 4.1).</p> <p>Collaborative Projects to:</p> <ol style="list-style-type: none"> <li>a) develop a scheme to support the return to study/school for young aboriginal mothers</li> <li>b) Engage Council and local business community about the need for secure local employment opportunities for aboriginal parents.</li> </ol>

TIME FRAME	COUNCIL ROLES AND OFFICERS RESPONSIBLE	KEY COMMUNITY STAKEHOLDERS TO SHARE RESPONSIBILITY FOR ACTION
2012-2013 2014-2015	Action Research Initiative Collaborative planning of ways to engage children at school – drawing, conversations. <i>Proposed Early Years Planner, Recreation Planner; Manager Community Development.</i> Capital works, streetscaping, community artwork and facility development in playgrounds/public spaces.	MEYRG, Primary schools, Service Clubs, Community groups, interested families and Seymour Neighbourhood Alliance.
2013 2015	<i>Manager Community Services. Coordinator Children's Services</i>	MEYRG
2012-2016	Infrastructure Provision, Initiate and Collaborative Planning <i>Proposed Early Years Planner, Manager Community Development and Manager Leisure and Culture.</i>	MEYRG
2012	Presentations and Research and Advocacy. <i>Proposed Early Years Planner and Coordinator – Engagement</i>	MEYRG DEECD (Central Office and Regional Representatives)
2013-2014	Initiative and Advocacy, Training provision and Possible Memorandum of Understanding with relevant services? <i>Manager Community Services, Manager Community Development</i>	MEYRG PCP
2012	Leadership and Consultation. <i>Director Community and Recreation, Proposed Early Years Planner and Manager Community Development</i>	Aboriginal Community Elders - Broadford and Seymour area
2012-2013 ongoing	Collaborative Planning and Community Consultation <i>Early Years Planner and Manager Community Development</i> Possibly start with Maternal and Child Health and Immunisation services	MEYRG
2013-2014	Collaborative Planning and Resource-sharing Memorandum of Understanding. <i>Coordinator Maternal and Child Health</i>	MEYRG Local FandCS Providers.
2015	Initiative and Advocacy. <i>Manager Community Services, Manager Leisure and Culture, Director Community and Recreation and Manager Economic Development</i>	MEYRG, DEECD, Mitchell Library services, local Secondary Colleges, FDC schemes and LDC services, local business groups/mentors.

**GOAL: 6. TAKING ACTION TO REDUCE SERVICE GAPS IN THE AREAS OF ALLIED HEALTH****6.1 Allied Health and Specialist Services.**

Pursue opportunities for increased allied health therapists: and specialists to be attracted to the new Federally funded Medical Super Clinic planned for Wallan 2012/2013 and support Mitchell Community Health submissions for increased funding for these services within their Mitchell sites. Presentation of the findings of the MEYP and these specific Service Gaps (including Respite Care) to local MPs.

Preparation of a Prospectus for Mitchell South. To be used to attract private service providers into Wallan, Kilmore and Beveridge: particularly, allied health, therapists and medical specialists.

In accord with the Early Years Infrastructure Plan – commence planning for proposed EC Intervention Centre in Mitchell South ready to commence 2020: location, service model and design specifications; governance and funding plans.

Council to ensure new Maternal and Child Health centres have additional consulting rooms and offer these to allied health practitioners/specialists at low/no cost for first 1-2 years as incentive to build their practice within Mitchell townships.

Promotion of the new Federal Scheme: Better Start for Children with a Disability Initiative (MEYP page 9) to local families that have a child with a disability - link with new Information strategies (see 1.3 above).

**6.2 Respite care for families with children who have a disability.**

Discussions with key stakeholders about ways to increase places/hours of respite, barriers and opportunities to expand current respite services.

**6.3 Review provision of OSHC and Vacation Care Programs and Available School holiday activities?**

Local Service Provision Study, including consultation with parents. Gap Analysis prepared. Review of models for delivery in other similar LGAs. Recommendations made, a resourcing plan developed. Identify implications for Council's Infrastructure Plan.

Encouraged Shire wide initiation of activities events or programs during the holiday periods to specifically engage school-aged children.

**GOAL: 7. IMPROVING THE HEALTH AND SAFETY OF YOUNG CHILDREN IN MITCHELL****Health and Safety of young children.**

In response to findings in the Council's Health and Community Wellbeing Plan, MEYRG to Consider priority initiatives and responses to issues of:

- 1) Injury prevention in the home.
- 2) Preventing/reducing Family Violence.

In response to the dramatically poor results for Kilmore Children (AEDI: Physical health and wellbeing), consider a campaign focused on Kilmore and Wandong (children 0-8 years) "Kids get active".

Deliver improvements in recreational facilities across the Shire (playgrounds, public open space and walking trails) as identified in Council Plans to 2013 – referred to in MEYP (page 45).

TIME FRAME	COUNCIL ROLES AND OFFICERS RESPONSIBLE	KEY COMMUNITY STAKEHOLDERS TO SHARE RESPONSIBILITY FOR ACTION
<b>THERAPISTS AND SPECIALIST SERVICES AND RESPITE CARE</b>		
2012-13	Strong Advocacy, Collaborative Planning and partnering  Director Community and Recreation, Coordinator Maternal and Child Health and Chair MEYRG.	MEYRG, Lower Hume PCP, GP Division, Mitchell Community Health, Federal Dept. HandA, State Government and Local MPs
Early 2012	Initiation, Advocacy and PR. Proposed EY Planner and Marketing and Communication Unit.	Associations and Peak Bodies of the targeted providers
2014	Collaborative Planning. Manager Community Services and Coordinator Maternal and Child Health.	DEECD – Specialist Children’s Services, ECIS providers - SCOPE, and Mitchell Community Health
2012+	Infrastructure Planning and Management. Manager Community Services and Coordinator Maternal and Child Health.	
Early 2012	Communications Strategy. Coordinator Maternal and Child Health.	MEYRG
2014	Advocacy. Manager Community Services.	MEYRG, Mitchell Community health – HACC program, SCOPE, FamilyCare, DEECD and FaHCSIA
2014-2016	Research and community consultation. Advocacy and negotiation. Early Years Planner and Manager Leisure and Culture.	All local schools, LDC, FDC schemes All Neighbourhood Houses. Leisure, cultural and recreation centres, Churches and clubs Business groups.
2014-2016	Advocacy. Manager Community Development, Manager Leisure and Culture and Proposed Early Years Planner.	
2014	Collaborative Planning and PR Campaigns. Coordinators of:	
2015	- Health and Wellbeing - Maternal and Child Health	MEYRG
2015	Initiate, Advocate, PR campaign. Coordinators of: - Recreation and Open Space - Health and Wellbeing, - Engagement - Marketing and Communications	MEYRG
2012-2013	Infrastructure provision. Coordinator Recreation and Open Space	



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