ATTACHMENT TO AGENDA ITEM

Ordinary Meeting

20 October 2015

Agenda Item 8.3	Greater Shepparton Best Start Early Years Plan 2015- 2019	
Attachment 1	Best Start Early Years Plan 2015-2019 for Community Consultation	. 348

Working together to give every child the best possible start in life



Greater Shepparton Best Start Early Years Plan 2015-2019

An integrated plan combining the strategic directions of Best Start and Council's Municipal Early Years Plan





June 2015

This plan was developed by the Greater Shepparton Best Start Team, in collaboration with the Best Start Early Years Partnership, Best Start workgroups, service providers and the broader community.

An electronic copy of the plan is available from the Greater Shepparton City Council website at <u>www.greatershepparton.com.au</u>

For further information please contact: Manager Children and Youth Services, Greater Shepparton City Council Phone: 03 5832 9700

Message from the Mayor



As the Mayor of Greater Shepparton and a grandparent to four young children, I am happy to present the Greater Shepparton Best Start Early Years Plan 2015-2019. Greater Shepparton is the fifth largest regional city in Victoria and boasts a vibrant and diverse community. We are committed to providing a city that is child and family friendly, offering a playground of arts and culture, educational and employment opportunities, community events and infrastructure that supports our growing population.

This plan has been developed after consultation with a number of key stakeholders and community members, and builds on the extensive work of the previous Best Start Early Years Plan. It provides a road map for implementing the identified key priorities over the next five years with the support of local service providers and community members. Research tells us that the early years are the most critical for children's development and as a community we have a responsibility to ensure all children are supported to reach their full potential. This includes offering services that meet the individual needs of children and their families, and to ensure they are welcoming, inclusive and respectful of all abilities and cultures.

The Best Start Program has now been operating in Greater Shepparton for 12 years, with many

significant achievements made during this time and working partnerships established. The Best Start Partnership itself is recognised by Council as the expert early years advisory panel for Greater Shepparton and one that is referred to by other local initiatives for consultation in relation to the early years issues of our community.

I would like to thank and congratulate all who have been involved with the development of this plan. I am sure that together we can continue to make a positive difference to the lives of our young children and families and support them in their journey as active and confident members of our community.

Cr Dennis Patterson Mayor Greater Shepparton

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Baby's Day Out 2013 at Victoria Lake. Organised by the Australian Breastfeeding Association

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Introduction

'The health and wellbeing of all children and youth in Australia requires continued efforts across the community. Many organisations and individuals hold significant influence over how our young people fare as they head into what, for many, is an uncertain future.

Despite many positive steps being taken, there is evidence to suggest that Australian children and youth are not faring as well as they could.

While we are doing well in some areas, others, such as child poverty, infant mortality and youth participation in education and employment are of concern.

Australian Research Alliance for Children & Youth (ARACY) Report Card The wellbeing of young Australians 2013 p1

In Greater Shepparton our recently published State of Greater Shepparton's Children Report 2014 highlights a number of areas where our children are thriving and doing well. It also shows reason for collective concern in relation to those areas of child development where significant effort is required to improve the life chances of our children.

The journey has already started. Greater Shepparton was fortunate to be selected as one of the five inaugural Best Start sites in 2002, and has continued to receive recurrent funding to undertake a range of activities that promote optimal early learning and development. Complementing the objectives of Best Start is the Department of Education and Training (DET) requirement for every Victorian local government to comprehensively plan for the needs of children through the development of a Municipal Early Years Plan (MEYP).

'The right start in life sets children on a path to success. Getting a great start on life makes the world of difference to a person's ability to thrive at school, stay healthy and socially connected, and contribute to society. Many people with a poor start in life never catch up and disadvantage passes from one generation to the next. It is crucial that all Victorian children get the best start possible.' DEECD Early Years Strategic Plan 2014-2020

The strategic directions for Best Start and Council's Municipal Early Years Plan are being combined into one integrated plan.

Building on the positive achievements and learnings of the work undertaken to date, this new five year Plan seeks to consolidate and sustain the service development and community resourcing that is showing promise for successful change. Our work has contributed to improving early childhood literacy levels and improving access for families to our Maternal & Child Health Service. It also incorporates a number of fresh areas of work such as promoting positive infant mental health.

Many other local initiatives and organisations share our vision. One way of describing this collaborative approach is the emerging concept of 'collective impact'. To date, operating in 'silos' has not achieved the scale of change necessary to make a difference to the life chances of our most vulnerable children.

Working more closely together is the only way forward.

Policy and Research Context

This Greater Shepparton Best Start Early Years Plan (BSEYP) 2015-2019 is informed by and responsive to a broad range of key policy, research and emergent thinking resources. Examples of these are:

- Victorian Early Years Learning and Development Framework 2013
- Early Years Strategic Plan Improving outcomes for all Victorian children 2014-2020
- Victoria's Vulnerable Children Our Shared Responsibility May 2013
- The Nest consultation (ARACY) 2012
- The 1001 Critical Days the importance of conception to age 2 period
- An integrated approach to early childhood development 2010 (Benevolent Society)
- Fair Society Healthy Lives (The Marmot Review) 2010.

Common themes and principles

- There is a strong economic case for investment in early childhood as adult health, wellbeing and economic contribution is directly affected by the quality of early childhood experiences.
- The first 3 years, and particularly the first 1001 days (conception to 2) is a critical, foundational period for child brain development and the development of vital early emotional bonds/attachments.
- Parents require a continuum of respectful support that starts in pregnancy and continues throughout the school years.
- We must 'close the gap' for indigenous children.
- Services need to be integrated, not working in isolated 'silos'.
- Responsive, innovative universal early childhood services can make a transformative difference to the lives of children.

Learnings from the evaluation of the BSEYP 2011-2014

- There is a need to consolidate existing work.
- There is a need to embrace new work such as improving infant mental health.
- We have examples of promising practice and measurable impact but some of these are confined to specific localities, and are not municipal wide.
- Strong interagency relationships (personal or organisational) are the core of progressing initiatives and achieving change.
- Conversely, service development and capacity building is constrained by weak interagency information sharing and communication systems.
- Higher levels of parent engagement and active participation in early childhood services can be achieved when universal services are adaptable and sensitive to the individual needs of families.
- Professional education and reflective practice changes values, attitudes and the way we work.

The Best Start Early Years Partnership and Workgroups

Early years expertise, and knowledge of what can make a positive difference for our children, is reflected within the membership of the Best Start Early Years Partnership and its respective Work Groups. They are the 'local experts' and have significantly shaped the priorities and characteristics of the new Best Start Early Years Plan. Involving parents, community members, service, government and Council representatives they collectively shape and drive the vision to make Greater Shepparton a better place for children.

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The State of Greater Shepparton's Children Report 2014

In 2013 the Greater Shepparton Best Start team collaborated with the City of Greater Shepparton Communities for Children initiative and the Greater Shepparton Lighthouse Project to develop a report that brings together a broad range of data related to the key indicators of health, educational attainment and community wellbeing of children in our municipality aged 0 to 18 years.



This report has been very well received as a resource that clearly sets out where Greater Shepparton's children are doing well, and where action and improvement needs to happen if they are to thrive and reach their full potential.

This data therefore forms part of the rationale and evidence that underpins the **results we aspire to achieve by 2019.**

The five data domains are:

Happy and Healthy Children Learning Early and School Success Safe and Secure Supported Families Vibrant Communities

http://www.greatershepparton.com.au/children-report

Community Consultation – drawing on the work of others

The 2014 and 2015 Communities for Children stakeholder forums, and the March 2015 *Raising the Bar Forum* hosted by the Greater Shepparton Lighthouse Project, have provided a broad range of valuable stakeholder feedback which has informed this new Best Start Early Years Plan.

Whilst the importance of consulting with children themselves was considered, the view was taken that early years planning in Shepparton could be informed by existing work such as the ARACY national children's consultation – see Attachment 2.

The *State of Greater Shepparton's Children Report 2014* contains numerous data results that relate directly to the scope of our Best Start work, which gives direction for what needs to change. The following data results are examples of indicators we want to see improved.

AEDC Language and cognitive skills

Language and cognitive skills Greater Shepparton trend The proportion of Greater Shepparton children who are developmentally vulnerable is lower in 2012 (9.9%) than in 2009 (12.1%). Significant change.	Victoria 84.0%	Greater Shepparton 76.1% On track	
State trend The proportion of children who are developmentally vulnerable is stable between 2012 and 2009 (6.1%).			We all must share the responsibility to
EDC Children vulnerable on two or more domains			promote a 'zero tolerance' to
Children are vulnerable in two or more domains	Victoria Grea 9.5%	arton	child abuse and
Greater Shepparton trend The proportion of Greater Shepparton children who are developmentally vulnerable is lower in 2012 (11.6%) than in 2009 (12.6%). No significant change.	9.5%	5%	family violence ir our community.
State trend			Therefore the
The proportion of children who are developmentally vulnerable is lower in 2012 (9.5%) than in 2009 (10.0%).			data relating to
			these issues in
			the State of
laternal and Child Health			Greater
HILDREN VISITA MATERNAL AND CHILD HEALTH NURSE			oreater
	Greater	S	Shepparton's
hildran hour thair 4 month assossment (2012/2012)	Shepparton		Children Report
reater Shepparton trend ecreased 2011-12 to 2012-13 (-3.5%)	85.2%		2014 is of importance to
ate trend			all services who
creased 2011-12 to 2012-13 (-1.1%)		Sec. 1	have contact
utinonous Children have their I month according to	Victoria Greater Shepparton		
eater Shepparton trend creased 2011-12 to 2012-13 (-23.4%, please note this does not represent the	58.3%		with children and families
tual trend over the last 4 years) ate trend			

Kindergarten

Kindergarten attendance at age 4

Decreased 2011-12 to 2012-13 (-2.2%)

Greater Shepparton trend Decreased 2011 to 2012 (-13.2%) State trend Increased 2011 to 2012 (+3.4%)

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98.0%

'Local government across Victoria is acknowledged as the leader in local area early years planning, with councils committing staff and financial resources to undertake the MEYP process. There has been additional financial investment by local and state governments in early years planning and development, including extra financial resources allocated to early years human resources, governance, facility provision and programs.

The Victorian Government explicitly acknowledges the role of councils in improving early childhood services in a range of policy documents including the MAV/DEECD Partnership Agreement.

Although primarily focused at the universal⁴ end of program development and delivery, councils have continued to strengthen their focus on social inclusion of vulnerable families. Local government has been continuing to refine and strengthen its strategic approach to influencing early years outcomes as it updates existing MEYPs.

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

Municipal Early Years Planning Framework and Practical Resource Guide 2011 p11

¹ See definition in the Glossary page 29

Scope and Focus

With a focus on children aged 0-6 years, the agreement of all those involved in developing this five year Plan is to concentrate effort on four key long term outcomes:

Outcome 1: Every child enjoys a healthy start in life Outcome 2: Every child is supported to become a confident learner Outcome 3: Greater Shepparton – a child and family friendly community Outcome 4: Collaboration to achieve collective impact

For each of these aspirational outcomes we set out **the results we want to achieve** over the five year time frame of this Plan, the **rationale and evidence** as to why this particular result is important and the key **strategy for making change happen**. The measures of success are the **indicators** of whether measurable change/improvement is evident for the investment made on behalf of children. Some of these indicators are predetermined, others we have set for ourselves.

As a Best Start site, Greater Shepparton is required to select from a prescribed set of indicators. These are drawn from either the *Best Start Guidelines 2005(BSG)* or from the more current 2011 *Victorian Early Years Learning and Development Framework for Children from Birth to Eight Years.*

'The Victorian Framework sets the highest expectations for every child'

It has been agreed that in respect to our Best Start funding we will focus on the following indicators²:

- Increase in the initiation and duration of breastfeeding (BSG)
- Increase the proportion of children attending MCH Key Ages and Stages Visits (VEYLDF)
- Increase the proportion of children participating in quality Early Childhood Education and Care services (VEYLDF)
- Increase the proportion of children on track for speech and language (VEYLDF)
- Increase the proportion of children who are read to by a family member every day. (VEYLDF)

From a Municipal Early Years Planning perspective³, each municipality is able to set its own priority areas and indicators with reference to the social determinants of health and the *Victorian Child and Adolescent Outcomes Framework*. Consequently in addition to those listed above, indicators relate to recognising the rights of the child, and local collaboration/shared effort. For example, Council has developed and implemented a protocol that ensures their planning & decision making processes consider the impact on children.

² The full set of Best Start Indicators are listed as Attachment 1 page 31

³ The core document for this is the Municipal Early Years Planning Framework and Practical Resource Guide 2011

Our overarching direction is twofold:

- Capacity building and system development within the universal early years' service sector to promote child health and wellbeing, particularly for those vulnerable children whose needs are greatest.
- Community strengthening to give each child the opportunity to 'learn early'.

Whilst Best Start has made progress over the past four years, there are still areas of work where ongoing effort is needed to:

- Consolidate and embed changes
- Pursue service development opportunities to take our work to the next level.

The vision is to **foster a more integrated service continuum** across universal early childhood services, simultaneously building strong connections with secondary and tertiary services to ensure vulnerable children and their families receive the 'wrap around' support and resources they need. A way of conceptualizing this is 'progressive universalism'⁴.





Driginal concept: www.everychildmatters.goc.eu - now antiked Adapted by the Greater Shepparton Best Start Team November 2014

Essential elements

- Universal services which are designed and resourced to reach and engage all families, whilst prioritizing those with the greatest needs
- Staff who have the skills and knowledge to build respectful relationships with all families
- Mechanisms for collaborative local service planning and development
- Interagency communication systems and ways of working that foster 'integrated practice'/' joined up services' approach.

⁴ See information in relation to this concept in the References section page 30

Starting with the end in mind

The results we want - medium and long term

Outcome 1: Every child enjoys a healthy start in life

The results we want to achieve in the next five years

- More families and children are involved with local early childhood health, and care services, and gain benefit from this contact and participation
- More babies receive the health benefits of being breastfed
- Early childhood services proactively support the social and emotional wellbeing of our children

Outcome 2: Every child is supported to become a confident learner

The results we want to achieve in the next five years

- More families and children are involved with local early education and care services, and gain benefit from this contact and participation
- More children have the language and literacy skills they need to thrive and learn when they start school

Outcome 3: Greater Shepparton – a child and family friendly community The results we want to achieve in the next five years

- Children and their families enjoy expanded and affordable play and recreational activities
- There is increased consideration of the needs of children in community and civic services we are more 'child aware'

Outcome 4: Collaboration to achieve collective impact

The results we want to achieve in the next five years

- Best Start and Council's early years planning activities are part of a collective impact approach that achieves a significant, measurable improvement in relation to our children's healthy development and their readiness to succeed at school.
- Successful advocacy for children in relation to key issues that affect their health, safety and educational success.
- We know what progress we are making and what change we are achieving. We have the
 information and evidence to make adjustments and redirect our efforts to achieve the best
 results possible from our investment of skill, time and funding.

Outcome 1: Every child enjoys a healthy start in life

The results we want to achieve in the next five years

Result 1: More families and children are involved with local early childhood health, and care services, and gain benefit from this contact and participation

Why is this important?

Research⁵ shows that receiving antenatal care and regular contact with the Maternal & Child Health Service (MCH) promotes healthy child development. Such contact provides the opportunity for health and wellbeing education, identification and early treatment of any health issues, and provides support for parents and carers. Child care staff also play an important role in supporting a child's healthy development.

The *State of Greater Shepparton's Children Report 2014 shows* that our children have lower than the Victorian average rates for MCH 4 month and 3.5 year Key Age and Stage visits. Of particular concern are the lower rates for Indigenous children.

Strategy What do we plan to do to achieve this result?

- Continue to strengthen the capacity of prebirth and early childhood health and care services so that they:
 - Achieve a more integrated way of working with other early years services and community organisations for the benefit of children and families
 - More effectively identify and respond to child and family vulnerability
 - Are places where families feel welcome, respected and supported
 - Are places where parents/carers have a voice in how the service is planned, provided and evaluated.

. Measures of Success

- Increased proportion of children attending MCH Key Ages and Stages Visits
- The gap decreases between MCH attendance rates for Indigenous children and non-Indigenous children
- Staff have the knowledge and skills to identify and respond to child and family vulnerability factors
- An improved continuum of care for vulnerable children
- Services report and demonstrate improved information sharing and communication
- Parents/carers feel welcomed, listened to and respected when they come in contact with early years services.

Responsible Workgroup - Early Years Reference Group

⁵ For example the National Framework for Universal Child and Family Health Services July 2011

Result 2: More babies receive the health benefits of being breastfed

Why is this important?

A large body of Australian and international evidence shows that breastfeeding provides significant value to infants, mothers and society:

- babies: breastfed babies are less likely to suffer from a range of serious illnesses and conditions such as gastroenteritis, respiratory illness and otitis media
- mothers: breastfeeding promotes faster maternal recovery from childbirth and women who . have breastfed have reduced risks of breast and ovarian cancers in later life
- society: protective effects of breastfeeding in infancy may extend to later life, with reduced risks of obesity and chronic disease Australian National Breastfeeding Strategy 2010 - 2015

Greater Shepparton breastfeeding rates remain some of the lowest in the state. Our 3 month rate for babies who are fully breastfeed in 2013 is 46% and the 6 month rate 17%. Whilst we have made some gains, increasing our breastfeeding rates is an important public health priority.

Strategy What do we plan to do to achieve this result?

Our strategy is to consolidate the work of the previous four years, whilst being alert to new opportunities.

Key activities will include:

- Promote and enhance support services available to women to successfully establish breastfeeding after the birth of their baby
- Provide professional development and training to key health professionals to better promote and support breastfeeding
- Increase community awareness of the importance of breastfeeding through a marketing and media campaign
- Goulburn Valley Health attains Baby Friendly Hospital accreditation

Measures of Success

- Maintenance or improvement of our 2013/14
- breastfeeding rates
- 90% of a representative sample of parents report that they know where to seek help with breastfeeding issues.
- 90% of a representative sample of parents report that they received the help they needed to breastfeed their baby.

Responsible Workgroup - Breastfeeding Workgroup



In 2014 Council's Breastfeeding Project Officer facilitated the development of a mobile website for smart phones to enable mothers to easily locate breastfeeding friendly locations in Greater Shepparton

Result 3: **Our early** childhood services actively support the social and emotional wellbeing of our children

Why is this important?

Our Australian Early Development Index Community Profile 2012 indicated that Greater Shepparton has increasing rates of children who are developmentally vulnerable in terms of their social competence and wellbeing. VCAMS data shows Greater Shepparton has a higher proportion of children starting school with emotional or behavioural difficulties. A positive sense of self, feeling connected to their family and safe in the world around them gives children the building blocks to thrive and learn.

Whilst universal early years services each have a responsibility to promote the elements outlined above this area has not been considered systematically within the work of the Best Start Early Years Plan. This is therefore a new strategic priority endorsed by the Best Start Early Years Partnership.

Strategy What do we plan to do to achieve this result?

- Investigate and implement parent education and support programs to promote child social/emotional wellbeing and strong parent/child attachment
- Investigate and implement initiatives which increase the knowledge and skills of early years staff to promote and support children's social and emotional wellbeing

Measures of Success

 Universal early years services demonstrate increased capacity in supporting children's social and emotional needs.

Responsible Workgroup - Early Years Reference Group



Outcome 2: Every child is supported to become a confident learner

The results we want to achieve in the next five years

Result 1: More families and children are involved with local early education and care services, and gain benefit from this contact and participation

Why is this important?

Research⁶ shows that participation in early learning environments such as childcare and kindergarten provides a strong basis for success in school and later education.

Best Start initiatives have potentially contributed to the increase in the number of children being 'on track' in the AEDC Language and Literacy domain (73.3% in 2009 to 76.7% in 2012). However we need greater improvements. The State of Greater Shepparton's Children's Report shows that our children have lower kindergarten attendance rates and a lesser percentage of children who are on track in terms of language and cognitive skills. The NAPLAN results for Greater Shepparton challenge us to do more to assist our children to achieve national standards in literacy.

Strategy What do we plan to do to achieve this result?

- Strengthen the capacity of early education and care services so that they:
 - Achieve a more integrated way of working with other early years services and community organisations for the benefit of children and families
 - \circ $\;$ More $\;$ effectively identify and respond to child and family vulnerability \;
 - o Are places where families feel welcome, respected and supported
 - Are places where parents/carers have a voice in how the service is planned, provided and evaluated?

Measures of Success

- Every child participates in quality Early Childhood Education and Care services
- 100% of children participate in a kindergarten program the year prior to school
- Schools receive a Transition Statement for every child commencing their Foundation Year
- Staff have the knowledge and skills to identify and respond to child and family vulnerability factors
- Services report and demonstrate improved information sharing and communication
- Parents/carers feel welcomed, listened to and respected when they come in contact with early years services.

Responsible Workgroup – Early Years Reference Group

⁶ Early Years Strategic Plan 2014-2020, DEECD

Result 2: More children have the language and literacy skills they need to thrive and learn when they start school

Why is this important?

As with the previous result area Best Start initiatives have potentially contributed to the increase in the number of children being 'on track' in the AEDC Language and Literacy domain. However we need greater improvements. Research⁷ tells us that children benefit from interaction and shared reading with adults, with the foundations for language and literacy skills built in the early years. The State of Greater Shepparton's Children Report shows that our children have lower kindergarten attendance rates and a lesser percentage of children who are on track in terms of language and cognitive skills. The NAPLAN results for Greater Shepparton challenge us to do more to assist our children to achieve national standards in literacy.

Strategy What do we plan to do to achieve this result?

- Enhance the skills and knowledge of a child's 'first teachers' in relation to language and literacy development – their parents/carers and the staff they spend time with in early education settings - by:
 - o Promoting language development and attainment in early childhood services
 - \circ $\;$ Providing programs that promote reading, talking, singing and playing with children

Measures of Success

- Increased rate of parents reading to their children
- Improved reading, writing and numeracy⁸
- Increase the proportion of children on track for speech and language development
- 2015 and 2018 AEDC results show a 3% increase in the percentage of children on track in the AEDC Language and Communication domain

Responsible Workgroup – Community Literacy workgroup



In 2014 the Community Literacy workgroup launched a story writing competition for Grade 5 and 6 students to illustrate and write an original story to be considered as part of the Greater Shepparton Book Bag Program. Primary schools were able to submit three entries from students to be considered by a judging panel with the winning story professionally printed and included in the 3.5 year book bag for 12 months. The inaugural winners were two students from Bourchier Street Primary School with their story 'The Lonely Lion'. This adds a local flavour to the book bag program and celebrates our local young talent.

⁷ Family matters journal article 2012, 'Joint attention and parent-child book reading'

⁸ The Best Start Early Years Plan activities will focus principally on reading

Outcome 3: Greater Shepparton – a child and family friendly community

The results we want to achieve in the next five years

Result 1: Children and their families enjoy expanded and affordable play and recreational activities

Why is this important?

Play helps with communication

Play provides opportunities for children to develop **speech and language abilities** and also to practice listening. Whether their play is companion-based with a sibling, peer, or parent, or solo play using imagination, children talk and listen while playing.

Play helps with relationships

Play promotes **social interaction**, and social skills and competence. Children who play, both with parents and peers, learn how relationships work through their play experiences.

Play boosts cognitive development

Imaginative play and role-playing are particularly powerful kinds of play that help the **brain develop** in more functional and positive ways.

 $\label{eq:http://www.kidspot.com.au/discoverycentre/Development-Development-The-power-of-play-to-boost-childrens-development+5395+553+article.htm$

Strategy What do we plan to do to achieve this result?

- Facilitate opportunities for children and families, especially those who are vulnerable and socially isolated, to gain the play and social experiences they need for healthy development by:
 - Building local capacity for specialised, accessible play experiences, particularly for vulnerable children, such as the Supported Playgroup and Parent Group Initiative (SPPI)
 - Promoting play and recreational opportunities across Greater Shepparton such as Children's Week and Activities in the Park.

Measures of Success

- Increased number of parents and children participate in specialised playgroups and play activities
- Parent feedback indicates improvement in the speech and language skills, and social interaction, of their child.

Responsible Workgroup - Best Start SPPI Network











Result 2: There is increased consideration of the needs of children in adult focused community and government services

Why is this important?

'A MEYP that integrates early years requirements across a range of dimensions and makes use of community partnerships, can allow councils to plan for efficient and creative use of infrastructure to benefit children in the municipalities'

Municipal Early Years Planning Framework and Practical Resource Guide 2011

'A very important component of the National Framework (for Protecting Australia's Children) is building the capacity of adult-focused services (e.g family violence, alcohol and other drug, mental health, and homelessness services) to be sensitive to the needs of children, and more generally to the ways in which children and families are often implicated in parents' "personal" problems.'

The good practice guide to Child Aware Approaches: Keeping children safe and well CFCA Paper No. 21 – May 2014

Strategy What do we plan to do to achieve this result?

- Council and local adult community service providers are encouraged to establish protocols that
 ensure the best interests of a child are considered at all times
 - The Children's and Youth Services team has input into key planning processes within Council
 - The Australian Institute of Family Studies *Child Aware Approaches* framework is utilised to increase the consideration of children's needs with local adult focused community services

Measures of Success

- Council has developed and implemented a protocol that ensures their planning & decision making processes consider the impact on children
- Greater Shepparton family violence, drug and alcohol and mental health services have implemented a 'child aware' policy

No designated Workgroup



Outcome 4: Collaboration to achieve collective impact

The results we want to achieve in the next five years

Result 1: Best Start and Council's early years planning activities are part of a collective impact approach that achieves a significant, measurable improvement in relation to our children's healthy development and their readiness to succeed at school.

Why is this important?

Best Start, Communities for Children and the Greater Shepparton Lighthouse Project share a similar strategic vision – every child in our municipality is nurtured and encouraged in a way that prepares them well for education and adult life. In particular, children experiencing vulnerability receive the additional support they need to thrive and excel.

There is broad research consensus that partnerships, shared vision and local collaboration are critical to improving child development outcomes. The KMPG evaluation⁹ conducted for Best Start in 2013 showed that Great Shepparton had established an effective partnership that was building the necessary capacity to achieve change for children. This must be sustained.

Strategy What do we plan to do to achieve this result?

- Maintain the capacity of the Partnership and Workgroups to achieve system change and improve the health and wellbeing of children
 - The resources of the Best Start Team effectively facilitate the operations of the above
 - Fostering of strong links with other initiatives like Communities for Children, the Greater Shepparton Lighthouse Project, and other emerging networks and groups who share a common goal and purpose
 - o Alignment with collective impact approaches that improve the life chances of children.

Measures of Success

- Partnership/Workgroup evaluation shows continued value and benefit of strategic effort
- Collaboration with Communities for Children, the Greater Shepparton Lighthouse Project¹⁰ and the Victorian Department of Education and Training demonstrates benefit for children and families.

Responsible Workgroup - Best Start Early Years Partnership

⁹ Unpublished at this point in time.

¹⁰It is acknowledged that other potential key alliances will emerge over the life of the Plan such as the DHHS Area Partnerships

Result 2: Successful advocacy for children in relation to key issues that affect their health, safety and educational success.

Why is this important?

A key role of municipal early years planning is advocacy for children – 'lobbying and advocating to state and federal governments and other key stakeholders on behalf of early years programs, young children and their families'.

Over the last four years the Best Start Early Years Partnership and Workgroups have been active in advocating for children in a number of areas. As a collaboration of local experts in the early childhood field they are well placed to advocate strongly on issues that affect children. The development of the Language and Literacy professional development resource for early years staff demonstrates how advocacy achieves results. There are multiple areas that require such commitment to achieve change for children in our community.

Strategy What do we plan to do to achieve this result?

- Advocate for children in relation to current and emerging issues. Issues identified to date include:
 - \circ The funding and establishment of a Mother Baby Unit in Greater Shepparton
 - The funding and establishment of parent education/support programs to promote attachment and child emotional wellbeing.

Measures of Success

Action and improved outcomes for children result from advocacy

Responsible Workgroup - Best Start Early Years Partnership

Photo of the Partnership (to be taken 25 June)

Result 3: We know what progress we are making and what change we are achieving. We have the information and evidence to make adjustments and redirect our efforts to achieve optimal benefit from our investment of skill, time and funding.

Why is this important?

Resources are limited and we have a responsibility to use them judiciously. We need to account for the investments we are making on behalf of our children. We want to know what works so that it can be sustained and extended. We need to know what doesn't work and why.

The process of conducting evaluation for the various activities of Council's previous Best Start Early Years Plan improved our data collection processes, increased our knowledge and skills in relation to monitoring and evaluation, and informed the strategic direction for this new Plan.

> 'Evaluation is a systematic and intentional process of gathering and analyzing data (qualitative and quantitative) to inform learning, decision-making, and action' Srikanth Gopal FSG Reimagining Social Change website

Strategy What do we plan to do to achieve this result?

- Establish a robust monitoring, research and evaluation capacity within the service and system development activities of the Best Start Early Years Plan 2015-2019
 - To promote effective use of local and other data sets to better inform service development, planning and review
 - Undertake process, impact and outcome evaluation of the BSEYP 2015-2019, utilising external expertise as required
 - Pursue opportunities that have the capacity to build the local early years knowledge base.

Measures of Success

- Development and implementation of an Evaluation Framework
- Evidence that monitoring and evaluation data has been utilised and is of benefit
- Stakeholders report increased knowledge and skills in monitoring and evaluation.

Responsible Workgroup - Best Start Early Years Partnership

Making it happen

Partnerships, parents, carers, diverse sources of funding, stretch, innovation, philanthropy, volunteers, skills bank, universities, government, local organisations, local businesses, Committee for Greater Shepparton, entrepreneurs, early childhood staff, family support staff, educators.

Council's role

Council's role is one of strategic leadership, co-ordination and facilitation. Each Council is required to develop a community plan that articulates coordinated local planning for children. As the fund holder for Best Start, Council has the responsibility for administering and managing this initiative. The Early Years Plan integrates with other key Council planning documents such as:

- Council Plan 2013-2017
- Strategic Resource Plan 2014/15-2017/18
- Greater Shepparton 2030 Strategy
- Municipal Health and Wellbeing Action Plan 2015-2016.
- Community Development Framework August 2010.



Source: Greater Shepparton Council Plan and Strategic Resource Plan 2009-2013

A Greater Shepparton Councillor is the Chair of the Greater Shepparton Best Start Early Years Plan Partnership¹¹

¹¹ This position is currently held by Deputy Mayor Fern Summer

Partnership and Workgroups

The results of this Best Start Early Years Plan will be achieved through local organisations and individuals stepping forward to take responsibility for progressing particular strategies and actions contained in the Early Years Plan.

In utilizing an outcomes-based approach the **actions**, which describe how the **strategies** will be achieved, are developed by the relevant workgroups using Theory of Change and Program Logic modelling. Each workgroup will develop an **action plan** that will sit as a complementary document under the GSBSEYP 2015-2019. The workgroups hold the expert knowledge and experience and will be responsible for overseeing implementation.



See full listing of workgroup membership - Attachment 3 pages 33 -34.

The Community Facilitator Role

The Best Start Coordinator is currently a .6 EFT position and responsible for providing support to the Partnership and Workgroups to implement and evaluate the Best Start Early Years Plan.

Monitoring and Evaluation

The Partnership and Workgroups incorporate monitoring and evaluation into all activities.

A local Evaluation Plan will be developed for the *Greater Shepparton Best Start Early Years Plan 2015-2019*. Monitoring and evaluation will align to the Program Logic visuals developed for the Partnership, the Breastfeeding Workgroup, the Community Literacy Workgroup and the Early Years Reference Group.

The mid-term review will provide an opportunity for measuring the progress made and adjusting direction and effort as required.

Funding

Greater Shepparton City Council receives \$100,000 per year recurrent funding for Best Start and \$40,000 per year for the Supported Playgroups Initiative from the Victorian Government Department of Education and Training. For this financial year Council has contributed \$20,000 for strategies linked to the goals of municipal early years planning.

Further funding will be sought to progress the specific service development as articulated in the Action Plans, and other particular areas of development which emerge over the life of this Plan.

Publicity and Distribution

The Best Start Early Years Plan will be formally launched, placed on Council's Website, and distributed to key organisions and interested community members.

A short 'easy reading' community version will be developed for distribution to early years services and key community contact points.

Acronyms

AEDC	Australian Early Development Census
ARACY	Australian Research Alliance for Children & Youth
BSG	Best Start Guidelines (2005)
BSEYP	Best Start Early Years Plan (Greater Shepparton)
DEECD	Department of Education and Early Childhood Development (Victoria)
DHHS	Department of Health and Human Services (Victorian)
DET	Department of Education and Training (formerly DEECD) (Victoria)
MAV	Municipal Association of Victoria
MCH	Maternal and Child Health (Service)
MEYP	Municipal Early Years Plan
NAPLAN	National Assessment Program - Literacy and Numeracy
SPPI	Supported Playgroups and Parent Groups Initiative (Victoria)
VCAMS	Victorian Child and Adolescent Monitoring System
VEYLDF	Victorian Early Years Learning and Development Framework 2013

Glossary

Collective impact - see Attachment 4

Program Logic Terms

Inputs – the resources which are essential for activities to occur They ca include human, financial, organisational, community or systems resources

Activities – the specific activities undertaken as part of a project or program through application of inputs

Outputs – what the specific activities will produce or create. They are measurable and can be considered a target or milestone.

Outcomes – a confusing term in evaluation practice. These are essentially the changes that occur as a result of the inputs, activities and outputs. They often include specific changes in awareness, knowledge and skill (usually referred to as a short term outcomes) and subsequently behaviour (medium term outcomes/end of program outcomes). Longer term outcomes tend to be aspirational, the 'end in mind', the goal and are outside the scope/reach of the program/project.

Impact – this is used as an alternative term for outcomes – short, medium and long, and is being less used in Australian program evaluation because of the current confusion of terms in evaluation practice.

Adapted from *The Logic Model Guidebook Better Strategies for Great Results*. Knowlton and Phillips 2013

Progressive Universalism '...actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. We call this proportionate (progressive) universalism. Greater intensity of action is likely to be needed for those with greater social and economic disadvantage, but focussing solely on the most disadvantaged will not reduce the health gradient, and will only tackle a small part of the problem.

'Fair Society, Healthy Lives – The Marmot Review February 2010

Strategy - A plan of action designed to achieve a long-term or overall aim http://www.oxforddictionaries.com/definition/english/strategy

Universal Services and Secondary Services - see Attachment 5

Social competence refers to a child's ability to get along with and relate to others. For young children, social skills include learning to be a friend, to negotiate personal needs and deal with difficulties, to be assertive without being aggressive and to relate effectively with adults and peers (Linke, 2011). http://deta.qld.gov.au/earlychildhood/pdfs/aedc-social-competance.pdf

References

An integrated approach to early childhood development 2010 Benevolent Society

Australian Early Development Index Community Profile 2012 Greater Shepparton https://www.aedc.gov.au/

Australian National Breastfeeding Strategy 2010 - 2015 Australian Government Department of Health

Best Start Guidelines 2005 (DET)

Closing the Gap in Indigenous Disadvantage https://www.coag.gov.au/closing_the_gap_in_indigenous_disadvantage

Community Strategic Plan 2015-19 Greater Shepparton Communities for Children

Early Years Strategic Plan -Improving outcomes for all Victorian children 2014-2020 (DET)

Fair Society Healthy Lives (The Marmot Review) 2010 UCL Institute of Health Equity

Family Matters Journal article 2012, 'Joint attention and parent-child book reading'

Municipal Early Years Planning Framework and Practical Resource Guide 2011 (MAV)

National Framework for Universal Child and Family Health Services July 2011 Australian Health Ministers Advisory Council

Raising the Bar Workshop Report December 2014 This workshop was commissioned as an activity to promote the State of Greater Shepparton's Children Report 2014

Report Card The wellbeing of young Australians 2013 p1 (ARACY)

State of Greater Shepparton's Children Report 2014 A joint initiative of the Greater Shepparton Best Start Program, Communities for Children initiative and Lighthouse Project

Stop (Just) Measuring Impact, Start Evaluating Srikanth Gopal FSG Reimagining Social Change website

The good practice guide to Child Aware Approaches: Keeping children safe and well CFCA Paper No. 21 May 2014

The Nest consultation ARACY November 2012

The 1001 Critical Days Manifesto – the importance of conception to age 2 period www.1001criticaldays.co.uk

Victorian Early Years Learning and Development Framework 2013 (DEECD)

Victorian Child and Adolescent Monitoring System (VCAMS) Outcomes Framework (DET)

Victoria's Vulnerable Children Our Shared Responsibility May 2013 Victorian Government

Attachment 1: Best Start Indicators

Health	Learning and Development	Safe ty
Increased rate of breastfeeding	Improved reading, writing ar d numeracy	Increased proportion of children whose parents report high levels of social support
Increased attendance at Maternal and Child Health	Increased participation in kindergarten	Decreased rate of re-notifications to child protection
Increased rate of children who participate in physical activity	Increased rate of parents reading to their children	Decreased rate of unintentional injury
Increased proportion of children who clean their teeth at least twice a day	Reduced absences from primary school	
Increased rates of immunisation		
Decreased rate of women smoking during pregnancy		
Decreased rate of children exposed to tobacco smoke in the home		

Increased rate of children who are protected from summer sun

Attachment 2: The ARACY Nest Consultation

What does wellbeing look like?

To further understand wellbeing and how this manifests for people, the consultation asks participants to articulate in their own words what seven different pre-defined aspects of wellbeing 'look like'. The main elements expressed in relation to each aspect are outlined in the table below:

KRA	Aspect of wellbeing	Key descriptors of what this 'looks like'
LOVED & SAFE	Being loved and valued	 Having loving, trusting, unconditional relationships with family and friends Being accepted for who you are, being listened to and respected Having support networks and someone to turn to Being taken care of, nurtured and provided with security
	Being safe	 Being with family, people who love you and you can trust Being free from harm, abuse, conflict, and free from the fear of harm Being responsible and making safe decisions Being cared for and provided with basic human rights
неатти	Being healthy	 Eating well and nutritiously Being physically active, involved in exercise Having a good state of mind and being happy Being in a healthy environment where you are loved and supported Having a balanced life (work, study, fun)
LEARNING	Learning and developing	 Having access to and participating in formal education Having freedom to learn and find things out for yourself Being able to see new things, experiences and surroundings Engaging and interacting with others
CONTRIBUTING & PARTICIPATING	Having a say	 Being able to have a say in things that affect you Having the confidence to speak out and express oneself Being listened to and taken seriously Having opportunities – e.g. forums – to express views
	Being part of a community	 Getting involved and contributing to communal events and activities Being connected and able to socialise with others Being supported by the community around you Having a 'sense of belonging'
MATERIAL BASICS	Achieving material basics	 Food and water Housing and shelter which is safe and secure Access to education Health and sanitation Clothing, toys for play, and access to computers

Attachment 3: Partnership and Workgroup Membership

Greater Shepparton Best Start Early Years Partnership

Berry Street Communities for Children Community representative Department of Education and Training Department of Health and Human Services FamilyCare Goulburn Valley Health Greater Shepparton City Council Councillor (Chair) Greater Shepparton City Council Children's and Youth Services Greater Shepparton City Council Maternal & Child Health Service Greater Shepparton Lighthouse Project Kildonan Uniting Care Lulla's Family and Children's Centre Parent representative Primary Care Connect Primary School representatives **Rumbalara Family Services**

Community Literacy Workgroup

Best Start Bourchier Street Primary School Community Representatives Department of Education and Training FamilyCare Goulburn Valley Region Library Corporation Greater Shepparton City Council Maternal and Child Health Rumbalara Family Services SCOPE

Breastfeeding Workgroup

Australian Breastfeeding Association Best Start FamilyCare Goulburn Valley Health Domiciliary Service Goulburn Valley Health Lactation Unit Goulburn Valley Health Maternity Services Greater Shepparton Best Start Breastfeeding Project Officer Greater Shepparton City Council Maternal & Child Health service Moira Shire (Maternal & Child Health) Numurkah Health Service Health Promotion Officer Primary Care Connect

Early Years Reference Group

Best Start Centrelink Community Representative Department of Education and Training Department of Health and Human Services (Child Protection) FamilyCare Goulburn Valley Health Maternity Services Goulburn Valley Pregnancy and Family Support Service Greater Shepparton City Council Children's and Youth Services Greater Shepparton City Council Maternal and Child Health Service Rumbalara Family Services The Bridge Youth Service

Early Years Reference Group Professional Development Sub Committee

(formerly the Integrated Practice Workgroup) Berry Street Best Start Early Years Community Consultant FamilyCare Greater Shepparton City Council Children's and Youth Services

Evaluation & Data Sub Committee

Best Start Community representative Department of Education and Training Greater Shepparton City Council Maternal & Child Health service

Attachment 4: Collective Impact

The Collective Impact Framework

http://www.collaborationforimpact.com/collective-impact/

Collective Impact is a framework to tackle deeply entrenched and <u>complex social</u> <u>problems</u>. It is an innovative and structured approach to making collaboration work across government, business, philanthropy, non-profit organisations and citizens to achieve significant and lasting social change.

The Collective Impact approach is premised on the belief that no single policy, government department, organisation or program can tackle or solve the increasingly complex social problems we face as a society. The approach calls for multiple organisations or entities from different sectors to abandon their own agenda in favour of a common agenda, shared measurement and alignment of effort. Unlike collaboration or partnership, Collective Impact initiatives have centralised infrastructure – known as a backbone organisation – with dedicated staff whose role is to help participating organisations shift from acting alone to acting in concert.

John Kania & Mark Kramer first wrote about collective impact in the <u>Stanford Social Innovation Review</u> in 2011 and identified five key elements:



- 1. All participants have a common agenda for change including a shared understanding of the problem and a joint approach to solving it through agreed upon actions.
- 2. Collecting data and measuring results consistently_across all the participants ensures shared measurement for alignment and accountability.
- 3. A plan of action that outlines and coordinates mutually reinforcing activities for each participant.
- 4. Open and continuous communication is needed across the many players to build trust, assure mutual objectives, and create common motivation.
- 5. A backbone organisation(s) with staff and specific set of skills to serve the entire initiative and coordinate participating organisations and agencies.

"... we believe that there is no other way society will achieve large-scale progress against the urgent and complex problems of our time, unless a collective impact approach becomes the accepted way of doing business."

John Kania & Mark Kramer

Attachment 5: Universal, Secondary and Tertiary Services

Source: National Framework for Universal Child and Family Health Services July 2011 Australian Health Ministers Advisory Council

A system of universal, targeted, secondary and specialist services

Australia has a well-accepted system of free, **universal health services** based on the principles of primary health care³ to meet the needs of pregnant women, children and families at multiple contact points. Midwives provide care at no cost across pregnancy, birth and the postnatal period for up to six weeks after birth in some models of care. Child and family health nurses⁴ (CFHN) provide services for families and children from birth to school entry and in some jurisdictions will provide services in the antenatal period and beyond school entry to the age of 12. General practitioners (GPs) also provide significant primary care services for children and families however, these are often at a financial cost to families (see Figure 4) [37]. Universal child and family health services focus on increasing protective factors and reducing risks that impact on children's health and wellbeing and provide early identification and referral for children and families who may require targeted, secondary or tertiary specialist services. It is expected that 100% of families are able to access universal services.

Targeted services focus on children and families or communities who have additional needs or increased likelihood of poor health or developmental outcomes limiting opportunities to reach their full potential. Such children and families may include: refugee and culturally and linguistically diverse families, families where drug and alcohol use is a problem and children in out-of-home care. Importantly, targeted services and supports work to reduce inequalities in outcomes between groups of children. Such services are often provided from within the universal service platform and aim to minimise the effect of risk factors for children and to build protective factors and resilience. Proactive outreach by universal health service professionals to encourage engagement with universal services is one form of targeted support. Other forms include: extended home visiting programs, outreach programs in disadvantaged communities, day stay services and supported playgroup programs.

Secondary level services: Secondary level health services also form part of targeted services and usually fall outside the scope of practice of the universal health providers. Examples of secondary level services include allied health intervention programs, developmental disability and inclusion support services and parenting or family relationships programs. General practitioners play a significant role in both accepting and making appropriate referrals. Approximately, 30% of families are expected to require secondary level services (see Figure 3).

Specialist or intensive tertiary services and supports are individually tailored responses to a particular child and family situation that often requires high levels of expertise. For example, specialist allied health and medical services, paediatric care, mental health, drug and alcohol treatment services or child protection support including adoption and fostering (Adapted from [23, p.19]). Only 20% of families will require tertiary level care, as demonstrated in Figure 3.



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