

Buloke Shire Council Municipal Early Years Plan 2015-2019

"..... Victorian councils have developed their planning capacity and council planning cycles have changed.....

It focuses less on service planning and more on outcomes for children and families - with a focus on 0 – 8 years. There is an increased emphasis on encouraging a partnership approach where all community partners can work towards an agreed vision and common outcomes for young children and their families across the municipality"

Municipal Association of Victoria, 2011, p. 23.



BULOKE
SHIRE COUNCIL

Contents

	page
Introduction	3
Mayor's message	4-5
Executive Summary	6-19
Introduction	6-19
- The Early Years	6-7
- What is a Municipal Early Years Plan & why is it important?	8
- Council's Role in the Early Years	9-10
▪ Visioning & Planning	11
▪ Infrastructure	12-17
▪ Service Provision	18-19
The Policy and Planning Context	20-34
- Local Government	20-21
- Buloke Shire Council – Key Policy & planning Linkages	21-24
- Regional	24-26
- Victorian	26-30
- National	30-33
- Internationally	34
The Community Context – Who Are We?	35-39
- Our Early Years community – at a glance	35-38
- Where are we heading?	39
Methodology, Consultations and Findings	40-60
- Methodology Foundation	40
- How children informed the Plan and what they said	41-42
- How families and communities informed the Plan and what they said	43-52
- How services and organisations informed the Plan and what they said	53-57
- Summary Strengths, Challenges and Opportunities	58-60
Strategy Areas, Actions and Implementation	61-63
- Planning, Coordination and Communication	61
- Service Provision	62
- Infrastructure	62
- Advocacy	62-63
- Community Building, Engagement and Inclusion	63
Monitoring, Evaluation and Review	64
References	65
Appendices	66
1. Infrastructure Audit tables	
2. Buloke Shire Child and Youth Community Profile 2015	
3. Service Provider Focus Group Findings	

Mayor's Message

The Buloke Shire Council Municipal Early Years Plan (MEYP) 2015-2019 outlines Council's plan to work in partnership with the community, other levels of Government, and relevant service providers to create an environment that provides children with opportunities to grow and develop, and their families with the support they need to fulfil their parenting roles.

The MEYP articulates a vision ***'for Buloke children to receive equitable access to services and infrastructure regardless of their location, supported by their community and scaffolded by a committed early years network'***. The goals of this MEYP are designed to achieve this vision and are based on priorities for action identified through research and community consultation. The members of the Buloke community who have contributed to the development of this plan are committed to working with Council to ensure that children who live in the municipality are valued as citizens who play an important role, now and into the future.

There is also a commitment from service providers who participated in the development of this plan to work to achieve the vision and goals. By articulating Council's role in service and infrastructure provision, planning, advocacy and community development for young children, the MEYP is a framework that provides direction for Council to work in partnership with the community to improve health and wellbeing outcomes for children.

The Buloke Shire Council wishes to thank the community members, early childhood care and education professionals, groups, agencies, organisations, individuals and families who participated with Council Officers in the development of this plan.

Collaboratively developing a plan that brings together the aspirations and needs of the community and strategic actions to achieve positive outcomes for children will have long term benefits for the citizens of the Shire.

I commend this Municipal Early Years Plan to you as a living and dynamic document and I look forward to working with the community to ensure that the actions within the plan are implemented.

Cr Reid Mather

Executive Summary

There is now clear evidence from Australia and around the world that the early years of a child's life has a profound and lasting impact on their future health, development, learning and wellbeing and as a result the wellbeing of their communities and the nation.

Acknowledging the importance of the Early Years local government is playing an increasingly significant role in human service provision and planning, commencing with the provision of Maternal and Child Health services from as early as 1917 and kindergarten infrastructure from the 1950s.

The *Victorian Local Government Act 1989* specifically supports this active 'Early Years' role, describing the purposes and functions of local government as including responsibility for 'health, welfare and other community services' and the Act's schedule lists services for children and families, childcare and developmental services under this heading.

This mandate was further strengthened in 2009 when the Municipal Association of Victoria (MAV) and the then Department of Education and Early Childhood Development (DEECD) signed a Partnership Agreement recognising their collaborative in planning, development and provision of early year's programs.

These policy and planning imperatives at the State government level are reflected and extended both regionally, nationally and internationally and include initiatives such as the Mallee Child and Youth Area Partnership, the National Partnership Agreement on Early Childhood Education and the National Quality Framework and the United Nations Convention on the Rights of the Child.

Reflecting this global emphasis Buloke Shire Council either provides, accommodates or promotes and values varying levels of early year's services throughout the municipality. Additionally they play a critical and increasingly strong role in advocacy, highlighted most recently through their Rural Living campaign.

Buloke Shire Council's **Vision** for the Municipal's Early Years community is:

For Buloke children to receive equitable access to services and infrastructure regardless of their location, supported by their community and scaffolded by a committed early years network.

The Buloke Shire Council provides critical Early Years infrastructure including Kindergarten buildings, Maternal and Child Health centres, some Playgroup facilities, parks and playgrounds, pools and recreation reserves and infrastructure to support visiting mobile library services.

Buloke Shire Council's role in actual Early Years service delivery to families across the Municipality includes Maternal and Child Health and Immunisation.

Planning for the provision of these services must not only reflect State and National policy directives but also be commensurate with the municipal population and the needs of the communities themselves.

Drawing on 2011 Census data the Early Years community profile compiled to inform the Buloke Shire Council Municipal Early Years Plan shows a shire wide population of 6,384 people including 1,692 families with an average of 2 children. Of these families only 10.3% identified as 'one parent' below the state average of 15.5% (Sea Lake was closest to this state average with 14.8% of families

identifying as one parent). The Early Years population, aged 0-8 years, totalled 647 across the LGA with the highest numbers of children aged 0-8 years living in and around the communities of Donald (176), Charlton (115), Birchip (67) Sea Lake (65), Watchem (64), Wycheproof (57), Culgoa (39), Berriwillock (30) and Nandaly (28) respectively.

Research by the Department of Transport, Planning and Local Infrastructure (DTPLI) in Victoria in Future 2014 shows population decline between 2001 – 2011 but would suggest this is stabilising into the future. For example the 0-4 year old population is set to decline from 350 in 2011 to a projected 329 in 2031. For children aged 5-14 years there is an expected to decrease from 815 in 2011 to 572 in 2031.

The community profile also reveals both strengths and challenges with living in the Buloke Shire. Strengths included high feelings of safety and civic spirit. Challenges included lower percentages of the population believing facilities / services are good, increasing levels of socioeconomic disadvantage and higher numbers of children developmentally vulnerable according to Australia Early Development Census data.

The strengths and challenges recognised in the statistical data were clearly recognised on the ground and as such reflected comments made in community consultations held throughout the LGA. Children, families, community members and service providers alike felt strongly that the Shire was a great place to raise a young family, allowing children wonderful opportunities to develop in safe and caring communities. The most significant challenges were consistently around the maintenance of current service provision levels and of access to services beyond those provided locally.

Drawing on the findings of the consultation for the Municipal Early Years Plan alongside mandated parameters of local government service delivery to the Early Years the following Strategy Areas are recommended for the Buloke Shire over the coming four years:

- | | |
|---|---------------------------------------|
| 1. Planning, Coordination and Communication | 4. Advocacy and |
| 2. Service Provision | 5. Community Building, Engagement and |
| 3. Infrastructure | Inclusion |

The Actions contained within these Strategy Areas reflect the strengths of the Buloke Shire, its unique communities and the core needs of municipal population alongside the challenges of maintaining infrastructure and service delivery in rural areas. Advocacy underpins all actions and recognises current funding models require change to better meet the needs of rural Victorians.

Introduction

The Early Years

The past decade has seen explosive growth in the scientific understanding of early childhood development, with overwhelming evidence that life chances are heavily influenced by what happens in the first years of life.

In fact there is now clear evidence from Australia and around the world that the early years of a child's life have a profound impact on their future health, development, learning and wellbeing and as such early childhood development outcomes are important markers of the welfare of children, and can predict future health and human capital (CCCH, 2013).

"The right start in life sets children on the path to success. Getting a great start in life makes the world of difference to a person's ability to thrive at school, stay healthy and socially connected, and contribute to society. Many people with a poor start to life never catch up and disadvantage passes from one generation to the next. It is crucial that all Victorian children get the best start possible" (DEECD, 2014, 2).

Research shows investing in resources to support children in their early years of life (including a healthy start and stimulating home and service environments) creates the right opportunities for the development of basic and complex skills brings long-term benefits to them and the whole community. In particular, a number of longitudinal studies demonstrate that high-quality early childhood programs benefit all children's learning and development, regardless of their socioeconomic background (DEECD, 2014).

Shonkoff and Meisels (2000) agree "Virtually every aspect of early human development, from the brain's evolving circuitry to the child's capacity for empathy, is affected by the environments and experiences that are encountered in a cumulative fashion, beginning in the prenatal period and extending throughout the early years."

This development starts in pregnancy, a time when the foundations for lifelong learning and wellbeing are starting to be formed. Important influences such as the mother's health and nutrition have a significant impact on physical and brain development and, therefore, later life chances.

Brain development is particularly sensitive to a young child's experiences and environment. This early development provides the foundation for a person's cognitive, social, emotional, physical and mental health which, in turn, impacts on their educational, economic and personal wellbeing later in life. Supporting children and families in the early years greatly increases children's chances of finding successful pathways that lead to good health and educational outcomes. For

"The potential of children's brains is remarkably similar at birth. However, by two to three years of age, the impact of socioeconomic and broader disadvantage differences becomes significant. At school entry, around 20% of Victorian children arrive not ready to fully benefit from formal education..... Experience indicates that the continuing impact of early vulnerability is likely to persist across generations, entrenching disadvantage and making it harder for these children and their children to break the cycle of disadvantage" (DEECD, 2014).

example, babies and infants growing up in stable and stimulating environments with lots of opportunities to interact with others and develop relationships with important people in their lives are more likely to thrive. These experiences lay the foundation for developing basic skills in the first years of life, such as rapid language growth and the ability to regulate emotions.

If the basic foundations (see Figure 1 right) are not established then more advanced skills, crucial to success in education and later life, will have no foundation on which to develop (DEECD, 2014).

Investment in the early years also extends beyond family, services and supports to the whole community and the benefits realised to young children and their families through positive involvement in their community.

The development of healthy social, familial and community networks strengthens social connectedness and helps to build resilient children and families. Furthermore this helps to create a self-perpetuating positive cycle.

Investing in the early years yields significant returns not only for the individual child, their family and their immediate community but also for the broader community. Economic studies such as that undertaken by Heckman and Masterov (2004) suggest that early investment in children, during the pre-birth period up to of eight years of age, reap extraordinarily high returns. The savings benefit the whole community through improved human capital leading to greater productivity and enhanced social inclusion. Over the long term this results in several positive outcomes including significant reduced public expenditure across an array of social service systems. Another study by Rolnick and Grunewald (2003) specifically details that the investment in preschool early childhood education yields more than \$8 for every \$1 invested.

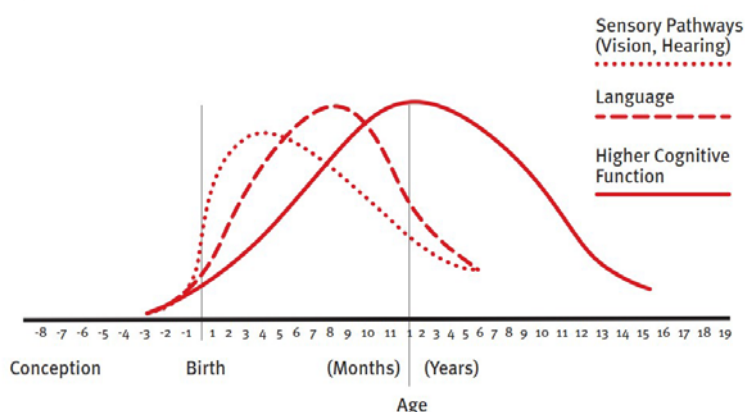
Economic research further indicates that a system that prevents family difficulties from escalating is more effective than a system that seeks to resolve issues after they are established. High-quality universal services can prevent social problems from escalating. These services, provided across a broad population, are often more cost-effective per individual than later remediation. Benefits can include increased educational achievement and labour force participation, and savings can also be achieved through reduced spending on child welfare, health services, social welfare, remedial education programs and the criminal justice system (DEECD 2014).

These economic benefits can be substantial especially where they improve school retention and attainment. Research shows an increase of one year of schooling in the average educational attainment of the workforce is estimated to increase the long-run level of Gross Domestic Product (GDP) by around 8%, and to further boost GDP growth by supporting more rapid adoption of new technologies (DEECD 2014).

“The economic case for the importance of early childhood – aligning to the scientific case – shows that the early years lay the foundations for future productive and successful participation in society. Economic evaluation shows that early childhood programs can be highly effective investments, repaying their costs, generating savings and producing returns to society” (DEECD, 2014).

Ultimately by providing high quality early childhood services and infrastructure the Buloke Shire will not only invest in their long term future but may also benefit from immediate financial returns. For example new families will be attracted to the Buloke Shire as a desirable place to raise their children and build their lives.

Figure 1: Critical brain and sensory development during pregnancy and the first years of life⁴



What is a Municipal Early Years Plan and why is it important?

Municipal Early Years Plans articulate local government's role in early years service or facility provision, planning, advocacy and community capacity building. Municipal Early Years Plans provide strategic direction for the development and coordination of early education and care and health programs, activities and other local developments that impact on children from birth to eight years (as a minimum). They cover the period that aligns with a council's planning cycle and encompass all state-funded programs, including kindergartens.

Municipal Early Years Plans identify Council's role across early years programs - not just those activities directly delivered by council. They encompass the universal, targeted and intensive service system, as well as broader programs and activities such as health promotion and environmental planning.

Through the planning process associated with developing, implementing and evaluating an MEYP, local councils can achieve significant benefits for their municipalities including:

- Capacity building for families and their young children
- Engagement of key community partners who have clear roles in working towards locally agreed outcomes
- Provision of a long term early years planning guide across all council departments
- Articulation of council's role in service and infrastructure provision, planning, advocacy and community capacity building, across the universal, targeted and intensive service system
- Support for councils in making informed decisions and maximising resources
- Serving as a basis for partnership and negotiation between other levels of government

By actively planning for the future of early childhood services, Council is able to be forward thinking in seeking opportunities to improve and assist in the development of services for young children through lobbying, advocating and building on existing partnerships while continually developing new partnerships. Through the updating of mapping services, Council is also able to visualise the strengths and weakness in the provision of children's services and plan for the future. Ultimately the plan enables Council to:

- make more informed decisions in relation to early years
- develop and better evaluate early years services, activities and facilities delivered by different council departments, and
- maximise resources and undertake long-term planning for children from birth to 8 years.

The Victorian State Government has specifically acknowledged the key leadership role of Local Government in early years planning. In August 2009 the Municipal Association of Victoria (MAV) and the then Department of Education and Early Childhood Development (DEECD) signed a Partnership Agreement which recognises the collaborative relationship between the DEECD and councils in planning, development and provision of early year's programs.

The Buloke Shire Council Municipal Early Years Plan is informed by the Buloke Shire Council Plan, Council policies and strategies as well as State and Federal Government frameworks and policies. These have been considered in conjunction with a review of demographic data, Australian and international research and outcomes from consultation with Council staff and the community.

Council's Role in the Early Years – Planning, Infrastructure and Service Delivery

Victorian local government plays a critical role in human service provision and planning across the human life cycle. The *Victorian Local Government Act 1989* specifically supports this active role, describing the purposes and functions of local government as including responsibility for 'health, welfare and other community services'. The Act's schedule lists services for children and families, childcare and developmental services under this heading. With this in mind Victorian Local Government's role across the children and youth sector has largely focussed around four main areas:

- Service / Facility Provision
- Advocacy
- Planning and
- Strengthening Community Capacity

While the general powers and status of Victorian local government are translated into particular responsibilities by individual councils at a local level, local government has an overall responsibility to ensure that local service systems work well for their community and to advocate for individuals and groups of children and families to receive appropriate services, especially where exclusion or additional needs are evident (MAV, 2011).

There is no evidence-based, justifiable reason to separate care, education and health into separate services. Children's health, social and emotional wellbeing and their intellectual development are the business of all early years programs. Optimal early years programs enable seamless transitions and improve continuity for children as they move through the environments of home, early years service settings and school"
(MAV, 2011, p. 63).

Reflecting this mandate Buloke Shire Council either provides, accommodates or promotes and values varying levels of early year's services throughout the municipality. It is important that the MEYP process identifies the range of formal programs for young children that are provided by the council, in partnership with or by state or federal government, community organisations and/or the private sector. These include universal programs/activities for all children (preschool, childcare, maternal and child health), targeted programs (family support, early intervention) and intensive programs (child protection, ChildFIRST)¹.

Buloke Shire Council **provides** the following early childhood services and programs:

- Maternal and Child Health centre based services - Birchip, Charlton, Donald, Sea Lake, Wycheproof
- Maternal and Child Health home visiting services – Shire wide on demand
- Immunisation sessions - Birchip, Charlton, Donald, Sea Lake, Wycheproof
- Playgrounds, pools, recreation reserves and public open spaces.

Buloke Shire Council **accommodates** (provides the infrastructure for) the following early childhood services and programs:

- 4 year old Kindergarten – Birchip, Charlton, Donald, Sea Lake, Wycheproof
- Some community playgroups
- Sea Lake Supported Playgroup (Eloquent Speech Pathology)

¹ **Universal services:** services that provide support to all who need it, without regard to their ability to pay. **Secondary services:** for families/children with a special need or early stage risk factor. These services include early childhood intervention to support children with a disability or development delay, as well as support and parenting services for families with the aim of reducing the risk or managing the problem. **Tertiary services:** for people with needs that require intensive (and often ongoing) intervention. These services include child protection and placement services.

- Consultation rooms for use by visiting specialists (in collaboration with Maternal and Child Health facilities) - Birchip, Charlton, Donald, Sea Lake, Wycheproof
- Mobile Library Services are provided throughout the Shire by Swan Hill Regional Library (Sea Lake, Berriwillock, Nullawil, Culgoa and Wycheproof), Wimmera Regional Library (Donald and Watchem) and the Goldfields Library Corporation (Charlton). In Birchip the library is co-located with the Birchip P-12 school Library

Buloke Shire Council **promotes and values** the following early childhood services and programs:

- Primary Schools (public and private)
- Family Day Carers (including privately managed Family Day Carers and Wimmera Uniting Care managed providers)
- Kindergarten Cluster Management (Mallee Track Health and Community Services and YMCA)
- Parent run playgroups at Birchip, Charlton, Donald (3), Sea Lake, Berriwillock (supported by Playgroups Victoria)
- Noah's Ark: Early Childhood Intervention services
- Hospitals - Birchip, Charlton, Donald and Wycheproof (East Wimmera Health Service) and Sea Lake (Mallee Track Health and Community Service)
- GP medical practices
- Wimmera Uniting Care: Family support services and Family Day Care management
- Mallee Track Health and Community Service: Kindergarten Cluster Management, Mallee Minors Childcare, Family Services, Social Worker / Counselling
- Bendigo Health: Child & Adolescent Mental Health Service
- Department of Health and Human Services: Child Protection, Disability Services
- Mallee Family Care: Family Services, Stronger Families, Family Preservation, Out of Home (Foster Care), Cradle to Kinder
- East Wimmera Health Service: Social Worker/Psychologist
- Centacare: Kinship Family Worker, Family Relationship Counselling
- Baudinet Centre: Counselling (Sea Lake)

Visioning and Planning

Buloke Shire Council's **Mission** for the Municipal's Early Years community is:

To work with families, communities and service providers to ensure Buloke Children the best possible health, wellbeing and learning opportunities and so build solid life foundations.

Leading this Mission is our **Vision**:

For Buloke children to receive equitable access to services and infrastructure regardless of their location, supported by their community and scaffolded by a committed early years network.

"The social determinants of health are the conditions in which people are born, grow, live, work and age. There is now worldwide recognition that inequity in health is in large part due to underlying social, economic and political inequities..... A good environment in the early years is identified as one of the ten aspects of the social determinants of health. Municipal early years planning can consider the daily living conditions of young children and their families, how the economic and social conditions of the municipality affect them and what responses and interventions can improve them. It can move planning away from service delivery alone and focus thinking on the child's experiences within their family, neighbourhood and community"
(MAV, 2011).

In achieving this Vision our **Strategic Action** areas include:

- | | |
|---|--|
| 6. Planning, Coordination and Communication | 9. Advocacy and |
| 7. Service Provision | 10. Community Building, Engagement and |
| 8. Infrastructure | Inclusion |

Underwriting the Mission, Vision and Strategic Actions of the 2015-2019 Buloke Shire Council Municipal Early Years Plan are the following guides:

- Establishing a clear, strategic local direction which highlights key local learning, wellbeing and health issues and provide a realistic plan to address them,
- Promoting beneficial partnerships and networks,
- Creating an equitable, friendlier service system that is better understood by families,
- Promoting linkages across Council, families and the community,
- Integrating specific service programs where appropriate,
- Positioning Council to attract funding and resources for new initiatives and projects,
- Providing an influential collective force on government policy,
- Enabling Council to minimise any wasteful use of resources,
- Providing a guideline for facility planning, evaluation and development,
- Providing a strong advocacy tool for improved service funding and equitable cost sharing across the different levels of government,
- Developing valuable partnerships and resource sharing with community groups,
- Supporting an empowered, informed and supported community,
- Informing Council's current and future role in the early years at a local, regional, state and national level.

By looking closely at each area of action and considering the issues and priorities with our communities, Buloke Shire Council can continue to realise its mandate and plan to improve outcomes for children and families across the Municipality over the next four years.

Infrastructure

Across Victoria local government invests heavily in early years infrastructure provision typically owning the majority of buildings from which libraries, maternal and child health, kindergarten and integrated early years programs operate, and as such is the major early childhood facility planner.

“Attention to supply and demand and redesigning some service infrastructure to support more inclusive integrated and responsive service delivery is important..... This includes infrastructure design that facilitates universal assessment at various points in the early years, with ease of access to more targeted and intensive services as appropriate..... Infrastructure to support the delivery of early childhood development outcomes needs to be fit for purpose, support interdisciplinary and integrated approaches, and be located to enable ease of access within the community for children and their families” (CoAG, 2009).

Prior to 1985 the federal and state governments provided capital funding grants for every kindergarten and community based childcare centre built. More recently the Victorian Government regularly, and the Australian Government periodically, provide funding contributions towards new children’s services capital and capital improvement. As such responsibility for early years facilities is a funding partnership between state and federal government, local government, community groups and sometimes private providers.

Following the Council of Australian Governments (COAG) agreements from 2007 and 2009, there has been recognition for the need to improve early childhood and education infrastructure. This is articulated in the COAG document, *Investing in the Early Years—A National Early Childhood Development Strategy* 2009. To date this funding has been distributed through the Victorian Department of Education and Early Childhood Development (now DET) in the Children’s Capital Program 2004-2015. Buloke Shire Council facilities received the following funding in these rounds:

- 2014-2015 Round: Charlton and District Kindergarten (\$4,250)
- 2012-2013 Round: Donald Children’s Centre (\$1,035,000)
- 2004-2005 Round: Sea Lake Kindergarten extension (to add Maternal and Child Health) (\$250,000)

Given that council’s own the facilities from which significant universal early years programs and activities operate, it is important to embed facility and infrastructure needs into the MEYP processes at a neighbourhood and municipal level. Effective early years infrastructure planning assists councils to:

- Include early years facility planning as part of council’s broader social infrastructure planning
- Take a life cycle approach to early years infrastructure planning
- Develop cost-effective management strategies for the long term
- Provide a defined level of service and monitoring performance
- Understand and meet the demands of population change through demand management and infrastructure investment
- Manage risks associated with asset failures
- Ensure sustainable use of physical resources
- Facilitate continuous improvement in asset management practices
- Work in partnership with the community / organisations to review lease or licensing agreements

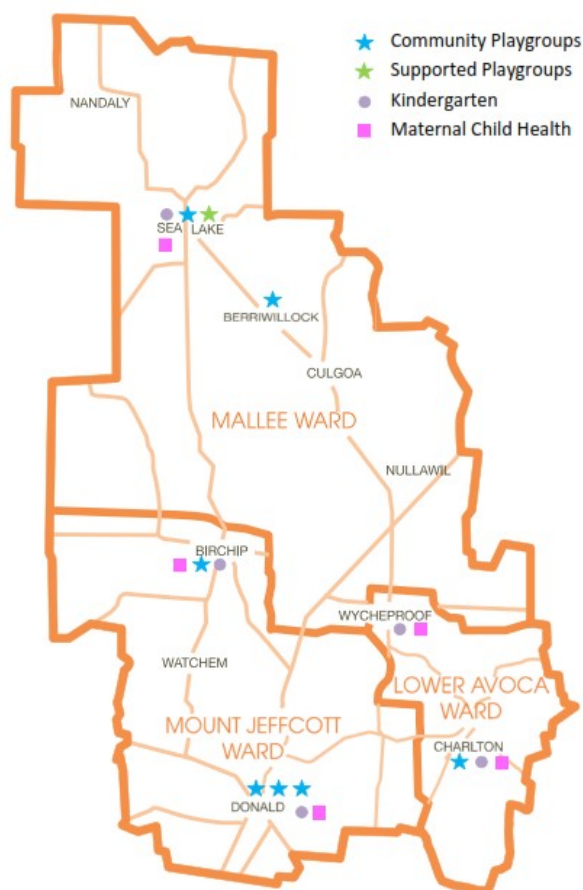
The Buloke Shire Council Municipal Early Years Plan provides a local area service mapping and infrastructure audit to identify opportunities for facility development. Early Years infrastructure audited for the purpose of this plan (and shown visually in the map below) included:

- Kindergarten buildings - Birchip, Charlton, Donald, Sea Lake, Wycheproof (all Council owned) ●
- Maternal and Child Health centres - Birchip, Charlton, Donald, Sea Lake, Wycheproof (all Council owned) ■
- Playgroup facilities - Birchip, Charlton, Donald (3), Sea Lake, Berriwillock (some Council owned) ★★

The Municipal Early Years Plan – Infrastructure Audit establishes infrastructure planning for the next four years to guide the review, planning and development of infrastructure required for early years programs in the Buloke municipality. This Plan is not a static document and should be reviewed periodically to maintain relevance.

he development of the Municipal Early Years Plan – Infrastructure Audit and the refurbishment and redevelopment priorities contained within **was** informed by:

- The Early Years community profile and projected population changes,
- Actual infrastructure site visits and key contact interviews with management, staff and volunteers / community groups operating Early Years services from these sites
- Interviews with both current and possible key partners in Early Years infrastructure and service delivery
- Regulatory requirements and industry best practice
- The findings of the Infrastructure Audit undertaken in 2015 by Lewis & Associates (Consulting Engineers and Building Surveyors) as commissioned by Buloke Shire Council.



Complete Infrastructure Audit tables are contained in Appendix 1.

Infrastructure item	Current Service use & delivery	MEY Planning Recommendations	Engineer Audit Findings
Birchip Kindergarten	4 yo kindergarten Tues, Wed and Thurs 8:45am – 1:45pm, school terms	Will this building continue to meet your needs longer term? YES	
	3 yo kindergarten Friday 8:45am – 11:45am, terms 3 & 4 only	REQUIREMENTS: Concertina doors opening up the kindergarten room to the outdoors,	
	Licensed Capacity: 18	A small veranda on the northern side would shelter the building from sun and provide some undercover storage for outdoor toys More indoors space for a dedicated office and foyer area	
	2015 Enrolments: 14	MEYP PRIORITY: Move MCH to enable extension of kindergarten into the MCH area	

Birchip Maternal and Child Health	Centre based Tuesday 9am – 4pm plus home visits as required All year	Will this building continue to meet your needs longer term? NO REQUIREMENTS: Need purpose built Maternal and Child Health infrastructure to accommodate Maternal and Child Health, playgroup and visiting services MEYP PRIORITY (short-term): Suitable bench / table space to safely and accurately weigh and measure babies	
Birchip Community Playgroup	Tuesday 10am – 12pm, school terms only	Will this building continue to meet your needs longer term? YES REQUIREMENTS: Softfall (understand not a council building so the onus is on us but if playgroup could 'piggy back' on delivery to the town playground then we could order and deliver together. Pricing efficiency of bulk order, savings in transport and time laying etc) MEYP PRIORITY: If Birchip kindergarten were to secure a new building Playgroup would welcome opportunity to move into current kindergarten building	No Engineers Audit undertaken as not BSC owned building
Charlton Kindergarten	4 yo kindergarten Mon, Tues and Wed 8:45am – 1:45pm, school terms Licensed Capacity: 28 2015 Enrolments: 9	Will this building continue to meet your needs longer term? YES REQUIREMENTS: Re-location of toilet eventually MEYP PRIORITY: Access to specialists, particularly speech pathologists Pre-school field officer access is minimal as they are located so far away and under resourced re: time and cars.	
Charlton Maternal and Child Health	Centre based Wednesday 9am – 4:30pm plus home visits as required All year	Will this building continue to meet your needs longer term? YES REQUIREMENTS: Power point Bench space, upgrade to hand basin (incorporate into bench area) More drawers MEYP PRIORITY: Power point, more drawers Bench space, upgrade to hand basin	
Charlton Community Playgroup	Monday 9:30am – 11:00am School terms only	Will this building continue to meet your needs longer term? YES REQUIREMENTS: Nothing- set up really well and meets all of our needs.	

Donald Kindergarten	<p>4 yo kindergarten Tues, Wed and Thurs 9:00am – 2:00pm, school terms</p> <p>Licensed Capacity: 33</p> <p>2015 Enrolments: 22</p>	<p>Will this building continue to meet your needs longer term? YES</p> <p>REQUIREMENTS: Larger yard area with an open running area, no flat area for interactive games or space for ball games etc</p> <p>MEYP PRIORITY: Increased yard size</p>	
Donald Maternal and Child Health	<p>Centre based Monday 8:30am – 12pm and Thursday 8:30am – 5:00pm plus home visits as required</p> <p>All year</p>	<p>Will this building continue to meet your needs longer term? YES</p> <p>REQUIREMENTS: move to other consulting room and fit out to Maternal and Child Health specifications including building measuring table into the bench (drop down for safety), change area for parents, Pin boards etc</p> <p>MEYP PRIORITY: Change Maternal and Child Health consulting room to visiting services consulting room, customise furniture for baby safety Need to keep service hours at the current level</p>	
Donald Community Playgroup	<p>Monday 10:00am – 12:00pm, school terms only</p>	<p>Will this building continue to meet your needs longer term? YES</p> <p>REQUIREMENTS: Enclose garage and have door for access rather than current garage door, power to garage to enable connection of lighting and heating</p> <p>MEYP PRIORITY: Actually consider youth space to be the biggest priority</p>	No Engineers Audit undertaken as not BSC owned building
Donald KinderGym	<p>Tuesday 9:30am - 10:30am, school terms only</p>	<p>Will this building continue to meet your needs longer term? YES</p> <p>REQUIREMENTS: no requirements</p>	No Engineers Audit undertaken as not BSC owned building
Sea Lake Kindergarten	<p>4 yo kindergarten Wed, Thurs and Fri 10:00am – 3:00pm, school terms</p> <p>Licensed Capacity: 25</p> <p>2015 Enrolments: 18</p>	<p>Will this building continue to meet your needs longer term? YES</p> <p>REQUIREMENTS: Storage increase and optimisation Office increase Landscaping of outdoor space to improve usability Replacement of foam matting on concrete</p> <p>MEYP PRIORITY: Storage increase and optimisation Office increase Increase of childcare availability in Sea Lake from 2 to 5 days</p>	

Sea Lake Mallee Minors Childcare	Long Day Care Monday and Tuesday 8:00am – 5:30pm, all year (with 4 week closure at Christmas / New Year)	<p>Will this building continue to meet your needs longer term? YES</p> <p>REQUIREMENTS: Storage increase and optimisation Office increase Toilets</p> <p>MEYP PRIORITY: Storage increase and optimisation Office increase Top up of bark chips</p> <p>ADDITIONAL: \$50,000 has been secured by MTHCS from Federal Government with plans to secure further \$50,000 from DET to put door from back of kindergarten building direct to storage sheds</p>	
Sea Lake Maternal and Child Health	Centre based Monday 9:00am – 4:00pm plus home visits as required All year	<p>Will this building continue to meet your needs longer term? YES</p> <p>REQUIREMENTS:</p> <p>MEYP PRIORITY: Advocacy for rural LGA funding model to better meet needs of small rural communities</p>	
Sea Lake Oral Language Supported Playgroup	Delivered from both Sea Lake Maternal and Child Health and Tyrrell college Thursday 9:00am – 5:00pm plus School term only	<p>Will this building continue to meet your needs longer term? YES</p> <p>REQUIREMENTS: It would be easier to gather for a shared playgroup with MCH if the waiting room was expanded to include current MCH consulting room and the other consulting room was set up as consulting room, ie move MCH back a room and take out a small wall.</p> <p>MEYP PRIORITY:</p>	
Sea Lake Community Playgroup (NHH)	Commencing again in June after a period of recess School term only	<p>Will this building continue to meet your needs longer term? YES</p> <p>REQUIREMENTS: Will move towards developing Playgroup as a supported playgroup</p> <p>MEYP PRIORITY:</p>	No Engineers Audit undertaken as not BSC owned building
Wycheproof Kindergarten	4 yo kindergarten Mon, Tues and Wed 8:30am – 1:30pm, school terms only Integrated LDC Monday only 8:30am – 5:00pm	<p>Will this building continue to meet your needs longer term? YES</p> <p>REQUIREMENTS: Internal paint</p> <p>To support LDC sleeping and change rooms and a laundry are needed</p> <p>Staff break area, a foyer and an adequate office</p>	

	<p>Licensed Capacity: 25</p> <p>2015 Enrolments: 8 preschool, 5 childcare</p>	<p>MEYP PRIORITY: Collecting children off the bus can be difficult- a bus zone out the front would help with this.</p> <p>Having a playgroup locally for children is important as there is a lack of activities for children who are not yet in school.</p>	
Wycheproof Maternal and Child Health	<p>Centre based Wednesday 8:30am – 5:00pm plus home visits as required All Year</p>	<p>Will this building continue to meet your needs longer term? NO</p> <p>REQUIREMENTS: Increase waiting room size Larger consulting room</p> <p>MEYP PRIORITY: Increase waiting room size Larger consulting room Increase in confidentiality</p>	
Berriwillock Community Playgroup	<p>Friday 10:30am – 12:00pm, school terms only</p>	<p>Will this building continue to meet your needs longer term? YES</p> <p>REQUIREMENTS: Indoor toilets, ramp and different doors</p> <p>MEYP PRIORITY: The Berri Community Centre would be used more by young families if it was fenced and there was a small playground. Then we could take part in training / sessions etc and the children could play in the yard</p>	<p>No Engineers Audit undertaken as not BSC owned building</p>

Service Provision

Buloke Shire Council's role in actual Early Years service delivery to families across the Municipality includes:

- Maternal and Child Health and
- Immunisation.

Through the introduction of the Child Wellbeing and Safety Act 2005, the Victorian Government established principles for the wellbeing of children, a Victorian Children's Council, a Children's Services Coordination Board and a Child Safety Commissioner and the notifications of births to municipal councils. This act is the most significant piece of legislation to date implicating local government in the planning and delivery of early years services

<http://www.dpc.vic.gov.au>

Maternal and Child Health

The maternal and child health service is a universal primary care service for families with children from birth to school age. The service is provided in partnership with the Municipal Association of Victoria, local government and the Department of Education and Training and aims to provide preventative health and developmental assessments to all families with children under 6 years. The Maternal and Child Health service provides a comprehensive and focused approach for the promotion, prevention and early detection of the physical, emotional or social factors affecting young children and their families in contemporary communities.

Buloke Shire Council's Maternal and Child Health Service provides ten free medical consultations for all families with babies and young children, from birth to three-and-a-half years of age. Known as Key Ages and Stages consultations, these take place when your baby is newborn (as a home visit), two, four and eight weeks of age, then at four and eight months of age, and at one, one-and-a-half, two and three-and-a-half years of age. Additional visits to assist first time mothers and vulnerable children are also provided under the universal framework, as well as a flexible capacity to provide first time parent groups and other community building activities as identified.

Buloke Shire owns a total of eight Maternal Child Health Centres across the Shire. Of these the Centres in the five larger communities of Birchip, Charlton, Donald, Sea Lake and Wycheproof offer 'centre-based' consultations through scheduled appointments and some after-hours appointments. (including home visits for newborns and additionally as required). The Maternal and Child Health Centres located at Berriwillock, Culgoa and Nullawil are no longer used for centre-based service delivery and instead families in these communities either travel to the larger centres or receive their KAS checks by home visits.

Nationally and internationally health experts support the concept of universal access primary health care services for young children and their families. Primary health care services are believed to be the most appropriate and effective platform for improving the health, development and wellbeing of children through early detection, prevention and health promotion. Importantly, opportunities for sequential health monitoring and surveillance outside the Maternal and Child Health Service have been reduced in the past decade for many families by factors such as early discharge from maternity hospitals, non-universal take-up of the medical postnatal check at six weeks, and children born overseas without access to primary care services. These factors taken together with the increasing complexity of Australian families emphasise the critical role of the Maternal and Child Health nurse (Local Logic Place, 2012).

Immunisation

Routine infant and childhood vaccination has been available in Australia since the 1930s and is broadly supported as an effective way of generating immunity and protecting against the spread of infectious diseases. The National Immunisation Program Schedule for Victoria recommends and provides the following vaccines at no cost to children up to eight years: hepatitis B, diphtheria, tetanus, pertussis, polio, haemophilus influenzae type b, pneumococcal, measles, mumps, rubella,

meningococcal C, chickenpox and rotavirus. Evidence suggests that a minimum of 90% vaccination coverage is required to interrupt the transmission of disease, Victoria is achieving this minimum (DEECD, 2013).

Buloke Shire Council's Immunisation service provides infant, child and adult immunisations as recommended through the National Immunisation Program (NIP). As such Council provides free scheduled immunisation service to all children aged 0-5 years within the municipality (followed by a free Secondary Schools Immunisation program). All immunisation sessions occur at Council's Maternal and Child Health Centres on a monthly basis as follows:

- Second Thursday of the month: Sea Lake and Birchip
- Third Thursday of the month: Donald, Charlton and Wycheproof

Council does not provide immunisations to members of the public that do not fall within the National Immunisation Program (NIP) schedule.

As outlined in the *Buloke Shire Council Rural Advocacy Strategy (2015)* Buloke Shire is meeting 'Minimum Local Government Service Levels for Victorians' specific to the Early Years including:

- Access to public facilities including
 - Recreation Reserve
 - Functional Meeting Space
 - Park and playground
 - Public toilet
 - Swimming pool
- Immunisation for children on a monthly basis
- School crossing supervision on major roads
- Weekly access to library books and services within a 50 km distance.
- Maternal and Child Health Services in all towns over 500 people.
- Child care and kindergarten services in all towns over 500 people.

However service delivery, even to this minimum standard, is becoming increasingly difficult for many small rural local governments and Buloke Shire Council is no exception – with childcare provision posing a particular challenge. With this in mind in May this year Buloke Shire Council commenced its RURAL LIVING campaign. "Buloke Shire Council in north-central Victoria launched the Rural Living campaign to seek recognition at top government level that unless rural people have access to a basic suite of services, we will see our communities become more and more unlivable. In Buloke Shire and many other rural Victorian shires, our residents are disadvantaged compared to their city counterparts because we simply cannot deliver the level of services they are entitled to. RURAL LIVING seeks agreement to the concept that all Victorians, including the residents of small rural shires, are worthy of a specific minimum set of service levels"

<https://www.facebook.com/RuralLivingVictoria>

The Loddon Mallee North Regional Growth Plan (2014) highlighted "Service provision in small settlements will undergo a process of consolidation and rationalisation. Multi-use facilities will be preferred to maximise use and minimise ongoing maintenance costs. This process will be undertaken following extensive community engagement and is supported by the plan".

The Policy and Planning Context

Local, state and national early years policy provide an important context for the Municipal Early Years Plan. Consistent themes across the various levels of policy include:

- A focus on outcomes which build human capital through early years reform
- Support for vulnerable children and children with special needs
- Access to and affordability of quality early childhood education
- National quality standards in early childhood education
- Initiatives to increase the number and qualifications of early childhood workers
- Reform relating to Indigenous children and
- focus on child and family health, including access to maternity services, early intervention and prevention initiatives and the promotion of healthy eating and exercise in children.

Local Government

Victorian local government plays a critical role in human service provision and planning across the human life cycle. This is the result of a combination opportunity and choice alongside legislative mandate.

Across Australia the first human service ‘owned’ by local government was Maternal and Child Health, dating from 1917, followed by:

- Services to older people from the 1940s,
- The growth of a broad municipal welfare function from 1947,
- Involvement in kindergartens from the 1950s, and
- The provision of formal child care from the early 1970s.

The *Victorian Local Government Act 1989* specifically supports this active role, describing the purposes and functions of local government as including responsibility for ‘health, welfare and other community services’. The Act’s schedule lists services for children and families, childcare and developmental services under this heading. Local Government’s role across the children and youth sector has largely focussed around four main areas:

- **Service / Facility Provision** – Council delivering a range of services, for example, Family Day Care, Vacation Care programs, Maternal and Child Health, and providing children and youth services buildings;
- **Advocacy** – Council lobbying and advocating to State and Federal Governments on behalf of services, children, youth and their families, for example, advocating for increased early intervention services, monitoring the impact of child care fees, lobbying to retain community based child care places in a municipality and education, employment and retention programs for young people;
- **Planning** – Council acting as a key community planner in the early years, for example planning for sufficient child care places, identifying the early years as a key platform in the Community Health and Well-being Plan and more recently the development of Municipal Early Years Plans and Youth Agenda’s; and
- **Strengthening Community Capacity** – Council facilitating community connections and community engagement, for example, supporting parent management committees of childcare and preschool services.

Further to this the *Victorian Local Government (Democratic Reform) Act 2003* creates a framework and an expectation that local government will play a leadership role in fostering development of the whole community, which is consistent with councils’ corporate continuous improvement processes.

In 2008 the State Government and the Municipal Association of Victoria signed the *Victorian State–Local Government Agreement* to further strengthen state–local government relations. The partnership agreement formally committed the partnership to principles and guidelines that gave greater clarity to roles, responsibilities and financial arrangements, and fostered respectful collaboration and mutual support regarding the planning, development and provision of early years programs.

The agreement recognised Local government plays a key role in improving the coordination and strategic planning of early childhood services at the local level as both significant providers of early childhood services (including Maternal and Child Health and immunisation) and as the major owner of facilities from which Early Years programs are offered (notably kindergarten and playgroups). The agreement also recognised local councils as the key planner for early childhood services with this planning primarily achieved through the development of Municipal Early Years Plans

cross time this increasingly expanding role in human service provision recognises local government as one of the key remaining providers of universal access primary health care services for young children and their families. Nationally and internationally health experts believe primary health care services to be the most appropriate and effective platform for improving the health, development and wellbeing of children through early detection, prevention and health promotion. ‘Universal access’ recognises that all families with young children can benefit from information, advice and support relevant to their circumstances and their child’s individual development and as such should have services made available to them.

“[Local Government] continues to develop a stronger focus on long term facility planning, child friendly city planning and the provision of a seamless system that is easy to access for families, and friendly to use. There is now also strengthened focus on achieving locally determined early years outcomes in partnership with community stakeholders, who can equally share the responsibility of developing, implementing and evaluating the MEYP across the municipality”
MAV, (2011).

Buloke Shire Council – Key Policy and Planning Linkages

The following Buloke Shire Council Plans exhibit key linkages to the Municipal Early Years Plan. Recognising these linkages strengthens community advocacy and increases synergies between Council Departments. The significant relationship between the health and wellbeing of our youngest community members and our later economic, physical, social and mental health as a whole community is seminal to these linkages.

Buloke Shire Council Plan 2015-2019

The Buloke Shire Council Plan 2015-2019 is Council’s four-year Plan. The Plan espouses the following Vision, Mission and Values:

Our Vision - A sustainable Council for a liveable community

Our Mission - Our mission is to work with the people of Buloke to provide a supportive and positive environment enabling them to work to achieve satisfying and productive lives.

Our Values - Council address its key values through:

- | | | |
|-----------------------------------|--|---|
| - Constructive engagement | - Accountability for actions | - Representation of the community and its needs |
| - Good communication | - A collaborative approach working with partners | - Being responsive and timely |
| - Transparency in decision making | - Taking responsibility | |

Within this Vision there are six Strategic Objectives:

1. Delivering our services in a financially sustainable way
2. Engaging with, and facilitating our community to identify and meet its needs
3. Supporting and enhancing our local economy
4. Working with the community and relevant agencies and groups to enhance and protect our natural environment
5. Influencing governments to improve liveability for rural communities
6. An organisation that is responsible governed and values and supports the development of its people

Of particular relevance to the Buloke Shire Council Municipal Early Years Plan are the following Strategic Objectives and their specific strategies and actions:

Strategic Objective	Strategies	MEYP Strategic Areas / Actions
2. Engaging with, and facilitating our community to identify and meet its needs	2.2 Identifying community needs to inform service planning. Actions <ul style="list-style-type: none"> - Identify current service levels and utilise appropriate engagement methods to collect and compare data within reportable timeframes. 	Strategic Area 5: Community Building, Engagement & Inclusion Action 3
	2.5 Enhance the strategic planning, development and management of our physical assets and infrastructure. Actions <ul style="list-style-type: none"> - Review and implement Council's Asset Management Policy, Strategy and Plans - Review, develop and deliver a strategic ten year capital works program based on key strategic facility reviews, community plans and condition assessments. 	Strategic Area 3: Infrastructure Actions 1 & 2
Strategic Objective 3: Supporting and enhancing our local economy	3.2 Facilitate the provision of infrastructure to grow the economic development of the community. Actions <ul style="list-style-type: none"> - Seek funding to develop a town beautification and streetscape improvement program in Donald, Birchip, Sea Lake, Charlton and Wycheproof. 	Strategic Area 4: Advocacy Action 4
Strategic Objective 5: Influencing governments to improve liveability for rural communities.	5.1 Engage with other municipalities and agencies to advocate on equitable services. Actions <ul style="list-style-type: none"> - Develop "minimum service levels" for rural residents for advocacy with Victorian and Commonwealth Governments. 	Strategic Area 4: Advocacy Actions 1, 2, 3 & 5
	5.2 Mobilise the community and rural Councils to participate in advocacy issues. Actions <ul style="list-style-type: none"> - Utilise collective advocacy in a range of media and platforms 	Strategic Area 1: Planning, Coordination & Communication Actions 1, 2 & 4

Buloke Shire Council Rural Advocacy Strategy

The Buloke Shire Council Rural Advocacy Strategy notes: *“In the recent past, the Buloke Shire Council provided services to its residents that were in excess of the financial capacity of the organisation. This led to a situation whereby the Council became financially unsustainable. In order to address this issue Council has had to reduce the level of services provided to residents to ensure that it can continue to serve its community..... the level of services that can be provided to rural residents is considerably less than those that can be provided to residents in more densely settled areas. This is especially inequitable for residents in large shires with small populations.”*

Adding that the Local Government Act requires councils to *“work in partnership with the Governments of Victoria and Australia”* in order to *“....achieve the best outcomes for the local community”* and to *“..improve the overall quality of life of the people in the municipal district.”* This responsibility is not being met by these partners under the current fiscal arrangements.

The Whelan report into Local Government financial sustainability in 2010 found that “A permanent, adequate, annual operating entitlement” was required to enable eighteen small rural councils in Victoria to remain financially viable (*page 18, abridged report*). This report proposed a recurrent annual payment to these councils of \$27 mill, with Buloke’s “entitlement” being \$1.98 million.

The key objective of the Rural Advocacy Strategy is to influence a change in funding policies by the Victorian and Commonwealth Governments to provide a more equitable distribution of grant funding structured to enable the sustainable provision of minimum local government service levels to rural Victorians. The Buloke Shire Council Rural Advocacy Strategy aims to enact this objective by:

1. engaging with other municipalities and agencies to advocate on equitable services, and
2. mobilising the community to participate in advocacy issues.

The Buloke Shire Council Rural Advocacy Strategy notes all Victorians should have access to levels of service that enable liveability and safety which. From the Early Years perspective at a minimum this should include:

- Access to public facilities including
 - Recreation Reserve
 - Functional Meeting Space
 - Park and playground
 - Public toilet
 - Swimming pool
- Immunisation for children on a monthly basis
- School crossing supervision on major roads
- Weekly access to library books and services within a 50 km distance
- Maternal and Child Health Services in all towns over 500 people
- Child care and kindergarten services in all towns over 500 people

Buloke Shire Council Municipal Public Health and Wellbeing Plan 2013 – 2017

The requirement for local government to prepare Municipal Public Health and Wellbeing Plans has been embedded within legislation since 1990. The current Public Health and Wellbeing Act 2008 continues this requirement.

Council plays an important role in controlling public health threats by providing services in accordance with the law and legislative responsibilities such as those contained in the Victorian Health and Wellbeing, Food and Environment Protection Acts.

Council provides services to address threats to health and the immediate environment by ensuring a safe food supply; investigating infectious disease outbreaks; controlling unreasonable noise; monitoring environmental hazards; investigating public health complaints; maternal and child health services; Aged & Disability Services, controlling litter; and discharging waste water.

Buloke Shire Council's mission for the Municipal Public Health and Wellbeing Plan is:

"We provide solid foundations for the sustainability of Buloke Shire's community. We work in collaboration with others to achieve our ambitions. We continue to encourage our community to live healthy, vibrant, inclusive lifestyles to improve the quality of life within our municipality"

The goals identified through the development of the Buloke Public Health and Wellbeing Plan include:

1. To achieve a sustainable level of safe, accessible and supportive environments within the municipality
2. To support community preparedness for the impacts of climate change
3. To maintain and enhance our natural environment and water resources
4. To enhance employment opportunities for localised training and employment
5. To seek opportunities for funding to strengthen transportation links between townships and regional centres
6. To provide access to opportunities for physical activity and open space
7. To increase the access to affordable and nutritious foods
8. To support Council's ability to maintain its current service delivery to the wider community

Goals, 1, 5, 6 and 8 have particular relevance to the Buloke Shire Council Municipal Early Years Plan 2015-2019.

Working to implement these goals is the Southern Mallee Primary Care Partnership, Buloke Strategic Health & Wellbeing Partnership. The partnership involves a number of agencies such as the Buloke Shire Council, East Wimmera Health Service, Mallee Track Health & Community Services, Southern

Mallee Primary Care Partnership and other organisations as required.

Regional

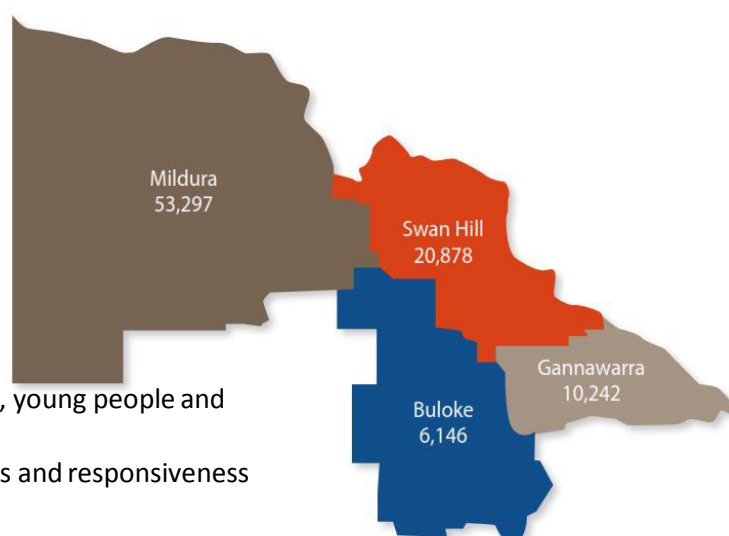
Mallee Children and Youth Area Partnership

The Mallee Children and Youth Area Partnership includes the Local Government Areas of Buloke, Gannawarra, Mildura and Swan Hill.

The Mallee Children and Youth Area Partnership aims to increase the reach and effectiveness of prevention and intervention for vulnerable children, young people and families through the following agreed priorities:

- Building the capacity of the service sector access and responsiveness to specific professional learning
- Improved service coordination and collaboration,
- The identification of barriers and action to overcome them.

In order to:



- Build the capacity of caregivers
- Strengthening the support for children and young people to engage in learning
- Improve measureable outcomes for all children and young people (0-18 years) in out of home care.

Primary Care Partnerships: Achievements 2000 to 2010 (Department of Health, 2010)

The PCP Strategy was launched by the Victorian government in 2000 and they continue to fund 30 Primary Care Partnerships (PCPs) with the aim of improving access to services and continuity of care for people through improved service coordination, as well as chronic disease prevention, integrated health promotion, and partnership development.

The Primary Care Partnership Strategy and associated program logic outlines the following domains of activity:

- Partnership Development
- Integrated Health Promotion
- Service Coordination
- Integrated Chronic Disease Management

“Primary health care is central to all Victorians throughout the course of their lives. Most people will see a general practitioner (GP) at least once a year; many require other primary health care services (such as allied health services, community nursing and dental care) to deal with a range of physical, developmental, social and emotional issues and to maintain their health..... Regardless of how much a person needs primary health care, all people benefit from a cohesive, high-functioning primary health system. Integrated health promotion and prevention programs support the health of communities and strengthen the social fabric..... The objective of the Primary Care Partnership Strategy is to bind all this activity together into a coherent system..... A good primary care system reduces health inequalities and achieves better health outcomes.”

Southern Mallee Primary Care Partnership Strategic Plan 2013 - 2017

The Southern Mallee Primary Care Partnership (SMPCP) is a group of organisations (health, welfare, disability, local government, community based), across the Shires of Buloke, Gannawarra & Swan Hill Rural City (excluding Robinvale), who work together in an effective and innovative way to improve the health and wellbeing of local communities.

The Southern Mallee PCP’s Strategic Plan reflects Member agency’s commitment and contribution to the Plan by aligning priority issues and sharing responsibility for implementing objectives and strategies.

In Buloke the SMPCP 2013–2017 Strategic Plan is aligned with the Buloke Shire Council - Municipal Public Health & Wellbeing Plan and governed by the Buloke Strategic Health and Wellbeing Partnership.

The SMPCP Strategic Priorities within its 2013-2017 Focus are:

1. Strengthen Partnerships, the Sector & Governance: Strengthen Partnerships, the Sector and Governance priority is the work the Partnership will undertake in providing a structure which builds relationships and capacity of the sector whilst strengthening the governance of our Partnership. Specifically the Activity Areas involving Sector Development and Service Coordination.

2. Strategic Priority – Promoting Healthy Lifestyles: Promoting Healthy Lifestyles priority focuses on the activities the Partnership will undertake together to improve the health and wellbeing of the Southern Mallee communities. Specifically the Activity Areas involving Promote Healthy Lifestyles and Mental Wellbeing and Social Inclusion.

Community consultation revealed that resources such as the ‘Mental Health & Related Services (Eligibility and Entry Criteria) Resource - Buloke Shire’ were highly utilised and valued.

Victorian

The Blueprint for Early Childhood Development and School Reform Discussion Paper

In 2008 the State Government released *The Blueprint for Early Childhood Development and School Reform Discussion Paper*. The *Blueprint* proposed the continued integration of preschool and child care and addressed the following key areas in its recommendations for reform:

- Partnerships with parents and communities,
- System development and reform, and
- Workforce reform.

The *Blueprint's* main initiatives included:

- Stronger interventions and more intensive monitoring of under-performing schools,
- Providing incentives for the best teachers and school leaders to work in schools where they are needed most,
- A scheme to encourage high-performing graduates from other fields to enter teaching,
- Improving transitions to school,
- Integrating early childhood services with childcare, in partnership with the Federal Government,
- Developing a new 0–8 learning and development framework that will be linked to existing learning standards in schools,
- Improving participation in early childhood services to improve early identification of health and development problems, and
- Supporting families to provide a home environment that supports development.

The *Blueprint* aims to explore opportunities to integrate early childhood services and schools. This will include the development of local planning models which examine co-location and assess the range of precinct activities and how these can be developed to achieve integration that supports improved coordinated delivery of learning, care and health services.

Growing, Learning and Thriving: Building on Victoria's Achievements in Early Childhood Development

In 2009 *Growing, Learning and Thriving: Building on Victoria's Achievements in Early Childhood Development* was launched to advance the *Blueprint's* Vision. The policy set out actions in five key areas to achieve increased access to high quality early childhood health, education and care for all Victorian children and to improve outcomes for disadvantaged young Victorians. It sets the early childhood reform agenda for 2010 and beyond:

- Encompassing services and resources that support children's learning, health and development from birth to eight years of age,
- Signalling the next wave of reform the Victorian Government is pursuing to drive improvement in early childhood outcomes, including immediate priorities and longer term reform directions,

- Providing the strategic framework through which the Victorian Government will pursue national reform with other states and territories and the Commonwealth, and
- Bringing coherence to the policy context for early childhood in Victoria.

Key actions included implementing:

- The workforce strategy *Improving Victoria's Early Childhood Workforce: Working to give children the best start in life*,
- The *0–8 Early Years Learning and Development Framework*, and
- Programs to assist vulnerable families to strengthen their home environment for learning.

The National Quality Framework in Victoria

Most funded kindergarten programs in Victoria are now offered in approved education and care services operated by approved providers under the National Quality Framework, and assessed by the Regulatory Authority (DET) against the National Quality Standard to receive a quality rating. A small number of services providing kindergarten programs are not covered by the National Quality Framework and are instead licensed by the Victorian Children's Services Act 1996 (Victorian Act) and Children's Services Regulations 2009 (Victorian Regulations) or the Education and Training Reform Act 2006.

Victorian Early Years Learning and Development Framework

The Victorian Early Years Learning and Development Framework is an overarching framework, which works in conjunction with the Victorian Essential Learning Standards and the Australian Curriculum (AusVELS) for schools, the Maternal and Child Health Service Key Ages and Stages Framework, and Early Childhood Intervention Services (ECIS) resources. The Victorian Early Years Learning and Development Framework advances all children's learning and development from birth to eight years. It does this by supporting all early childhood professionals to work together and with families to achieve positive outcomes for all children.

Within the *Framework*, the term 'early childhood professional' includes any person who works with children between the ages of birth and eight years, encompassing: maternal and child health nurses, early childhood educators, school teachers, family support workers, preschool field officers, inclusion support facilitators, student support service officers, primary school nurses, primary welfare officers, early childhood intervention workers, and education officers in cultural organisations.

The Victorian Early Years Learning and Development Framework:

- Identifies five early years learning and development outcomes for all children aged from birth to eight, which provide a shared language for all early childhood professionals and families to use when planning for children's learning and development,
- Describes the most effective ways for early childhood professionals to work together and with children and families by identifying eight practice principles for learning and development, categorised as collaborative, effective and reflective, and
- Emphasises the importance of supporting children and families as they transition within and across services throughout the early childhood period.

This focus on transitions incorporates the *Transition: A Positive Start to School* initiative, which aims to improve children's experience of starting school by enhancing the development and delivery of transition programs. The initiative also introduces a tool for families and educators to share information about a child's learning and development in the form of a *Transition Learning and Development Statement*. All kindergarten services are required to prepare a Transition Learning and Development Statement for every child transitioning into school in the following year.

The *Victorian Early Years Learning and Development Framework* is an approved learning framework under the *National Quality Framework* and shares its outcomes with the *National Early Years Learning Framework*.

Victorian Early Childhood Workforce Strategy

The Victorian Early Childhood Workforce Strategy was launched in 2009. The strategy supports the development of a workforce that can respond to current challenges in early childhood including universal access. The following key initiatives of the strategy will assist in achieving Universal Access through supporting the recruitment and development of a greater number of early childhood educators:

- A scholarship fund that supports early childhood staff to upgrade or attain early childhood qualifications,
- A scholarship fund that supports Aboriginal and/or Torres Strait Islander people to upgrade or attain early childhood qualifications,
- An incentive fund to attract early childhood staff to services in hard-to-staff locations,
- A range of professional development programs to support professionals in the early childhood intervention services sector,
- Professional development courses offered through the Bastow Institute of Educational Leadership, designed to build capacity of leaders in early childhood settings,
- Professional development training, resources and advice through Gowrie Victoria, and
- The Early Years Great Careers initiative, which aims to showcase a range of early childhood professions available in the sector.

Professional training and development for early childhood professionals focuses on the Victorian Early Years Learning and Development Framework.

Victorian Aboriginal Affairs Framework

The *Victorian Aboriginal Affairs Framework 2013–2018*, released in 2012, guides and coordinates the efforts of the Victorian Government in partnership with Victoria's Aboriginal communities. The framework focuses long term, strategic and progressive effort to improve the health and quality of life of Aboriginal Victorians, and aligns closely with the targets of the Council of Australian Governments.

Victorian Wannik education strategy

Wannik Learning Together — Journey to Our Future is an education strategy which aims to reduce disparity in educational outcomes between Koorie and non-Koorie students in Victoria. Taken from the Gunai/Kurnai language, *wannik* (pronounced 'wunn-ick') means 'learning together - journey to our future'. Wannik represents a new era of collaboration within all Victorian schools. The system will reposition the education of Koorie students through a culture of strong leadership, high expectations and individualised learning.

The strategy proposes to:

- Reform the government school system's education of Koorie students,
- Support greater student engagement,
- Provide more literacy and numeracy support,
- Provide support and encouragement for high-achieving students,
- Expand and develop the Koorie support workforce,
- Renew our focus on parental engagement, and
- Share responsibility appropriately across government.

Maternal and Child Health Service Program Standards

Maternal and Child Health Service Program Standards (2009) provides an evidence-based framework for the consistent, safe and quality delivery of the Maternal and Child Health Service. The program standards support the provision of clinical and corporate governance within the service, and provide a systematic approach to improving service delivery and safety. The Maternal and Child Health Program Standards support the vision, mission, goals and principles of the service as stated in the Maternal and Child Health Service Guidelines (2011).

Victoria's Advantage – Unity, Diversity, Opportunity

Victoria's multicultural affairs and citizenship policy, *Victoria's Advantage – Unity, Diversity, Opportunity*, identifies a whole of government response to the opportunities and challenges of Victoria's diverse multicultural society. From early childhood services through to education, employment, health, justice and transport, every citizen, regardless of background, should expect the very best from their government. This policy emphasises a commitment to addressing discrimination and ensuring access to government services that are sensitive to cultural, linguistic and religious diversity.

Protecting Victoria's Vulnerable Children

In 2012 the *Protecting Victoria's Vulnerable Children Inquiry* found that universal early education and care services were not as inclusive of vulnerable children and families as they should be. The Victorian Government's response in the discussion paper *Victoria's Vulnerable Children – Our Shared Responsibility* identified a responsibility shared by government and other services to work together “to prevent child abuse and neglect, reduce the impact when it does occur, and improve the outcomes for children and young people in the statutory child protection system.” The discussion paper emphasised the key role of the education system in achieving these goals noting:

Some vulnerable children and families need more help to engage with these services. Better access to services would enable [the Victorian Government] to intervene earlier to help families more effectively engage with the services they need to address their problems. Better engagement will lead to better outcomes.

Service providers receiving funding from DET are required to operate in accordance with the *Protecting the Safety and Wellbeing of Children and Young People protocol*, and must have policies in place that enable eligible children to access a kindergarten program, including those who face barriers to participation. Specifically for Kindergarten services DET provides funding, such as the Early Start Kindergarten grant and kindergarten fee subsidy, to promote participation of vulnerable children in funded kindergarten programs.

Victoria's Vulnerable Children Strategy 2013-2022 – Our Shared Responsibility

The *Victoria's Vulnerable Children Strategy 2013-2022 – Our Shared Responsibility* was released by the Government in May 2013, outlining three strategic goals:

1. Prevent abuse and neglect,
2. Act earlier when children are vulnerable, and
3. Improve outcomes for children in statutory care.

The strategy takes a decade-long horizon view. It puts in place the aspiration and system framework that will drive sustained change. The strategy explicitly sets out what changes are sought for Victorian families and children and is underpinned by an investment of more than \$650 million over the past three budgets for vulnerable children.

Early Childhood Agreement for Children in Out-of-Home Care

The *Early Childhood Agreement for Children in Out-of-Home Care* aims to increase the participation of children in high quality childhood education and care, with a particular focus on Maternal and Child Health and kindergarten services. The Agreement represents a shared commitment to better support young children living in out-of-home-care to access MCH and kindergarten services by:

- Building capacity, collaboration and accountability across the service system,
- Setting out clear roles and responsibilities for the different elements of the service system, and
- Outlining a process for implementation of the agreement and for monitoring outcomes.

The Agreement is a partnership between the Department of Human Services, the Department of Education and Early Childhood Development, the Municipal Association of Victoria and the Early Learning Association Australia.

Action Plan to Address Violence Against Women and Children – Everyone has a responsibility to act 2012-2015

Victoria's *Action Plan to Address Violence Against Women and Children – Everyone has a responsibility to act 2012-2015* (Action Plan) was launched in 2012. The *Action Plan* engages a range of Government areas and community sector organisations to enact a range of prevention, early intervention and response measures. Victorian Government initiatives to address violence against women and children fall within three streams:

- Preventing violence against women and children: changing attitudes and behaviours to promote respectful non-violent relationships and gender equity,
- Intervening earlier: by identifying and targeting individuals and groups who exhibit early signs of violent behaviour or of being subjected to violence, and
- Responding through an integrated system: providing consistent, coordinated and timely responses to women and children who experience family violence and to get tougher on perpetrators and prevent reoffending.

Strong People, Strong Culture, Strong Families: Towards a safer future for Indigenous families and communities

In Victoria, the integrated family violence system involves the police, justice services, and the community services system. The 10 year Aboriginal family violence strategy: *Strong People, Strong Culture, Strong Families: Towards a safer future for Indigenous families and communities* guides the development of Aboriginal services and policy in this area.

National

National Partnership Agreement on Early Childhood Education

In 2008 the Council of Australian Governments (COAG) endorsed the National Partnership Agreement on Early Childhood Education to ensure:

- By 2013, every child would have access to a quality early childhood education program in the year prior to formal schooling,
- The kindergarten program would be delivered by a qualified early childhood teacher, for 15 hours a week, 40 weeks a year (or 600 hours per year), in accordance with the National Quality Framework, and
- The program would be accessible across a diversity of settings in a form that met the needs of parents and in a manner that ensured cost was not a barrier to access.

The implementation of universal access to early childhood education in the year before school:

- Recognised that quality early childhood education programs improve children's learning, health and behaviour with positive impacts extending into adult life,
- Enabled children and families to have access to a high quality developmental program in a range of settings such as public, private and community-based kindergartens and child care services,
- Supported a successful transition to formal schooling, and
- Supported planning for integrated service systems.

In 2013, Victoria signed into the new National Partnership Agreement on Universal Access to Early Childhood Education. The Commonwealth Government provided funding to the Victorian Government to assist meeting the cost of the 'additional' five hours of kindergarten (with Victoria contributing for 10 hours and the Australian government contributing 5 hours).

National Partnership Agreement for Indigenous Early Childhood Development

In 2009, the Council of Australian Governments (COAG) agreed to the revised National Partnership Agreement on Indigenous Early Childhood Development, with the following targets:

- Halve the gap in mortality rates within a decade for Indigenous children under five,
- Ensure all Indigenous four-year-olds in remote communities have access to early childhood education within five years,
- Ensure every child has access to a preschool program in the 12 months prior to full-time schooling by 2013, and
- Halve the gap for Indigenous students in reading, writing and numeracy within a decade.

As part of this agreement, a key strategy for improved services and outcomes for Indigenous children and their families was to integrate early childhood services through the development of Children and Family Centres (with 38 to be developed by 2014). Children and Family Centres will deliver integrated services, including early learning, child care and family support programs.

National Quality Framework for Early Childhood Education and Care

In December 2009, all Australian governments agreed to a new National Quality Framework for Early Childhood Education and Care (the National Quality Framework), which took effect on 1 January 2012. The new system replaced existing state and territory licensing and national quality assurance processes.

The National Quality Framework applies to most preschools (kindergartens), long day care, family day care and outside school hours care services with the aim of raising quality and driving continuous improvement and consistency in education and care services, with a focus on outcomes for children.

The National Quality Framework includes:

- A legislative framework consisting of:
 - the Education and Care Services National Law Act 2010 (the National Law) and
 - the Education and Care Services National Regulations 2011 (the National Regulations)
- A National Quality Standard, used to carry out a national quality rating and assessment process
- Approved learning frameworks, including the *Victorian Early Years Learning and Development Framework* and the *Early Years Learning Framework*
- Bodies responsible for implementing and *National Quality Framework*. Nationally the Australian Children's Education and Care Quality Authority (ACECQA) is responsible for overseeing the implementation of the National Quality Framework.

Each state has a Regulatory Authority with responsibility for:

- Approving and monitoring education and care services in accordance with the National Law and National Regulations, and
- Assessing education and care services against the National Quality Standard and providing a national quality rating.

In Victoria, the Regulatory Authority is the Department of Education and Training (previously DEECD). Some requirements of the National Quality Framework are still being phased in. For example, by 2016, educator-to-child ratios will be 1:11 for children aged 36 months up to and including preschool age.

Belonging, Being and Becoming – The Early Years Learning Framework

Describes the principles, practices and outcomes that support and enhance young children's learning from birth to five years of age, as well as their transition to school. It is expected that each early childhood service will develop their own strategy to implement the Framework.

The Framework is part of the Council of Australian Governments' reform agenda for early childhood education and care. It is a key component of the Australian Government's National Quality Framework for early childhood education and care. It underpins universal access to early childhood education.

Early Years Workforce Strategy 2012–2016

This strategy sets out how all governments will support the early childhood education and care workforce to ensure a sustainable and highly qualified workforce. It covers issues relating to attracting and retaining workers to the sector, ensuring their professionalism and qualifications, and building capacity to respond to the diverse needs of all children, families and communities accessing early childhood education and care services.

Establishment of a National Children's Commissioner

In February 2013, the Australian Government announced the appointment of Australia's first National Children's Commissioner. The role of the Commissioner—which sits within the Australian Human Rights Commission—complements those of existing commissioners and guardians at the state and territory level. The Commissioner advocates rights of children and young people in national-level policies through: direct consultation with children and their representative organisations; promotion of public discussion and awareness; research and education programs; and examination of relevant Commonwealth legislation, policies and programs in a human rights context.

National Framework for Protecting Australia's Children (2009–2020)

The second 3-year action plan under this long-term framework sets out a range of actions for completion between 2012 and 2015. The plan focuses on enhancing collaborations between the government, non-government sector and the community, thus reflecting the notion that 'protecting Australia's children is everyone's responsibility'.

National Plan to Reduce Violence against Women and their Children 2010–2022

The *National Plan*, endorsed by the Council of Australian Governments (COAG), brings together the efforts of governments across the nation to make a real and sustained reduction in the levels of

violence against women. This plan shows Australia's commitment to upholding the human rights of Australian women and it is the first plan to coordinate action across jurisdictions.

The *National Plan* focuses on preventing violence by raising awareness and building respectful relationships in the next generation. The aim is to bring attitudinal and behavioural change at the cultural, institutional and individual levels, with a particular focus on young people. The *National Plan* sets out a framework for action over the next 12 years and will be driven by a series of four three-year action plans. These Plans will support Australian governments to work together to develop, implement and report progress within a coordinated national framework.

Each Action Plan will address agreed national outcomes, while allowing states and territories to act in locally relevant and responsive ways. The *First Action Plan (2010-2013) – Building a Strong Foundation*, established the groundwork for the *National Plan* putting into place the strategic projects and actions that will drive results over the longer term while also implementing high-priority actions in the short term. The *Second Action Plan (2013-2016)* is an opportunity to take stock, reflect on gaps, develop new actions and strengthen implementation. It will be about building and introducing practical national initiatives to reduce violence against women and their children.

Review of Funding for Schooling and Australian Government response

The 2011 Review of Funding for Schooling (the 'Gonski review') was carried out with the aim of achieving a 'fair, financially sustainable and effective' funding system for Australian schools, focused on achieving the best outcomes for all students. In response to the review, the Australian Government introduced the Australian Education Bill 2012. This Bill proposes a National Plan for School Improvement and a shift towards needs-based funding for education. The aim of the plan is for Australia to be ranked, by 2025, as one of the top five highest performing countries based on the performance of Australia's school students in reading, science and mathematics, and on the quality and equity of Australia's education system.

Australian Curriculum

The Shape of the Australian Curriculum version 4 was released in October 2012. This version built upon the first release in late 2010 which, for the first time, made available a set of curriculum materials for use in schools across Australia. The Australian Curriculum currently includes English, mathematics, science and history. Other subject areas are in development and will be progressively added (ACARA).

National Partnership Agreement on Youth Attainment and Transitions (2009–2013)

The Partnership is a joint initiative of the Australian and State and Territory Governments and aims to increase participation of young people in education and training, increase attainment levels and improve successful transitions from school. It contains a package of elements, including:

- Strengthened participation requirements to encourage young people aged 15-20 to be engaged in education or training as a first priority,
- Lifting qualification levels with the aim of 90 per cent of young people nationally attaining a Year 12 or equivalent qualification by 2015 (Victoria's target is 92.6 per cent) with an accompanying education or training entitlement for young people aged 15-24, and
- Support for successful transitions through the provision of youth career and transition programs.

Internationally

UNICEF Child Friendly Cities and Communities Initiative

UNICEF provides a framework for developing a Child Friendly City. Building a Child Friendly City is the process when children's rights are reflected in policies, laws, programs and budgets. In a Child Friendly City, children are active agents; their voices and opinions are taken into consideration and influence decision making processes.

A Child Friendly City is a local system of governance that is committed to fulfilling children's rights, including their right to:

- Influence decisions about their city
- Express their opinion on the city they want
- Participate in family, community and social life
- Receive basic services such as health care, education and shelter
- Drink safe water and have access to proper sanitation
- Be protected from exploitation, violence and abuse
- Walk safely in the streets on their own
- Meet friends and play
- Have green spaces for plants and animals
- Live in an unpolluted environment
- Participate in cultural and social events
- Be an equal citizen of their city with access to every service, regardless of ethnic origin, religion, income, gender or disability

United Nations Convention on the Rights of the Child

The United Nations Convention on the Rights of the Child (1989) sets out the basic human rights that children everywhere have. The convention protects children's rights by setting standards in health care, education, legal, civil and social services. The convention strives to establish children's rights as enduring ethical principles and international standards of behaviour towards children. These principles are consistent with the direction and policy frameworks accepted by governments in Australia.

The Community Context – Who are we?

Understanding who you are as a community is a critical forerunner to sound planning and service provision. For the purposes of the Buloke Shire Council Municipal Early Years Plan and Child and Youth Strategy (2015-2019) a detailed community profile was developed encompassing children aged 0- 18 years and their families. This detailed profile is contained in Appendix 2.

“An MEYP is most effective when it is informed by a sound understanding of a range of characteristics and needs of the municipality relevant to early years planning. This can include the demographic, social and economic context of the community in which families and young children live, the nature of the early years service system and specific issues influencing the health and well being of young children and their families”.
Municipal Association of Victoria, 2011, p. 23.

A summary of the Community Profile for children aged 0-8 years is detailed below. This summary gives the reader an ‘at a glance’ understanding of the Buloke Early Years community.

Our Early Years community - at a glance

According to the 2011 Australian Bureau of Statistics Buloke Shire Council displayed the following demographic characteristics.

Population

- A population of 6,384 people
- A median age 48 years
- 1,692 families with an average of 2 children
- 1,502 children and youth aged 0-18 years (in August 2011)
- The Early Years population, aged 0-8 years, totalled 647 across the LGA with the highest numbers of children aged 0-8 years living in and around the communities of Donald (176), Charlton (115), Birchip (67) Sea Lake (65), Watchem (64), Wycheproof (57), Culgoa (39), Berriwillock (30) and Nandaly (28) respectively
- 0.6% of the LGA population identified as Aboriginal and / or Torres Strait Islander
- 2.9% born in a non-English speaking country and 2.4% speaking a language other than English at home
- A rank of 77 out of 79 LGAs in ‘percentage with low English proficiency’ (where a rank of one was awarded to the LGA with the highest percentage)

Families

- 10.3% of families identified as ‘one parent’ compared to 15.5% of families in Victoria and Buloke ranked 77 of 79 LGAs (where a rank of one was awarded to the LGA with the highest percentage)
- Highest rates of one parent families were recorded in the communities of Sea Lake (14.8%), Birchip (11.6%), Nandaly and Wyche (10.9%)
- Of all Buloke LGA families with children aged under 15 years 17.4% were single parent families (19.6% at Victorian level)

Education

- Kindergarten attendance in the Buloke LGA shows ‘peaks and troughs’ sometimes sitting above state average but dropping well below in 2010
- For the Buloke LGA 86.0% of students attended a government school, ranking of 4 out of the 79 LGAs (where a rank of one was awarded to the LGA with the highest percentage)

- Data sourced by the Victorian Department of Health indicates positive year 9 NAPLAN results including a state LGA ranking of 8 (of 79) for the ‘% of year 9 students who attain national minimum standards in reading’, a rank of 15 for the ‘% of year 9 students who attain NMS in writing’ and a rank of 11 for the ‘% of year 9 students who attain NMS in numeracy’
- According to 2011 Census data 67.3% of the Buloke population have not completed year 12, ranking 10 of 79 LGAs
- In terms of the ‘% of persons who completed a higher education qualification’ Buloke LGA ranked 54th of 79 LGAs, with only 26.9% completing a higher qualification compared to an average of 45.7% at the state level

Employment

- Whilst the overall unemployment rate across the Buloke LGA was low at 3.2% versus a state average of 5.4% in ‘couple families’ (which includes one parent families) these figures were different - the Wyche, Sea Lake, Charlton and Donald SS had significantly higher rates of couple families where each partner was ‘not working’ (32.1%, 30.5%, 27.4% and 25.6% respectively) than at the state and national levels (19.0% and 19.2%)

Incomes and Expenses

- Across the Buloke LGA median household incomes were well below average and there were higher percentages of low income individuals and families
- Median house prices are the fourth lowest in the state, mortgage stress was around average, but rental stress is very low due to high rental affordability
- The Buloke LGA ranked 5th amongst the 79 Victorian LGAs according to the ‘percentage of individuals with an income less than \$400 per week’ and 20th according to the ‘percentage of low income families with children’
- Buloke LGA ranked 56th of 79 according to the ‘percentage of population with food insecurity’ (where a rank of one was awarded to the LGA with the highest percentage)
- Of the State Suburbs Berriwillock recorded the lowest ‘median weekly income for couple families with 2 children, with 2 incomes’ at \$1,125 and Sea Lake the highest at \$2,075 (placing Sea Lake closest to the state and national averages of \$2,242 and \$2,310)

Transport

- Whilst the Buloke LGA had a lower proportion of the population with ‘no registered motor vehicle’ at 6.7% compared to 8.4% at the state level two State Suburbs showed higher levels of no registered vehicle ownership including Sea Lake with 12.0% and Birchip with 9.0%
- The Buloke LGA ranked 32 of 79 LGAs according to the ‘% of dwellings with no motor vehicle’, significant given geographical isolation
- Across the Buloke LGA 57.7% of vehicles are identified as more than 10 years old compared to 47.7% at the state level giving the Buloke LGA a rank of 11 out of 79 LGAs
- In terms of access to public transport only 7.1% of the Buloke population is considered to be ‘near to public transport’ compared to 74.3% of their Victorian counterparts giving Buloke LGA a rank of 74 out of 79 LGAs (where a rank of one was awarded to the LGA with the highest percentage of population near to public transport)

Further to this demographic profile all communities exhibit strengths and vulnerabilities, it is important to recognise these and use them as benchmarks for positive community change. Within the Buloke LGA the following strengths and challenges were identified from statistical data.

Strengths

Strengths included:

- Higher percentage of people who feel safe walking alone during the day (99.6% compared to 97.0% across Victoria, ranking 9 of 79 LGAs)
- Higher percentage who feel safe on street alone after dark (87.1% compared to 70.3% across Victoria, ranking 14 of 79 LGAs)
- Higher participation in citizen engagement in the last year (69.0% compared to 50.5% across Victoria, ranking 10 of 79 LGAs)
- Higher percentage did voluntary work through an organisation or group in the last 12 months (42.7% compared to 17.7% across Victoria, ranking 1 of 79 LGAs)
- Lower amount of gaming machine losses per head of adult population (\$0 compared to \$602 per head across Victoria, ranking 71 of 79 LGAs)
- Lower number of family incidents per 1,000 population (5.7 compared to 9.1 across Victoria, ranking 64 of 79 LGAs)
- Lower number of drug usage and possession offences per 1,000 population (2.1 compared to 3.4 across Victoria, ranking 56 of 79 LGAs)
- Buloke Immunisation rates above state and national levels during 2012/2013 at age 1, 2 and 5 years
- NAPLAN data largely above Victorian levels at grades 3, 5, 7 and 9.

Challenges

- Lower percentage who believe there are good facilities / services in the LGA (64.2% compared to 85.2% across Victoria, ranking 70 of 79 LGAs)
- Higher percentage of children developmentally vulnerable in one or more domain (24.2% compared to 20.3% of children across Victoria, ranking 16 of 79 LGAs)
- Higher percentage of children developmentally vulnerable in two or more domains (12.9% compared to 10.0% of children across Victoria, ranking 18 of 79 LGAs)
- Higher percentage of women smoking during pregnancy between 2009 and 2011 (18.1% compared to 11.4% across Victoria)
- Higher percentage of low birth weight babies (7.2% compared to 6.6% across Victoria, ranking 17 of 79 LGAs)
- Higher percentage of children reported to have difficulties with speech and/or language (17.8% compared to 13.8% across Victoria).

Australian Early Development Census

The Australian Early Development Index (AEDI, now Census), is a nation-wide measure of how young children are developing in different communities. Based on the scores from a teacher-completed checklist of children in their first year of school, the AEDI measures five areas, or domains, of early childhood development:

- physical health and wellbeing
- social competence
- emotional maturity
- language and cognitive skills (school-based)
- communication skills and general knowledge.

Commencing in 2009 the AEDC is undertaken every three years (so occurred for the second time in 2012). A total of 86 Buloke children were surveyed in 2012 revealing:

- 5 (5.8%) were children with special needs status
- 17 (19.8%) were identified by teachers as requiring further assessment

- 11 (12.8%) attended an early intervention program
- 96.5% of children had experienced some form of regular non-parental early childhood education and/or care in the year before entering formal full-time school (such as family day care, preschool or kindergarten, or care by a grandparent).

The table below identifies the scores of children across Buloke compared to their state and national counterparts.

Region	Total children surveyed	2012 – Proportion of children developmentally vulnerable (%)						
		Physical Health & Wellbeing	Social Competence	Emotional Maturity	Language & Cognitive Skills	Communication Skills & General Knowledge	Vulnerable on 1 or more Domain	Vulnerable on 2 or more Domains
Australia	289,973	9.3	9.3	7.6	6.8	9.0	22.0	10.8
Victoria	67,931	7.8	8.2	7.2	6.1	8.0	19.5	9.5
Buloke LGA	86	12.3	12.3	12.3	11.1	8.6	24.7	14.8
Charlton	16	12.5	12.5	6.3	6.3	12.5	25.0	12.5
Donald	24	8.3	4.2	4.2	12.5	8.3	12.5	12.5
North Buloke	46	14.6	17.1	19.5	12.2	7.3	31.7	17.1

Where are we heading?

Population decline

- Population projections undertaken by the Department of Transport, Planning and Local Infrastructure (DTPLI) in their Victoria in Future 2014 report indicated a population decline of (minus) -1.25% between 2001 – 2011 for the Buloke LGA followed by a slight projected population increase between 2011 -2021 of 0.48%
- Census data for the same time period shows a loss of 159 children and young people (aged 0-24 years) from the Buloke North SLA between 2001 (1,056) and 2011 (897) and a loss of 176 children and young people (aged 0-24 years) from the Buloke South SLA between 2001 (1,030) and 2011 (854).

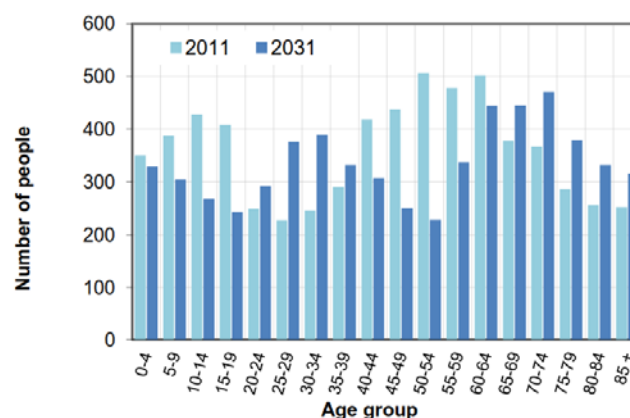
Population projections

The table (below) and graph (right) reveals a 0-4 years population decline (both in actual and proportional terms) between 2011 and 2026 followed by a return to the 2011 proportion of population of 5.4% in 2031 accompanied by a small actual decrease from 350 0-4 year olds in 2011 to a projected 329 0-4 year olds in 2031.

Within the 5-14 year population cohort there is a projected decline (both in actual and proportional terms) between 2011 and 2031. Although both figures are projected to climb slightly in 2031 they remain substantially below the 2011 starting point. For example the actual number of children aged 5-14 years in the Buloke Shire is expected to decrease from 815 in 2011 to 572 in 2031, or from 12.6% to 9.5% of the population respectively. These figures are highlighted in the table below

Age structures

Population by five-year age group, 2011 and 2031



Age group	2011 No. (%)	2016 No. (%)	2021 No. (%)	2026 No. (%)	2031 No. (%)
0-4	350 (5.4%)	255 (4.2%)	266 (4.4%)	303 (5.0%)	329 (5.4%)
5-14	815 (12.6%)	732 (12.1%)	601 (10.1%)	524 (8.7%)	572 (9.5%)
15-24	657 (10.2%)	604 (10.0%)	664 (11.1%)	654 (10.9%)	534 (8.8%)
25-34	473 (7.3%)	530 (8.7%)	604 (10.1%)	688 (11.5%)	765 (12.7%)
35-49	1,145 (17.7%)	927 (15.3%)	769 (12.9%)	792 (13.2%)	890 (14.7%)
50-59	984 (15.2%)	934 (15.4%)	856 (14.3%)	731 (12.2%)	565 (9.4%)
60-69	880 (13.6%)	913 (15.1%)	959 (16.1%)	949 (15.8%)	889 (14.7%)
70-84	909 (14.1%)	903 (14.9%)	988 (16.5%)	1,060 (17.7%)	1,181 (19.5%)
85+	252 (3.9%)	267 (4.4%)	270 (4.5%)	302 (5.0%)	315 (5.2%)
Total	6,465	6,065	5,977	6,002	6,041

Methodology, Consultations and Findings

Methodology Foundation

The methodology for the 2015-2019 Buloke Shire Council Municipal Early Years Plan (and Child and Youth Strategy) focussed on hearing from the breadth of the Buloke community alongside stakeholders external to the Buloke LGA. The methodology was informed by:

- A Project Steering Committee (PSC) formed from key Council staff and a geographic spread of local community members,
- A comprehensive demographic profile which supported an understanding of the key features, similarities and differences between the communities within the Buloke Shire
- Both qualitative and quantitative methods to ensure the research revealed both the 'voice' of the community, including children and young people, and the numbers to give an indication of need and demand.

The methods used by the research team included:

- **Small Discussion Groups:** small discussion groups were held in the five Buloke communities of Birchip, Charlton, Donald, Sea Lake and Wycheproof with parents and community members. In these same communities small discussion groups were held in schools with secondary students to inform the Child and Youth Strategy. The discussion group guiding questions were developed in collaboration with the Project Manager and the Project Steering Committee.
- **Service provider focus groups:** two focus groups were held during the course of the consultation. These focus groups were held in Donald and Sea Lake, these locations reflected the geographic spread of not only locally based services but also of the service providers external to the Buloke Shire who commuted in to service the communities.
- **Surveys:** Three separate online surveys were developed to invite the input of (a) young people, (b) parents and community members and (c) key stakeholders working with and planning for children and young people. The surveys were circulated broadly through key community connections. Hard copies of surveys were also available for those without access to the web. The surveys were developed in consultation with the Project Manager, the Project Steering Committee and young people (in the case of the youth survey).
- A **drawing exercise** with primary school students from across the Buloke municipality enabled the voices of younger children to be heard. A simple prompt asking the children what is most important to them about where they live guided their drawings.
- **Interviews:** A number of face to face and phone interviews were also undertaken with key stakeholders to ensure people were offered multiple opportunities and methods to inform the Municipal Early Years Plan.
- A **strategic planning workshop** presented back to key stakeholders the findings of the research including child and youth statistics, key consultation findings and guiding evidence. The workshop focused on testing key actions and informing overarching strategic directions.

The consultation process occurred between late April and early June 2015.

How children informed the Plan and what they said

Drawing Exercises

All schools across the Buloke LGA were invited to participate in a drawing exercise as a means of engaging infants and primary school aged students in informing both the Municipal Early Years Plan and Children and Youth Strategy.

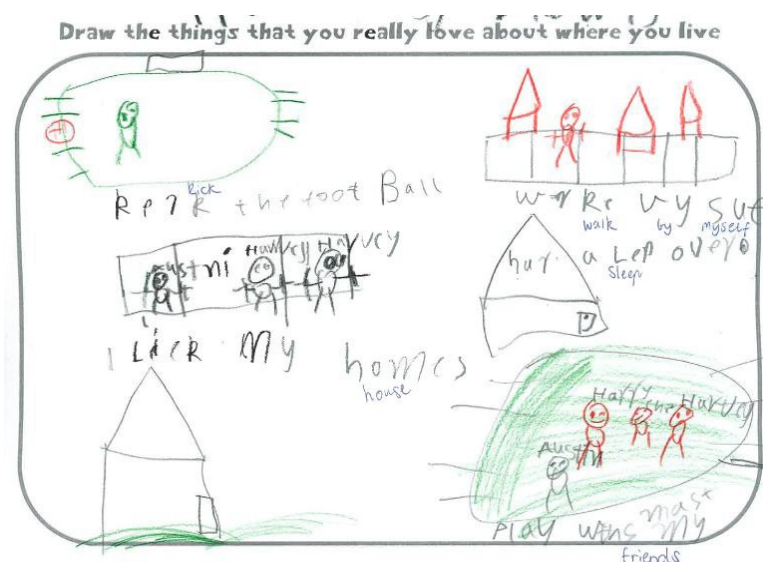
The following nine schools were invited to take part in the exercise with all but one responding by engaging their students in the drawing activities:

1. Birchip P-12 School, Birchip
2. St Joseph's School, Charlton
3. Charlton College, Charlton
4. Donald Primary School, Donald
5. St Mary's School, Donald
6. Nullawil Primary School, Nullawil
7. St Mary's School, Sea Lake
8. Tyrrell College, Sea Lake
9. Wycheproof P-12 College, Wycheproof

Lower primary aged children (Grades Prep - 2) were asked to 'Draw the things you really love about where you live'. A total of 117 drawings were returned from the eight participating schools, their drawings are analysed below. A total of 205 upper primary aged children (Grades 3 – 6) across the eight schools also took part in the drawing exercise. Their drawings are analysed and the data is presented in the Buloke Shire Council Children and Youth Strategy.

Lower Primary aged children were asked to draw (and explain in writing, with assistance from their teacher as required) 'The things that I really love about where I live....'. The analysis of those elements of their community most loved and valued by some of our youngest community members is always a timely reminder of that which is most important. In order of highest to lowest the areas most loved are coded below:

1. Caring People: 32
2. Sport: 26
3. Playgrounds: 23
4. Pool: 22



5. My Home: 20
6. School: 20
7. Shops: 17
8. Safe: 13
9. Animals/Pets: 10
10. Small Community: 9
11. Space: 8
12. Clean Air: 6
13. Easy to get around: 5
14. The Show: 4

Analysis of the drawings of lower primary children revealed children aged 5 – 8 years valued most of all: caring community members, having organised activities, and dedicated places and spaces and their school and home environments.

Simple activities, such as riding their bike to the shops, which are enabled by small, safe and caring communities were critically important to young children and were a clear strength of rural living which can and should be promoted to the advantage of the Buloke Shire.



How families and community members informed the Plan and what they said

It was critical that, in informing the Buloke Shire Council Municipal Early Years Plan, the voices of parents and community members were heard and understood. To ensure this parents and community members were able to share their knowledge of the strengths, challenges and opportunities of living in the Buloke Shire for children, young people and their families through several mechanisms, including:

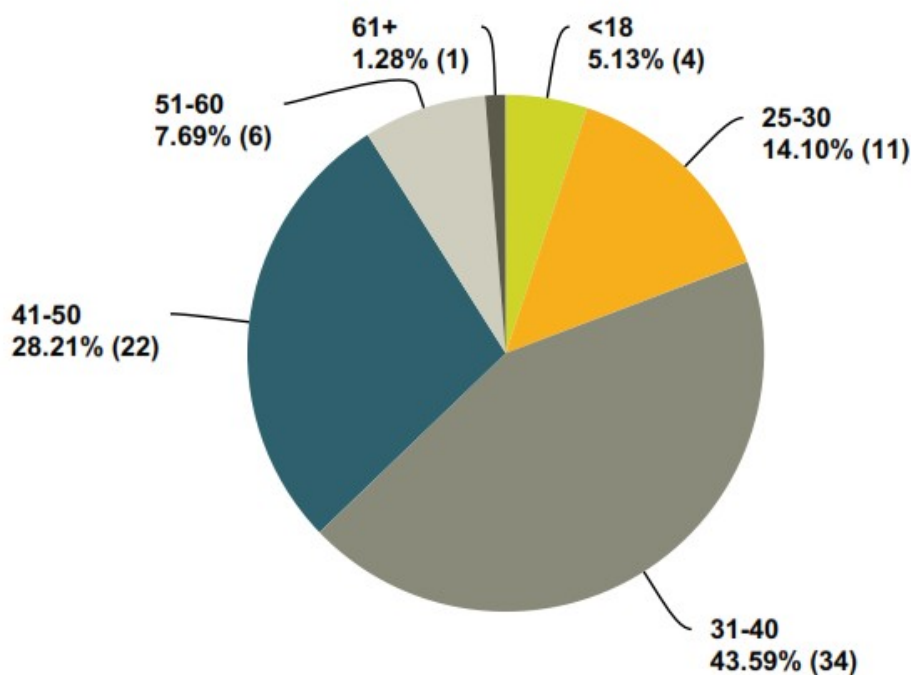
- An online survey (also available in hard copy at key locations throughout the Shire)
- Community discussion groups held at the five key Buloke communities of Birchip, Charlton, Donald, Sea Lake and Wycheproof
- Through direct phone and email contact with the researchers (whose phone number and email addresses were included in all research literature and advertising.

A total of 81 parents and community members from across the Shire took part in the online and paper based surveys. One formal written submission was received along with nine phone calls and emails. Further to this a total of 27 parents and community members attend the five Community Discussion Groups which occurred across the LGA.

Survey Findings

The analysis of data from the Parents and Community Members survey is presented below. A total of 81 parents, carers, grandparents and community members completed the survey. Of these respondents 86.4% were female (70) and 13.6% were male (11).

The majority of respondents (43.6%) were aged 31-40 years. The next largest age cohort was 41-50 years (28.2%). Four respondents were aged less than 18 years (5.1%) and one respondent was aged over 61 years (1.3%).

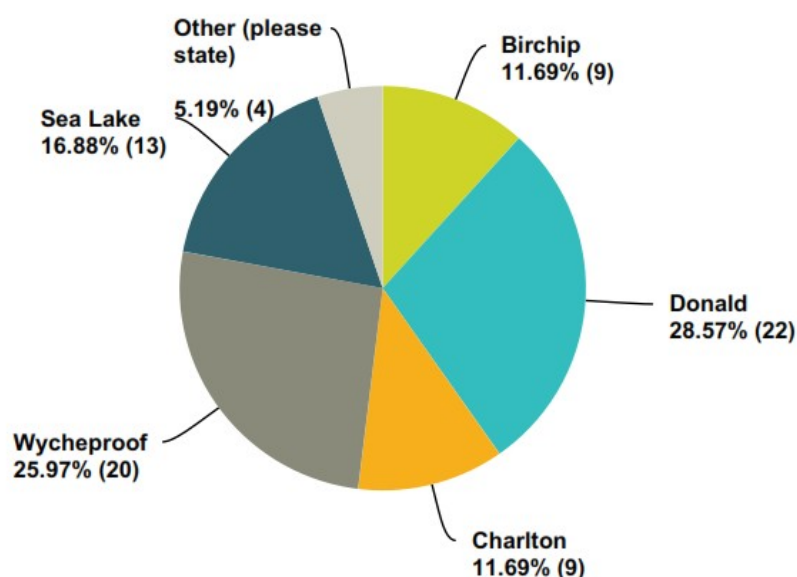


The majority of people responding to the survey lived in or nearest to Donald (28.6% or 22), then Wycheproof (26.0% or 20), Sea Lake (16.9% or 13), and Birchip and Charlton (both 11.7% or 9 respondents each). 'Other' respondents came from Berriwillock (shown in graph right).

When asked 'where did you access services and supports for your family' the majority of respondents (38.7%) indicated they accessed at least some of their services and supports from outside of the Buloke Shire (shown in graph below).

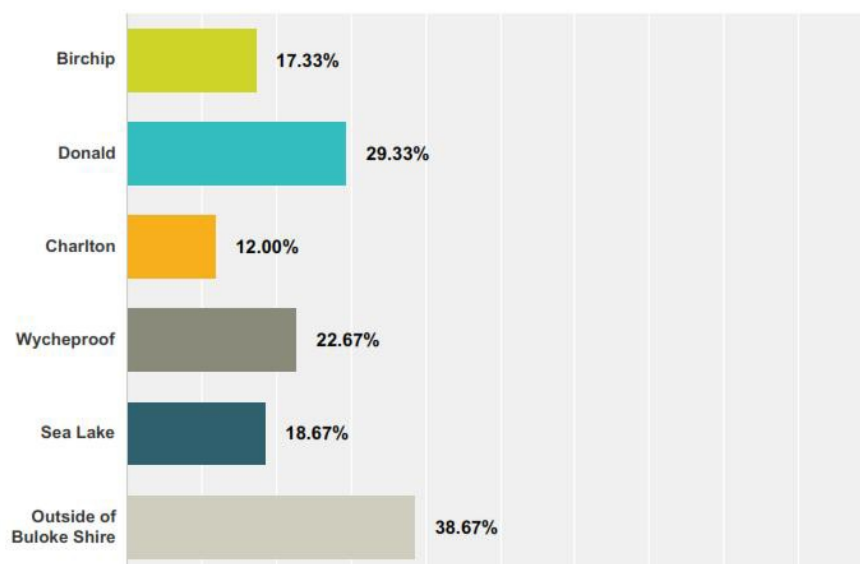
Q3 Where do you live (your closest major centre in Buloke)?

Answered: 77 Skipped: 4



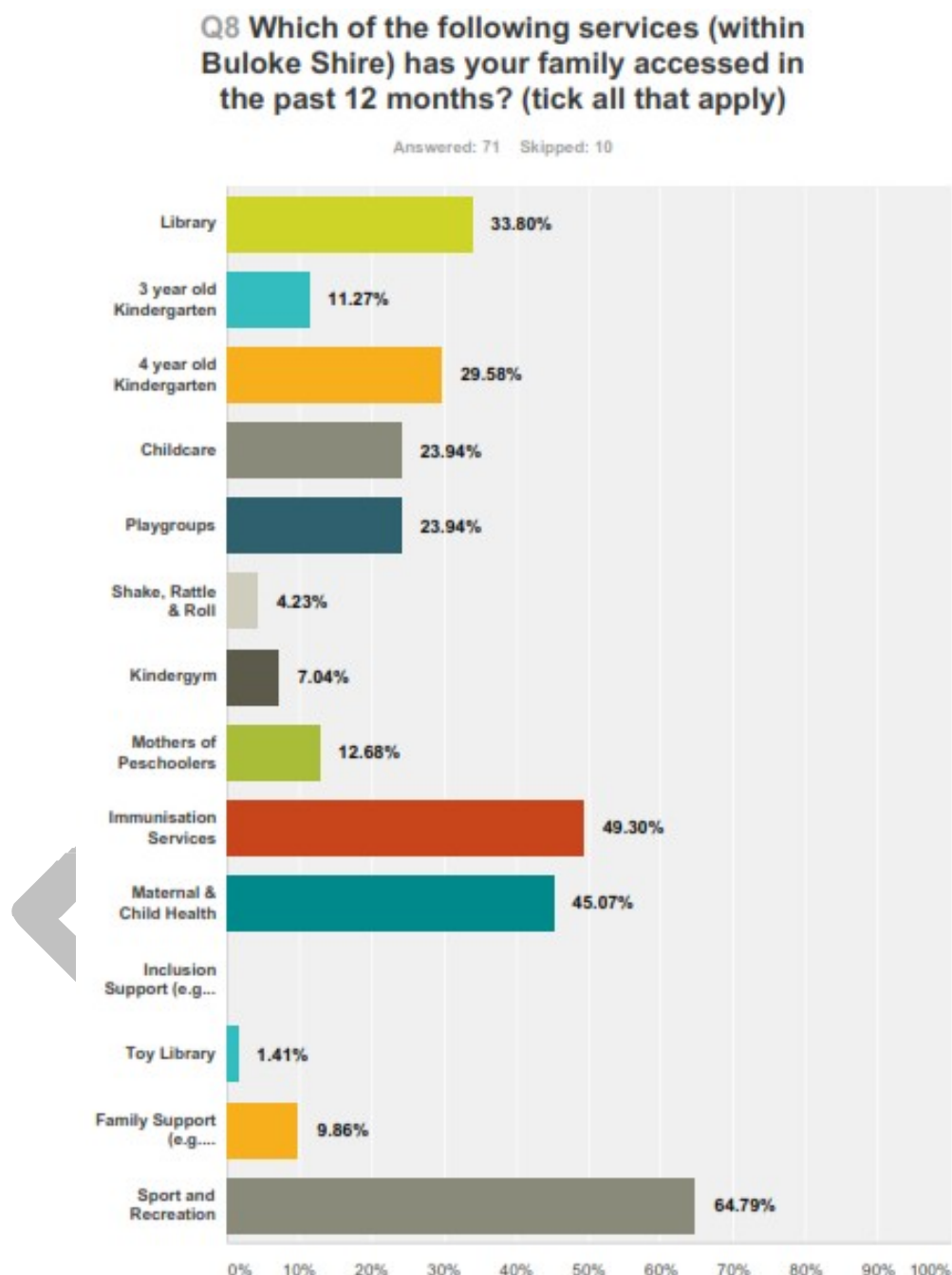
Q4 In the past year where did you access services and supports (e.g. child care, family support, health services etc) for your family? TICK ALL THAT APPLY

Answered: 75 Skipped: 6



Respondents were asked to indicate the ages of their children. Between the 81 survey respondents there were 32 babies and toddlers aged 0-2 years, 27 children aged 3-5 years old, 23 children aged 6-8 years, 19 children aged 9-11 years, 11 young people aged 12-15 years and 10 young people aged 16-18 years. In sum the 81 respondents cared for a total of 122 children, 82 of whom were aged 0-8 years (Early Years) and the remaining 40 were aged 9-18 years (children and youth).

Similarly the survey data reveals the data collection tool was able to hear from the diversity of Buloke Shire family types with 12.3% of respondents indicating they were one parent families (slightly more than the rate of one parent families recorded in the 2011 Census of 10.3%). The majority of respondent families were two parent families (84.9%) and two respondents identified as grandparents who were caring for their grandchildren.



Respondents indicated their most used services as Sport and Recreation (64.8%), Immunisation Services (49.3%), Maternal and Child Health (45.1%), Library (33.8%) and 4 year old Kindergarten (29.6%). Childcare and Playgroups were used by 23.9% of respondents each.

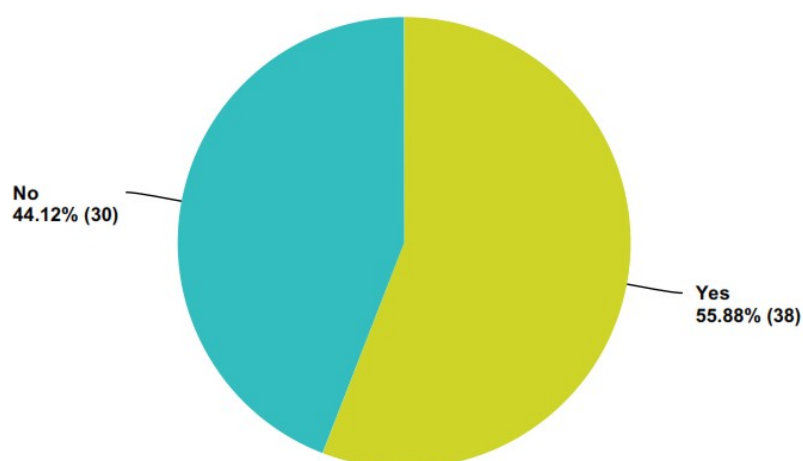
Respondents were asked 'In the past 12 months have there been any supports/services that you have needed for your children or your family but not been able to access?' More than half of all respondents (55.9% or 38) indicated this was the case. Of these 38 respondents who had not been

able to access needed services 35 indicated what these services were. These open ended responses are coded below (note some respondents indicated more than one service / support).

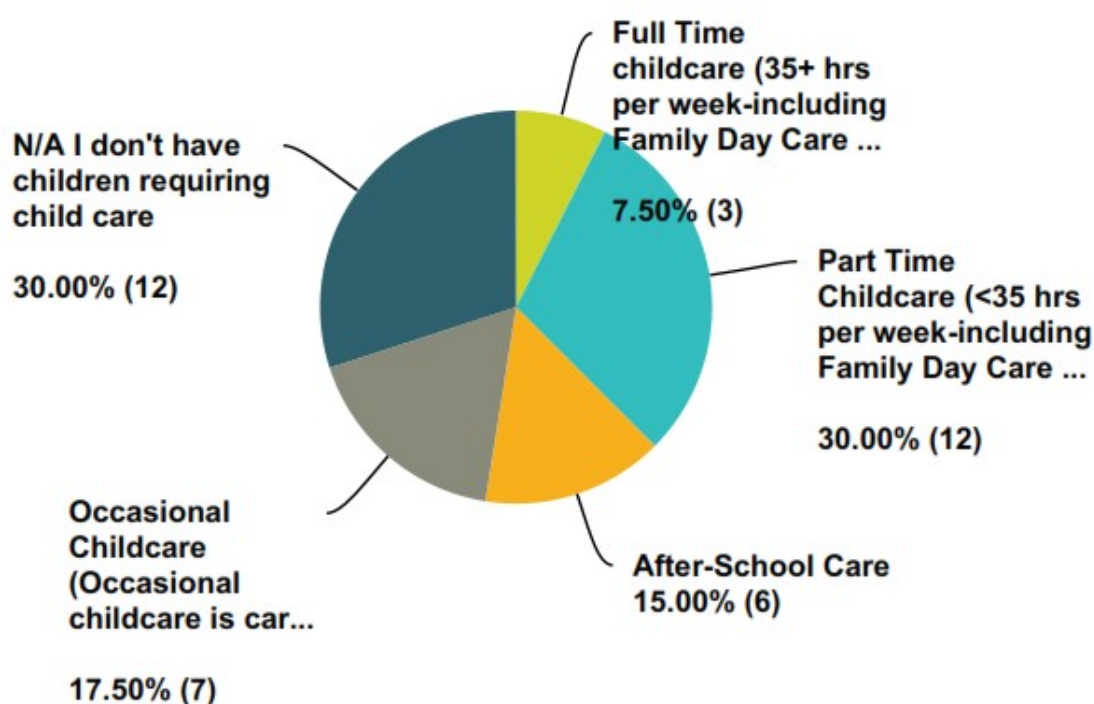
- Childcare 25 (including childcare 15, Before and After school care Holiday care 8 and Occasional Care 2)
- GPs (including w/e availability) 4
- Youth Programmes / Extracurricular activities 4
- Antenatal / Obstetric care 3
- Paediatric care 3
- Mental health / counselling support 3
- Early Years activities 1
- Speech pathology 1
- Autism / early intervention services 1
- Dentist services 1
- Radiology services 1

Q9 In the past 12 months have there been any services/ supports that you have needed for your children or your family but not been able to access?

Answered: 68 Skipped: 13



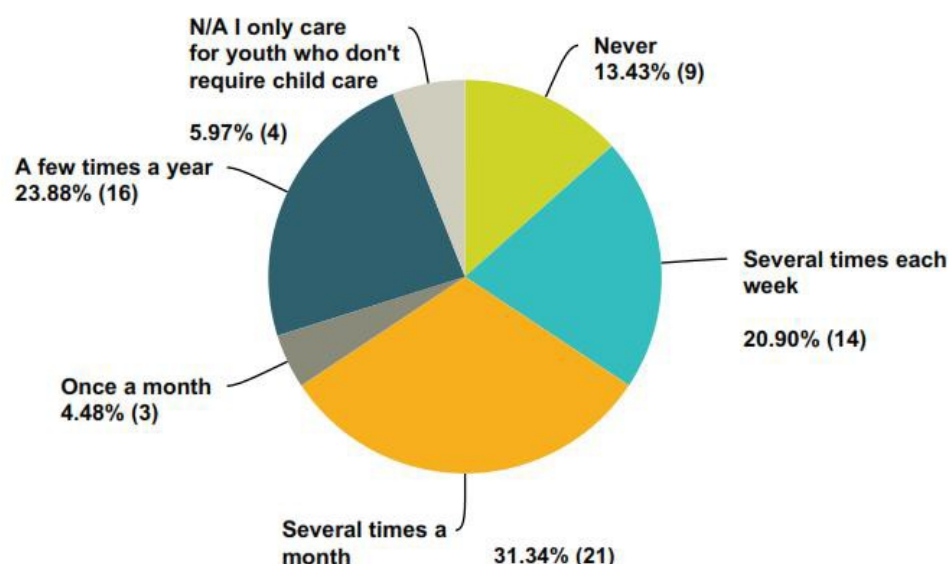
Anticipating significant demand for childcare the ensuing question in the survey asked 'If you answered childcare for Q9, please describe what your need was'. Forty of all 81 respondents (49.4%) answered this question with the results shown in the pie chart (right). The majority of respondents (30%) indicated needing Part Time Childcare, 17.5% required Occasional Care, 15.0% required After-School Care and 7.5% required Full Time Childcare.



Further recognising that many families have adapted to the shortfall in childcare availability by enacting informal strategies to meet their childcare needs the survey asked respondents to indicate 'How often in the past 12 months have your children been cared for informally by unpaid carers, grandparents, relatives, neighbours or friends?'. A total of 67 of the 81 survey respondents answered this question.

Q11 How often in the past 12 months have your children been cared for informally by unpaid carers, grandparents, relatives, neighbours or friends?

Answered: 67 Skipped: 14



For 20.9% of respondents (14) their children were cared for informally at least several times each week 'by unpaid carers, grandparents, relatives, neighbours or friends', for a further 31.3% of respondents (21) this informal care occurred at least several times a month and for a further 4.5% (3) this was once a month.

These results highlighted the need for increased childcare provision across the Buloke LGA and draws attention to the childcare crisis being experienced by newer families to the community who may be without the social and familial supports which enable 'informal childcare'.

Question 12 of the survey asked 'What do you think helps to make Buloke Shire a positive place for children and youth aged 0-18 and their families? E.g. places, events, activities, services, people, opportunities, facilities, location, education, sport etc.' Responses to this open ended question are coded below and some direct quotes are included on the ensuing page:

- Education (including small class sizes, excellent schools, dedicated teachers, good academic outcomes): 25
- Sport: 21
- Community (close, friendly, tight-knit communities, strong sense of belonging and community support): 20
- Community safety (safe streets, low crime rates): 16
- Public use facilities (notably, parks, free pools, skate parks): 14
- Early Years services (including Maternal and Child Health, kindergarten, LDC, Family Day Care, Shake Rattle & Read): 11
- Opportunities for personal and community development through volunteering: 7
- Activities / Events (especially those for all of family and those promoting social inclusion): 6
- Playgroups and Parent Groups: 5
- Children can achieve independence / responsibility earlier (due to community safety, leadership opportunities): 2

- Employment (including opportunities and employer flexibility): 2
- One mention each of: networks for information sharing, relaxed, services relatively close, clean, local GPs.

Tight knit communities, sense of safety, open and well equipped parks, pools, programs that are available, 'community to raise a child' approach where people are willing to offer support when needed, small class sizes and great schools, independence often possible earlier due to safe communities (i.e. walking to school, going to shops by themselves).

Community events help keep families connected. Berriwillock playgroup connects my children with other children in Berriwillock. Daycare service provided in Sea Lake is a wonderful service.

Buloke Shire is a great place to raise a child because of the close knit communities. We live in Wycheproof which has a great school with dedicated teachers and staff that go out of their way to help in every possible way. However, options to entertain kids i.e. activities are limited.

The community provides through volunteers many sporting and other activities at a reasonable cost. There is pathways for advancements in many of the sports for our youth to achieve at a higher level. Opportunities exist for parents to be involved in clubs and to take on roles and training to help them coach, administer etc. These are personal development opportunities.

The clubs give everyone a sense of belonging and being part of a group with common interests.

Sporting clubs, swimming pools, maternal child health services-with open times availability, good schools, parks and gardens.

Safe. Friendly. Great supportive community - small enough that everyone knows everyone and everyone looks out for each other (particularly the kids). Local access to kinder and schools. Affordable (although limited) childcare.

We have excellent educational facilities in our town, would just like to see more community events getting families together, socialise like when the shire had the family fun days.

Question 13 asked: 'What do you see as the key issues and challenges facing children and young aged 0-18 years and their families living in the Buloke Shire? (tick all that apply)'. Responses are coded below:

- Population Decline 64.7% (44)
- Access to Services 61.8% (42)
- Youth Friendly Spaces 55.9% (38)
- Availability of Childcare 55.9% (38)
- Geographic Isolation 51.5% (35)
- Social Isolation 45.6% (31)
- Mental Health 44.1% (30)
- Access to Activities/Recreation 41.2% (28)
- Bullying 33.8% (23)
- Financial Issues 32.4% (22)
- Education 30.9% (21)
- Availability of Services for Children and Young People with
- Additional Needs 29.4% (20)
- Access to Services and Supports 26.5% (18)

- Affordability of Services 26.5% (18)
- Parks and Play Spaces 26.5% (18)
- Unemployment (Youth) 23.5% (16)
- Unemployment (Parent/Family) 22.1% (16)
- Affordability of Activities/Recreation 14.7% (10)
- Physical Health 13.2% (9)
- Family Conflict 11.8% (8)
- School Attendance 7.4% (5)
- Family Violence 4.4% (3)
- Housing & Homelessness 2.9% (2)
- Other (please specify) 19.1% (13) –challenges specified included:
 - Increasing drug use (7)
 - Activities / services (youth worker) for our young people (4)
 - Homophobia (2)
 - Internet (including connection quality and cyber safety (2)

“I think there needs to be a focus on teen and pre teen activities as there is nothing except sport for young people and if you’re not the best you don’t get a look in. A youth space things like skate park, youth center, day trips since fusion stop there is nothing for kids. I think indigenous thing like NADOC should be celebrated”

“Being able to access a service that the Government’s Childcare 50% Rebate applies to would make a difference. There is an inequality/discrimination of availability of childcare services that the government doesn’t seem concerned about in rural areas”

“Binge drinking & homophobia (recent letters opposing Council’s decision to support gay marriage were appalling - if we have a gay child I would consider leaving Buloke Shire to move to a more open-minded community)”

Question 14 asked: ‘What do you think is needed in your community (and across Buloke Shire) to support better outcomes for children and young people aged 0-18 and their families?’ Responses to this open ended question are coded below and some direct quotes are included on the ensuing page

- Youth Events / Activities and Space: 25
- Youth Program, Service and Engagement: 6
- Family / whole of community events without access to alcohol: 16
- Childcare (including a viable model for rural services: 15
- Population growth, Economics, Employment, Training: 12
- Investment in public use facilities particularly pools, sports grounds and parks / playgrounds: 7
- Middle years focus / activities: 7
- Coordinated service delivery across the Shire including a clear Plan and Network: 5
- Early Intervention / additional needs / allied health: 4
- Drug education and services: 3
- Mental health supports and services: 3
- Supported playgroups: 3
- Supported parent Groups / Parent Education: 3
- Public transport: 2
- Reliable internet: 1
- Maintenance of local Lakes: 1

A clear early childhood plan to address viable models of early childhood programs (childcare) across all towns. A dedicated focus on youth, involving the youth themselves

Investment in current facilities to maintain or increase standard, drug education for parents, wider range of opportunities for youth,

Activities other than sport, support for youth issues, parenting support, especially for single working parents

I think given the geographical location of Berriwillock, coupled with the population decline and decline in town services it is absolutely vital a good service connection is established for educational purposes- when children reach school age I want them to be in line with the rest of the state and this means access to all the internet has to offer. Better, safer, more interesting playspaces (parks). Maintaining pools to encourage regular physical activity.

Would be great to have access to more specialised services. Would LOVE more childcare options! More things for my children to do when they get older, ie. skate parks & more recreational activities.

Maintenance of swimming pools and funding of recreational activities to give the youth something to do/keep them interested otherwise they will be lost to the region to go elsewhere

Events and activities that bring families together in social settings. Meeting places for the youth for social interaction and fun under the guidance of adults.

Improved economic environment creation of traineeships for business opportunities like we used to have in shire offices. Council needs to be over employing rather than under employing to create jobs in the shire.

Childcare to allow Mum's in particular to contribute more to the community and economy. I don't think some Mum's skills, qualifications & aptitudes are reflected in our community due to lack of childcare.

The shire needs to make sure that the families which run business in the community are very well supported at all times and costs to ensure that these local business stay in the shire-families kept in the shire, if they haven't got work then they can't live here

Definitely need some youth friendly spaces and regular activities, including some that take them out and show them a bigger world (even if done virtually through computer gaming - see "good games" <http://www.guf.com.au/> as an idea). The older kids get, the less there is for them to do and certainly nothing to keep them in town post schooling. Need job opportunities for the young.

Building/manufacturing that can be done local but sold to bigger customer base online.

Perhaps could be built up through schools. Definitely more support for schools. More financial assistance for incursions and excursions. Public transport OUT of Sea Lake on a weekend (out Friday night). More sporting/activity options than just football and it's not always savoury culture. Reduction in access to alcohol, continued drug and sex education.

More events that show our youth that you DO NOT need alcohol and drugs to be socially inclusive. Families need to be involved in these events as it is a positive for them especially in the financial times like we are having.

Community Discussion Groups & Individual Contact

The analysis of data from the Community Discussion Groups alongside submissions to the research made by individuals is summarised below according to three key headings – Strengths, Challenges and Needs and Opportunities. These discussions reflected and further reinforced the messages shared through the Parent and Community Member Survey providing a clear message from the Buloke communities.

STRENGTHS

- Primary and Secondary education quality: small class sizes, teacher has close contact with students, dedicated teachers, strong academic results, great intervention and liaison
- Our People / Our Communities: strong community supports, networks, people care and look out for each other and each other's children "it's harder for kids to slip through the cracks when everyone knows everyone"
- Safe environment: safe and simple to move around communities, even as children and young people. This freedom allows young people to grow and assume positions of responsibility. Low rates of crime
- Sporting clubs: committed volunteers, low costs of participation
- Great opportunities for our children and young people to develop into young adults: Professional development and community development (ie the SRC, children as coaches etc)
- Many young people will return home to start their own families providing work opportunities exist
- Local business invest in and support their communities, for example some businesses will employ local disengaged youth
- Communities have a strong ethic of social inclusion
- Basic community needs are currently being met in each community, these basic services and facilities must not be lost
- Early Years facilities and services including kindergarten, Maternal and Child Health and playgroups

CHALLENGES

- Geographically isolated communities, travel and distance is a barrier for services coming in and for locals accessing services outside of the Shire, lack of public transport amplifies this
- Significant increase of lower socio-economic families into the community, particularly into Berriwillock, Watchem etc, "Vulnerability is creeping in"
- Lack of childcare: current childcare arrangements in all Buloke communities are not meeting the demand, most communities indicated needing at least 2-3 days of childcare / week
- Ageing preschool buildings and the current funding model for rural preschools which places extreme pressure on small communities to fundraise when enrolments are low (several communities are facing very low enrolments in 2016)
- Lack of Early Years programs / opportunities
- Access to health / specialist services including access to mental health services and stigma associated with mental health, lack of paediatric care and obstetric care, access to Ambulatory care (specific to Birchip), speech pathologists etc
- Sports Centric: lack of extracurricular activities beyond sport, lack of activities to extend talented / gifted students
- Some extracurricular activities are delivered by volunteers who may lack the necessary skills / training (for example sports coaches)

- Difference and diversity is amplified in small communities so people can feel very isolated
- Lack of youth specific services, facilities, spaces and events / activities
- There is an in between age at around 10 yrs for which there is very little to do
- Drugs including increasing access to and use of, and lack of support and education services
- Underage drinking and excessive drinking culture
- Lack of employment options, even finding work placements for young people can be challenging

“We need more money- we can’t work off the same model that large cities and town’s use- we need to advocate for a different funding model for rural Councils, preschools and childcare centres”.

OPPORTUNITIES & NEEDS (specific to the Early Years)

- Childcare, after school care and occasional care and funding model that accommodates rural communities and enables Childcare rebates / benefits for families
- A funding model that supports rural preschools and accommodates low enrolment years
- Extracurricular activities outside of sport
- Ways of delivering health services into rural communities which gives people access to additional services including Paediatric services and allied health services including speech, podiatry, dental
- Need more connection between all services to ensure service delivery is comprehensive and equitable
- Need a forum / setting for the community to come together in to address / discuss their needs
- Opportunities for children with families to come together to support social inclusion in the Buloke communities

How services and organisations informed the Plan and what they said

It was also critical that, in informing the Buloke Shire Council Municipal Early Years Plan, the voices of service providers were heard and understood. To ensure this service providers were able to share their knowledge of the strengths, challenges and opportunities presented by the Buloke Shire for children, young people and their families through:

- An online survey,
- Service Provider Focus Groups held in the Donald and Sea Lake communities,
- Individual interviews with / feedback from service organisations

A total of 47 service providers completed the online survey and 31 service providers took part in the two Service Provider Focus Groups (15 in Donald and 16 in Sea Lake). A further eight service organisations were engaged in the consultations individually.

Survey Findings

Representatives from the following services and organisations took part in the Service Providers survey:

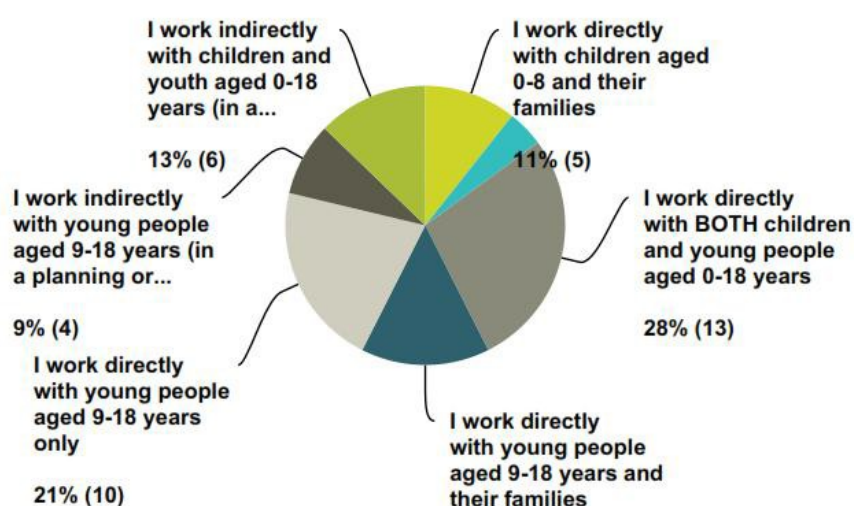
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|---|----------------------------------|--|
| ▪ Tyrrell College P-12 | ▪ North Central LLEN | ▪ Birchip P-12 School |
| ▪ Mallee Track Health and Community Service | ▪ Wimmera Uniting Care | ▪ Donald Family Practice |
| ▪ Mallee Sports Assembly | ▪ Birchip Kindergarten | ▪ Northern District Community Health Service |
| ▪ Donald High School | ▪ Charlton College | ▪ Wycheproof P-12 College |
| ▪ Mallee Family Care | ▪ Mallee Family Care | ▪ Wycheproof Community Resource Centre |
| ▪ Buloke Shire Council | ▪ Donald Kindergarten | ▪ St. Mary's Primary School |
| ▪ Murray Mallee LLEN | ▪ Mothers of Preschoolers (MOPS) | |

Respondents were asked to indicate 'How would you describe your role' according to their client base and whether they worked directly or indirectly with their clients. Their responses were as follows:

- I work directly with children aged 0-8 and their families (11%)
- I work directly with children aged 0-8 years only (4%)
- I work indirectly with children aged 0-8 years (in a planning or service management capacity) (0%)
- I work directly with BOTH children and young people aged 0-18 years (28%)

Q2 How would you describe your role?

Answered: 47 Skipped: 0



- I work directly with young people aged 9-18 years and their families (15%)
- I work directly with young people aged 9-18 years only (21%)
- I work indirectly with young people aged 9-18 years (in a planning or service management capacity) (9%)
- I work indirectly with children and youth aged 0-18 years (in a planning or service management capacity) (13%)

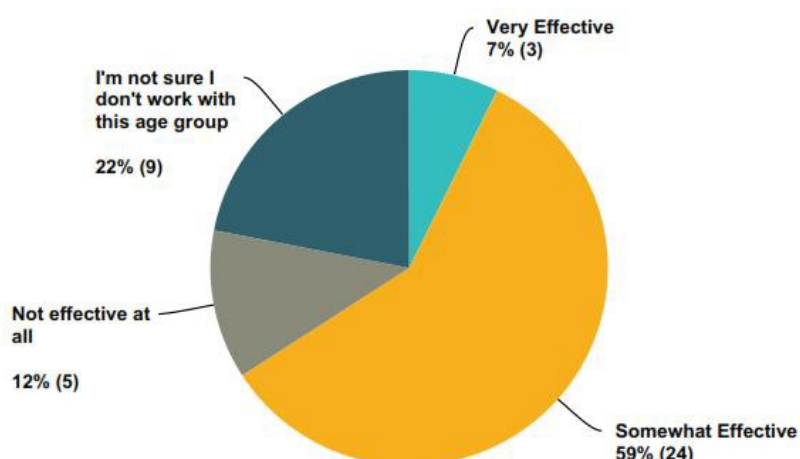
The key issues and challenges facing children and young people aged 0-18 and their families living in Buloke Shire that service providers identified were (in order from most selected to least selected):

- Access to services (73%)
- Geographic isolation (71%)
- Mental Health (67%)
- Population decline (64%)
- Access to services and supports (60%)
- Availability of services for children with additional needs (56%)
- Youth Unemployment (53%)
- Social Isolation (53%)
- Financial Issues (51%)
- Unemployment- parent/ family (44%)
- Education (42%)
- School attendance (40%)
- Access to activities / recreation (38%)
- Family Conflict (38%)
- Availability of Childcare (36%)
- Bullying (31%)
- Affordability of services (29%)
- Family Violence (24%)

When asked 'How would you rate the effectiveness of how the service sector supports children aged 0-8 years and their families across the Buloke Shire' 7% of respondents rated the effectiveness of the service sector as very effective, 59% found it somewhat effective and 12% rated the sector as not effective at all. These figures were similar for the older cohort of 9-18 years and taken together indicate a critical need for both strategic and operational planning around service delivery in the Buloke Shire. From the perspective of service providers the current service delivery would be at best only 'somewhat effective' in meeting the needs of children aged 0-8 years and their families across the LGA.

Q4 How would you rate the effectiveness of how the service sector (e.g. Federal, State and locally run services and programs) supports children aged 0-8 years and their families across the Buloke Shire?

Answered: 41 Skipped: 6



When asked 'What are the needs and issues for children aged 0-8 years and their families currently not being addressed by services (gaps)?' service providers responded as follows:

- Affordable childcare that meets the needs of families
- Funding models for services don't ensure place based targets or service delivery
- Early intervention services for birth- 5 years of age
- Information sharing between services
- Locally available speech therapy
- Supports for children with additional needs
- Supported playgroups
- Health care
- Lack of funding and resources
- Dentists/Orthodontists
- Psychiatric Services
- SSO's availability is very limited in Buloke- very little support for teaching staff
- Counselling
- Mental Health Services

"Access to services - special needs, speech, young family education, supported mother's groups, supported playgroups, mental health, early intervention"

"There is a need for better sharing of information about families that are vulnerable between MHCS, daycare, preschool and other service providers"

"Funding arrangements for services are not done on a place based principle which has resulted in fragmentation of all services funded by major funding bodies - Health, education, etc."

"Appropriate and affordable day care facilities that would allow family members to work are needed"

Service providers were also asked to list 'What are some of the challenges for your organisation/service to meet the needs of children and youth aged 0-18 years and their families?' Responses were as follows:

- Getting other services to follow through and work together to support children/young people
- Geographic isolation/tyranny of distance
- Transportation
- Accessing ongoing government funding
- A larger number of lower socio economic families
- Engaging 'harder to reach' families
- Professional development
- Access to other services
- Can sometimes be difficult to engage parents
- Communication between services can be a challenge
- The loss of the Youth Connections Program
- Lack of resources
- Providing funded programs more locally for disengaged youth
- Diminishing population resulting in reduced staffing
- Many visiting services- a lack of on the ground presence by many services and supports

“Getting organisations who are funded to deliver a service to follow through as Buloke is a 'difficult to service' shire”

“Diminishing population and consequently reduced staff means it is harder and harder to provide quality comprehensive educational opportunities tailored to the individual interests and needs of the students”

When asked ‘If you could improve the way services support children aged 0-8 years and their families what would you do?’ service providers mentioned:

- Increase the availability of child care
- Have schools offer the ‘Shake, Rattle and Read’ program
- Develop a place based service delivery plan
- Strengthen early years service integration
- Strengthen service coordination and communication
- Ensure greater access to specialist services e.g. speech, support for children with disabilities etc.
- Improve dental care for children and young people
- Increased frequency of support services
- Establish an emergency mental health team approach
- Seek adequate funding so that Kinder costs are not a burden to families
- Make services accountable for visiting outlying areas more frequently

“Funding bodies need to take into consideration the lack of professionals in the area, the costs of transport and disruption to lives of travel for services. I would provide more services, more often. There is a haphazard allocation of services and not all parties talk to one another. I would increase access and sharing of information”

“Greater access to affordable family childcare to support parents”

“Assign a case worker to a family/child who would oversee and coordinate all services and actively be involved with liaising between providers so all stake holders are aware of details and strategies each have in place – communication”.

“Improve communication and have specific services linked to towns instead of services being linked shire-wide”.

Respondents were asked ‘What do you think helps to make Buloke Shire a positive place for children aged 0-8 years and their families? E.g. places, events, activities, services, people, opportunities, facilities, location, education, sport etc.’ Responses included:

- Sports and sporting facilities and high participation in sporting activities
- Safe
- Green spaces, open spaces, good parks which are actively being improved
- Water in local lakes
- Supportive and caring people in the community
- People know one another and look out for one another
- Kindergarten is available in each locality
- A good range of playgroups (including Kindergym)
- Maternal and Child Health program
- New Early Years Centre at Donald
- Great schools

“Open spaces and provision of sporting facilities can be positive for people that can make the most of these things”

“Small rural community that networks and creates opportunities for all”

‘What do you think is needed in the Buloke Shire to support better outcomes for children aged 0-8 years and their families?’:

- Better access to childcare and young mothers supports
- More support for parents of young children
- More inclusive attitude to families from diverse backgrounds
- Provision of health services locally and on a regular basis
- Visiting specialists and professionals to support parents, and teachers and local support networks
- Access to specialist mental health support for parents who need it
- Better support to community run groups, more recreational activities and opportunities focused on this age group
- Help with school and camp costs
- More employment opportunities for parents
- Improved supports for vulnerable families

“The first few years of a child's life are the most important in setting up their ability to learn and understand. Offer programs through facilities such as childcare to support this development”.

“More support for new parents, anyone becoming a parent for the first time could be given much more support, especially those of vulnerable children”.

Focus Group Findings

Two focus groups were held for service providers, one in the north of the Shire at Sea Lake and a second in the south at Donald. A total of 31 service providers attended these two focus groups. A further four services provided individual feedback into the consultation process. The following services participated in the focus groups / feedback:

- | | |
|--|---|
| - North Central LLEN | - Tyrrell College |
| - School Focused Youth Service | - Sea Lake Preschool |
| - Buloke Shire Council | - Maternal and Child Health |
| - Playgroup Victoria | - Wycheproof Vision |
| - Wimmera Regional Library Corporation | - Birchip Business and Learning Centre |
| - Donald Preschool | - Mallee Track Health and Community Service (Kindergarten Cluster Manager, Mallee Minors and Family Services) |
| - Mallee Family Care | - YMCA Kindergarten Cluster Management |
| - Department of Health and Human Services Child Protection | - Southern Mallee Primary Care Partnership |
| - School Nurses | - Charlton College |
| - Wimmera Uniting Care | - Birchip P-12 College |
| - Friend & Neighbours Donald | |
| - Advance Sea Lake | |

Service provider focus group discussions for Donald and Sea Lake are presented in Appendix 3.

Summary Findings

The voices of both the Buloke community (including children aged 5-8 years, their parents and carers and the broader community) alongside the voices of service providers both within and providing support to the Buloke community are summarised below. This summary draws on all the data presented in the Findings section to present an accessible snapshot of the strengths, challenges and opportunities of the Buloke Shire's Early Years community.

Strengths

- Comprehensive universal service in Maternal and Child Health, immunisation clinics and kindergarten
- All Preschools across the Shire are delivering 15 hours of preschool programming to children in the year before they start school
- High levels of participation in Preschool
- Established and effective co-location of universal Early Years services including Maternal and Child Health and Preschool (and in some cases playgroups and childcare). Collaboration and referral between services is effective
- Early Years infrastructure (in terms of Maternal and Child Health and Kindergarten) is largely meeting the needs of both service providers and families in the communities of Sea Lake, Charlton and Donald
- Schools are trusted and respected, staff are seen as committed and caring
- Schools are engaged in Early Years space (through provision of space for playgroups etc)
- Wide distribution of Playgroups across the Shire
- Typically strong informal networks of support for local parents ("it's like your child has 40 sets of parents")
- Most young children and their families feel safe and connected to their communities
- Young children experience and value caring and supportive adults across Buloke Shire
- Communities provide freedom and safety for children to develop well through civic opportunities (including volunteering and positions of responsibility ahead of their urban peers)
- A range of (mostly affordable) sporting activities across the Shire with many children and their families engaged in sport
- Public use facilities including pools, parks and ovals are highly valued and utilised
- Locally-based services are engaged in their communities and support families both formally and informally (for example transition conversations happen at football), services 'wrap around' families

Challenges

- Inadequate levels of childcare (in terms of actual available 'spaces' and hours of provision) across all Buloke communities to meet the needs of families with young children including for both work and respite purposes
- Funding models for both childcare and preschool do not adequately allow for their delivery in rural settings (for example Long Day Care services must operate five days per week to be eligible for the Childcare Rebate for families but there is not demand for five days of childcare in many small communities, likewise the funding model for preschools places unrealistic fundraising demand on parent committees when enrolments are low)
- Lack of regular visiting specialist services into the five key communities of the Shire including speech pathology, occupational therapy, mental health services and early intervention services. Lack of service availability for children with additional health, education, wellbeing needs was considered particularly significant ("If you had a child with high needs in any area really it would be very difficult to live in the Buloke Shire")
- Poor access to Paediatric and Obstetric care and lack of locally provided care within the health system that has an Early Years focus (i.e. available health services are very aged care focussed)
- Ageing Early Years infrastructure which no longer meets high quality educational and care requirements of Preschool, childcare and Maternal and Child Health service delivery (particularly in the communities of Birchip and Wycheproof)
- Increasing numbers of vulnerable families with young children are moving into the Shire, their support and servicing needs are mostly not being met and can place significant strain on existing services (for example the increasing demand for home visits from Maternal and Child Health)
- Whilst demand for additional services is quite universal across the Shire (for example speech therapy) access to services outside of the Shire and the base from which some service might visit the Shire is extremely fragmented (for example Sea Lake residents might go to Swan Hill, Charlton residents to Bendigo and Donald residents to St Arnaud) as such there is no 'common community of interest' within the Shire and mapping service demand and advocacy for additional servicing into the Shire is difficult
- Visiting services lack a Shire-wide plan or approach to service delivery or any systematic opportunity to share what they do amongst their peers, resulting in servicing gaps and potential inefficiencies. Families with young children are suffering as a result of this
- There is no Shire-wide framework for promoting service availability or engaging families in opportunities for their children and youth (for example Robinvale has a monthly two page Early Years 'spread' in the local newspaper)
- Service funding models do not accommodate rural communities needs well, for example services rely on client numbers at the expense of service delivery to isolated but high need clients where significant 'delivery time' is consumed in travel
- Enabling social inclusion and connectedness to community and services for new and / or vulnerable families and the health and well-being benefits this brings can be difficult for services and families alike
- Opportunities for extracurricular activities beyond sport are limited or non-existent
- Population decline is a challenge and impacts on service provision where critical mass funding models are applied
- Geographic and social isolation is significant for some families, lack of public transport and the cost of private travel exacerbates this
- All cohorts, including young people, families, community and service providers identified mental health as a growing area of concern and as currently underserved
- A drinking culture and its prevalence at family events including sport is a challenge
- Personal privacy for all community members and service providers can be a challenge, points of difference can be highly visible and ostracising for people

Opportunities & Needs

- Advocacy for changes to Childcare funding models to better meet the needs of rural communities (including to both Long Day Care and Family Day Care models). For example current FDC rulings prohibit two providers from working under one roof line, in rural communities this serves to exacerbate isolation and does not capitalise on existing available infrastructure and possibilities for partnership – for example FDC on school sites.
- Increase in the provision of Childcare service delivery into Buloke communities, for example the Australian Institute of Health and Welfare (2005) notes there is approximately one Long Day Child Care place in Australia for every 6.8 children aged 0 to 5 years
- Promotion of Family Day Care as a career choice across the Buloke LGA and support to existing Family Day Carers who are without overarching agency support (for example in Sea Lake)
- Advocacy for changes to Preschool programme funding models to better meet the needs of rural communities, particularly when enrolment numbers are low
- Explore and advocate for a 'K-12 learning precinct' model for interested communities (initially Birchip and Charlton as identified through this research). Consider the co-location of playgroups, Maternal and Child Health and visiting services into this facility. Promote advantages of the K-12 Precinct including improved transition, reduced volunteer / fundraising pressure with one overarching committee replacing what would have been at least two, increased state government investment in Early Years infrastructure, resource efficiencies of sharing preschool/ prep staff on low preschool enrolment years.
- Advocate for an increased regular delivery of specialised health services into the Shire, notably speech pathology
- Develop a Children, Youth & Family Services Network to connect service providers, improve collaboration and information sharing and enable advocacy for greater service provision to service and geographical areas of identified gaps
- Advocacy for increased 'place-based' service provision including investing in local people and organisations to deliver local services
- Shire wide and community specific annually delivered family friendly, alcohol free community events to foster social inclusion
- Increased provision of arts and cultural activities
- Exploration of E-health service provision opportunities, advocacy for investment in telecommunications infrastructure to support this
- Economic growth across the Shire through the promotion of the Shire and its communities as safe family friendly places
- Sustained investment in public use facilities, recognising their critical importance in small rural communities as affordable and inclusive gathering places
- Sustained investment in the Early Years including infrastructure, formal services (such as Maternal and Child Health and kindergarten), staff and programmes such as playgroups and Shake, Rattle and Read to mitigate against AEDC data which shows increasing levels of vulnerability and develop strong foundations for learning success
- Increase the presence of Neighbourhood Houses across the Buloke Shire communities as a means of offering additional services into these communities

Strategy Areas, Actions and Implementation

Drawing on the findings of the consultation for the Municipal Early Years Plan alongside mandated parameters of local government service delivery to the Early Years the following Strategy Area, Action and Implementation framework is suggested for the Buloke Shire over the next four years. Implementation relies on sustained advocacy from both within Council management and of Councillors and the broader community. The establishment of the suggested Buloke Child, Youth and Family Services Network is also critical in both advocacy and implementation.

In all five overarching Strategy Areas were suggested:

1. Planning, Coordination and Communication
2. Service Provision
3. Infrastructure
4. Advocacy
5. Community Building, Engagement and Inclusion

1. Planning, Coordination and Communication

ACTIONS	IMPLEMENTATION	
	Responsibility	Timeframes
1. Develop a Buloke Child, Youth & Family Services Network (BCYFN) to connect service providers, improve collaboration and information sharing and enable advocacy for greater service provision to geographical areas with identified service gaps (ensure this Network links to local and regional networks)	Initially Buloke Shire Council, Mallee Family Care, Southern Mallee PCP Buloke Strategic Health and Wellbeing Partnership	End 2015
2. Explore possibilities and partner in the provision of a 'community connections' or 'linkages' worker to provide secretariat support to the Network, referral and advice support to families and implement broad Child, Youth and Family communications strategies	Buloke Shire Council, Mallee Family Care, Southern Mallee PCP Buloke Strategic Health and Wellbeing Partnership	End 2015
3. Develop and oversee a communications strategy for increasing community member awareness of Early Years initiatives, services and funding and grant opportunities (for example through service directories [like the PCP mental health resource] increased content in the Buloke Shire Council dedicated Early Years page, e-lists and newsletter and through regular newspaper columns)	Buloke Child, Youth and Family Services Network (BCYFN), Community Connections worker	Early 2016 review annually
4. Continue to work with the Mallee Children & Youth Area Partnership (MCYAP) to improve supports for vulnerable children and their families	BCYFN and MCYAP	End 2015 ongoing
5. Promotion of Family Day Care as a career choice across the Buloke LGA and support to existing Family Day Carers who are without overarching support (for example in Sea Lake)	BCYFN	2016 ongoing
6. Recognise and uphold those elements of the community valued by children and their families in community planning and development (including safety, space, parks and playgrounds and events that bring families and community together)	Buloke Shire Council and BCYFN	Ongoing
7. Increase awareness beyond the Shire of Buloke as a child and family friendly community, promote broadly to encourage economic growth	Buloke Shire Council	Ongoing

2. Service Provision

ACTIONS	IMPLEMENTATION	
	Responsibility	Timeframes
1. Sustain investment in existing Early Years services including formal services (such as Maternal and Child Health and kindergarten), service staff and programmes such as playgroups and 'Shake, Rattle and Read' which develop strong foundations for learning, health and wellbeing success and mitigate against vulnerability	Buloke Shire Council, BCYFN	Ongoing
2. Explore of E-health service delivery opportunities for the Buloke Shire	BCYFN, Community Connections worker	2016
3. Pursue all opportunities to increase 'place-based' service provision including investing in local people and local organisations to deliver local services	Buloke Shire Council, BCYFN	Ongoing
4. Partner with Neighbourhood Houses across the Buloke Shire communities as a means of offering additional services into these communities	Buloke Shire Council, BCYFN, Community Connections worker	Ongoing

3. Infrastructure

ACTIONS	IMPLEMENTATION	
	Responsibility	Timeframes
1. Sustain investment in existing Council owned Early Years infrastructure, according to the Infrastructure Audit programme outlined within the MEYP, with timely advocacy and planning for replacement of infrastructure into integrated settings such as schools as hubs or Children's Centres	Buloke Shire Council, BCYFN	Ongoing
2. Staged investment in public use facilities (including pools, parks and playgrounds), recognising their critical importance in small rural communities as affordable and inclusive gathering places	Buloke Shire Council	As per Annual Budget

4. Advocacy

ACTIONS	IMPLEMENTATION	
	Responsibility	Timeframes
1. Advocate to the Federal Government for a considered 'rural' funding model for Local Government so that children and their families living in Buloke Shire can have the level of servicing and supports that are afforded to their regional and metro counterparts	Buloke Shire Council, BCYFN	Ongoing
2. Advocate for changes to current Childcare funding models to ensure they better meet the needs of rural communities (including both LDC and FDC models)	Buloke Shire Council, BCYFN	Ongoing
3. Advocate for changes to Preschool programme funding models to better meet the needs of rural communities and alleviate fund raising pressures from preschool families	Buloke Shire Council, BCYFN	Ongoing

Advocacy^{CONT.}

ACTIONS	IMPLEMENTATION	
	Responsibility	Timeframes
4. As infrastructure ages and communities approve explore and advocate for a 'K-12 learning precinct' model for Buloke communities (consider the co-location of playgroups, Maternal and Child Health and visiting services into this facility)	Buloke Shire Council, BCYFN, Schools, preschools and key stakeholders of involved communities, DET	Ongoing
5. Advocate for an increased, coordinated and regular delivery of specialised health services into the Shire, notably speech pathology	Buloke Shire Council, BCFYN	Ongoing

5. Community Building, Engagement and Inclusion

ACTIONS	IMPLEMENTATION	
	Responsibility	Timeframes
1. Council plans, implements and evaluates all services and supports provided to children, young people and their families within an agreed framework of social inclusion	Buloke Shire Council, BCYFN, Southern Mallee PCP Buloke Strategic Health and Wellbeing Partnership	Ongoing
2. Partner to provide Shire wide and community specific annually delivered family friendly, alcohol free community events to foster social inclusion	Buloke Shire Council, BCYFN, Community Connections worker	Annually
3. Through the proposed BCYFN and Community Connections worker initiatives, interactive website and e-lists create and utilise established opportunities and patterns for seeking feedback from the Early Years communities on decisions and issues which affect them	Buloke Shire Council, BCYFN, Community Connections worker	Ongoing
4. Increase provision of arts and cultural activities and a breadth of events to engage the diversity of the Buloke communities	Buloke Shire Council, Neighbourhood Houses	Ongoing
5. Partner with Playgroup Victoria to increase their profile within the Municipality's playgroups, encouraging and supporting parent engagement and use of the service and the opportunities they provide	Playgroup Victoria, Buloke Shire Council, BCYFN	Ongoing

Overseeing the coordination, consultation and implementation of the Municipal Early Years Plan will be the responsibility of the Manager Community Services at Buloke Shire Council.

Critical however to its broader implementation will be partnerships formed through the establishment of the Buloke Child, Youth and Family Services Network (BCYFN) and the Secretariat support provided to this Network via the proposed Community Connections worker role. These two initiatives will be seminal in enabling Buloke Shire Council to extend their efforts in planning, advocating and servicing the Municipality's Early Years community.

It is envisaged that the BCYFN would meet quarterly with those elements of the Municipal Early Years Plan Strategic Area Actions attributed to the Network's responsibility reported on as standard agenda items at these meetings.

Monitoring, Evaluation and Review

Monitoring

Monitoring of the Buloke Shire Council Municipal Early Years Plan will occur at various levels and through a range of stakeholders, reflecting the responsible members as outlined in the Strategic Areas table.

Internally these responsible members should develop a protocol defining:

- How progress is recorded and reported
- To whom and how often is it reported
- What review action will be undertaken if a strategy/action is facing difficulty?

Stakeholders responsible for the monitoring of the Municipal Early Years Plan actions include:

- Buloke Shire Council, Community Services team: through team meetings and reports to Executive and Councillors as timely (including Annual reporting on the progress of the MEYP objectives to Council in line with all other Council reporting cycles)
- Buloke Child, Youth and Family Services Network: all members through quarterly meetings and according to reporting protocols for working groups (where established)
- Community Connections worker: through attendance at the BYCFN and established position supervision and workplan monitoring (where some core work areas will reflect MEYP Strategic Actions)
- Southern Mallee PCP Buloke Strategic Health and Wellbeing Partnership: as appropriate
- Kindergarten Cluster Managers: as appropriate
- Playgroup Victoria: as appropriate

Evaluation and Review

In line with annual reporting to Executive Management and Councillors the Manager of Community Services will report on Strategic Area progress including achievements that have enabled Strategic Actions of the Municipal Early Years Plan to be met in full or in part and any obstacles that have hindered the implementation of these Actions.

The Strategic Areas and Actions of the 2015-2019 Municipal Early Years Plan should be reviewed periodically through the development of internal Council Plans including the:

- Buloke Shire Council Annual Plan and Budget,
- Buloke Shire Council Municipal Public Health & Wellbeing Plan,
- Community Plans specific to the Buloke Shire towns

Review should also occur in light of external data sources and planning including:

- Policy and programme changes from Federal and State Governments,
- Updated information on population predications,
- 2015 Census and SEIFA information (available from early 2016),
- 2015 AEDC results,
- Mallee Child and Youth Area Partnership planning,
- Southern Mallee Primary Care Partnership planning, and
- Relevant planning by Kindergarten Cluster Managers (MTHCS and YMCA)

Evaluation of Municipal Early Years Plans occurs on conclusion of its four year term when the Plan is being reviewed and updated. For the Buloke Shire Council Municipal Early Years Plan this should occur in 2019/2020.

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Appendices

1. Infrastructure Audit tables
2. Buloke Shire Child and Youth Community Profile 2015
3. Service Provider Focus Group Findings

APPENDIX 1

Infrastructure Audit – Detailed Tables

The development of the Municipal Early Years Plan – Infrastructure Audit and the refurbishment and redevelopment priorities contained within was informed by:

- the Early Years community profile and projected population changes,
- actual infrastructure site visits and key contact interviews with management, staff and volunteers / community groups operating Early Years services from these sites
- interviews with both current and possible key partners in Early Years infrastructure and service delivery
- regulatory requirements and industry best practice
- the findings of the Infrastructure Audit undertaken in 2015 by Lewis & Associates (Consulting Engineers and Building Surveyors) as commissioned by Buloke Shire Council.

The tables below present the detailed findings of these combined assessments according to community.

Birchip Early Years Infrastructure – Kindergarten, Cummings Ave BIRCHIP

Current Service use & delivery	Governance	Co-location	MEYP Audit Results - Strengths	MEYP Audit Results - Challenges	Planning Recommendations	Engineer Audit Findings
<p>4 yo kindergarten Tues, Wed and Thurs 8:45am – 1:45pm, school terms</p> <p>3 yo kindergarten Friday 8:45am – 11:45am, terms 3 & 4 only</p> <p>Licensed Capacity: 18</p> <p>2015 Enrolments: 14</p>	<p>Cluster Managed by YMCA</p> <p>Parent Committee</p>	<p>Current: Maternal and Child Health Centre</p> <p>Suggested: childcare</p> <p>Requirements to facilitate further co-location: sleeping room</p>	<p>Great physical location, children can look through fence into swimming pool and over fence into garage next door – lots of activity. Central location with beautiful park etc.</p> <p>Family friendly and accessible</p>	<p>Outdoor / indoor space interaction could be improved (installation of concertina doors)</p> <p>Interior is only a small space</p> <p>Lack of office space, lack of privacy when talking with parents about sensitive issues</p> <p>Fundraising placing huge pressure on Parent Committee</p> <p>Age of building and movement affects opening / closing of doors and windows</p>	<p>Will this building continue to meet your needs longer term? YES</p> <p>REQUIREMENTS: Concertina doors opening up the kindergarten room to the outdoors,</p> <p>A small veranda on the northern side would shelter the building from sun and provide some undercover storage for outdoor toys More indoors space for a dedicated office and foyer area</p> <p>MEYP PRIORITY: Move MCH to enable extension of kindergarten into the MCH area</p>	

NOTES:

The biggest issue for the Birchip community is:

- The availability of early intervention
- The lack of childcare: demand for childcare for 2-3 days per week, could easily achieve a regular 12 children, after school care is also needed
- Could definitely retro fit the kindergarten to enable childcare provision

Birchip Early Years Infrastructure – Maternal and Child Health, Cummings Ave BIRCHIP

Current Service use & delivery	Governance	Co-location	MEYP Audit Results - Strengths	MEYP Audit Results - Challenges	Planning Recommendations	Engineer Audit Findings
Centre based Tuesday 9am – 4pm plus home visits as required All year		Current: Kindergarten Suggested: Playgroup	<p>“Great central location, people see my car there and know to come in”</p> <p>3 year old kindergarten is critical in identifying areas on concerns and enabling early intervention</p> <p>Accessible: yes</p>	<p>No safe space to weigh / measure babies</p> <p>Waiting area is small and quickly becomes crowded</p> <p>Nowhere for parents to breast feed comfortably, or seek practical ‘hands on’ breastfeeding advice if they have concerns</p> <p>Consulting room is too small to enable vision assessments so these assessments require the waiting room space as well (privacy issues)</p> <p>Even conversations happening in the consulting room can be heard in the waiting area</p> <p>Lack of IT infrastructure including no printer means information cannot be provided to families during consultations</p> <p>Family friendly: no</p>	<p>Will this building continue to meet your needs longer term? NO</p> <p>REQUIREMENTS: Need purpose built Maternal and Child Health infrastructure to accommodate Maternal and Child Health, playgroup and visiting services</p> <p>MEYP PRIORITY (short-term): Suitable bench / table space to safely and accurately weigh and measure babies</p>	

NOTES:

- We do have high needs families in Birchip as well.
- Birchip is more remote than any of our other communities in the shire in terms of getting to a larger centre – so the servicing needs become even more critical
- The actual physical location (main street) is good, would not move to playgroup (St Marys), it is important that it is in the main street

Birchip Early Years Infrastructure – Community Playgroup, St Mary's School grounds BIRCHIP						
Current Service use & delivery	Governance	Co-location	MEYP Audit Results - Strengths	MEYP Audit Results - Challenges	Planning Recommendations	Engineer Audit Findings
Tuesday 10am – 12pm, school terms only	Parent Committee Parish Committee Member: Playgroups Victoria	Exercise classes Religion Education classes	Church now putting heating into playgroup room Good indoor and outdoor storage, Light and large indoor space Family friendly and accessible	Secure yard / facility is a concern, children can open gates and leave the playground Soft fall under playground Ageing paths create trip hazards	Will this building continue to meet your needs longer term? YES REQUIREMENTS: Softfall (understand not a council building so the onus is on us but if playgroup could 'piggy back' on delivery to the town playground then we could order and deliver together. Pricing efficiency of bulk order, savings in transport and time laying etc) MEYP PRIORITY: If Birchip kindergarten were to secure a new building Playgroup would welcome opportunity to move into current kindergarten building (Cummings Ave)	No Engineers Audit undertaken as not Buloke Shire Council owned building

NOTES:

- No support for post natal depression
- Mental health across the board is an issue
- Points of difference can make people very isolated in small communities
- Population decline
- Transport opportunities for taking families to shows ie Wiggles in Swan Hill
- The kindergarten really excelled at bringing activities / shows into the community.
- Town playground requires edging that holds softfall in, current edging trips children and they fall onto concrete path
- Every time a Maternal and Child Health nurse moves on they do not advertise to replace for a long time so the community is without a Maternal and Child Health nurse for several months. So have to travel to Donald or Charlton or you have a fill in so you are re-telling your story.
- Maternal and Child Health office needs changing

Charlton Early Years Infrastructure – Kindergarten, Armstrong St CHARLTON

Current Service use & delivery	Governance	Co-location	MEYP Audit Results - Strengths	MEYP Audit Results - Challenges	Planning Recommendations	Engineer Audit Findings
<p>4 yo kindergarten Mon, Tues and Wed 8:45am – 1:45pm, school terms</p> <p>Licensed Capacity: 28</p> <p>2015 Enrolments: 9</p>	<p>Cluster Managed by YMCA</p> <p>Parent Committee</p>	<p>Current: no co-location however Maternal and Child Health Centre and playgroup immediately next door</p> <p>Suggested: childcare</p> <p>Requirements to facilitate further co-location: Sleeping room</p>	<p>The layout of the outdoor space is amazing- outdoor play space has lots of natural play space and grass with a secret garden</p> <p>Good office space- plenty of space to talk with parents</p> <p>The building was designed well with windows looking out onto the yard and with the big double doors there is a nice flow between indoors and outdoors</p> <p>Accessible and Family friendly</p>	<p>The location of the toilet being so far away from the playground was an issue raised when the preschool was last reviewed. Council is aware of this – we recognise that moving toilets is a big costly job</p> <p>Only little things like the back gate is hard to open</p>	<p>Will this building continue to meet your needs longer term? YES</p> <p>REQUIREMENTS: Re-location of toilet eventually</p> <p>MEYP PRIORITY: Access to specialists, particularly speech pathologists Pre-school field officer access is minimal as they are located so far away and under resourced re: time and cars.</p>	

NOTES:

- Declining population / declining births
- Declining numbers of children place a lot of pressure on parents to fundraise in order for their children to have preschool access. The funding model does not work- an appropriate model for small rural areas is really needed.

Charlton Early Years Infrastructure – Maternal and Child Health, CHARLTON

Current Service use & delivery	Governance	Co-location	MEYP Audit Results - Strengths	MEYP Audit Results - Challenges	Planning Recommendations	Engineer Audit Findings
Centre based Wednesday 9am – 4:30pm plus home visits as required All year		<p>Current: Community Playgroup, Mothers Group, First-Aid classes, fundraising events (ie. Tupperware parties), Rotary do their book giving to new babies from this space</p> <p>Suggested: additional visiting services (could use Maternal and Child Health office space)</p> <p>Requirements to facilitate further co-location: none</p>	<p>Desk Waiting room Office works well, just big enough to do the eye test, open door into feeding rooms</p> <p>Playgroup & Mothers group have combined their committees and the building is well used.</p> <p>Accessible and Family friendly</p>	<p>Space for weighing and measuring babies safely and accurately is inadequate</p> <p>One power point not working in office</p>	<p>Will this building continue to meet your needs longer term? YES</p> <p>REQUIREMENTS: Power point Bench space, upgrade to hand basin (incorporate into bench area) More drawers</p> <p>MEYP PRIORITY: Power point Bench space, upgrade to hand basin More drawers</p>	

NOTES:

- Distance, getting to places is the biggest challenge, financial worries for a lot of families. Financial hardship right across the Shire – town and farming families
- Families move in because they think it's cheaper, but then there's no work, no public transport, isolated
- People think they are getting a really cheap house but then all their expenses are huge and they have to travel for everything.
- Donald has a lot more people you don't know, more transient (people might travel between Donald and Maryborough), Donald is more transient than it has ever been
- Increase in multicultural families in Donald (Indian, Malaysian)
- Hard to reach families that move in with children already born. If families don't engage I don't see them
- Charlton seems more stable at the moment. More so since the flood as a lot of old houses were ruined and demolished and so really low budget houses were lost and not replaced

Charlton Early Years Infrastructure – Playgroup, CHARLTON

Current Service use & delivery	Governance	Co-location	MEYP Audit Results - Strengths	MEYP Audit Results - Challenges	Planning Recommendations	Engineer Audit Findings
Monday 9:30am – 11:00am School terms only		Current: Maternal and Child Health Suggested: childcare Requirements to facilitate further co-location: none	Building is set out well and there is ample storage. There is an arts and craft room, change room, kitchen, storage and two toilets. Great outdoor space with half covered in by council Accessible and Family friendly		Will this building continue to meet your needs longer term? YES REQUIREMENTS: Nothing- set up really well and meets all of our needs. MEYP PRIORITY:	

NOTES:

- There is a lack of childcare in Charlton, this should be addressed as it's a big community concern.

Donald Early Years Infrastructure – Kindergarten, Houston St DONALD

Current Service use & delivery	Governance	Co-location	MEYP Audit Results - Strengths	MEYP Audit Results - Challenges	Planning Recommendations	Engineer Audit Findings
<p>4 yo kindergarten Tues, Wed and Thurs 9:00am – 2:00pm, school terms</p> <p>Licensed Capacity: 33</p> <p>2015 Enrolments: 22</p>	<p>Cluster Managed by YMCA</p> <p>Parent Committee</p>	<p>Current: Maternal and Child Health, Immunisation and Family Day Care</p> <p>Suggested: visiting services such as Speech, Psych and also formal childcare</p> <p>Requirements to facilitate further co-location: none</p>	<p>Indoor and outdoor storage is excellent</p> <p>Accessible and Family friendly (largely)</p>	<p>The yard size needs to be increased – the fence just needs to be pushed out</p> <p>No suitable family space for private conversations</p> <p>Kindergarten room is acoustically very noisy</p> <p>Hallway down to the kindergarten is narrow and becomes congested</p>	<p>Will this building continue to meet your needs longer term? YES</p> <p>REQUIREMENTS: Larger yard area with an open running area, no flat area for interactive games or space for ball games etc</p> <p>MEYP PRIORITY: Increased yard size</p>	

NOTES:

- There was a big community change in Donald around 2008, we are now seeing a lot more children with higher needs

Donald Early Years Infrastructure – Maternal and Child Health, Houston St DONALD

Current Service use & delivery	Governance	Co-location	MEYP Audit Results - Strengths	MEYP Audit Results - Challenges	Planning Recommendations	Engineer Audit Findings
<p>Centre based Monday 8:30am – 12pm and Thursday 8:30am – 5:00pm plus home visits as required</p> <p>All year</p>		<p>Current: kindergarten, Family Day Care, Immunisations</p> <p>Suggested: visiting services including OT, speech, family counsellor, visiting podiatry, psychologist, children's physio</p> <p>Requirements to facilitate further co-location: waiting room space is small and offers no privacy to consult room conversations</p>	<p>New building is nice and clean</p> <p>Accessible and Family friendly (somewhat, needed ramp at both entrances)</p>	<p>Layout of room is not ideal required 3m x 4m of clear space to enable vision assessments etc,</p> <p>Have brought existing resources (ie change table and weighing / measuring table) from previous building</p> <p>Cupboards do not meet needs</p> <p>No hand soap or hand towel dispensers</p> <p>Cannot see out of consulting room into waiting room need windows so parents can see older children still playing in the waiting room</p> <p>Privacy, can hear conversations between the consulting room and waiting room</p> <p>Children can leave the building through the automatic doors, building entrance should be gated</p> <p>Need notice boards and pamphlets holders etc</p> <p>No area to have a whole group, like a mums group, No function space at all</p> <p>Only one exit from consulting room if client is agitated</p>	<p>Will this building continue to meet your needs longer term? YES</p> <p>REQUIREMENTS: move to other consulting room and fit out to Maternal and Child Health specifications including building measuring table into the bench (drop down for safety), change area for parents, Pin boards etc</p> <p>MEYP PRIORITY: Change Maternal and Child Health consulting room to visiting services consulting room, customise furniture for baby safety Need to keep service hours at the current level</p>	

NOTES:

- Birth rate is dropping but our higher needs families are increasing.
- Early Years – need childcare running in Donald.
- Speech in Horsham or St Arnaud
- Donald are on the edge of 2 health services – Horsham Ballarat / Bendigo
- Swan Hill comes down and does Sea Lake
- Horsham will do a bit in Donald – everything is dispersed
- People in Charlton might go to Swan Hill, Maryborough
- There is no 1 large major centre with a hospital that has all visiting services

Donald Early Years Infrastructure – Community Playgroup, old NHH building behind Bendigo Bank, DONALD						
Current Service use & delivery	Governance	Co-location	MEYP Audit Results - Strengths	MEYP Audit Results - Challenges	Planning Recommendations	Engineer Audit Findings
Monday 10:00am – 12:00pm, school terms only	Parent Committee Member: Playgroup Victoria	Current: Garden Club, Sewing Club Suggested: none Requirements to facilitate further co-location: none	Run the playgroup from the converted garage Location is great Great outdoors area and kitchen in the house Have access to indoors room for Playgroup during winter / wet days Accessible and Family friendly	Garage needs power to it so group can have lighting and heating Would be good to have door into garage rather than a lifting garage door, could then have a window and keep the room closed in wet/ cold weather	Will this building continue to meet your needs longer term? YES REQUIREMENTS: Enclose garage and have door for access rather than current garage door, power to garage to enable connection of lighting and heating MEYP PRIORITY: Actually consider youth space to be the biggest priority	No Engineers Audit undertaken as not Buloke Shire Council owned building

NOTES:

- Donald really needs a youth space, building across from the side entrance of the Playgroup would be ideal. 2 x vacant shop fronts, glass front windows, central location could be a great space for young people

Donald Early Years Infrastructure – KinderGym, Donald Primary School, DONALD

Current Service use & delivery	Governance	Co-location	MEYP Audit Results - Strengths	MEYP Audit Results - Challenges	Planning Recommendations	Engineer Audit Findings
Tuesday 9:30am - 10:30am, school terms only	Parent Committee	<p>Current: Donald Primary School, FDC joins with KinderGym</p> <p>Suggested: Mother's Group</p> <p>Requirements to facilitate further co-location: none</p>	<p>KinderGym on site at school facilitates great transition outcomes for participating children and families</p> <p>Accessible and Family friendly</p>	Storage area is shared with school, sometimes accessing KinderGym resources is difficult. No support is required, this is simply about communication with the school	<p>Will this building continue to meet your needs longer term? YES</p> <p>REQUIREMENTS:</p> <p>MEYP PRIORITY:</p>	No Engineers Audit undertaken as not Buloke Shire Council owned building

NOTES:

- Donald needs formal childcare and more affordable access to 3 year old kindergarten, current provision is very cost prohibitive

Donald Early Years Infrastructure – MOPS, private home, DONALD

Current Service use & delivery	Governance	Co-location	MEYP Audit Results - Strengths	MEYP Audit Results - Challenges	Planning Recommendations	Engineer Audit Findings
		<p>Current:</p> <p>Suggested:</p> <p>Requirements to facilitate further co-location:</p>			<p>Will this building continue to meet your needs longer term?</p> <p>REQUIREMENTS:</p> <p>MEYP PRIORITY:</p>	No Engineers Audit undertaken as not Buloke Shire Council owned building

Sea Lake Early Years Infrastructure – Kindergarten, Mudge St SEA LAKE

Current Service use & delivery	Governance	Co-location	MEYP Audit Results - Strengths	MEYP Audit Results - Challenges	Planning Recommendations	Engineer Audit Findings
<p>4 yo kindergarten Wed, Thurs and Fri 10:00am – 3:00pm, school terms</p> <p>Licensed Capacity: 25</p> <p>2015 Enrolments: 18</p>	<p>Cluster Managed by Mallee Track Health and Community Service</p> <p>Parent Committee</p>	<p>Current: Maternal and Child Health, Immunisation, Mallee Minors Childcare, Supported Playgroup, visiting Speech Pathology</p> <p>Suggested: visiting services such as OT and increased childcare hours</p> <p>Requirements to facilitate further co-location: none</p>	<p>Bathroom is good</p> <p>Clear lines of sight for supervision, can stand in doorway and see all children in both indoor and outdoor space</p> <p>Great natural material in yard</p> <p>Clear visual on who is entering yard</p> <p>Shade</p> <p>Shelves are low so everything is accessible</p> <p>Spaces for quiet and loud play</p> <p>Environment is fluid in meeting children's needs</p> <p>Accessible and Family friendly</p>	<p>Storage:</p> <p>Currently there is a small internal store room and 2 sheds in the back yard of the kindergarten. One shed is used by the kinder and the second by Mallee Minors. These sheds can only be accessed by walking out the front door, around the side of the building and into the back yard. The main challenge of this is in supervising children whilst accessing materials from the storage shed.</p> <p>Office space:</p> <p>Trying to run 2 programmes (childcare and kinder) from one office is challenging. There is not enough desk space or filing space and both programmes need to pack up completely at the end of their days.</p> <p>IT upgrades</p> <p>Increased yard size / useability</p> <p>Leaking veranda an ongoing issue</p>	<p>Will this building continue to meet your needs longer term? YES</p> <p>REQUIREMENTS: Storage increase and optimisation</p> <p>Office increase</p> <p>Landscaping of outdoor space to improve usability</p> <p>Replacement of foam matting on concrete</p> <p>MEYP PRIORITY: Storage increase and optimisation</p> <p>Office increase</p> <p>Increase of childcare availability in Sea Lake from 2 to 5 days</p>	

NOTES:

- Access to services for vulnerable families is critical ie Beck Kreuger (Speech) Grant Doxey (Families Services) – “we cannot afford to lose those”
- Berriwillock has had a large population of vulnerable families move in for the cheap housing, this really inflates the number of vulnerable families in the Berri community.
- Maternal and Child Health is very good at referring families into preschool – ensuring they are linked in
- Sea Lake would be getting 100% attendance at kindergarten – all children would be accessing at least 1 year of 4yo kindergarten.
- Sea Lake does not deliver a 3yo programme but does have Early Start children each year (2 at the moment). Delivering 3yo kindergarten might detract from the other services in the community including childcare and playgroup.
- Noahs Ark provides early intervention
- Preschool Field Officer, Swan Hill – see infrequently
- A lot of vulnerable children are also accessing childcare

Sea Lake Early Years Infrastructure – Mallee Minors, Mudge St SEA LAKE

Current Service use & delivery	Governance	Co-location	MEYP Audit Results - Strengths	MEYP Audit Results - Challenges	Planning Recommendations	Engineer Audit Findings
Long Day Care Monday and Tuesday 8:00am – 5:30pm, all year (with 4 week closure at Christmas / New Year)	Delivered by Mallee Track Health and Community Service	<p>Current: Kindergarten, Maternal and Child Health, Immunisation, Supported Playgroup, visiting Speech Pathology</p> <p>Suggested: visiting services</p> <p>Requirements to facilitate further co-location: none</p>	<p>Clear lines of sight for supervision, can stand in doorway and see all children in both indoor and outdoor space (except to mud pit)</p> <p>As for Kindergarten</p> <p>Accessible and Family friendly</p>	<p>Storage</p> <p>Office space</p> <p>More toilets</p> <p>Heating / cooling in office and toilets</p> <p>Outdoor lighting at night time</p>	<p>Will this building continue to meet your needs longer term? YES</p> <p>REQUIREMENTS: Storage increase and optimisation Office increase Toilets</p> <p>MEYP PRIORITY: Storage increase and optimisation Office increase Top up of bark chips</p> <p>ADDITIONAL: \$50,000 has been secured by MTHCS from Federal Government with plans to secure further \$50,000 from DET to put door from back of kindergarten building direct to storage sheds</p>	

NOTES:

- Higher rates of disadvantage and increasing levels of 'bad debt'

Sea Lake Early Years Infrastructure – Maternal and Child Health, Mudge St SEA LAKE

Current Service use & delivery	Governance	Co-location	MEYP Audit Results - Strengths	MEYP Audit Results - Challenges	Planning Recommendations	Engineer Audit Findings
Centre based Monday 9:00am – 4:00pm plus home visits as required All year		Current: kindergarten, Immunisation, Mallee Minors Childcare, Supported Playgroup, visiting Speech Pathology Suggested: visiting services Requirements to facilitate further co-location: none, second consulting room is perfect	Waiting room space is large and well heated / cooled Consulting room is a good size, private and meets service delivery needs Accessible and Family friendly	IT challenges there is no wireless using USB modems There are funding challenges – the model of local government funding needs to be changed for small rural LGAs “we have got used to working with no money – to even buy batteries is a big deal” (batteries for baby weight scales)	Will this building continue to meet your needs longer term? YES REQUIREMENTS: MEYP PRIORITY: Advocacy for rural LGA funding model to better meet needs of small rural communities	

NOTES:

Community needs specific to Sea Lake:

- Lower socioeconomic community,
- Vulnerable clients with higher needs,
- Typically have 100% participation in KAS, although families who move in can be hard to find
- Referral in of new families is good, Maternal and Child Health often seems to be the ‘first point of call’ as it is an inclusive and free service.
- Some people feel judged by their GPs and most local GPs do not bulk bill
- Preschool participation is quite good
- Playgroups are critically important
- Supported playgroup is on Thursday at Maternal and Child Health
- Community playgroup is at Neighbourhood House
- The Sea Lake Maternal and Child Health building is only about 9 years old and is perfect for the task. There is an additional consulting room (beside the Maternal and Child Health room) a large waiting area which also doubles as the venue for the supported playgroup (delivered on Thursday mornings) by Beck Krueger and Leah Farrow

Sea Lake Early Years Infrastructure – Oral Language Supported Playgroup, Mudge St SEA LAKE

Current Service use & delivery	Governance	Co-location	MEYP Audit Results - Strengths	MEYP Audit Results - Challenges	Planning Recommendations	Engineer Audit Findings
<p>Delivered from both Sea Lake Maternal and Child Health and Tyrrell college</p> <p>Thursday 9:00am – 5:00pm plus</p> <p>School term only</p>		<p>Current: kindergarten, Immunisation, Mallee Minors Childcare, school</p> <p>Suggested:</p> <p>Requirements to facilitate further co-location: none</p>	<p>Co-location with kindergarten, Maternal and Child Health, childcare</p> <p>Accessible and Family friendly</p>	<p>Playgroup operates from the Maternal and Child Health 'waiting room' – a separate room which could be left set up would be ideal.</p> <p>An outdoor area (grass, sand pit etc) would be fantastic for children and families</p> <p>More accurate and prominent signage would assist with promotion and raising awareness of the playgroup</p>	<p>Will this building continue to meet your needs longer term? YES</p> <p>REQUIREMENTS: It would be easier to gather for a shared playgroup with MCH if the waiting room was expanded to include current MCH consulting room and the other consulting room was set up as consulting room, ie move MCH back a room and take out a small wall.</p> <p>MEYP PRIORITY:</p>	<p>As for Sea Lake Maternal and Child Health</p>

NOTES:

WE always need to be thinking-how can we make it easier for parents to see who is available to support, care for and educate them and their children, I am concerned that in Sea Lake this is difficult to see unless you get inside buildings and some people are reluctant.

Sea Lake Early Years Infrastructure – Community Playgroup, Neighbourhood House SEA LAKE						
Current Service use & delivery	Governance	Co-location	MEYP Audit Results - Strengths	MEYP Audit Results - Challenges	Planning Recommendations	Engineer Audit Findings
Commencing again in June after a period of recess School term only		Current: Neighbourhood House programs, MTHCS Family Services / Social Worker, Craft Group Quilters Group Edgework force group, Toy Library Suggested: Requirements to facilitate further co-location: none	Accessible and Family friendly	Upgrades to yard required to include sand pit etc Work is being done to ramp etc to improve accessibility	Will this building continue to meet your needs longer term? YES REQUIREMENTS: Will move towards developing Playgroup as a supported playgroup MEYP PRIORITY:	No Engineers Audit undertaken as not Buloke Shire Council owned building

NOTES:

Wycheproof Early Years Infrastructure – Kindergarten / Long Day Care, High St WYCHEPROOF

Current Service use & delivery	Governance	Co-location	MEYP Audit Results - Strengths	MEYP Audit Results - Challenges	Planning Recommendations	Engineer Audit Findings
<p>4 yo kindergarten Mon, Tues and Wed 8:30am – 1:30pm, school terms only</p> <p>Integrated LDC Monday only 8:30am – 5:00pm</p> <p>Licensed Capacity: 25</p> <p>2015 Enrolments: 8 preschool, 5 childcare</p>	<p>Cluster Managed by YMCA</p> <p>Parent Committee</p>	<p>Current: Maternal and Child Health, LDC, Immunisation</p> <p>Suggested: Playgroup (if it starts up again)</p> <p>Requirements to facilitate further co-location: none</p>	<p>Small enrolment</p> <p>Accessible and Family friendly</p>	<p>Require a front foyer</p> <p>No visibility of people entering the service / playground</p> <p>Poor visibility between the indoor and outdoor areas of the service, creates supervision challenge</p> <p>The outdoor space requires work. There is an overhanging power line (council is aware of this). The sand pit needs improving, there is no grass and the cubby location makes it hard to supervise</p> <p>Office space is very small, making it difficult to have private conversations with families</p> <p>There is no heating or cooling in the office and it is too small</p> <p>There is no staff break area</p> <p>There has been no funding for childcare equipment, require age appropriate equipment for the under 3 year olds</p>	<p>Will this building continue to meet your needs longer term? YES</p> <p>REQUIREMENTS: Internal paint</p> <p>To support LDC sleeping and change rooms and a laundry are needed</p> <p>Staff break area, a foyer and an adequate office</p> <p>MEYP PRIORITY: Collecting children off the bus can be difficult- a bus zone out the front would help with this.</p> <p>Having a playgroup locally for children is important as there is a lack of activities for children who are not yet in school.</p>	

NOTES:

- We need early learning opportunities for children in Wycheproof so that children and parents are not isolated prior to attending school
- The current funding model means this year parents need to raise \$13,000.00, we need a funding model that accommodates small rural populations.

Wycheproof Early Years Infrastructure – Maternal and Child Health, High St WYCHEPROOF

Current Service use & delivery	Governance	Co-location	MEYP Audit Results - Strengths	MEYP Audit Results - Challenges	Planning Recommendations	Engineer Audit Findings
Centre based Wednesday 8:30am – 5:00pm plus home visits as required All year		Current: kindergarten / LDC, Immunisation Suggested: visiting services, could not be same day as MCH as only 1 consult room Requirements to facilitate further co-location: larger waiting room, storage to facilitate shared use of consult room or a second consult room built on	Location – end of main street so central and it has small front yard with playground equipment (separate to the kinder equipment). Accessible and Family friendly	Small centre Inadequate waiting room space, privacy / confidentiality is an issue No storage Small work space, inadequate space to do the visual testing No real scope to expand centre ATM as flat at back is being used by CEO (note Kindergarten could also use part of the flat space)	Will this building continue to meet your needs longer term? NO REQUIREMENTS: Increase waiting room size Larger consulting room MEYP PRIORITY: Increase waiting room size Larger consulting room Increase in confidentiality	

NOTES:

- Large number of high needs families in Wycheproof and a floating population so families move quite regularly. Only really get new families if they present at the Maternal and Child Health or through hear-say. Good referral through the kindergarten.
- Service gap, a long way from any major town so there's not any service located locally, every service travels in. Noah's Ark by referral, no speech. We refer quite a few to Noah's Ark, they are responsive.
- Family led service development is not really meeting the needs of the children – especially where you do not have high functioning families. There are families in Berri who need a huge amount of support and do not have capacity to lead their referral and support.

Berriwillock Early Years Infrastructure – Community Playgroup, Tennis Club, BERRIWILLOCK

Current Service use & delivery	Governance	Co-location	MEYP Audit Results - Strengths	MEYP Audit Results - Challenges	Planning Recommendations	Engineer Audit Findings
Friday 10:30am – 12:00pm, school terms only	Parent Committee Member: Playgroup Victoria	Current: Berriwillock Tennis Club Suggested: Requirements to facilitate further co-location: none	Has playground and sandpit, small kitchen and is heated and cooled Purchased garden shed for storage of own resources Building structurally sound and Tennis Club does maintenance	Have to walk to football ground to access toilets Smaller children struggle with access up steps and jam fingers in glass sliding doors No private space for breastfeeding	Will this building continue to meet your needs longer term? YES REQUIREMENTS: Indoor toilets, ramp and different doors MEYP PRIORITY: The Berri Community Centre would be used more by young families if it was fenced and there was a small playground. Then we could take part in training / sessions etc and the children could play in the yard	No Engineers Audit undertaken as not Buloke Shire Council owned building

NOTES:

- For all of May 2015 Swan Hill Health Promotion is coming out and delivering a different information session each week during playgroup: first aid, pop-up play, dietician etc. Which is great.

Buloke Shire Child & Youth Community Profile

supporting document for the

Municipal Early Years Plan, 2015 - 2019

&

Child and Youth Strategy, 2015 - 2019



Contents

Introduction	page		page
Population data and projections	5-8	Social Health Atlas of Australia	24-27
At a glance	5	Maternal & Child Health and immunisations	28-29
Our children	6	Breastfeeding	30
Population projections	7-8	Kindergarten participation	31
Our community	8-14	Kindergarten Fee Subsidy	32
Family composition	8	Bullying	33
Education	9	Connection to School	34
Country of birth and language	10	NAPLAN data	35-37
Employment status of couple families	11	Crime	38
Income and expenses	12	Family Violence	39
Unpaid work	13	Buloke Youth – Earning and Learning	40-42
Registered motor vehicles	15		
Community strengths and vulnerabilities	15-42	References	43
Australian Early Development Census	18-20		
School Entrant Health Questionnaire	21-23		

Prepared for:
 Buloke Shire Council, July 2015
 Prepared by:
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Buloke Child & Youth Community Profile

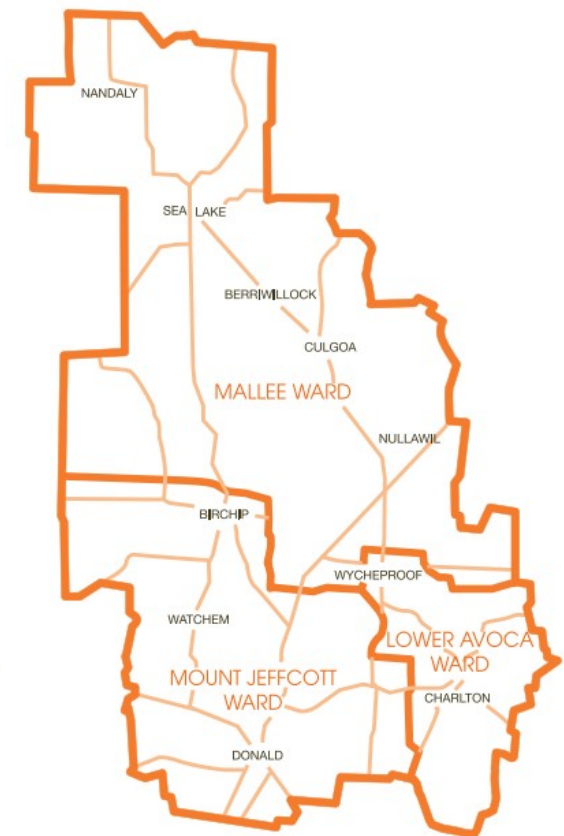
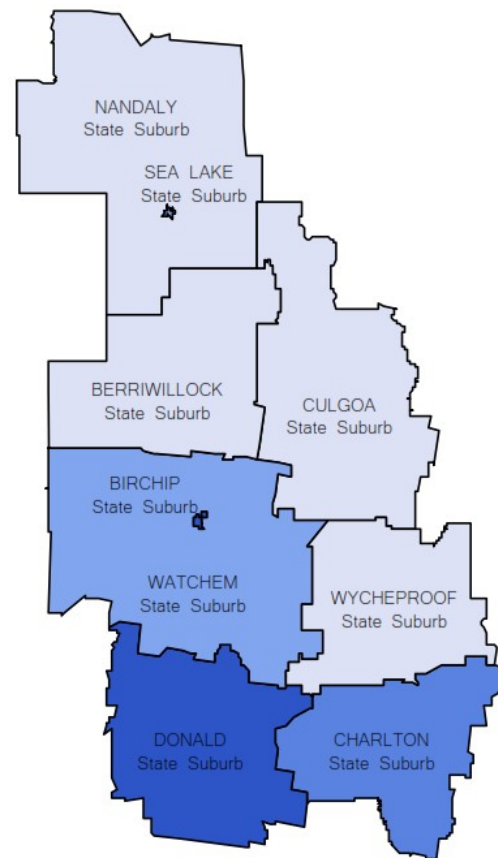
A community profile is the bringing together of all relevant data sets regarding a specific community of place, Buloke LGA, and a community of interest, children aged 0-18 years and their families. The profile presents the demographic, social and economic context of the community and is a powerful tool in enabling planning and advocacy.

This community profile presents recent and relevant data regarding children and young people aged 0-18 years and their families residing in the Buloke LGA. Whilst most data is only available at the LGA level, some data is presented at the Australian Bureau of Statistics Census areas of Statistical Local Area (SLA) and State Suburb (SS). Where ever available State Suburb level data is presented in this profile.

There are two SLAs in the Buloke LGA, these are Buloke North and Buloke South.

There are nine State Suburbs in the Buloke LGA – Nandaly, Sea Lake, Berriwillock, Culgoa (approximating the Mallee Ward), Birchip, Watchem, Donald (approximating the Mount Jeffcott Ward), and Wycheproof and Charlton (approximating the Lower Avoca Ward). The map immediate right depicts the nine ABS defined State Suburbs, the map shown far right depicts the Buloke Shire Council ward areas.

“An MEYP is most effective when it is informed by a sound understanding of a range of characteristics and needs of the municipality relevant to early years planning. This can include the demographic, social and economic context of the community in which families and young children live, the nature of the early years service system and specific issues influencing the health and well being of young children and their families”.
Municipal Association of Victoria, 2011, p. 23.



Introduction

The Buloke Shire covers more than 8,000 square kilometres of the Mallee region in Victoria's northwest, stretching between Lake Tyrrell, Victoria's largest salt lake, and the northern reaches of the Avoca River. Buloke Shire Council serves the communities of Wycheproof, Charlton, Donald, Birchip and Sea Lake, together with the smaller townships of Berriwillock, Culgoa, Nandaly, Nullawil and Watchem. Residents of Buloke communities experience average travel times of 3 hours to Melbourne and 2 hours to Bendigo and are considered 'Outer Regional Australia' in remoteness.

Research by the Department of Health (2014) notes Buloke as experiencing gradual decline over the last 10 years but projects low level growth until 2021. The population aged 45 or over is much higher than average while the percentage aged 15 to 44 is lower than average. Residents aged 85 plus make up 3.9% of the population, over twice the Victoria average. Buloke has low levels of cultural diversity, with 2.9% born in a non-English speaking country and 2.4% speaking a language other than English at home. Over 46% of the population volunteer, the highest in the state, and citizen engagement is also high. Median household incomes are well below average, and there are high percentages of low income individuals and families. While median house prices are the fourth lowest in the state, mortgage stress is around average, but rental stress is very low due to high rental affordability. Only 7% of the population is near public transport.

The MMLLEN (2014) reported the Buloke LGA experiencing a loss of 637 local jobs between 2001 and 2011, with the major part of this loss (502 jobs) occurring in the 2001-2006 period. The major falls were in agribusiness (-320) and retail (-172) and the other declines were in services.

Buloke ranks first of all LGAs for the percentage of males reporting that they are overweight or obese, and second for total persons overweight or obese. Over 25% of males smoke and over 63% do not meet fruit and vegetable consumption guidelines, while nearly one third of females do not meet physical activity guidelines. The rate of disability support pension recipients is much higher than average. The percentage of persons at risk of short term harm from alcohol consumption is third highest in the state and the percentage of people who consume soft drink every day is second highest. The rate of intentional injuries is the lowest in the state, while avoidable deaths due to respiratory disease are above average. Inpatient separation rates are above average, as is length of stay. The admission rate for ambulatory care sensitive conditions is third highest and GP attendances are above average (Source: [http://docs.health.vic.gov.au/docs/doc/Buloke-\(S\)](http://docs.health.vic.gov.au/docs/doc/Buloke-(S)) accessed 28/01/2015).

Population Data and Projections

At a glance

At the time of the 2011 Census the Buloke Shire had a total population of 6,384 with a population density 0.8 persons per km². Slightly more of the population were males (50.6%) than females (49.4%) and the LGA had a median age of 48 years (compared to a state and national median of 37 years). There were 1,692 families within the Buloke LGA with an average of 2 children per family. A total of 0.6% of the LGA population identified as Aboriginal and / or Torres Strait Islander with some communities within the LGA recording no families who identified as Aboriginal and / or Torres Strait Islander (including Nandaly, Berriwillock, Culgoa, and Wycheproof).

Area	Population % (number)	Male % (number)	Female % (number)	Median age (years)	Families	Average children per family	Aboriginal and Torres Strait Islander people
Australia	21,507,717	49.4%	50.6%	37	5,684,062	1.9	2.5%
Victoria	5,354,042	49.2%	50.8%	37	1,414,563	1.9	0.7%
Buloke LGA	6,384	50.6% (3,228)	49.4% (3,156)	48	1,692	2.0	0.6% (37)
Mallee Ward							
Nandaly	230	55.7% (128)	44.3% (102)	44	66	1.8	0.0% (0)
Sea Lake	616	47.4% (292)	52.6% (324)	45	161	1.7	0.7% (4)
Berriwillock	320	55.0% (176)	45.0% (144)	45	87	2.3	0.0% (0)
Culgoa	339	55.8% (189)	44.2% (150)	42	80	2.4	0.0% (0)
Mount Jeffcott Ward							
Birchip	662	49.5% (328)	50.5% (334)	46	173	2.0	0.5% (3)
Watchem	454	53.5% (243)	46.5% (211)	41	118	2.3	1.3% (6)
Donald	1,693	49.6% (840)	50.4% (853)	48	439	2.1	1.0% (17)
Lower Avoca Ward							
Wycheproof	789	49.0% (387)	51.0% (402)	50	212	1.7	0.0% (0)
Charlton	1,288	50.4% (649)	49.6% (639)	50	354	2.0	0.5% (7)

Source: <http://www.abs.gov.au/websitedbs/censushome.nsf/home/quickstats> accessed 28/01/2015

Our children

Drawing on 2011 Census data there were a total of 1,502 children and youth aged between 0-18 years in August 2011. The Early Years population, aged 0-8 years, totalled 647 across the LGA with the highest numbers of children aged 0-8 years living in and around the communities of Donald (176), Charlton (115), Birchip (67) Sea Lake (65), Watchem (64), Wycheproof (57), Culgoa (39), Berriwillock (30) and Nandaly (28) respectively.

Children and young people aged 9-18 years totalled 855 across the LGA with the highest numbers of children and young people aged 9-18 years living in and around the communities of Donald (238), Charlton (152), Birchip (93), Wycheproof (93), Watchem (71), Sea Lake (64), Berriwillock (62), Culgoa (49) and Nandaly (39) respectively.

The table below records community totals horizontally across the table and age group totals vertically down the table. The largest of the age cohorts (with 96 young people) would now be aged 16yrs.

State Suburb	AGE in years (2011 Census)																			
	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	TOTAL
Buloke LGA	55	68	65	74	74	94	68	70	79	80	95	84	96	72	89	94	95	90	60	1,502
Malle e																				
Nandaly	0	6	0	3	3	3	0	6	7	5	4	3	8	3	7	3	6	0	0	67
Sea Lake	5	4	3	10	12	8	10	4	9	11	6	3	3	7	4	6	8	8	8	129
Berriwillock	0	4	0	3	0	5	5	4	9	7	6	11	7	4	6	0	13	0	8	92
Culgoa	4	3	7	3	3	10	6	3	0	3	12	3	5	3	13	0	3	4	3	88
Mount Jeffcot t Ward																				
Birchip	12	6	6	9	8	4	3	8	11	3	10	7	14	6	11	14	7	18	3	160
Watchem	5	9	7	5	4	12	9	5	8	9	4	11	7	8	6	13	3	10	0	135
Donald	17	19	16	20	28	26	18	17	15	16	29	26	29	24	24	26	21	30	13	414
Lower Avoca Ward																				
Wycheproof	5	3	9	6	5	10	3	8	8	11	10	5	11	8	9	11	13	7	8	150
Charlton	8	15	16	15	9	14	14	13	11	15	16	14	12	10	9	21	25	12	18	267

Source: <http://www.abs.gov.au/websitedbs/censushome.nsf/home/quickstats> accessed 28/01/2015

Population projections

Population projections undertaken by the Department of Transport, Planning and Local Infrastructure (DTPLI) in their Victoria in Future 2014 report indicated a population decline of -1.25% between 2001 – 2011 followed by a small population increase between 2011 - 2021 of 0.48%.

The table below reveals a 0-4 year population decline (both in actual and proportional terms) between 2011 and 2026 followed by a return to the 2011 proportion of population of 5.4% in 2031 accompanied by a small actual decrease from 350 0-4 year olds to a projected 329 0-4 year olds.

Within the 5-14 year population cohort there is a projected decline (both in actual and proportional terms) between 2011 and 2031. Although both figures are projected to climb slightly in 2031 they remain substantially below the 2011 starting point. For example the actual number of children aged 5-14 in the Buloke Shire is expected to decrease from 815 in 2011 to 572 in 2031, or from 12.6% to 9.5% of the population respectively.

Within the 15-24 year population cohort the projections are less consistent. Declines in actual and proportional terms between 2011 and 2016, from 657 to 604 young people and from 10.2% of the population to 10.0% of the population, are followed by a light increase by 2021 before further decline across the 2026 and 2031 timeframes. The actual number of young people aged 15-24 in the Buloke Shire is projected to decrease from 657 in 2011 to 534 in 2031, or from 10.2% to 8.8% of the population respectively.

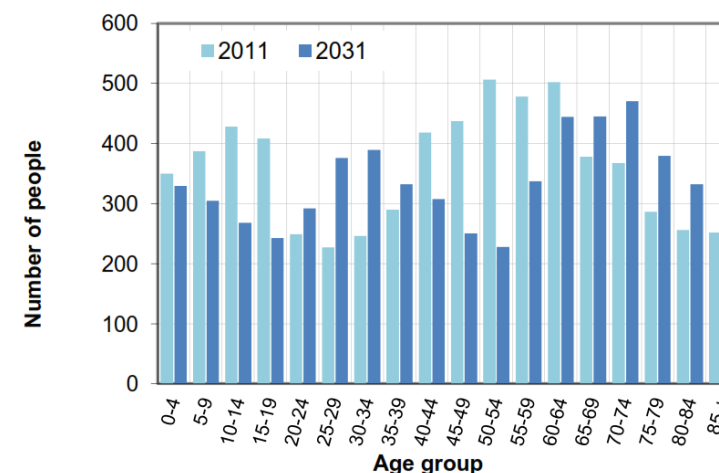
These figures are shown in both table and graph form to the right.

Drawing on data presented in the NCLLEN 2014 Environmental Scan this profile notes that as at 30th June 2009 there was an estimated 869 adolescents

Age group	2011 No. (%)	2016 No. (%)	2021 No. (%)	2026 No. (%)	2031 No. (%)
0-4	350 (5.4%)	255 (4.2%)	266 (4.4%)	303 (5.0%)	329 (5.4%)
5-14	815 (12.6%)	732 (12.1%)	601 (10.1%)	524 (8.7%)	572 (9.5%)
15-24	657 (10.2%)	604 (10.0%)	664 (11.1%)	654 (10.9%)	534 (8.8%)
25-34	473 (7.3%)	530 (8.7%)	604 (10.1%)	688 (11.5%)	765 (12.7%)
35-49	1,145 (17.7%)	927 (15.3%)	769 (12.9%)	792 (13.2%)	890 (14.7%)
50-59	984 (15.2%)	934 (15.4%)	856 (14.3%)	731 (12.2%)	565 (9.4%)
60-69	880 (13.6%)	913 (15.1%)	959 (16.1%)	949 (15.8%)	889 (14.7%)
70-84	909 (14.1%)	903 (14.9%)	988 (16.5%)	1,060 (17.7%)	1,181 (19.5%)
85+	252 (3.9%)	267 (4.4%)	270 (4.5%)	302 (5.0%)	315 (5.2%)
Total	6,465	6,065	5,977	6,002	6,041

Age structures

Population by five-year age group, 2011 and 2031



aged 10 to 17 in the Buloke LGA, representing 12.3% of the area's total population. A decrease of 24.4% is expected in Buloke from 879 in 2006 to 665 by 2026. This trend is confirmed in Census data which shows a loss of 159 children and young people aged 0-24 years from the Buloke North SLA between 2001 (1,056) and 2011 (897) and the loss of 176 children and young people aged 0-24 years from the Buloke South SLA between 2001 (1,030) and 2011 (854).

Our community

Drawn from ABS 2011 Census data the following statistics are presented at the Buloke LGA level and also at the nine State Suburb levels. Where available this data is supplemented with LGA rankings sourced from the Victorian Department of Health's *Buloke Health Profile*. There are 79 LGAs within Victoria. Of these 48 are considered regional and a further 31 are considered metropolitan.

Family composition

Area	Couple family with children % (number)	One parent family % (number)	Other family % (number)	Couple family without children % (number)
Australia	44.6%	15.9%	1.7%	37.8%
Victoria	46.0%	15.5%	1.8%	36.7%
Buloke LGA	39.2% (664)	10.3% (175)	1.2% (20)	49.2% (833)
Mallee Ward				
Nandaly	48.4% (31)	10.9% (7)	0.0% (0)	40.6% (26)
Sea Lake	34.0% (55)	14.8% (24)	2.5% (4)	48.8% (79)
Berriwillock	49.4% (43)	9.2% (8)	0.0% (0)	41.4% (36)
Culgoa	53.8% (43)	5.0% (4)	0.0% (0)	41.2% (33)
Mount Jeffcott Ward				
Birchip	38.4% (66)	11.6% (20)	0.0% (0)	50.0% (86)
Watchem	55.9% (66)	6.8% (8)	2.5% (3)	34.7% (41)
Donald	38.0% (167)	9.8% (43)	0.0% (0)	52.3% (230)
Lower Avoca Ward				
Wycheproof	35.1% (74)	10.9% (23)	1.4% (3)	52.6% (111)
Charlton	34.0% (120)	10.2% (36)	1.1% (4)	54.7% (193)

Source: <http://www.abs.gov.au/websitedbs/censushome.nsf/home/quickstats> accessed 28/01/2015

Whilst at the LGA level Buloke exhibited lower than state and national levels of 'couple family with children' at 39.2% compared to 46.0% and 44.6% respectively certain communities within the Shire exhibited high rates of 'couple family with children' including Watchem (55.9%), Culgoa (53.8%),

Berriwillock (49.4%) and Nandaly (48.4%). Generally speaking the larger communities within the Shire exhibited the lowest proportion of 'couple family with children' structures, a reflection of the ageing population retiring to these centres.

At both the Buloke LGA and State Suburb levels there were lower rates of 'one parent family' structures than seen at the state and national levels. Within the State Suburbs Sea Lake had the highest proportion of one parent families at 14.8% and Culgoa the lowest at 5.0%. With 10.3% of families identifying as 'one parent' the Buloke LGA ranked 77 amongst the 79 LGAs on this measure (where a rank of one indicated the highest proportion of one parent families). Research by PHIDU revealed that, of all families with children aged under 15 years in the Buloke LGA, 17.4% were single parent families. Amongst this same cohort at the Victorian level 19.6% were single parent families.

Education

Area	Education Institution								
	Pre-school % (number)	Primary – Government % (number)	Primary – Catholic % (number)	Primary - Other Non Government	Secondary – Government % (number)	Secondary – Catholic % (number)	Secondary - Other Non Government	Technical or further education institution	University or tertiary institution % (number)
Australia	5.1%	18.2%	5.5%	3.3%	11.9%	4.7%	3.9%	7.3%	14.3%
Victoria	5.6%	16.8%	5.8%	2.8%	12.0%	5.1%	4.3%	7.3%	15.2%
Buloke LGA	6.8% (108)	25.2% (404)	7.3% (117)	0.3% (5)	27.2% (436)	0.8% (12)	0.2% (3)	3.2% (52)	4.6% (74)
Mallee Ward									
Nandaly	4.6% (3)	35.4% (23)	4.6% (3)	0.0% (0)	21.5% (14)	16.9% (11)	0.0% (0)	4.6% (3)	4.6% (3)
Sea Lake	5.4% (8)	15.0% (22)	10.2% (15)	2.0% (3)	16.3% (24)	0.0% (0)	0.0% (0)	6.1% (9)	8.2% (12)
Berriwillock	7.4% (7)	23.4% (22)	14.9% (14)	0.0% (0)	29.8% (28)	0.0% (0)	3.2% (3)	3.2% (3)	5.3% (5)
Culgoa	11.5% (10)	32.2% (28)	4.6% (4)	0.0% (0)	21.8% (19)	0.0% (0)	0.0% (0)	0.0% (0)	8.0% (7)
Mount Jeffcott Ward									
Birchip	7.3% (12)	33.3% (55)	0.0% (0)	0.0% (0)	29.7% (49)	0.0% (0)	0.0% (0)	1.8% (3)	5.5% (9)
Watchem	7.7% (10)	40.0% (52)	3.1% (4)	0.0% (0)	26.9% (35)	0.0% (0)	0.0% (0)	3.8% (5)	3.1% (4)
Donald	7.9% (35)	22.6% (100)	9.0% (40)	0.0% (0)	28.5% (126)	0.0% (0)	0.0% (0)	2.9% (13)	4.5% (20)
Lower Avoca Ward									
Wycheproof	2.2% (4)	28.7% (52)	0.0% (0)	0.0% (0)	27.1% (49)	0.0% (0)	0.0% (0)	2.2% (4)	6.1% (11)
Charlton	5.3% (15)	18.0% (51)	11.6% (33)	1.1% (3)	29.6% (84)	0.0% (0)	0.0% (0)	4.9% (14)	4.2% (12)

Source: <http://www.abs.gov.au/websitedbs/censushome.nsf/home/quickstats> accessed 28/01/2015

In terms of children and youth the education data indicates largely strong participation in both Public and Catholic primary and secondary school but almost no use of schools classified as 'Other Non Government' at both the primary and secondary levels. Much lower rates of 'Technical' and 'Tertiary' education

occurs at both the LGA and State Suburb levels compared to the state and national trends. Data sourced by the Victorian Department of Health indicates positive year nine NAPLAN results including a state LGA ranking of 8 (out of 79) for the 'percentage of year nine students who attain national minimum standards in reading', 15 for the 'percentage of year nine students who attain national minimum standards in writing' and a ranking of 11 for the 'percentage of year nine students who attain national minimum standards in numeracy'. For the Buloke LGA 86.0% of students attended a government school, realising a ranking of 4 out of the 79 LGAs. Further to this 67.3% of the Buloke population have not completed year 12 with the LGA ranking 10 amongst its 79 counterparts in this measure. In terms of the 'percentage of persons who completed a higher education qualification' Buloke LGA ranked 54th with only 26.9% completing a higher qualification compared to an average of 45.7% at the state level ([http://docs.health.vic.gov.au/docs/doc/Buloke-\(S\)](http://docs.health.vic.gov.au/docs/doc/Buloke-(S)) accessed 28/01/2015).

Country of birth and language

Across the LGA and within the State Suburbs the Buloke municipality exhibits high rates of Australian born citizens (90.3%) compared to their state and national counterparts (68.6% and 69.8% respectively) and extremely low proportions of homes where 'two or more languages are spoken' (2.9% compared to 25.7% at the Victorian level). According to the Victorian Department of Health report the Buloke LGA ranks 66th out of 79 LGAs in terms of the 'percentage speaking a language other than English at home', similarly the Buloke LGA ranked 77th out of 79 in 'percentage with low English proficiency'. Significantly none of the 'new settlers' arriving into the Buloke LGA arrived on humanitarian terms. At the Victorian level 50.6% of the community indicated an 'acceptance of diverse cultures' compared to 39.4% in the Buloke LGA achieving Buloke at rank of 62 out of 79 LGAs ([http://docs.health.vic.gov.au/docs/doc/Buloke-\(S\)](http://docs.health.vic.gov.au/docs/doc/Buloke-(S)) accessed 28/01/2015).

The communities of Birchip (83.5%), Sea Lake (85.6%) and Wycheproof (89.9%) exhibited the lowest proportions of Australia as 'country of birth' (i.e. highest proportions of population born overseas).

Area	Country of birth Australia % (no)	English only spoken at home % (no)	Households were two or more languages are spoken
Australia	69.8%	76.8%	20.4%
Victoria	68.6%	72.4%	25.7%
Buloke LGA	90.3% (5,764)	94.9% (6,055)	2.9% (77)
Mallee Ward			
Nandaly	97.4% (222)	100.0% (229)	0.0% (0)
Sea Lake	85.6% (528)	91.1% (563)	4.5% (12)
Berriwillock	92.5% (296)	97.2% (312)	2.4% (3)
Culgoa	91.7% (311)	96.7% (327)	2.3% (3)
Mount Jeffcott Ward			
Birchip	83.5% (553)	91.8% (606)	3.3% (9)
Watchem	93.9% (434)	97.4% (447)	2.5% (4)

Donald	91.0% (1,539)	95.1% (1,609)	3.2% (22)
Lower Avoca Ward			
Wycheproof	89.9% (710)	94.7% (747)	3.5% (12)
Charlton	90.8% (1,168)	94.0% (1,209)	2.8% (15)

Source: <http://www.abs.gov.au/websitedbs/censushome.nsf/home/quickstats> accessed 28/01/2015

Employment status of couple families

Employment Status of Couple Families*								
Area	Both employed, worked full-time % (number)	Both employed, worked part-time	One employed full-time, one part-time	One employed full-time, other not working	One employed part-time, other not working	Both not working	Other	Labour force status not stated
Australia	21.7%	3.7%	21.4%	15.7%	5.4%	19.2%	6.2%	6.7%
Victoria	21.0%	3.8%	22.5%	16.4%	5.5%	19.0%	6.2%	5.8%
Buloke LGA	20.4% (305)	3.5% (53)	23.1% (346)	12.3% (184)	4.5% (68)	24.2% (363)	6.5% (97)	5.5% (82)
Mallee Ward								
Nandaly	33.3% (19)	5.3% (3)	33.3% (19)	8.8% (5)	5.3% (3)	8.8% (5)	5.3% (3)	0.0% (0)
Sea Lake	12.2% (16)	7.6% (10)	21.4% (28)	9.2% (12)	2.3% (3)	30.5% (40)	9.9% (13)	6.9% (9)
Berriwilllock	28.2% (22)	0.0% (0)	29.5% (23)	15.4% (12)	0.0% (0)	19.2% (15)	7.7% (6)	0.0% (0)
Culgoa	23.1% (18)	3.8% (3)	33.3% (26)	14.1% (11)	0.0% (0)	16.7% (13)	5.1% (4)	3.8% (3)
Mount Jeffcott Ward								
Birchip	17.0% (26)	3.9% (6)	22.9% (35)	14.4% (22)	5.9% (9)	21.6% (33)	5.2% (8)	9.2% (14)
Watchem	23.1% (24)	0.0% (0)	28.8% (30)	19.2% (20)	3.8% (4)	15.4% (16)	3.8% (4)	5.8% (6)
Donald	17.8% (71)	3.8% (15)	21.9% (87)	10.6% (42)	7.8% (31)	25.6% (102)	7.5% (30)	5.0% (20)
Lower Avoca Ward								
Wycheproof	19.6% (36)	2.2% (4)	24.5% (45)	9.2% (17)	2.2% (4)	32.1% (59)	4.9% (9)	5.4% (10)
Charlton	17.7% (55)	3.5% (11)	18.4% (57)	15.2% (47)	5.5% (17)	27.4% (85)	5.8% (18)	6.5% (20)

Source: <http://www.abs.gov.au/websitedbs/censushome.nsf/home/quickstats> accessed 28/01/2015

* records the labour force status of parents/partners in couple and lone parent families

Whilst the overall unemployment rate across the Buloke LGA is low, sitting at 3.2% in 2011, compared to the state average of 5.4% within 'couple families' these figures were quite different. Notably the Wycheproof, Sea Lake, Charlton and Donald State Suburbs had significantly higher rates of couple families

where each partner was 'not working' (at 32.1%, 30.5%, 27.4% and 25.6% respectively) than was recorded at the state and national levels (19.0% and 19.2% respectively).

Analysis by the Public Health Information Development Unit (PHIDU) drawing on 2011 Census data revealed that the total number of families with children aged less than 15 years in the Buloke LGA was 558, of these 97 were single parent families with children aged less than 15 years (17.4%, compared to 19.6% at the state level). Of all families with children aged less than 15 years 12.8% were in jobless families (compared to 12.3% at the state level). These jobless families were parents and carers to a total of 126 children under 15 years of age at the time of the 2011 Census (Source: Compiled by PHIDU from ABS Census 2011 <http://www.publichealth.gov.au/data/social-health-atlas-of-australia---2011-census> accessed 29/01/2015).

Income & expenses

Incomes and Expenses								
Area	Median weekly Income – Families	Median weekly income – couple families with children, with 2 incomes	Median weekly rent (all)	Households where rent is less than 30% of income	Households where rent is more than 30% income	Median monthly mortgage repayments	Households where mortgage is less than 30% of income	Households where mortgage is more than 30% income
Australia	\$1,481	\$2,310	\$285	89.6%	10.4%	\$1,800	90.1%	9.9%
Victoria	\$1,460	\$2,242	\$277	90.9%	9.1%	\$1,700	89.9%	10.1%
Buloke LGA	\$959	\$1,475	\$100	97.6%	2.4%	\$737	96.6%	3.4%
Mallee Ward								
Nandaly	\$1,109	\$1,594	\$0	100%	0.0%	\$2,080	100%	0.0%
Sea Lake	\$900	\$2,075	\$75	98.3%	1.7%	\$650	95.8%	4.2%
Berriwillock	\$949	\$1,125	\$45	97.5%	2.5%	\$542	95.8%	4.2%
Culgoa	\$1,262	\$1,291	\$48	100%	0.0%	\$693	96.8%	3.2%
Mount Jeffcott Ward								
Birchip	\$1,089	\$1,437	\$100	98.5%	1.5%	\$650	97.3%	2.7%
Watchem	\$1,115	\$1,591	\$50	100%	0.0%	\$1,300	93.4%	6.6%
Donald	\$1,002	\$1,512	\$110	97.1%	2.9%	\$867	97.0%	3.0%
Lower Avoca Ward								
Wycheproof	\$821	\$1,303	\$100	96.6%	3.4%	\$542	95.9%	4.1%
Charlton	\$902	\$1,430	\$120	97.1%	2.9%	\$802	96.0%	4.0%

Source: <http://www.abs.gov.au/websitedbs/censushome.nsf/home/quickstats> accessed 28/01/2015

The Buloke LGA ranked 5th amongst the 79 Victorian LGAs according to the 'percentage of individuals with an income less than \$400 per week' and 20th according to the 'percentage of low income families with children'. Faring better in terms of food security the Buloke LGA ranked 56th of 79 according to the 'percentage of population with food insecurity' ([http://docs.health.vic.gov.au/docs/doc/Buloke-\(S\)](http://docs.health.vic.gov.au/docs/doc/Buloke-(S)) accessed 28/01/2015).

Of the State Suburbs Berriwillock recorded the lowest 'median weekly income for couple families with 2 children, with 2 incomes' at \$1,125 and Sea Lake the highest at \$2,075 (placing Sea Lake closest to the state and national averages of \$2,242 and \$2,310 respectively).

Unpaid work

Unpaid work, people aged 15 years and over				
Area	Did unpaid domestic work (last week)	Cared for child/children (last two weeks)	Provided unpaid assistance to a person with a disability (last two weeks)	Did voluntary work through an organisation or group (last 12 months)
Australia	70.0%	27.8%	10.9%	17.8%
Victoria	69.3%	27.3%	11.3%	17.7%
Buloke LGA	71.5% (3,734)	25.1% (1,312)	14.4% (751)	42.7% (2,228)
Mallee Ward				
Nandaly	79.5% (136)	33.7% (58)	18.5% (32)	49.4% (84)
Sea Lake	60.7% (312)	23.8% (122)	10.7% (55)	28.2% (144)
Berriwillock	77.8% (196)	31.3% (79)	16.3% (41)	42.6% (107)
Culgoa	80.1% (209)	30.0% (78)	10.0% (26)	61.3% (160)
Mount Jeffcott Ward				
Birchip	66.4% (361)	24.2% (132)	13.2% (72)	43.4% (236)
Watchem	70.8% (243)	33.9% (116)	16.2% (56)	50.0% (171)
Donald	72.5% (993)	24.6% (337)	15.0% (206)	40.1% (550)
Lower Avoca Ward				
Wycheproof	69.1% (468)	22.7% (153)	15.8% (107)	42.7% (289)
Charlton	74.9% (819)	21.7% (237)	14.5% (158)	45.3% (496)

Source: <http://www.abs.gov.au/websitedbs/censushome.nsf/home/quickstats> accessed 28/01/2015

The Department of Health *Buloke Health Profile* ranks the Buloke LGA as 1st amongst its 79 counterparts in terms of 'percentage who help out as a volunteer'. ABS Census data from the 2011 collection reveals almost half (42.7%) of the municipal population 'did voluntary work through an organisation or group' in the last 12 months. Amongst the State Suburbs this included a high of 61.3% in Culgoa and 50.0% in Watchem and a low of 28.2% in Sea Lake. Even this 'low' sat well above the state and national averages of 17.7% and 17.8% respectively ([http://docs.health.vic.gov.au/docs/doc/Buloke-\(S\)](http://docs.health.vic.gov.au/docs/doc/Buloke-(S)) accessed 28/01/2015).

Registered motor vehicles

Number of registered motor vehicles					
Area	None	1 motor vehicle	2 motor vehicles	3 or more motor vehicles	Number of motor vehicles not stated
Australia	8.6%	35.8%	36.1%	16.5%	3.0%
Victoria	8.4%	34.7%	37.0%	16.8%	3.0%
Buloke LGA	6.7%	31.7%	34.9%	22.9%	3.8%
Mallee Ward					
Nandaly	0.0% (0)	17.2% (15)	32.2% (28)	46.0% (40)	4.6% (4)
Sea Lake	12.0% (32)	36.0% (96)	30.0% (80)	15.0% (40)	7.1% (19)
Berriwillock	2.4% (3)	23.6% (29)	34.1% (42)	37.4% (46)	2.4% (3)
Culgoa	6.7% (9)	25.9% (35)	29.6% (40)	35.6% (48)	2.2% (3)
Mount Jeffcott Ward					
Birchip	9.0% (25)	35.7% (99)	38.3% (106)	14.1% (39)	2.9% (8)
Watchem	3.0% (5)	20.7% (34)	36.6% (60)	36.6% (60)	3.0% (5)
Donald	5.8% (40)	35.2% (242)	36.6% (252)	18.8% (129)	3.6% (25)
Lower Avoca Ward					
Wycheproof	7.7% (26)	33.7% (114)	32.5% (110)	22.2% (75)	3.8% (13)
Charlton	7.4% (40)	30.4% (164)	36.1% (195)	22.2% (120)	3.9% (21)

Source: <http://www.abs.gov.au/websitedbs/censushome.nsf/home/quickstats> accessed 28/01/2015

Whilst the Buloke LGA had a lower proportion of the population with 'no registered motor vehicle' at 6.7% compared to 8.4% at the state level and 8.6% nationally several State Suburbs within the Buloke LGA show higher levels of no registered vehicle ownership. These include Sea Lake at 12.0%, Birchip at 9.0%, Wycheproof at 7.7% and Charlton at 7.4%. Overall the Buloke LGA ranks 32 out of 79 LGAs according to the 'percentage of dwellings with no motor

vehicle', a significant rank given the level of geographical isolation experienced in the LGAs communities. Further to this 57.7% of vehicles are identified as more than 10 years old compared to 47.7% at the state level. Buloke ranks 11th out of 79 LGAs according to the measure 'percentage of passenger vehicles more than ten years old'.

In terms of access to public transport only 7.1% of the Buloke population is considered to be 'near to public transport' compared to 74.3% of their Victorian counterparts giving Buloke a rank of 74 out of the 79 LGAs on this measure ([http://docs.health.vic.gov.au/docs/doc/Buloke-\(S\)](http://docs.health.vic.gov.au/docs/doc/Buloke-(S)) accessed 28/01/2015).

Community strengths & vulnerabilities

Children's development is shaped by the balance between factors known to place development at risk and those known to have protective properties. Children exposed to multiple risk factors become vulnerable to developmental problems of health, learning and well being, whereas those exposed to protective factors are more likely to be resilient in the face of environmental adversities. These determinants of child development have an impact at all levels: family, neighbourhood, community and economy. To ensure that more children develop well, we need to reduce the factors that place them at risk and promote those that are protective. Among other things, this means building more child and family friendly communities.

Rural and regional Australia bring a multitude of strengths in supporting and scaffolding children, young people and their families as they develop, including community safety, civic-mindedness and connection to name just a few. The Buloke Shire is no different and, in researching the children and youth community profile, an array of community and family strengths were identified. As is the case for strengths a number of vulnerabilities for communities and families are also present in the Buloke LGA. In their Vulnerable Children our Shared Responsibility Strategy 2013–2022 the Victorian Government adopts the following definition of vulnerability:

"children and young people are vulnerable if the capacity of parents and family to effectively care, protect and provide for their long term development and wellbeing is limited"

Through their Family Support Program FaHCSIA (now DSS) defined families and children as vulnerable to poor outcomes due to:

- multiple and complex needs or a lack of resources (financial, physical personal or social) to support wellbeing and positive family functioning; and/or
- current circumstances (e.g., high-conflict separation or divorce).

Some family types have greater difficulty in accessing resources or services that may support family functioning and better outcomes, including Indigenous families, sole parent or blended families, young parent families, families living in locational disadvantage, or families where issues such as housing instability, domestic violence, disability, mental health, or substance abuse issues are present (Robinson, et al. 2011).

Agreeing that there are many factors that can contribute to making a child vulnerable, including economic hardship through unemployment, business failure, gambling or homelessness through to other factors such as family violence, alcohol and substance misuse, mental health problems, disability and parental history of abuse and neglect, so too can parental capacity mitigate some of these risk factors. The Strategy warns there are signs that a child is vulnerable even if the factors contributing to that vulnerability are not always evident. These may include poor attendance at kindergarten or school or developmental delay for younger children, disengagement with school for older children, and presentation at hospital for suspected abuse. Furthermore, the evidence shows that where there are multiple factors present then the chance a child is vulnerable increases.

(Source: http://www.dhs.vic.gov.au/data/assets/pdf_file/0010/764281/Victorias_vulnerable_children_strategy.pdf accessed 01/03/2015)

Measures of strength and vulnerability at the LGA and, in some instances, SLA and State Suburb level include:

- Census SEIFA data
- Australian Early Development Census data
- School Entrant Health Questionnaire data and
- Public Health Information Development Unit (PHIDU) research
- Victorian Community Indicators data
- Maternal and Child Health LGA Reports
- NAPLAN data

The Victorian Department of Health in their 2012 *Buloke Health Profile* noted the following indicators reflecting community social engagement and crime. Of these indicators all, with the exception of four, returned responses in the positive. Those responses which were less favourable included the Index of Relative Socio-Economic Disadvantage, the percentage of households with broadband internet, percentage of persons with adequate work-life balance and the percentage who believe there are good facilities / services in the LGA. Significantly on this last indicator only 64.2% residents believed this to be the case compared to 85.2% of their Victorian counterparts, leaving the LGA with a rank of 70 out of the 79 LGAs.

	LGA measure	Rank among LGAs	Victoria measure
Index of Relative Socio-Economic Disadvantage	970.6	21	-
Percentage of households with broadband internet	56.5%	74	72.6%
Gaming machine losses per head of adult population	\$0	71	\$602
Family incidents per 1,000 population	5.7	64	9.1
Drug usage and possession offences per 1,000 population	2.1	56	3.4
Total offences per 1,000 population	43.8	61	70.6
Percentage who feel safe walking alone during the day	99.6%	9	97.0%

Percentage who feel safe on street alone after dark	87.1%	14	70.3%
Participation in citizen engagement in last year	69.0%	10	50.5%
Percentage of persons with adequate work-life balance	47.3%	53	53.1%
Percentage who believe there are good facilities / services in the LGA	64.2%	70	85.2%
Percentage of persons who share a meal with family at least 5 days / week	74.4%	15	66.3%

Also in the Victorian Department of Health's 2012 *Buloke Health Profile* several Early Years, child and youth specific health and well-being conditions were reported. The Buloke LGA compared less favourably than their Victorian counterparts on each measure report here except for breastfeeding and Chlamydia rates.

	LGA measure	Rank among LGAs	Victoria measure
Low birth weight babies	7.2%	17	6.6%
Percentage of infants fully breastfed at three months	55.0%	35	51.8%
Percentage of children fully immunised at 24-27 months	85.7%	76	93.4%
Percentage of persons overweight or obese	59.7%	2	48.6%
Percentage of females overweight or obese	47.9%	25	40.3%
Percentage of males overweight or obese	74.1%	1	57.2%
Ambulatory Care Sensitive Conditions (ACSC) – acute admissions / 1,000	21.7	4	14.5
ACSC – chronic admissions per 1,000 population	30.6	5	17.0
ACSC – vaccine preventable admissions per 1,000 population	0.9	18	0.8
Notifications of Pertussis per 1,000 population	2.6	18	1.6
Notifications of Chlamydia per 1,000 population	1.4	77	3.5
Percentage of children developmentally vulnerable in one or more domain	24.2%	16	20.3%
Percentage of children developmentally vulnerable in two or more domains	12.9%	18	10.0%
Smoking during pregnancy (2009 to 2011)	18.1%	n/a	11.4%

(Source: [http://docs.health.vic.gov.au/docs/doc/Buloke-\(S\)](http://docs.health.vic.gov.au/docs/doc/Buloke-(S)) & <http://www.publichealth.gov.au/data/social-health-atlas-of-australia---2011-census> accessed 28/01/2015).

In addition to these Department of Health 'snapshot' indicators the remainder of this profile presents a range of more detailed indicators which depict strengths and vulnerabilities across the Buloke LGA. Where there are clear strengths or vulnerabilities the data presented is labelled accordingly.

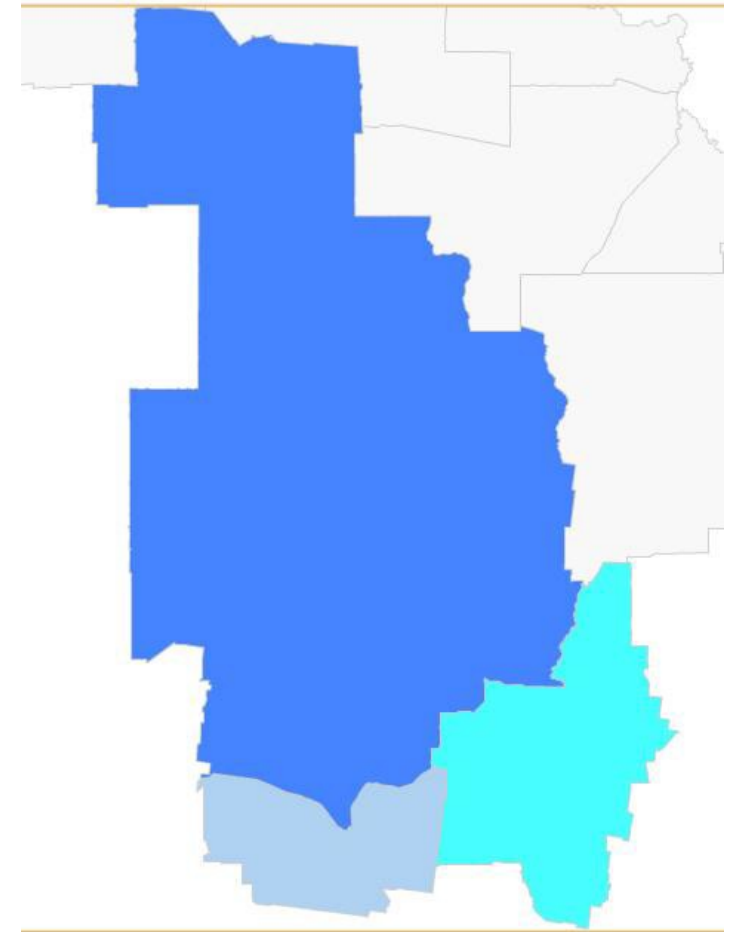
Australian Early Development Census Data

The Australian Early Development Index (AEDI, now Census), is a measure of how young children are developing in different communities. Like a census, it involves collecting information to help create a snapshot of early childhood development across Australia. The AEDI is a population measure of children's development as they enter school. Based on the scores from a teacher-completed checklist, the AEDI measures five areas, or domains, of early childhood development:

- physical health and wellbeing
- social competence
- emotional maturity
- language and cognitive skills (school-based)
- communication skills and general knowledge.

In 2012 the AEDI was completed nationwide for the second time. The first AEDI occurred in 2009 and resulted in a national commitment to repeat the data collection every three years. All data presented in this profile is drawn from the 2012 AEDI data collection round and as such is the most recent available.

In the AEDI Buloke map shown right the blue shaded area reflects the AEDI classification of Buloke North, the aqua shaded area is referred to as Charlton and the blue-grey shaded area as Donald. The Charlton and Donald AEDI areas are somewhat accurate approximations of the Census State Suburbs of Charlton and Donald respectively. The 'Northern Buloke' area covers the remainder of the LGA reflecting the actual communities of Banyan, Berriwillock, Birchip, Culgoa, Jeffcott North, Kinnabulla, Nandaly, Nullawil, Sea Lake, Watchem, Wycheproof and the Census State Suburbs of Sea Lake, Nandaly, Berriwillock, Culgoa, Birchip, Watchem and Wycheproof (Source: Australia Early Development Index, Community Profile 2012: Buloke Victoria. www.aedi.org.au).



In the 2012 AEDC a total of 86 Buloke LGA children were surveyed, with 12 schools contributing to the community's results. The mean age of children at completion was 5 years and 10 months with slightly more males (47) than females (39) taking part. Less than 3 of the children identified as Indigenous and none of the children assessed were born in a country other than Australia. Five children (5.8% of those assessed) were children with special needs status and 17 (19.8%) were children identified by teachers as requiring further assessment (e.g. medical and physical, behaviour management, emotional and cognitive development). There were 11 children (12.8%) who attended an early intervention program. Overall teachers reported 96.5% of children in Buloke

had experienced some form of regular non-parental early childhood education and/or care in the year before entering formal full-time school (such as family day care, preschool or kindergarten, or care by a grandparent).

The AEDC Domains results revealed varying degrees of vulnerability across the LGA with the Northern Buloke are faring worse on all measures (except Communication Skills and General Knowledge) compared to the LGA, state and national counterparts and Donald faring better on all measures (except language and cognitive skills).

Region	Total children surveyed	2012 – Proportion of children developmentally vulnerable(%)						
		Physical Health & Wellbeing	Social Competence	Emotional Maturity	Language & Cognitive Skills	Communication Skills & General Knowledge	Vulnerable on 1 or more Domain	Vulnerable on 2 or more Domains
Australia	289,973	9.3	9.3	7.6	6.8	9.0	22.0	10.8
Victoria	67,931	7.8	8.2	7.2	6.1	8.0	19.5	9.5
Buloke LGA	86	12.3	12.3	12.3	11.1	8.6	24.7	14.8
Local Community								
Charlton	16	12.5	12.5	6.3	6.3	12.5	25.0	12.5
Donald	24	8.3	4.2	4.2	12.5	8.3	12.5	12.5
Northern Buloke	46	14.6	17.1	19.5	12.2	7.3	31.7	17.1

The AEDC also explores LGA, state and national level data pertaining to school transitions, the results as reported in the table below mixed strengths:

	Often or very true Number (per cent)			Sometimes or somewhat true Number (per cent)			Never or not true Number (per cent)			Don't know Number (per cent)		
	Buloke	Aust.	Vic.	Buloke	Aust.	Vic.	Buloke	Aust.	Vic.	Buloke	Aust.	Vic.
Children making good progress in adapting to the structure and learning environment of the school	61 (70.9%)	146,342 (75.3%)	53,416 (78.8%)	21 (24.4%)	41,792 (21.5%)	12,400 (18.3%)	4 (4.7%)	5,470 (2.8%)	1,614 (2.4%)	0 (0.0%)	747 (0.4%)	314 (0.5%)
Children whose parent(s)/caregiver(s) are actively engaged with the school in supporting their	62 (72.1%)	140,640 (72.4%)	52,491 (77.5%)	19 (22.1%)	39,091 (20.1%)	11,203 (16.5%)	5 (5.8%)	13,000 (6.7%)	3,545 (5.2%)	0 (0.0%)	1,620 (0.8%)	505 (0.7%)

child's learning												
Children who are regularly read to / encouraged in their reading at home	65 (75.6%)	141,937 (73.0%)	53,800 (79.4%)	16 (18.6%)	33,861 (17.4%)	9,838 (14.5%)	5 (5.8%)	11,585 (6.0%)	3,277 (4.8%)	0 (0.0%)	6,968 (3.6%)	829 (1.2%)

(Source: 2012 Community results table, Buloke community, Victoria. www.aedi.org.au)

Buloke community		Proportion of children developmentally vulnerable (%)						
	Number of children †	Physical health and wellbeing	Social competence	Emotional maturity	Language and cognitive skills (school-based)	Communication skills and general knowledge	Vulnerable on one or more domains of the AEDI	Vulnerable on two or more domains of the AEDI
2009								
Buloke community	78	12.9	4.8	8.1	9.7	9.7	24.2	12.9
2012								
Buloke community	86	12.3	12.3	12.3	11.1	8.6	24.7	14.8
Your community's difference		-0.6	7.5	4.2	1.4	-1.1	0.5	1.9
Critical difference* (+/-)		7.3	5.0	5.7	5.4	6.5	8.6	6.2
Change in childrens' development		⬆	⬇	⬇	⬇	⬆	⬇	⬇

<http://www.education.vic.gov.au/about/research/Pages/aedireresults2012.aspx>

Legend values	
Significant decrease in vulnerability	↑
Significant increase in vulnerability	↓
Decrease in vulnerability but not significant	↑
Increase in vulnerability but not significant	↓
No change in vulnerability	↔

School Entrant Health Questionnaire

The School Entrant Health Questionnaire (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. The SEHQ 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 opinions of health professionals. SEHQ data are reported based on the child's residential postcode with allocation to Local Government Areas (LGA).

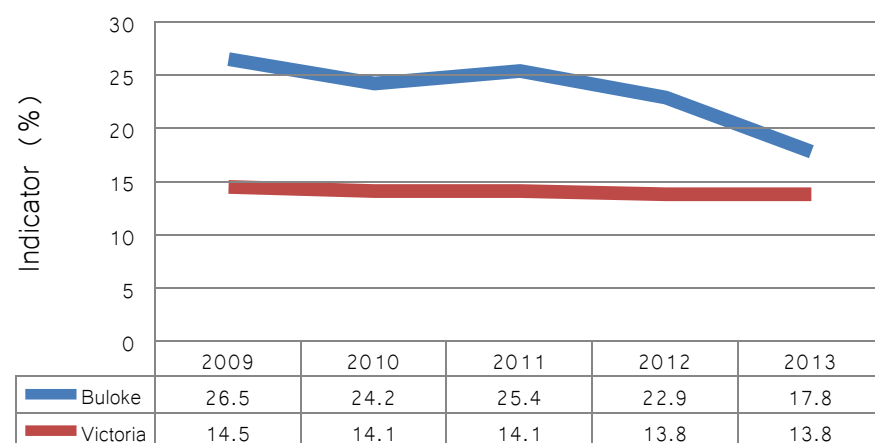
In the Buloke LGA there were 83 children involved in the 2013 SEHQ data collection. A selection of indicators reported in the 2013 SEHQ are outlined below (those bolded are also presented in longitudinal graphs). Importantly data is not published (DNP) where numbers of children, in any given response category, are less than five (5).

Child & Family Demographics	Buloke LGA		Non Metro	Victoria
	Number	%	%	%
Aboriginal and/or Torres Strait Islander children	DNP	DNP	3.2	1.6
Children living in an area with the most socio-economic disadvantage**	28	34.2	29.4	18.4
Children living in an area with the least socio-economic disadvantage**		N/A	7.8	23.9
Children who were not born in Australia	DNP	DNP	3.2	8.0
Children who speak a language other than English at home		N/A	1.8	8.7
Children who live with one parent (mother only or father only)	12	14.4	15.4	21.1
Health & Language	Buloke LGA		Non Metro	Victoria
Children reported to be in excellent or very good health	74	89.3	91.3	88.8
Parents concerned about their child's oral health (eg, teeth, gums etc)	16	19.7	14.9	14.6
Children reported to have difficulties with speech and/or language	15	17.8	16.5	13.8
Service Use	Buloke LGA		Non Metro	Victoria
Children reported to have attended a Maternal and Child Health Centre for their 3 ½ year old check	71	85.7	78.8	74.5
Children reported to have participated in a kindergarten program led by a qualified early education teacher	72	87.7	89.1	88.7
Children at risk of developmental and behavioural problems	Buloke LGA		Non Metro	Victoria
Parents concerned about the behaviour of their child	9	10.9	14.5	13.3
Children at high risk of developmental or behavioural problems (A)	14	17.0	13.6	14.0
Children at moderate risk of developmental or behavioural problems (A)	18	21.3	25.7	26.3

Children at high risk of behavioural and emotional problems	Buloke LGA		Non Metro	Victoria
Emotional symptoms	8	9.4	6.3	5.7
Peer problems	6	7.6	8.4	8.2
Total difficulties	5	6.1	5.7	4.4
Family Stress	Buloke LGA		Non Metro	Victoria
Families experiencing high or very high stress during the month prior to the survey	14	17.1	12.3	11.2
The following shows the results reported by parents when asked whether their child had experienced any of the following stressors:				
alcohol or drug related problem in family	5	6.2	5.0	3.7
history of abuse to parent	5	6.2	4.5	3.3
history of abuse to child(ren)	DNP	DNP	1.6	1.2
parent witness to violence	6	7.4	4.2	3.2
child witness to violence	5	6.2	4.5	3.3
gambling problem in family		N/A	1.0	1.1
history of mental illness of parent	7	8.2	8.9	6.5

(Source: <http://www.education.vic.gov.au/Documents/about/research/sehq2013buloke.pdf> accessed 29/01/2015).

Parents report one or more concerns with child speech or language on entry to primary school (i)



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

(A) 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.

(i) The graph (left) shows the proportion of children whose parents report one or more concerns with child speech or language on entry to primary school (during SEHQ).

(Source: <https://www.data.vic.gov.au/data/dataset?organization=department-of-education-and-early-childhood-development&page=1> accessed 30/01/2015)

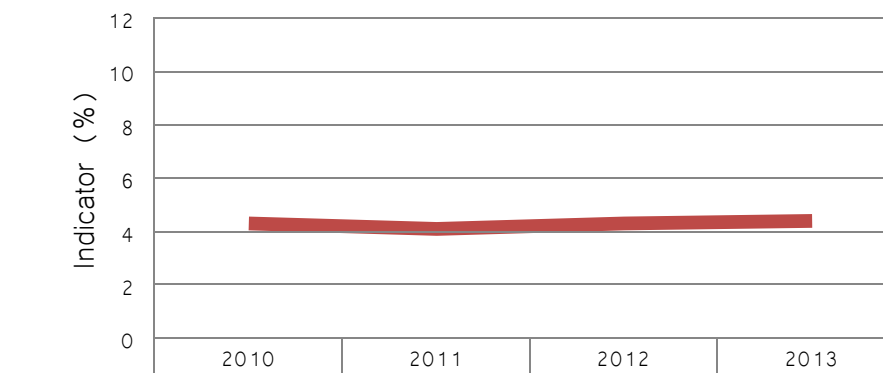
(ii) The graph (right) shows the Proportion of children at school entry with emotional or behavioural difficulties as reported by their parents during the SEHQ.

This data is collected through the **Strengths and Difficulties Questionnaire (SDQ)**, a brief behavioural screening questionnaire that was incorporated in the SEHQ (from 2010 onwards). It includes questions on 25 psychological attributes which are divided between five scales: emotional symptoms, conduct problems, hyperactivity, peer problems and prosocial behaviour (each scale has 5 items).

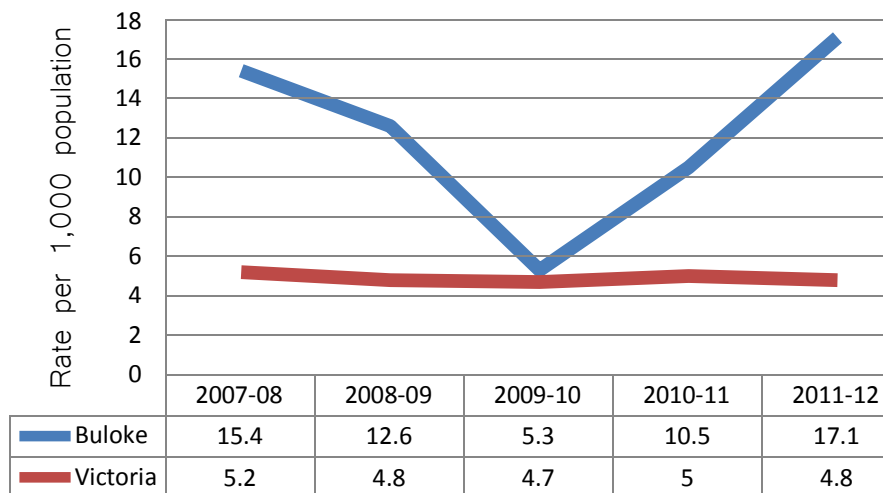
(iii) Dental conditions are the most common cause of potentially preventable hospitalisation, or ACSCs, in Victorians aged 0-19 years. The predominant cause of dental ACSCs in children is tooth decay. This section presents information on rates of ACSCs admissions for dental conditions for children aged 0-4 years during the period 2007-08 to 2011-12.

In Buloke Shire, between 2007-08 and 2011-12, admission rates for dental conditions in children aged 0-4 years have increased from 15.4 in 2007-08 to 17.1 in 2011-12. Compared to the Victorian average of 4.9 between 2007-08 and 2011-12, the admission rates for dental conditions in children aged 0-4 years was higher in Buloke at 12.2 (Source: https://www.dhsv.org.au/data/assets/pdf_file/0008/28691/Buloke-oral-health-profile.pdf accessed 29/01/2015).

Emotional or behavioural difficulties at school entry (ii)



Standardised hospital admission rates (per 1,000 persons) for dental conditions for children aged 0-4 years, by LGA, by Victoria 2007-08 to 2011-12 (iii)



Social Health Atlas

The Social Health Atlas is developed by the Public Health Information Development Unit (PHIDU) at the University of Adelaide. Since 2008, PHIDU has offered online access to a comprehensive range of current (and some historic) data at national, jurisdictional, regional and small area levels for Australia at no cost to users – the ‘Social Health Atlas’. The data available describes the demographic characteristics of individuals and families; and provides various measures of socioeconomic status and health status (including estimates of the prevalence of major chronic diseases and associated risk factors), disability, community capacity and strength, early childhood development and learning outcomes and the population's use of health protection, screening and treatment services. The data presented below is drawn from PHIDU's *Social Health Atlas of Australia: Victoria, Data by Statistical Local Area* and *Social Health Atlas of Australia: Victoria, Data by Local Government Area*. These resources are based on 2011 Census data and was published in May 2014.

The following tables are drawn from the Social Health Atlas for the Buloke LGA and the two SLAs of North and South Buloke.

	Low income, welfare-dependent families (with children)			Children in low income, welfare-dependent families			Health care card holders		
	June 2012			June 2012			June 2012		
Name	Low income, welfare-dependent families (with children)	Total families	% low income, welfare-dependent families (with children)	Children in low income, welfare-dependent families	Children under 16 years	% children in low income, welfare-dependent families	Health care card holders	Persons 0 to 64 years	% health care card holders
Buloke (S)	145	1,690	8.6	302	1,229	24.6	440	4,847	9.1
Buloke – North	68	819	8.3	133	605	22.0	212	2,382	8.9
Buloke – South	77	871	8.8	169	623	27.1	228	2,465	9.2
Non-metropolitan Vic	40,460	375,346	10.8	75,716	295,427	25.6	118,362	1,189,713	9.9
Victoria	128,271	1,414,561	9.1	236,118	1,099,372	21.5	412,877	4,819,339	8.6
Australia	550,142	5,684,049	9.7	1,024,530	4,580,526	22.4	1,460,668	19,489,042	7.5

(Source: Compiled by PHIDU from ABS Census 2011 <http://www.publichealth.gov.au/data/social-health-atlas-of-australia---2011-census> accessed 29/01/2015).

Research broadly acknowledges the increased health and wellbeing risks faced by children living in more disadvantaged areas. Possession of a Health Care Card has become a useful 'proxy' when considering disadvantage. Research by the Melbourne School of Population and Global Health, in partnership with DEECD, has found that when considering a range of measures of disadvantage, children listed on a pension/Health Care Card had the poorest outcomes. After assessing a range of measures of disadvantage within the SEHQ, including low SES families, single parent families, LBOTE, Aboriginality, rurality, low parental education, being born outside Australia and having a mother born outside Australia, being listed on a pension/health care card was the found to be the biggest risk factor for behavioural and emotional difficulties and developmental concerns. It was strongly and most consistently associated with a higher risk of behavioural and emotional difficulties by 3.5 times and developmental concern by 2.8 times. The table (above) reveals higher rates of HCC possession at both the Buloke LGA and SLA levels than seen at the Victorian and national levels.

	Single parent families with children aged less than 15 years			Jobless families with children aged less than 15 years			Children aged less than 15 years in jobless families		
	2011			2011			2011		
Name	Single parent families with children under 15 years	Total families with children under 15 years	% single parent families	Jobless families with children under 15 years	Total families with children under 15 years	% jobless families	Children under 15 years in jobless families	Total children under 15 years	% children in jobless families
Victoria	106,257	542,539	19.6	66,725	542,540	12.3	119,798	946,957	12.7
Buloke (RC)	97	558	17.4	70	549	12.8	126	1,120	11.3
Buloke – North	49	291	16.8	36	286	12.6	66	571	11.6
Buloke – South	48	267	18.0	34	263	12.9	60	549	10.9

(Source: Compiled by PHIDU from ABS Census 2011 <http://www.publichealth.gov.au/data/social-health-atlas-of-australia---2011-census> accessed 29/01/2015).

There are lower proportions of single parent families in the Buloke LGA and SLAs then seen at the state level but slightly higher proportions of jobless families with children aged less than 15 years.

	Households in dwellings receiving rent assistance from Centrelink			Dwellings rented from the government housing authority		
	June 2012			2011		
Name	Households in dwellings receiving rent assistance from Centrelink	Total dwellings	% households in dwellings receiving rent assistance	Dwellings rented from the government housing authority	Total dwellings	% dwellings rented from the government housing authority
Buloke (S)	190	2,612	7.3	54	2,612	2.1
Buloke – North	95	1,281	7.4	18	1,281	1.4
Buloke - South	95	1,331	7.1	36	1,331	2.7
Non-metropolitan Vic	88,468	534,134	16.6	18,287	534,134	3.4
Victoria	282,268	1,944,690	14.5	54,767	1,944,689	2.8
Australia	1,274,863	7,760,330	16.4	314,692	7,760,322	4.1

(Source: Compiled by PHIDU from ABS Census 2011 <http://www.publichealth.gov.au/data/social-health-atlas-of-australia---2011-census> 29/01/2015).

At both the Buloke LGA and SLA levels there are lower proportions of households receiving Centrelink rent assistance and renting properties from the State Housing Authority.

	People receiving an unemployment benefit			People receiving an unemployment benefit long-term		
	June 2012			June 2012		
Name	People receiving an unemployment benefit	Persons aged 16 to 64 years	% people receiving an unemployment benefit	People receiving an unemployment benefit for longer than 6 months	Persons aged 16 to 64 years	% people receiving an unemployment benefit long-term
Buloke (S)	147	3,618	4.1	102	3,618	2.8
Buloke – North	83	1,778	4.7	59	1,778	3.3
Buloke - South	64	1,841	3.5	42	1,841	2.3
Non-metropolitan Vic	46,244	894,288	5.2	35,607	894,288	4.0
Victoria	149,268	3,719,954	4.0	111,370	3,719,954	3.0
Australia	633,575	14,908,514	4.2	476,440	14,908,514	3.2

(Source: Compiled by PHIDU from ABS Census 2011 <http://www.publichealth.gov.au/data/social-health-atlas-of-australia---2011-census-29/01/2015>).

The Buloke North SLA presents higher proportions of their population 'receiving an unemployment benefit' and 'receiving an unemployment benefit long-term' than at the state level and also compared to its LGA counterparts.

Maternal & child health and immunisation data

Maternal and Child Health data offers an opportunity to gauge the engagement of the Early Years community by universal services. A critical mechanism for early detection and intervention Maternal and Child Health is the cornerstone of health and well-being for children under school age in Victoria. The following table shows immunisation rates for the Buloke LGA as at or above state and national levels.

	Children fully immunised at 1 year of age			Children fully immunised at 2 years of age			Children fully immunised at 5 years of age		
	2011/12			2011/12			2011/12		
Name	Children fully immunised at 1 year	Children registered at 1 year	% children fully immunised at 1 year	Children fully immunised at 2 years	Children registered at 2 years	% children fully immunised at 2 years	Children fully immunised at 5 years	Children registered at 5 years	% children fully immunised at 5 years
Buloke (S)	60	65	92.5%	66	69	95.5%	71	76	93.5%
Non-metropolitan Vic	16,281	17,446	93.3%	17,022	18,072	94.2%	17,488	18,973	92.2%
Victoria	66,256	71,533	92.6%	67,763	72,640	93.3%	66,365	72,587	91.4%
Australia	272,978	297,338	91.8%	279,349	301,683	92.6%	269,277	299,352	90.0%

Data for the 2012/13 reporting year, drawn from the PHIDU Social Health Atlas database, confirms a continuing trend within the Buloke Shire Council of higher immunisation rates at ages 1, 2 and 5 years for Buloke Shire children.

	Children fully immunised at 1 year of age	Children fully immunised at 2 years of age	Children fully immunised at 5 years of age
	2012/13	2012/13	2012/13
Buloke (S)	95.1%	100.0%	96.5%
Victoria	91.7%	93.1%	92.6%

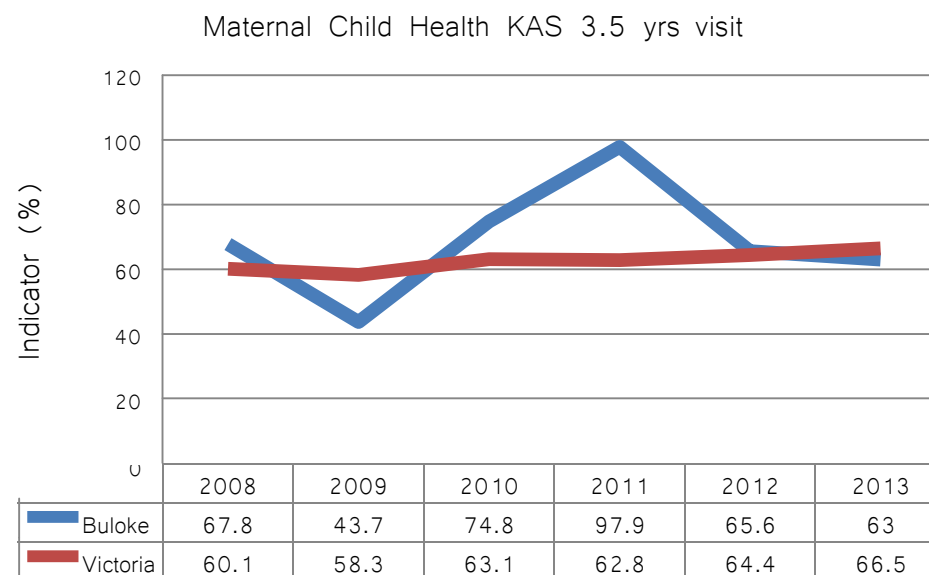
The table (below) reports participation in the 10 Key Ages and Stages checks scheduled for children between birth and 3.5 years. Within the Buloke LGA there are lower levels of participation than at the state level on all checks except the 4 months, 12 months and 3.5 years checks.

Maternal and Child Health Service: Participation Rates for Key Ages and Stages Consultations by LGA 2011-12										
LGA	Home Visit %	2 Weeks %	4 Weeks %	8 Weeks %	4 Months %	8 Months %	12 Months %	18 Months %	2 Years %	3.5 Years %
Buloke	100.0	83.3	87.5	64.6	93.8	75.0	90.4	57.1	65.1	65.6
Victoria	100.3	97.0	96.4	95.2	92.7	83.7	80.7	72.6	70.3	64.4

(Source: <https://www.data.vic.gov.au/data/dataset?organization=department-of-education-and-early-childhood-development&page=1> accessed 30/01/2015).

The graph (right) shows participation in the 3.5 years KAS check over the course of 5 years demonstrating just how much the level of participation in Early Years health checks can vary from year to year. Factors known to effect the level of participation include the availability of the service 'locally', hours of operation, the personality of the nurse and the continuity of nurse client relationships and the personal and financial circumstances and background of the client themselves. Non-participation is also highly amplified when the sample size is small (Source:

<https://www.data.vic.gov.au/data/dataset?organization=department-of-education-and-early-childhood-development&page=1> accessed 30/01/2015 and PHIDU).

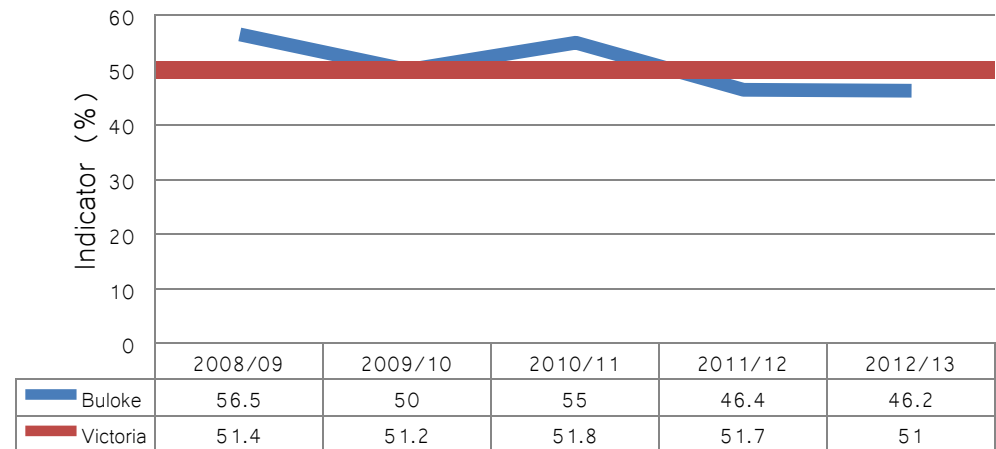


Breastfeeding

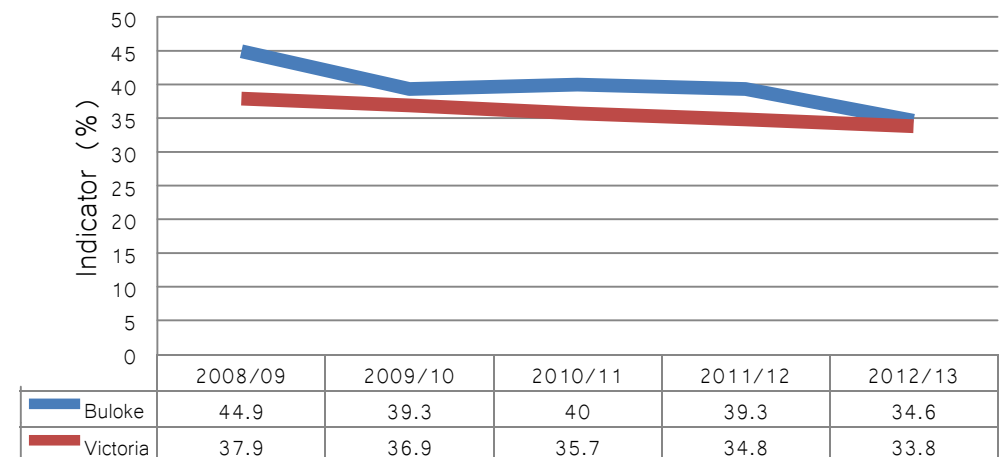
Breastfeeding is known to provide nutrition and strengthen the immune system, resulting in benefits for both mothers and babies. Breastfeeding until at least six months of age has been recommended by both the World Health Organisation (WHO) and in Australia by the National Health and Medical Research Council (NHMRC). Early childhood nutrition is important for an infant's survival, growth and development, and to enhance health throughout the lifecycle. For infants, it provides many health benefits, including reducing the risk of infection, asthma, allergies and sudden infant death syndrome (SIDS). It also helps to improve cognitive development and offers protection against obesity and chronic diseases in later life. Breastfeeding may assist with bonding and attachment between the mother and the baby. For mothers, it provides many positive health effects, such as reducing the risk of some cancers and osteoporosis (AIHW, 2012 and DEECD, 2013).

Breastfeeding rates for the Buloke LGA recorded over a five year period from 2008/09 to 2012/13 show declining proportions of infants at age 3 months and 6 months are being fully breastfed. Whilst the decline rate shown amongst 6 month olds mirrors a state trend of decline the decline for 3 month old infants in the Buloke LGA is not seen at the state level where that rate remains steady at slightly above 50%.

Proportion of Infants fully breastfed at 3 months



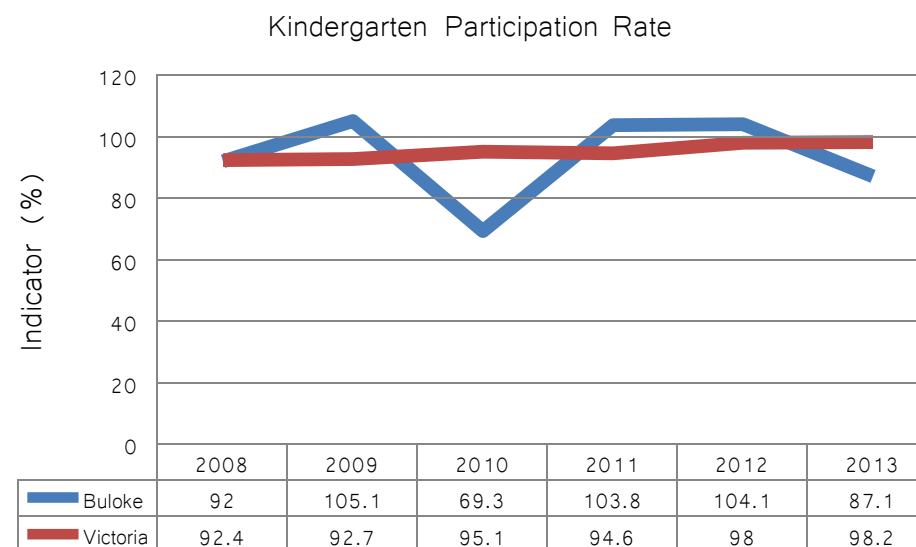
Proportion of Infants fully breastfed at 6 months



Kindergarten participation

Participation in quality early childhood education has substantial positive effects on children's social and cognitive development and school readiness. This has been shown to be especially so for children from disadvantaged families. Benefits from participation include better intellectual development and independence, sociability and concentration, cognitive development in the short term and preparation for success in school.

Recent research, by the Melbourne Institute of Applied Economic and Social Research using the Longitudinal Survey of Australian Children (LSAC), demonstrated the advantage that pre-school attendance has on later NAPLAN results. After controlling for socio-demographic characteristics in Australian children, a causal effect between pre-school attendance and Year 3 NAPLAN outcomes remained across all domains (numeracy, reading, spelling, writing, grammar and punctuation). This 'pre-school advantage' is equivalent to 10 to 15 NAPLAN points or the equivalent of 15 to 20 weeks of schooling at the Year 3 level (DEECD, 2013).



Kindergarten attendance in the Buloke LGA shows 'peaks and troughs' participation sometimes sitting above the state average but dropping well below in 2010. Small sample sizes heavily affect the consistency of participation statistics. (Source: <https://www.data.vic.gov.au/data/dataset?organization=department-of-education-and-early-childhood-development&page=1> accessed 30/01/2015).

The National Partnership Agreement on Early Childhood Education (NP ECE) established that, from 2013 onwards, every child would have access to a quality early childhood education program delivered by a qualified early childhood teacher for 15 hours a week, 40 weeks a year, in the year before starting full-time schooling. A *National Early Childhood Education and Care (ECEC) Collection* was developed to improve data to support the NP ECE. According to the ABS *National ECEC Collection* for 2011, Australia wide, 85% of children were enrolled in a preschool program in the year before full-time schooling with attendance rates higher amongst children:

- in couple families (88%) compared with one-parent families (73%),
- with at least one parent employed (89%) compared with those with no parent employed (68%), and
- with higher parental income, 92% among children whose parents earned \$2,000 or more per week compared with 80% among children whose parents earned less than \$1,000 per week (AIHW, 2013).

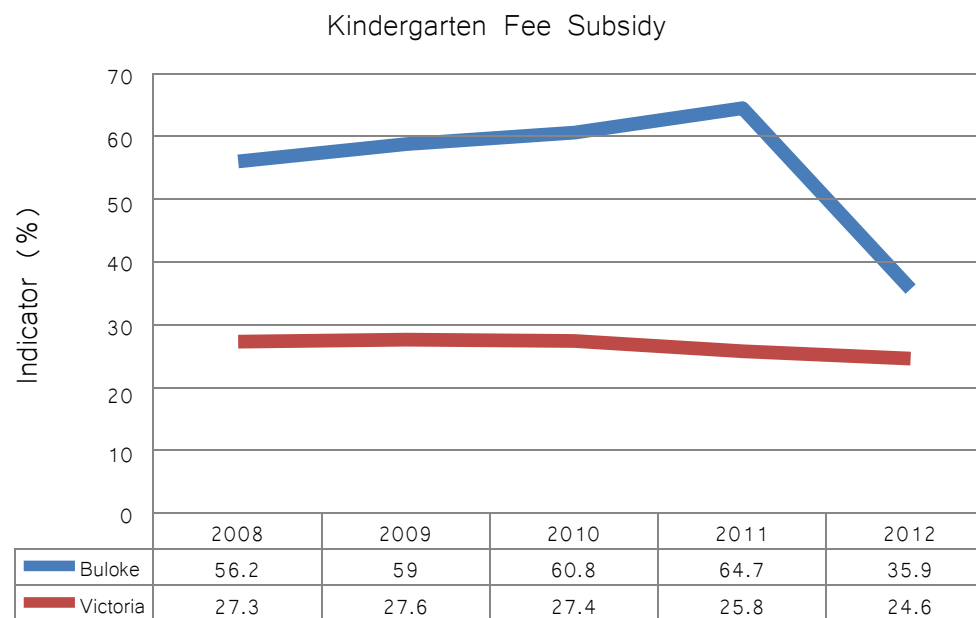
Research has also revealed lower rates of participation in pre-school / kindergarten are likely for Indigenous children, CALD children, children from areas of socio-economic disadvantage, children from single parent families and vulnerable and disadvantaged children.

Kindergarten fee subsidy

The Victorian Department of Education and Training Kindergarten Fee Subsidy enables eligible children to attend a funded kindergarten program free of charge or at minimal cost. A service provider can apply for the kindergarten fee subsidy for a child for whom it receives a per capita grant in any of the following circumstances:

- The child is identified by a parent, carer or legal guardian as an Aboriginal and/or Torres Strait Islander
- The child individually holds, or has a parent or guardian who holds an approved concession card, visa, travel document or letter of visa status
- The child is identified on their birth certificate as being a multiple birth child (triplets or more) (Source: DEECD, 2014, The Kindergarten Guide).

The high rate of Kindergarten Fee Subsidy recipients is most likely a reflection of the higher number of Health Care Card holders within the Buloke LGA (9.1% compared to 8.6% across Victoria and 7.5% nationally).



Bullying

The tables right and below right report the proportion of children who report being bullied (in years 5&6 and years 7-9) as sourced from students completing the Student Attitudes to School Survey managed by the Department of Education and Training.

The student Attitudes to School (AtoS) Survey measures students' attitudinal experiences of school across a range of factors. The survey is optional at the school level, but if a school participates, then all students in Years 5 to 12 in the school usually complete the survey.

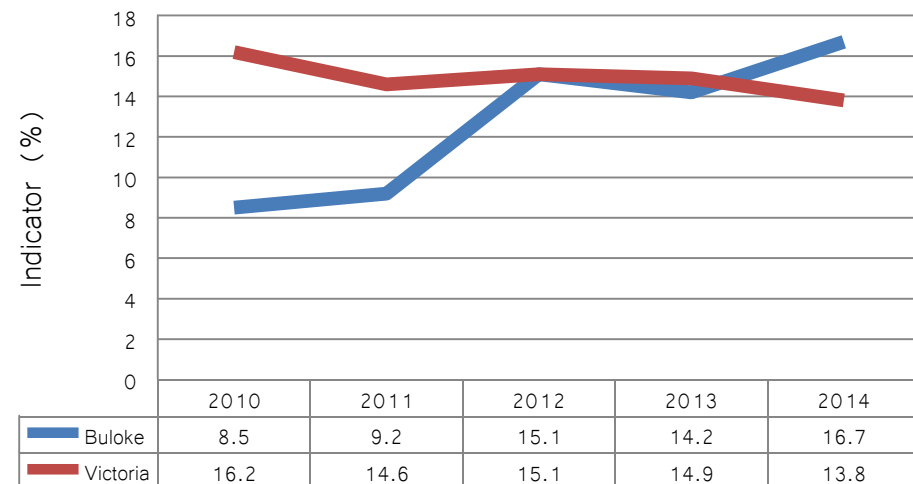
While the survey is optional, over 98% of primary, secondary and primary/secondary schools participate. To provide data at local government area level (LGA), schools/campuses are allocated to the LGA in which they are located.

The data presented for this indicator is taken from responses to the question "I have been bullied recently at school".

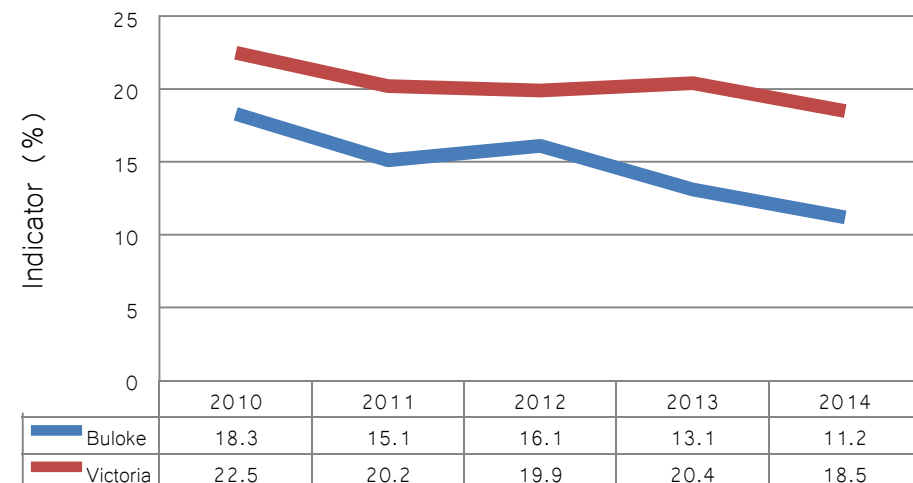
The experience of bullying amongst the year 5 and 6 cohort within the Buloke LGA schools has been climbing steadily since 2010, reaching the state proportion in 2012 and eventually exceeding the proportion of years 5 and 6 students at the Victorian level reporting bullying by 2014.

By contrast a consistently lower proportion of years 7-9 students experience bullying in the Buloke LGA compared to their Victorian counterparts.

Proportion of children bullied in Yr 5&6



Proportion of children bullied in Yr 7-9



Connection to school

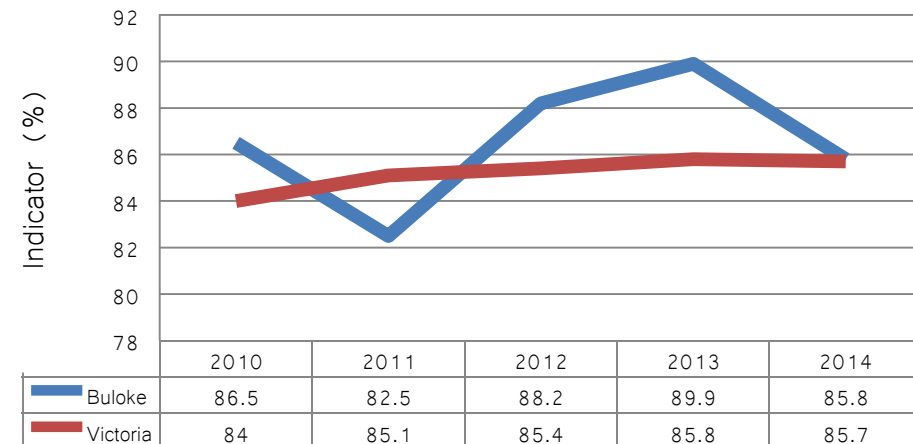
The tables right and below right report the proportion of children who report feeling connected to school as sourced from children completing the Student Attitudes to School Survey managed by the Department of Education and Training.

The data presented for this indicator is taken from responses to the question 'I feel I belong to this school'.

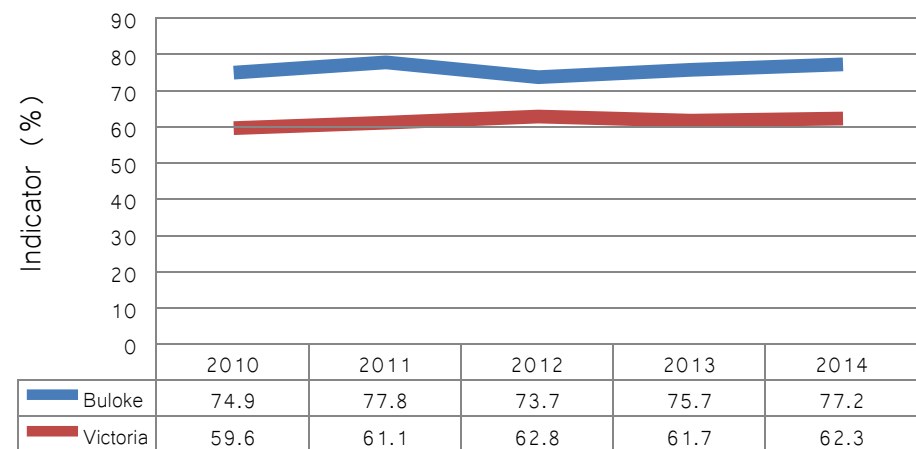
The experience of connection to school amongst the year 5 and 6 cohort within the Buloke LGA schools has fluctuated over the reporting period finishing on a downward trend between 2013 to 2014.

By contrast a consistently higher proportion of years 7-9 students experience feelings of connection to school in the Buloke LGA compared to their Victorian counterparts.

Proportion of children feeling connected to school Yr 5&6



Proportion of children feeling connected to school Yr 7-9



NAPLAN data

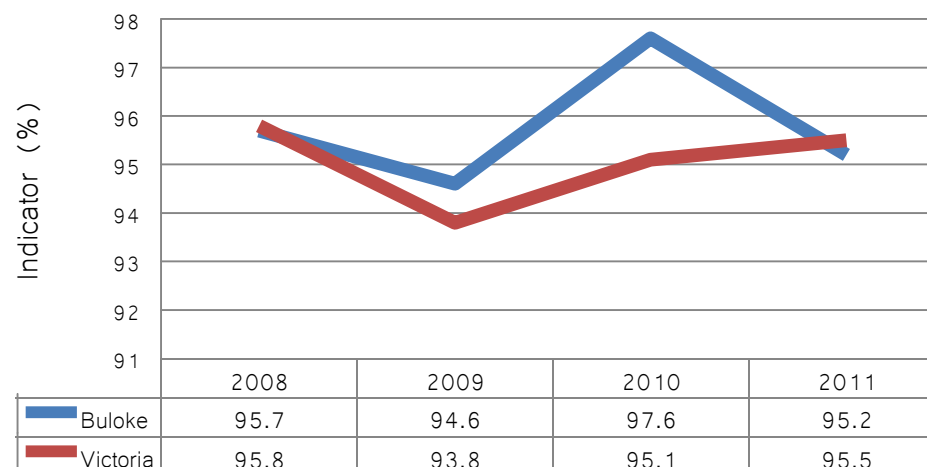
NAPLAN data has been collected annually in May since 2008. NAPLAN is a full cohort common test of Literacy (including separate assessment of Reading, Writing, Spelling, Grammar and Language Conventions) and Numeracy, of students in all school sectors in Years 3, 5, 7 and 9 (unless exempted for disability or as recently arrived [one year or less] non-English speaking migrants). National minimum standards (NMS) have been developed for reading, persuasive writing, language conventions (spelling, grammar and punctuation) and numeracy for NAPLAN testing. NAPLAN results are split into six bands for each year level with the second lowest band representing the national minimum standard (NMS).

Literacy and numeracy skills are the foundation on which all further formal education is built. Research has shown that levels of literacy and numeracy are associated with school completion, employment, income and health outcomes.

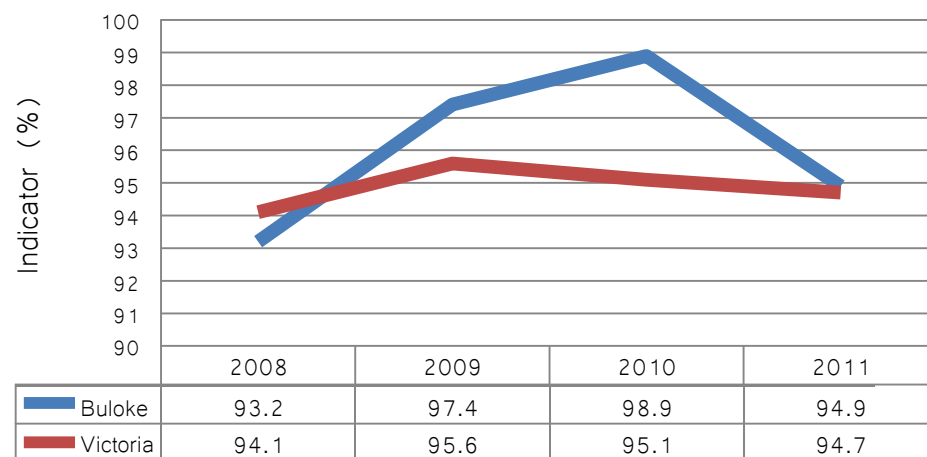
Research has demonstrated that children's NAPLAN performance improves with higher levels of parental education. Performance is also higher where parents are in the professional categories of employment and lower where parents are not in the paid workforce. Analysis of NAPLAN results from 2008 through to 2012 for grades 3 and 5 indicate that some population groups have lower achievement, for example Aboriginal children have lower achievement than their non-Aboriginal peers and children with a Language Background Other Than English (LBOTE) also have slightly lower achievement.

Recent research by the Melbourne School of Population and Global Health linked student records for the School Entrant Health Questionnaire (Prep) to NAPLAN results in Year 3, to examine factors that influence performance in NAPLAN. This research showed that:

Proportion of students in Year 3 who meet or exceed benchmarks for numeracy



Proportion of students in Year 5 who meet or exceed benchmarks for numeracy

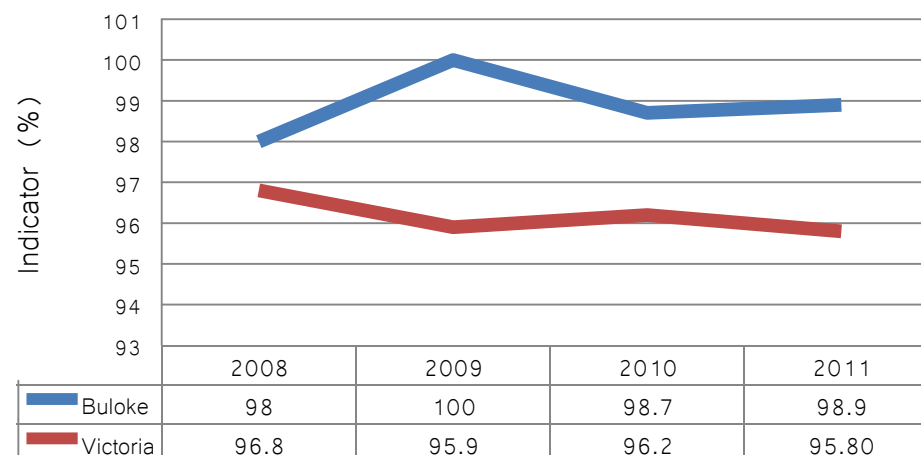


- children at high risk of developmental problems at school entry demonstrated lower average reading scores at Year 3 on NAPLAN 2011, compared to children not at risk,
- having a history of abuse was associated with lower NAPLAN achievement,
- children from a single parent family and from a non-English speaking background were more likely to be performing at or below NMS in NAPLAN (80% and 20% respectively),
- speech and language difficulties were associated with a two-fold higher risk of performing at or below NMS in NAPLAN and
- non-attendance at early childhood services (such as preschool/ kindergarten and 3.5 year Maternal and Child Health visit) was associated with a higher risk of performing at or below NMS in NAPLAN (AIHW, 2013 and DEECD, 2013).

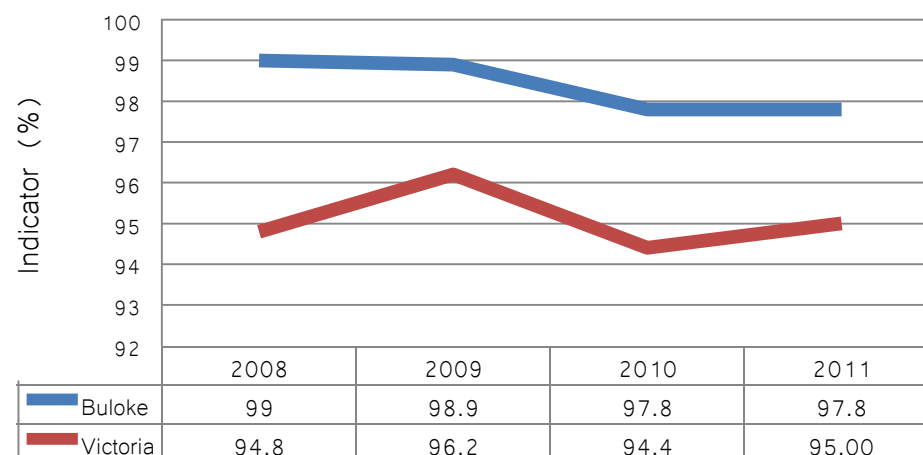
Buloke LGA NAPLAN data for Numeracy and Literacy over the four year reporting period from 2008-2011 reveals almost consistently better performance at the years 7 and 9 levels for both literacy and numeracy with the exception of a 'trough' in year 7 literacy in 2009.

The results for years 3 and 5 NAPLAN numeracy and literacy are more mixed showing all were on a downward trend with the exception of year 5 literacy which was trending up again in 2011.

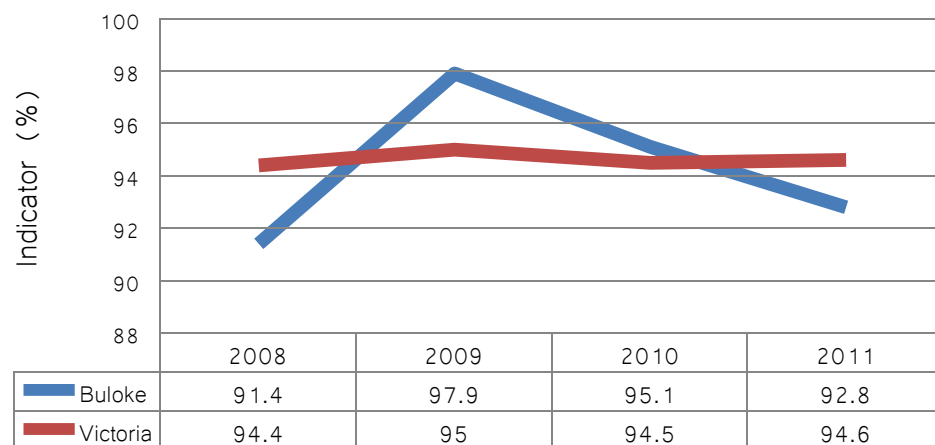
Proportion of students in Year 7 who meet or exceed benchmarks for numeracy



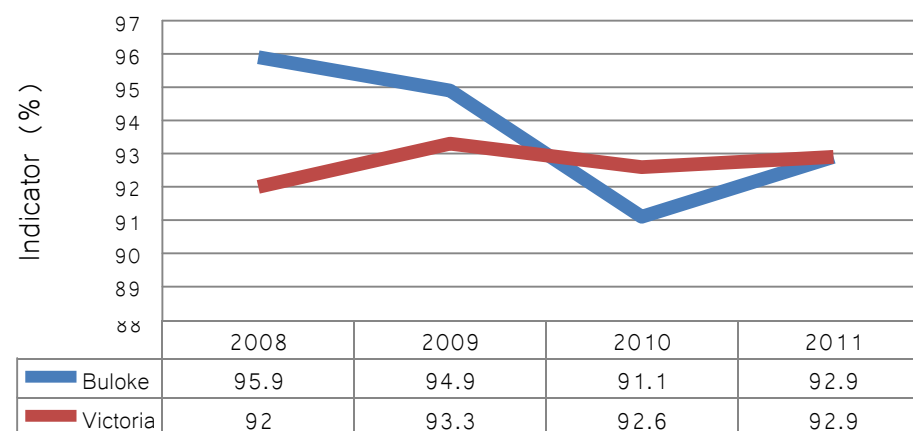
Proportion of students in Year 9 who meet or exceed benchmarks for numeracy



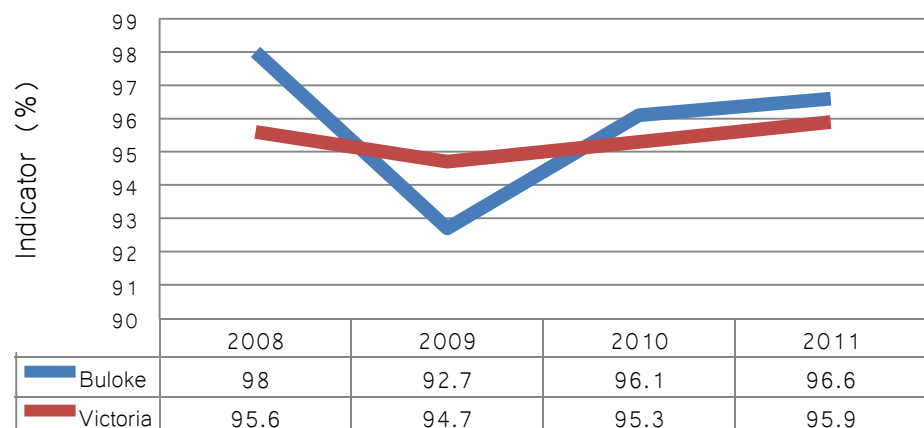
Proportion of students in Year 3 who meet or exceed benchmarks for literacy



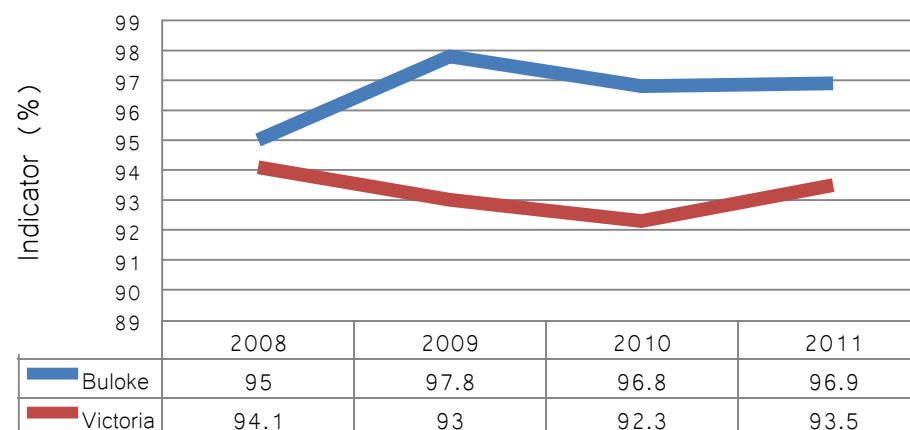
Proportion of students in Year 5 who meet or exceed benchmarks for literacy



Proportion of students in Year 7 who meet or exceed benchmarks for literacy



Proportion of students in Year 9 who meet or exceed benchmarks for literacy



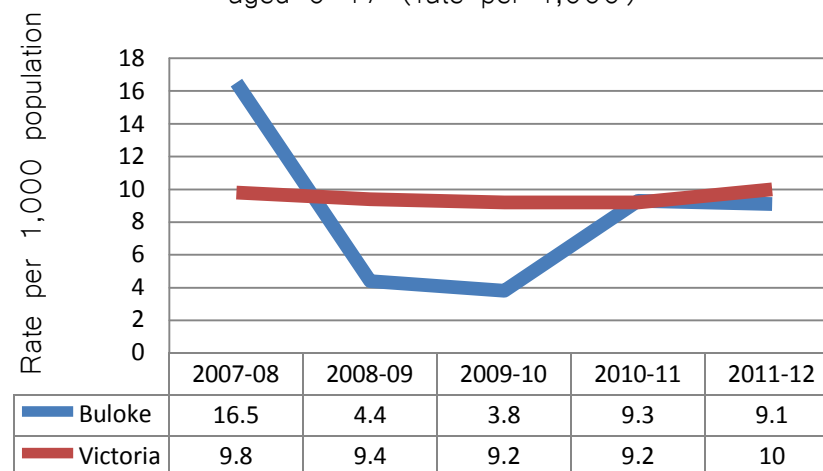
(Source: <https://www.data.vic.gov.au/data/dataset?organization=department-of-education-and-early-childhood-development&page=1> accessed 30/01/2015)

Crime – where a child or young person is a victim

The table right reports on crime where the victim was a child or young person (Rate per 1,000 children and young people aged between 0-17). The data is drawn from the Law Enforcement Assistance Program (LEAP) held by Victoria Police.

The results demonstrate significant variation in the level of crimes against children and young people within the Buloke LGA with a significant peak in 2007/08.

Crime where victim was a child or young person aged 0-17 (rate per 1,000)

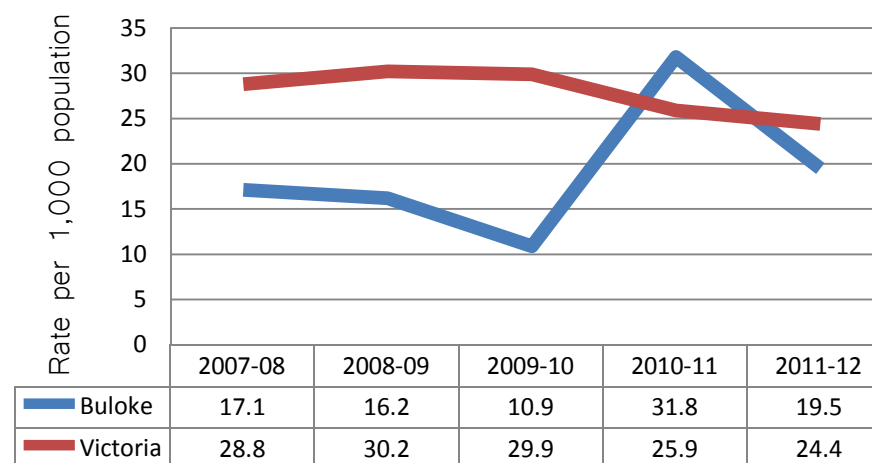


Crime – where a child or young person is an offender

The table right reports on crime where the offender was a child or young person (rate per 1,000 children and young people). The data is drawn from the Law Enforcement Assistance Program (LEAP) held by Victoria Police.

Again the results demonstrate significant variation in the level of crimes committed by children and young people within the Buloke LGA with a significant peak in 2010/11.

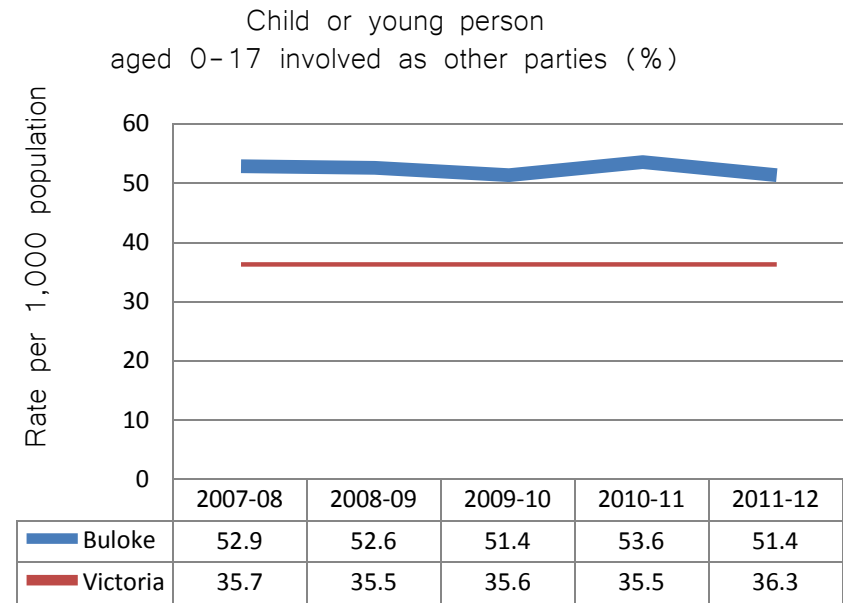
Crime where offender was a child or young person aged 0-17 (rate per 1,000)



Proportion of family violence incidents where children and young people are involved as other parties

The table right reports on the percentage of family violence incidents where children and young people aged 0-17 years, are present. The data is drawn from the Law Enforcement Assistance Program (LEAP) held by Victoria Police.

The data demonstrates that, within the Buloke LGA, more than half of all family violence incidents occur in the presence of children and / or young people. This compares to a state average where children and young people are reported to be present for only around 35% of family violence incidents.



Buloke youth – learning and earning

The following data specific to young people from across the Buloke LGA is drawn from the 2011 Census, PHIDU's *Social Health Atlas of Australia: Victoria, Data by Statistical Local Area* and *Social Health Atlas of Australia: Victoria, Data by Local Government Area* both released in 2014 and Environmental Scans conducted by the North Central LLEN and the Mallee Murray LLEN in 2014. In each instance the most recent data available is presented

Whilst the Murray Mallee LLEN only officially services the community of Sea Lake within the Buloke Shire Council data included in their 2014 Environmental Scan applies to the whole of the Buloke LGA. The North Central LLEN services the remainder of the Buloke LGA with the data included in their 2014 Environmental Scan (as reported in this profile) also applying to the entire LGA also.

	Full-time participation in secondary school education at age 16			Participation in vocational education and training			School leaver participation in higher education			People who left school at Year 10 or below, or did not go to school		
	2011			2010			2013			2011		
Name	Full-time participation at age 16	People aged 16	% full-time participation at age 16	Number	ASR per 100	SR	Enrolled in higher education	Persons aged 17 years, 2012	% in higher education	Number	ASR per 100	SR
Buloke (RC)	79	98	80.6	605	11.4	145	43.0	43.0	43.0	2,298	37.4	109
Buloke – North	38	48	79.2	362	14.6	186	21	45	47.1	1,124	37.9	110
Buloke – South	41	50	82.0	242	8.6	110	16	41	38.6	1,174	37.0	108
Victoria	56,494	69,034	81.8	489,908	8.8	112	25,672	71,497	35.9	1,273,105	29.4	86

(Source: <http://www.adelaide.edu.au/phidu/maps-data/data/> accessed 12/03/2015).

Data reveals greater participation by Buloke LGA youth in vocational education and training (11.4%) compared to Victoria (8.8%) and in higher education (43.0%) compared to Victoria (35.9%). Across the entire LGA population there were however higher rates of population who left school at year 10 of below (37.4%) compared to their Victorian counterparts (29.4%).

	Learning or Earning at ages 15 to 19			Young people aged 15 to 24 receiving an unemployment benefit		
	2011			June 2012		
Name	Learning or Earning at ages 15 to 19	People aged 15 to 19	% Learning or Earning at ages 15 to 19	Young people (15 to 24 years) receiving an unemployment benefit	Persons aged 15 to 24 years	% young people receiving an unemployment benefit
Buloke (RC)	330	395	83.5	22	638	3.4
Buloke – North	164	190	86.3	22	314	6.9
Buloke – South	166	205	81.0	##
Victoria	289,475	345,339	83.8	37,133	767,126	4.8

(a) not shown (numbers including true zeros): for *Income support* and *Rental assistance*, replaces numbers from 0 to 19
(Source: <http://www.adelaide.edu.au/phidu/maps-data/data/> accessed 12/03/2015).

Drawing on 2011 Census data the Buloke LGA shows comparable levels of 'learning or earning at ages 15-19' (83.5%) to their Victoria counterparts (83.8%).

The rate of young people aged 15-24 years receiving an unemployment benefit in the Buloke LGA is lower (3.4%) than is the case for their Victorian counterparts (4.8%). However the rate at the Buloke North SLA level is considerably higher at 6.9%.

"Unemployment is a major cause of income poverty in Australia, although the relationship between unemployment and poverty varies with changes in the labour market. Generally, families without an employed parent have low income, and are often more socially isolated. Living in a family experiencing unemployment can have long-term effects on children's development, educational progress and employment prospects. Lack of employment can also lead to family stress and conflict that can impact on children's emotional and mental health" (McClelland, 1994 in NCLLEN, 2014)

The following indicators of education and training in the Buloke LGA are drawn from the MMLLEN and NCLLEN 2014 Environmental Scans:

- Attainment rates – Year 12 or equivalent (2010): 92.1% Buloke LGA compared to 79.9% Victoria. The 2010 attainment rates had increased from 77.7% in 2009 (Source: DEECD, LLENs Data Disk 2012)
- Unemployment rates of Young People 15-19 years (June 2011): 11.8% Buloke LGA compared to 16.4% across Victoria (Source: ABS Census 2011)
- Indigenous Youth – Highest level of schooling: Buloke LGA: 12.5% completed Year 12 compared with 30.6% for non-indigenous persons (Source: ABS Census 2011)
- Disengagement of young people - not in education, training or employment: for the Buloke LGA in 2006 3.9% (16) of 15-19 year olds were disengaged, this increased to 8.7% (35) of 15-19 years in 2011. Across the Buloke LGA in 2006 15.7% (29) of 20-24 year olds were disengaged, this increased to 17.6% (39) of 20-24 years in 2011 (Source: ABS Census 2006 and 2011)

NCLLEN Environmental Scan 2014 notes the following significant issues for young people across the LLEN area, including the Buloke LGA:

- The lack of access to a TAFE Campus in the LLEN region or within commuting distance of most communities currently Ballarat University TAFE, Bendigo TAFE and Sunraysia Institute of TAFE provide outreach services only,
- Rising cost of VET and potential impact of VETiS provision,
- Lack of University Campus and no permanent presence in the region,
- Lack of transportation thereby increasing the isolation of rural communities within the Region,
- No individual community within the Region offering the full suite of educational opportunities,
- The capacity of shared resourcing between schools
- Limitations to the provision of alternative learning models and settings
- Influx of socially disadvantaged people accessing cheaper housing will result in more disengaged and disadvantaged kids who have difficulty in an educational setting because of family issues,
- Limited range of agencies offering a full suite of services,
- Many services and programs operate in only one rural community resulting in transport barriers for young people in accessing services,
- Developing a school workforce with the capacity to respond to increasing challenges young people are presenting with at school including family dysfunction, poverty and lower than desired health and wellbeing,
- Lack of a region-wide coordinated approach to:
 - inform communities of available services such as part-time and outreach, and
 - the coordination required to share resources in servicing young people across a large geographical region.

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North Central LLEN, 2014 Environmental Scan.

Murray Mallee LLEN, 2014 Environmental Scan.

APPENDIX 3

Buloke Shire Council MEYP & CYS Service Provider Focus Group – DONALD

(15 present): Barry McKenzie (NCLLEN), Jim Hirst (SFYS), Jessie Holmes (Buloke Shire Council), Bill Keane (Buloke Shire Council), Lisa Gillard (Playgroup Vic), Paula Clark (Wimmera Regional Library Corporation), Claire Letts & Jenny Birch (Donald Preschool), Rachel Weaver (MFC), Jo Dacey (DHS Child Protection), Paul Fernee (Buloke Shire Council), Jacinta Miller (Wycheproof School Nurse), Jesse Hinch (Wimmera Uniting Care), Bob Robertson (Friend & Neighbours Donald)

Q1. What do you think helps to make the Buloke Shire a positive place for children and young people?

- Good school newsletters and town based newsletters
- The parks are well maintained and inviting
- Dedicated schools
- The care in the community- people care for neighbours and look out for each other
- Schools and Kinders are well resourced
- Stable numbers across primary schools- good classroom sizes
- A healthy environment: fresh air, good weather and plenty of space
- It's a good place to raise a family
- Sporting facilities are good
- There are lots of sporting activities for children and young people
- Sports are well organised
- There are few young people so it is easy to participate in sport, in a more competitive environment this might not be the case
- A safe environment
- A good range of Playgroups, MOPS ,Kindergym
- Playgroups connect children and families to one another
- Shake, rattle and read in Birchip
- The children's centre in Donald is a wonderful achievement
- Positive press for YP- often profiles the achievements of young people in Buloke Shire- this puts a positive spin on young people

Q2. What are the issues of concern that you notice for children and young people aged birth-18 years (in your community and across Buloke Shire)?

- Can't deliver a baby in Buloke
- Not enough non-sport activities
- Arts activities are lacking
- There is not enough specialised support for children with additional needs- parents are traveling every week to get the therapy that they need.
- It is unclear sometimes about where to get help for young children
- Some families are driving 2 hrs roundtrip for a 45min speech therapy session
- A rural model of speech therapy is desperately needed here
- Reduced services for families e.g. in office only appt's- services are stretched so outreach is difficult
- There is no common community of interest in the Buloke Shire and it is in the middle of many boundaries- this makes things very confusing

- Very few services are located in Buloke Shire- many visiting services so it is hard to know what is available and it is hard for service providers to build relationships with these service providers
- Uncertainty of what services visit Buloke when
- A changing population in Buloke- there are more families moving here with complex needs and often these families lack their own family supports
- Given the changing population many of these families are harder to engage in the community- e.g. they don't often volunteer, rather they drop and run
- There are a greater number of transient families that will stay for a couple of years and then drop n run. These families are difficult to engage in the community. Social inclusion is difficult when there is a high turnover of families
- Young people aren't taking over farms
- Trauma can be a barrier to community participation- often these families don't know how to engage

Q3. Are there any gaps in the service system that you feel needs addressing?

- Need more support for Mental Health- for parents and young people
- Mental health support for young people can be infrequent- once a month, this isn't enough- these young people need more regular support
- Mental health emergencies are very difficult- can be hard to even get police involvement as they are stretched. YP can't be put in cells so this often means long drives to Melbourne.
- Police can sometimes sit in health care facilities for hours when someone is having a mental health crisis
- Student Support Service Officers (SSO's) e.g. Social Worker, Speech Pathology, Psychologists are stretched and it is hard to access these services
- There are many visiting services
- There is a lack of speech pathology support for children in the Buloke Shire
- Not enough literacy support for children who are struggling
- Difficult to access paediatricians- involves travelling
- Health services in Buloke seem to be more focussed on service provision for the elderly
- Services are doing less outreach to families
- Sea Lake, Donald and Charlton don't have any dedicated youth spaces
- Very difficult to support families to access childcare in Buloke- the long day care model necessitates that centres offer long day care 5 days a week for parents to qualify for the childcare rebate. There isn't this level of need in communities so reduced offerings do not qualify for the childcare rebate. This is a barrier re: affordability for families.
- As a result of childcare issues some families travel to St. Arnaud to access childcare
- Communication between government departments and services can be difficult- it is hard to know who does what.
- There are around 22 middle teen young people who are disengaged, not attending school and not really supported
- No one is really working with disengaged young people since Youth Connections finished up
- All drug and alcohol services are based outside of the shire
- Getting young people to the FLO campus in Charlton can be difficult
- Schools and services are not working together as well as they could- some shared support plans are needed. This is endorsed by DEET but many principals don't seem to be aware or involved in shared support plans.

Q4. What do you think is needed in your community (and across Buloke Shire) to support better outcomes for children aged birth-8 years and their families?

- Childcare

- Explore the K-12 model as declining birth rates and ageing infrastructure is a concern
- Schools as hubs concept should be explored as schools are a wonderful community based resource
- Need playgroups- there aren't any for first time mothers
- Kinder fees are expensive- some families are struggling to afford these- Kinders are almost becoming like 'private education'
- No guarantee re: 15hrs UAECE- need to know what is happening

Q5. What do you think is needed in your community (and across Buloke Shire) to support better outcomes for children and young people aged 9-18 years and their families?

- Promote more sport- keep kids occupied
- More arts and culture activities are needed
- Explore schools as hubs concept
- Need low cost and no cost options for activities for young people as cost can be a big barrier to participation for some families

"It can be hard for farming families to find money during dry times; it's not just families from lower socio-economic backgrounds who are struggling".

Q6. If you could prioritise one thing what would that be?

- Explore the use of technology e.g. tele health
- More activities for young people
- Offer flexible services that respond to community needs
- Specialised mental health support for children and young people who have experienced trauma
- Social inclusion- "We need an attitudinal change from community- we need to be more socially inclusive- we should have champions in each town".
- Advocate for an appropriate model of childcare funding
- Better engagement of parents of children with complex needs
- Improved library services- partnering could help this
- A Children, Youth & Family Services Network
- Child and adolescent trauma counselling
- Lift the aspirations of young people
- Build protective factors for children (outside of school)
- Encourage team sports

Buloke Shire Council MEYP & CYS Service Provider Focus Group – SEA LAKE

Present: 14 Tyrrell College staff members including school nurse and wellbeing
Patrice Rickard (Maternal and Child Health) and Bron Alday (Kindergarten)
TOTAL 16

Q1. What do you think helps to make the Buloke Shire a positive place for children and young people?

- Community safety
- Sport esp football and netball because it involves the whole family (can be a negative as well)
- Great opportunity for intergenerational mixing
- Takes a village to raise a child

- “Every child has 40 sets of parents” – they report on good and bad behaviour (anonymity / privacy is an issue as well)
- There is shared care of community assets including infrastructure and people
- Minimal drug issues
- Estimate that 70% of kids would volunteer at some level
- Knowing family backgrounds means you can support children and youth more wholistically, wouldn’t get that knowledge in larger centres
- Lots of space, large backyards etc
- “Kids can get dirty”
- Sense of community
- Parents tend to have closer involvement in their child’s education, they are real stakeholders
- Great communication between the 3 Sea Lake schools (St Mary’s, Tyrrell and Preschool)
- School nurse is a positive
- Transition happens both formally and informally (ie at the footy, in IGA)

Q2. What are the issues of concern that you notice for children and young people aged birth-18 years (in your community and across Buloke Shire)?

- Lack of privacy
- Difficult for students who are outsider / different
- If you’re not into sport you can be very isolated
- Isolation is also an issue for professionals
- Sea Lake has lost a lot of professionals over the past 15 years
- Lack of facilities
- Lack of events
- Poor internet access / service
- Aged care focus takes precedence of the child / youth health focus
- Have to travel for services – cost and distance is a barrier
- Bus travel is hugely expensive, makes opportunities for children and young people difficult
- Public transport
- Resources are limited – professional educational etc
- Volunteers are burning out but now we need to take on extra to auspice youth group / activities because Buloke Shire Council won’t
- Cost of maintaining community physical buildings
- Aesthetics of the community – “community has seen better days” – this rubs off and everyone ends of feeling like they have seen better days too
- Parents can have limited experience, which makes it difficult for them to have the skills or be able to encourage / support their children
- Green Lake is dry – Green Lake is so important for families, especially when times are tough. Look at Hopetoun, lots of grey nomads are spending money there because the lake is full and a good camping spot
- Cost of water for parks and ovals – why is Berri green and Sea Lake dry – Council prioritising
- Need to constantly be engaging with advocating to local govt to be heard / remembered
- 20-30 Sea Lake kids walk to school the rest of the population comes by bus – travel and time spent travelling is huge for some children / youth
- Sea Lake feels separate to the rest of the Shire

Q3. Are there any gaps in the service system that you feel needs addressing?

- “Bring back the bloody diving boards – give our young people the chance to take some safe risks”

- Childcare x 5 days / week
- FDC in Sea Lake is stand alone (not overarching provider would take them on, a few were invited including Swan Hill Rural City Council), so only now are families using this service eligible to apply for the CCR.
- No Centrelink agency
- No Shire office / representation / even just 1 day / fortnight... boat licences, everything requires you to go out of town.
- Would be great if our NHH could be 'beefed up' offer more services like the Wycheproof resource Centre does
- Sea Lake NHH offers employment services, family services. But it needs to move to the centre of town, have a shop front
- Could then be used as a youth space as well. Then there is an adult presence for the youth space
- Needs to be better service awareness and promotion as well (Network)
- Transport to Mildura/Swan Hill/Bendigo, even just once a month to give young people the chance to have a day out.

Q4. What do you think is needed in your community (and across Buloke Shire) to support better outcomes for children aged birth-8 years and their families?

- Childcare both for respite and for working parents (childcare in Sea Lake only costs working parents \$25 / child / day)
- Advocate for place based approach to Early Years with all levels of govt – local, state and commonwealth. Should invest in local people to deliver local services to locals. System is fragmented with services coming 'in to' the community. Need a model where govt invests in community – not a service who travels into the community
- Community has a high level of disadvantage which is reflected in AEDC info and developmental vulnerability domains that are measured. Continued investment and expansion in Early Years (not just LDC or kinder) in 'bricks and mortar' as well as people/staff will assist in addressing this

Q5. What do you think is needed in your community (and across Buloke Shire) to support better outcomes for children and young people aged 9-18 years and their families?

- Youth space (including a skate park) so they have somewhere to be skilled, shine, hang out
- Somewhere to belong
- Drop in centre, a safe meeting place
- A youthful youth worker
- Need the challenge of the diving board
- Need FREEZA / a disco
- There are now no events specific to youth, Battle of the Bands would be great
- Scouts / Guides for the middle age groups
- Importance of the internet connection for social networks
- Public WiFi
- Buloke Shire Council "they should be driving and investing in young people because that's the most important thing they have"