



Swan Hill Rural City Municipal Early-Middle Years Plan 2020-2029



ACKNOWLEDGEMENT OF COUNTRY

Swan Hill Rural City Council acknowledges the traditional custodians of the land on which we operate, and pays its respects to their Elders, past and present.

ACKNOWLEDGEMENTS

The Swan Hill Rural City Council would like to acknowledge the contribution of families, children, young people, community members and service and community partners who provided their knowledge and advice and participated in the consultation process to develop the Swan Hill Rural City Municipal Early-Middle Years Plan 2020-2029 (the Plan).

We acknowledge the close guidance of our Project Control Group consisting of:

- Cindy Hinterholz (Early Years Co-ordinator - Robinvale District Health Services/Our Place Robinvale Partnership Manager)
- Gayle Taylor (Head of Dietetics & Health Promotion - Swan Hill District Health, member of Swan Hill Pregnancy and Early Years Collaborative and the Better Together Collective Collaborative Table)
- Bruce Myers (Director Community and Cultural Services - Swan Hill Rural City Council, member of the Better Together Collective Collaborative Table)
- Jan McEwan (Family Youth and Children's Services Manager - Swan Hill Rural City Council, member of Swan Hill Pregnancy and Early Years Collaborative and the Better Together Collective Collaborative Table)
- Robyn Burns (Team Leader, Maternal Child Health - Swan Hill Rural City Council, member of Swan Hill Pregnancy and Early Years Collaborative)

We also acknowledge the combined efforts of a range of child and family focussed initiatives that have preceded the Municipal Early-Middle Years Plan including: the Robinvale Early Years Network (REYN), Child Family and Youth Network (CYFN), Communities for Children, Our Place Robinvale, Better Together Collective and Pregnancy and Early Years Collaborative to mention just a few.

Special acknowledgement and thanks goes to staff at Mallee Family Care, Robinvale District Health Services, Swan Hill District Health and community group Parents & Bubs – Swan Hill & District for their efforts in ensuring the consultation opportunities reached as many people as possible.

GLOSSARY

Swan Hill Rural City municipality: is the local government area (LGA) governed by the Swan Hill Rural City Council, covering a geographical area of 6115.3km² and stretching from the Lake Boga and Tresco communities in the south to Robinvale in the North and bordered by the Murray River for its Eastern and Northern boundary. This Plan uses the term Swan Hill Rural City municipality throughout to refer to the entire local government area.

Early years: the period of a child's life from 0-8 years, within which the 'first 1000 days' covers the time from conception to age 2 years.

Middle years: Within Australian research the middle years in a young person's life is typically taken to refer to the ages between nine and 12 years. This definition recognises the broadly accepted parameters of the early years encompassing the ages 0-8 years and youth encompassing the ages 12 through to 25 years (or some variation therein).





WELCOME

Welcome to Swan Hill Rural City Council's first Municipal Early-Middle Years Plan to be formally adopted by Council. Our Swan Hill Rural City Municipal Early-Middle Years Plan 2020–29 aims to **improve the health and wellbeing of children aged 0–12 years and their families** across the entire Swan Hill Rural City municipality. The Plan incorporates feedback from a comprehensive community engagement process which focused on what is valued by our community and their hopes and aspirations for the future.

Swan Hill Rural City Council recognises that **the first twelve years of every child's life are crucial for their healthy growth, wellbeing and development**. Accordingly, the Municipal Early-Middle Years Plan aims to enhance the health and wellbeing of children and families by providing a framework to prioritise needs, plan for the future, facilitate partnerships and direct resources.

Whilst Council has embodied a long-term commitment to its families, children and young people and plans to support these cohorts have guided the work of Council in the past – this is the first time an Early-Middle Years Plan has been officially adopted by Council – it is in this way that the voices of almost **1,200 local residents now guide and inform this work** with accountability and rigour.

There are **two parts to the Swan Hill Rural City Municipal Early-Middle Years Plan**. The first 'part' – this document – outlines the purpose of the Plan, an understanding of the strengths and challenges faced by families in the Swan Hill Rural City municipality, the processes involved in developing the Plan and the overarching themes and objectives. The second 'part' is a series of background documents containing more comprehensive coverage of community level demographics, key health and wellbeing indicators for children aged 0–12 years and their families and a comprehensive review of findings emerging from the consultation data.

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[1] Note each section of the Municipal Early-Middle Years Plan is supported by a more comprehensive background document. Application can be made to Swan Hill Rural City Council to access these more detailed supporting documents by contacting Jan McEwan, Family Youth and Children's Services Manager:

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BACKGROUND

According to the Municipal Association of Victoria (MAV) the purpose of Municipal Early Years Plans is to foster a **whole-of-community and whole-of-system approach to building community strength and addressing the underlying causes of inequity and vulnerability of children and families**. Municipal Early Years Plans are place-based **with a focus on prevention, equity, health and long-term social and educational outcomes for children** (MAV, 2018. Resource Guide to Municipal Early Years Planning).

Further to this purpose Swan Hill Rural City Council (SHRCC) stipulated the Plan **must provide strategic direction for the development and coordination of early – middle years programs, activities and other community development processes that impact on children and their families**. The Plan does this by assessing and identifying community need, prioritising actions and suggesting programs, projects and activities to deliver outcomes that will **enhance the health and wellbeing of children and families in the municipality**. In doing so the Plan specifically examined three overarching themes:

- Ensuring the required **family friendly and culturally safe infrastructure** is planned for and achieved in the short, medium and long term
- Providing **services that are relevant and flexible so as to meet the needs of modern families** and
- Ensuring an adequate quantity of **staff skilled to fully meet the needs of our diverse community** (SHRCC, 2019 Municipal Early-Middle Years Plan Research Brief).

Whilst Council cannot control all the factors affecting the lives of families and children, we recognise we have a connection to our families through:

- the **services and infrastructure we provide**
- the **organisations we partner with** and
- the **work we do with other levels of government to represent our community** and seek the resources our children and families require.

As such Council's role in improving outcomes for children, young people and their families and in ensuring all members of our community reach their fullest potential is both significant and diverse and includes our efforts as advocate, planner, leader, facilitator, partner, manager, broker, service provider, researcher, facility provider and program funder. Within these advocacy and partnership is increasingly important.



COUNCIL'S SERVICE DELIVERY

In terms of **actual service provision** to support improved outcomes for our children and young people aged 0-12 years and their families we deliver a range of services:

MATERNAL AND CHILD HEALTH

Maternal and Child Health (MCH) consists of the Universal MCH Service and Enhanced MCH Service. The service is a free primary health service available to all families with children from birth to school age.

The Universal MCH Service consists of the Key Ages and Stages consultations and a flexible service component.

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

The MCH Service is provided in partnership between local government and the Department of Health and Human Services (DHHS). Swan Hill Rural City Council provides MCH centre-based services across the communities of Swan Hill, Robinvale, Nyah West, Lake Boga, Woorinen South and Manangatang. Home visiting services are provided for the first Key Age and Stage check and additionally as required.

Out of school hours (OoSH) care programs including After school care, Vacation care and care on Pupil free days (if numbers demand) offer high-quality childcare for primary school-aged children in a safe, fun environment. They focus on positive learning results which meet the needs and interests of children and their families. Swan Hill Rural City Council provides OoSH programmes in Swan Hill only. Robinvale District Health Services provides OoSH programmes in Robinvale. No OoSH programming is delivered to other Swan Hill Rural City municipality communities.

Immunisations The National Immunisation Program (NIP) Schedule is a series of immunisations given at specific times throughout your life. The immunisations range from birth through to adulthood. Swan Hill Rural City Council provides one morning session of immunisations and one evening session of immunisations each month (i.e. two sessions monthly) from Swan Hill. Robinvale District Health Services provides immunisations services to Robinvale and surrounds. Immunisations can also be provided through private medical clinics by appointment.

Communities for Children activities Swan Hill Rural City Council is funded by the Federal government's Communities for Children Program to deliver a limited number of activities including the Bringing Up Great Kids parenting programs throughout the Swan Hill Rural City municipality. Communities for Children activities aim to strengthen parenting skills and family relationships by ensuring that parents have access to high quality parenting information, skills training and support.

Child and family friendly events including Australia Day and Harmony Day celebrations.





COUNCIL'S SERVICE DELIVERY

LIBRARY SERVICES

Swan Hill Rural City Council provides a permanent Library within the community of Swan Hill, has recently co-invested in the building of a new permanent Library facility within the community of Robinvale and provides a mobile library service to the communities of Robinvale (weekly until the fixed infrastructure is finalised) and fortnightly to Beverford, Boundary Bend, Lake Boga, Manangatang, Nyah, Nyah West (main street and preschool), Ultima and Woorinen.

Within the Swan Hill Town library a comprehensive range of opportunities for children (kids corner), young people (teen zone) and their families are offered including:

- Regular and special school holiday features such as Lego and creative play spaces, book readings, Move and Groove, Saturday Storytime and Baby Rhyme Time, and
- Additional school holiday programs which provide (mostly) free, interactive events and activities, often in conjunction with local service providers.

Regardless of their location all Swan Hill Rural City library members have access to services and resources such as ebooks and eAudiobooks, emagazines, and subscription based sites such as Studiosity (online learning service that connects Grades 4 to 12 students to qualified, expert tutors) and Trove (comprehensive content relating to Australia from libraries, museums, archives and other research organisations) to mention only two.



Swan Hill Rural City Council has been working for some time to implement the Victorian Child Safe Standards. Since the development of the National Principles for Child Safe Organisations and the DHHS recommendation that the Standards are amended to align with the Principles Swan Hill Rural City Council is also adhering to these National Principles.

Victorian Child Safe Standards & National Principles for Child Safe Organisations



EARLY YEARS INFRASTRUCTURE

In addition to direct service delivery Swan Hill Rural City Council provides **critical early-middle years infrastructure** that supports children and families across the municipality. This includes outdoor play spaces, bike paths, Maternal and Child Health facilities, kindergarten and playgroup facilities, and sport and leisure centres.

Further to our direct service and infrastructure delivery Swan Hill Rural City Council recognises the early and middle years as a time of immense change and equally that our communities are changing. New government policies and programs emerge, service providers evolve and are sometimes lost, funding parameters do not always match community needs and our changing population creates new demands for service flexibility and accessible and inclusive infrastructure.

Council clearly recognises that if we are to respond to these changing needs in an adaptive and effective way we must plan, lead and advocate with children, young people and families and work in a 'whole of community' partnership approach with other levels of government and the community. Critically we recognise this will require advocacy and an integration of infrastructure, service systems and practice philosophies.



2006-2009

- 2006 - Mobile Visiting Play Project commenced in Robinvale
- 2006 - Communities for Children commenced. Initiatives included development of a Child Friendly Charter; and Child, Youth and Family Services Network; and programs such as 'Go Kids' (SHDH) and Early Literacy, Language and Communication (Swan Hill Library)
- 2007 - Robinvale Maternity Services Program and the Multicultural playgroup commenced
- 2009 - Robinvale Early Years Network and the SPOT (Speech Pathology / Occupational Therapy) program commenced in Robinvale

2012-2013

- 2012 - Communities for Children was refunded. MFC commenced as the facilitating partner. Initiatives included expanded playgroups delivery, Total Learning Centre, Bringing Up Great Kids workshops, Breakfast Club at Swan Hill Primary School; and support to Play in the Park
- 2012 - Family Friendly Rooms at Swan Hill Primary School become mini a hub for the delivery of playgroups, breakfast club, language and communication groups, Koorie homework club, Bringing Up Great Kids Program for parents and soft referral point to many other off-site services
- 2013 - How Our Children Are Faring (Swan Hill LGA) report released by Mallee Family Care

2018-2020

- 2018 - Better Together Collective commences
- 2018 - How Our Children Are Faring (Swan Hill LGA) report released by Mallee Family Care
- 2019 - the Better Together Collective Woorinen Pilot commences and the Woorinen Working Group (collaboration of agencies, school and community) forms
- 2019 - Pregnancy & Early Years Collaborative commences
- 2019 - Municipal Early-Middle Years Plan development commences
- 2020 - the Better Together Collective Manangatang Pilot commences

2010-2011

- 2010 - Municipality wide consultation and workshop (Murdoch CCH) to plan of integration between education and family services sector
- 2010 - Out of School Hours Care and Jump & Jive playgroup commenced in Robinvale
- 2010 Swan Hill Rural City Council first deliver supported playgroup at Swan Hill Primary School
- 2010 SHRCC & Swan Hill Primary School develop model to better support children and families transitioning to school
- 2011 - Home Interaction Program for Parents and Youngsters (HIPPY), Perinatal Emotional Health Program (PEHP) commenced in Robinvale
- 2011 Swan Hill Rural City Council, Eloquent Speech Pathology and Swan Hill Primary School collaborate and apply to Communities for Children to fund integrated school and community-based activities

2014-2017

- 2014 - Swan Hill Rural City Council win Victorian Early Years Awards for "The Family Friendly Rooms" partnership work
- 2015 - Prize money spent on integrated professional development and 'playwork' for schools, outlying towns and neighbourhoods
- 2015 - Communities for Children was refunded. Mallee Family Care continued as the facilitating partner. Initiatives included continuing work in Swan Hill Primary School and through established playgroups, the introduction of increased social and emotional learning models into schools and the eventual revision of funding parameters to enable increasingly place-based work
- 2017 - discussions start with the Colman Foundation regarding Our Place Robinvale



A COMMUNITY WIDE MOVEMENT

Swan Hill Rural City Council acknowledges, in developing its first formally adopted Municipal Early-Middle Years Plan, it builds on years of increasingly concerted work by a range of stakeholders to improve the outcomes for children and families in the Swan Hill municipality.

These efforts are important foundations. The diagram left presents the history of just some of these key efforts.

It is our hope that, through the platform of the Municipal Early-Middle Years Plan, we can build on these foundations as they are important forebears to this work.

With this in mind, representatives of these initiatives and movements have been intricately involved in the Plan's development including both the research methodology's development and implementation and the review of subsequent data and drafts.

In this way the Plan's Key Directions and Objectives are guides for the common work and focus of far more than only the Swan Hill Rural City Council.

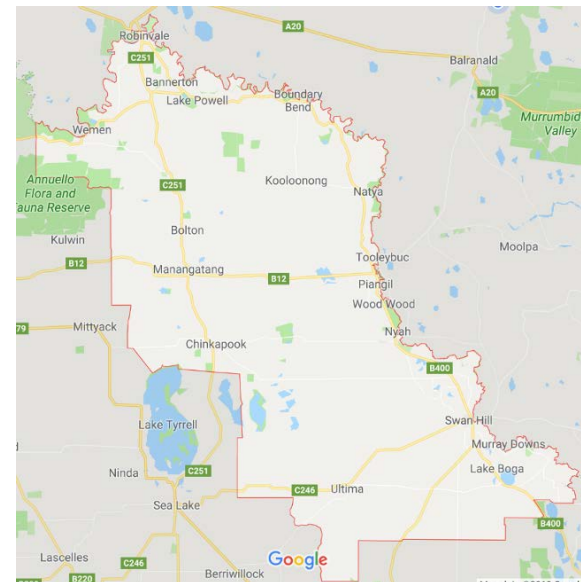
WHO WE ARE

The Swan Hill Rural City municipality is home to around 20,500 people, amongst these are 4,942 families. Based on the 2016 Census of Population and Housing (the Census) **Aboriginal and/or Torres Strait Islander people made up 4.0% of the population, totalling more than 800 community members.** Whilst the median age of the Aboriginal and Torres Strait Islander population was 21 years, the median age across the entire LGA population was 40 years (compared to a Victorian median of 37 years).

Of our population 74.7% were born in Australia - more than 15,000 of our 20,000 community members. This is in contrast to 81.9% of our population identifying as Australian born in the 2011 Census confirming an **increasing cultural diversity** across our municipality. At the time of the 2016 Census **there were 3,408 children aged 0-12 years.** Consistent annual birth rates would suggest this number remains relatively constant.

The **Swan Hill city** itself has a population of almost 11,000 and is a **regional service centre** for some 40,000 people across the catchment. This catchment stretches along the Murray Valley into our state's Mallee and the Western Riverina and Far West in New South Wales. The next largest centre within the Swan Hill Rural City municipality is Robinvale. **Robinvale** has a registered population of 3,313 (at the SA2 level[1]) which is disputed to be more accurately between a minimum of 7,205 and a maximum of 12,131[2].

The Swan Hill Rural City municipality is home to the townships and localities of: Annuello, Beverford, Boundary Bend, Bannerton, Bolton, Chinkapook, Kooloonong, Lake Boga, Lake Powell, Manangatang, Natya, Nyah, Nyah West, Piangil, Robinvale, Swan Hill, Tresco, Tresco West, Ultima, Wemen, Wood Wood, Woorinen and Woorinen South.



Age (years):	Males	Females	Persons
0	141	110	257
1	154	117	265
2	119	127	240
3	151	117	270
4	159	134	295
0-4 years	718	607	1,326
5	133	142	276
6	138	137	277
7	156	115	272
8	131	145	273
9	135	125	259
5-9 years	688	668	1,355
10	127	106	229
11	124	131	258
12	133	108	240
10-12 years	384	345	727
TOTAL	1,790	1,620	3,408

[1] Statistical Area 2 level, a geographical measure applied by the Australian Bureau of Statistics, designed to reflect functional areas that represent a community that interacts together socially and economically.[2] research by GeoGraphia (Robinvale Population Determination Briefing Paper, prepared for Swan Hill Rural City Council July 2019) outlines a population estimation exercise to provide a more accurate measure of the actual, daily resident population in the Robinvale SA2.

HOW WE HEARD FROM YOU >



Comprehensive stakeholder consultation was a key focus of the Swan Hill Rural City Municipal Early-Middle Years Plan – with children, young people, parents and carers and service providers central to this. The ten-year life span of the Plan, alongside the fact that it was the first plan of this kind to be formally adopted by Swan Hill Rural City Council added significant weight to hearing community voice. Importantly, key partner collaboration in the design of the research methods and specific questions ensured the information needs of a range of stakeholders were met through the Plan's consultation efforts.

In total 1,184 community voices informed the Plan with the detail of each of the Swan Hill Rural City Municipal Early-Middle Years Plan's Key Directions and Objectives emerging directly from the review and analysis of these voices. The engagement and consultation process spanned the majority of the Plan's development, commencing in early September and concluding in mid-December, the details of which are summarised below.



1,184 community voices have informed the plan



DRAWING EXERCISE

269 drawings were
completed by children



ONLINE SURVEY

418 students
280 parents/carers/family
50 service providers
completed an online
survey



DISCUSSION GROUPS

61 students
and
66 service providers
took part in a
discussion group



ONE TO ONE CONVERSATIONS

36 parents & carers
took part in a one to
one conversation



HOW WE HEARD FROM YOU- AS THE PEOPLE WHO MATTER MOST

CHILDREN AND YOUNG PEOPLE

Three methods were utilised in **hearing from a total of 748 children and young people** including a drawing exercise to enable us to hear from younger children, an online survey to students in grades 4, 5 and 6 and student discussion groups.

The drawing exercise was offered to children in preschool and grades Prep, 1, 2 and 3. Children had the option to create drawings in response to two questions – ‘To be happy, healthy and safe I need...’ and ‘What I love about my community...’ In total 269 drawings were completed. An online survey was designed and circulated to all grades 4, 5 and 6 students across the 14 public and private schools within the Swan Hill Rural City municipality.

The survey included 11 questions capturing brief demographic information along with quantitative and qualitative responses to a series of key questions focussing on personal and family needs, strengths and deficits of their local communities and how best to hear student voice. In total 418 students responded to the online survey. Additionally, three student discussion groups were held at Swan Hill Vacation Care (16 young people) and with Robinvale College grades 3-4 students (45 young people).



HOW WE HEARD FROM YOU- AS THE PEOPLE WHO MATTER MOST

PARENTS, CARERS, EXTENDED FAMILY AND COMMUNITY MEMBERS

Three methods were utilised in **hearing from a total of 320 parents, carers, extended family and community members.**

An extensive online Survey was developed and circulated through a range of mediums including the Swan Hill Rural City Council and Parents & Bubs - Swan Hill & District facebook pages; long day care, preschool and school newsletters and notice boards; and service provider networks. The survey was lengthy and included both quantitative and qualitative questions. In total 207 online surveys were completed. Additional to the full-length survey a shorter 'Quick 4' Online Survey was developed and circulated through similar methods. In total 73 'Quick 4' online surveys were completed.

Finally, individual in-person conversations took place to ensure the Plan's development included the voices of harder to reach communities and cohorts. The researchers attended a series of events and existing engagement opportunities including targeted visits to the communities of Woorinen, Manangatang, Swan Hill and Robinvale and to specific cohorts including Aboriginal families, culturally and linguistically diverse families and families with a child or children with additional needs. A further 36 parents and carers were reached through this method.





HOW WE HEARD FROM YOU- AS THE PEOPLE WHO MATTER MOST

SERVICE PROVIDERS



Three methods were utilised in **hearing from a total of 116 different service providers** representing a range of organisations.

An online survey was delivered to Long Day Care providers within the Swan Hill Rural City municipality. The main purpose of the survey was to better understand preschool supply and demand factors over the coming few years (particularly in light of Funded Kindergarten for 3 year olds), and ascertain the evolving role of Maternal and Child Health. In total six online surveys were completed representing 100% of the target cohort.

A second online survey for all service providers was designed and circulated through the Swan Hill Child, Youth and Family Network and the Robinvale Early Years Network and a range of local organisations. In total 44 service providers participated in this survey. Finally, dedicated discussion groups were held with services enabling a further 66 service providers to inform the Plan.



WHAT YOU SAID

The number and diversity of community voices reached through the consultation for the Plan further strengthens the largely unified response shared by the people and communities involved. Whilst there were obviously differences in the detail of needs and hopes amongst our communities – overwhelmingly **you told us your needs and hopes were the same-**

- ✓ to live happily and safely together as a family;
- ✓ for your children to grow and thrive with every opportunity to realise their dreams;
- ✓ to be able to do, and be, together as a family – attending spaces, activities and events which are affordable, accessible and safe;
- ✓ to learn and to work; and
- ✓ to have access locally to the key services and supports you need.

An expanse of community voice was collected to inform the Plan of which only the smallest amount is presented here as key themes and understandings.





WHAT CHILDREN SAID

When we asked our younger children – through preschools to Grade 3 – to draw **‘What I love about my community...’** the five most common themes drawn were:

1. Parks and playgrounds (39.1%)
2. Things to do / activities (28.9%)
3. Safe and caring communities (12.0%)
4. Education (10.2%) and
5. Friends (9.8%)

When asked to draw **‘To be happy, healthy and safe I need...’** the most common themes were around:

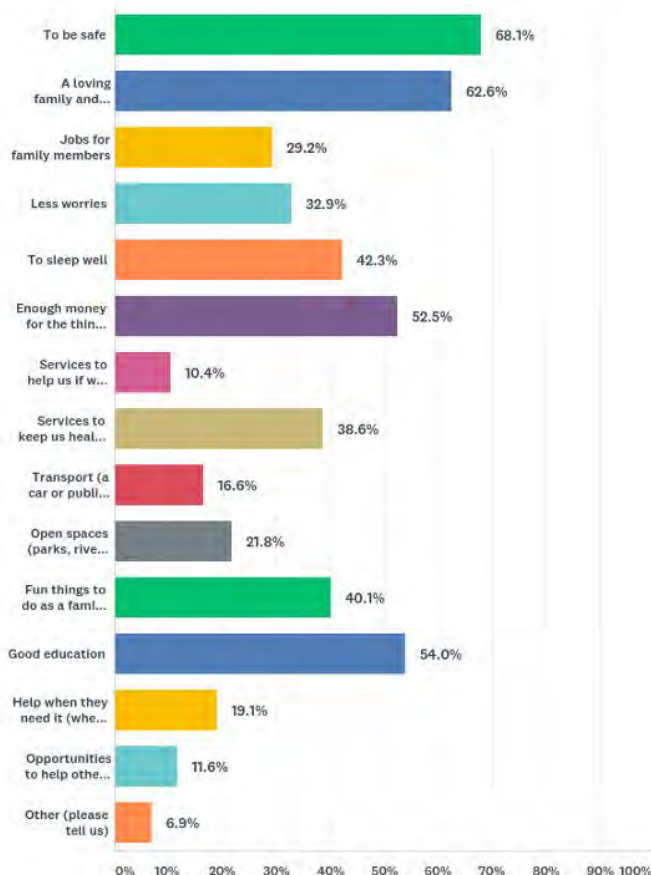
1. Necessities (food, water, housing) (37.3%)
2. Family (15.0%),
3. Services (hospital, police etc) (11.1%)
4. Activities (sports, parks etc) (10.8%)
5. Friends (9.2%),
6. Nature / environment (5.4%), and
7. Security (4.5%).

The survey reaching 418 Grades 4-6 students from across the Swan Hill LGA asked them to select **‘To be happy, healthy and safe my family needs...’** from a list of 15 items. The most selected responses included:

1. To be safe (68.1% of responses)
2. A loving family and friends (62.6%)
3. Good education (54.0%)
4. Enough money for the things we really need (water, food, clothes) (52.5%),
5. To sleep well (42.3%)
6. Fun things to do as a family that are free or low cost (40.1%) and
7. Services to keep us healthy (Doctors, dentists, hospitals and nurses) (38.6%) (see graph, left).

When asked to comment on **‘The thing I like most about my community is...’** the overwhelming response were themes regarding their community members / people including that they are:

1. Inclusive, welcoming, friendly, and ‘care about kids’ and
2. The great parks and spaces.



QUOTES

“

"To be healthy I have to eat healthy, not play games all the time and be sporty".

-Grade 4-6 student-

"To be happy I need education and good memories from my past".

-Grade 4-6 student-

"To be safe I need to know I am safe around other people, make sure I don't give personal stuff away to random people".

-Grade 4-6 student-

WHAT PARENTS, CARERS, EXTENDED FAMILY AND COMMUNITY SAID

As parents, carers, extended family and community members you shared critically important information with us. One online survey question asked **‘As a community what do we do well for children aged 0-5 years and their families?’** responses were grouped into six broad themes:

1. Playgroups (31.4% of all mentions),
2. Library including the Swan Hill Town Library, Mobile Library service and Swan Hill Community Toy Library (19.8%),
3. Maternal and Child Health service (16.5%),
4. Parks and playgrounds (13.2%),
5. Preschool / kindergarten (10.7%); and
6. Childcare (8.3%).

Parents and carers of children aged 0-5 years were also asked **‘As a community what could we do better for children aged 0-5 years and their families?’** The six most mentioned themes were around:

1. Improved playground / park infrastructure (17.6% of all mentions),
2. Indoor / all-weather play options (16.8%),
3. Increased local access to health and wellbeing supports and specialists, especially for vulnerable families (11.5%),
4. Family friendly facilities, like ‘Parents’ Room’ or a Family Hub (10.7%),
5. More diverse and out of hours activities for children and families (8.4%); and
6. Increased childcare availability and affordability (especially in rural communities) (7.6%) of mentions.

The online survey asked all parents and carers **‘Do any of the children you are a parent / carer to have additional needs?’** 20.9% of parents and carers indicated Yes.

When asked to comment on service needs the most commonly noted gaps were around:

- paediatric support,
- mental health support for young people under the age of 11 years; and
- the challenges experienced through the National Disability Insurance Scheme (NDIS) application process and subsequent use of NDIS funding.

Parents and carers of children aged 5-12 years were asked **‘What do you see as the main concerns for your children aged 5-12 years?’** The most mentioned themes were around:

1. Limited age and ability appropriate activities (18.3% of all mentions),
2. Education choice and quality (14.6%),
3. Connection, relationships, friendships, healthy opportunities for socialisation and respect (13.4%),
4. Educational support and resourcing (including support for parents in supporting their children) (8.5%),
5. Cost of extracurricular activities (including travel) (7.3%),
6. Mental health (including anxiety, lack of confidence) (6.1%),
7. Bullying in schools (6.1%),
8. Poor playground / park spaces (rural communities) (3.7%),
9. Support services (access and cost) (3.7%), and
10. After school and holiday care (3.7%).



WHAT PARENTS, CARERS, EXTENDED FAMILY AND COMMUNITY SAID



The online survey also asked all parents and carers **‘What are your hopes or dreams for you and your family?’** The most mentioned themes were to be (or for):

- 1.Happy (21.5% of all mentions),
- 2.Healthy (20.1%),
- 3.Safe (6.6%),
- 4.Personal success and growth (6.6%),
- 5.Inclusion and connection (5.5%),
- 6.Quality education (including further education) (4.7%),
- 7.To stay in our current community (4.7%), and
- 8.Employment opportunities (4.4%).

Parents and carers were asked to select the **‘Services or groups WE NEED MORE OF in the Swan Hill LGA?’** from a list of 15 broad options – the most selected services were:

- 1.Other early years activity (e.g. kinder gym, reading groups at your local library) (41.0% of all selections),
- 2.Family / Children’s Hub (33.6%),
- 3.Child Care/Family Day Care (31.1%),
- 4.School holiday programs (for example at the library, swimming pool, Pioneer Settlement) (31.1%),
- 5.Allied health services (e.g. Dietitian, speech therapy, occupational therapy) (30.3%),
- 6.Services for new parents (including new parent’s groups etc.) (28.7%),
- 7.Playgroups (27.9%),
- 8.Parenting education groups or programs (e.g. Bringing Up Great Kids, Parents Under Pressure) (27.0%),
- 9.Family support services (e.g. social worker, counselling services, psychologist) (27.0%),
- 10.Support for children with special needs (26.2%), and
- 11.Before and after school care (20.5%).

From this parents and carers were asked **‘How can we make our services more friendly for everyone?’** The most mentioned broad themes were

- 1.Friendly, non-judgemental, inclusive, supportive and culturally respectful to all community members (19.7% of all mentions),
- 2.Appointments - flexible times and simple systems for making appointments (after hours, weekends) (13.1%),
- 3.Increased awareness of what services are available (including accessibility and eligibility) (9.8%),
- 4.Providing services into smaller rural communities (or even larger communities serviced through hub and spoke models) (8.2%),
- 5.High quality services with skilled staff (staff who are more aware of the realities of modern families/ parenting) (8.2%),
- 6.Service collaboration (no wrong door, soft referrals) (6.6%),
- 7.Bring parents together (for example through Parent Groups) encourage peer learning and support (6.6%),
- 8.Affordable for all (6.6%), and
- 9.Location and Co-location of services (including whether they looked welcoming, family friendly and culturally respectful) (6.6%).

WHAT PARENTS, CARERS, EXTENDED FAMILY AND COMMUNITY SAID

When asked **'How would you like to hear about the services you need as a family?'** The most mentioned themes were:

1. Dedicated local advertising (facebook page, website, purpose-built APP, TV, radio, parenting magazine, newspaper) (24.8%),
2. Social media / Facebook (23.1%),
3. Parenting group E-list (15.7%),
4. School / Preschool / childcare newsletters (9.1%),
5. Online (7.4%),
6. Health / support services (Hospitals,
7. Maternal and Child Health, Library) (7.4%),
8. Text messages (4.1%) and
9. Post (newsletter) (4.1%).

The second online survey – the Quick 4 survey – asked parents and carers **'What is the hardest thing your family faces (or has faced)?'** The most mentioned hardships were:

1. Accessing appropriate and timely health services (GPs, pregnancy services, Paediatricians) (29.0%),
2. Geographical isolation (10.0%),
3. Financial hardship/Cost of living (10.0%),
4. Lack of appropriate/affordable play and extracurricular options for children/families (7.0%),
5. Poor mental health (parent or child) (7.0%),
6. Child Care (6.0%),
7. Poor health (4.0%),
8. Shopping facilities (4.0%),
9. Lack of housing (affordable, appropriate), Being a single parent/blended family/co-parenting, No public transport (3.0% each); and
10. Parenting, work/life balance, employment opportunities, emotional hardship/grief (suicide, death) and struggling communities (businesses closing, population decline, ageing amenities) (2.0% each).

Parents and carers were also heard from through a range of in-person settings. Researchers attended schools and preschools at 'pick-up' times, school assemblies, playgroups and planned community events to ensure as many families as possible could inform the Plan. A huge diversity of families were reached through these methods, including some highly under-resourced families facing multiple layers of vulnerability.

Even in group settings conversations were with individuals. In this way highly personal experiences and sensitive issues were shared. **Families sought the same key things: connection, inclusion and belonging; empathetic and respectful support; services that were easy to find, accessible, connected and knowledgeable; to tell their story only once; spaces, events and activities that were family friendly; high quality education for their children and, later, employment opportunities.**

Parents and carers also sought opportunities to come together and learn from each other – parent groups, both for parents of older children, for fathers and for carers were all requested. It was through these conversations especially that the challenges experienced through the introduction of the NDIS were highlighted.



QUOTES

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“There is little to no support for stay at home Dads – they are not allowed at mothers group with MCH which is important for the first 6-8 weeks with a newborn”.

-Parent-

“Living in the Mallee is one of the hardest things I’ve ever had to do especially with children. The isolation between town Swan Hill and the smaller communities is absolutely remarkable, and people forget especially professionals that it’s not as easy to pick up and wait for appointments or do things or travel into town just at the drop of a hat”.

-Parent-

WHAT SERVICE PROVIDERS SAID

Through the research process service providers informed our understanding of community needs through an online survey and a series of discussion groups. Together the knowledge of our service providers overwhelmingly confirmed:

- ✓ For a growing proportion of our families there is increasing vulnerability and complexity in their lives. Traditional service models are not meeting the needs of these families,
- ✓ The importance of relationships in reaching and supporting all children and families and particularly our most vulnerable children and families is central,
- ✓ Maternal and Child Health is a critical early service in the lives of our children and families and positive connection with MCH plays an important role in prevention and early intervention,
- ✓ Families and children are healthiest when they are connected with other families and their communities and know of, and can link easily with, the services they need, and
- ✓ Families are seeking services that are simple to access and use and who work together. The co-location of key services into Hubs is a growing expectation of our families.

These observations made by service providers through the Plan's consultation process reflect the information shared by key community and service movements such as Parents and Bubs Swan Hill & District, the Robinvale Early Years Network, the Swan Hill Child Youth and Family Network, the Better Together Collective and the Pregnancy and Early Years Collaborative.



QUOTES

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"There are many service gaps, however this could be reduced if services worked more collaboratively and banded together. This would involve sharing of information, co-locating and letting go of the idea that they 'know what's best' for community. Changes are needed and these changes need to be led by community, not by services and organisations".

-Service Provider-

"Being led by the needs of community members, rather than what is believed to be needed. The Plan must be live and not once done and dusted that's it. Community have expressed through our program (particularly Aboriginal and CALD families whom we have developed strong relationships with) the need for services in one spot that aren't badged; welcoming all and in an area that is accessible. This goes hand in hand with the criticism that services operate in silos, aren't responsive to the needs of community and when asked their opinion they are ignored. Please note this criticism is not aimed at Swan Hill Rural City Council but at us all in the sector of supporting children and families in our communities of interest".

-Service Provider-

OUR VISION for the EARLY-MIDDLE YEARS

'The Swan Hill Rural City Municipality plans to provide for, promote and act mindfully for children from conception to 12yrs (and beyond) to experience a safe and connected community where the enjoyment of life, good health, safety, learning and development is of the highest priority.

There is work to be done in developing a culture of inclusion and high expectations in the homes, services, environments and neighbourhoods where young children and families are living and accessing. We know that not all of our children and families have the same needs or expectations and have decided if we focus our improvements on the most vulnerable and children with the highest risk of poor life outcomes we can make the greatest difference to our entire community'.




The Municipal Early-Middle Years Plan aims to guide the delivery of services and decisions for children and young people aged 0-12 years and their families into the future. In doing so it is important to acknowledge the ongoing commitment of Early-Middle Years agencies and the broader community in supporting children have the critical opportunities they need to grow and learn in an inclusive and caring environment. However, work remains in developing a culture where the active inclusion and care of all children and families is deeply ingrained across our whole municipality. For this reason, the Plan has been prepared with an emphasis on working together in partnerships.

We believe that if our services and actions meet the needs of our most vulnerable and highest risk children and families then we will build a baseline that meets the needs of all our children and families.

WHAT WE WILL DO – KEY DIRECTIONS & OBJECTIVES

The Swan Hill Rural City Municipal Early-Middle Years Plan has six **Key Directions** to guide the practice of Early-Middle Years services over the next decade. These Key Directions bring together an understanding of our population, the current Early-Middle Years' service system, government policies and funding and, most importantly, our community's voices. These **Key Directions are our response to the priorities identified by our children, young people, families, community members and service providers together with what evidence tells us works.**



KEY DIRECTION 1

Our children, from conception, have every opportunity to be healthy

KEY DIRECTION 2

Our families are happy, healthy, connected and safe

KEY DIRECTION 3

Our Early-Middle Years workforce is skilled, client focused, supported, connected and responsive

KEY DIRECTION 4

Our services are high quality, flexible and innovative, working together for our children and families

KEY DIRECTION 5

Our infrastructure is high quality, flexible, accessible and future focused

KEY DIRECTION 6

Our whole community values and upholds the rights of all children and families



KEY DIRECTION 1

Our children, from conception, have every opportunity to be healthy

Purpose: to ensure every child living in the Swan Hill Rural City municipality has the best start in life through conception, pregnancy, the early and middle years and into their youth.

Background: the evidence base is clear, the environment and experiences of our children in utero, and in the early and middle years is formative, shaping their outcomes through life. Investment early in life and early in an area of concern gives the greatest potential for the best outcomes – thus ensuring our children reach their fullest potential for both themselves and their communities. Research shows this investment provides strong financial returns and, more importantly, can dramatically improve whole of life chances and outcomes for our most vulnerable community members.

As a community you told us very clearly you want the very best for your children and young people. We recognise the shared role that families, the community and services play in helping children achieve their full potential.

“A child’s earliest years fundamentally shape their life chances. Gaps in capabilities between children from socioeconomically disadvantaged families and their more advantaged peers appear early in life. Starting school ‘behind the eight ball’ can begin a cycle of disadvantage that sets a trajectory for poorer outcomes later in life”
(McLachlan, et. al. 2013).

OBJECTIVES: KEY DIRECTION 1

OUR CHILDREN, FROM CONCEPTION, HAVE EVERY OPPORTUNITY TO BE HEALTHY

- The delivery of supports and services to our children, young people and their families ensure the highest quality tertiary services and a strengthened approach to prevention and early intervention,
- Family and Early Years services will wrap around our most vulnerable families from their child's conception, adopting a life course approach in their support – this is a commitment between Swan Hill Rural City Council and key partners to support and nurture each vulnerable child within their family unit
- All children and families are provided the necessary services, supports and opportunities to achieve their best possible physical and mental health. Service gaps specific to paediatric and visiting specialists, and in supporting children under 12 years with mental health concerns, is significant within this
- All families with children will have opportunities from birth to connect with other families and services through formal and informal platforms such as parent groups, playgroups and community events
- All families with children from birth to school age will be supported in connecting with Maternal and Child Health and undertaking scheduled immunisations
- Families will be supported in ensuring optimal nutrition for their children including through breastfeeding as per the Australian Dietary Guidelines and Infant Feeding Guidelines
- All children will be supported to attend early education services with high quality funded kindergarten for three and four year olds provided in settings which meet the needs of our families and their children, early opportunities to experience our Indigenous culture and language are presented in these settings
- All children, and particularly vulnerable children, are supported at key life stage and education phase transition points
- School aged children and their families will be given every opportunity to achieve their educational goals in safe and supportive settings, additional support will be provided at periods of transition
- Services will work to increase the literacy and numeracy skills of our children and their families
- All services will work to build the social and emotional wellbeing of our children and their families, with a balance of universal and targeted strategies developed



KEY DIRECTION 2

Our families are happy, healthy, connected and safe

“....children who grow up in a home with entrenched disadvantage are more likely to graduate to a lifetime of disadvantage. In effect, they are likely to inherit disadvantage.”
(Committee for Economic Development of Australia, 2015)

Purpose: to acknowledge and protect all families – understanding their health, safety, sense of belonging and happiness is central to the wellbeing of our children.

Background: families are the guardians of each child’s first environment, their parents or carers are their first educators and the most significant influencers in their lives for many years. Research shows that families who are happy, healthy, connected and safe have the capacity to parent more successfully, coping more evenly with the challenges of parenting. This Plan recognises that our families come in all forms – within this we must specifically acknowledge the importance of including fathers in groups and settings traditionally set aside for mothers (for example First Time Mothers Groups and Maternal and Child Health).

An increasing proportion of our families are experiencing entrenched, intergenerational disadvantage. The Committee for Economic Development of Australia (2015) believes two aspects of entrenched disadvantage are clear: the problem is both significant and complex; and current policies to remove entrenchment are not working. This complexity is a reflection of the factors causing and impacting on disadvantage – some of which are systemic – that is they are ‘conditions’ that hold problems in place. Equal pay for equal work is an example of a systemic barrier and one our governments are working to address. Implicit in systemic factors are hidden rules – the unspoken habits and cues of a group which enable that group to hold a power over others. Hidden rules exist within race, nationality, region, age, sex, religion, and economic class.

The research shows that minimising the risk of disadvantage becoming entrenched in high-risk individuals requires a suite of policies to address the many influencing factors including: coordinated, long-term, flexible funding streams; life-course or long-term policies; and building community capacity and strategic leadership. The report by the House of Representatives Select Committee on Intergenerational Welfare Dependence (2019) sets out two over-arching principles essential to successful programs for shifting entrenched disadvantage: place-based programs; and wrap-around services (wrap-around services are individualised, co-ordinated and take a holistic approach). There’s certainly evidence that bringing together supports that address both the needs of children and the needs of parents at the same time can have a multiplier effect more effective than working in isolation on particular aspects. Bringing together high quality early-learning pathways and economic participation for parents, building parents’ capacity as their child’s first teacher, and enhancing a family’s community connections and social participation are all identified as having powerful impacts.

Regardless of approach, as a starting point we must recognise that the longer we choose to ignore the pervasiveness of disadvantage and refuse to recognise how implicit it is in the wellbeing of our families and children the more entrenched it will become.

OUR FAMILIES ARE HAPPY, HEALTHY, CONNECTED AND SAFE

As a community you told us very clearly you want to live as families who are healthy, happy and safe, in communities where you can belong and feel valued. You seek spaces and opportunities to come together as families and enjoy and learn from each other. We heard this equally from our children, young people and their families. As parents you told us we need to do better at supporting all parents but particularly at supporting our fathers, our families and children with additional needs and vulnerabilities and our rural families. Whilst services such as childcare was considered a strength within the community of Swan Hill, for all other communities across the Swan Hill municipality there were significant unmet needs.

Objectives:

- All families live free from the fear or threat of family and community violence
- All families live free from discrimination and our community diversity - in all its forms - is respected. Hidden rules and assumed practices are questioned and changed
- Services, supports and community opportunities ensure families can connect regularly with each other in safe settings and spaces
- Our communities have access to healthy and affordable foods and activities and spaces which support physical activity, and learning opportunities to support the knowledge required for improving health and wellbeing
- Families are respected, confident and have the capabilities to support their children's development at all ages and stages, this includes through various parenting models such as co-parenting, sole parenting and couple parenting
- All families are supported in work and respite through access to affordable and appropriate childcare, including the development of models which respond to clearly expressed local needs in our rural communities and for our families with children with additional needs
- Families have access to information about the risk and protective factors for child development and the services and supports available for children and families
- Traditional parenting roles are evolving with parents sharing the breadwinner and principal carer roles more evenly. Fathers are playing an increasingly active parenting role and services and supports must reflect this evolution
- As a community we respect, welcome and include the full diversity of families including all cultural and religious backgrounds, gender diverse families, nuclear, sole parent and blended families, and foster and kinship families including an increasing number of grandparent led families. As services we understand and appreciate cultural differences in order to plan and provide services that meet the needs of all families
- We are critical of systemic conditions which hold entrenched disadvantage in place for our vulnerable families and at risk children - we 'lift our gaze' from being reactive to end-point 'issues and symptoms', instead redirecting our effort to proactive change at Federal, State and Local Government and intra-community levels





KEY DIRECTION 3

Our Early-Middle Years workforce is skilled, client focused, supported, connected and responsive

Purpose: to ensure our Early-Middle Years workforce is of both a quality and quantity that enables our services to meet the needs of our children and their families.

Background: research demonstrates that families will most reliably use the services they need when service providers are believed to be skilled, knowledgeable, experienced, respectful, consistent in the role and people they can form a relationship with. Alongside these practice attributes are provision qualities – the service is available in a timely way, appointment times are flexible, appointments are simple to make, referral (if required) is straightforward, appointment reminders are offered, waiting spaces are family friendly, transport options are considered, and cultural and language barriers are addressed.

As a community you told us that you value the relationships you have with your trusted service providers and equally how services can fail you. You need services that are accessible, available, respectful and skilled, that deliver what they say they will and follow-up as needed. Our service providers told us that the complexity and needs of many clients are growing and, as services, they are often under-resourced to respond at the scale needed. The way we work together and the frameworks and infrastructure that supports this collaboration will be critical in changing outcomes for our children and families.

“Complex problems such as mass incarceration, educational disparities..... remain [because of the] constraints that surround [them]. Constraints include government policies, societal norms and goals, market forces, incentives, power imbalances, knowledge gaps, embedded social narratives, and many more. These surrounding conditions are the ‘water’ [systems] we need to explore more deeply.”

John Kania, Mark Kramer, Peter Senge (2018)

OBJECTIVES: KEY DIRECTION 3

OUR EARLY-MIDDLE YEARS WORKFORCE IS SKILLED, CLIENT FOCUSED, SUPPORTED, CONNECTED AND RESPONSIVE

- Provide high quality opportunities for building the skills and knowledge of all service providers across universal areas such as strengths-based practice, entrenched disadvantage, trauma informed care, family violence, the impact of under-resourcing, gender equity, white privilege and cultural awareness and respect
- Safeguard existing and create new opportunities for service providers to network and share knowledge
- Create multi-skilled teams which blend disciplines to better service clients including through models which enable inter-agency and sector teams and the sharing of staff
- Increase flexibility in models of position development and recruitment including sharing staff and co-funded positions
- Work to remove professional 'power' and damaging practice 'boundaries' which do not serve the needs of our children and families and jeopardise opportunities for partnership and collaborative practice
- Work within existing platforms and create new opportunities to promote career opportunities across the Swan Hill municipality
- Consider, when required, the role of incentives in attracting a skilled workforce to our communities – the provision of housing and community amenity may be central to this, and increased investment in succession planning models
- Acknowledge and promote the incredible efforts of our service providers. As a municipality valuing our children and families means valuing the services that exist to support them



KEY DIRECTION 4: Our services are high quality, flexible and innovative, working together for our children and families

Purpose: to meet the needs of our children and families' organisations and agencies must continue to offer high quality services that evolve with the needs and complexities of our communities. Partnerships in service provision are central to this.

Background: service provider and community partnerships are increasingly being identified as a priority of governments, community organisations and within the Early-Middle Year's sector. The evidence base confirms that our most complex problems, such as entrenched disadvantage and family violence, will only be addressed through collaborative approaches for collective impact which see services work together with communities to understand and implement local and regional solutions. Demographic changes across the Swan Hill municipality including increasing levels of vulnerability and disadvantage across some critical health, wellbeing and education indicators alongside systemic issues that impact on families and the conditions under which they raise children are encouraging our area's service providers to work together to respond more appropriately to emerging needs.

Research shows that interagency partnerships can better support families by ensuring a more consistent approach across service types thus making services more accessible, supporting information sharing and streamlining referral and follow-up. Partnerships pool funding, align community goals, share data and information and agree on indicators which reflect sought changes in population health (in preference to programmatic achievements). However, partnerships require both leadership and staffing and our local research recognised some shortfall in workforce EFT and capacity to service the needs of our complex community members.

There are already a range of partnerships throughout the Swan Hill municipality between local, State and Federal Government, community agencies, education facilities, not for profit and for profit organisations, philanthropies and businesses. Included amongst these are the Robinvale Early Years Network, the Swan Hill District Health led Pregnancy and Early Years Collaborative, the Our Place Robinvale approach and the Better Together Collective. Most recently the Better Together Collective has implemented the Woorinen Pilot and the Manangatang Pilot, community led and place-based models for change which use our schools as a platform for enhanced service delivery.

During the community consultations undertaken to develop the Plan, families told us they seek services that are simple to find, flexible, efficient, connected and 'in-sync'. As families you did not want to re-tell your story, struggle to connect with services or be constantly passed on to another service because you do not fit funding parameters. Increasing promotion and awareness of services was central to this and families expressed a clear preference for online and electronic sources. Further to this you told us appointment times needed greater availability and flexibility to meet the changing needs of single parents and shift workers. Equally service providers made it clear that affordable, inclusive, coordinated and accessible services were vital in ensuring all children have the best start in life.

OBJECTIVES: KEY DIRECTION 4

OUR SERVICES ARE HIGH QUALITY, FLEXIBLE AND INNOVATIVE, WORKING TOGETHER FOR OUR CHILDREN AND FAMILIES

- Provide families with clear, concise and up-to-date information about programs and services in formats that meet their needs including electronic and physical forms
- Recognise, document and work to address workforce shortages across the Swan Hill municipality
- Develop whole of community interagency partnerships to coordinate efforts and funding to provide high quality, accessible and responsive Early-Middle Years and family services and programs that respond to the priority needs of all children and their families
- Support access and participation in early childhood services for children living in Out of Home Care
- Partner to deliver and develop a further enhanced Family (previously Maternal) and Child Health model for Swan Hill Rural City municipality which provides increased capacity for support starting in pregnancy, continued nurse home visiting and intensive support (over and above Key Ages and Stages) to our most vulnerable families
- Encourage the sharing of program, client and research data to improve our evidence base and to help plan, deliver and advocate for responsive, place-based services
- Advocate to State and Federal Governments for funding and support in response to the emerging needs of the community and the investment required for collective impact
- Strengthen 'no wrong door' referral pathways across universal, targeted and intensive early childhood and family support services
- Improve outreach and engagement with vulnerable families in supporting child development in the home and participation in services at all levels, especially universal health, early childhood education and care, and family support
- Partner with our communities to inform continued advocacy around models and frameworks which do not fully serve their needs (the National Disability Insurance Scheme [NDIS] is a critical current example of this) and equally around developing models and frameworks which will meet and surpass their needs
- Implement the Plan and evaluate its effectiveness in achieving strong partnerships, objectives and actions



KEY DIRECTION 5: Our infrastructure is high quality flexible, accessible and future focused

Purpose: to plan for, encourage and support the development of high quality, flexible, accessible and future focused family friendly spaces and infrastructure that meets the needs of modern families now and into the long-term future (50 years and beyond).

Background: Swan Hill Rural City municipality is geographically large, experiencing some population growth in its main service centres of Swan Hill and Robinvale and trends of declining population in its more isolated rural communities. Supporting infrastructure to safeguard sustainable, cohesive and healthy communities requires a planned approach to the upgrade and maintenance of existing infrastructure and the strategic and coordinated establishment of new infrastructure. All infrastructure development must reflect the evolving role of Swan Hill and Robinvale and regional centres. It is imperative that the development of these services and infrastructure is responsive to changing community needs, priorities and desires.

In light of the introduction of funded three-year-old kindergarten programming in 2022 and the increasing demands this will place on existing kindergarten infrastructure, early years education infrastructure were a particular focus of the Municipal Early-Middle Years Plan's consultations. International research indicates the educational, transitional and service sustainability advantages of co-locating kindergartens on-site at schools. This research is supported by our Victorian Department of Education and Training. Our research focussed on the hopes and needs of all our communities and specifically on those currently utilising ageing kindergarten infrastructure including Swan Hill North and South Kindergartens, Woorinen South Kindergarten and Manangatang and District Kindergarten.

Through the community consultation most families surveyed indicated a preference for kindergartens to be located on school sites and for kindergarten service hours to reflect a mix of needs, including that of working families. Early years education service provider consultations confirmed several new entrants into the Swan Hill early years education service delivery space will be operating by early 2021. Infrastructure requirements for the Swan Hill and Woorinen services should reflect this evolving demand space. The Manangatang Kindergarten facility is the oldest in the municipality and requires significant investment. Comprehensive consultation with the Manangatang community and a range of key external stakeholders is required to further understand the community's needs and preferences into the longer term. This is a conversation for both current and future families of the service.

Maternal and Child Health infrastructure; also in the communities of Swan Hill, Woorinen South and Manangatang; were areas of concern. The Swan Hill infrastructure is the most urgent amongst these as it is already not meeting the needs of the service, staff or our community. This increasingly unmet need aligns with the evolving conversation for a 'Child and Family'[1] Hub in Swan Hill (recognising a developing 'Hub' is already in place in Robinvale). As a community you clearly told us Maternal and Child Health would be a critical service in a Hub setting. Research shows us that the co-location of Maternal and Child Health with other key allied health services increases opportunities for positive outcomes for our families. Locally the highly successful co-location of Maternal and Child Health within Robinvale District Health Services is an example of improving outcomes for our children and their families. The Swan Hill 'Hub' conversation should be considering all localised possibilities including co-location in the proposed new Swan Hill District Hospital, co-location within an existing service or vacant infrastructure (both Council owned and other) and purpose-built infrastructure.

[1] Working title, with the name and parameters of a Hub still very much a part of ongoing conversations

OBJECTIVES: KEY DIRECTION 5

OUR INFRASTRUCTURE IS HIGH QUALITY FLEXIBLE, ACCESSIBLE AND FUTURE FOCUSED

Through the community consultation you told us clearly you need infrastructure that is welcoming, accessible and functional, bringing services together under one roof and open to multiple purposes. We recognise that within the municipality Swan Hill is becoming an increasingly significant regional centre and will continue to do so. For our rural families we must work to offer a service centre that caters for families from outlying communities who may need to be in Swan Hill for full days during the heat of summer, cold of winter and days of rain – a ‘Hub’ of early and middle years services including spaces to feed and change babies and entertain older children was a clear request.

- Ensure all new infrastructure across the Swan Hill municipality which has a role in servicing our children and families (including education, health, wellbeing and recreation infrastructure) reflects the needs of our families now and into the future. Services with a key role in prevention and early intervention should be prioritised in all infrastructure builds if we are to truly improve long term outcomes for our children and families
- All new infrastructure and all renovation investments reflect the needs of children and families as child friendly, accessible, welcoming and culturally appropriate and safe
- As regional centres Swan Hill and Robinvale require child and family ‘Hubs’ – family friendly and safe spaces where families can gather to have their amenity, social and service needs met. This work is underway in Robinvale at the Robinvale College with an Early Years Hub and community/school library a combined effort of multiple stakeholders. The Swan Hill community requires a continuing coordinated effort in this space as a matter of priority
- Encourage businesses to respond proactively to the community’s desire for family friendly indoor, all-weather and sensory play spaces
- Ensure all early years education infrastructure across the Swan Hill Rural City municipality meets the needs and preferences of our families as demand for kindergarten places increases. Co-location onto school sites should be considered
- All education infrastructure (including early and middle years) should create opportunities to co-locate playgroups and visiting children’s services on-site, drawing on the success of the Woorinen Pilot and Upstream Australia’s community of services and schools (COSS) model
- Ensure all Maternal and Child Health infrastructure across the Swan Hill LGA meets the needs and preferences of our families as a critical prevention and early intervention service





KEY DIRECTION 6

Our whole community values and upholds the rights of children and young people

Purpose: to ensure the creation of child friendly environments that are safe and welcoming to all children and uphold the rights of children to participate in the decisions that have an impact on their lives and to meet legislated Child Safe Standards.

Background: children are among the most vulnerable members of our community and it is the role of the whole community to ensure their safety. As Australia is a signatory to the United Nations Convention on the Rights of the Child, all Australian children have recognised rights, including the right to play, health care, and loving and caring home environments. The responsibility for improving outcomes for all children lies not only with their families but also with the community as a whole. This includes Swan Hill Rural City Council and other government and non-government services responsible for providing a range of programs, activities and facilities for families and young children across the Swan Hill Rural City municipality.

Through the consultation it was our children and young people who told us most clearly that safe and friendly communities mattered to them. As our youngest participants in the research you also told us, and demonstrated through your responses, that you are informed and knowledgeable in not only your own needs, but in the needs of your families and communities. We respect immensely the importance of what you shared and your wish to continue sharing into the future.

OBJECTIVES: KEY DIRECTION 6

OUR WHOLE COMMUNITY VALUES AND UPHOLDS THE RIGHTS OF CHILDREN AND YOUNG PEOPLE

- Ensure safe environments for children and their families, including both private and public spaces
- Provide equitable access for children - regardless of gender, ethnicity, religion or ability - to diverse and supportive environments and services that respond to their needs and aspirations and are nurturing, culturally appropriate and safe
- Provide children with the right to freedom of expression, to seek and receive information and influence decisions that affect them including decisions about their community and their health and wellbeing
- Incorporate the needs and rights of children when developing municipal planning documents and strategic directions
- Increase community awareness about the importance of early and middle childhood, the value of children, the role of parents and of those who work with children
- Create communities with strong cultural and amenity value, including clean and maintained spaces and opportunities for community and individual pride
- Support organisations, programs and initiatives that promote children's safety in the community



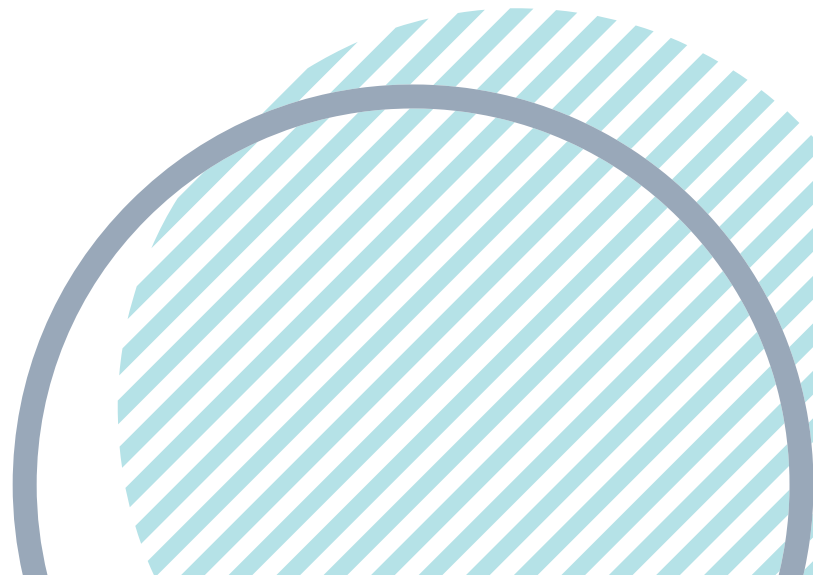
ACTION PLAN



Each Key Direction and its Objectives has led to the development of a significant range of actions to be undertaken by Swan Hill Rural City Council in partnership with community and organisations.

These Actions will be outlined in Council's Annual Action Plan, the development of which have been supported by initiatives such as the Pregnancy and Early Years Collaborative, the Robinvale Early Years Network, the Our Place Robinvale approach and the Better Together Collective and Mallee Family Care as the Communities for Children facilitating partner.

Moreover, the active and strategic support at State and Federal government level is critical, key stakeholders include Department of Education and Training, Department of Health and Human Services and the Department of Premier and Cabinet to name a few.



OUR STRENGTHS AND CHALLENGES

We believe **data about our community should not define us but instead guide our actions** as, whilst this data may indicate a measurement pattern, it can never reveal the full story - context is critical and the anecdotal evidence that supports any indicator is significant in completing the 'picture'. Moreover, the indicators presented below are for the Swan Hill Rural City municipality (Swan Hill LGA) and are not necessarily reflective of the towns and localities within. For example, Australian Early Development Census (AEDC) data for the Swan Hill LGA is less favourable than the same data drawn for the Robinvale community alone. As such making inferences from data should always be undertaken with caution.

An understanding of the coding methodology is critical.

-The 'figure' colour indicates whether the Swan Hill LGA is faring more or less favourably than our Victorian counterparts. A red figure indicates we are faring less favourably and a green figure indicates we are faring more favourably. A figure in grey is neutral.

-The trend arrow indicates whether the prevalence / scale of the measure in question has increased (upwards arrow) or decreased (downwards arrow). The colour of the arrow indicates whether this change is positive (green) or negative (red). Again, an arrow in grey is neutral. For example, a red downwards facing arrow indicates that we are faring decreasingly less well at a measure, full-time participation in secondary school education at age 16 is an example of this.

OUR STRENGTHS AND CHALLENGES

The data included in this report is a snapshot in time of a small selection of the key indicators we understand to be significant factors in both protecting and placing at risk our children, young people and families.

A more comprehensive collection of indicators is contained in the supporting document. The indicators presented below follow a 'life course' model starting with pregnancy and moving progressively through the ages.

Smoking during pregnancy (2009 to 2011)

Swan Hill LGA **17.5%**
Victoria 11.4%



Smoking during pregnancy (2012 to 2014)

Swan Hill LGA **22.2%**
Victoria 15.0%

Source: PHIDU - The Social Health Atlas of Australia Data by Local Government Area Published: 2013 & 2019 <http://phidu.torrens.edu.au/social-health-atlases>

Low birth weight babies (2009 to 2011)

Swan Hill LGA **7.5%**
Victoria 6.6%



Low birth weight babies (2012 to 2014)

Swan Hill LGA **6.0%**
Victoria 6.3%

Source: PHIDU - The Social Health Atlas of Australia Data by Local Government Area Published: 2013 & 2019 <http://phidu.torrens.edu.au/social-health-atlases>

Number of infants reported as fully breastfed at 3 months of age during the financial year (2010/2011)

Swan Hill LGA **42.1%**
Victoria 51.8%



Number of infants reported as fully breastfed at 3 months of age during the financial year (2014/2015)

Swan Hill LGA **46.4%**
Victoria 51.8%

Source: VCAMS https://public.tableau.com/views/2_1_2/VICInd_2_1?embed=yes&:display_count=no&:linktarget=self&:tabs=no&:showVizHome=no

Proportion of children attending 3.5 year key ages and stages visit (2011)

Swan Hill LGA **52.2%**
Victoria 62.8%



Proportion of children attending 3.5 year key ages and stages visit (2015)

Swan Hill LGA **66.3%**
Victoria 66.3%

Source: VCAMS https://public.tableau.com/views/30_5/VICInd30_5?embed=y&:display_count=no&:linktarget=self&:tabs=no&:showVizHome=no

Kindergarten participation rate (2012)

Swan Hill LGA **97.4%**
Victoria 98.0%



Kindergarten participation rate (2015)

Swan Hill LGA **97.5%**
Victoria 97.9%

Rank amongst Victorian LGAs – NA

Rank amongst Victorian LGAs – 37th

Source: Victoria Health LGA Profiles, Swan Hill 2013 & 2015 <https://www2.health.vic.gov.au/about/publications/data/mallee-area-2015>
VCAMS <https://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx>

OUR STRENGTHS AND CHALLENGES

Children fully immunised at 5 year of ages (2011/2012)

Swan Hill LGA **86.3%**

Victoria 91.4%



Children fully immunised at 5 years of age (2017)

Swan Hill LGA **95.8%**

Victoria 94.5%

Source: PHIDU - The Social Health Atlas of Australia Data by Local Government Area Published: 2013 & 2019 <http://phidu.torrens.edu.au/social-health-atlases>

Early childhood development: AEDC, Developmentally vulnerable on one or more domains (2012)

Swan Hill LGA **21.0%**

Victoria 19.5%



Early childhood development: AEDC, Developmentally vulnerable on one or more domains (2018)

Swan Hill LGA **27.0%**

Victoria 19.9%

Source: Australian Early Development Census Community Profile 2018 - Swan Hill, VICTORIA www.aedc.gov.au

Proportion of children at school entry with emotional or behavioural difficulties (2013)

Swan Hill LGA **4.7%**

Victoria 4.4%



Proportion of children at school entry with emotional or behavioural difficulties (2017)

Swan Hill LGA **5.8%**

Victoria 4.9%

Source: VCAMS https://public.tableau.com/views/10_1_0/VICInd10_17:embed=y&:display_count=no&:linktarget= self&:tabs=no&:showVizHome=no

Proportion of children in first year of primary school who have been assessed by the school nurse (2011)

Swan Hill LGA **81.4%**

Victoria 84.4%



Proportion of children in first year of primary school who have been assessed by the school nurse (2015)

Swan Hill LGA **86.6%**

Victoria 82.9%

Source: VCAMS https://public.tableau.com/views/30_6/VICInd30_67:embed=y&:display_count=no&:linktarget= self&:tabs=no&:showVizHome=no

Percentage of students who feel socially connected and get along with their peers (2011) Year 5 & 6

Swan Hill LGA **68.8%**

Victoria 71.1%



Percentage of students who feel socially connected and get along with their peers (2015) Year 5 & 6

Swan Hill LGA **57.1%**

Victoria 69.4%

Source: VCAMS https://public.tableau.com/views/33_2_0/VICInd33_27:embed=y&:display_count=no&:linktarget= self&:tabs=no&:showVizHome=no

OUR STRENGTHS AND CHALLENGES

Percentage of students who feel socially connected and get along with their peers (2011) Years 7 to 9

Swan Hill LGA **53.9%**
Victoria 58.8%



Percentage of students who feel socially connected and get along with their peers (2015) Years 7 to 9

Swan Hill LGA **46.5%**
Victoria 54.6%

Source: VCAMS https://public.tableau.com/views/33_2_0/VICInd33_27:embed=y&:display_count=no&:linktarget=self&:tabs=no&:showVizHome=no

Full-time participation in secondary school education at age 16 (2011)

Swan Hill LGA **82.9%**
Victoria 81.8%



Full-time participation in secondary school education at age 16 (2016)

Swan Hill LGA **77.9%**
Victoria 86.1%

Source: PHIDU - The Social Health Atlas of Australia Data by Local Government Area Published: 2013 & 2019 <http://phidu.torrens.edu.au/social-health-atlases>

Child protection substantiations per 1,000 eligible population (2010/2011)

Swan Hill LGA **9.8**
Victoria 6.7

Rank amongst Victorian LGAs – 25th



Child protection substantiations per 1,000 eligible population (2014/2015)

Swan Hill LGA **20.7**
Victoria 11.4

Rank amongst Victorian LGAs – 6th

Source: Victoria Health LGA Profiles, Swan Hill 2013 & 2015 <https://www2.health.vic.gov.au/about/publications/data/mallee-area-2015>

Family Violence Incidents per 1,000 (2012/2013)

Swan Hill LGA **26.4**
Victoria 10.8

Rank amongst Victorian LGAs – 2nd



Family Violence Incidents per 1,000 (2014/2015)

Swan Hill LGA **28.9**
Victoria 12.4

Rank amongst Victorian LGAs – 3rd

Source: Victoria Health LGA Profiles, Swan Hill 2013 & 2015 <https://www2.health.vic.gov.au/about/publications/data/mallee-area-2015>

Jobless families with children aged less than 15 years (2011)

Swan Hill LGA **16.5%**
Victoria 12.3%



Jobless families with children aged less than 15 years (2016)

Swan Hill LGA **15.0%**
Victoria 11.0%

Source: PHIDU - The Social Health Atlas of Australia Data by Local Government Area Published: 2013 & 2019 <http://phidu.torrens.edu.au/social-health-atlases>

Children in families where the mother has low educational attainment (year 10 or below) (2011)

Swan Hill LGA **26.3%**
Victoria 17.0%



Children in families where the mother has low educational attainment (year 10 or below) (2016)

Swan Hill LGA **17.8%**
Victoria 12.7%

Source: PHIDU - The Social Health Atlas of Australia Data by Local Government Area Published: 2014 & 2019 <http://phidu.torrens.edu.au/social-health-atlases>

OUR STRENGTHS AND CHALLENGES



Children in low income, welfare-dependent families (2011)

Swan Hill LGA **25.8%**

Victoria 20.7%

Source: PHIDU - The Social Health Atlas of Australia Data by Local Government Area Published: 2013 & 2019 <http://phidu.torrens.edu.au/social-health-atlases>



Children in low income, welfare-dependent families (2017)

Swan Hill LGA **27.6%**

Victoria 19.3%

SEIFA Index of Relative Socio-economic Disadvantage* (2011)

Swan Hill LGA **950**

Victoria 1010

* Index score (based on Australian score of 1000)

Source: PHIDU - The Social Health Atlas of Australia Data by Local Government Area Published: 2013 & 2019 <http://phidu.torrens.edu.au/social-health-atlases>



SEIFA Index of Relative Socio-economic Disadvantage* (2016)

Swan Hill LGA **947**

Victoria 1010

People with a profound or severe disability (includes people in long-term accommodation), All ages (2011)

Swan Hill LGA **5.3%**

Victoria 4.7%

Source: PHIDU - The Social Health Atlas of Australia Data by Local Government Area Published: 2014 & 2019 <http://phidu.torrens.edu.au/social-health-atlases>



People with a profound or severe disability (includes people in long-term accommodation), All ages (2016)

Swan Hill LGA **6.0%**

Victoria 5.4%

Proportion of adult population with psychological distress, by level - High/Very high K10: 22+ (2014)

Swan Hill LGA **8.2%**

Victoria 12.6%

Source: Victorian Population Health Surveys (2014 and 2017)

<https://www2.health.vic.gov.au/public-health/population-health-systems/health-status-of-victorians/survey-data-and-reports/victorian-population-health-survey>



Proportion of adult population with psychological distress, by level - High/Very high K10: 22+ (2017)

Swan Hill LGA **23%**

Victoria 15%

Proportion of adult population by BMI category, Obese (≥ 30.0 kg/m²), (2014)

Swan Hill LGA **27.9%**

Victoria 18.8%

Source: Victorian Population Health Surveys (2014 and 2017)

<https://www2.health.vic.gov.au/public-health/population-health-systems/health-status-of-victorians/survey-data-and-reports/victorian-population-health-survey>



Proportion of adult population by BMI category, Obese (≥ 30.0 kg/m²), (2017)

Swan Hill LGA **29%**

Victoria 19%

Lifetime risk of alcohol-related harm, by risk category - Increased Risk (2014)

Swan Hill LGA **61.9%**

Victoria 59.2%

Source: Victorian Population Health Surveys (2014 and 2017)

<https://www2.health.vic.gov.au/public-health/population-health-systems/health-status-of-victorians/survey-data-and-reports/victorian-population-health-survey>



Lifetime risk of alcohol-related harm, by risk category - Increased Risk (2017)

Swan Hill LGA **55%**

Victoria 59%



OUR STRENGTHS AND CHALLENGES

These indicators absolutely reflect what our service providers are seeing for the families they work to support. The reality is **too many of our children and families are doing worse than their Victorian peers and, significantly, this trend is worsening despite years of hard work by skilled professionals** throughout our municipality. We have been working to support families through our normal practice, however this **normal practice no longer meets their needs**.

The recognition that working as we have been is not supporting meaningful change for all our children and families was the impetus for the formation of the Better Together Collective and its backbone group the Collaborative Table. Equally these poor outcomes were the impetus for early initiatives such as the Mobile Visiting Play Program in Robinvale and more recently the Pregnancy and Early Years Collaborative in Swan Hill. We understand we need to 'do' differently to make change and we see partnership as key – this is the foundation of collective impact.

In the movement to do better, together these indicators – the data story of our children and families – is our starting point.

THE EVIDENCE BASE-STRUCTURE



The image shows the structure of the evidence base and literature and the core principles and understandings they support.

These principles, alongside community voice, underpin the Swan Hill Rural City Municipal Early-Middle Years Plan's Key Directions, Objectives and Actions.

Central to the Swan Hill Rural City Municipal Early-Middle Years Plan was the development of Key Directions, Objectives and Actions that reflect our communities' needs alongside what the local, national and international evidence base showed us 'worked' in making the changes our communities needed.

To build a comprehensive ‘evidence base’ the following key areas of research were reviewed:

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

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

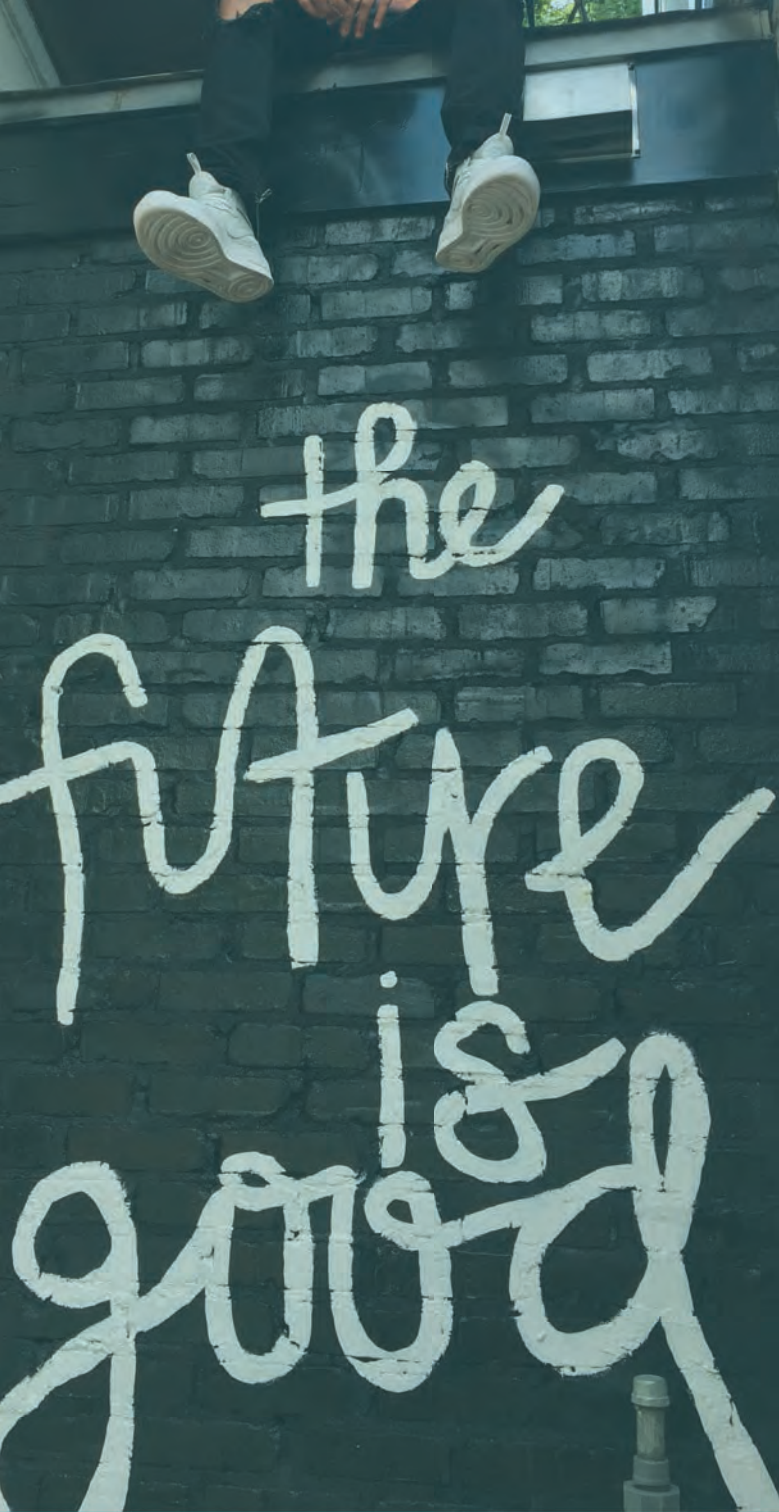
-**Importance of the early and middle years on positive life trajectories**. There is now clear evidence from Australia and abroad that the early years of a child’s life have a profound impact on their health, development, learning and wellbeing with early childhood development outcomes identified as important markers of the welfare of children and significant indicators of both individual and national productivity, health and human capital.

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

- However, **shifting entrenched disadvantage and remedying the challenges it creates is amongst our most complex policy issues**. It has been described as a ‘wicked’ problem - a problem with multiple causes, which is difficult to define, cannot be attributed to a single discipline or policy area and is without easy, linear remedy. Recent research suggests **locally tailored and whole-of-community approaches as key to their solution**. Models such as Social Determinants of Health provide a critical lens through which to further understand wicked problems.

- Municipal Early-Middle Years planning enables us to hear the voice of children and their families in the development and implementation of all Plans. Central in guiding this is the Convention on the Rights of the Child and the Victorian Child Safe Standards and the National Principles for Child Safe Organisations.

-Mindful selection of a **place-led model for collaborative collective impact**. Services must work differently with each other through the principles of collaboration and partnership for collective impact including through a **shared vision and language, pooled funding, coordinated spending, co-location where possible, and dedicated infrastructure for the sharing of client story and data**. The Australian Department of Social Services notes ‘place-based approaches are required when addressing complicated or complex problems where the disadvantage is concentrated and the characteristics of the place contribute to entrenched problems and/or intergenerational cycles of disadvantage’.



MOVING FORWARDS

The Key Directions and Objectives of the *Swan Hill Rural City Municipal Early-Middle Years Plan* will guide the actions of Swan Hill Rural City Council over the next decade – from 2020 to 2029 – through their embodiment in Annual Action Plans for internal Council services.

The **Plan** will also be a community resource, shared with other organisations and agencies delivering services to children and families within the municipality. Swan Hill Rural City Council encourages everyone invested in the education, health and wellbeing of our children and families to utilise the *Municipal Early-Middle Years Plan*.

Swan Hill Rural City Council commits to identifying opportunities to work in partnership with state and Federal governments, other agencies and service providers, community groups and families to improve outcomes for children across the Swan Hill municipality. We will ‘check-in’ with our children, young people and families ongoing to ensure we continue to meet their needs and to update them on our progress.