

Municipal Early Years Plan



2023-2028



Yarriambiack
SHIRE COUNCIL



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ACKNOWLEDGEMENT OF COUNTRY

We acknowledge that the activities of Yarriambiack Shire Council are held under the traditional skies and in the waterways and lands of the Wotjobaluk, Jaadwa, Jadawadjali, Wergaia and Jupagulk people and Council pays respects to their Elders past, present and emerging.



MAYORS STATEMENT

As a Council we are committed to providing early years services to our Community, that enhances the overall social health and wellbeing outcomes for our youngest residents.

We are a proud deliverer of three- and four-year-old kindergarten, maternal child health services, supported playgroup, and are committed to actively engaging with partner organisations to expand our enhanced maternal child health support services.

We have a strong voice when it comes to advocacy and believe childcare is important to ensuring the prosperity of our region, to support parents and carers to actively engage in the workforce.

The Municipal Early Years Plan 2023-2028 outlines Council's strategic priorities and actions to achieving greater outcomes for our young people.



Cr Kylie Zanker
Mayor

Table of Contents

Executive Summary	6
Our Vision, Purpose & Goals	9
Our Why	10
Our Early Years – Demographics	17
Our Current Commitment – Council's Roles	30
Planning and Coordination	30
Early Years Infrastructure	35
Advocacy & Partnership	36
A Changing Role...	37
The Political and Policy Context – International, National, Victorian & Local	41
Your Voice – How we listened & What you told us	45
What we heard – overarching themes	45
What Children said...	45
What Families said...	46
What Service Providers said...	48
Our Priorities – What we work towards & How we will get there	50
<i>Goal 1 – children are valued, loved and safe</i>	53
<i>Goal 2 – children have material basics</i>	55
<i>Goal 3 – children are healthy</i>	56
<i>Goal 4 – children are learning</i>	58
<i>Goal 5 – children are participating</i>	60
<i>Goal 6 – children have a positive sense of identity and culture</i>	61
Alignment, Monitoring & Evaluation	62
 APPENDIX 1 - ANTENATAL CARE SERVICES	 63



KEY TERMS

Early intervention

Interventions directed to children, young people or families where there is a risk of child abuse or neglect, or where children or young people have a developmental delay or disability. Interventions may also be directed where a child or young person is at risk of disengagement from education and training, or engaging in risky behaviours.

Early years

For the purpose of the Yarriambiack Shire Municipal Early Years Plan the Early Years is defined as from birth to eight years of age.

Disadvantaged

A child, young person or family who experiences social or economic challenges such as low incomes, low educational attainment, physical or mental health issues, poor access to services and supports.

Vulnerable

A child, young person or family that is at risk of being unable to respond effectively to changes or difficulties occurring in their life.

EXECUTIVE SUMMARY

The Yarriambiack Shire Municipal Early Years Plan (2023-2028) is a holistic roadmap for how Council will plan, deliver, partner and advocate to ensure the greatest possible outcomes for our Early Years community through a whole-of-council approach.

Yarriambiack Shire approaches planning for the best possible Early Years development and experiences through:

- › Leadership and advocacy which upholds the importance of the Early Years and supports families in the role of parenting and care,
- › Facilitating responsive and inclusive services and programs for children and families,
- › Delivering quality accessible infrastructure and public spaces which support community connection, wellbeing and liveability,
- › Pursuing strong partnerships and collaborating with other service providers and community groups to achieve outcomes not achievable when acting in isolation, and
- › Reducing barriers to participation in community life and access to services through multiple means (communication, awareness raising, inclusion, events and promotions etc).

Whilst Yarriambiack Shire's family, children and youth department leads the implementation of the Municipal Early Years Plan, all areas of Council (and community) can contribute to positive Early Years outcomes. The Manager Family, Youth and Children has responsibility for the delivery of youth, kindergartens, playgroups and Maternal and Child Health.

This department operates predominately out of Council's Lyle Street office in Warracknabeal. Key staff, such as Pedagogical Leaders, Maternal and Child Health nurses, Kindergarten educators and the Playgroup Facilitator along with a casual workforce operate across the length and breadth of the Shire.

The Yarriambiack municipality is home to the townships and communities of Warracknabeal, Murtoa, Hopetoun, Minyip, Rupanyup, Woomelang, Beulah, Speed, Yaapect, Patchewollock, Tempy, Lascelles, Brim, Lubeck, Rosebery, Lah, Turriff and Sheep Hills.

The 2021 ABS Census of Population and Housing registered a total of 535 children aged 0-8 years across the Yarriambiack Shire. Of these, 284 were aged between 0-4 years, and 251 were aged between 5-8 years. Over the five years between the 2016 and 2021 ABS Census periods the total population of children aged 0-8 years declined by 63 children from 598 to 535. However, the larger size of the younger cohort (0-4 years, 284 children) and steadily climbing annual Birth Notifications suggests the Yarriambiack Shire Early Years population may be slowly climbing again.

Based on Census data the largest Early Years population (children aged 0-9 years) was documented in the communities of Warracknabeal (219), Murtoa (100), Hopetoun (67), Rupanyup (41), Beulah (32) and Minyip (28).

Ensuring we heard from our community was central to the research and development of the Yarriambiack Shire Municipal



Early Years Plan. In total 415 voices informed the Yarriambiack Shire Municipal Early Years Plan. These voices included:

- › 251 children through a drawing exercise circulated to all preschools and schools and children's discussion groups held at selected preschools and schools,
- › 137 parents/carers and extended family members through an online survey, community drop in sessions and attending drop-offs and pick-ups at preschool and school,
- › 27 service providers through an online survey, a dedicated Service Providers focus group and targeted interviews with key stakeholders, and
- › A desk based review of previous community and children's consultations (including the recent Childcare survey) and current Yarriambiack Shire plans and strategies also informed and guided theme development.

Yarriambiack Shire children shared how they valued having places to come together and things to do – significant amongst these are outdoor spaces, town pools and natural water bodies. Home, family and friends were also important, especially the opportunity to live close to loved ones, and to have access to healthy food, quality water and sleep and the natural environment. Children, for the most part, valued the same key aspects of life and community as parents, carers and extended family did.

Families with children aged 0-5 years were in strong agreement about what was being done well for their children – playgroups, kindergarten, Maternal and Child Health and immunisations and to a lesser extent Playgrounds / Parks / Pools and Library services. When asked what could we do better for children aged 0-5 parents and carers noted: childcare and more inclusive activities for children and families (specifically opportunities for learning and connection), infrastructure and health services delivery.

Families with children aged 5-8 years felt sport and school were key strengths across our communities. In terms of what could we do better (as a community) for children aged 5-8 years the overwhelming response related to a wider range of extra-curricular activities (outside of sports).

Service providers noted the resilience and community mindedness as strengths of Yarriambiack Shire families, commenting on their ability to achieve a lot, often from very little. However, service providers also noted the significance of both social and geographical isolation in and across the Yarriambiack Shire rural communities and the importance of models such as supported playgroups in combating this.

Service providers valued partnerships such as By Five and the opportunity to collaborate with services such as Rural Northwest Health. Staffing shortages and workloads were a central concern for all service providers.

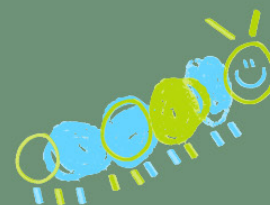
Service providers spoke of the critical importance of embodying conversations based on equity of service delivery and access for rural communities. Key stakeholders argued that models should focus on accessible service delivery rather than viable service delivery, noting 'viability' removes many small rural communities from the opportunity.

Overwhelmingly key stakeholders upheld the value of the support provided by Yarriambiack Shire's Early Years Team, noting their role as the 'constant' in the lives of many children and families. They acknowledged this value would grow in the face of increasing levels of vulnerability and the complexity family's face. This included a focus on families not traditionally classified as vulnerable but who are also experiencing heightened levels of stress (including the impacts of rising costs of living, both parents working full-time, and reduced extended family support structures). It was noted that multiple factors are impacting on the resilience of families, the social connections and mental health of children, and the expectations that families have of support services.

The 2023-2028 Yarriambiack Shire Municipal Early Years Plan has adopted the Australian Research Alliance of Children and Youth's (ARACY) six Nest domains as our Goals for our children aged 0-8 years and to frame our Priority Areas. Adopting the Nest evidence base means we are applying a high integrity, Australian lens to our vision for our Early Years community.

Below each NEST Goal is shown alongside the Yarriambiack Shire Municipal Early Years Plan Priority Areas.

NEST DOMAINS



GOAL 1

Children are Valued, loved, and safe

PRIORITY AREAS

1. Our children understand their right to safety and feel safe at home, at school and in their communities
2. Children are supported to thrive and parents / carers are supported to nurture their children through opportunities for: Social connection and Parenting support
3. The service sector prioritises vulnerable families' needs and voice by building strong relationships, reflective practice and responsive service models and coordination
4. Children's connection to, and understanding of, the environment is nurtured and valued

GOAL 2

Children have Material basics

PRIORITY AREAS

1. Yarriambiack Shire children and families have the required services and resources to live a safe, healthy and productive life
2. Advocate for, and raise awareness of, Childcare as a community wide issue with community wide benefits
3. Council advocates for awareness and change to impact the short- and long-term consequences of under-resourcing and inequity

GOAL 3

Children are Healthy

PRIORITY AREAS

1. All families have access to Early Years services that support healthy child development including: Antenatal care, Maternal and child health, Paediatric and specialist care, and Emotional and mental wellbeing
2. Children and families are physically active
3. Communication models are locally informed and responsive

GOAL 4

Children are Learning

PRIORITY AREAS

1. All Yarriambiack Shire children and families have access education opportunities that are high quality, timely and at the scale they require
2. Yarriambiack Shire is partnering at the regional and state level to proactively respond to the opportunity for increased preschool hours and Early Childhood Education and Care workforce shortages
3. Implement a program of ECEC infrastructure review with refurbishments and rebuilds prioritised and strategically aligned to funding opportunities

GOAL 5

Children are Participating

PRIORITY AREAS

1. Increase opportunities for children and families to connect through free, accessible and inclusive activities and events
2. Continue to improve Early Years, Family and Community infrastructure
3. Support community organisations, groups and clubs in their understanding of how to create safe and inclusive spaces and implement changes to achieve this
4. Children aged 0-8 years and their families inform what we do in Yarriambiack

GOAL 6

Children have a Positive sense of identity and culture

PRIORITY AREAS

1. All Early Childhood Education and Care services and infrastructure provided by Yarriambiack Shire are assessed as safe and respectful of the diversity of cultures and identities
 2. Yarriambiack Shire celebrates Aboriginal culture, and diverse cultures and identities
 3. Yarriambiack Shire Early Years services create opportunities for all children to participate in learning that increases understanding of and respect for our local Traditional Owners
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OUR VISION, PURPOSE & GOALS



Vision

The Yarriambiack Community Vision guides the identification and setting of community priorities and the decision making of Council for the next 20 years. "A connected rural community who values its land and wellbeing."

Four strategic objectives drive this vision:

1. A vibrant and diversified economy
2. A healthy and inclusive community
3. A robust and thriving environment
4. A council who serves its community

Strategic Objectives 1 and 2 hold particular relevance to the Yarriambiack Shire Municipal Early Years Plan and their alignment to the Municipal Early Years Plan is mapped in the report section titled 'Alignment, Monitoring & Evaluation'.

"Council considers health and wellbeing as a vital aspect in determining the overall liveability of our region. The importance of broader community health is of such significance that key health and wellbeing goals are incorporated within Council's highest strategic document, the Council Plan 2021-2025. Integration of these goals ensures a continued focus on health and wellbeing across all services within the organisation which ultimately drives positive outcomes."

- Council Plan 2021 - 2025

Purpose

The Municipal Early Years Plan is a holistic roadmap for how Council will plan, deliver, partner and advocate to ensure the greatest possible outcomes for our Early Years community through a whole-of-council approach. Whilst the Family, Youth and Children Department will lead and oversee the implementation of the Municipal Early Years Plan, all areas of Council can contribute to positive Early Years development.

The 5-year Yarriambiack Shire Municipal Early Years Plan is underpinned by significant research including:

- › the benefits of investing in families and children,
- › the local, state and federal policy context,
- › the demographic profile of the Yarriambiack Shire communities,
- › the current supports and services available to families and children across the Yarriambiack Shire area, and
- › the results of listening to with families, children, service providers and Council staff.

Goals

The Nest is Australia's first evidence-based framework for child and youth wellbeing, developed by the Australian Research Alliance of Children and Youth (ARACY). The Nest conceptualises wellbeing as six interconnected domains that support children reach their full potential. To have optimal wellbeing, a child or young person needs to be adequately resourced in all six domains.

The Yarriambiack Shire Municipal Early Years Plan has adopted the six Nest domains as our Goals for our children aged 0-8 years. Adopting the Nest evidence base to frame our Goals means we are applying a high integrity, Australian lens to our vision for our Early Years community. These six goals are:

1. Children are Valued, loved, and safe,
2. Children have Material basics,
3. Children are Healthy,
4. Children are Learning,
5. Children are Participating, and
6. Children have a Positive sense of identity and culture.

OUR WHY

Why create a Municipal Early Years Plan

The Municipal Association of Victoria asserts that Municipal Early Years Plans (MEYPs) must foster a whole-of-community, whole-of-system approach to building community strength and addressing the underlying causes of inequity and vulnerability experienced by children and families. As such Municipal Early Years Plans are place-based with a focus on prevention, equity, health, and long-term social and educational outcomes for children.

To achieve these outcomes the MEYP must be intentional, strategic and highly informed by the voice of key stakeholders – children, families, communities, service providers and local government (both client-facing staff and leadership).

In planning for the Early Years Yarriambiack Shire recognises that a child-friendly community is a place where children's rights and needs are at the centre of community planning and design and where adults listen to children and young people and take what they say seriously. It is a long-term commitment to enabling the best possible outcomes for our children and families through co-creating healthy, safe, well-supported and connected communities. The focus is on being responsive to changing needs and continuous service improvement.

Guiding this is the Convention on the Rights of the Child, the Victorian Child Safe Standards and the National Principles for Child Safe Organisations.

Yarriambiack Shire Council is completely committed to the health, wellbeing and safety of all children and young people and recognises our legal and moral obligations to contact authorities if concerned about a child's safety.

This commitment is demonstrated through the *Child Safe Policy* which was initially adopted in July 2019 and most recently reviewed in June 2022 in response to the Victorian Government's *Child Safe Standards*.

The *Child Safe Policy* notes as its Objective: "Yarriambiack Shire Council is committed to complying with the Child Safe Standards (Standards) introduced by the Victorian Government, setting out the compulsory minimum standards for organisations that provide services for children and young people (or are used by children and young people), to help protect them from harm."

This policy is intended to ensure that all employees, volunteers and contractors (staff) engaged by Council are aware of its commitment to create and maintain a child safe environment that meets the Standards.

The Child Safe Policy is further extended in context specific environments such as Kindergarten by the *Interactions With Children Policy*; *Code of Conduct Policy*; and *Child Safe Environment Policy* (amongst others).

Adherence to Standard 3 (of The Child Safe Standards) – *Children and young people are empowered about their rights, participate in decisions affecting them and are taken seriously* is demonstrated in the development of the Municipal Early Years Plan and through our close and meaningful engagement with the Shire's Early Years community.

The Child Safe Standards commenced in Victoria in January 2016. After five years, changes were made to make the Standards even stronger.

Organisations covered by the Standards had to comply with new Standards by 1 July 2022. There are now 11 Child Safe Standards:

Standard 1 – Organisations establish a culturally safe environment in which the diverse and unique identities and experiences of Aboriginal children and young people are respected and valued.

Standard 2 – Child safety and wellbeing is embedded in organisational leadership, governance and culture.

Standard 3 – Children and young people are empowered about their rights, participate in decisions affecting them and are taken seriously.

Standard 4 – Families and communities are informed and involved in promoting child safety and wellbeing.

Standard 5 – Equity is upheld, and diverse needs respected in policy and practice.

Standard 6 – People working with children and young people are suitable and supported to reflect child safety and wellbeing values in practice.

Standard 7 – Processes for complaints and concerns are child focused.

Standard 8 – Staff and volunteers are equipped with the knowledge, skills and awareness to keep children and young people safe through ongoing education and training.

Standard 9 – Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed.

Standard 10 – Implementation of the Child Safe Standards is regularly reviewed and improved.

Standard 11 – Policies and procedures document how the organisation is safe for children and young people.

Commission for Children and Young People www.cccp.vic.gov.au











"Childhood is a stage of life where investment has the greatest return and opportunities to intervene have the greatest impacts. A municipality that has a focus on children is one that benefits all members of the community."

- Municipal Association of Victoria, 2018.












Yarriambiack Shire Council recognises that, through the Municipal Early Years Planning process we can achieve significant benefits for our municipality including:












- › The articulation of Council's role in service and infrastructure provision, planning, advocacy and community capacity building across the universal, targeted and intensive service system,
- › Engagement of key community partners who have clear roles in working towards locally agreed outcomes,
- › Provision of long term Early Years planning guidance across all Council departments, particularly infrastructure planning,
- › Informed decision making and maximising the use of resources, and
- › The foundation for partnership and negotiations between other levels of government.









The table below maps the Priority Areas and Actions identified in the past Plan and progress on these. It is important to note that many Actions are ongoing by nature.

Completed <input checked="" type="checkbox"/>	Ongoing 	Discontinued <input checked="" type="checkbox"/>
MEYP PRIORITY ONE: How can YSC provide supportive and engaging services across the LGA for vulnerable children and families?		
ISSUE	What Council will do in 2018-2021	
Need to identify 'vulnerability' in families and trial different engagement strategies.	<input type="checkbox"/> Work with all communities to explore different ways of engaging and communicating with families.	
	<input type="checkbox"/> Investigate a range of programs which enhance family participation for possible implementation.	
	<input type="checkbox"/> Support volunteers and supporters to facilitate programs for vulnerable families which build skills and support family wellbeing and children's learning.	
Learning how to parent with confidence is difficult	<input type="checkbox"/> Partner with and advocate for funding to support existing programs which provide household management and budgeting skills.	
	<input type="checkbox"/> Partner with organisations who provide parenting support and skills for families.	
Anecdotal evidence of difficulty accessing services. Long waiting lists for early intervention for children, behaviour therapy (Autism), paediatricians	<input type="checkbox"/> Map the referral process and pathway for a range of specialist children's services.	<input checked="" type="checkbox"/>
	<input type="checkbox"/> Establish partnerships and participate in projects to enhance referral pathways and processes, especially for 'vulnerable' children who are not able to access them (i.e. children living with families who have mental illness, drug or alcohol dependencies)	
	<input type="checkbox"/> Support and advocate for the provision of an Early Years Coordinator to assist families to access services and enhance coordination	



Completed 	Ongoing 	Discontinued 
MEYP PRIORITY TWO: How can YSC continue to deliver a range of services across the Shire which meets the needs of all children and supports inclusion, health and wellbeing in our community?		
ISSUE	What Council will do in 2018-2021	
Community run Playgroups are not being attended. Families do not value current structure	<input type="checkbox"/> Provide facilitator to lead and conduct playgroup sessions across the Shire.	
	<input type="checkbox"/> Investigate with Playgroup Victoria different structures for facilitated playgroups. May explore the idea of a mobile playgroup?	
Obesity rates amongst children and families are very high in Shire	<input type="checkbox"/> Continue to partner with Deakin University and YCHANGe to enhance understanding of healthy eating options and the importance of physical activity to improve children's physical health and wellbeing.	
	<input type="checkbox"/> Work with schools, Kindergartens and Maternal and Child Health services to embed YCHANGe processes and priorities into programs, policies and curriculum.	
Accessing services to Support children's health and wellbeing is difficult	<input type="checkbox"/> Partner with local Health Services to enhance coordination and service delivery of existing services to MCH, Playgroups, Kindergartens and Schools	
	<input type="checkbox"/> Partner/Advocate with RNH and WORDS group for DET funding for projects which support enhanced access to, and coordination of service provision	
	<input type="checkbox"/> Advocate for and partner with key stakeholders to provide regional services, extension of current services and visiting services for children with additional needs.	
Childcare options in Shire are limiting (access and affordability)	<input type="checkbox"/> Continue and enhance partnership with current providers and explore feasibility for increased childcare operating hours	

Completed 	Ongoing 	Discontinued 
MEYP PRIORITY THREE: How will YSC contribute to improved learning and development outcomes for young children in the municipality?		
ISSUE	What Council will do in 2018-2021	
Improve and enhance the provision of early years services to support children and families	<input type="checkbox"/> Continue to provide high quality early childhood services / Kindergarten through an ongoing commitment to professional learning for Staff.	
	<input type="checkbox"/> Commit to employment of a Pedagogical Leader for Kindergarten Staff mentor and support.	
	<input type="checkbox"/> Explore and advocate for a range of service provision for children between age 2-4 years of age which support learning, development and wellbeing outcomes.	
	<input type="checkbox"/> Explore the provision of three-year-old Kindergarten services in Warracknabeal and Murtoa.	
	<input type="checkbox"/> Partner with all health services and DET (Early Years Reform Plan) to advocate for provision of screenings of children in Kindergartens (e.g. speech, podiatry)	
AEDC Data demonstrates high levels of vulnerability in children commencing school – in particular literacy, social and emotional development	<input type="checkbox"/> Advocate and partner with WRLC to provide increased Library opening hours. Also advocate for more literacy-based sessions for children.	
	<input type="checkbox"/> Enhance Library communication strategy to ensure families are aware of programs.	
	<input type="checkbox"/> Advocate with WORDS, RNH, other agencies and to DET to employ a Family Support coordinator to sustain existing literacy-based programs and to investigate, source, extend, and develop ongoing programs which meet the changing needs of families across the Shire.	

Completed 	Ongoing 	Discontinued 
MEYP PRIORITY FOUR: How will YSC improve connectedness for families in the Shire?		
ISSUE	What Council will do in 2018-2021	
Families feel a disconnect from other parts of the Shire. Would like to be able to access services if appropriate	<input type="checkbox"/> Enhance communication strategy for families. Ensure information about available services and programs is accessible through use of Shire website, social media contexts, and booklet form which can be circulated throughout the Shire.	
	<input type="checkbox"/> Develop a "Welcome" pack for new families in the Shire, which contains information about services and programs available in the Community.	
	<input type="checkbox"/> Develop an Early Years Network for Professionals working in the Early Years arena in the Shire (note this initiative has lapsed)	
	<input type="checkbox"/> Continue to advocate with DET to allow access for three-year-old Kindergarten students to travel on school buses.	
Create opportunities for families to come together socially to enhance mental health and wellbeing of families	<input type="checkbox"/> Advocate for funding to facilitate special social events in the Shire for children and families.	

The importance of the Early Years – the evidence base

The immediate previous Municipal Early Years Plan for Yarriambiack Shire (2018-2022) was founded on both a deep international and national evidence base and highly supported Early Years philosophies including:

- › Bronfenbrenner's Model of Ecological systems: which places the child at its centre, highlighting the importance of a supportive, caring environment whilst recognising the child's parents as their most influential teachers,
- › The United Nations Convention on the Rights of the Child (1990),
- › Research by Harvard University's Centre for the Developing Child (CDC), noting 'Children need positive relationships, rich learning opportunities and safe environments', and
- › The Victorian Early Years Learning and Development Framework (2016) and the Victorian State Government's Early Years Reform Plan (2017) which together provided the platform for analysis of services and desired outcomes for children and families (and the framework for the Plan's presentation).

The current Municipal Early Years Plan extends these knowledge platforms and frameworks, adding from the international and national evidence base:

- › The Determinants of Health framework and specifically the impact of the Social Determinants of Health,
- › The growing understanding of brain development in the Early Years,
- › The role of place-based collaborative impact work in addressing complex problems, including the widening gap between the advantaged and disadvantaged in our communities,
- › Victorian Closing the Gap Implementation Plan 2021-2023,
- › Research by Heckman which demonstrates the value of investing in the Early Years,
- › The Nest, Australia's first evidence-based framework for child and youth wellbeing, developed by the Australian Research Alliance of Children and Youth (ARACY), and the Murdoch Childrens Research Institutes (MCRI) Restacking the Odds framework which together provide the platform for analysis of services and desired outcomes for children and families (and provides the framework for this Plan's presentation).

Each of these are briefly explained below.

DETERMINANTS OF HEALTH FRAMEWORK

Determinants of health are factors that influence how likely we are to stay healthy or to become ill or injured. The World Health Organisation Model identifies six key determinants of health: social determinants, biomedical risk factors, behavioural risk factors, physical environment, health services and commercial determinants.

Understandably a person's health is influenced by biomedical factors and health behaviours that are part of their individual lifestyle and genetic make-up. Biomedical risk factors such as high blood pressure can have a direct impact

on illness and chronic disease. Behavioural risk factors such as tobacco smoking, risky alcohol consumption, using illicit drugs, not getting enough exercise and poor eating patterns can also have a detrimental effect on health .

Similarly, the built and natural environment affect health, including such factors as air, water and soil pollution and climate change which threatens sustainable development and human health through increased exposure to heat, poor air quality, extreme weather events, altered vector-borne diseases transmission, loss of biodiversity, reduced water quality and food insecurity. Commercial determinants recognise a growing understanding of the role that health harming private sector practices (and their insufficient regulation) have played in the increasing burden of disease, including non-communicable disease – now the greatest cause of premature death, illness and disability worldwide. For example, fossil fuel use, ultra-processed foods, sugar-sweetened beverages and tobacco .

The **social determinants of health** including socioeconomic position, early life circumstances, social exclusion, social capital, employment and work and the housing and residential environment significantly strengthen or undermine the health of individuals and communities. Under resourcing is implicit in the social determinants of health. According to WHO this makes the social determinants of health the single most important determinant in good or ill health.

These social determinants play a key role in the incidence, treatment and outcomes of disease – they are ‘causes of the causes’ - the foundational determinants which influence other health determinants such as individual lifestyles and exposure to behavioural and biological risk factors . Consequently, the right to health and the responsibility for health extends far beyond the health sector and requires multi-stakeholder responses grounded in human rights and primary prevention focused.

Most importantly many of these social determinants of health are modifiable, which means there is potential to act on and improve outcomes for disadvantaged groups as well as the population as a whole.

BRAIN DEVELOPMENT IN THE EARLY YEARS

There is established national and international evidence that the development of the brain is an ongoing process, beginning at birth and continuing into adulthood. From conception to age three is recognised as a time when the foundations of a child’s life are laid, with the most rapid period of brain growth and development occurring during this time.

The life experiences and circumstances of a child impacts significantly on how the brain develops and ultimately on the health, social and education outcomes for that child. Central to healthy brain development are supportive family relationships and positive learning experiences, along with universal access to services, and additional support where families are faced with stressful circumstances and lower levels of resilience .

It is now well known that if a child is exposed to negative or stressful experiences, such as those associated with neglect, family violence, poverty or lack of adequate housing, this can lead to lifelong problems related to learning, behaviour and physical and mental health . Cumulative or sustained exposure to family violence can result in the experience of trauma symptoms, including post-traumatic stress disorder, which left untreated can have long-lasting impacts on children’s development, behaviour and wellbeing .

PLACE-BASED APPROACHES TO THE WIDENING ‘GAP’

The research base clearly shows the negative impact of disadvantage and under-resourcing, and particularly intergenerational under-resourcing on children, families and communities, and the complexity of the issues that can result. It is now known that differences between children from advantaged and disadvantaged backgrounds can be identified as early as nine months of age. These developmental differences are evident across cognitive, social, behavioural, and health outcomes and increase over time. In short, the discrepancies between children from advantaged and disadvantaged backgrounds emerge early, and progressively widen, with advantages and disadvantages accumulating throughout life .

The House of Representatives Select Committee on Intergenerational Welfare Dependence (2019) notes in its report regarding welfare provision, which it considers mostly adequate, that “missing are more targeted early intervention programs that can break the cycle of poverty”. The Committee for Economic Development of Australia (2015) believes two aspects of entrenched disadvantage are clear: the problem is both significant and complex; and current policies to remove entrenchment are not working.

However, shifting entrenched disadvantage and remedying the challenges it creates are amongst our most complex policy issues. It has been described as a ‘wicked’ problem - a problem with multiple causes, which is difficult to define, cannot be attributed to a single discipline or policy area and is without easy, linear remedy. The Australian Department of Social Services notes ‘place-based approaches are required when addressing complicated or complex problems where the disadvantage is concentrated and the characteristics of the place contribute to entrenched problems and/or intergenerational cycles of disadvantage’.

Through place-led models stakeholders work differently with each other applying the principles of collaboration and partnership for collective impact including through a shared vision and language, pooled funding, coordinated spending, co-location where possible, and dedicated infrastructure for the sharing of client story and data.

The Centre for Community Child Health notes in its 2017 paper “Raising healthy, happy children is a whole-of-community

responsibility. A child's development is supported by positive relationships with friends and neighbours, and access to things like playgrounds, parks, shops and local services including childcare, schools, health centres and libraries." Further adding that Government plays a role in ensuring that children are not disadvantaged by virtue of the place that they live. Services, supports and connected communities can help to reduce the impact of negative and stressful experiences on children's health and wellbeing, both now and into adulthood.

VICTORIAN CLOSING THE GAP IMPLEMENTATION PLAN 2021-2023

The National Agreement on Closing the Gap represents a fundamental shift in the approach of governments to Closing the Gap, one that is built upon genuine and meaningful partnerships with the Aboriginal Community-Controlled Sector, Traditional Owner groups and the wider Aboriginal community. Self-determination is the human right that underpins collective efforts under the Victorian Closing the Gap Implementation Plan 2021-2023 and Victoria's existing Victorian Aboriginal Affairs Framework (VAAF) 2018-2023. This commitment acknowledges that the best outcomes for Aboriginal Victorians are achieved when policies and programs are based on their knowledge, expertise and priorities.

The Victorian Closing the Gap Implementation Plan 2021-2023 outlines the actions Victoria will undertake to achieve the objectives of the new National Agreement on Closing the Gap: 'overcome the entrenched inequality faced by too many Aboriginal and Torres Strait Islander people so that their life outcomes are equal to all Australians'.

THE BENEFITS OF PREVENTION AND EARLY INTERVENTION

Research shows investing in resources to support children in their early and middle years of life creates opportunities for the development of basic and complex skills and brings long-term benefits to them and the whole community. Researchers have shown the return on investment for financing high quality early childhood supports - with as little as \$2 returned on every \$1 invested and as much as a \$16 return on investment by the time the child reaches age 40 (www.heckmanequation.org). By investing in our children we can AT LEAST double our investment value. However beyond this financial gain is our ethical obligation – all children have the right to be supported and protected in reaching their full potential .

THE NEST AND RESTACKING THE ODDS

Finally, the platform for analysis of services and desired outcomes for children and families across the Yarriambiack Shire area (and the framework for this Plan's presentation) utilised ARACY's Nest and MCRI's Restacking the Odds framework.

The Nest is Australia's first evidence-based framework for child and youth wellbeing, developed by the Australian Research Alliance of Children and Youth (ARACY). The Nest is a way of thinking about the whole child in the context of their daily lives, viewing wellbeing in a way that brings together the different elements a child or young person needs to thrive. The Nest conceptualises wellbeing as six interconnected domains that support each other to help children reach their potential. To have optimal wellbeing, a child or young person needs to be adequately resourced in all six domains. The six domains of the Nest are:

1. Valued, loved, and safe,
2. Material basics,
3. Healthy,
4. Learning,
5. Participating, and
6. Positive sense of identity and culture.



The Restacking the Odds framework, developed by Murdoch Children's Research Institute (MCRI), draws on the evidence base that efforts for the effective redress of inequities should be delivered during early childhood (pregnancy to eight years of age) to deliver the greatest benefits. Based on this understanding Restacking the Odds focuses on five key evidence-based interventions/platforms in early childhood. These are:

1. Antenatal care,
2. Sustained nurse home visiting,
3. Early childhood education and care,
4. Parenting programs, and
5. The early years of school.

MCRI acknowledges that whilst these five strategies are only a subset of the possible interventions, they are longitudinal (across early childhood), ecological (targeting child and parent), evidence-based, already available in most communities and able to be targeted to benefit the 'bottom 25%'. Their premise is that by 'stacking' these fundamental interventions (i.e., ensuring they are all applied for a given individual) there will be a cumulative effect - amplifying the impact and sustaining the benefit.

Murdoch Children's Research Institute applies the measurable best practice indicators of QUALITY (i.e. are the strategies delivered effectively?), QUANTITY (Are the strategies available locally in sufficient quantity for the target population?) and PARTICIPATION (Do the appropriately targeted children and families participate at the right dosage levels?) for each of the five strategies to determine their presence in a given community.

"While there is no simple, single solution to the complex challenges many families are experiencing, when effective, evidence-based strategies are combined or 'stacked' in the early years, they can boost children's health, development and wellbeing.

Restacking the Odds (RSTO) is a project focused on supporting early year services to better meet the needs of children and families. Since 2016, RSTO has examined how inequity could be addressed by ensuring that children and families can access a combination of high-quality evidence-informed services where and when they need them."

- Murdoch Children's Research Institute (2023)



OUR EARLY YEARS

demographics



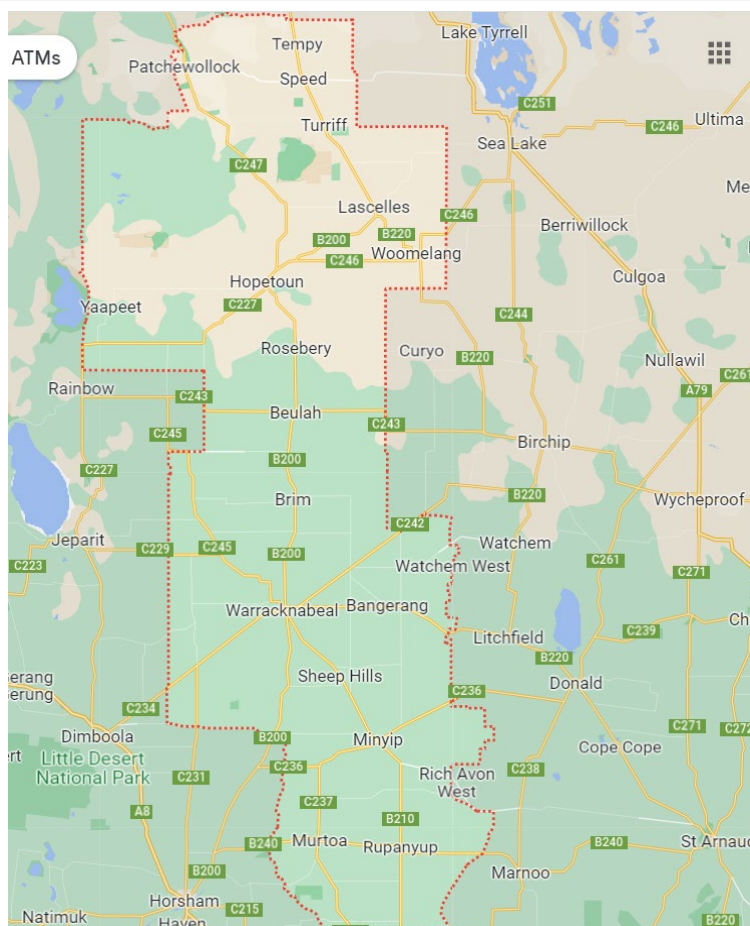
Early Years Population

The 2021 ABS Census of Population and Housing registered a total of 535 children aged 0-8 years across the Yarriambiack Shire (table shown below). Of these infants and children:

- › 300 were males (56%),
- › 235 were females (44%),
- › 284 were aged between 0-4 years, and
- › 251 were aged between 5-8 years

Review of the 2016 ABS Census of Population and Housing for infants and children aged 0-8 years across the Yarriambiack Shire (table shown below) revealed there were 598 infants and children at this time period.

Over the five years between the 2016 and 2021 ABS Census periods the total population of children aged 0-8 years declined by 63 children (10.5%) from 598 to 535.



AUSTRALIAN BUREAU OF STATISTICS

2016 Census of Population and Housing

Yarriambiack (LGA27630)

7325.8 sq Kms, G04 AGE BY SEX Count of persons

	Males	Females	Persons
Age (years):			
0	36	30	64
1	29	31	59
2	27	17	44
3	31	33	62
4	33	27	62
0-4 years	156	136	287
5	43	28	70
6	43	31	72
7	48	40	87
8	36	42	82
5-8 years	170	141	311
0-8 years	326	277	598

AUSTRALIAN BUREAU OF STATISTICS

2021 Census of Population and Housing

Yarriambiack (LGA27630)

7325.8 sq Kms, G04 AGE BY SEX Count of persons

	Males	Females	Persons
Age (years):			
0	33	23	57
1	34	29	64
2	28	28	53
3	34	22	60
4	34	24	53
0-4 years	161	120	284
5	29	29	60
6	41	36	70
7	37	24	59
8	32	26	62
5-8 years	139	115	251
0-8 years	300	235	535

Community level attribute data for the Yarriambiack LGA is presented according to Suburbs & Localities level. The Suburbs & Localities mapped for the Yarriambiack LGA include:

- Beulah
- Brim
- Hopetoun
- Lah*
- Lascelles*
- Lubeck*
- Minyip
- Murtoa
- Patchewollock
- Rosebery**
- Rupanyup
- Sheep Hills*
- Speed*
- Tempy*
- Turriff*
- Warracknabeal
- Woomelang
- Yaaapeet*

* Due to the small populations of some State Suburbs only limited information is provided by the ABS.

** No information can be provided because the area selected had no people or a very low population in the 2021 Census.

State Suburb	Victoria	Yarriambiack	Beulah	Brim	Hopetoun	Minyip	Murtoa
Population		6,556	312	181	694	525	897
Median Age (yrs)	38	52	56	52	56	57	48
Children aged 0-4 years	5.8%	284 (4.3%)	16 (5.2%)	11 (6.0%)	32 (4.6%)	10 (1.9%)	48 (5.4%)
Children aged 5-9 years	6.2%	323 (4.9%)	16 (5.2%)	7 (3.8%)	35 (5.1%)	18 (3.4%)	52 (5.8%)
ATSI population	1.0%	111 (1.7%)	1.0%	0.0%	0.6%	1.0%	1.6%
Country of Birth – Australia	65.0%	84.8%	91.7%	81.2%	88.0%	79.6%	88.7%
Median weekly income – family	\$2,136	\$1,491	\$1,625	\$1,406	\$1,380	\$1,191	\$1,517
Household income - Less than \$650 gross weekly	16.4%	27.5%	29.5%	17.2%	26.9%	32.5%	30.2%
Couple family with children	45.5%	31.3%	34.1%	36.5%	26.2%	31.6%	36.9%
One parent family	15.2%	14.3%	9.8%	11.5%	11.8%	18.4%	15.4%
Empl't status of couple fami-lies - Both not working	19.8%	28.0%	40.0%	19.5%	29.2%	32.4%	27.7%
No. of registered motor vehi-cles - none	7.5%	4.8%	4.6%	0.0%	3.9%	2.2%	3.0%

State Suburb	Victoria	Yarriambiack	Patchewollock	Rupanyup	Warracknabeal	Woomelang
Population		6,556	149	545	2,359	191
Median Age (yrs)	38	52	47	51	50	63
Children aged 0-4 years	5.8%	284 (4.3%)	7 (4.8%)	16 (3.0%)	119 (5.1%)	0 (0.0%)
Children aged 5-9 years	6.2%	323 (4.9%)	9 (6.2%)	25 (4.6%)	100 (4.3%)	6 (3.0%)
ATSI population	1.0%	111 (%1.7)	0.0%	1.5%	2.3%	2.1%
Country of Birth – Australia	65.0%	84.8%	83.2%	83.5%	83.9%	73.3%
Median weekly income – family	\$2,136	\$1,491	\$1,312	\$1,451	\$1,530	\$924
Household income - Less than \$650 gross weekly	16.4%	27.5%	25.5%	26.8%	29.4%	34.6%
Couple family with children	45.5%	31.3%	51.4%	32.2%	28.8%	23.9%
One parent family	15.2%	14.3%	10.8%	12.8%	18.4%	13.0%
Empl't status of couple fami-lies - Both not working	19.8%	28.0%	22.6%	30.7%	27.3%	52.3%
No. of registered motor vehi-cles - none	7.5%	4.8%	0.0%	2.8%	7.2%	7.0%

State Sub-urb	Lah*	Lascelles*	Lubeck*	Rosebery**	Sheep Hills*	Speed*	Tempy*	Turriff*	Yaaapeet*
Population	57	82	40		27	53	62	30	75
Median Age (yrs)	42	47	56		56	54	41	40	46

* Due to the small populations of some State Suburbs only limited information is provided by the ABS.

** No information can be provided because the area selected had no people or a very low population in the 2021 Census.

<https://www.abs.gov.au/census/find-census-data/quickstats/2021/LGA27630> accessed 28/01/2023

From this Census of Population and Housing data several key Early Years observations are drawn:

- › For all communities the proportion of 'Children aged 0-4 years' is less than that at the Victorian level (5.8%) with the exception of Brim (6.0%),
- › For all communities the proportion of 'Children aged 5-9 years' is less than that at the Victorian level (6.2%) with the exception of Patchewollock who also had (6.2%),
- › The Yarriambiack Shire had a greater proportion of 'ATSI population' (1.7%) than the Victorian proportion (1.0%). The Shire's Aboriginal and/or Torres Strait Islander population was found mainly in the communities of Warracknabeal (2.3%), Woomelang (2.1%) and Murtoa (1.6%),
- › All Yarriambiack Shire communities were below the Victorian 'Median weekly income – family' (\$2,136), some by more than 50% such as Woomelang (\$924),
- › Only Patchewollock had proportionally more 'Couple families with children' (51.4%) than Victoria (45.5%),
- › Only Warracknabeal (18.4%) and Minyip (18.4%) had proportionally more 'One parent families' than Victoria (15.2%), and
- › The proportion of 'Employment status couple families - Both not working' was above the Victorian rate of 19.8% for all communities with the exception of Brim (19.2%) for some community more than twice the rate – Woomelang (52.3%) and Beulah (40.0%).

Several of these statistics speak to the level of under-resourcing and potential vulnerability in our communities. Unfortunately, the 2021 Census SEIFA data is not scheduled for release until June 2023 and so was not available at the time of writing.

to be happy, healthy and safe I need...

(please write or draw your answer – teachers please add some explanation if needed, thank you)

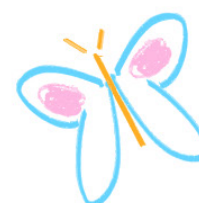
to eat fruit and be outside.



Year:

School:

Australian Early Development Census



All data in the ensuing section is drawn from the Australian Early Development Census (AEDC), Community Profile 2021, Yarriambiack, VIC and as such is the most recent available.

The AEDC measures the development of children in Australia in their first year of full-time school. AEDC communities are a geographic area, usually equivalent to a Local Government Area, made up of AEDC local communities. Local communities are a small area locality, usually representing a suburb or town. The AEDC Community Profile presents AEDC results for children living in this community regardless of where they attend school and is completed by the classroom teacher.

The AEDC local communities that make up the Yarriambiack community are:

- Hopetoun and surrounds,
- Murtoa/Rupanyup/Minyip, and
- Warracknabeal/Brim.

Across the 2009, 2012, 2015, 2018 and 2021 AEDC data collections some local communities have not always been included in a Community Profile due to there being insufficient AEDC data available for reporting purposes in any particular year. In the case of Yarriambiack Shire data for 'Hopetoun and surrounds' and 'Murtoa/Rupanyup/Minyip' have only sometimes been reported in a Community Profile.

Basic demographic information for the children participating in the AEDC data collection for the Yarriambiack Shire is shown in the table (below).

Background information

Table 1.1 – Demographic information about this community.

Demographics	2015	2018	2021
Total number of children measured	86	54	58
Number of schools contributing to the results	15	13	11
Number of teachers contributing to the results	16	13	11
Average age of children at completion	5 years 9 months	5 years 10 months	5 years 9 months

Table 1.2 – Further demographic information about this community.

Demographics	2015		2018		2021	
	n	%	n	%	n	%
Sex – Male	47	54.7	26	48.1	32	55.2
Sex – Female	39	45.3	28	51.9	26	44.8
Aboriginal and Torres Strait Islander children	≤3	≤3.5	≤3	≤5.6	0	0.0
Children born in another country	0	0.0	0	0.0	0	0.0
Children with English as a second language	0	0.0	0	0.0	≤3	≤5.2
Children with a language background other than English (LBOTE) and who ARE proficient in English	≤3	≤3.5	≤3	≤5.6	≤3	≤5.2
Children with a language background other than English (LBOTE) and who ARE NOT proficient in English	0	0.0	0	0.0	0	0.0
Children with a primary caregiver who reported they completed some form of post-school qualification	48	68.6	36	70.6	47	82.5

Special Needs Support information is gathered through the AEDC. Interestingly, whilst the proportion of children commencing school with 'Special Needs Status' had declined from 7.0% in 2015 to 0.0% in both 2018 and 2021 the proportion of 'Children Identified by teachers as requiring further assessment (e.g. medical and physical, behaviour management, emotional and cognitive development)' increased from 5.0% in 2015, to 15.4% in 2018 and even higher to 19.6% in 2021 – one fifth of all students participating in the AEDC (results shown below).

Special needs

Table 1.4 – Support.

Types of support required or identified	2015		2018		2021	
	n	%	n	%	n	%
Children with special needs status	6	7.0	0	0.0	0	0.0
Children identified by teachers as requiring further assessment (e.g. medical and physical, behaviour management, emotional and cognitive development)	4	5.0	8	15.4	11	19.6

This may reflect the impact of COVID 19 on access to referral and diagnostic services. It may also indicate the difficulty in accessing these services locally and even regionally and potentially a decline in parent/carer understanding and awareness in this space.





Transition to school information is also gathered through the AEDC. Teachers' response to the question 'Would you say that this child is making good progress in adapting to the structure and learning environment of the school' indicated increasing concerns in this space with 'Not true' responses increasing from $\leq 3.5\%$ in 2015 and $\leq 5.6\%$ in 2018 to 12.1% in 2021. Again, the impact of Covid would be a factor including the loss of playgroups and many other opportunities for families with children to socialise.

In contrast Teachers' response to the question 'Would you say that this child has parent(s)/caregiver(s) who are actively engaged with the school in supporting their child's learning' remained largely consistent – 'Not true' $\leq 3.5\%$ (2015), $\leq 5.6\%$ (2018) and $\leq 5.2\%$ (2021). This was also the case for 'Would you say that this child is regularly read to/encouraged in his/her reading at home' - 'Not true' 5.8% (2015), 7.4% (2018) and 6.9% (2021).

The Australian Early Development Census consists of approximately 100 questions across **five key domains**, which are closely linked to child health, education and social outcomes. Figure 1 provides a description of each of the AEDC domains. For each of the five AEDC domains, children receive a score between zero and ten, where zero is most developmentally vulnerable. In terms of scoring:

- › Children falling below the 10th percentile (in the lowest 10%) were categorised as 'developmentally vulnerable'. Developmentally vulnerable children are facing some significant challenges in their development,
- › Children falling between the 10th and 25th percentile (between the lowest 10% and top 75%) were categorised as 'developmentally at risk'. In a community where children and families face many complex challenges, a reduction in those who are developmentally vulnerable could coincide with an increase in those at risk which would signal an overall improvement. As such, any changes in the 'at risk' group cannot be interpreted without also looking at the percentage of children who are vulnerable and on track,
- › All other children were categorised as 'developmentally on track' (in the top 75%).

Figure 1 – AEDC domain descriptions.

Physical health and wellbeing	
	Children's physical readiness for the school day, physical independence and gross and fine motor skills.
Social competence	
	Children's overall social competence, responsibility and respect, approach to learning and readiness to explore new things.
Emotional maturity	
	Children's pro-social and helping behaviours and absence of anxious and fearful behaviour, aggressive behaviour and hyperactivity and inattention.
Language and cognitive skills (school-based)	
	Children's basic literacy, advanced literacy, basic numeracy, and interest in literacy, numeracy and memory.
Communication skills and general knowledge	
	Children's communication skills and general knowledge based on broad developmental competencies and skills measured in the school context.

what I love about where I live...






(please write or draw your answer – teachers please add some explanation if needed, thank you)



"Butterflies, flowers"

Table 2.1 (below) shows significant change colour coded: green text represents a positive change and red text represents a negative change. At risk has not been colour coded as any changes should be interpreted in context with changes in the percentage of children who are vulnerable and on track.

Table 2.1 - AEDC domain results over time for this community

		2009		2012		2015		2018		2021		Significant change	
		n	%	n	%	n	%	n	%	n	%	2009 vs 2021	2018 vs 2021
	Physical health and wellbeing												
	On track	46	66.7	61	80.3	56	70.0	38	70.4	46	79.3	Increase	No change
	At risk	11	15.9	5	6.6	13	16.3	7	13.0	5	8.6	No change	No change
	Vulnerable	12	17.4	10	13.2	11	13.8	9	16.7	7	12.1	No change	No change
	Social competence												
	On track	46	66.7	52	68.4	52	65.0	40	74.1	43	74.1	Increase	No change
	At risk	12	17.4	11	14.5	17	21.3	10	18.5	10	17.2	No change	No change
	Vulnerable	11	15.9	13	17.1	11	13.8	4	7.4	5	8.6	Decrease	No change
	Emotional maturity												
	On track	46	66.7	59	77.6	50	62.5	40	74.1	46	79.3	Increase	No change
	At risk	10	14.5	5	6.6	18	22.5	9	16.7	6	10.3	No change	No change
	Vulnerable	13	18.8	12	15.8	12	15.0	5	9.3	6	10.3	Decrease	No change
	Language and cognitive skills (school-based)												
	On track	51	73.9	53	69.7	60	75.0	40	74.1	48	82.8	Increase	Increase
	At risk	11	15.9	11	14.5	8	10.0	10	18.5	4	6.9	Decrease	Decrease
	Vulnerable	7	10.1	12	15.8	12	15.0	4	7.4	6	10.3	No change	No change
	Communication skills and general knowledge												
	On track	46	66.7	57	75.0	59	73.8	42	77.8	49	84.5	Increase	No change
	At risk	11	15.9	13	17.1	10	12.5	5	9.3	4	6.9	No change	No change
	Vulnerable	12	17.4	6	7.9	11	13.8	7	13.0	5	8.6	Decrease	No change

Importantly Table 2.1 shows that all changes in AEDC data for Yarriambiack Shire between the original data collection period (2009) and the most recent (2021) have been improvements. Between the 2018 and 2021 data collection periods there was an increase (only) in children 'On track' in 'Language and Cognitive Skills'.

Developmentally vulnerable children

Children falling below the 10th percentile (in the lowest 10%) are categorised as 'developmentally vulnerable'. Developmentally vulnerable children are facing some significant challenges in their development. Table 2.2 and Figure 2.6 present trends in the summary indicators (the percentage of children who are developmentally vulnerable on one or more domain(s) and developmentally vulnerable on two or more domains) from 2009 to 2021.

Table 2.2 - Number and percentage of children for this community who are vulnerable on one or more developmental domain(s) or two or more developmental domains.

	2009		2012		2015		2018		2021		Significant change	
	n	%	n	%	n	%	n	%	n	%	2009 vs 2021	2018 vs 2021
Vulnerable on one or more domain(s)	20	29.0	21	27.6	24	30.0	15	27.8	12	20.7	No change	No change
Vulnerable on two or more domains	15	21.7	15	19.7	20	25.0	7	13.0	7	12.1	Decrease	No change

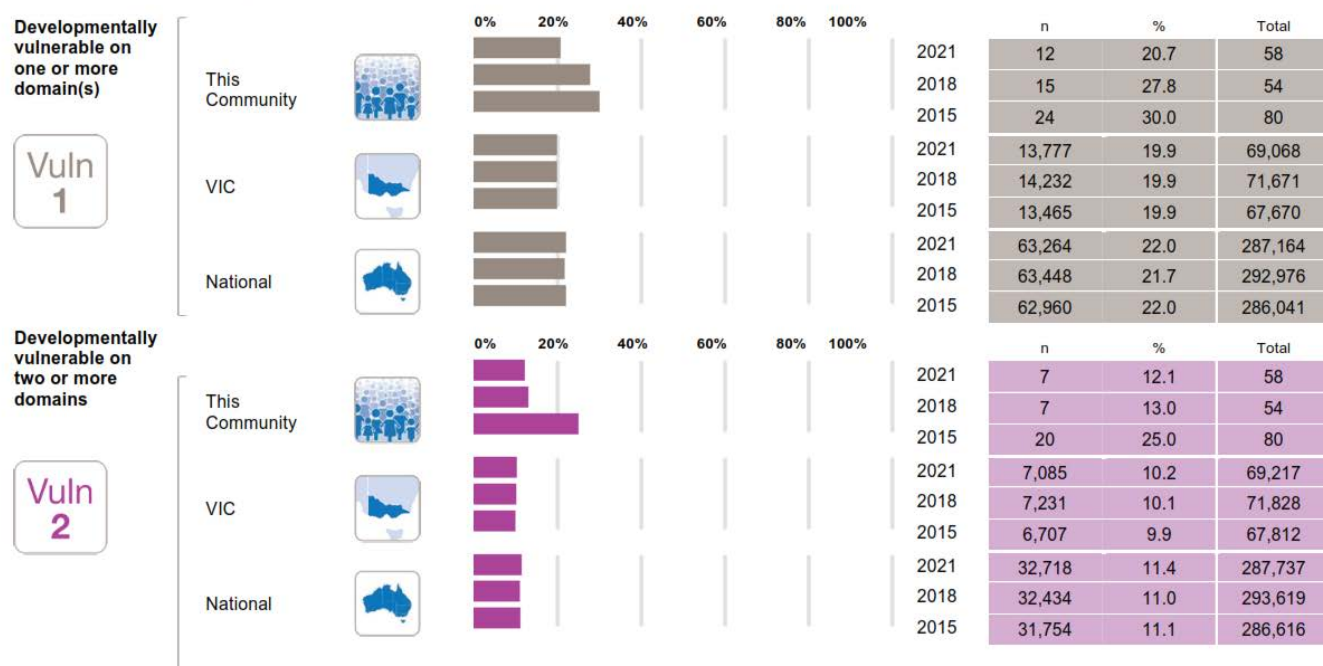
Table 2.2 indicates a decrease in 'vulnerable on two or more domains' and 'no [significant] change' in 'vulnerable on one or more domain(s)' although there is a decrease in proportion from 27.8% in 2018 to 20.7% in 2021. Figure 2.6 shows this decrease graphically.

Figure 2.6 – Community trends of vulnerability over time.



Developmentally vulnerable on ≥1 and ≥2 domain(s)

Summary indicators of developmental vulnerability on 'one or more' and on 'two or more' domains



The visual (above) shows this decrease against Victorian and National levels. For both developmentally 'vulnerable on one or more domain(s)' and 'vulnerable on two or more domains' decreases between 2015 and 2021 bring the Yarriambiack Shire more in line with Victorian and National levels.

For example, developmentally 'vulnerable on one or more domain(s)' now rests at 20.7% for Yarriambiack Shire AEDC cohort compared to 19.9% for the Victorian and 22.0% for the National AEDC cohorts.

Developmentally 'vulnerable on two or more domains' now rests at 12.1% for Yarriambiack Shire AEDC cohort compared to 10.2% for the Victorian and 11.4% for the National AEDC cohorts.

Community level data for the 2021 AEDC period is not available. However, 2018 data (Table 3.6, below) suggests that whilst the communities of 'Hopetoun and surrounds' and 'Murtoa/Rupanyup/Minyip' experienced higher levels of being developmentally 'vulnerable on one or more domain(s)' than did the community of 'Warracknabeal/Brim' the reverse was the case for developmentally 'vulnerable on two or more domains'.

Table 3.6 - Vulnerable on one or more domain(s) and two or more domains at the national, state/territory, community and local community levels.

Region (including local communities)	Vulnerable on one or more domain(s)						Vulnerable on two or more domains					
	2015		2018		2021		2015		2018		2021	
	n	%	n	%	n	%	n	%	n	%	n	%
Australia	62,960	22.0	63,448	21.7	63,264	22.0	31,754	11.1	32,434	11.0	32,718	11.4
VIC	13,465	19.9	14,232	19.9	13,777	19.9	6,707	9.9	7,231	10.1	7,085	10.2
Yarriambiack	24	30.0	15	27.8	12	20.7	20	25.0	7	13.0	7	12.1
Hopetoun and surrounds	3	14.3	5	27.8	-	-	3	14.3	1	5.6	-	-
Murtoa/Rupanyup/Minyip	7	29.2	6	30.0	-	-	5	20.8	4	20.0	-	-
Warracknabeal/Brim	14	40.0	4	25.0	4	12.5	12	34.3	2	12.5	1	3.1

Also within the AEDC is the Multiple Strength Indicator (MSI). The MSI is a summary indicator that measures developmental strengths in social and emotional development such as self-control, pro-social skills, respectful behaviour towards peers, teachers and property, and curiosity about the world. The indicator also identifies children who have advanced literacy skills, a particular interest in reading, numeracy and memory, and very good communication skills.

2021 AEDC data suggests the AEDC cohort for the Yarriambiack Shire area is faring well with:

- › 63.8% of children with 'highly developed strengths' compared to 60.4% at the Victorian level and 56.0% nationally,
- › 22.4% of children with 'well developed strengths' compared to 21.3% at the Victorian level and 22.6% nationally, and
- › 13.8% of children with 'emerging strengths' compared to 18.3% at the Victorian level and 21.4% nationally.



Characteristics of children in each of the MSI categories 'emerging strengths', 'well developed strengths' and 'highly developed strengths'.

Highly developed strengths	Children have strengths in most of the 39 MSI items. These children are likely to be on track on all five AEDC domains, and show strengths across all AEDC domains.
Well developed strengths	Children are showing strengths in 50-70% of the following skills: relating to peers and teachers, self-control, curiosity about the world, working independently, reading and writing simple words, communicating effectively with peers and teachers, and story-telling.
Emerging strengths	Children may be meeting developmental expectations when they start school but they do not demonstrate a high number of strengths. Children in this category range from those with strengths in none of the 39 MSI items, to children with strengths in about half of the MSI items.

what I love about where I live... is going to school.
 (please write or draw your answer – teachers please add some explanation if needed, thank you)
 I love playing at home with my baby



School Entrant Health Questionnaire (SEHQ)

Results shown below for the School Entrant Health Questionnaire are from the 2021 screening period, the most recent available for the Yarriambiack Shire. SEHQ data are reported based on the child's residential postcode with allocation to Local Government Areas (LGA).

The SEHQ is an integral part of the Primary School Nursing Program and also provides valuable information about outcomes for children at state and local levels. It is completed by the child's parent or carer and therefore the following analysis reflects parental responses and concerns. It does not report medical diagnoses or the opinions of health professionals.

Across the Yarriambiack Shire area there were 42 children involved in the 2021 SEHQ data collection. Below are the number and percentage of responses from these parents/carers about their children and various aspects of their health and wellbeing. More negative results are in **red** text and more positive results in **green** text.

* The number of SEHQ children with a valid postcode for concordance to an LGA.

** Children have been allocated to quintiles of disadvantage based on the Australian Bureau of Statistics Socioeconomic Indexes for Areas (SEIFA).

NDP: No Data Published where the number of children is less than 5.

CHILD AND FAMILY DEMOGRAPHICS	LGA NO.	LGA %	NON-METRO %	VIC %
Aboriginal and/or Torres Strait Islander children	NDA	NDA	3.9	1.9
Children living in an area with the most socio-economic disadvantage**	24	57.1	27.6	19.5
Children living in an area with the least socio-economic disadvantage**	NDA	NDA	7.6	19.4
Children who were not born in Australia	NDA	NDA	3.5	8.1
Children who speak a language other than English at home	NDA	NDA	2.6	9.7
Children who live with one parent (mother only or father only)	8	19.0	13.8	10.5
Children reported to have an intellectual disability, developmental delay or learning disability	6	14.3	9.3	8.2

GENERAL HEALTH	LGA NO.	LGA %	NON-METRO %	VIC %
Children reported to be in excellent or very good health	35	83.3	85.2	84.3
Children reported to have allergies	5	11.9	8.8	9.0
<i>of the children above, those with an allergy action plan at school</i>	NDP	NDP	29.9	34.5
Children reported to have been told by a doctor they have asthma	7	16.7	11.8	9.6
<i>of the children above, those with an asthma action plan at school</i>	NDP	NDP	61.6	62.3



ORAL HEALTH	LGA NO.	LGA %	NON-METRO %	VIC %
Parents concerned about their child's oral health (e.g., teeth, gums etc)	11	26.2	15.4	15.9

SPEECH/LANGUAGE	LGA NO.	LGA %	NON-METRO %	VIC %
Children reported to have difficulties with speech and/or language	12	28.6	19.6	16.4
<i>of the children above, those who are seeing a speech pathologist</i>	NDP	NDP	29.8	28.4

SERVICE USE	LGA NO.	LGA %	NON-METRO %	VIC %
Children reported to have attended a Maternal and Child Health Centre for their 3 ½ year old check	36	85.7	72.7	69.9
Children reported to have been seen by an optometrist in the past year	11	26.2	16.2	14.3
Children reported to have been seen by a paediatrician in the past year	8	19.0	12.2	10.6
Children reported to have been seen by a dentist in the past year	17	40.5	49.0	43.6
Children reported to have been seen by an audiolo-gist/hearing specialist in the past year	NDA	NDA	7.1	6.2
Children reported to have participated in a kindergar-ten program led by a qualified early education teach-er	37	88.1	86.4	86.5

BEHAVIOURAL AND EMOTIONAL WELLBEING	LGA NO.	LGA %	NON-METRO %	VIC %
Parents concerned about the behaviour of their child	13	31.0	18.8	15.7

CHILDREN AT RISK OF DEVELOPMENTAL AND BEHAVIOURAL PROBLEMS

The **Parents Evaluation of Developmental Status (PEDS)** is embedded within the SEHQ and comprises a number of questions that elicit responses about specific domains of learning, development and behaviour. Certain groupings of concerns have been found to be significant predictors of developmental or behavioural problems.

CHILDREN AT RISK OF DEVELOPMENTAL AND BEHAVIOURAL PROBLEMS	LGA NO.	LGA %	NON-METRO %	VIC %
Children at high risk of developmental or behavioural problems	14	33.3	24.7	24.9
Children at moderate risk of developmental or behaviour-al problems	13	31.0	30.0	30.7

CHILDREN AT HIGH RISK OF BEHAVIOURAL AND EMOTIONAL PROBLEMS

The **Strengths and Difficulties Questionnaire (SDQ)** is embedded within the SEHQ and is used to assess different aspects of child behaviours at the beginning of primary school, including prosocial behaviour, hyperactivity, emotional symptoms, peer problems and conduct problems (Goodman 2001).

The **emotional** scale measures a range of negative emotions, such as sadness, fear and worries. The **conduct problem** scale measures tendencies to display negative behaviours when interacting with others. The **hyperactivity** scale measures a range of behaviours, including restlessness, impulsiveness and concentration. The **peer problems** scale measures peer relationships, including not having friends, being picked on, playing by themselves or not being liked by other children. The **prosocial behaviour** scale measures positive social behaviours.

CHILDREN AT HIGH RISK OF BEHAVIOURAL AND EMOTIONAL PROBLEMS	LGA NO.	LGA %	NON-METRO %	VIC %
Emotional symptoms	5	11.9	8.7	7.1
Conduct problems	13	31.0	14.1	11.2
Hyperactivity	8	19.0	13.0	9.7
Peer problems	10	23.8	9.4	8.9
Pro social	5	11.9	2.7	2.9
Total difficulties (score in the 'high risk' range)	10	23.8	9.8	7.1

FAMILY STRESS	LGA NO.	LGA %	NON-METRO %	VIC %
Families experiencing high or very high stress during the month prior to the survey	6	14.3	10.4	8.8

The following shows the results reported by parents when asked whether their child had experienced any of the following stressors:

FAMILY STRESS (CONTINUED)	LGA NO.	LGA %	NON-METRO %	VIC %
Alcohol or drug related problem in family	NDP	NDP	5.6	3.5
History of abuse to parent	10	23.8	8.1	5.2
History of abuse to child(ren)	7	16.7	3.0	1.9
Parent witness to violence	NDA	NDA	NDA	NDA
Child witness to violence	9	21.4	5.1	3.2
Gambling problem in family	NDP	NDP	0.7	0.6
History of mental illness of parent	7	16.7	13.8	9.3

* The number of SEHQ children with a valid postcode for concordance to an LGA.

** Children have been allocated to quintiles of disadvantage based on the Australian Bureau of Statistics Socioeconomic Indexes for Areas (SEIFA).
NDP: No Data Published where the number of children is less than 5.

With the exception of Maternal Child Health Key Ages and Stages participation (3 ½ year old check), 'participated in a kindergarten program led by a qualified early education teacher' and reported to have been seen by an 'optometrist in the past year' and 'paediatrician in the past year' all comparable SEHQ data between the Yarriambiack Shire participating cohort and the Victoria cohort is poorer.

Maternal and Child Health

All data presented below is drawn from the Yarriambiack Shire Council's Maternal & Child Health Local Government Performance Reporting Framework and is the most recent data available.

Year	Number of birth notifications received	Number of infants enrolled in the MCH service (from birth notifications received)	Percentage of infants enrolled in the MCH service	Percentage of participation in 4-week KAS visit from birth notices received
1 July 2018 - 30 June 2019	56	55	98.21%	117.86%
1 July 2019 - 30 June 2020	64	66	103.13%	98.44%
1 July 2020 - 30 June 2021	66	67	101.52%	95.45%
1 July 2021 - 30 June 2022	79	77	97.47%	86.08%

Maternal and Child Health Birth Notifications data suggests an increase in the Yarriambiack Shire Early Years population, climbing each year from 2019 with, overall, 23 more birth notifications in 2021-2022 (79 births) than there were in 2018-2019 (56 births).

Kindergarten

All data presented below is drawn from the Department of Education via Yarriambiack Shire's Manager Family, Youth and Children including through the 2021 Yarriambiack (S) ECE Profile.

In 2023 (at the time of researching the Municipal Early Years Plan) there were 123 three-year-old and four-year-old kindergarten enrolments. Enrolment according to the six delivery locations were as follows:

- › Hopetoun-Beulah: 23 enrolments,
- › Minyip: 7 enrolments,
- › Murtoa: 25 enrolments,
- › Rupanyup: 7 enrolments,
- › Warracknabeal 4-year-olds: 36 enrolments, and
- › Warracknabeal 3-year-olds: 25 enrolments.

Other than Warracknabeal, all centres run a mixed three-year-old and four-year-old kindergarten program. The 2023 enrolment numbers are similar to the 2022 enrolment (126 enrolments) although there were some changes in specific centre-based enrolments amongst the kindergarten communities.

Observations of the six Yarriambiack Shire kindergarten services are as follows:

- › All programs are provided through standalone services and a sessional delivery model,
- › All services participate in the Yarriambiack Shire's Central Registration and Enrolment Scheme,
- › All services are categorised as 'Small' by size (1-22 four-year-old enrolments),
- › All services are either 'meeting' (83%) or 'exceeding' (17%) in their most recent National Quality Standard (NQS)



overall rating,

- › In 2021 95.2% of all enrolments were from children within the Yarriambiack Shire area (the three enrolments from outside the Shire came from Northern Grampians [1], Horsham [1] and Buloke [1]),
- › In 2021, of the 62 four-year-old enrolments, five enrolments were of NESB children and three were Aboriginal children,
- › In the years leading up to 2021 four-year-old enrolments were steady – 60 children in 2019 and 62 children in 2020, and
- › Participation rates also remain largely consistent (although impacted in the first full year of COVID 19) at 96.4% in 2019, 87.7% in 2020 and 97.6% in 2021.

Demand for Kindergarten Places

Under the staged roll-out of the Victorian Government's Pre-Prep initiative by 2032, children across Victoria will have access to 1,800 hours of funded kindergarten before school, comprising 600 hours of Three-Year-Old Kindergarten (equating to 15 hours per week) and 1,200 hours of Pre-Prep (equating to 30 hours per week). Significantly Yarriambiack Shire is in the first round of staged roll-out communities and must commence delivery of 16-30 hours of Pre-Prep (four-year-old kindergarten) in 2025.

In planning towards 2025 we draw on previous kindergarten enrolment data alongside Maternal and Child Health Birth Notifications data to provide an estimation of enrolments.

As noted in the previous section Maternal and Child Health Birth Notifications data suggests an increase in the Yarriambiack Shire Early Years population, climbing each year from 2019 with, overall, 23 more birth notifications in 2021-2022 (79 births) than there were in 2018-2019 (56 births).

Based on this increase, and a static population (i.e. no movements into or out of the LGA – which is unrealistic in light of industry developments such as wind farming and mineral sands mining) this would see an increase in the current three and four-year-old Kindergarten enrolment from 126 three and four-year-old children to an enrolment of 145 three and four-year-old children in 2025 (i.e. the 2020-2021 birth year would be in four-year-old preschool and the 2021-2022 birth year would be in three-year-old preschool).

Whilst these estimations are fluid as they depend on a range of variables including individual factors, such as the year in which parents/carers decide to start their child at kindergarten, they are reasonable assumptions to work from.

The most recent Kindergarten Infrastructure and Services Plan (KISP) undertaken for the Yarriambiack Shire (in 2020) presents the number of funded kindergarten places available across the LGA. Funded kindergarten places are different to a service's licensed or approved places, which count the number of children permitted to attend the service at any one time under the license.

The Yarriambiack Shire Council and the Department of Education estimated how many 15 hours three and four-year-old kindergarten places can be accommodated through existing services in the LGA between 2021-29 – concluding an available 225 places across the LGA.

However the introduction of Pre-Prep (30 hours of kindergarten delivery to four-year-olds) changes this. Assuming 50% of the available places go to four-year-olds and these 112.5 places require twice the originally allocated 15 hours (so 30 hours) then the Yarriambiack Shire area has an approximate 168.75 kindergarten places available overall.

Stages of working out

1. 225 (available 15 hour places)
2. Divide by 2 (to reflect half population of three-year-olds only requiring 15 hours and half population of four-year-olds requiring 30 hours) = 112.5 places
3. Divide 112.5 places by 2 (because the four-year-old portion of places require twice the allowed 15 hours) = 56.25 places
4. Add agreed 'places' together to determine total revised 'places' i.e. $112.5 + 56.25 = 168.75$

These workings suggest that the estimated enrolment of 145 three and four-year-old children in 2025 can be accommodated within the available 186.75 places. Importantly though, these 168.75 kindergarten places are a 'Shire-wide' allocation and MAY NOT reflect the reality of under-utilisation of available places in some communities and the potential for demand over actual supply in communities like Warracknabeal.

So whilst the anticipated 168.75 kindergarten places 'meet' the required expected demand for 145 three and four-year-old children in 2025 the availability of 'places' on the ground may not. These 'physical place' estimations are further complicated by the availability of workforce to deliver the required hours.



OUR CURRENT COMMITMENT –

Council's Roles



Yarriambiack Shire Council has a clear focus on improving the health and wellbeing of the Yarriambiack Early Years community and, as a result, increasingly positive outcomes for our residents. Yarriambiack Shire approaches planning for positive Early Years development and experiences as a whole-of-Council responsibility through:

- › Leadership and advocacy which upholds the importance of the Early Years and supports families in the role of parenting and care,
- › Facilitating responsive and inclusive services and programs for children and families,
- › Delivering quality accessible infrastructure and public spaces which support community connection, wellbeing and liveability,
- › Pursuing strong partnerships and collaborating with other service providers and community groups to achieve outcomes not achievable when acting in isolation, and
- › Reducing barriers to participation in community life and access to services through multiple means (communication, awareness raising, inclusion events and promotions etc).

These align with the Municipal Association of Victoria's (MAV) articulated roles of local government in the early years:

1. Planning and coordination
2. Service provision
3. Infrastructure planning
4. Advocacy (and Partnership)
5. Strengthening community capacity.

Planning and Coordination

Council has an integral and legislated role in the planning for services in the municipality. Recent strategic work carried out by Council impacting children and families includes:

- › Yarriambiack Shire Council Plan 2021-2025 (June 2022 update) and the Municipal Public Health and Wellbeing Plan (which is embedded in the Council Plan),
- › Yarriambiack Shire Council Municipal Early Years Plan 2018-2022,
- › Community of Respect and Equality (CoRE) Commitment Charter,
- › Work Force Plan & Gender Equality Action Plan,
- › Access & Inclusion Plan, and
- › Asset Management Plan 2022-2032.

The final section of this report presents, in table form, the alignment of the Municipal Early Years Plan Priority Areas with the most recent Yarriambiack Shire Council Plan (2021-2025). This alignment not only supports planning but it is critical in further enabling advocacy and partnership conversations.

Council provides three and four year old kindergarten from the following locations:

- › Warracknabeal
- › Minyip
- › Rupanyup
- › Murtoa
- › Beulah
- › Hopetoun

Sessions and hours of operation are reviewed annually and tailored to meet communities requirements. As from 01 January 2025, the Murtoa Kindergarten will be decommissioned and moved to the Murtoa College site, under the operations of the State Government. Further details will be released regarding the operating model in 2024.

Maternal Child Health Services (Universal and Enhanced)

Council engages two Maternal Child Health Nurses to provide both universal and enhanced maternal child health services. Council is also exploring partnerships with external health providers to provide enhanced maternal child health support.

Supported Playgroup

Council is provided funding to engage a Supported Playgroup facilitator. The facilitator works across the shire to assist vulnerable families and children to either engage or re-engage in early childhood programs, such as independent playgroups.

"All the Yarriambiack staff I have come across have always been friendly and professional. Special shout out to Michelle (MCH nurse) who I have found excellent. In terms of kinder, all the staff at Murtoa are extremely dedicated and hardworking and I feel very lucky to have such a great kinder here."

- Parent-Carer Survey participant.



Maternal Child Health

Within the Yarriambiack Shire the Maternal and Child Health (MCH) service consists of the Universal Service and an Enhanced Service. The service is a free universal primary health service available to all families with children from birth to school age. The Universal MCH Service consists of the Key Ages and Stages consultations and a flexible service component.

"Parental Services support the development of strong parent-child relationships and strengthen parental wellbeing, enhancing parental coping and reducing negative stress on family relationships. High quality, coordinated family support services that are well connected to universal services, such as Maternal and Child Health services and early childhood care and education services, have been shown to be effective in providing positive support and outcomes for disadvantaged parents and children, particularly where these services have strong relationships with communities in which they work. These early interventions can break the cycle of disadvantage, reduce lifetime inequality and promote economic efficiency."

- Nair, (2012)

The focus of Enhanced Maternal and Child Health is on children and families at risk of poor health and wellbeing outcomes and, in particular, where multiple risk factors for poor outcomes are present. Enhanced MCH Services focus on providing, in addition to the suite of services offered through the Universal MCH Service, a more intensive level of support for families.

Council is exploring the opportunity to engage surrounding health service providers to provide enhanced maternal child health services to our families. With the aim of providing a pathway for wrap around services to be provided within our community.

Yarriambiack Shire delivers a high quality Universal Maternal and Child Health service via two qualified nurses available for consultation on specific days throughout the municipality. Service delivery is co-located with Kindergarten in Hopetoun, Murtoa, Rupanyup and Warracknabeal (four-year-old Kindergarten only) and, where feasible, coincides with the delivery of either Kindergarten and or playgroups services (notably playgroups in Beulah, Patchewollock and Tempy). Beulah and Tempy Maternal and Child Health is delivered from Council owned buildings and in Patchewollock from a community owned building.

Additional to this centred based service delivery, home visits are provided to all families with newborn babies. Further home visits can be accessed by families experiencing increased vulnerability.

Community engagement to inform the 2023-2028 Yarriambiack Shire Municipal Early Years Plan clearly demonstrated the high value placed on Maternal and Child Health delivery by the Early Years community.

The following data presents participation rates in Maternal and Child Health for the Yarriambiack Shire and are drawn from Council's 2021-2022 Annual Report.



Indicator	2019	2020	2021	2022
Infant enrolments in the Maternal and Child Health Service	98%	103%	101%	102%
Cost of the Maternal and Child Health Service	\$122	\$169	\$102	\$126
Participation in Maternal and Child Health Service	93%	91%	86%	80%
Participation in Maternal and Child Health Service by Aboriginal children	100%	94%	90%	73%
Participation in 4-week Key Age and Stage visit	New in 2020	98%	98%	88%*

*in the 2021/2022 financial year there were seven premature infants born (higher than normal). Visits were at the gestational age rather than the corrected age.

The work of Maternal and Child Health is guided by the Memorandum Of Understanding between the Department of Health (Victoria) and Municipal Association of Victoria (2022 – 2025) on behalf of local government Maternal and Child Health (MCH) services in Victoria. The purpose of this MOU is to agree to the following shared MCH program principles underpin service delivery:

- › Universal access,
- › Victorian Aboriginal communities' cultural safety,
- › Equitable and inclusive,
- › Diversity responsiveness,
- › Health promotion, prevention, and early intervention,
- › Collaboration and partnerships,
- › Quality and safety,
- › Evidence informed, and
- › Reflective practice and continuous improvement.

The MOU maintains that: "Local Government has a statutory and social responsibility for planning for its local community. It supports the health and wellbeing of Victorian children and families through determining policy at a local level. It takes a place-based approach to planning, funding, and infrastructure, as well as the coordination and delivery of services for children and families [as such] Councils are responsible for the delivery and monitoring of the universal and enhanced MCH Service either through direct service delivery or by contracting the service."

Immunisations

The National Immunisation Program (NIP) Schedule is a series of immunisations given at specific times throughout an individual's life. The immunisations range from birth through to adulthood. Yarriambiack Shire Maternal and Child Health Nurses provide scheduled Early Years immunisations during Maternal and Child Health clinics held across the municipality. In this way immunisation service delivery is both accessible and timely for children and families.

Kindergarten

Kindergarten is delivered across six Yarriambiack Shire communities including Beulah, Hopetoun, Minyip, Mutoa, Rupanyup and Warracknabeal. With the exception of Warracknabeal, where three-year-old and four-year-old kindergarten programs are delivered separately, at all other sites these age cohorts are delivered in a combined three and four-year-old model.

To further enable sustainability four communities 'share' some delivery days and teachers. For example families in and around Beulah share a teacher with Hopetoun and receive one day of preschool delivery in Beulah (Monday) and access their remaining delivery in Hopetoun (Tuesday-Friday). Families in Minyip and Rupanyup also share a teacher and receive a local service alternate Mondays and receive the remainder of their delivery via two further days based in their respective communities. For example, in 'week 1' Rupanyup families would receive three days of preschool delivered in Rupanyup, in 'week 2' they would receive Monday's preschool delivered in Minyip and the remaining two days delivered in Rupanyup.

All preschool service delivery is led by qualified early childhood teachers and supported by educators as per ratio requirements of the National Regulations. Yarriambiack Shire is the Early Years Manager for all preschool services.

Playgroup

Playgroups provide parents and caregivers with the opportunity to meet new people, gain support and exchange parenting ideas. They allow babies, toddlers and preschoolers to socialise as they play and learn together. All playgroups are different but the emphasis should remain on fun and friendship.

At the time of researching the Municipal Early Years Plan nine playgroups were operating throughout the Yarriambiack Shire. Three of these were supported by Yarriambiack Shire's Supported Playgroup Facilitator in the communities of Warracknabeal, Rupanyup and alternating between the communities of Patchewollock and Tempy. There were an additional six community playgroups operating with various levels of regularity and participation in Beulah, Hopetoun, Minyip, Murtoa, Warracknabeal and Woomelang communities.

The research noted how highly valued the supported playgroups were by the communities receiving these. Community led playgroups experienced some challenges with both volunteer availability and capacity. One playgroup in particular had struggled significantly with issues of being inclusive to all families and, at the time of researching the Municipal Early Years Plan, moves were underway to find solutions.

As was noted in the previous Municipal Early Years Plan some community led playgroups struggled to attract regular attendance. Attendance at these playgroups is generally reported as decreasing for a range of reasons, again with the lack of a facilitator in each of the centres highlighted as significant.

Library Services

Membership to the Yarriambiack Library is free and open to all municipality residents. Services include the physical Library building itself (Warracknabeal) and the travelling library – the Words on Wheels van.

The Words on Wheels service travels the length of the municipal area with the communities of Beulah, Hopetoun, Minyip, Murtoa, Patchewollock, Rupanyup and Woomelang receiving between 1 - 6 hours of service fortnightly and the communities of Brim, Lascelles and Speed receiving a fortnightly drop-off service.





Early Years Infrastructure

Universal design principles guide the design of built environments to be accessible for all people - regardless of age and ability - over time, to the greatest extent possible, without the need for adaptation or specialised design. Universal design creates vibrant, healthy and equitable environments that benefit people of all ages, not just those in the Early Years.

The presence of physical environments and materials that enable physical activity and encourage children to explore, solve problems, communicate, think, create and construct are essential in facilitating healthy development.

Across the Yarriambiack Shire area there are multiple facilities and spaces which are largely accessible to the whole community and are highly valued by children and families. Key examples are:

- › Parks, playgrounds and recreation reserves,
- › Libraries,
- › Swimming pools and leisure centres,
- › Key infrastructure around natural water bodies, and
- › Walking / cycling paths.

In addition to these universal spaces are dedicated standalone and co-located Early Years spaces and infrastructure. This includes Maternal and Child Health facilities, and kindergarten and playgroup facilities.

Across these universal and dedicated spaces Yarriambiack Shire recognises several key factors impacting infrastructure longer term:

- › The early years is a time of immense change and our family's needs are also changing and, as such, infrastructure must respond to these changes,
- › Our communities are changing physically and socially and this changing population creates new demands for service flexibility and accessible and inclusive infrastructure,
- › Government policies and programs are emerging with a sustained focus on the Early Years,
- › Service providers are evolving and are sometimes lost, and
- › Funding parameters do not always match community needs.

Early Years infrastructure is discussed in more detail in a background report available on request from Yarriambiack Shire Council.

Advocacy and Partnership

"In the early years local government continues to take a leadership role. This role is supported by strong community engagement and partnerships, which create an effective local delivery system to improve the outcomes for children whilst also delivering improved social and economic outcomes for the community. This partnership approach is supported by The Compact 2017 - 2027."

- The Municipal Association of Victoria.

The Compact (Supporting Children & Families in the Early Years – A Compact between DET, DHHS & Local Government 2017 – 2027) is an overarching partnership framework with guiding principles to inform the Yarriambiack Shire's approach to Early Years planning generally and to partnering for positive outcomes in the Early Years specifically, this includes:

- › All young children are engaged, confident and creative learners,
- › All children are safe, cared for and experience optimal health and development,
- › Families feel well supported by high quality, inclusive services for children and families in the Early Years,
- › Vulnerability, location, disconnection and disadvantage do not determine outcomes for young children, and
- › Families are connected to culture, actively participate in community life and can access help when and where they need it.

Yarriambiack Shire Council regularly seeks and participates in advocacy opportunities in the early years. Most recently Council has been active in advocating for:

- › The right for three-year-old children to travel on school buses to better enable the access of three-year-old children to 15 hours of kindergarten,
- › Renewed infrastructure to support the increased hours to Kindergarten for both three-year-old and four-year-old across the LGA,
- › Early Years staffing models which facilitate the training, recruitment and retention of staff in a manner that is effective in small rural communities and enable local government Early Years Managers to respond to the increased hours of Kindergarten for both three-year-old and four-year-old,
- › Equity of service delivery to enable children and families to thrive during the Early Years including access to essential services such as childcare and Allied Health.

The Yarriambiack Shire is also an active member in several partnerships and alliances including:

- › Women's Health Grampians CoRE Alliance,
- › By Five Wimmera Southern Mallee (WSM) Early Years initiative,
- › By Five Wimmera Southern Mallee Specialist Paediatric Support Partnership 2020,
- › Wimmera Southern Mallee ECEC Workforce Group,
- › Regional Partnership Strengthening Children in Communities Program, and
- › Melbourne University's Educational and Developmental Gains in Early Childhood (EDGE) research (<https://education.unimelb.edu.au/REEaCh/assets/the-edge-study>).

Other instrumental partnerships for improving Early Years outcomes have included:

- › The Linking Learning Project (delivered from 2014-2017) which later became known as WORDS (Warracknabeal Oral Reading Development Strategy) and was instrumental in the Wimmera Development Association's formation of the By Five initiative,
- › The WORDS project in the form of the Yarriambiack Early Years Partnership was then supported by Rural Northwest Health but meetings discontinued several years ago,
- › Deakin University and the YCHANGE initiative (which was discontinued in 2019).

A Changing Role...

A key challenge for Local Government is being responsive in defining the role it plays supporting families and children because, whilst some needs are enduring – such as support, connection, education and care - others are continually changing. The expectations of the community, the evolution of the state and federal funding and policy environment, and the changing capacity of other agencies as funding streams alter or different priorities are identified are all factors in creating this constant change.

While this Plan identifies key focus areas for the next five years, Council should continue to monitor and assess its role in supporting children and families using the following criteria to make informed decisions about its ongoing role:

- › The effectiveness of the program, service or activity in helping to achieve Council's strategic priorities, particularly those identified through the Council and Municipal Early Years Plan,
- › The financial sustainability of Council remaining involved in the program, service or activity with careful consideration of the link between financial input and the community outcomes and longer term gains in health and wellbeing (i.e. recognising there may be a 'lag' in Return on Investment),
- › The impact to the community if Council were to cease being involved, acknowledging the already thin service delivery environment across our rural communities,
- › Whether Council is mandated and / or funded to undertake the program, service or activity, including assessing the impact of any cost shifting from state or federal government,
- › The extent of community use and/or level of community participation that the program, service or activity receives,
- › The effectiveness of the program, service or activity in meeting community needs. This evaluation and reflection also applies to ensuring high quality and continuously improving services,
- › Any evidence of increased community needs or vulnerability,
- › Any alternate models or approaches that could be implemented that can meet community's needs and provide a more sustainable model for the future,
- › Ensuring Council does not duplicate programs, services or activities being delivered or supported by other agencies, and
- › Identifying whether Council needs to remain involved now or in the future to maintain accessible and equitable choices for children and their families.

what I love about where I live...

(please write or draw your answer – teachers please add some explanation if needed, thank you)

*I love where i live because I help my
mom or dad*





Evolving workforce demands...

A range of factors impact workforce supply and nationally Australia is experiencing a workforce shortage. Regionally the growth of mining and renewable energy production, and population drift to regional centres are all factors. The August 2022 Regional Economic Development Strategy (REDS) for the Wimmera Southern Mallee region indicates the area has critically low unemployment (2.7%), well below other Victorian regions.

At the Victorian state level more than a decade of policy changes in the Early Childhood Education and Care realm demanding increasingly qualified staff and closer educator to child ratios are all factors impacting workforce supply into and across the Yarriambiack Shire.

The Victorian Government's 2017 Education State Early Childhood Reform Plan (Ready For Kinder, Ready For School, And Ready For Life; and the delivery of Three-Year-Old Kindergarten across the state) was extended in June 2022 with the expansion of the Best Start, Best Life reform with three major new initiatives: making kinder free for three- and four-year-olds in participating services across the state; transitioning Four-Year-old Kindergarten to 'Pre-Prep', a universal, 30-hour a week program of play-based learning; and establishing 50 government-owned and affordable childcare centres.

The recent report by By Five - Childcare in the Wimmera Southern Mallee (WSM) – suggested demand for 84 Early Childhood Education and Care (ECEC) staff across the Wimmera Southern Mallee region including 34 existing unfilled positions and a further 50 new positions in order to meet the current childcare waitlists across the WSM communities. These figures will increase further in light of the 15 hours of three-year-old kindergarten and Pre-Prep changes.

Beyond ECEC staff there are school teacher shortages, a shortfall in health professionals especially in the Allied Health and mental health fields but also in antenatal care and in succession planning for Maternal and Child Health nurses.

Our community voice confirmed that meeting the Early Childhood Education and Care workforce shortage, and so enabling fuller community access to childcare, 'frees up' families with skill sets in many of these other professions to return to work in either part- or full-time capacity. As such a focus on the Early Childhood Education and Care workforce is key to alleviating workforce shortages across multiple sectors (not to mention gender equity, ethical and educational imperatives).

I'm desperate to get formal childcare so I can be available in my capacity as a registered nurse.

The community is crying out for nurses however I can't return to work as I don't have access to childcare.

The quickly evolving Victorian Early Childhood Education and Care space, especially in Yarriambiack Shire as one of the first roll-out communities for Pre-Prep, means a workforce vacuum is being created which adds significant pressure to staff recruitment and retention in kindergarten services – a burden which falls heavily onto Yarriambiack Shire Council as the Early Years Manager.

Yarriambiack Shire has responded creatively in the past to the Early Childhood Education and Care workforce demand utilising (or partnering) in the following strategies, with mixed success:

- › Word of mouth, local promotions and reaching out to people personally,
- › The By Five partnership with WDEA to have an Early Years recruitment strategy into secondary schools across the region. WDEA are offering students the opportunity to undertake a VET Early Childhood certificate. The challenge is

that VET has an administrative burden and this was noted by Early Years teachers during consultations, and

- › Proactive attempts for local community upskilling have certainly been attempted as recently as June 2022 (see flyer, right).

The Yarriambiack Shire Early Years team also identified some additional strategies which may be useful in recruitment and retention including:

- › Council to attend Careers sessions at local Secondary Schools to promote Early Childhood Education and Care workforce employment opportunities,
- › Consider implementation of the PEEPS UK program. The PEEPS program is delivered in the playgroup setting, enabling Playgroup parents to engage in some skill building / awareness raising re the Early Years whilst participating. Over time this work moves towards some Early Years certification.

See <https://www.peeple.org.uk/learning-together-training>

It was further noted that strategies such as scholarships for Maternal and Child Health nurses have worked well in the past and continue to form part of Yarriambiack Shire's succession planning in this space.

At the regional level the By Five Childcare in the Wimmera Southern Mallee report also noted several strategies including:

- › Undertake research into local workforce retention challenges and identify approaches for supporting workforce retention, including block-funding in rural and remote areas, with a Common Award in place for all forms of rural ECEC delivery,
- › Explore training and development pathways for staff including those who have left the industry to return that recognises prior learning,
- › Collaborative approach established for Early Childhood Education and Care development within scope of the Victorian Government kindergarten program. This will include an action strategy for rural childcare,
- › Improve consistency and quality of ECEC services as staff feel more secure and services are reliably established in smaller townships (> 500 people),
- › Trial mentoring programs with clear strategies for supporting staff to deliver the highest quality services regardless of where they are located, and
- › Advocate for pay parity and conditions across the Early Childhood Education and Care sector to ensure that all WSM children and families have consistent access to quality childcare.

Also at the regional level, the Wimmera Southern Mallee Regional Partnership Roadmap notes several actions and key projects of relevance to the Early Years including:

- › Early Years: seeking subsidised traineeships in Certificate III and Diploma of Early Childhood Education courses as a pathway to fill skills gaps,
- › Early Years: pooling of part-time funded allied health positions and coordinating positions across the region,
- › Workforce: working to increase employment in health roles through the Allied Health Cross Sector Collaboration with DET and DHHS,
- › Advocating for a Workforce Retention, Attraction and Development Coordinator to work collaboratively across the community and industry to overcome skills shortages, and
- › Health and Education: expansion of Tele-health Programs as a mechanism to provide increased access to specialist services.

At the State level, to support the workforce demands created by Early Childhood Education and Care initiatives such as Best Start Best Life the following opportunities are significant:

- › Kindergarten Infrastructure and Service Plan (KISP) Support Grants for the updating of existing KISPs, recognising these were undertaken prior to the three-year-old kindergarten expansion and Pre-Prep announcement and no longer reflect the current and anticipated delivery environment,
- › Workforce Planning Grants to support the development of five-year workforce plans which will inform the supply of workforce required to deliver both Pre-Prep and the continued scaling up of three-year-old kindergarten,
- › Best Start Best Life scholarship opportunities support existing educators complete a graduate, or post-graduate degree with scholarships worth up to \$34,000 (for Aboriginal educators) and up to \$25,000 for other approved educators (flyer shown right),
- › VET reforms. Vocational Education and Training (VET) enables students to gain qualifications for all types of employment, and specific skills to help them in the workplace. Undertaking VET while at school allows students to mix general and vocational education and to make a start on training for a career before they leave school. Students can also study VET through school-based apprenticeships or traineeships (SBATs) or part-time apprenticeships and traineeships. In

Opportunities to upskill your team!

Do you have diploma qualified educators looking to upskill?
Become a champion ECEC service and encourage your educators to complete a graduate, or post-graduate degree with scholarships worth up to \$34,000.

Financial support available to study
Hundreds of financial support packages are available now and you can apply at any time. You could be eligible for up to \$25,000 to help you with an approved undergraduate qualification. This can be used for course fees, living costs while you study or other costs associated with your education, such as a new laptop to help your study. The Early Childhood Aboriginal Pathway Scholarship is also available for Aboriginal people wanting to become kinder teachers. You could be eligible to receive up to \$34,000 to help you with an approved or postgraduate undergraduate qualification.

How does the program work?
You can apply for financial support at any time. Payments are made to recipients according to study and employment milestones. For example, the first milestone payment requires proof of enrolment in an eligible course.
Eligibility
Financial support is available to Australian citizens, New Zealand citizens or holders of a permanent visa who meet the entry requirements for the course provider.
How to apply
To apply, you need to provide evidence of enrolment in an early childhood qualification. Applications take less than 20 minutes to complete.

Best Start Best Life
Early childhood teaching: make a difference

More information
Visit www.gov.vic.au/best-start-best-life for more information and to apply for financial support.

You can also check out the interactive story map to find out more about the program and how your teachers about their experiences working in the early childhood sector.

government schools, all SBATs will be supported by the Head Start program from 2023 and VET studies through the revised Vocational Education and Training Delivered to Secondary Students (VDSS) funding model for Victorian government schools.

The Victorian Government, through their plans to better embed vocational and applied learning into senior secondary, are working to improve access to a range of high-quality VET courses for all students. This includes a core set of VET certificates within 12 pathways (the first six of which are priority pathways aligned to areas of high jobs growth) and include the Certificate III in Early Childhood Education and Care. <http://www.vic.gov.au/vetpathways-schools>

- › In 2020, the Certificate III and Diploma of Early Childhood Education and Care were both added to Free TAFE, and
- › The Victorian Skills Plan for 2022 into 2023 (Victorian Skills Authority) which segments workforce demand into 13 industry clusters that, between them, are forecast to need around 373,000 more workers over the next three years. Within these 'segments' are child carers, Early Childhood (pre-primary school) Teachers and Primary Teachers.

The combination of local initiatives, regional advocacy and initiatives and state level planning support, education scholarships and free training are creating a space where Yarriambiack Shire has support to respond proactively to the Early Childhood Education and Care workforce shortages.



THE POLITICAL AND POLICY CONTEXT –

International, National, Victorian & Local

*"Instead of raising children who turn out okay despite their
childhood, let's raise children who turn out extraordinary
because of their childhood."*

- L.R. Knost.

Fundamental to positive health and wellbeing is the right for children to experience environments that consider their needs. Yet, without voting rights, the ability of children to influence the communities they live in is limited to the opportunities afforded to them by adults.

Over the past several decades, Australian federal and state governments have increasingly demonstrated they understand the importance of investing in children and providing the best opportunity that they might thrive. Examples include the National Standards for the provision of early years services, the commitment to universal access to preschool including increasing funded hours and establishment of kindergarten central registration and enrolment systems and a growing focus on supporting the needs of vulnerable children and families through, for example, simplified intake models and information sharing protocols.

Extending this investment local government works with the Victorian and Australian Governments to plan communities, deliver services, build infrastructure and promote community wellbeing. As a planner, advocate and provider of children's services, Council must continue to consider its direction and the policy frameworks that support children and their families including:

- › keeping children safe from harm and abuse,
- › promoting children's rights, including their right to have a say in the decisions that directly impact them,
- › focussing on child and family health, including access to pre-natal and maternity services,
- › supporting vulnerable children, including children known to Child Protection,
- › advocating for equitable and meaningful access to early intervention and support for children with additional needs,
- › advocating for and enabling access to, and affordability of, childcare,
- › improving access to quality education, with national standards in place for kindergartens and schools,
- › providing meaningful education and culturally safe services for Indigenous children, students and families,
- › promoting healthy eating and exercise for child and family health, and
- › providing opportunities to build connected and resilient communities.



Yarriambiack Shire Council promotes a commitment to child safety, wellbeing, participation, empowerment, cultural safety and awareness, including those with a disability, Aboriginal children and/or communities, and children from cultural and/or linguistically diverse backgrounds.

The Municipal Early Years Plan also aligns with several partnership and alliance commitments Yarriambiack Shire is member to. Working in partnership is critical in delivering improved outcomes for children aged 0-8 living across our Shire community.

Further afield the Municipal Early Years Plan is influenced by the international, state and federal government policy context. The following table documents this legislative and policy context, including current and immediate past Acts and policies, guiding the Municipal Early Years Plan.

Legislative Context

Future Directions for a New Local Government Act 2020 / Local Government Act 1989
Gender Equality Act 2020
Privacy and Data Protection Act 2014
Education and Care Services National Law 2010
Education and Care Services National Regulations 2012
Disability Amendment Act 2012
Family Violence Protection Act 2008
Public Health and Wellbeing Act 2008
Charter of Human Rights and Responsibilities Act 2006
Children Youth and Families Act No. 96 of 2005
Child Wellbeing and Safety Act 2005 (& Child Information Sharing Scheme 2018)
Working with Children Act 2005
Occupation Health and Safety Act 2004
Health Records Act 2001
Disability Discrimination Act 1992
Public Records Act 1973
Health Services Act 1988
Freedom of Information Act 1982

International Policy

United Nations Declaration on the Rights of Indigenous People (2010)
United Nations Convention on the Rights of the Child (1990)
UNICEF's Building Blocks for Developing a Child Friendly City (2004)



"Children have the right to express their opinion, and have adults listen and take it seriously."

- UN Convention on the Rights of the Child: Article 12.

Internationally, the United Nations Convention on the Rights of the Child (1989) sets out the basic human rights of a child no matter where they live, setting standards in health care, education, legal, civil and social services. These rights are consistent with the direction and policy frameworks pursued by governments in Australia.

National Policy	National Framework for Protecting Australia's Children (2009-2020) & National Principles for Child Safe Organisations
	Australian National Breastfeeding Strategy: 2019 and beyond (Council of Australian Governments (COAG) Health Council, 2019)
	National Partnership on Universal Access to Early Childhood Education (2018 & 2019)
	The Early Years Learning Framework– Belonging, Being and Becoming - part of the National Quality Framework for Early Childhood Education and Care (ECEC, 2018)
	National Standards of Practice for Maternal Child & Family Health Nurses in Australia (2017)
	Productivity Commission Inquiry into Childcare and Early Childhood Learning (2014)
	The National Quality Framework for Early Childhood Education and Care (2012) (Australian Children's Education and Care Quality Authority, 2018)
	National Framework for Universal Child and Family Health Services (Dept Health & Ageing, 2011)
	My Time, Our Place: Framework for School Age Child Care in Australia (2011)
	Belonging, Being and Becoming: The Early Years Learning Framework for Australia (2009)

Victorian Policy	Victorian Child Safe Standards (2022)
	Kindergarten For Every Three-Year-Old (2022)
	Free from violence: Victoria's strategy to prevent family violence (2022)
	Victorian Aboriginal and Local Government Strategy (2021)
	Safe and strong: A Victorian Gender Equality Strategy (2021)
	Maternal and Child Health Service Guidelines (DHHS, 2019 reissued 2020)
	Enhanced Maternal and Child Health Program Guidelines (DHHS, 2019)
	Victorian Aboriginal Affairs Framework 2018–2023
	Early childhood agreement for children in out-of-home care (DET & DHHS, 2018)
	The Compact Supporting Children & Families in the Early Years 2017 – 2027 (DET, DHHS & MAV)
	Maternal and Child Health Memorandum of Understanding 2017-2020 (DET, DHS, MAV)
	Ending Family Violence – Victoria's 10 Year Plan for Change (DHHS, 2017)
	Supported Playgroup Guidelines (DET, 2017)
	Early Childhood Reform Plan – Education State (DET, 2017)
	Marrung: Aboriginal Education Plan 2016-26 (DET)
	Victorian Early Years Learning and Development Framework (DET, 2016)
	Roadmap For Reform: Strong Families, Safe Children (DHHS, 2016)
	Best Start Policy and Guidelines (DET, 2016)
	Victorian Public Health and Wellbeing Plan 2015-2019
	Victoria's Vulnerable Children – Our Shared Responsibility 2013-2022
	Victorian Charter for Child Friendly Cities and Communities

The Victorian Charter for Child-friendly Cities and Communities has been developed for local governments, organisations and individuals in Victoria. The Charter is consistent with state, national and international protocols and

embraces rights that are embedded in the Convention of the Rights of the Child (1990), the Chiba Declaration for a Child Friendly Asia Pacific (2009), UNICEF's Building Blocks for Developing a Child Friendly City (2004) and the Victorian Human Rights and Responsibilities Charter (2006).

The State Government has various policies and frameworks in place to uphold the Convention on the Rights of the Child and the Victorian Charter for Child-friendly Cities and Communities.

Significant in terms of Early Years service delivery are the Education and Care Services National Law (2010) and the Education and Care Services National Regulations (2012) as these outline the legal obligations of approved providers, nominated supervisors, and educators and explain the powers and functions of the state and territory regulatory authorities and ACECQA. <https://www.acecqa.gov.au/nqf/national-law-regulations>

The purpose of the Education and Care Services National Law (2010) and the Education and Care Services National Regulations (2012) is to set a national standard for children's education and care across Australia. In effect it means the same law is applied in each state and territory. Victoria passed the Education and Care Services National Law Act 2010, adopting it in full whereas other States adopted that law through an Application Act or passed corresponding legislation.

The Education and Care Services National Regulations (National Regulations) support the National Law by providing detail on a range of operational requirements for an education and care service including:

- › the National Quality Standard (schedule 1),
- › application processes for provider and service approval,
- › setting out the rating scale,
- › the process for the rating and assessment of services against the National Quality Standard,
- › minimum requirements relating to the operation of education and care services organised around each of the seven quality areas,
- › staffing arrangements and qualifications,
- › fees for a range of transactions, and
- › jurisdiction-specific provisions.

The National Quality Standard (NQS) sets the national benchmark for early childhood education and care and outside school hours care services in Australia. The NQS includes 7 quality areas that are important outcomes for children. Services are assessed and rated by their regulatory authority against the NQS, and given a rating for each of the 7 quality areas and an overall rating based on these results.

Some of the challenges for Local Government in delivering Early Years services regulated by the Education and Care Services National Law (2010) and the Education and Care Services National Regulations (2012) is that an additional 'layer' of regulation is then imposed by the Local Government Act.

However, recent reform of the Local Government Act (2020) have worked to remove some unnecessary regulatory and legislative prescriptions, enabling Councils to govern more responsively and 'locally' based on the following five principles:

1. COMMUNITY ENGAGEMENT

This principle aims to ensure all Victorians have the opportunity to engage with their Council on the future of their community. At a minimum, all Councils must adopt and maintain a community engagement policy which must be used in the development of: planning and financial management; community vision development; council planning; and financial planning.

2. STRATEGIC PLANNING

The Local Government Act 2020 requires Councils to develop an integrated, longer-term and transparent approach to planning that supports councillors in leading strategically, rather than focusing on operational issues. This principle works together with the community engagement principle to ensure that communities are involved in strategic planning and decision making.

3. FINANCIAL MANAGEMENT

A significant percentage of a Council's revenue comes from rates, and the community has expectations that these rates will be used to deliver an array of services and infrastructure. It is vital that Councils undertake responsible spending and investment that ensures financial, social and environmental sustainability.

4. PUBLIC TRANSPARENCY

Openness, accountability, and honesty are essential to build high levels of accountability and trust among citizens and enable fully informed engagement in the democratic process. Councils are required to adopt and maintain a public transparency policy, which must be in line with underpinning principles in the Act.

5. SERVICE PERFORMANCE

Principles related to Service Performance ensure that Councils deliver equitable, accessible, and good value services; and meet the needs of their diverse communities.

<https://www.localgovernment.vic.gov.au/council-governance/local-government-act-2020/principles-of-the-local-government-act-2020>

These in no way override the the Education and Care Services National Law (2010) and the Education and Care Services National Regulations (2012) however.

YOUR VOICE –

How we listened & What you told us

"Consultation is more than just asking children for their ideas and views. It's about listening to them, taking them seriously and ensuring their ideas and suggestions are considered. Involving children in decision-making means they can influence some of the things that affect them and offer a different perspective from adults. It supports adults in understanding children's issues, enables policies and services to be reflective of children's needs, and acknowledges their important role in society."

- *Engaging Children in Decision Making: A Guide for Consulting Children, p4.*



Ensuring we heard from community was central to the research and development of the Yarriambiack Shire Municipal Early Years Plan.

In total, through various means, 415 voices informed the Yarriambiack Shire Municipal Early Years Plan. These voices included:

- › 251 children. Through a drawing exercise circulated to all preschools and schools across the LGA (156 drawings) and a children's discussion group held at selected preschools and schools (95 children) a total of 251 children shared their ideas,
- › 137 parents/carers and extended family members. Through an online survey (90 responses), community drop in sessions (8 people) and attending drop-offs and pick-ups at preschool and school (39 people) 137 parents/carers and extended family members from across the LGA guided our knowledge and understanding,
- › 27 service providers. Through an online survey (8 responses), a dedicated Service Providers focus group (12 participants) and targeted interviews with key stakeholders (7 Participants) a total of 27 service providers from across (and outside the LGA) refined our knowledge and understanding of the critical strengths and challenges experienced by our Yarriambiack Shire families. These service providers included staff internal to and external of Council,
- › A desk based review of previous community and children's consultations (including the recent Childcare survey) and current Yarriambiack Shire plans and strategies also informed and guided theme development.

A summary of key themes is presented below via cohort.

What we heard – overarching themes

Themes from the community engagement are outlined below. Where relevant other local research is also documented (in adjacent text boxes) and this broadened knowledge is used to draw out critical themes and opportunities.

Children

Through a combination of drawing exercises and small discussion groups children from preschool and early primary shared their thoughts on what they loved about where they lived and what they needed to be happy, healthy and safe.

Through the drawing exercises and discussion groups the children indicated the critical importance of having places to come together and things to do – significant amongst the images were outdoor spaces, town pools and natural water bodies (lakes and rivers). Home, family and friends were important themes (especially the opportunity to live close to loved ones), as was access to healthy food, quality water and sleep and the natural environment. Another prominent theme for children was Pets, with the opportunity to care for and enjoy the company of animals frequently mentioned.

Analysis of the children's drawing exercises and discussion groups demonstrates that children, for the most part, value

the same key aspects of life and community as parents, carers and extended family do, and that many of the base needs of families are met through these provisions.

Parents / Carers

The online survey for parents/carers and extended family worked chronologically through the Early Years from pregnancy and birth to early primary school. Parents/carers generously shared their experiences at these different stages, key themes and observations included:

- › Whilst most survey respondents accessed some form of **antenatal care** or support (95%), many commented that this was too far away and physically difficult to access. Further to this 25% of respondents felt they did not receive enough information during their pregnancy,
- › Themes to *improve the support you received during pregnancy* included: increased local service delivery, increased information and improved communication and greater continuity of support and connection,
- › Families with **children aged 0-5 years** were in strong agreement about what was being *done well* for children in this age cohort – this included: playgroups, kindergarten, Maternal and Child Health and immunisations and to a lesser extent Playgrounds / Parks / Pools and Library services,
- › When asked *what could we do better for children aged 0-5* parents and carers noted: childcare and more inclusive activities for children and families (specifically opportunities for learning and connection), infrastructure and health services delivery,
- › 95% of respondents with children aged 0-5 years were using (or had used) **Maternal and Child Health services**. Satisfaction with *Staff friendliness* and *Staff knowledge* were higher than that with the infrastructure itself but, overall, all indicators received a weighted average of above 4 (from a possible maximum of 5) indicating strong levels of service user satisfaction,
- › In terms of Maternal and Child Health respondents indicated that the service *met their needs* completely 51% and mostly 35%. Similarly, respondents *felt they could talk about things that mattered to them* completely 54% and mostly 34%,
- › 83% of respondents wanted to see their Maternal and Child Health nurse *where they see them now*,
- › Survey respondents were then asked about the **childcare use** and any unmet needs. 31% of respondents indicated they used childcare and of these 55% were accessing this childcare outside the Yarriambiack Shire area. 59% of the respondents using childcare noted that it *met their needs*, the remainder required more hours,
- › Significantly, of those indicating they *did not use childcare*, only 11% of these were because they *did not need it*. The remaining 89% noted multiple barriers, highest of which was *there is none in my community* (41%) and *it had a long waiting list* (33%),
- › This aligns with a survey undertaken by Yarriambiack Shire in 2019 of the southern Shire communities regarding childcare. At this time 62.2% of the 90 respondents indicated *Yes, they would use a centre based childcare service in the next 5 years*. 44.7% of these respondents indicated they would use care for three days per week,
- › Since then funding for the Murtoa Early Years Hub has been received with confirmation childcare will be included in the suite of services delivered,
- › In line with childcare 26% of survey respondents noted requiring **After School Care or Vacation Care services**,
- › Survey respondents were then asked about the participation in **Kindergarten** - *does (or will) anything make it hard to get your child to kinder?* Whilst most responded that accessing Kindergarten is *not hard* (53%), for 27% of respondents *work hours* were a barrier, and for 20% of respondents *regulations which prevent my 3 year old travelling on the school bus* were a barrier,
- › Respondents were also asked *How positive do you feel about the value of 30 hours of Pre Prep (Kinder) for your child*. Whilst the majority were *Mostly or Completely positive* (60%), 25% were either *Not at all* or only *A little positive*, comments were centred on 30 hours being too much for children of this age, although there was also relief from some families because it would alleviate childcare challenges,

Coinciding with the Yarriambiack Shire's Municipal Early Years Plan was research by By Five into Antenatal Care in the Wimmera Southern Mallee (2023). This research highlighted similar concerns for Yarriambiack Shire families noting some antenatal care was provided by Rural Northwest Health (via registered midwives) and was accessed by women in the Northern area of the Shire. With the same midwives also provide domiciliary care across the health service catchment area. Murtoa, Minyip and Rupanyup, in the southern part of the Shire, were serviced West Wimmera Health Service which was currently not offering locally available antenatal care. This research revealed requests for more involvement of MCH nurses during pregnancy, increased shared care options, more post-natal care available closer to home and for more maternity providers to be available in Horsham (as the highest used birthing hospital).

"childcare is being defined as an individual issue for individual parents, when it is in fact a structural problem managed by a regulatory environment and subsidy scheme that disadvantages people in areas where approved care is unavailable."

- Tichler, McDonald, Reeves, 2020



- › Consistently between 24% and 30% of families completing the survey identified as *Eligible and I will use all 30 hours of kinder* - 11 families in 2025 and 12 families each in 2026 and 2027. Families indicating they are *Eligible but will not use the full 30 hours of kinder* declines across the three-year period from 14 families in 2025, to seven families in 2026 and only five families in 2027. Whilst the sample is limited this may demonstrate a steadily increasing positivity in the Pre-Prep model. Most respondents were uncertain how the introduction of Pre-Prep might change their childcare needs (40%), while 33% said it would reduce their childcare needs and a further 27% felt their needs would remain the same,
- › Respondents were then asked as a *community what do we do well for children aged 5-8?* Sport and school were acknowledged as key strengths,
- › In terms of *what could we do better (as a community) for children aged 5-8 years?* 61% of respondents noted a wider range of extra-curricular activities (outside sports), 11% Before and after school care and 7% Inclusive playgrounds,
- › Parents / Carers were asked to identify if they had a **child/children with additional needs**. 66 survey participants responded to this question, 55 respondents (83%) indicated No, the remaining 11 (17%) indicated one or multiple concerns from amongst a selection of needs including Intellectual disability (5%), Physical disability (2%), Sensory disability (5%), Mental Illness (3%) or that they were awaiting diagnosis (12%),
- › Lack of allied health services, specialist services and paediatricians were all mentioned as service gaps by families with children with additional needs,
- › When asked *which services do you use now* all parent/carer respondents (not just those of children with additional needs) the **highest use services** were those delivered by Yarriambiack Shire including Maternal and Child Health (64%), Kindergarten (56%), and Playgroups (50%),
- › When asked *which services do we need more of* the selected services were substantial - Other early years activities (66%), Child Care/Family Day Care (60%), School holiday programs (58%), Before and after school care (35%), Family Support Services (e.g. social worker, counselling services, psychologist) (34%), Allied Health Services (32%), Pregnancy related services (including antenatal services, midwifery etc) (32%), Services for new parents (32%), Family / Children's Hub (32%), Support for children with special needs (31%), and Playgroups (31%),
- › **Communicating with families.** Survey participants were asked *Where do you get information about services for children and families from?* Word of mouth (72%) and Social media (69%) were key,
- › When asked *How would you like to hear about the services you need as a family?* Respondents noted Social Media (76%), Community / Council newsletters (53%) and Preschool / School newsletters (50%),

Beyond the online survey parents and carers informed the Municipal Early Years Plan though sharing their ideas with the researcher at preschool and school drop-off and pick-up and playgroups. Concerns were similar, with the lack of childcare and accessible health services (including antenatal care and Allied Health) significant factors for families alongside geographical and social isolation. Also a worry was any potential loss of existing services. All Council services were highly valued and utilised including Maternal and Child Health, preschool and playgroups. Parks, playgrounds, swimming pools and natural water bodies were also highly valued.

Service Providers

Service providers were able to share their knowledge in the creation of the Municipal Early Years Plan through a focus group, online survey and targeted interview process.

Overwhelmingly service providers noted resilience and community mindedness as strengths of Yarriambiack Shire families, commenting on their ability to achieve a lot, often from very little.

Through the survey service providers were asked to rate their concerns within various environments (home, education etc) for the children and families they support. Within the Learning environment the most significant concerns were around Access to specialist services, Access to quality education opportunities, and School Attendance.

Within the Home environment the most significant concerns related to Screen time / not being 'present' to family members, Behavioural issues, and Nutritional food / healthy lifestyles.

Within the Personal Health & Wellbeing setting the most significant concerns were around Access to specialist services, Access to low cost/no cost health care, and Mental Health.

Within the Community environment the most significant concerns related to Geographic Isolation, Social isolation / loneliness, and Friendship / belonging problems. This would reflect the high number of comments from families regarding the need to create spaces and activities for families to come together.

Within the Service setting the most significant concerns were around Availability of Services, Accessibility of Services – physical, and Affordability of Services.

Through the focus group and interview processes the following themes were identified:

- › Partnerships such as By Five were highly valued and well utilised by the Early Years Team at Yarriambiack Shire. Particular mention was made of initiatives such as the WSM By Five Specialist Paediatric Support Partnership (SPSP). Kindergarten teachers and Maternal and Child Health Nurse especially noted feeling more confident in supporting families and managing difficult conversations with the support of the Paediatrician.
- › Staffing shortages and workloads. Within the preschool landscape the roll-out of Pre-Prep's 30 hours of kindergarten delivery to four-year-olds in 2025 posed major concerns. Far above concerns about infrastructure were concerns about having enough adequately qualified staff to meet the delivery requirements. Staffing concerns added to community concerns about the suggested 30 hours of Prep-Prep programming.
- › The shortage of Allied Health, nursing and specialist service professionals was noted as a concern. Equally schools were reporting challenges with finding teaching staff.
- › That service extensions in one community or delivery area do not jeopardise the viability of services in another community or delivery area – key examples were the risk of the Murtoa Hub drawing families away from Rupanyup or Minyip Early Childhood Education and Care services, and the delivery of Pre-Prep in Hopetoun jeopardising the viability of the existing childcare service.
- › The critical importance of embodying conversations based on equity of service delivery and access for rural communities – acknowledging that this surpasses the concept of rural communities receiving 'equal' services to their metropolitan and regional counterparts and instead upholds the need for services that respond 'with equity' to the greater levels of under-resourcing and potential vulnerability experienced in rural and remote communities. Similarly, key stakeholders argued that models should focus on accessible service delivery rather than viable service delivery as the concept of 'financial viability' removes many small rural communities from the opportunity.

The Specialist Paediatric Support Partnership (SPSP) emerged from the By Five WSM Early years project in response to community consultation, research and data analysis indicating the potential to deliver more timely and affordable paediatric health care by building on the strong foundation of existing primary health services and embedding specialist knowledge and expertise via a three-tiered approach of health literacy activities, participatory professional education and case consultation. Wimmera Southern Mallee By Five Early Years Project Specialist Paediatric Support Partnership (2020).

› Social and geographical isolation in and across the Yarriambiack Shire rural communities is significant, recognising that whilst geographical isolation is obvious social isolation is also very real, especially if various socio-demographic communities are not given supported opportunities to connect. The connection provided by Council's Early Years services, especially via models such as supported playgroups is paramount.

› Education and awareness raising within the Early Years should utilise existing well respected community resources and leaders - including kindergarten teachers and Maternal and Child Health Nurses. A current example is the high level of concern amongst families about the transition of Pre-Prep. Kindergarten teachers themselves are central in alleviating worry amongst families, encouraging understanding of the model and the agency families hold themselves in choosing how many of the 30 available hours they access for their child(ren).

› Partnership and advocacy is valued and welcomed and all stakeholders noted their appetite in this space. A push for health services to recognise the importance of the Early Years amongst their (typically) aged care focused models was noted and health services recognised this shift was required. A focus on increasing partnership also recognised the constantly evolving funding environment noting the challenge presented by short-term projects and funding streams impacting on the ability of service providers to develop long-term evidence based programs and supports that were consistent and responsive to community needs.

› The support provided by Yarriambiack Shire's Early Years Team should not be under-estimated or under-valued. Their role as the 'constant' in the lives of many children and families, as trusted information sources and as free universal services means they have the capacity to positively impact life outcomes for children and families across the Yarriambiack Shire. Drawing on the Restacking the Odds research Council has key staff in three (and arguably four) of the five RSTO platforms – antenatal services (somewhat through Maternal and Child Health), sustained nurse home visiting (through Maternal and Child Health initial home visits and Enhanced Maternal and Child Health), Early Childhood Education and Care (kindergarten) and parenting programs (through both Maternal and Child Health and playgroups and opportunistically through Kindergarten).

› Increasing levels of vulnerability and the complexity family's face was noted with some services observing families were seeking more servicing and resources and the need for greater coordination around access to and delivery of support services (including collaboration and co-location). This included a focus on families not traditionally classified as vulnerable but who are also experiencing heightened levels of stress (including the impacts of rising costs of living, changing work and parenting patterns such as mothers returning to work earlier, fathers having a more substantial role in parenting, both parents working full-time, caring for older parents, and reduced extended family support structures). It was noted that all these factors are impacting on the resilience of families, the social connections and mental health of parents and children, and the expectations that families have of support services.

A background document holds all the community voice data collected during the research and development of the Yarriambiack Shire Municipal Early Years Plan and is available to key stakeholders on request from Yarriambiack Shire Council.

The summary offered above is included as a guide and to support readers in understanding how the Municipal Early Years Plan Goals and Priority Areas were determined.

to be happy healthy and safe I need...

(please write or draw your answer – teachers please add some explanation if needed, thank you)



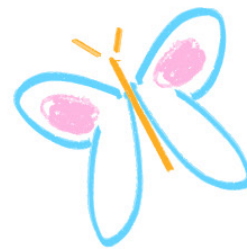


OUR GOALS & PRIORITIES –

What we are working towards &
how we will get there

OUR GOALS & PRIORITIES –

What we are working towards & how we will get there



The Nest is Australia's first evidence-based framework for child and youth wellbeing, developed by the Australian Research Alliance of Children and Youth (ARACY). The Nest conceptualises wellbeing as six interconnected domains that support each other to help children reach their potential. To have optimal wellbeing, a child or young person needs to be adequately resourced in all six domains.

The Yarriambiack Shire Municipal Early Years Plan has adopted the six Nest domains as our Goals for our children aged 0-8 years. Adopting the Nest evidence base to frame our Goals means we are applying a high integrity, Australian lens to our vision for our Early Years community. These six goals are:

1. Children are Valued, loved, and safe,
2. Children have Material basics,
3. Children are Healthy,
4. Children are Learning,
5. Children are Participating, and
6. Children have a Positive sense of identity and culture.

The Restacking the Odds framework draws on the evidence base that efforts for the effective redress of inequities should be delivered during early childhood (pregnancy to eight years of age) to deliver the greatest benefits. Based on this understanding RSTO focuses on five key evidence-based interventions/platforms in early childhood. These are:






1. Antenatal care,
2. Sustained nurse home visiting,
3. Early childhood education and care,
4. Parenting programs, and
5. The early years of school.

MCRI acknowledges that whilst these five strategies are only a subset of the possible interventions, they are longitudinal (across early childhood), ecological (targeting child and parent), evidence-based, already available in almost all communities and able to be targeted to benefit the 'bottom 25 per cent'. Their premise is that by 'stacking' these fundamental interventions (i.e., ensuring they are all applied for a given individual) there will be a cumulative effect - amplifying the impact and sustaining the benefit of efforts made in the Early Years.

The Yarriambiack Shire's Municipal Early Years Plan presents 20 Priority Areas across the six Nest Goals. Within these there are actions specific to the five Restacking the Odds early childhood platforms (these are noted in bold enabling the reader to see intersect between Nest Goals and RSTO delivery platforms).

The Key on the ensuing page guides the reader in determining whether the specific Action is in Planning and Coordination; Service Provision; Facility Planning; Advocacy and Partnering or Strengthening Community Capacity.

Councils' Role in Early Years - Councils' roles across the early years sector focuses around five principal areas:

Role	Examples of Activities	Icon
Planning and Coordination	<ul style="list-style-type: none"> › Acting as a key coordination point and community planner in early years › Sourcing and facilitating training and education that ensures evidence-based best practice guides the work of Yarriambiack Shire › Applying for grants and loans and entering into associated agreements › Assisting in project development through terms of reference, briefs or calls for quotations › Commissioning consultants, contractors and other suppliers as required › Project reporting and acquittal in line with funding expectations 	
Service Provision	<ul style="list-style-type: none"> › Delivering a range of early years programs, activities, and initiatives via appropriately qualified staff › Connecting the Early Years community with services outside Council's direct delivery to enhance outcomes and meet identified needs › Exploring models of service delivery which support the unique needs of the communities represented across the LGA › Adherence to Regulations and Standards in line with service delivery 	
Facility Planning	<ul style="list-style-type: none"> › Planning, providing, and maintaining a range of Early Years infrastructure › Advocating and applying for funding to ensure Early Years infrastructure meets the needs of all Early Years community members › Auditing existing infrastructure to ensure it's inclusive of the breadth of community diversity and uniqueness of needs 	
Advocacy and Partnering	<ul style="list-style-type: none"> › Lobbying and advocating to state and federal governments and other key stakeholders on behalf of early years programs, young children, and their families › Partnering strategically to further the goals and priorities of the Yarriambiack Shire Early Years community › Provision of information and resources including Council collected data, community engagement results and letters of support to advance the work of advocacy and partnerships › Establishing, supporting and overseeing advisory committees and working groups with the purpose of advocacy and representation 	
Strengthening Community Capacity	<ul style="list-style-type: none"> › Facilitating community connections and community participation in decision-making, including that of vulnerable families › Creating opportunities for community connection through enabling safe and family friendly spaces, activities and events › Raising awareness of the importance of the Early Years in all of life outcomes and addressing systems level enablers and barriers to education, health, inclusion and wellbeing 	

Adapted from MAV Resource Guide to Municipal Early Years Planning (MAV, 2022).

Whilst each council determines its own role it is important that the MEYP process considers and clearly articulates these defined roles.

GOAL 1.

Children are valued, loved, and safe






"Being valued, loved, and safe means having loving, trusting relationships with family and friends. It involves a child or young person feeling valued by teachers and other adults in their life and knowing they are important to others and that others are caring and supportive of them. It involves feeling safe at home, in the community and online. Safety also means feeling safe about their future, which includes the knowledge that the environment and climate are a priority and are being protected."

- The Nest

Within Goal 1 there are four Priority Areas and 15 Actions.

Priority Areas	Actions		Indicators – Monitoring and Evaluation
1. Our children understand their right to safety and feel safe at home, at school and in their communities	a. Yarriambiack Shire leads by example as a Child Safe organisation and provides awareness raising to families, community members and groups to support their understanding of the Child Safe Standards and the importance of all children feeling and being safe.		Maternal and Child Health referrals where safety was a concern
	b. Continue to advocate for gender equality and an end to family violence through active membership to the CoRE Alliance.		History of abuse to parent (SEHQ)
	c. Engage with, and be guided by, children and families in the creation of safe universal spaces and infrastructure which is both physically and culturally appropriate and welcoming.		History of abuse to child(ren) (SEHQ)
	d. Build community understanding that child health and wellbeing is a whole of community responsibility not just a family's responsibility.		Child witness to violence (SEHQ)
2. Children are supported to thrive and parents / carers are supported to nurture their children through opportunities for: › Social connection and › Parenting support	a. Advocate for sustained funding to provide a supported playgroup network into all Shire communities with an interest. Promote playgroup's ability to provide continuity of connection for parents with young children from MCH through to kindergarten.		Proportion of families with preschool aged children connected to and attending playgroups
	b. Continue to strengthen the Playgroup Facilitator's skills to enable opportunistic and targeted parent/carers education/information provision.		Deliver one formal parenting program into each playgroup annually
	c. Further value add to the playgroup platform by utilising it as a soft entry point for referral of families into services and parenting programs . Bring key service providers to playgroups as guest speakers and to provide initial contact with families and children.		
	d. Create a playgroup space and philosophy of inclusion and respect, valuing all members and the knowledge and skills they bring.		
3. The service sector prioritises vulnerable families' needs and voice by building strong relationships, reflective practice and responsive service models and coordination	a. Practitioners nurture trusted, supportive and consistent relationships with isolated and vulnerable families so these families feel safe and able to raise concerns. Practitioners support with warm referrals and models of shared care.		Referrals to additional services
	b. Practitioners actively seek feedback on their processes and knowledge through reflective practice.		Child Protection referrals
	c. Practitioners utilise the voice of families and children to improve service coordination, information sharing amongst professionals and shared care models.		All staff trained as appropriate in risk identification and information sharing
	d. Adequate training and support for Yarriambiack Shire Council Early Years staff around recognition of risk and appropriate reporting, in alignment with the MARAM framework and Child and Family Violence Information Sharing Schemes.		
	e. Advocate for funding to implement 'Celebrating Capacity' (previously Bridges out of Poverty) training for professionals to support their way of working with vulnerable families and strategies that help with engagement, connection and care.		

4. Children's connection to, and understanding of, the environment is nurtured and valued	a. Continue to create opportunities for all children to experience the natural environment.		Each Yarriambiack Kindergarten provides comprehensive programming and experiences related to Quality Area 3, Element 3.2.3, Environmentally responsible.
	b. Advocate for and support conversations, events and activities that demonstrate the importance of caring for the environment and enable children to be active participants in environmental care.	 	

"Communities are a key environmental influence on children's health and wellbeing. They provide families and children with a range of protective resources and supports to draw upon in times of need. Positive social and physical community environments can model and encourage healthy behaviours. Conversely, a lack of safety or fragmented communities can be harmful for children."
- State of Victoria's Children Report 2017.

GOAL 2.

Children have Material basics



"Children and young people who have material basics have the things they need. They live in suitable, secure, stable housing, with appropriate clothing, nutritious food, clean water, and clean air. They have access to transport, to required local services (e.g. plumbing) and to open spaces in nature. Their family has enough money for necessities. They have the material items needed to develop as an active member of society such as school supplies, suitable technology, or sporting equipment."

- The Nest

Within Goal 2 there are three Priority Areas and 10 Actions.

Priority Areas	Actions		Indicators – Monitoring and Evaluation
1. Yarriambiack Shire children and families have the required services and resources to live a safe, healthy and productive life	a. Work with collective impact efforts (By Five, WSM Regional Partnerships etc) to address key service gaps in housing, employment pathways and education / training.		Parent employment status
	b. Ensure Shire and community infrastructure and spaces (such as libraries, parks and reserves) are family friendly, accessible and well promoted as resources for all of community.		Proportion of family homes experiencing housing stress (rental stress / mortgage stress)
	c. Through platforms such as playgroup, Maternal and Child Health and kindergarten provide clear consistent advice to families around nutrition, rest and exercise including low and no cost examples. Encourage other services to 'piggy back' on this trusted delivery model.		All areas of the Yarriambiack Shire have access to phone and internet services that enable a reasonable level of activity
	d. Ensure Early Years staff are networked across the service sector to enable accurate and timely information sharing with families and warm referrals to housing services, family services, food hubs, employment services etc as needed.		
	e. Advocate, via the Federal Government's Mobile Black Spot Program, to eliminate phone and internet black spots across the Yarriambiack Shire area recognising access to telecommunications is central to learning, working and health and wellbeing service delivery in rural communities.		
2. Advocate for, and raise awareness of, Childcare as a community wide issue with community wide benefits	a. Align with and support the By Five Wimmera Southern Mallee (WSM) Early Years Initiative in its research and advocacy for an accessible, equitable and rurally cognisant Childcare delivery model(s) and the required workforce to deliver this model(s).		Number of childcare places across the Yarriambiack Shire area
	b. Raise awareness across the Yarriambiack Shire communities of childcare as a community issue, not an individual issue, and as critical to gender equity and the end to family violence.		Waiting lists for childcare places
	c. Continue to support community members and childcare service providers in their understanding of the Pre-Prep and increased three-year-old preschool hours roll-out to enable community wide planning that reflects both childcare use and childcare workforce needs.		
3. Council advocates for awareness and change to impact the short- and long-term consequences of under-resourcing and inequity	a. Council creates a concise, evidence based advocacy statement which presents the lifetime impact of under resourcing on Yarriambiack Shire children including their reduced lifespans and loss of employment and volunteer potential.		Restacking the Odds baseline data for Yarriambiack Shire collected
	b. Utilising this statement Council advocates to existing networks and platforms and state and national funding streams for a sustained long term model of Early Years support to Yarriambiack Shire families utilising the Restacking the Odds framework of essential services.		Targeted funding to the Early Years services delivery model measured

"Prolonged exposure to poverty in childhood can have long-term consequences in educational outcomes, physical health and brain development that follow a child into adulthood. Children who grow up poor are more likely to be poor as adults... For example, in one 2009 study by the National Center for Children in Poverty at Columbia University, researchers found that children who grew up poor were not only more likely to experience poverty as adults, but that the likelihood of being poor in adulthood went up with the number of years spent in poverty as a child."

- Boghani, P. (2017)

GOAL 3.

Children are Healthy




"Healthy children and young people have their physical, mental, and emotional health needs met. All of their developmental health needs are provided for in a timely way. They receive appropriate health services, including preventative measures to address potential or emerging physical, emotional, and mental health concerns."

- The Nest

Within Goal 3 there are three Priority Areas and 14 Actions.

Priority Areas	Actions		Indicators – Monitoring and Evaluation
1. All families have access to Early Years services that support healthy child development including: <ul style="list-style-type: none"> Antenatal care Maternal and child health Paediatric and specialist care Emotional and mental wellbeing 	a. Partner with key antenatal service providers to review and promote the existing antenatal care service availability across the Shire area (see Appendix 1). Include milestones for diagnostic testing and screening to support community understanding.		Proportion of pregnant women receiving all scheduled antenatal care visits and screening/diagnostic tests
	b. Continue to partner with By Five in their research and advocacy to improve antenatal care across the Wimmera Southern Mallee region.		Reduction in low birth weight babies
	c. Continue the highly valued MCH outreach model accessible through local kindergarten and playgroup settings. Work with MCH staff to identify internal service and professional knowledge gaps to enhance service delivery. Invite key services to travel with MCH nurses to further encourage access to, and uptake of, these services.		Reduction in smoking during pregnancy
	d. Partner with local rural health services to deliver contracted Enhanced MCH staff with skills in Social Work / Mental Health to support MCH nurses in the provision of wrap-around support to families in need and facilitate support and referrals into social / mental health services.		Participation in scheduled Maternal and Child Health visits
	e. Continue advocacy for the research and development of a rural health model that is rurally cognisant and meets the needs of Yarriambiack Shire communities in an accessible and equitable way.		Children reported to be in excellent or very good health (SEHQ)
	f. Deliver Enhanced and Universal MCH service through a blended nurse home visiting and centre based visiting model to ensure accessibility for under resourced families.		Children reported to have been seen by a paediatrician in the past year (SEHQ)
	g. Ensure MCH staff work to full scope of practice, explore viability of further skilling a MCH nurse as a Paediatric Nurse Practitioner, explore opportunities to keep MCH nurse exposure to early years diagnostics current through periodic learning and / or placements with high frequency services.		
	h. Continue engagement with, and advocacy for, the By Five Specialist Paediatric Support Partnership.		
	i. Increase access to, and service provider receptiveness of, telehealth appointments and raise family awareness of online information sources / services such as Parentline, Beyond Blue, Nurse on call etc.	 	
	j. Continue partnership with health services and advocacy to remediate service gaps including across all Allied Health disciplines and in key accreditations such as NDIS Providers. Also utilise this platform to advocate for Universities to encourage health students undertake entry level Paediatric learning within their chosen profession.		
2. Children and families are physically active	a. Continue to create and promote family friendly spaces and activities that encourage physical activity.		Monitor Obesity rates in children
	b. Review community voice data and plan an achievable response to the upgrade of parks and playgrounds as requested. Community 'maps' of playgrounds, walking paths and free activities and services could be created.	 	Deliver a targeted and timely upgrade to playground equipment across the LGA

3. Ensure locally informed and responsive communication models	a. Continue to use existing infrastructure for communication with the Yarriambiack Shire community that enables multiple platforms for connection including newsletters, communication apps and social media - Yarriyarns, EduCare, EnrolNow and Yarriambiack facebook page.		Monitor proportion of Yarriambiack Shire families connected to the core communications platform (i.e. facebook page and/or dedicated website)
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"Children's physical and mental health are individually important, interrelated and central to their overall wellbeing. A child's physical wellbeing impacts their mental health, just as their psychological wellbeing affects their physical health.

Healthy young people are also more likely to flourish into healthy and happy adults. They are able to participate in their community, are better prepared to enter the workforce and provide a positive contribution to society."

- State of Victoria's Children Report 2017.

GOAL 4.











Children are Learning





"Children and young people learn through a variety of experiences within the classroom, the home, and the community in which they live. Their individual learning needs are addressed to allow them to realise their full learning potential. Families are engaged in their child's learning. Children and young people are supported and encouraged to learn in a wide variety of settings, including formal education. They have opportunities to participate in a breadth of experiences where their learning is valued and supported by their family and in the wider community."

- The Nest

Within Goal 4 there are three Priority Areas and 11 Actions.

Priority Areas	Actions		Indicator – Monitoring and Evaluation
1. That all Yarriambiack Shire children and families have access education opportunities that are high quality, timely and at the scale they require	a. Create a communications strategy for ongoing and clear messaging to all families with children aged 0-3 years that supports their full understanding of the increased preschool delivery hours, timeframes for roll-out and delivery models (i.e. 5 x 6 hour sessions / 4 x 7.5 hour sessions) and the agency families' hold in determining their child's participation levels.	 	Kindergarten participation rates (3 & 4 year olds)
	b. Draw on the knowledge of kindergarten Teachers and educators, and their trusted position within the Early Years community, as key informants to and distributors of Pre-Prep and increased preschool hours information to families.		Proportion of children ready for school (AEDC)
	c. Continue advocacy that will enable rural three-year-old kindergarten enrolments to access available school buses on their route and for Pre-Prep and years Prep and one students in our towns to access school buses to support their full participation in Early Childhood Education and Care and the School Years .		Proportion of children identified by teachers as requiring further assessment (AEDC)
	d. Continue to apply evidence-based best practice models to transition programs that support the movement of children and families from home and care to preschool and from preschool into their school of choice to support access to Early Childhood Education and Care and the School Years .		Proportion of children who participate in a transition program in the year before they commence school
2. Yarriambiack Shire is partnering at the regional and state level to proactively respond to the opportunity for increased preschool hours and Early Childhood Education and Care workforce shortages	a. Advocate alongside tranche one and two Pre-Prep roll-out communities for models which ensure the burden of implementation (initial and ongoing) is shared with state government – including infrastructure, workforce and delivery planning and ongoing administration.		Kindergarten services meeting or exceeding NQS ratings
	b. Create Communities of Practice and strategic networks which support knowledge sharing to meet the needs of the breadth of Yarriambiack stakeholders (including local government, teachers and educators, parent committees and families) in adopting the Pre-Prep model.		Increase in Early Childhood Education and Care trained locals at various levels from Certificate III through to Degree qualifications
	c. Partner with the Wimmera Southern Mallee Local Learning and Employment Network (WSMLLEN) to support the promotion of careers in Early Childhood Education and Care (ECEC). Consider strategies such as: 'Grow local' campaigns, structured work placements, ECEC industry visits, expos focused on ECEC, TAFE and university placements into local and regional areas, Career sessions at local schools, mentoring programs.		Monitoring of Early Childhood Education and Care staffing vacancies
	d. Council to consider scholarship programs to promote local people training and returning to the area in key Early Years workforce positions.		
	e. Continue to value the care and wellbeing of the existing Yarriambiack Shire's early years workforce. Promote their role and importance widely in the community. A focus on kindergarten as the beginning of a child's formal education (and not childcare) should occur in the lead up to Pre-Prep. Include ECEC staff in the design of this model.		

3. Implement a program of ECEC infrastructure review with refurbishments and rebuilds prioritised and strategically aligned to funding opportunities	a. Extend the findings of this MEYP with comprehensive building inspections of all Council owned Early Years infrastructure which reflect the needs of Yarriambiack families now and into the foreseeable future.		All Yarriambiack Shire ECEC Infrastructure is classified as exceeding on the National Quality Standards (Quality Area 3)
	b. In all refurbishments and rebuilds consider flexible spaces which support the co-location of other early years and family services and enable multiple functions and uses.		

"An appetite for lifelong learning is cultivated from an early age. Positive health and wellbeing is one of the building blocks that enables a child to fully engage with school life from the beginning, and to develop their individual skills and interests to the fullest potential."

- State of Victoria's Children Report 2017.

GOAL 5.












Children are Participating



"Participating is about children and young people having a voice, being listened to, and taken seriously within their family and community. It means having a say in decisions that impact them. It is being empowered to speak out and express themselves. Participating includes involvement with peers and groups through a variety of activities, including online communities."

- The Nest

Within Goal 5 there are four Priority Areas and 11 Actions.

Priority Areas	Actions		Indicator – for Monitoring and Evaluation
1. Increase opportunities for children and families to connect through free, accessible and inclusive activities and events	a. Draw on the learnings of community engagement for the MEYP to identify highly valued community events and activities (for example events held near natural water bodies) and seek funding to enable an annual delivery of these across the length of the municipality.		Participation in children's consultation opportunities
	b. Support existing community groups and events to increase their capacity and viability to deliver ongoing. Identify local champions to promote and support.		Participation in family friendly events
	c. Applying the Yarriambiack Shire's Recreation Strategy and recognising pools as highly valued assets to the community, continue to provide financial support to pools across the LGA.		Children at high risk of behavioural and emotional problems – Peer Problems (SEHQ)
	d. Explore funding streams to deliver Early Years activities such as kinder gym and story time through Council owned assets including recreation reserves and the Library and Words on Wheels.		Children at high risk of behavioural and emotional problems – Pro Social (SEHQ)
	e. Work with key partners, including the Department of Education, schools and applicable services to research and inform a sustainable Out of School Hours (OOSH) delivery model for Yarriambiack Shire.		Emotional maturity domain (AEDC)
2. Continue to improve Early Years, Family and Community infrastructure	a. Respond, as able, to the asset and infrastructure requests highlighted through the community voice for this MEYP including the need for further footpaths and walking / biking tracks, play equipment for various ages and shaded play and seating areas.		Number of Early Years specific infrastructure upgrades / builds annually
	b. Ensure future Asset and Infrastructure Planning by Council actively seeks out the voice of children and families.		
3. Support community organisations, groups and clubs in their understanding of how to create safe and inclusive spaces and implement changes to achieve this	a. Organise simple and accessible training for local organisations, groups and clubs to support their understanding of the role they play in creating safe and inclusive spaces, places and activities. Offer online.		Number of community organisations, groups and clubs participating in training
	b. Promote these changes and efforts through social media to the broader community, inviting their use / participation.		
4. Children aged 0-8 years and their families inform what we do in Yarriambiack	a. Clear guidelines are in place to ensure Council staff hear from children and families in order to inform their planning and decision making in matters that impact on their lives.		Proportion of all voices informing decision making that belong to children and families with young children
	b. New residents with young children are welcomed into the community and provided with resources and directories which support their connection to community, services and events.		

"Children have the desire and the capacity to express their views about the world and the issues that affect their lives. More importantly, the participation process can be a positive developmental experience for children, with potential benefits including: enhanced self-esteem increased feelings of mastery and control increased feelings of connectedness increased skills in problem solving increased capacity for decision making improved relationships with adults and other young people."

- Paterson, N. and Hunter, C. (2020)

GOAL 6.

Children have a Positive sense of identity and culture







"Having a positive sense of identity and culture is central to the wellbeing of all children and young people. This is important for all, regardless of background, but in Australia, especially for Aboriginal and Torres Strait Islander young people.

It encompasses having spiritual needs met, a sense of cultural connectedness, belonging and acceptance at home and in the community - and confidence that their identity, culture, and community is respected and valued. It involves feeling safe and supported in expressing one's identity, regardless of gender, sexuality, culture, or language."

- The Nest

Within Goal 6 there are three Priority Areas and eight Actions.

Priority Areas	Actions		Indicator – Monitoring and Evaluation
1. All Early Childhood Education and Care services and infrastructure provided by Yarriambiack Shire are assessed as safe and respectful of the diversity of cultures and identities	a. Support all Early Childhood Education and Care service delivery staff to complete training in key diversity respect content including Aboriginal cultural competency and multicultural competency training, gender respect and diversity training and additional training as identified.		Proportion of Early Years Team trained in relevant trainings
	b. Undertake an audit of all existing infrastructure with the lens of cultural and diversity safety and respect.		Proportion of existing infrastructure assessed as safe and respectful
	c. Ensure all new builds, refurbishments and renovations are completed to the highest standards of cultural and diversity safety and respect.		
	d. Research possibilities to co-deliver Early Years services for children and families with cultural partners and organisations.		Proportion of new buildings and refurbishment / renovation investments assessed as safe and respectful
2. Yarriambiack Shire celebrates Aboriginal culture, and diverse cultures and identities	a. Children from across the Yarriambiack Shire see themselves and their culture and identity celebrated in their community through written materials and public art, at public events, and in buildings and open spaces.		Annual provision of cultural celebrations
	b. Yarriambiack Shire celebrates Reconciliation Week, NAIDOC week and Harmony Day as whole of community events and as calendar items on all early years learning programs.		
3. Yarriambiack Shire Early Years services create opportunities for all children to participate in learning that increases understanding of and respect for our local Traditional Owners	a. Programs available through playgroups and kindergarten enable children to learn about our Traditional Owners.		Proportion of children in Yarriambiack Shire kindergartens learning some Traditional Owner language
	b. Age appropriate learning occurs in the customs and language of the Traditional Owners of the Yarriambiack Shire waterways and lands - the Wotjobaluk, Jaadwa, Jadawadjali, Wergaia and Jupagulk peoples.		

Local Government is central to the achievement of equity and closing the gap for Aboriginal communities and has a responsibility under the national agreement to actively support closing the gap implementation.

The Victorian Closing the Gap Implementation Plan (2021-2023)



ALIGNMENT, MONITORING & EVALUATION

The Actions aligned to the Municipal Early Years Plan Goals and Priority Areas will be implemented over 2.5 years (until December 2025), at which point they will be reviewed, and revised actions developed for the final two years (until December 2027). Some actions may be ongoing beyond the initial 2.5 years (and even beyond the 4.5 years), reflecting the complexity of the action or the ongoing nature of particular community needs.

The Municipal Early Years Plan Goals and Priority Areas will inform Council's Annual Plan and Strategic Resource Plan. Council will communicate the progress of the Municipal Early Years Plan annually to the community and service providers.

<i>MEYP Goal</i>	<i>Alignment to Council Plan</i>	<i>Alignment to WSM Regional Partnership</i>	<i>Alignment to By Five 2022-2025</i>
Children are Valued, loved, and safe		Pillar 2: Coordinated Service Delivery. Family Violence, WSM families are safe and supported.	GOAL: Improve community conditions known to support children and families GOAL: Improve access to targeted and treatment services, required for children to thrive, particularly: › Social care › Parenting support
Children have Material basics	<u>STRATEGIC OBJECTIVE 1 - A VIBRANT AND DIVERSIFIED ECONOMY</u> • Land availability and affordable housing options • Safe and well-maintained footpaths • Access to childcare for working parents • Increase access to alternate transport modes	Pillar 2: Coordinated Service Delivery. Workforce, A high performing, valued and empowered workforce.	GOAL: Improve community conditions known to support children and families
Children are Healthy	<u>KEY OBJECTIVE 2 - A HEALTHY AND INCLUSIVE COMMUNITY</u> • Access to mental health support • Attracting GPs and specialist health services • Accessibility to health and social events	Pillar 2: Coordinated Service Delivery. Health & Education, Quality health and education for all.	GOAL: Ensure all WSM children and families have access to quality universal early years services in the quantity required for children to thrive, particularly: › Antenatal care › Maternal and child health GOAL: Improve access to targeted and treatment services, required for children to thrive, particularly: › Primary care › Paediatric specialists
Children are Learning	<u>KEY OBJECTIVE 2 - A HEALTHY AND INCLUSIVE COMMUNITY</u> • Increased access to childcare	Pillar 2: Coordinated Service Delivery. Early Years, Equity of access to early years education and care	GOAL: Ensure all WSM children and families have access to quality universal early years services in the quantity required for children to thrive, particularly: › Early childhood education and care
Children are Participating	<u>KEY OBJECTIVE 2 - A HEALTHY AND INCLUSIVE COMMUNITY</u> • Intergenerational activities • Having modern recreational facilities • Accessibility to health and social events		
Children have a Positive sense of identity and culture			

Table 1.
Antenatal Care Services



Antenatal Care Services

Currently according to the Department of Health State-wide maternity and newborn capability levels (2022-23 to 2023-24) the following services local and regional to the Yarriambiack Shire are listed:

Maternity Services – level 6

<i>Health service</i>	<i>Maternity capability level</i>	<i>Newborn capability level</i>
Mercy Hospital for Women	6	6a
Monash Medical Centre Clayton	6	6b
The Royal Women's Hospital - Parkville	6	6a
Western Health - Sunshine Hospital	6	6a

Maternity Services – level 5

<i>Health service</i>	<i>Maternity capability level</i>	<i>Newborn capability level</i>
Grampians Health - Ballarat Base Hospital	5	4
Bendigo Health	5	4

Maternity Services – level 4

<i>Health service</i>	<i>Maternity capability level</i>	<i>Newborn capability level</i>
Mildura Base Hospital	4	3
Wimmera Healthcare Group - Horsham	4	3

Maternity Services – level 3

<i>Health service</i>	<i>Maternity capability level</i>	<i>Newborn capability level</i>
East Grampians Health Service (Ararat)	3	2
Swan Hill District Health	3	2

Maternity Services – level 2

<i>Health service</i>	<i>Maternity capability level</i>	<i>Newborn capability level</i>
Maryborough District Health Service	2	2

Maternity Services – level 1

<i>Health service</i>	<i>Maternity capability level</i>	<i>Newborn capability level</i>
West Wimmera Health Service - Nhill	1	1

Note pers. comms. with Rural Northwest Health indicated they are also a level 1 Maternity Services provider who deliver antenatal care services from Warracknabeal and to the north of the Shire area.



Yarriambiack
SHIRE COUNCIL