Wodonga Council's Municipal Early Years Plan 2019-2020 to 2020-2021 (MEYP) is Wodonga's commitment to enhancing the lives of the city's children and families by building their capacity, resilience and community connection.

Wodonga Council recognises the importance of early childhood and how a strong foundation in these crucial years leads to life long positive outcomes for our children and their families. Our focus is to develop healthy supportive environments for our children in order to achieve improved long-term outcomes and contribute to the economic and social prosperity of our community. This focus reflects the community's vision that all children will have the opportunity to optimise their health development and wellbeing.

Local government takes its role seriously in leading local policy and the development of infrastructure and programs that influence positively on the lives of our young children and their families. However, success of our MEYP 2019-2020 to 2020-2021 relies on the strength of external collaboration and partnerships to achieve a whole of community vision.

The council believes investment in an optimal start in life for children leads to a community that has a strong sense of belonging; one that is healthy and safe, innovative, and contributes to the economic prosperity of the city.

EXECUTIVE SUMMARY
What is a municipal early years plan?

The MEYP is a local strategic plan that outlines the council’s role in providing services, infrastructure, planning, advocacy and community development for children and families. It is developed by the council, in partnership with the community, to support enhancement of the wellbeing of the community.

Not only are children part of the city’s future; they are an important and valued part of today. The council actively seeks to hear the voices of the youngest citizens in the community.

Why is it important?

There is now irrefutable evidence that investment in the first eight years of life will improve children’s health and educational prospects, particularly for children from vulnerable families.

The council aims to provide children and their families with support and opportunities to optimise their health, development and wellbeing; leading to improved social, human and economic capital outcomes for the community.

To achieve the outcomes of the MEYP, the council must work in partnership with the community to reduce disadvantage. The complex nature of disadvantage means that the efforts of different levels of government and a range of agencies are needed to close the gap.

The council is committed to ensuring universal access to quality health, education and care, providing enhanced services to vulnerable children, and providing a positive and safe community environment for children. Children within the city are recognised as having equal rights as outlined in the United Nations Convention on the Rights of the Child. This is reflected in the community’s vision that children are invited to express their views and are acknowledged and listened to.

The council supports the outcomes for children as described by the Victorian Early Years Learning and Developmental Framework (2016).
Policy and legislative context

Local government has a key legislated leadership role in working with local stakeholders to plan for their municipality. Its planning role in the early years is of particular importance, and is recognised by both the Victorian and Australian Governments.

The MEYP has been developed within the context of a broad range of government policy directions at the local, Victorian, Australian and international levels.

From an international perspective

The United Nations Convention on the Rights of the Child (1989) commits to uphold the rights of the child. The four core principles of the Convention are non-discrimination; devotion to the best interests of the child; the right to life, survival and development; and respect for the views of the child. Australia is a signatory and many of the principles of the convention are included in Australia’s child protection legislation.

National policy

The Council of Australian Governments (COAG) has committed to significant reform of early years in the areas of education, skills and early childhood development. The reform focused on national action to regulate early childhood care and education, attend early childhood workforce concerns, improve collection and measurement of data, and develop a national early childhood strategy.

- National Quality Framework 2012
- Australian Early Development Census (AEDC)

The Victorian Government is committed to the wellbeing of children and the reform of the early years’ sector.

In support of the COAG direction, the Victorian Government provides policies and directives that inform service delivery and programs relating to children. This is evident in the continued and escalating commitment to early childhood reform that has been a government priority in recent years.

- The Public Health and Wellbeing Act 2008 (Amended 2015) mandates the development and implementation of municipal health and wellbeing plans by local government;
- Early Childhood Reform Plan 2017 – Education State – a plan to deliver systemic change targeted at supporting the most vulnerable children;
- Supporting children and families in the early years. A compact between DET, DHHS and Local Government (represented by MAV) 2017-2027;
- Victoria’s Vulnerable Children - Our Shared Responsibility Strategy 2013-2022;
- Early Childhood Agreement for Children in Out-of-Home Care 2018;
- Marrung Aboriginal Education Plan 2016-2026;
- Memorandum of understanding between Department of Education and Training and Municipal Association of Victoria in relation to the Maternal and Child Health Service 2017-2020;
- Starting out Strong – giving Victoria’s children a great start through better maternal and child health 2014;
- Victorian Early Years Learning and Development Framework 2016;
- The Kindergarten Guide;
- Ending Family Violence Victoria’s Plan for Change;
- The Child Safe Standards; and,
- The Reportable Conduct Scheme.

A local perspective:

The key driving policy documents are the following.

- Community Vision 2033;
- Wodonga Council Plan 2017-2018 to 2020-2021, incorporating the Municipal Health and Wellbeing Plan;
- Wodonga Aboriginal Reconciliation Action Plan Draft; and,
What is the council’s vision?

Wodonga Council’s vision for children is that:

- Children are born healthy;
- All children within the city reach their optimal development;
- Wodonga’s children are happy, healthy, safe and included. They share and enjoy all the benefits of the city, and add vibrancy and excitement to the daily life of the community;
- Children know that they belong, and they feel connected within their families, their schools and their wider community. They have an abundance of opportunities to learn, to play and to discover. They are free to develop their cultural identity, and;
- Children have a voice within the community and the council actively seeks to hear it. The council embraces what children can add to the future of the city and also celebrates the growth and achievements that they experience every day.

WHAT IS THE COUNCIL’S ROLE?

Planning and co-ordination
Acting as a key co-ordination point and community planner in early years.

Service Provision
Delivering a range of early years programs, activities and initiatives that meet the care, health, education and early childhood needs of children and young families.

Facility planning
Planning, providing and maintaining a range of early years infrastructure that are diverse, accessible and sustainable.

Advocacy
Lobbying and advocating to state and federal governments and other key stakeholders on behalf of early years programs, young children and their families, particularly those experiencing disadvantage.

Strengthening Community Capacity
Facilitating community connections and community participation in decision-making, including vulnerable families.
What will council do?

Wodonga Council will work to develop, design and foster a community where:

- Children have good access to basic services such as health care, education and protection;
- Policies, resource allocation and governance is considered in the best interests of children;
- There is the provision and development of safe environments and conditions that nurture the development of children;
- Children are protected from abuse and neglect;
- The council strives to create a sustainable future, with equitable social and economic conditions, and protection from the effects of environmental hazards;
- Special attention is given to vulnerable children;
- Policy and governance is non-discriminatory (gender, religion, ethnicity, economic and social); and,
- Families are recognised and supported for their important role of parenting.

The MEYP action plan shows the programs, activities and initiatives that will be undertaken to achieve these goals and how these align within the context of the Wodonga Council Plan 2017-2018 to 2020-2021.

Policy, procedure and practices within the early years, whilst working in collaboration with external providers, supports the access to quality health, education and care, and the improved learning and development outcomes for vulnerable children.

The council acknowledges it must work in partnership with families, the service sector and the wider community to support the development of Wodonga’s children into happy, healthy and resilient young people.
WHO ARE THE CHILDREN AND FAMILIES THAT LIVE IN WODONGA?

- **Total Population**: 40,819
- **Indigenous Population**: 980
- **10%** are born overseas
- **5.9%** speak a language other than English at home
- **14.2%** are aged 0-9 years
- **6.1%** of children aged 0-9 years need assistance with core activities
- **4173** households are couples with children
- **12.4%** of families are headed by one parent
- **40%** of households have children
In 2018-2019

INFANTS

576 babies were born in Wodonga
98.4% had an initial MCH home visit

ONE YEAR OLDS

95% of one year olds were born weighing more than 2500G
97% of one year olds were fully immunised
61% of one year olds were exclusively breastfed at 2 weeks of age

PRESCHOOLERS

89% of children attended preschool and of them
55% went to a sessional preschool

SCHOOL AGE

97.8% had all their immunisations at 5 years

23.1% of children were developmentally at risk in their first year of school
11.1% of children were developmentally vulnerable in their first year of school

What are our children and families facing?

Social trends and issues
Our families are influenced by trends and social issues that can impact on their ability to meet their children’s needs. Supporting families during their children’s early years improves child health, development and wellbeing, parenting capacity and social connectedness.

Families
- Changes in family structure with an increase in single parent families and same-sex families.
- Increased isolation with a decrease in extended family supports.
- Trauma including family violence, drugs and alcohol, mental health issues and child neglect. Child protection investigations and substantiations are increasing.

Health
- Regional disadvantage in regard to the availability of public antenatal, paediatric and allied health services.
- Parents have difficulty navigating the NDIS system leading to children not receiving early intervention.
- Low breastfeeding rates have long-term impacts on maternal and child health outcomes. They also impact on healthy eating and childhood obesity rates.
- Mental health services are inadequate for the demand both in adult, perinatal and child and adolescent mental health.

Digital technology
- Screen time can have an impact on the amount of parent-child interaction and child development and wellbeing.
- Social media can impact on parenting self-efficacy with the overabundance of information of varying quality and validity.

Cultural diversity
- Inequality in Aboriginal health outcomes are impacted by generational trauma, a lack of cultural safety in mainstream services and social disadvantage.
- Growth in multicultural population results in a minority population who may experience isolation, past trauma and lack of community connections.

Poverty
- Work status is seeing a rise in unemployment and under employment.
- Low rates of adult literacy in vulnerable groups is an impediment to gaining employment, connecting with community, engaging with a parent’s role as their child’s first teacher.
- Proportion of children living in households with housing stress has increased, particularly for single parent families.

What is already happening in Wodonga?

The current programs and activities undertaken by Wodonga Council are focused on providing services to children 0-8 years and their families to a high quality standard. They aim to build community connection, strengthen family capacity and capability, and allow children to receive care and education they need to optimise their health, development and wellbeing.

Planning and co-ordination

The Wodonga Council Plan 2018-2019 to 2020-2021 is the overarching document that informs the MEYP and the individual business unit plans on the council’s priorities for its community. The business unit plans are developed to achieve the council’s priorities and to deliver the funding bodies program standards and service guidelines.

The best interests of children and their families are considered in the development of plans and strategies in a whole of council approach.

- The Wodonga Council Playground Strategy 2016-2020 and the Play Environments in Wodonga guide the provision of high-quality play spaces throughout the municipality.
- The Child Safe Standards Policy sets out the guidelines for all councillors, staff and volunteers to follow to provide a safe environment for children.
- Development of the Reportable Conduct Procedural guideline in response to the Betrayal of Trust report.

Service provision

- Delivery of universal Maternal and Child Health Service, enhanced maternal and child health program including targeted intensive service provision to vulnerable families via The NEST - Nursing Education Support and Transition program.
- Delivery of supported playgroups and the Access to Early Learning (AEL) program focuses on providing vulnerable children with support to build parenting capacity, enhance community connections, engage in playgroup and preschool and the provision of in home support and education.
- Delivery of Early Start Kindergarten (ESK) allows access of up to 15 hours per week for eligible three-year-olds. Aboriginal and Torres Strait Islander children and those known to child protection are actively engaged in ESK.
- Provision of centre-based child care at Felltimber Children’s Centre.
- Provision of high-quality sessional preschool.
- Wodonga Library - provision of library service to children and their families including story time, loan facilities and regular programs.
- Activities and Attractions - provision of a range of child friendly events and activities throughout the city that promote community participation, education and fun. The activities include cultural, sporting and recreational programs at various locations throughout the city such as the community centres, The Cube Wodonga, and Arts Space Wodonga.
- Provision of immunisation services at various locations throughout the city.

Facility planning

Wodonga Council is committed to developing healthy and positive environments for early years children. The council plays a significant role in the development of the built, cultural, recreational, natural, sporting and economic environments in the city that ultimately affect the health and wellbeing outcomes of all children and their families. Initiatives that are currently underway are the regional cricket hub, redevelopment of the Library Gallery, and Emerald Oval upgrade.

The early years unit has a responsibility to ensure that the needs of children and their families are considered in all aspects of community infrastructure planning, both built and environmental.

Refurbishment and redevelopment of all council-operated early years sites was undertaken between 2008 to 2015. Planning for the roll out of universal three year old preschool has begun with a statewide early years capacity assessment being conducted for DET by Ernst and Young.

Advocacy

The unit plays a lead role in whole-of-community planning, promotion and support of health and wellbeing initiatives. Additionally, the unit assists in lobbying all levels of government to influence policy, funding and environments that improve services for children and their families.
Undertake targeted professional development and mentoring to provide leadership and facilitate a culture of access, equity and inclusion.

Increased activities and programs run throughout the city to improve children’s health, education and wellbeing, with particular focus on those experiencing disadvantage.

Strong partnerships are established with cross border community agencies to enhance service delivery, improve referral processes, close the Aboriginal and Torres Strait Islander outcomes gap, and influence the health and wellbeing of children.

Partnership in the Getting Ahead working group along with Albury Wodonga Health, One Door Mental Health, and Tresillian.

Participation in the reform agenda that is being rolled out across the state in line with the Supporting Children and Families on the Early Years – A Compact between DET, DHHS and Local Government (represented by MAV) 2017-2027.

Participation in groups that are committed to embedding the priorities of the Compact agreement into policy and practice.

- The Early Years Strategy Compact group.
- The Ovens Murray Compact Governance group.
- The Area Implementation Group.

Participation in the Early Childhood Education Reform Stakeholder group which is tasked with ensuring the rollout of the new initiatives such as the universal three-year-old preschool takes into account the views and interests of all affected parties.

Work with primary schools and service agencies to support the smooth transition into primary school.

Participate as a signatory and partner in the Ovens Murray Child and Family Services Alliance.

Annual hosting of the Wodonga Children’s Fair.

Strengthening community capacity

As children move chronologically through the universal service system of maternal and child health childcare, preschool and, ultimately, primary school, there are opportunities for additional secondary support and referral services to assist families and children to reach their optimum health and wellbeing.

Children and families requiring additional support are identified prior to birth.

Partnerships with local health and community service providers, the Department of Health and Human Services (DHHS) and the Department of Education and Training (DET) provide opportunity for secondary support.

This includes participation in collaboration with services such as:

- Albury Wodonga Health, medical and allied health providers.
- Ovens Murray Child and Family Services Alliance, Child FiRST and all family support services;
- Specialist protective services such as police, family violence and drug and alcohol services
- Culturally appropriate services for Aboriginal and Torres Strait Islander and the Culturally and Linguistically Diverse (CALD) families; such as Mungabareena Aboriginal corporation, Albury Wodonga Aboriginal Health Service, and Gateway Health.
- National Disability Insurance Scheme (NDIS) providers;
- Targeted state department programs of Supported playgroups, Early Start Kindergarten (ESK), and Access to Early Learning, and;
- Education providers.

The diagram on the following page summarises the service provision and partnerships involved in children’s progression from birth to eight years.
Service provision and partnerships involved in children’s progression from birth to eight years

Secondary/tertiary services

- Child FIRST
- Child Protection

Universal services

- Birth entry
- Maternity services
  - Albury Wodonga Health
  - Other maternity hospitals
  - Other municipalities
  - Eligible midwife
- ECEC
- 0 to 12 months
- 12 months to 3 years
- Universal MCH
- MCH line
- New parent group
- Childcare

Network groups

- Hospital
  - Vulnerable families group
  - Hospital management/MCH/ECHN
  - Breastfeeding working group
  - Primary Care and Population Health
- Local Area Network
  - Ovens Murray Child and Family Services Alliance - operations and executive
  - Getting Ahead Therapeutic Group
  - Vulnerable Children's Reference Group
  - Access to Early Learning Governance Group
  - Kindergarten School Network (KSN)
  - OM Koorie Team meeting

NGO Family Services

- UMFC
- Gateway Health
- Junction Support Services
- QEC
- McKillop Family Services
Aboriginal Organisations
- Albury Wodonga Aboriginal Health Service (AWAHS)
- Mungabareena Aboriginal Corporation
- Victorian Community Controlled Health Organisation (VACCHO)
- Gateway HIPPY
- Victorian Aboriginal Child Care Agency (VACCA)

Health providers
- GP Network
- Paediatricians
- GPs
- Community Health
- Tresillian Parents & Baby Service
- Breastfeeding Support Service

Secondary/tertiary services
Universal services
Network groups
Aboriginal Organisations
- Albury Wodonga Aboriginal Health Service (AWAHS)
- Mungabareena Aboriginal Corporation
- Victorian Community Controlled Health Organisation (VACCHO)
- Gateway HIPPY
- Victorian Aboriginal Child Care Agency (VACCA)

Regional
- Ovens Murray Region MCH meeting
- Ovens Murray Compact Governance
- High Risk Infant Panel
- Murray Primary Health Network
- Primary Care and Population Health
- Area Implementation Group

State
- MCH Co-ordinators Group
- CDIS Users Group
- AEL Implementation Working Group
- DET/MAV conference
- MAV Early Years Strategy Compact Group

Outreach
- Mungabareena Aboriginal Corporation
- Border Baby and Pregnancy Loss Support Group
- Flexible Learning Centre
**EARLY YEARS ACTION PLAN AND THE LINK TO THE COUNCIL PLAN**

**Key Focus area:** Healthy safe and resilient community

**Strategic objective:** Improve the health and social outcomes for all people in Wodonga to create a healthy, safe, equitable and inclusive community.

<table>
<thead>
<tr>
<th>WHAT THE COUNCIL WILL DO</th>
<th>COUNCIL PLAN 2017-2018 TO 2020-2021</th>
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</thead>
<tbody>
<tr>
<td><strong>STRATEGY</strong></td>
<td>Municipal Early Year strategy actions</td>
</tr>
<tr>
<td><strong>Strategy 1 Families, Children and Young People:</strong> Plan, facilitate and provide, where appropriate, quality services, activities and spaces that meet the needs and provide the best outcomes for our children, young people and families</td>
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1.4 **Review and update the Municipal Early Years Plan to ensure evidence-based and responsive policy to reflect current standards of best practice**

Review the Municipal Early Years Plan and incorporate the Child Friendly Framework within the document. Align with the current Wodonga Council Plan 2017-2018 to 2020-2021

1.5 **Deliver high quality services that support, educate and improve the health and wellbeing of children and their families subject to Australian and Victorian Government policies and funding arrangements**

**Thoroughly plan for the provision of support and services that meet early childhood needs.**

Regularly engage with families and young people to ensure the experiences and voices of young children inform the development of council programs, services and facilities.

Use current and best-practice research and evidence-based data to inform the development of council programs, services and facilities.

**Deliver quality universal and enhanced maternal child health services.**

Provide maternal and child health services as per the Maternal and Child Health Service Guidelines

Provide enhanced maternal and child health service as per the Enhanced Maternal and Child Health Service Guidelines

Provide supported playgroups as per the Supported playgroups guidelines

**Support the development of community playgroups**

Encourage the sustainability of playgroups within the municipality through the provision of promotion and advice
<table>
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<tr>
<td>STRATEGY</td>
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<td>YEAR 1</td>
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<tr>
<td>1.5 Continued</td>
<td><strong>Deliver quality preschool/kindergarten services</strong>&lt;br&gt;Provide preschool services at six locations in the municipality, including 15 hour and three hour programs for eligible children&lt;br&gt;Provide targeted programs of Access to Early Learning and Early Start Kindergarten to eligible children&lt;br&gt;Ensure early childhood services within council management maintain the minimum certification of meeting the National Quality Framework</td>
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<td>Actively participate with primary schools to implement the Victorian Early Years Learning and Development Framework (VEYDLF)</td>
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<tr>
<td>1.6 Implement the Child Safe Policy and initiate appropriate actions to meet the requirements under child-safe legislation</td>
<td><strong>Provide childcare services in Wodonga</strong>&lt;br&gt;Provide childcare services at the Felltimber Children’s Centre to a maximum of 33 places&lt;br&gt;Investigate the feasibility of providing childcare specifically targeting children eligible for Additional Child Care Subsidy utilising the Community Child Care Funding</td>
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<td></td>
<td>Actively promote immunisation participation in all early years services and the wider community to obtain immunisation rates in Wodonga of greater than 95 per cent coverage at 12 months, two years and six years of age</td>
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<td>Actively promote participation in reading to children and library services through all early years services in the municipality</td>
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<td></td>
<td><strong>Develop and implement a child safe policy</strong>&lt;br&gt;Assist the council to develop and implement a reportable conduct scheme policy</td>
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<td>WHAT THE COUNCIL WILL DO</td>
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<tr>
<td><strong>STRATEGY</strong></td>
<td><strong>YEAR 1</strong></td>
<td><strong>YEAR 2</strong></td>
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<tr>
<td>1.7  Participate in relevant networks at the local, state and regional levels that support all our children and families particularly the vulnerable</td>
<td>Meet each six months with the DET and DHHS to discuss service provision and process improvement including the work undertaken by the Victorian Government area partnerships</td>
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<td>Meet quarterly with external service providers to discuss collaborative approaches to early years’ policy, procedures and practices</td>
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<td></td>
<td>Lobby all levels of government to influence policy, funding and environments that improve sustainable planning and service delivery for children and their families</td>
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<tr>
<td><strong>Strategy 2 Mental Health: Work to improve the mental health and wellbeing of our community through planning, local partnerships, lobbying and advocacy, and focus on building community resilience</strong></td>
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<tr>
<td>2.1  Work with the mental health sector to identify local barriers and opportunities to inform lobbying and advocacy efforts</td>
<td>Participate in the Getting Ahead group, a collaboration between City of Wodonga and Albury Wodonga Health services – Adult Mental Health, Tresillian Parents and Babies Unit, Child and Family Health, and Maternity Services</td>
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<td></td>
<td>Collaborate with North East Child and adolescent Mental Health Service (NECAMHS) in partnership to address child and infant mental health issues within the community</td>
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<tr>
<td>2.2  Support local campaigns and activities that strengthen community resilience</td>
<td>Co-facilitate the Getting Ahead postnatal depression group on a rotating roster with mental health specialists from Albury Wodonga Health</td>
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<td></td>
<td>Conduct child and infant mental health clinics with NECAMHS</td>
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<tr>
<td><strong>Strategy 3 Being active</strong></td>
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<tr>
<td>3.5  Participate in key campaigns</td>
<td>Participate in the Wodonga Children’s Fair</td>
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<tr>
<td><strong>Strategy 4 Healthy and Safe Food: Work with key stakeholders to improve access and affordability of safe and nutritious food for all</strong></td>
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<tr>
<td>4.2  Work in partnership with key agencies and the wider community to increase breast feeding rates in Wodonga</td>
<td>Work in partnership with Albury Wodonga Health and the Australian Breastfeeding Association (ABA), and the wider service system and community to increase breastfeeding rates to achieve state and national targets</td>
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<tr>
<td>STRATEGY</td>
<td>Municipal Early Year strategy actions</td>
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<tr>
<td>4.4</td>
<td>Support initiatives that aim to increase access to affordable and healthy food for all people in Wodonga</td>
<td>YEAR 1 YEAR 2 YEAR 3 YEAR 4</td>
</tr>
<tr>
<td></td>
<td>Encourage healthy practices for children and their families across all council early years services</td>
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<td></td>
<td>Provide families and children with access to nutrition, healthy eating and oral health education and materials</td>
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<td>Deliver healthy eating and oral health programs across early years centres</td>
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</table>

**Strategy 5 Community Safety:** Implement appropriate planning policies and practices that improve the safety of our community with a focus on preventing family violence including elder abuse and harm from alcohol and other drugs

| 5.1 | Work with key partners in the prevention of family violence including elder abuse and to strengthen the service system | YEAR 1 YEAR 2 YEAR 3 YEAR 4 |
| | Participate in the Ovens Murray child and family services alliance initiatives focused on preventing, identifying and supporting families experiencing family violence | ✅ |

| 5.2 | Participate in preventative programs and awareness campaigns to build community capacity in responding to family violence, including elder abuse and promoting gender equity | YEAR 1 YEAR 2 YEAR 3 YEAR 4 |
| | Active identification of family violence and appropriate referral attended across all council early years services | ✅ |
| | Implementation of the MCH initiatives in the prevention and early identification of family violence including MARAM, Family Violence Information Sharing (FVIS) and Child Information Sharing (CIS) Policies | ✅ |
| | Participate in DET training in trauma informed practice and implementation of same in MCH programs | ✅ |

| 5.4 | Work with key stakeholders to align local efforts, strengthen the service system and raise community awareness of the risks of alcohol and other drugs | YEAR 1 YEAR 2 YEAR 3 YEAR 4 |
| | Actively promote the Quit program in maternal and child health settings and other early years services to work towards decreasing smoking rates in families with young children | ✅ |

**Key Focus Area: Connected and engaged community**

**Strategic objective:** Create a city that is well connected, informed and engaged, which supports people to meet, participate and move safely and easily to access services and opportunities
### Municipal Early Year strategy actions

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Municipal Early Year strategy actions</th>
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<tbody>
<tr>
<td><strong>Strategy 9: Inclusion, Participation and Access</strong></td>
<td>Provide, plan for and advocate for opportunities and access for all ages, cultural and ethnic backgrounds, and abilities to participate, be engaged and contribute through services, facilities, programs and events and activities</td>
</tr>
<tr>
<td><strong>9.5 Support the inclusion and participation in community life for vulnerable population groups</strong></td>
<td>Work in partnership with agencies to improve processes for identifying and engaging vulnerable families and children in universal and targeted services&lt;br&gt;Maintain active membership and involvement of the Ovens Murray Child and Family Services Alliance&lt;br&gt;Utilise the universal maternal and child health service, supported playgroups, childcare and preschool, and community partnerships to identify vulnerable children and families, and make sure they are actively engaged in appropriate support and education services&lt;br&gt;Participate in the MAV-DET central enrolment project to continuously improve the preschool enrolment process to ensure access for all&lt;br&gt;Develop strategies and implement communications that raise the profile of Wodonga’s early years services and facilities in order to reduce barriers to access&lt;br&gt;Use training and resources to ensure that the council’s service provision is responsive to the diversities of families</td>
</tr>
<tr>
<td><strong>9.6 Facilitate and encourage collaborative relationships and partnerships with the Aboriginal and Torres Strait Islander community to address issues impacting their quality of life and create greater cultural connection</strong></td>
<td>Work in partnership with Albury Wodonga Aboriginal Health Service (AWAHS), Mungabareena Aboriginal Corporation and DET Koori Engagement Support Officers (KESOs) to ensure all Aboriginal and Torres Strait Islander children and families are linked in to culturally appropriate services and are provided with universal and targeted early year’s services to close the gap on health and wellbeing outcomes</td>
</tr>
<tr>
<td><strong>9.7 Work in partnership with the ethnic community to increase connection and inclusion and support opportunities for all people to be involved in community life</strong></td>
<td>Work in collaboration with Gateway Health and advocacy organisations to build relationships within the ethnic community and facilitate access to universal and targeted early years services</td>
</tr>
</tbody>
</table>
### Key Focus Area: Sustainable and forward looking

#### Strategic objective: Protect, enhance and manage our unique natural and built environments, planning for growth, demonstrating leadership and stewardship now and into the future

#### Strategy 12 Community Planning: Monitor and plan for the changing needs and social priorities for our community, continually improving how we engage with the community service providers, funders and stakeholders to ensure effective and targeted services

<table>
<thead>
<tr>
<th>Year</th>
<th>Year</th>
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<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

#### Strategy 12.4 Ensure infrastructure is well planned to meet community need and growth through the development of a community infrastructure framework and strategy

- Create partnerships that ensure that early years’ facilities are safe to use, well managed and well utilised
- Develop and implement a community infrastructure framework and strategy
- Regularly review the safety and risk management of all the council’s early years’ facilities
- Develop a safe and accessible community for young children and their families
- Advocate for effective and efficient public transport options
- Continue to implement the Wodonga Child Friendly City Policy
- Provide opportunities for children to participate in family friendly activities and events

#### Strategy 12.8 Work with Albury Wodonga Health to develop a strategy that responds to future growth and to changing social health needs to maximise positive outcomes for Wodonga

- Participate in the Primary care and population health committee which gives direction to the AWH board on all matters related to their responsibilities in this space
- Meet with AWH on a biannual basis as a minimum to discuss early years outcomes
Municipal Early Years Plan (MEYP) measures for the Early Years Action Plan

- Progressive increase in client satisfaction surveys.
  Source: Maternal and child health annual satisfaction survey (Local data)
  Kindergarten parent opinion survey (DET)

- Progressive increase in enrolments and utilisation rates in programs and services provided.
  Source: Percentage of infants enrolled in MCH service receiving the first MCH Home visit (CDIS)
  Number of children enrolled in Preschool (DET KIM data)
  Utilisation rates for centre based care (Local Qikkids data)
  Participation in maternal child health (MCH) key age and stage consultations (CDIS)

- Attainment in certification of meeting the National Quality Framework as a minimum.
  Source: Service rating and assessment achievement

- Progressive increase in breastfeeding rates to meet state targets.
  Source: DET MCH Annual Report and CDIS data

- Participation in strategic networks and collaborative relationships.
  Source: Annual review of collaboration and synchronization with key priorities

- Progressive increase in engaging and supporting vulnerable children and their families.
  Source: Enhanced Maternal and child health targets (CDID IRIS)
  Early Start Kindergarten enrolments (KIM data)
  Supported playgroup enrolments (DET)
  Access to Early Learning enrolments (DET)

- Progressive increase in participation in MCH service by Aboriginal and Torres Strait Islander children.
  Source: DET MCH Annual Report and CDIS data
  Participation by the Aboriginal and Torres Strait Islander children attending 15 hours of preschool in the two years before school (DET)

- Progressive improvement in AEDC data across all measures.
  Source: Australian Early Development Census (AEDC)

- Increase in immunisation coverage to reach the state target of 95 per cent fully immunised at each age cohort.
  Source: Australian Childhood Immunisation Register

Monitoring and evaluation

The measures in the MEYP will be monitored and evaluated annually.
Wodonga Council may review the measures outlined in the MEYP more frequently based on their availability and importance. For example, on an operational level many measures will be monitored more frequently.
SUMMARY

Investing in an optimal start in life for children contributes to a community that is healthy, strong and connected; and in turn promotes wider social and economic prosperity of Wodonga.

Wodonga Council’s commitment to the children and families is demonstrated through strategic planning, delivery of programs and services, development of infrastructure, and provision of built and natural environments.

The MEYP aligns with the council plan and incorporates strategic priorities that inform the delivery of programs, activities and initiatives that help provide the best start in life for all children across the community. The plan is underpinned by an equitable and accessible approach that is tailored to meet the needs of the Wodonga community.

The council will continue to advocate all levels of government for opportunities to be innovative and responsive to our community’s needs; and continue to collaborate and strengthen relationships with community organisations and stakeholders, both internal and external.

The voice of families and children is reflected in planning as council works to ensure the best interests of our children and families are at the forefront of our decision making; and that the health, wellbeing and potential of all children in Wodonga is optimised.
1. **BIRTH NOTIFICATIONS**

In 2018-2019, 576 birth notifications were received. This was an increase from 558 in 2017-2018 and just below the highest ever of 580 in 2015-2016.

2. **BREASTFEEDING**

In Wodonga, breastfeeding rates are well below the Victorian rates and even further behind those recommended by the World Health Organisation (WHO). The 2025 global target for breastfeeding is to increase the rate of exclusive breastfeeding in the first six months up to at least 50 per cent.

### Exclusive BF rates

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>2 weeks</td>
<td>66.1</td>
<td>61</td>
</tr>
<tr>
<td>3 months</td>
<td>51.4</td>
<td>36</td>
</tr>
<tr>
<td>6 months</td>
<td>34</td>
<td>4</td>
</tr>
</tbody>
</table>

Rates of any breastfeeding - that is, both exclusive and partially - are also significantly below the state average.

### Any Breastfeeding

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>2 weeks</td>
<td>84.2</td>
<td>76</td>
</tr>
<tr>
<td>3 months</td>
<td>64.5</td>
<td>50</td>
</tr>
<tr>
<td>6 months</td>
<td>49.6</td>
<td>37</td>
</tr>
</tbody>
</table>


**Trend:** Breastfeeding rates in Wodonga over the last 10 years have remained below that of the state, for both exclusive and any breastfeeding, with a downward trend.
3. INFANTS AND CHILDREN VISIT AT MATERNAL AND CHILD HEALTH SERVICE

The Maternal and Child Health Service is a universal service that monitors the health and development of infants and children, and provides support to parents. It conducts 10 key ages and stages visits from birth to school age, and focuses on prevention, detection and early intervention of health, wellbeing and developmental outcomes.

<table>
<thead>
<tr>
<th>Infants have their home visit</th>
<th>Wodonga 2016-2017</th>
<th>Wodonga 2017-2018</th>
<th>Wodonga 2018-2019</th>
<th>All councils 2017-2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of infants enrolled who receive first home visit</td>
<td>100</td>
<td>99.3</td>
<td>98.4</td>
<td>100</td>
</tr>
</tbody>
</table>

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<th></th>
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</thead>
<tbody>
<tr>
<td>Percentage of children enrolled who participate in MCH service</td>
<td>68.86</td>
<td>73.4</td>
<td>72.5</td>
<td>78.4</td>
</tr>
</tbody>
</table>

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</tr>
</thead>
<tbody>
<tr>
<td>Percentage of Aboriginal children enrolled who participate in MCH service</td>
<td>74.5</td>
<td>71.9</td>
<td>76</td>
<td>77.8</td>
</tr>
</tbody>
</table>

4. **IMMUNISATION**

Immunisation rates greater than or equal to 95 per cent provide the best protection against vaccine-preventable disease. In an effort to improve childhood immunisations rates, in 2015 the Victorian Government amended the *Public Health and Wellbeing Act 2008*. The amendments mean that, from 2016, early childhood education and care services cannot confirm enrolment of a child unless the parent/carer has provided documentation that shows the child:

- Is fully vaccinated for their age; or,
- Is on a recognised catch-up schedule if their child has fallen behind with their vaccinations; or,
- Has a medical reason not to be vaccinated.
- ‘Conscientious objection’ to vaccination is not an exemption.

During 2018, at 12 months, 24 months and 60 months of age, Wodonga’s children have immunisation rates greater than or equal to 95 per cent in two cohorts - 12 months and 60 months. Rates at 24 months are 94.9 per cent, with an improvement shown from 2017 to 2018.

**Immunisation rates at 12 months**

- **State target**: >95%
- **2016 Wodonga**: 94.4%
- **2017 Wodonga**: 97.2%
- **2018 Wodonga**: 96.2%

**Trend:** Immunisation rates in Wodonga for the 12 month, 24 month and 60 months cohorts have increased steadily over the last five years, with the 12-month and 60 months cohorts meeting state and national targets.

**Immunisation rates at 24 months**

- **State target**: >95%
- **2016 Wodonga**: 93.3%
- **2017 Wodonga**: 94%
- **2018 Wodonga**: 94.9%

**Immunisation rates at 60 months**

- **State target**: >95%
- **2016 Wodonga**: 97.4%
- **2017 Wodonga**: 97.8%
- **2018 Wodonga**: 97%

*Source: Social Health Atlas 2019*
5. KINDERGARTEN PARTICIPATION

Research shows that participation in early childhood education can improve a child’s learning and development outcomes, and longer-term engagement in education and employment.

Participation in high-quality programs that support families to understand and engage with their children learning and development can foster positive outcomes and lessen the effects of disadvantage. Studies show that providing high-quality early childhood services, extra support for families and appropriate early interventions are effective ways to break the cycles of disadvantage (DET 2015, p. 14).

Kindergarten participation rates - four-year-olds

<table>
<thead>
<tr>
<th>Year</th>
<th>Victoria</th>
<th>Wodonga</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>98.1%</td>
<td>87%</td>
</tr>
<tr>
<td>2016</td>
<td>96.2%</td>
<td>92.8%</td>
</tr>
<tr>
<td>2017</td>
<td>93.4%</td>
<td>94%</td>
</tr>
</tbody>
</table>

Source: Department of Education and Training LGA profile 2017; Kindergarten participation rates by year

Trend: Kindergarten participation rates have increased from 87 per cent in 2015 to 94 per cent in 2017. Aboriginal and Torres Strait Islander statistics have followed this trend and in 2017, 94 per cent of children were enrolled in kindergarten across the state. The 2018 data is not yet available for distribution at this time.

6. AUSTRALIA’S EARLY DEVELOPMENT CENSUS

The AEDC gives communities a snapshot of how children in their local area have developed by the time they start school. It is a population-based measure of children's development as they enter school and measures five areas or domains - physical health and wellbeing; social competence; emotional maturity; language and cognitive skills; and, community skills and general language.

The years before school are important in a child’s development. A good, safe, healthy start in life increases success at school and improves social and economic life chances.

The AEDC was first attended in Wodonga in 2009. It is attended every three years and trends can be measured and interpreted. Children are categorised as on track, at risk or vulnerable, where they have a delay in two or more domains.

6.1 CHILDREN WELL DEVELOPED BY THEIR FIRST YEAR OF SCHOOL - ON TRACK

<table>
<thead>
<tr>
<th>Year</th>
<th>Victoria 2018</th>
<th>Wodonga 2015</th>
<th>Wodonga 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>90%</td>
<td>88%</td>
<td>89%</td>
</tr>
</tbody>
</table>

In 2018, 11 per cent of children in Wodonga were developmentally vulnerable in two or more of the following domains:

- Physical health and wellbeing;
- Social competence;
- Emotional maturity;
- Language and cognitive skills (school-based);
- Communication skills; and,
- General knowledge.

Trend: This was a decrease from 13.2 per cent in 2012, and 11.9 per cent in 2015, but is not statistically significant.
6.2 PHYSICAL HEALTH AND WELLBEING – ON TRACK OR AT RISK

In 2018, 8.2 per cent of children in their first year of school:
- Were not physically ready for the school day (not dressed appropriately, or were hungry or tired);
- Were not physically independent (with independent toilet habits);
- Lacked hand preference/co-ordination; and,
- Lacked gross and fine motor skills.

**Trend:** This was an increase from 7.4 per cent in 2015, but not statistically significant.

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6.3 SOCIAL COMPETENCE AND WELLBEING – ON TRACK OR AT RISK

In 2018, 9 per cent of children in their first year of school:
- Lacked overall social competence (ability to play with various children);
- Did not consistently display responsibility and respect for others/property;
- Experienced difficulty in learning activities (working independently and neatly);
- Experienced difficulty complying with classroom routines; and,
- Were relatively disinterested in exploring new books, toys or unfamiliar objects.

**Trend:** This was a significant decrease from 11.5 per cent in 2009, but no significant change since 2015.

---

6.4 EMOTIONAL MATURITY – ON TRACK OR AT RISK

In 2018, 11 per cent of children in their first year of school:
- Never or almost never showed pro-social and helping behaviour;
- Were often anxious and fearful (worried, unhappy, nervous, sad, indecisive or excessively shy);
- Often exhibited aggressive behaviours (physical fights with other children or temper tantrums); and,
- Were often hyperactive, restless and inattentive.

**Trend:** This was an increase from 10 per cent in 2015, but not statistically significant.

---

6.5 LANGUAGE AND COGNITIVE SKILLS – ON TRACK OR AT RISK

In 2018, 8 per cent of children in their first year of school:
- Lacked basic literacy skills (had problems identifying letters or attaching sounds to them and may not have known how to write their own name);
- Showed little interest in literacy, numeracy and memory (books and reading, maths and number games, and may have had difficulty remembering things);
- Didn’t display advanced literacy (couldn’t read or write simple words or sentences, and rarely wrote voluntarily); and,
*Expressed marked difficulty with numbers (counting, number recognition, shape recognition and time).

**Trend:** This was an increase from 7.4 per cent in 2015, but not statistically significant.

### 6.6 COMMUNICATION AND GENERAL KNOWLEDGE – ON TRACK OR AT RISK

In 2018, 6 per cent of children in their first year of school:

- Had difficulty participating in games involving the use of language; and,
- Were difficult to understand and had difficulty understanding others.

**Trend:** This was a decrease from 6.4 per cent in 2015, but is not statistically significant.

<table>
<thead>
<tr>
<th>AEDC results 2015 and 2018 – children developmentally vulnerable</th>
<th>Wodonga 2015</th>
<th>Wodonga 2018</th>
<th>Victoria 2018</th>
<th>Australia 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical health and wellbeing</td>
<td>7.4%</td>
<td>8.2%</td>
<td>8.2%</td>
<td>9.6%</td>
</tr>
<tr>
<td>Social competence</td>
<td>9.8%</td>
<td>9.0%</td>
<td>8.8%</td>
<td>9.8%</td>
</tr>
<tr>
<td>Emotional maturity</td>
<td>10.0%</td>
<td>11.1%</td>
<td>8.1%</td>
<td>8.4%</td>
</tr>
<tr>
<td>Language and cognitive skills</td>
<td>7.4%</td>
<td>8.0%</td>
<td>6.4%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Communication skills and general knowledge</td>
<td>6.4%</td>
<td>6.0%</td>
<td>7.4%</td>
<td>8.2%</td>
</tr>
<tr>
<td>Children developmentally vulnerable on one domain</td>
<td>21.7%</td>
<td>23.1%</td>
<td>19.9%</td>
<td>21.7%</td>
</tr>
<tr>
<td>Children developmentally vulnerable on two more domain</td>
<td>11.9%</td>
<td>11.1%</td>
<td>10.1%</td>
<td>11.0%</td>
</tr>
</tbody>
</table>

Table 3: AEDC results – Wodonga, Victoria and Australia 2015 and 2018.

### 7. NATIONAL ASSESSMENT PROGRAM – LITERACY AND NUMERACY DATA

NAPLAN is an annual assessment for students in Years 3, 5, 7 and 9. It has been an everyday part of the school calendar since 2008.

NAPLAN tests the sorts of skills that are essential for every child to progress through school and life, such as reading, writing, spelling and numeracy. The assessments are undertaken nationwide, every year, in the second full week in May.

NAPLAN is made up of tests in the four areas (or ‘domains’) of:

- Reading;
- Writing;
- Language conventions (spelling, grammar and punctuation); and,
- Numeracy.
Year 3 achieving benchmark literacy 2017

Victoria: 95.8%  
Wodonga: 92%

Trend: Since 2012, Wodonga has been at least 2.5% below the state average, but has increased from 2014 when it was at its lowest point of 90.9%.

Year 3 achieving benchmark numeracy 2017

Victoria: 96%  
Wodonga: 92.8%

Trend: Since 2013, Wodonga has shown a gradual decreasing trend, whilst the state average has seen improvement. In 2016 and 2017, Wodonga was at least 3% below the state average.

Source: DET 2017 Victorian Child and Adolescent Monitoring System (VCAMS)

8. CHILD PROTECTION SUBSTANTIATIONS

The rate of child protection investigations and substantiations is recorded from all reports made to child protection with concerns for the safety and wellbeing of children and young people. In 2017-2018, 1626 reports were made in Wodonga, and of those, 515 were investigated and 210 were substantiated. This is a substantiation rate of 13%. In the state, there were 114,701 notifications and 17,755 substantiations.

Trend: The number of child reports made to child protection has increased consistently, from 590 in 2012-2013 to 1626 in 2017-2018.

Source: performance.dhs.vic.gov.au

9. FAMILY VIOLENCE

The proportion of family violence incidents where children and young people are involved as other parties as compared to the total number of family violence incidents is an indicator to the level of children and young people experiencing family dysfunction, environmental trauma and distress.

The proportion of family violence incidents where children and young people are involved as other parties.

Trend: Wodonga is consistently above the state figures for proportion of family violence incidents where children and young people are involved as other parties. Since 2009, the proportion has declined, from 55% per cent to 46 per cent in 2012. In 2017, it declined to 36 per cent, and is 2 per cent above the state average.

Source: DET 2018 Victorian Child and Adolescent Monitoring System (VCAMS)
REFERENCES


DEECD, 2014. *Starting out Strong – giving Victoria’s children a great start through better maternal and child health*, Melbourne: DEECD.


DET 2018 Early Years Compact Data Pack 2018 Ovens Murray, Melbourne DET


DET, 2017. *Kindergarten Participation Rates by Year*, Melbourne: DET.


DET, DHHS, MAV: *Supporting children and families in the early years: A compact between DET, DHHS and Local Government (represented by MAV) 2017-2027* DET Melbourne.


