Wellington Municipal Early Years Plan
2012 - 15
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The Wellington Shire council shares the community’s vision for a healthy, vibrant and inclusive community that is well serviced and governed.

These values are encapsulated in Wellington 2030- a point in time still some 18 years off and so at Council we have planning documents with shorter time frames to guide our steps along the way.

This document, the Municipal Early Years Plan 2012-2015 is designed to outline practical ways in which Council can dedicate focussed resources towards achieving our community’s aspirations for creating a Wellington where our children have the opportunity to achieve their full potential through support from parent/s, caregivers, families and community.

The Plan documents the role of council working in partnership alongside local organisations and the community to ensure positive outcomes for families. I am proud to report that the content on the pages which follow have been developed in collaboration with providers of Early Years services and others with interest and expertise in child development, because no single party can achieve in this area alone. You will also find in this document a series of actions various parties can take towards achieving our shared aims.

By providing a sound start for our children, together we will make significant progress towards achieving the Wellington 2030 Vision.

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CR. PETER CLEARY
Mayor
Wellington Shire Council
As young people we, Youth Council believe that the value and benefits to the community that come from investing in young people at all stages of life can never be underestimated. The future of our Shire depends on our commitment to our children and young people.

As the Youth Mayor, I believe that all children right across the Wellington Shire should have access to high quality services which seek to enhance, nurture and foster early years education and development.

Young children are so often unable to speak for themselves, and so I find it a tremendous privilege and honour to be in a position to contribute to Wellington Shire Council’s strategic documents as the voice of youth. And while it has been some time since I and the members of the Youth Council were in our early years, we all recognise the importance of these years.

Our support for this Strategy is in recognition of the fact that strong early year programs, services and activities are critical to providing any young person with a strong foundation upon which they can start to build their adult life.

AELISHA ALLEN
Youth Mayor
Wellington Shire Council
The development of the Wellington Shire Council Municipal Early Years Plan is the result of support and assistance from a wide range of local organisations, individuals and community members.

Their knowledge, expertise, experience and contributions have been appreciated.

- Wellington Primary Care Partnership
- Central Gippsland Health Service
- Uniting Care Gippsland
- Yarram and District Health Service
- Ramahyuck and District Aboriginal Corporation
- Sale Combined Kindergartens
- Department for Education and Early Childhood Development
- Sale and Districts Early Years Network
- Neighbourhood Houses and Community Learning Centres in Wellington Shire
- Wellington Early Years Coordinating Group
EXECUTIVE SUMMARY
The Wellington Municipal Early Years Plan is focused on partnerships between local agencies, levels of government and the community to improve outcomes for children (0-8 years of age) and their families within the Wellington Shire.

Improvements in economic, educational, social, cultural, spiritual, health and wellbeing outcomes for children and their families can be the direct result of appropriate and accessible services available within a community or municipality. The evidence shows that the following also enhance these outcomes for children and families;

• The child and family friendliness of a community. For example, there are safe spaces for children to relax, play and learn, workplaces support staff to have a good work and family life balance, public transport is fully accessible and available to all, venues welcome breastfeeding, children’s opinions are valued, there are practical and friendly pathways for families to access the services that they need, there are free events and places where families can safely gather for social connection.

• The participation of children and families in community decision making. This participation in community decision making extends beyond items/areas that are only relevant to the Early Years.

• The long term sustainability of natural and built environments, local economies, and a wide range of educational environments and opportunities.

The Wellington Municipal Early Years Plan attempts to consider these factors and through collaborative partnerships sets out to achieve the following two goals by 2015.
There are more sustainable and ongoing opportunities for families with children 0-8 years of age, to participate in their community and build social networks.

There are already many aspects of the Wellington municipality that contribute towards being a child and family friendly region where families can easily participate in community life and connect with others from similar or diverse backgrounds. This plan will strengthen and promote these qualities and work on developing new community identified initiatives which define Wellington as a child and family friendly community.

In 2008 the Department for Planning and Community Development completed their biennial data reports on how residents rate their local government area in terms of what makes a strong community. The Wellington Best Start Indicators and Data Report, in November 2010 reported that, “One third of the population surveyed in Wellington identified that their community does not have a wide range of social supports or feel that they can get involved in local issues or activities.” In addition the report also revealed that over half of the population surveyed did not feel a valued member of their community. There were positives from the survey, residents indicated that they can get help from their family friends and neighbourhood.”

These results are compounded by additional data. Wellington Shire has higher than Gippsland and Victorian averages for numbers of teenage parents, child protection re-notification rates and non-Kindergarten participation rates.

A focus on an increase in social support and connectedness can lead to new opportunities that influence outcomes for children and families at risk.
universal access for all children to high quality early years services in the Wellington Shire.

The National Quality Framework for Early Childhood Education and Care, sets standards for excellence in early childhood education and service provision. This framework, data from the Australian Early Development Index, local community level integrated planning for early year’s services and infrastructure and community consultation will support the achievement of this goal.

All those involved in the establishment of this early years plan support the rationale for investment in the Early Years. Collette Tayler, the Chair of Early Childhood Education and Care at the University of Melbourne writes about the need for investment in the Early Years; “International research systematically shows that improving the quality of learning environments for young children is associated with substantial social, educational and economic benefits for children, families, educators and the community.”


This Plan recognises the commitment of agencies and communities to support all children in the Wellington Shire Council to achieve their potential.
INTRODUCTION
The Wellington Municipal Early Years Plan (MEYP) has been designed to provide strategic direction for the development and coordination of early year’s programs, activities and local community development processes that impact on children aged up to eight years within the Wellington municipality.

This plan outlines the roles Wellington Shire Council and other local agencies are taking to achieve:

- A seamless Early Years system with services that are easy to access, friendly to use and strengthen the capacity of families to care for children
- Community participation of families with children in the 0-8 age group
- Long term facility planning for Early Years Services
- Child and family friendly community planning in partnership with agencies, groups and community members across the municipality
- Community engagement and consultation

This document has been developed to foster an integrated and collaborative approach to Early Years Planning in the Wellington Shire.

Local early years champions, the strength of local networks, additional resources and the influences of a nationally led early years sector reform have contributed to the development of this plan.

The two key goals in the Action Plan were identified during strategic workshops hosted by Wellington Shire Council and the Wellington Primary Care Partnership in late 2011.
There are sustainable and ongoing opportunities for families with children 0-8 years of age, to participate in their community and build social networks.

These two goals have been derived from the practice experience of local organisations, community need and a demographic profile of the Early Years in Wellington Shire. Goal two encourages collaborative action to respond to the significant changes to Early Years’ service provision that is being implemented at a Federal and State Government level.

In 2011, the Australian Bureau of Statistics census recorded that there were 4,592 children aged 0-8 years of age living in the Wellington Shire. Within Wellington Shire, most children and their families can access a wide range of programs and early learning services, child care, recreational and sporting facilities, natural parks and environments and community events and activities.

Wellington Shire is around two hours road or rail travel time from the eastern suburbs of the state capital Melbourne, covers an area of more than 10,900 square kilometres and has a resident population of 41,444 (2011).

Universal access for all children to high quality early years services in the Wellington Shire.

Wellington’s population is concentrated around the city of Sale and the surrounding towns of Maffra, Yarram, Heyfield, Rosedale and Stratford. Coastal settlements include Port Albert, Golden Beach, Loch Sport and Seaspray.

The economy in Wellington Shire is strengthened by its diversity. Primary production and agriculture, offshore oil and gas extraction, a major Royal Australian Air Force Base (RAAF), service industries, retail, health, education and community services are all major contributors to the economy. The possible future expansion of Sale’s RAAF base to deliver large scale Pilot Training could have significant impact on the municipality.
The United Nations Convention on the Rights of the Child spells out the basic human rights that children everywhere have. The Convention on the Rights of Children consists of 54 articles and is guided by four fundamental principles:

1. The right to survival

2. To develop to the fullest

3. Protection from harmful influences, abuse and exploitation

4. To participate fully in family, cultural and social life.

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

There is now 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.

The MAV has identified three key foundations for municipal early years planning:

1. Strategic local area planning

A wide range of activities that plan for the impact of the local built, social, economic and natural environments upon children and families within the municipality. Analysing how built, social, economic and environmental factors may impact on young children and their families and how planning can improve characteristics such as liveability, friendliness, sustainability and viability. This analysis can enhance understanding of local needs and assist in a broader approach to planning.

Strategic partnerships, community engagement, listening to children’s voices and Child Friendly communities are also important aspects of strategic local area planning.

2. Social determinants of health

Municipal Early Years plans consider the daily living conditions of young children and their families, how the economic and social conditions of the municipality affect them and what responses and interventions can improve them. Planning can expand beyond service delivery and focus thinking on the child’s experiences within their family, neighbourhood and community. This approach is particularly important when planning for Aboriginal and other specific groups in the Shire.

3. Focus on outcomes for children

The Victorian Child and Adolescent Outcomes Framework 2005 is used as a basis for reporting on outcomes for Victoria’s children, young people and their families. The Outcomes Framework includes safety, health, learning, development and wellbeing from birth to 18; placing the child at the centre of family, community and society. Other outcomes for children have been identified in key national and state Early Years documents discussed in the next section. Some of the overlapping outcomes for children in these documents include:

- Strong health and wellbeing among children
- Children are confident learners
- Families and quality early childhood services are supporting children’s development
- Children and families are connected with their community
Infrastructure planning and facility provision that is child friendly, designed to meet the needs of all children, and geographically accessible. It can include land use planning, housing, recreation, child friendly spaces, transport, playgrounds, integrated service hubs, etc.

**SOCIAL DIMENSION**

Creating opportunities for people to participate in the life of the community. It can include planning how services can be friendly and easy to use and how families, service providers and the community can be supported and involved.

**ECONOMIC DIMENSION**

Encouraging economic development and distributing wealth. It can include considering the cost of services and encouraging local employment (such as Family Day Care, utilising local contractors).

**NATURAL DIMENSION**

Creating opportunities for young people and their families to experience and appreciate the natural world. It can include providing opportunities for outdoor exercise, parklands and safe sun and water experience.
NATIONAL, STATE & LOCAL GOVERNMENT CONTEXT
Leading up to 2012 there have been significant initiatives, changes and challenges within all three levels of government that can impact on outcomes for children and families living in rural locations within the Wellington Municipality.

At the National level in 2009, all Australian Governments agreed to a new National Quality Framework for Early Childhood Education and Care. A major focus has been on improving the quality, access and affordability of early childhood education and care to give all children, regardless of location, the best possible start in life. The Framework is also aimed at empowering families to make informed choices about which service is best for their child.

“By 2020 all children have the best start in life to create a better future for themselves and for the nation”.

The Vision for the National Early Childhood Development Strategy - July 2009

The strategy is based on clear evidence from Australia and overseas that the early years of a child’s life have a profound impact on their future health, development, learning and wellbeing.

The National Early Childhood Development Strategy aims to achieve the following outcomes for children:

- Children are born and remain healthy
- Children’s environments are nurturing, culturally appropriate and safe
- Children have the knowledge and skills for life and learning
- Children benefit from better social inclusion and reduced disadvantage, especially Indigenous children
- Children are engaged in and benefitting from educational opportunities

The Strategy aims to achieve the following outcomes for families in recognition of the primary role and influence of families in raising children:

- Families are confident and have the capabilities to support their children’s development
- Quality early childhood development services support the workforce participation choices of families.

The National Quality Framework includes:

• A national legislative framework that consists of the Education and Care services National Law and Education and Care Services National Regulations.

• A National Quality Standard

• An assessment and rating system

• A regulatory authority in each state and territory who will have primary responsibility for the approval, monitoring and quality assessment of services in their jurisdiction in accordance with the National Legislative Framework and in relation to the National Quality Standard.

• The Australian Children’s Education and Care Quality Authority (ACECQA)

The most significant National COAG initiative affecting the early year’s sector in 2012 is the Universal Access to Early Childhood Education.

• By January 2013, every four year old child will be able to access a kindergarten/preschool program for 15 hours per week, for 40 weeks per year.

• The kindergarten/preschool program is to be delivered by a four-year university-trained early childhood teacher.

• The kindergarten/preschool program will need to comply with the national Early Years Learning Framework and be available in a variety of settings, including stand-alone preschools and child care settings. The program will meet the needs of parents and cost will not be a barrier.

The evidence behind the introduction of Universal Access is:

• Early childhood education programs improve children’s learning, health and behaviour with positive impacts extending into adult life.

• Enables children and families to have access to a high quality developmental program in a range of settings such as public, private and community-based kindergartens and child care services.

• Supports a successful transition to formal schooling.

• Supports planning for integrated service systems.

The National Quality Framework conveys the highest expectations for all children’s learning from birth to five years and through the transitions to school. It has three principles, Belonging, Being, Becoming.

It communicates these expectations through the following five Learning Outcomes:

• Children have a strong sense of identity
• Children are connected with and contribute to their world
• Children have a strong sense of wellbeing
• Children are confident and involved learners
• Children are effective communicators.

The Framework provides broad direction for early childhood educators in early childhood settings to facilitate children’s learning.


BELONGING
Knowing where and with whom you belong is integral to human existence.

BEING
Childhood is not solely a preparation for adulthood or for the future, recognising the significance of the ‘here and now’ in children’s lives.

BECOMING
Reflecting the process of rapid and significant change that occurs in the early years as young children learn and grow.
Funding through an agreement between the Victorian State Government, Department of Education and Early Childhood Development and the Municipal Association of Victoria has been provided to all Victorian Councils. This will assist each council to undertake the planning for universal access to 15 hours early childhood education across their municipality.

Wellington Shire Council has completed reports on Universal Access to Kindergarten Capacity Assessment in 2010 and 2011 for the Department for Education and Early Childhood Development (DEECD). These reports summarise the level of readiness amongst the 22 Wellington Kindergarten Providers to achieve 4 year old Universal Access to Kindergarten in January 2013. The report in August 2011 documented that 50% of the 18 funded 4 year old Kindergarten Programs in the Shire were already offering Universal Access or required no assistance from partners or the municipality to achieve Universal Access. Of the remaining 9 funded programs, 5 require additional assistance from partners and the municipality and 4 require significant change that would require external or additional support to achieve Universal Access.

The National Early Years Learning Framework (Department for Education, Employment and Workplace Relations 2009) and The National Quality Standards for Early Childhood Education and Care and School Age Care (COAG 2009) influence operational level planning for early years services. The framework and standards look at children’s health, safety and wellbeing, the physical environment, collaboration with parents and caregivers, children’s connection and contribution to the world around them and staffing arrangements (just to name a few). The National Quality Framework took effect on 1 January 2012 with key requirements being phased in overtime. Requirements such as qualification, educator-to-child ratios and other key staffing arrangements will be phased in between 2012 and 2020.

All children’s services within Wellington Shire are expected to adhere to these regulations and standards. In Sept 2011 there were 30 licensed children’s services in Wellington Shire made up of Kindergartens, Child Care services and Outside School Hours care. (Appendix 1)

As a rural area, Wellington Shire must consider these influences on operational level planning to ensure strategic outcomes can be realised. As an example, many towns within the municipality have difficulty attracting and retaining qualified staff. There may need to be integrated planning among early years’ service providers within towns to create job sharing and other arrangements to achieve the National Quality Standards and strategic outcomes such as universal access to kindergarten.
There are seven quality areas in the National Quality Framework, which capture aspects critical to the provision of quality early childhood education and care and outside school hours care services, including educational concept and practice, structural quality, interactions between educators and children and targeting services to meet the needs of families and local communities.

In 2010 the removal of National funding from the Take a Break program for Occasional Childcare resulted in a State Government rescue package, enabling the program to continue to December 2011. The Take a Break occasional child care program has provided respite for parents and guardians of children aged from 0-6 years, enabling them to participate in a range of activities including work, medical appointments and treatments, recreational classes, activities, shopping, social events and voluntary community activities. Within Wellington it has often been utilised by farming families and lower socio-economic families.

Services in Briagolong, Gormandale, Heyfield, Maffra, Rosedale and Sale have experienced decreases in staff hours leading to lower numbers of places available for children. For the community there is limited flexibility to be able to access low cost Occasional Care spaces and it has become a user pays model.

Some services have had to review their service model and are considering providing long day care and Kindergarten programs to supplement income to be able to continue offering Occasional Child care. Some services have received small amounts of short term sponsorship funding to continue operating.

As at June 2012 a number of occasional child care providers were seeking additional funding through the Department of Education, Employment and Workplace Relations.

“It takes a village to raise a child.”

In 1996 Hilary Clinton made famous this proverb from the Igbo and Yoruba regions of Nigeria. The proverb’s basic meaning is that raising a child is a communal effort. It is to be taken to mean that the responsibility lies not only with the parents, but also with the extended family and in some cases the community.

http://www.deewr.gov.au/Earlychildhood/Policy_Agenda/Quality/Pages/home.aspx

http://www.helium.com/items/803335-assessing-it-takes-a-village-to-raise-a-child
The Victorian State Government Department of Education and Early Childhood Development (DEECD) is the key body in Victoria responsible for providing direct and indirect services to children and young people. Direct services are provided through government schools. Indirectly, DEECD regulates and provides funding to early childhood services and non-government schools. For Children aged 0-8 years, DEECD strives to achieve the following outcomes:

- Children have the best start in life to achieve optimal health, development and wellbeing
- Children acquire the basic skills for life and learning
- All children have access to affordable, high-quality early childhood education in the years before schooling
- High-quality early childhood education and care supports the workforce participation choices of parents with children in the years before formal schooling.

DEECD works in partnership with the Municipal Association of Victoria and government and non-government Early Years’ service providers to deliver the following initiatives that influence the Early Years sector in the Wellington Shire;

**Best Start**  
Maternal and Child Health  
Transition to School

**Best Start** supports families, caregivers and communities to provide the best possible environment, experiences and care for young children in the important years from pregnancy to school. Best Start aims to improve the health, development, learning and wellbeing of all Victorian children (0-8 years). It supports communities, parents and service providers to improve universal early year’s services so they are responsive to local needs. It has a strong emphasis on prevention and early intervention.

**These improvements are expected to result in:**

- Better access to child and family support, health services and early education
- Improvements in parents’ capacity, confidence and enjoyment of family life
- Communities that are more child and family friendly.

There are 30 Best Start project sites across the state of Victoria. Six of these sites focus specifically on working with Aboriginal communities. Local partnerships are the cornerstone of each project site.

**Best Start local priorities in the Wellington Municipality**

Uniting Care Gippsland is the facilitating partner of the Best Start project within the Wellington municipality. Working closely with the members of the Wellington Primary Care Partnership and utilising local demographic and other data, the following three priorities are the basis of the local action plan for 2011-2014;

- Increasing the number of women who choose to breastfeed,
- Ensuring that all children commence primary school having previously attended a quality funded kindergarten program, and
- Increasing support for parents to participate in community life.
The **Victorian Maternal and Child Health** (MCH) service is a free universal primary health service available to families in every local government area. The MCH service supports families and their children, with an emphasis on developmental assessment, early identification, appropriate referral, health promotion and parenting support.

The MCH Service is funded in partnership between the Department of Education and Early Childhood Development (DEECD) and local government through a Memorandum of Understanding (MOU) signed by both DEECD and the Municipal Association of Victoria (MAV).

DEECD funds a set of core services within the Universal MCH Services and fully funds the Enhanced MCH Service. DEECD is also responsible for policy and program development. Local government through the 79 Victorian councils contributes to half of the core Universal services.

Within the Wellington Shire, Maternal and Child Health services are provided by Central Gippsland Health Service in Rosedale, Heyfield, Stratford, Sale, Maffra, Loch Sport, Braidong and by Yarram and District Health Service in Gormandale and Yarram. Best Start indicators for Wellington document that in 2008-2009 the Maternal and Child Health attendance rates were above the Gippsland average for most of the key ages and stages visits.

**Transition to School.** It is recognised that children and families experience a wide range of transitions during the 0-8 age bracket. Transitioning to school is only one of these. Transition statements were introduced by the state government in 2009. Transition statements are written by the child’s Kindergarten Teacher, providing the parent/s and pre-school teacher with an assessment of the child’s abilities, achievements and interests. Transition statements contain information on the child’s sense of identity, communication, learning, wellbeing and connection to the world around them (National Quality Framework five learning outcomes) and indicate how the child can be supported to continue learning.

Evaluation of the effectiveness of Transition Statements was completed by Successworks in August 2010 as part of the Transition: A Positive Start to School Initiative. This evaluation found that transition statements were very helpful for the prep teacher when settling the child into school and giving the prep teacher better knowledge of the child when starting school. Transitioning to school is more than the use of transition statements. It includes parent teacher communication, attendance in programs prior to school, open days, the use of common language amongst kindergartens and schools and cohort planning.

Transition statements have been useful in improving feedback loops between kinder and prep teachers, providing parents with an opportunity to capture the personality of their child in preparation for school and enabled some educators to reflect on their professional practice and impacts on individual children’s learning and development.

The Victorian Government’s Supported Parent Groups and Playgroups initiative was announced in the report “A Fairer Victoria” in 2006. The initiative recognises that Playgroups provide quality play opportunities at a critical time in a child’s development (0-3 years of age). Playgroups have an important role in school preparation and the transition between Kindergarten and school. Play fosters a child’s language development, develops motor skills and exposes them to sensory experiences. Playgroups also provide families with opportunities to establish friendships and long-term social support structures that strengthen social networks and provide community connectedness.

The supported parent groups and playgroups funded under this initiative engage vulnerable and isolated families who may otherwise not access these services. These include, but are not limited to: Aboriginal children and families, children and family immigrant arrivals (including refugee), families affected by disability and families affected by chronic disadvantage and with complex needs.

**The objectives of the supported parent groups and playgroups initiative is to:**

- Promote improved outcomes for children, increase parent confidence and capacity and support the establishment of social networks
- Model and support developmentally appropriate play experiences and parenting practices
- Promote and support participation in the maternal and child health service and kindergarten programs and to link families to other services and supports

**The MCH Service**

**The MCH service is available for all families with children from birth to school-age and is provided to through 10 key ages and stages (KAS) consultations.**

**The MCH service offers parents:**

- A schedule of consultations including an initial home visit and office based consultations at 2.4 and 8 weeks, 4 months, 8 months, 12 months, 18 months, 2 years and 3.5 years.
- All nursing activities, interventions and health promotion messages are evidence based
- Additional consultations or activities may be available according to individual family needs and may include home visiting
- Nurses make referrals and link families to specialist services
- Parent education groups and advice regarding parenting, child health, development and learning, child behaviour, maternal health and wellbeing, child safety, immunisation and others.

The Australian Early Development Index, Wellington Community Profile 2009 reports that 87% of Wellington children had been in care or early childhood education programs in the year before school. The Victorian average was 91.3%. Rosedale / Gormandale and surrounds had a rate of 63%, significantly lower than other areas in the municipality.

In terms of adapting to school, the AEDI recorded that it was often or very true for 85.3% of children in Wellington that they were making good progress in adapting to the structure and learning environment of the school.

The Wellington Early Years Coordinating Group (facilitated by DEECD) was formed in early 2012 with a specific focus to review and implement changes in transition practices amongst early years providers across the Wellington Shire. Members of this group came from the Sale and Districts Early Years Network and regular feedback loops occur between the two groups. Membership of the Wellington Early Years Coordinating Group includes;

- DEECD
- Kindergarten Cluster Managers
- Principal, government and non-government school representatives
- Wellington Shire Council
- Catholic Education Office

Victorian Public Health and Wellbeing Plan
In September 2011 the Victorian Health Department released the Victorian Public Health and Wellbeing Plan 2011 -2015. The goal of the plan is to improve the health and wellbeing of all Victorians by engaging communities in prevention, and by strengthening systems for health protection, health promotion and preventive healthcare across all sectors and levels of government.

Three priorities have been identified for the next four years to improve outcomes for individuals, the healthcare system, and the wider economy and society.

1. Building a sustainable prevention system
2. Supporting key settings for action and engagement
3. Strengthening established public health practice

The key settings that have been identified where prevention, health protection and health promotion will occur are; early childhood and education settings, local communities and environments, workplaces, and health services.

Municipal Public Health and Wellbeing Plans (MPHWP) are expected to follow the priorities in the Victorian Public Health and Wellbeing Plan. In the future at a local level, the Wellington Shire Council and Wellington Primary Care Partnership will be engaging with local early childhood and education services to identify objectives and strategies for inclusion in the Wellington Community Wellbeing Action Plan (Wellington’s MPHWP).
In 2008 the Wellington Shire Council completed significant community consultation to develop a vision for 2030. All Council business is directed towards achieving the Wellington 2030 Vision. The vision contains nine themes (listed below) and lists strategies to achieve these themes;

In 2009 Sustainability was included as the key focus underpinning all aspects of the Wellington 2030 Vision. Sustainability in the vision is seen as a dynamic process which enables all people to realise their potential and to improve their quality of life in ways that simultaneously protects and enhances all aspects of our natural, social, economic and cultural environment for future generations.

A number of the themes in Wellington 2030 are particularly relevant to the Municipal Early Years Plan. For example, under the theme of Population, Council will work in partnership with the community to promote a broad range of childcare services. Under the Wellbeing and Safety theme Council is to encourage the provision of high quality integrated services and address physical, cultural and socioeconomic barriers that prevent people from fully participating in the community. Rural communities need to be innovative in the use of resources to deliver appropriate childcare solutions. Integrated models of Early Years servicing are being encouraged by DEECD and the current plans for the development of the Yarram Hub in the Wellington Shire are evidence of integration of Early Years services. This plan will also seek to define and address barriers for children’s participation in early year’s services, particularly four year old Kindergarten programs.

Evidence for investment in the Early Years

Children develop best “in an environment of relationships that begins within their family, extends into their community, and is affected by broader social and economic resources” and when “caring adults respond in warm, individualised and stimulating ways.”

However, in contrast, “when the environment is impoverished, neglectful, or abusive, the result can be a lifetime of increased risk for impairment in learning, behaviour and health.” (Harvard University 2007: A Science-Based Framework for Early Childhood Policy. Centre on the Developing Child, Harvard. U.S.A.)

“The period of early child development is equal to or, in some instances, greater in importance for the quality of the next generation than the period children and youth spend in education or post-secondary education.”

The 2011-2015 Wellington Shire Council Plan (based on the 2030 Vision) describes the following objective for Liveability within the municipality, “To promote, support and advocate for the social and cultural wellbeing of our community by providing essential and innovative amenities, services and facilities and through the creation of beneficial partnerships with key stakeholders”. The vision for Community Liveability has direct relevance to the Early Years sector, “Wellington is a safe and healthy community where everyone feels they are valued, supported and have the opportunity to participate. It is a visually attractive and well serviced community that people enjoy living in”. Children and families are encouraged to be connected and involved in the Wellington community, have access to appropriate and relevant services and Wellington is a child and family friendly municipality.

Within the Wellington Shire Council hierarchy, the Community Wellbeing Action Plan 2011-2013 sits under the Wellington Shire Council Plan 2011-2015 and is also the umbrella under which this Municipal Early Years Plan is located along with the Access and Inclusion Plan, Physical Activity Strategy, Healthy Lifestyles strategy, Youth Strategy and Community Plans. The Community Wellbeing Action Plan is the Council’s Municipal Public Health and Wellbeing Plan that is required by Council under the Public Health and Wellbeing Act 2008 (section 25).

Developing this Municipal Early Years Plan and supporting the provision of Maternal and Child Health Services are strategies within this plan within the Wellbeing and Safety section. Council staff involved in Community Planning have worked with representatives from towns and communities within the Shire to identify priorities important to families with children aged 0-8 years.

**The following achievements have been made;**

- New pram accessible footpaths and trails including the Avon Heritage Trail (Stratford), Loch Sport National Park Rd Pathway.
- Wurruk Community Fun days
- Improved public transport routes and links that assist families to access kindergarten, childcare and healthy lifestyle facilities.
- Upgrades of open spaces and playgrounds, Anzac Park in Briagolong, Cowwarr Main park and Yarram Skate park.

From 2012 to 2013, Wellington Shire Council and Wellington Primary Care Partnership Agencies will be working on an integrated Public Health and Wellbeing Plan for Wellington Shire that will be the combination of the Wellington Community Wellbeing Action Plan and the Wellington Health Promotion Catchment Plan.

The Wellington Health Promotion Catchment Plan is a detailed operational plan which supports the Wellington Primary Care Partnership Strategic plan 2009-2012. The Catchment Plan captures a mix of interventions being led by a range of partner agencies to achieve specific health and wellbeing outcomes for the community. The role of this plan is to identify and work together to address common priorities which are linked to outcomes in the Early Years.
The three priorities for 2009-2012 are:

- Promoting physical activity and active communities
- Promoting accessible and nutritious food
- Promoting mental wellbeing

Priorities in the integrated Public Health and Wellbeing Plan from 2014 onwards for Wellington will be influenced by the Victorian Public Health and Wellbeing Plan.

This Municipal Early Years Plan will inform the development of other Council Plans where these intersect with provision for the Early Years.

Within Wellington Shire, Uniting Care Gippsland is a key provider of Early Years services and programs. Uniting Care Gippsland employs over 200 staff throughout Gippsland who provide a range of community services including; foster care, family counselling, family day care, youth work, family support, disability respite, accredited childcare, kindergarten programs and financial counselling.

Uniting Care Gippsland has an Early Years Practice Strategic Plan 2010-2013 with six key outcome areas;

- Promote development of children to their full potential
- Partnerships
- Universal service platform
- Community driven programs
- Strong workforces
- Leadership, innovation and change

Uniting Care Gippsland is part of the Child and Family Service Alliance who develop a catchment plan to strategically enhance service delivery of integrated family services within the Gippsland catchment. The catchment plan is not just a yearly activity; it is a continuous activity that should be embedded into all levels of Alliance activities in addition to operational management and coordination of service delivery. The catchment plan can be used as a communication tool to inform other sectors, and the department of current issues facing the child and family services sector and strategic planning that is occurring at the catchment level. This will inform strategic planning occurring at a regional and state level as well as other sectors within the catchment.

Wellington ChildFIRST & Integrated Family Services uses the catchment planning process to analyse, set priorities and objectives, identify actions, outcomes and measures and then evaluate plans that address specific need in the Wellington catchment, focused on improving outcomes for children, youth and families in our local area.

The purpose of catchment planning is to enhance the service system capacity to promote children, young people and their families’ wellbeing by:

- Promoting children’s safety, stability and development
- Improving outcomes for children and families
- Aligning service planning and development
- Identifying catchment priorities to determine service needs
- Identifying approaches to support and enable capacity building within Aboriginal controlled services
- Working collaboratively to support quality improvement, performance measurement and use of data for service planning
- Identifying and implementing linkages and coordination points with other networks and partnerships within the region or catchment, eg. Family Violence, Family Services and Child Protection Partnership Agreements

The core feature of catchment planning is to bring together integrated family service agencies, child protection and the department to achieve:

- A more integrated and coordinated service system, inclusive of processes
- Improved earlier intervention and prevention approaches
- Strengthened pathways between family services and other sector services
- Strong linkages with local place-based community building initiatives, eg. Neighbourhood Renewal
- An improved focus on enabling provision of culturally competent services for Aboriginal persons and those from CALD backgrounds.

Ramahyuck and District Aboriginal Corporation is responsible for coordinating the delivery of the Close the Health Gap Action Plan for the Wellington Shire. The three priority areas for this plan in 2011-2012 are:

- Reducing tobacco consumption
- Obesity prevention
- Participation in sport, art and culture

The strategies in the plan focus on partnerships and working holistically with families. There will be positive outcomes for children in the early years through a reduction in the exposure to tobacco smoke, the promotion of healthy eating and increased physical activity and community participation.
LOCAL DATA AND DEMOGRAPHICS ON THE EARLY YEARS IN THE WELLINGTON SHIRE
In 2011, 12.3% of the total Wellington Shire population was aged between 0 and 9 according to the census data. Population projections estimate an increase in children aged 0 to 9 to 2026. However, the percentage of 0 to 9 year olds as part of the total Wellington population is expected to decline from 12.3% in 2011 to 10.8% in 2026.

The 2011 Census data from the ABS also indicates:

- 4,028 families in Wellington have children in the 0 to 15 age group. 75.9% were couple families and 24.1% were one parent families. Wellington LGA has a higher rate of one parent families with children less than 15 years of age compared to the State and Gippsland average.
- In 2011 24.0% of the Aboriginal population in Wellington were aged 0 to 8 years, compared to 12.0% in the total population.

The percentage of children aged 0 to 8 years in Wellington (S) (11.08%) is greater than the percentage of children in this age-group in the Gippsland region (11.03%) and is less than the percentage of children in this age-group in Victoria (11.3%).

Need for assistance

In 2011 there were 221 children aged 0 to 14 years in Wellington (S) with a need for assistance with core activities, representing 2.8% of all children in this age group in Wellington (S). This was less than the percentage of children aged 0 to 14 years in the Gippsland region with a need for assistance (3.2%) and more than the percentage of children aged 0 to 14 years in Victoria with a need for assistance (2.1%).

Source - DEECD Wellington Early Childhood Profile

2011 Population Data
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**Immunisation**

Wellington Shire has the highest immunisation rate in Gippsland, 95% of young children receiving age appropriate vaccinations.

Source: Department of Human Services – Gippsland Health Online. Wellington Childhood Immunisation in Gippsland by LGA, June 2010

**Maternal and Child Health**

Wellington Maternal and Child Health (MCH) attendance rates are above the average Gippsland rates at most of the key stages and ages visits.


In 2010 parental reported MCH rates were surveyed by DEECD for the Gippsland region. 75.9% of parents in Wellington reported attending with their child to the 3.5 year MCH visit. This was the second highest attendance rate in Gippsland for the 3.5 year old check. South Gippsland Shire had the highest parental reported attendance rate of 81.3% for the 3.5 year visit. The Victorian average is 71.3%.

**Housing Affordability**

Wellington had the best housing affordability compared with total Gippsland and total Victoria 2006 Census. 13.3% of Wellington Households spend 30% or more of their income on rent or mortgage repayments, compared with 14.1% of Gippslanders and 17.7% of Victorians.

Source: Community Indicators Victoria 2007-2008

**Children’s Health and Wellbeing**

Based on the 2009 Victorian Child Health and Wellbeing Survey results, the proportion of children aged 5 to 12 who were reported to do the recommended amount of physical activity every day in the Gippsland region (70.4%) was higher, but not significantly different to the proportion reported in Rural Victoria (66.2%) and significantly higher than the proportion reported across Victoria (60.3%).

Source: Early Childhood Community Profile - Wellington Shire 2010 (DEECD)

Children across Victoria are not meeting the recommended guidelines of cleaning their teeth at least twice a day.

Source: Uniting Care Gippsland Best Start Indicators and Supporting Data November 2010.

**Early Childhood Literacy**

Reading rates (parents reading to children aged 6 months to 12 years) were higher in Wellington than the state average. Source: 2006 Victorian Child Health and Wellbeing survey. In 2008 Wellington (S) was ranked 56 out of 79 LGAs on the percentage of Prep students reading Level 5 tests with a reading accuracy score of 90% or higher. A rank of 1 was assigned to the LGA with the highest percentage of Prep students achieving 90% accuracy score or higher. Similar figures were present in Year 1 and 2.

Source: Early Childhood Community Profile – Wellington Shire 2010 (DEECD)
**Child Protection**

From 2005-2006 Wellington ranks second highest in Gippsland for child protection re-notification rates.

Source: Uniting Care Gippsland Best Start Indicators and Supporting Data November 2010.

In the 2011-2012 financial year Wellington ranked third highest out of the six local government areas in Gippsland for child protection re-notification rates.

Source: Department of Human Services.

Aboriginal children and young people continue to be over-represented in the child protection system, though there have been improvements in some system indicators. It should be noted that over half of substantiated cases of abuse or neglect amongst Aboriginal children relate to children aged less than 5 years, further emphasising the need to support and strengthen Aboriginal families in the early years.

Source: The State of Victoria’s Children 2009 – Aboriginal Children and Young People in Victoria (DEECD)

**Kindergarten and School Attendance**

Wellington Shire had lowest recorded school absenteeism rates for children, prep to grade 2.


2009 Kindergarten participation rate in Wellington 94.4% is below that of the Gippsland region.

Source: Impact Consulting Group, Municipal planning for achieving Universal access to 15 hours of Early Childhood Education in the Wellington Municipality 2010.

Aboriginal children and young people have lower rates of attendance and are more likely to have skipped or wagged school. At school, of those young people that were bullied, approximately 25% of young Aboriginal people experienced bullying almost every day, compared to approximately 15% of young non-Aboriginal people.

Source: The State of Victoria’s Children 2009 – Aboriginal Children and Young People in Victoria (DEECD)

Aboriginal children are more than twice as likely to arrive at school developmentally vulnerable compared to non-Aboriginal children. However, it is important to also consider other factors, including disadvantage and life stressors, which may also influence a child arriving at school developmentally vulnerable.

Source: The State of Victoria’s Children 2009 - Aboriginal Children and Young People in Victoria (DEECD)

**Breast Feeding**

In the 5 years leading up to 2009, the number of women who exclusively and predominantly breastfed had declined. In 2005, eighty four percent of women discharged from hospital in the Wellington Shire after the birth of a baby were exclusively breastfeeding compared to seventy five percent in 2009. In 2004, forty six percent were still breastfeeding six months later compared with thirty-six percent.

Source: Department of Human Services – Gippsland Health Online. Wellington Breast Feeding Rates in Gippsland by LGA, June 2010
Family Stress and Social Support

In Wellington (S) 5.4% of families with children entering school reported a high level of family stress over the past month. This was lower than the proportion reported in the Gippsland region (10.1%) and lower than the proportion reported in Victoria (8.7%).

Source: Early Childhood Community Profile – Wellington Shire 2010 (DEECD)

2009 Department of Planning and Development Community Survey indicated that 91.1% of respondents in Wellington Shire reported that they could get help from family, friends and neighbours when they needed it. These figures were similar to the Gippsland and Victorian totals.

Source: Community Indicators Victoria 2007-2008

Lack of social supports for the population in Wellington Shire. In 2008 one third of the Shire population identified that their community does not have a wide range of social supports, fifty-six percent did not feel a valued member of the community and thirty-eight percent do not feel safe on their streets alone after dark.

Source: Uniting Care Gippsland Best Start Indicators and Supporting Data November 2010.

In 2006 11.1% of the Wellington population were living with high levels of psychological distress, which includes feelings of depression and anxiety. This was lower than the Gippsland average of 13.1% and the Victorian average of 11.4%.

Source: 2010 LGA Profile

Early Parenting

In Wellington Shire 2006-2007, 18.2 births per 1000 were born to females aged 15-19 years. Wellington ranks third highest in the Gippsland LGAs for teenage parenting.

Source: Social Determinants of Health, Gippsland LGA, Victorian Department of Health April 2011.

Post and Antenatal Depression

Across Victoria 1 in 7 new Mums are affected and 1 in 10 new Dads are affected by depression related to the birth of a child.

Source: PANDA – Post and Antenatal Depression Association

The Perinatal Emotional Health Service offered through Latrobe Community Health Service in Wellington and East Gippsland cites approximately one in five parents will experience mild to moderate depression and anxiety due to the birth of a child. In 2010 -2011 there were 520 live births recorded by Central Gippsland and Yarram and District Health Services. This equates to approximately 104 parents living in Wellington Shire with antenatal or post natal depression.
Transport

2007 Community Indicators Victoria Survey 20.3% of Wellington respondents had experienced transport limitations in the previous year. These are similar to the percentages for Gippsland and Victoria.


In 2011, 6.0% of Wellington households did not have a vehicle compared with 6.7% of total Gippsland households.

Source: 2011 Census

Australian Early Development Index

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

- Physical health and wellbeing
- Social competence
- Emotional maturity
- Language and cognitive skills (school-based)
- Communication skills and general knowledge

Four hundred and ninety-six children in their first year of school were involved in data collection in the Wellington Shire in 2009 and follow up occurred in 2010.

Wellington Municipality as a whole, scored similar to Victorian and National averages in the AEDI for all domains except Emotional Maturity. More children within the Wellington Shire are on track in emotional maturity compared to the Victorian and National averages.

Overall there are 19.2 per cent of children developmentally vulnerable on one or more domains of the AEDI and 10.3 per cent are developmentally vulnerable on two or more domains.
Nationally around 10% of children for the AEDI are classified as developmentally vulnerable on each domain. Therefore, a community that has fewer than 10% of children developmentally vulnerable on a domain is doing better than the National AEDI population, while a community that has more than 10% of children developmentally vulnerable in any domains is not doing as well.

The Wellington Profile for the Australian Early Development Index http://maps.aedi.org.au/profiles/vic/26810 provides additional data on the five areas of early childhood development for specific towns and communities in the Wellington Shire. The total number of children in the Wellington Shire that were surveyed in 2009 was 496. Due to the small sample sizes in the many of the localities, this data needs to be considered alongside other sources, with further research and local community analysis.
THE EARLY YEARS SYSTEM IN WELLINGTON SHIRE
Five categories have been used to provide an overview of the Early Years system in Wellington:

- Service Provision
- Facility Provision
- Planning
- Advocacy
- Strengthen Community Capacity

These five categories reflect the breadth of the roles of agencies, community and groups in Wellington Shire. Many of these entities are involved in more than one category, while others have significant expertise in one category.

Multiple providers of Single Services / Programs

- Community playgroups and supported playgroup parent initiatives
- Sporting groups and clubs
- Kindergartens - 22 Programs in the municipality
- Child Care - Long Day Care, Occasional Care & Outside School Care, 15 varying providers in the municipality.
- Primary Schools - There are 32 public and private primary schools in the municipality, including Sale Specialist School that caters for the needs of children with mild to severe intellectual and physical disabilities.
Early Years Service / Facility Provision in Wellington

WELLINGTON SHIRE COUNCIL

PROVIDES:
Immunisation, School Crossing Supervisors.

FACILITIES:

Owns / maintains Early Childhood Buildings including; Maternal and Child Health Centres, Kindergartens, Child Care Centres, Schools.

YARRAM AND DISTRICT HEALTH SERVICE

PROVIDES:

FACILITIES:
Owns / maintains Early Childhood Buildings including; Maternal and Child Health Centres, Kindergartens, Child Care Centres, Schools.

DEPARTMENT OF EARLY EDUCATION AND CHILDHOOD DEVELOPMENT

PROVIDES:
School Focused Youth Service, School Nurses, Student Support and Wellbeing, Children's Services Advisors, Early Years Literacy, Aboriginal Early Years Support.

FACILITIES:
Owns / maintains Early Childhood Buildings including; Maternal and Child Health Centres, Kindergartens, Child Care Centres, Schools.

CENTRAL GIPPSLAND HEALTH SERVICE

PROVIDES:

FACILITIES:
Owns / maintains Early Childhood Buildings including; Maternal and Child Health Centres.
ANGLICARE

PROVIDES:
Foster Care, Family Services, Financial Counselling, Legal Services, Mainly Music Program.

NEIGHBOURHOOD HOUSES AND COMMUNITY LEARNING CENTRES

PROVIDES:
Occasional and Long Day Childcare, Pram Walk and Talk Sessions, Courses / Workshops for Community Members.

SCOPE VICTORIA - FOR PEOPLE WITH A DISABILITY

PROVIDES:
Helping Children with Autism, Better Start, Speech Pathology, Occupational Therapy, Early Childhood Intervention Program.

DEPARTMENT OF HUMAN SERVICES

PROVIDES:
Child Protection, Housing, Family Reconciliation for Aboriginal Families.

UNITING CARE GIPPSLAND

PROVIDES:
Child FIRST Integrated Family Services - Working with Vulnerable Families, Turning into Kids Parenting Program, Family Day Care, Family Violence and Financial Counselling, Let’s Read Program, Supported Playgroups, Home Based Foster Care, Best Start, Housing and Family Services, Disability Services, Support for Families and Children with Special Needs in Kindergartens, cluster management for several kindergartens.

NOAH’S ARK

PROVIDES:
Parent to Parent Gippsland, Inclusion and Support Programs, Early Childhood Intervention.

SALE COMBINED KINDERGARTENS

PROVIDES:
Cluster management for several kindergartens.
RELATIONSHIPS AUSTRALIA - TRARALGON

Provides:
Counselling, Pre-Marriage Program, Men and Family Relationships, Family Dispute Resolution, Grandparents Support Group.

QUANTUM SUPPORT SERVICES

Provides:
Family Violence Support Worker.

AUSTRALIAN BREASTFEEDING ASSOCIATION

Provides:
Breast Feeding Support.

AUSTRALIAN SPORTS COMMISSION

Provides:
Active After School Program.

LATROBE COMMUNITY HEALTH SERVICE

Provides:
Carer Programs, Flexible Support Packages - Disability Service.

RAMAHYUCK AND DISTRICT ABORIGINAL CORPORATION

Provides:
Support for Young Parents Playgroup, Social and Emotional Support, School Audiology Services, Dental Service, Aboriginal Family Reconciliation, Childrens Health Checks.

LATROBE REGIONAL HOSPITAL

Provides:
Children of Families with Mental Illness, Perinatal Emotional Health Program, Sale Mental Health Services.
Early Years Planning in Wellington

There are various networks and partnership groups responsible for planning for the Early Years in Wellington.

Wellington Shire Council facilitates the Sale and Districts Early Years Network and the Wellington Access and Inclusion Advisory Group.

- Uniting Care Gippsland and Sale Combined Kindergartens cluster manage groups of Kindergartens within the municipality.
- Gippsland Women’s Health auspices the coordination of Family Violence Prevention initiatives through the Gippsland Family Violence Reform Strategy
- Wellington Primary Care Partnership coordinates Health Promotion through Early Childhood Settings and supports partnership planning for the Best Start Program and the Municipal Early Years Plan.
- DEECD facilitates Early Years Workforce Planning, the Regional Early Years Coordinating Group and coordinates the Gippsland Early Childhood Intervention Service.
- Various disability support networks operate throughout the Shire including the Wellington Special Needs Network.
- The Federal Department of Health and Ageing facilitate the Kids Matter program.
- Uniting Care Gippsland facilitates the Wellington Child FIRST and integrated family services partnership.
- The Wellington Vulnerable Families Network (under the Families Where a Parent has a Mental Illness Strategy) support agency staff across Wellington to respond to families who experience mental illness.

The following organisations own or maintain Early Childhood Buildings including; Maternal and Child Health Centres, Kindergartens, Child Care Centres, Schools

- Church Groups
- Royal Australian Air Force (RAAF) Sale
- Department of Sustainability and Environment
- For profit private businesses - private schools, kindergartens & childcare centres
- Central Gippsland Health Service
Advocacy for the Early Years and Related Areas

There are many early years services, community driven groups and passionate individuals who advocate for the needs of children and families in the Wellington Shire. The community consultation process to develop this plan has identified some barriers for children and families that require ongoing advocacy;

- Access to demand responsive and reliable public and community transport
- Disability support
- Cultural support

An example of current advocacy in September 2012 are efforts within the Wellington community to try to obtain adequate premises for the Sale Specialist School.

Strengthen Community Capacity within the Early Years in Wellington

All in the Wellington Shire benefit from improvements to community knowledge and skills to deliver local initiatives and services that benefit children and families. Community and consumer engagement, volunteerism, professional development and training for staff and volunteers, community workshops, peer parenting support, funding opportunities and community planning all contribute to the quality of early years experiences available to children and families.
WELLINGTON MUNICIPAL EARLY YEARS ACTION PLAN

Actions have been included here for years 1 & 2. This action plan will be reviewed annually and actions for year three will be developed in 2014.
There are sustainable and ongoing opportunities for families with children 0-8 years of age to participate in their community and build social networks.

**OBJECTIVE ONE**

“Promote opportunities for children and parents to engage in programs, services and events that enhance their connectedness to their local community.”

**YEAR 1 2012 - 2013**

| Strategy One | Promote Early Years information, events and support services for families through the Wellington Shire Council website, local libraries and Maternal and Child Health networks. |
| Lead Responsibility & Partner Agencies | LEAD - Wellington Shire Council - Community Wellbeing Unit, Wellington Shire Council Libraries, Central Gippsland Health Service, Yarram and District Health Service and Best Start - Uniting Care Gippsland. |
| Indicators of Success / Outcome and Measure | Increase in information on the Wellington Shire Council Website and in local libraries regarding programs, services and events for families with children aged 0-8. |
Develop and implement communication pathways to ensure information on Early Years programs, services and events are available to families with children (aged 0-8) who are experiencing vulnerability or disadvantage.*

*For this document those experiencing vulnerability and disadvantage; have multiple or complex issues, are at high risk of adverse health, economic, educational, social and spiritual outcomes, encounter discriminatory treatment and / or need specialist attention to reach their full potential.

The Australian Early Development Index contains information on townships within Wellington Shire where children are developmentally vulnerable (more than 10% of the population) in one or more of the five domains listed for Early Childhood Development.

LEAD - Central Gippsland Health Service, Best Start - Uniting Care Gippsland, Ramahyuck and District Aboriginal Corporation, Neighbourhood Houses, Wellington Shire Council – Community Wellbeing Unit, Sale and Districts Early Years Network and Early Childhood Development Project - Uniting Care Gippsland.

New communication pathways with Maternal and Child Health as the central link, have been established for promoting information on Early Years programs, services and events to families with children (aged 0-8) who are experiencing vulnerability or disadvantage.

Pre and post initiative surveys reveal an increase in information received by families.

• Best Start – Social Participation Action Plan 2012-June 2014
• Uniting Care Gippsland Early Years Strategic Plan 2010-2013
• Ramahyuck and District Aboriginal Corporation – Close the Health Gap Action Plan, Sale, Gippsland
• Australian Early Development Index  http://maps.aedi.org.au/lga/vic/26810
• Wellington Early Childhood Development Plan - Uniting Care Gippsland
**OBJECTIVE TWO**

"Enhance Wellington as a child and family friendly region.”

*This includes children and families having increased access to safe open spaces, natural environments, breast feeding friendly locations, affordable indoor gathering places and leisure facilities.*

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**YEAR 1 2012 - 2013**

| Strategy One | Develop and pilot a child and family friendly checklist that can be used to audit child and family friendliness of; service provision, community spaces and community events in the Wellington Municipality. |
| Lead Responsibility & Partner Agencies | LEAD - Wellington Primary Care Partnership, Wellington Shire Council - Community Wellbeing Unit. |
| Indicators of Success / Outcome and Measure | Checklist developed, piloted, reviewed and is ready for implementation. Evidence of children and families participating in the consultation process. |

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**YEAR 2 2013 - 2014**

| Strategy Two | Utilise the child and family friendly checklist to; |
| Lead Responsibility & Partner Agencies | LEAD - Wellington Primary Care Partnership, Wellington Shire Council - Community Wellbeing Unit, Wellington Shire Council – Built Environment Unit. |
| Indicators of Success / Outcome and Measure | Audit Report available from both communities to celebrate achievements and to be used in advocacy for improvements. Process developed to integrate child and family friendly criteria into strategic plans, policy development, and infrastructure planning. Evidence that child and family friendly criteria have been incorporated in strategic plans, policy development, and infrastructure planning. |
A program of diverse environmental sustainability activities is developed for early years environments and delivered across all kindergartens in Wellington Shire Council in 2012-2013.

**LEAD - Uniting Care Gippsland**, Wellington Shire Council - Sustainability Coordinator, Kindergarten Cluster Managers.

Program is utilised in 80% of Kindergartens within the municipality.

**OBJECTIVE TWO**

**Supporting and Related Documents**

- Wellington Shire Council Open Space Strategy
- Wellington Shire Council Walking and Cycling Strategy
- Wellington Shire Council Environmental Sustainability Strategy
- Wellington Shire Council Capital Works Program
- Wellington Shire Council Access and Inclusion Plan
- Great Walks in Wellington Booklet
- Wellington Shire Council Community Plans
- Ramahyuck – Close the Health Gap Plan
- Wellington Primary Care Partnership Catchment Plan
- Central Gippsland Health Service Early Years Case Study
OBJECTIVE THREE

“Encourage opportunities for children and families to participate in council and community decision making.”

YEAR 1 2012 - 2013

Strategy One

Create opportunities at Community Representative Group (CRG) Forums, Wellington Access and Inclusion Advisory Group, and other gatherings to promote the involvement of children and families in CRGs, community planning and access and inclusion initiatives.

Lead Responsibility & Partner Agencies

LEAD - Wellington Shire Council – Community Wellbeing Unit

Indicators of Success / Outcome and Measure

An increase in the involvement of children and families in community initiatives arising from community plans and an increase in access and inclusion for children and families in community initiatives.

YEAR 1 2012 - 2013

Strategy Two

Explore ways of promoting family and children's participation in community decision making within council, health, early childhood education, neighbourhood houses and community forums.

Lead Responsibility & Partner Agencies

LEAD - Wellington Primary Care Partnership, Wellington Shire Council – Community Wellbeing Unit, Wellington Shire Council – Community Consultation Officer, Department for Education and Early Childhood Development, Central Gippsland Health Service, Neighbourhood Houses.

Indicators of Success / Outcome and Measure

Tools and strategies for children’s participation in community decision making are prepared for local implementation.

OBJECTIVE THREE Supporting and Related Documents

- Wellington Shire Council Community Plans
- Wellington Shire Council Community Engagement Strategy
- Wellington Shire Council Access and Inclusion Plan
- Platforms Service Redevelopment Framework – Guide to Community Engagement
- Gippsland Early Years Strategic and Action Plan 2009-2013
OBJECTIVE ONE

“Within the Shire all children have access to outside school hours care, early childhood care, playgroups, maternal and child health services, leisure services, immunisation and library programs, especially those children who are vulnerable.”

YEAR 1 2012 - 2013

Strategy One

Work collaboratively to attempt to ensure the continuation of Occasional Childcare and related programs across the Shire.

Lead Responsibility & Partner Agencies

LEAD - Individual Neighbourhood Houses & Wellington Shire Council - Community Wellbeing Unit

Indicators of Success / Outcome and Measure

Maintain the number of Occasional Childcare places in the Shire to fulfill community demand.

Occasional Childcare Providers in Wellington Shire receive additional funded childcare places through funding from DEEWR (Department of Employment, Education and Workplace Relations).
Strategy Two

Agencies and those communities / towns where children are identified as vulnerable through local data, will work together to improve outcomes for children through;

- The mapping of existing and desired early years services and infrastructure
- Addressing community and individual circumstances that contribute to developmental vulnerability

The Child and Family Friendly criteria, developmental vulnerability of families and children, access and inclusion and town population demographics, including AEDI data will influence this process.

Lead Responsibility & Partner Agencies

LEAD - Wellington Shire Council - Community Wellbeing Unit, Central Gippsland Health Service, Uniting Care Gippsland, Yarram and District Health Service, Department for Education and Early Childhood Development, Sale and Districts Early Years Network, Wellington Early Years Coordinating Group.

Indicators of Success / Outcome and Measure

Evidence base is created for stakeholders and the community to review and where necessary redevelop Early Years services and infrastructure.

At least one initiative to improve outcomes for children is implemented in each community or town identified as vulnerable.
Strategy Three

Research the capacity of early years’ infrastructure within other towns/communities in the Wellington Shire to manage current and future demand.

Lead Responsibility & Partner Agencies

LEAD - Wellington Shire Council - Community Wellbeing Unit, Central Gippsland Health Service, Uniting Care Gippsland, Yarram and District Health Service, Department for Education and Early Childhood Development, Sale and Districts Early Years Network, Wellington Early Years Coordinating Group.

Indicators of Success / Outcome and Measure

Infrastructure planning for the future sustainability of all early years’ services is established (including Kindergartens) amongst those organisations who own premises that are used for early years programs and services.

Strategy Four

Develop a network/partnership to acquire resources that will be used to support the inclusion of children with additional needs in Kindergartens and Early Years activities within Wellington Shire.

Lead Responsibility & Partner Agencies

LEAD - Uniting Care Gippsland, Noahs Ark and Wellington Shire Council – Community Wellbeing Unit.

Indicators of Success / Outcome and Measure

A resource bank/library is established for the borrowing of equipment that assists children with additional needs to participate in the everyday activities of the Early Years experiences.

100% of the play community resource kits developed by Uniting Care Gippsland are distributed.
Strategy Five

Strengthen integrated Early Years Planning within Wellington Shire.

Lead Responsibility & Partner Agencies

LEAD - Wellington Shire Council - Community Wellbeing Unit, Uniting Care Gippsland, Central Gippsland Health Service, Yarram and District Health Service, Sale Combined Kindergartens, Wellington Shire Council – Library Services.

Indicators of Success / Outcome and Measure

Support provided to Early Years Networks.

Partnerships developed at a local level in at least two towns to support local integrated Early Years planning.

Longer term - Children and families particularly those at risk of vulnerability will have improved access to services in each town through either a;

- Successful grant application to assist with integration
- Multi service coordinated approach to early years established
- Plan developed for the restructure of early years services

OBJECTIVE ONE

Supporting and Related Documents

- National Quality Framework for Early Childhood Education and Care:
- Education and Care Services National Law & the Education and Care Services National Regulations 2011.
- National Quality Standard for Early Childhood Education and Care and School Age Care Council of Australian Governments December 2009
- Victorian Early Years Learning and Development Framework DEECD 2009
- Uniting Care Gippsland Early Years Strategic Plan 2010-2013
- Wellington Shire Council Universal Access Capacity Assessment Report – August 2011
- Early Childhood Development Plan - Uniting Care Gippsland
- Child First Action Plan - Uniting Care Gippsland
- Wellington Best Start Action Plan 2011 - 2014
OBJECTIVE TWO

“100% participation of all 4 year olds in high quality Kindergarten Programs in the Wellington Shire.”

YEAR 1 2012 - 2013 & YEAR 2 2013 - 2014

Strategy One


Lead Responsibility & Partner Agencies

LEAD - Best Start - Uniting Care Gippsland, members of Wellington Primary Care Partnership.

Indicators of Success / Outcome and Measure

Year 1: 60% of actions completed and outcomes achieved from Best Start Kindergarten Participation Action Plan 2011-2014.

Year 2: 90% of actions completed and outcomes achieved from Best Start Kindergarten Participation Action Plan 2011-2014.

YEAR 1 2012 - 2013 & YEAR 2 2013 - 2014

Strategy Two

Through training opportunities, network meetings and local planning workshops, develop linkages among early Kindergartens in the Wellington Municipality to:

- Achieve optimal service and infrastructure use
- Research and address participation barriers for children who are developmentally vulnerable (define developmentally vulnerable)
- Identify local solutions to barriers to providers achieving universal access

Lead Responsibility & Partner Agencies

LEAD - Wellington Shire Council - Community Wellbeing Unit, Uniting Care Gippsland, Sale Combined Kindergartens, Sale and Districts Early Years Network.

Indicators of Success / Outcome and Measure

All current available kindergarten space and teaching resources within the Wellington Municipality are being fully utilised.

Increase in Kindergarten participation of children who are experience vulnerability and disadvantage.
Strategy Three

Convene twice yearly Shire wide forums for Kindergarten providers in the Wellington Shire to strengthen knowledge and implementation of the National Quality Framework.

Lead Responsibility & Partner Agencies

LEAD - Wellington Shire Council - Community Wellbeing Unit, Department for Education and Early Childhood Development, Sale and Districts Early Years Network, Kindergarten Cluster Managers.

Indicators of Success / Outcome and Measure

85% participation of Kindergarten providers in forums.
Rating instruments reveal 100% of Kindergarten Providers in Wellington Shire achieving the National Quality Standard for each quality area.

Strategy Four

Advocate for alternative methods that use flexible funding models to deliver Kindergarten in the Wellington Shire Council eg. Saturday Kinder, Bush Kinder

Lead Responsibility & Partner Agencies

LEAD - Uniting Care Gippsland, Sale Combined Kindergartens, other Kindergarten Providers and Best Start - Uniting Care Gippsland.

Indicators of Success / Outcome and Measure

Evidence that alternative methods and flexible funding models for kindergarten are being considered at State Government levels.

OBJECTIVE TWO
Supporting and Related Documents

- Uniting Care Gippsland Early Years Strategic Plan 2010-2013
- Gippsland Early Years Strategic and Action Plan 2009-2013
- Wellington Shire Council Universal Access Capacity Assessment Report – August 2011
EVALUATION OF THE WELLINGTON MUNICIPAL EARLY YEARS ACTION PLAN
The implementation of the Wellington Municipal Early Years Action Plan will be monitored through the Wellington Primary Care Partnership (WPCP) business meetings that are held every two months. Working groups may be formed to further progress actions and the progress of these working groups will be shared at the WPCP Business meetings. At the end of year one and towards the end of year two, the following will be discussed and reported on;

- How well did the Municipal Early Years Action Plan document achieve its goals for year one and year two? What indicators are there for success and what are the measurable outcomes?
- How effectively were the actions in the plan implemented and what factors strengthened or impeded the process of implementation?
- What impact has implementation of the actions had in the local community? Was this what the plan anticipated?
- What influence is implementation of the actions in the plan potentially having on longer term community health and wellbeing outcomes?
- Does anything need to change?
- Were the right stakeholders involved, did all stakeholders understand their role, were adequate resources allocated to implement the plan, was the process integrated?

**Principles to Guide Evaluation**

1. **Strengthen Projects**
   Evaluation furthers our goal of improving the wellbeing of people by providing ongoing, systematic information that strengthens projects during their life cycle, and wherever possible, outcome data to assess the extent of change.

2. **Use Multiple Approaches**
   Multidisciplinary approach to problem solving to include a range of techniques to address important program questions.

3. **Design Evaluation to Address Real Issues**
   Identify problems and opportunities in the project’s real communities and provide stakeholders with reliable information to build strengths and opportunities.

4. **Create a Participatory Process**
   Value multiple perspectives and involve a representation of people who care about the project. Prepare organisations to use evaluation as an ongoing function of management and leadership.

5. **Allow for Flexibility**
   Evaluation plans should take an emergent approach, adapting and adjusting to the needs of an evolving and complex project aiming for systematic change.

6. **Build Capacity**
   Evaluation should be concerned with the skills, knowledge and perspectives of project participants as well as specific outcomes.
APPENDIX
## Appendix One

Register of Licensed Children’s Services (Kindergarten / Day Care) Wellington Shire

### License Types:

- **Standard**: SL
- **Family Day Care**: FDC
- **Integrated Service**: Int
- **Limited Hours Type 1**: LH1
- **Limited Hours Type 2**: LH2
- **Short Term Type 1**: ST1
- **Outside School Hours Care Type 1**: OSHC1
- **Outside School Hours Care Type 2**: OSHC2

### Register of Licensed Children’s Services

<table>
<thead>
<tr>
<th>Service Name</th>
<th>License Type</th>
<th>Capacity</th>
<th>License Start Date</th>
<th>License End Date</th>
<th>Address</th>
<th>Suburb</th>
<th>Post Code</th>
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*Wellington Shire Council owned.


Total capacity for licensed Children's services in Wellington = 1069 Sept 2011
Wellington Shire Council owned facilities = 575 places (54%)

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**Recommended Reading**


**Child and Family Friendly Communities and Cities** -


Port of Sale Civic Centre
70 Foster Street (PO Box 506), Sale Victoria 3850
Tel 1300 366 244
Fax 03 5142 3499

Yarram Service Centre
156 Grant Street, Yarram Victoria 3971
Tel 03 5182 5100

Web www.wellington.vic.gov.au
Email enquiries@wellington.vic.gov.au