

Frankston City Council

Child and Family Plan

2014 – 2018

Building connected communities to help our children
learn, develop and grow



Welcome to Frankston City

We would like to acknowledge that we are situated on the traditional lands of the Boonerwung and Bunurong, this special place now known by its European name, Frankston. We offer our respect to their elders and through them, all Aboriginal and Torres Strait Islander people.

We would also like to thank all of the people who participated in the community consultation to develop the Child and Family Plan 2014-2018, especially the children whose voices are at the centre of this Plan.

A special thanks goes out to the Frankston Child and Family Partnership who have contributed their expertise and understanding of the local community to guide the development of this Plan.

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Mayor's Foreword

Welcome to Frankston City Council's **Child and Family Plan**; our strategic plan for how we will work over the next four years to promote positive outcomes for children aged 0–12 years of age and their families.

Our vision is clear; we want Frankston to be a family friendly City where children enjoy the best start in life by being given the opportunities to learn, develop and grow so they can reach their full potential. Frankston City is home around 34,000 children aged 0–12 years, with over half our population made up of households with children. We understand that it is through investing in these children and their families that we will achieve our ambition for the future of our City as a sustainable regional capital on the Bay.

We have taken the decision to replace our **Municipal Early Years Plan** with our **Child and Family Plan** to emphasise our vision for our children and their families. Our new-look Plan takes a fresh approach to the planning and coordination of services and infrastructure, extending the focus from birth and the early years through to the 'middle years'. Through our Plan, we will strive to provide strategic leadership to bridge the gap between early years and youth services; strengthening children's transition into adolescence and early adulthood.

We are proud that the majority of children in Frankston City are growing up happy and healthy in safe, nurturing and economically secure environments. However, we take it very seriously that there are still some children growing up in disadvantage. So for the first time, we've introduced a set of ambitious 'indicators of wellbeing' with baselines so we can track progress and understand what success looks like. With the City's high birth rate and the increasing number of families who choose to reside here, this success is critical.

Council's passion and commitment for the provision of high quality services and infrastructure for children and their families is ongoing.

Over the past six years we have invested in the development of three state of the art child and family centres in Carrum Downs, Karingal and Frankston North, along with an extension to the Langwarrin Park Kindergarten and Maternal Child & Health Centre. We are also currently planning an extension to the Delacombe Park Kindergarten in Frankston South.

Another way we celebrate our commitment to our children is with our Welcoming Babies Ceremonies, which I had the honour of being involved with during the past year. Our commitment was acknowledged in 2013 with the awarding of a Victorian State Government Early Years Award for the Mahogany Rise Child & Family Centre.

We cannot achieve our vision alone. It's essential that all levels of government, services and the community to work together to achieve better outcomes for children and their families. Our Plan will be achieved with support from our partners on the Child and Family Partnership, along with continued investment from the Victorian and Australian Governments whose funding assistance make the delivery of our high quality services and infrastructure possible. Over the next four years, we will lead this process through our evidence-informed priorities, to: plan for future growth so Frankston is a family friendly City where children and learn, develop and grow; lead the development of an accessible universal service system that strengthens outcomes for children and their families; and strengthen early childhood development and improve support for children through the middle years.

We also invite you to work with us to build connected communities to help our children learn, develop and grow. Together we can make Frankston City the greatest place for families in the world.

Cr Darrel Taylor MBA, GAICD
Mayor Frankston City 2013-2014



Executive Summary

The *Child and Family Plan 2014-2018* is Frankston City Council's strategic plan for how we will work over the next four years to promote positive outcomes for children aged 0-12 years and their families.

The Plan is also Frankston City's *Municipal Early Years Plan*, which demonstrates how the Council is providing strategic leadership in the planning and coordination of services and infrastructure for children and their families across the municipality. The Plan was developed in partnership and stresses the importance of all levels of government and services within Frankston City working collaboratively to realise our vision – **to work in partnership to ensure that every child in Frankston City enjoys the best start in life by being given the opportunities to learn, develop and grow so they can reach their full potential.**

To develop the Plan we undertook extensive community consultation with children, families and service providers from across the municipality. We conducted a series of focus groups and online surveys capturing the voices of 368 participants, including 229 children. It was important to us that we gave children a voice in the development of this Plan to recognise the value of involving children in decisions that impact on their environment. We also developed a comprehensive evidence base of robust quantitative data to present a detailed analysis of how children are faring in Frankston City. This process was overseen by the Frankston Child and Family Partnership, which made up of the key agencies supporting children and their families, actively reviewed the evidence and tested the priority areas.

The Plan is made up of four parts, which when viewed together tells the story of how children are growing up in Frankston City along with the rationale for what we will be doing to promote positive outcomes for children, ensuring a good quality of life for our current and future generations.

Part 1 outlines our vision and desired outcomes for children and their families in Frankston City, along with the priorities for where we will focus our effort over the next four years. We also explain the importance of investing in early childhood and its relationship with the formation of positive lifelong outcomes.

Part 2 outlines Frankston City's family portrait, providing a snapshot in time of the City now and in the future. The Plan was developed from an evidence-informed understanding of why place matters for people's wellbeing, and how the government, services and the community working collaboratively within local areas will help services to better respond to the complex needs of families and communities. As such, the Plan takes a place-based approach to understanding the strengths and challenges of our communities and divides Frankston City into seven local areas.

Part 3 provides an overview of the evidence-base, which is an analysis of how children are growing up in Frankston City. The evidence tells a story of encouragement and improvement as well as some ongoing challenges, which are being felt more in particular local areas. A set of 'indicators of wellbeing' have been developed to track progress.

Part 4 outlines how we are going to deliver our Plan for children and their families, and how we will strive to continue our journey in making Frankston a family friendly City and a sustainable regional capital on the Bay. To progress our vision, we have developed a robust action plan outlining the key strategies and actions that will be implemented over the next four years. The action plan will be a process of continuous improvement, meaning that we'll review our progress annually and seek regular feedback from our partners, including the government and community.



Part 1: A Child and Family Plan for Frankston City

The *Child and Family Plan 2014-2018* is Frankston City Council's strategic plan for how we will work in partnership with government, services and the community over the next four years to build positive outcomes for children aged 0-12 years and their families.

The Plan has captured the diverse voices of our children and their families, along with the agencies that provide them with services, and embedded them into a strong evidence base to provide a clear understanding of our community and the priority areas where our effort should be focused.

The development of the Plan has been overseen by the Frankston Child and Family Partnership, who were actively involved in reviewing the evidence base and testing the priority areas.

The Plan will enable Frankston City Council and our partners and service providers to:

- Work towards a shared vision for children and their families
- Better understand the diversity of our children, families and communities and be more responsive to their different needs, strengths and challenges
- Identify the areas that require the strongest focus so we can work together to support children and their families and make a real difference
- Make evidence informed decisions about services, programs and facilities for children and their families

Our vision for children and their families

To work in partnership to ensure that every child in Frankston City enjoys the best start in life by being given the opportunities to learn, develop and grow so they can reach their full potential.

Our outcomes

Outcome 1: A Planned City for Children and their Families

Outcome 2: Children and their Families have Good Health and Wellbeing

Our priority areas

Priority 1:

Plan for future growth so Frankston is a family friendly City where children can learn, develop and grow

Strategies:

- Plan for the City's growth and sustainability
- Advocate for joint investment in local infrastructure to encourage access to universal services
- Promote clean and welcoming open spaces where children and their families feel safe and connected
- Promote children's sense of community pride and responsibility for the environment
- Ensure children and their families have access to positive recreation opportunities

Priority 2:

Lead the development of an accessible universal service system that strengthens outcomes for children and their families

Strategies:

- Embed a culture of evidence informed planning, practice and evaluation into service delivery
- Promote collaboration and understanding between services to improve integration and seamless service delivery
- Advocate to government for service system improvements
- Ensure families have the information they need
- Engage children in decision-making to ensure their voices are heard

Priority 3:

Strengthen early childhood development and improve support for children through the middle years

Strategies:

- Deliver high quality universal services that are inclusive for all families to give children the best start in life
- Deliver targeted services and programs to support families who are vulnerable, or at risk of becoming vulnerable
- Work in partnership with government, services and the community to ensure children live in healthy and safe home environments with positive family relationships
- Promote early learning and development to strengthen children's early language and literacy
- Connect families to build supportive networks and participate in the community
- Provide leadership on the impact of family violence and other trauma on children's learning and development
- Work in partnership with government, services and the community to improve the health and wellbeing of children
- Promote support for children in the middle years so they can continue to learn, develop and grow

Our guiding principles

1. Our Plan will be **child focused** and **family centred** in recognition that families are central to childhood learning, development and wellbeing – however the child's best interests will always be put first.
2. There will be a focus on **early childhood** in recognition of its demonstrated impact on learning, development and wellbeing throughout life.
3. Priority will be given to **social inclusion** and **vulnerable** families, or those who are at risk of becoming vulnerable, in recognition that they need more support to achieve equal access.
4. There will be a focus on **early intervention** to build a strong preventative base that focuses on building protective factors and removing risk factors.
5. Service planning, practice and evaluation will be **evidence informed**.
6. Our understanding of our children and families will be **place-based**.
7. A **partnership** approach will be taken to drive **collaboration** and service **integration** to strengthen outcomes for children and their families.
8. **Children's rights and their voices** will be respected, actively supported and promoted.

Critical definitions to understand the Plan

Early childhood

Early childhood is the period from conception through to 8 years of age.

Family

Family means different things to different people – families may span several generations, several households, and may change in response to life events such as divorce, remarriage, and children leaving the parental home.¹

For the purposes of this Plan, a family is defined as a child or children and the persons responsible for providing the necessary care and support to facilitate the social, emotional, cognitive and physical development of the child or children.²

Vulnerable

For the purposes of this Plan, we have adopted the shared definition of 'vulnerability' as outlined by the Victorian Government:³

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

A range of factors can contribute to families and their children becoming vulnerable. Families often have multiple life stressors, including those arising from poverty, and may have multiple or intersecting risk factors. Families from particular population groups – Aboriginal families, some recent migrants, families who have lived on low incomes for a year or more, young parents and families affected by disability – are over-represented among vulnerable families. The children and young people in these families may be vulnerable to abuse and neglect because their parents have a limited capacity to care for them and ensure their development and wellbeing is provided for. Further, the fluid nature of vulnerability has implications for levels of targeting and resourcing – while some vulnerable children and their families may require one off, time limited support, children with more complex vulnerability may require support that is more intensive, longer term and specific.⁴

Early intervention

Early intervention is often thought of as intervening during early childhood in order to improve the child's lifelong outcomes. However, our whole Plan is focused on this approach, so for the purposes of this Plan early intervention is defined as the timely provision of universal and primary services before the risk of vulnerability escalates and further specialist or tertiary interventions are required.

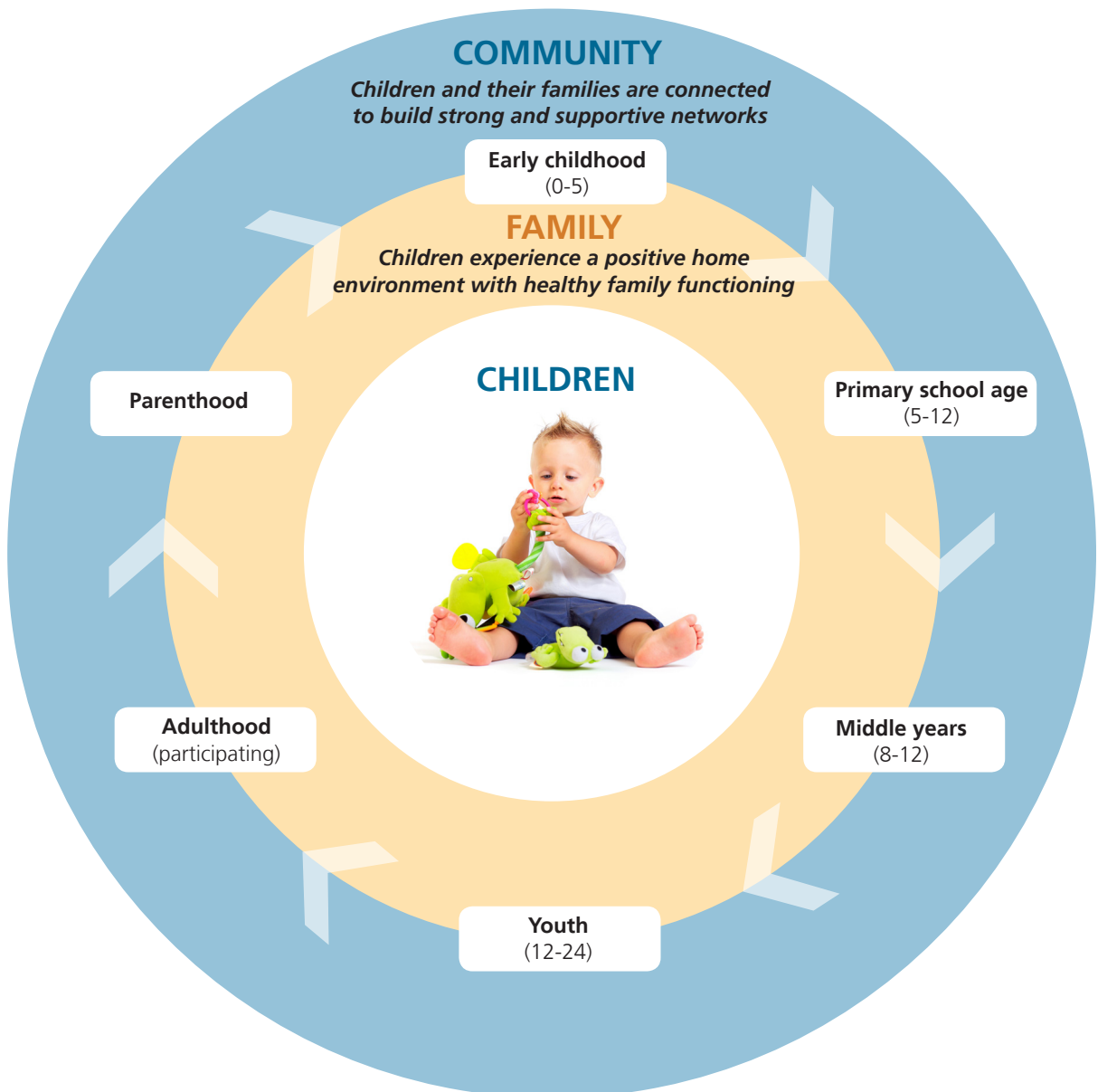
The importance of investing in early childhood

A significant body of scientific evidence has been developed over the past decade that shows a clear relationship between early childhood and the formation of positive lifelong outcomes.

To reflect this, the Plan will take an ecological approach in its understanding of early childhood to acknowledge that development during this critical stage is strongly influenced by broader social, environmental and service system factors – the most significant of which being the quality of parenting received and the quality of the home learning environment.

Taking an ecological approach to understanding how our children are learning and developing will enable us to work with our partners to strengthen early interventions and effectively plan services and infrastructure so that we can make a difference where it is needed most.

There are also long-term social and economic benefits from investing in early childhood development to improve a child's outcomes and life trajectories. Making early interventions during early childhood, particularly with families who are at risk of becoming vulnerable, to influence risk factors and prevent negative outcomes will help to shape the City's future economic productivity and participation rates.



Policy context

Municipal Early Years Plan

Frankston's *Child and Family Plan 2014-2018* is our *Municipal Early Years Plan*, which demonstrates how the Council is working in partnership to provide strategic leadership in the planning and coordination of services and infrastructure for children and families across the municipality. This new Plan builds on the success of the previous *Municipal Early Years Plan 2008-2013*. The evaluation of the previous Plan highlighted the following positive changes that have contributed towards stronger outcomes for children and their families:

- The establishment of three integrated child and family centres – Mahogany Rise Child and Family Centre located in Frankston North became operational in January 2012, Langwarrin Park Kindergarten was extended in 2012 and the Banyan Fields Child and Family Centre in Carrum Downs recently became fully operational in May 2014.
- Since becoming operational, Mahogany Rise is delivering at least 75% of children's daily nutritional requirements, which has resulted in a significant improvement in children's health and general wellbeing.
- Significant increases in kindergarten participation rates across the municipality.
- Successful implementation of the Council of Australian Governments (COAG) National Early Childhood Development Strategy, which included increasing universal access to funded kindergarten from 10 hours per week to 15 hours per week in 2013.
- Improvement in early childhood development across all Australian Early Development Index (AEDI) domains from 2009 to 2012.
- More professional development opportunities for the sector.
- A partnership with the Victorian Aboriginal Child Care Agency (VACCA) to deliver a weekly Koori Kids Playgroup.

Our strategic framework

The Plan has been developed to strategically align with the *Frankston City Council Plan 2013-2017* and *Frankston Community Plan 2013-2017*, which articulates the community's vision for the City and together determine the long term outcomes for Frankston City as being (see Appendix 1 for the Council's strategic framework):

- A Planned City for Future Growth
- A Liveable City
- A Sustainable City

The Plan also strategically aligns with Frankston's *Municipal Health and Wellbeing Plan 2013-2017*, which has prioritised the following areas: mental health; aging well; children, youth and families; prevention and better health; culturally and linguistically diverse communities; Aboriginal and Torres Strait Islander health; and, access and inclusion priorities. Key objectives identified as relating to children and families are:

- Supporting parents in their role
- Celebrating the role of young people in their communities and easing key transition points
- Supporting vulnerable families

The Plan stresses the importance of collaboration and a streamlined approach between all levels of government to enable every child to be given the best start in life and the opportunities to achieve their potential. This is in recognition that local government cannot deliver services to improve outcomes for children in isolation. As such, the Plan has been developed to strategically align with the Australian Government's Communities for Children Program, the Victorian Department of Education and Early Childhood Development's (DEECD) *Early Years Strategic Plan 2014-2020* and the Victorian Department of Human Services (DHS) *Victoria's Vulnerable Children – Our Shared Responsibility Strategy 2013-2022*. The Plan is also building upon recent changes that have taken place in the early childhood sector resulting from the introduction of the National Quality Framework, which took effect on 1 January 2012.

Building on a strong base – the current service system

The Plan is building upon a strong base of services for children and families currently operating in Frankston City.

Frankston City Council receives government funding to provide a range of services for children and families, including universal services. We directly provide:

- Maternal Child and Health (MCH) services, including Enhanced MCH and the 'right@home' MCH home visiting program pilot
- Centred based Child care
- Immunisations
- Family Day Care
- Facilitated playgroups

Frankston City Council provides high quality and maintained facilities for government-funded kindergarten, along with a central enrolment process for both three and four old kindergarten. Other services operated from Council owned and maintained facilities are the Frankston Toy Library, community based playgroups, occasional child care in some Neighbourhood Houses and other local early intervention services.

Frankston City Council also provide a range of other services that are used by children and their families, including libraries, parks and playgrounds, skate parks, arts and recreation facilities, festivals and events and environmental education programs.

The Council is also funded by the Victorian Department of Education and Early Childhood Development to deliver the **Best Start** program, which is a place-based prevention and early intervention initiative that brings families and service providers together to improve the health, development, learning and wellbeing of Victorian children during early childhood.

A partnership approach

Local government has a leading role in the planning and coordination of infrastructure and services for children and families. As such, Frankston City Council works in partnership with the Victorian and Australian Governments and other services operating within the municipality in order to deliver improved outcomes for children and their families.

Frankston Child and Family Partnership (FCFP)

The FCFP is comprised of a dynamic mix of organisations that have an interest in the wellbeing and development of children aged 0–12 years and their families in Frankston City. By bringing these organisations together to work in partnership, the FCFP is able to take a collaborative approach to improving outcomes for children and their families.

Led by Frankston City Council, the FCFP's organisational membership includes: Australian Government; Victorian State Government; Peninsula Health Community Health; Medicare Local; primary schools; kindergarten cluster manager- Community Kinders Plus; early childhood intervention services; and local non-government child and family support organisations.

Amongst other activities, the FCFP provides governance to the **Best Start** and **Communities for Children** programs.

The FCFP has also acted as the reference group to guide the implementation and evaluation of the previous Plan, and the development of the new Plan.

Communities for Children (CfC)

CfC is an Australian Government initiative funding through the Department of Social Services. CfC has a focus on children aged 0 – 12 years and their families and aims to support their wellbeing through improved outcomes in development, safety and family functioning. In Frankston City, CfC is auspiced by Anglicare Victoria.

Family Solutions Child FIRST Frankston Mornington Peninsula

The Council works closely with the Family Solutions Child FIRST Frankston Mornington Peninsula, which is a partnership between the following family service agencies operating within the Frankston and Mornington Peninsula areas:

- Anglicare Victoria
- Oz Child
- Good Shepherd Family & Youth Services

The partnership offers help by working together with families to assess their individual needs and then links families to tailored support services.

Children's Health Alliance

The Children's Health Alliance is part of the Peninsula Model for Primary Health Planning and is responsible for assisting service planning and redevelopment work in relation to vulnerable children and vulnerable families.

Frankston Mornington Peninsula Medicare Local (FMPML)

Medicare Locals are independent bodies that have been established across the country by the Australian Government to improve the coordination and integration of local primary health care services. The FMPML is working with General Practices, Allied Health and community health care providers to drive improvements in local primary health services so that they better meet local needs.

Frankston Mornington Peninsula Family Violence Network

The Frankston Mornington Peninsula Family Violence Network brings together organisations that are working towards the reduction of family violence and increasing the safety of women, children and families. The Network aims to enhance collaborative practice, share information and advocate for funding and support to meet gaps in services.



Part 2: Frankston City's Family Portrait

A snapshot of who we are

Frankston City – a place for families

Frankston City is located with a stunning aspect next to the Bay with an award winning beach and is well connected to the rest of Melbourne by both rail and freeways. The City is also host to cultural venues, events and attractions making it a desirable place for families to live, work, learn, visit and invest. It is therefore no surprise that Frankston is a growing City and is home to 21,481 households with children¹, which makes up over half of the City's population.

As the strength and diversity of the City continues to grow, so will the number of families who choose to reside here. By 2036 it's estimated that the number of households with children will increase by 13%, which equates to an average increase of 119 households per year.² This will see a significant increase in the number of children that we will need to support to learn, develop and grow. In fact, by 2036 it's estimated that the city will see a 9.6% increase in the number of preschool aged children (0–4 years) and a 17% increase in the number of primary school aged children (5–12 years). Frankston City has a birth rate of 62 births per 1000 women, higher than that of Metropolitan Melbourne (58 births per 1000 women). The age group with the highest number of births are women in the 30–34 year age range.

There are local areas within Frankston City that are relatively socio-economically disadvantaged, however our story is primarily one of growth and improvement.

Some of the key characteristics about Frankston City that are having an impact on children and their families include³:

- *Increase in the cost of living.* Whereas people living in Frankston City are earning more than five years ago, the cost of living is also going up. In the five years between 2006 and 2011, the median total household income increased from \$955 to \$1,138 per week, the median rent increased from \$180 per week to \$265, and mortgage repayments also went up from \$1200 to \$1647 monthly.
- *High proportion of rental properties.* Although the cost of renting and purchasing properties in Frankston City is relatively lower than Metropolitan Melbourne, almost a quarter (23.4%) of households in Frankston City are spending 30% or more of gross household income on rent or mortgage payments, a higher proportion than the Victorian average.
- *Frankston City has a vocational workforce.* Residents are employed in a variety of fields, although many residents travel outside of the municipality for work. Technical and trade work is the most common type of work Frankston City residents do (18%), followed by professional jobs (15.5%) and clerical and administrative work. Manufacturing is the largest sector by employment with 14% of the employed population, followed by retail (12.3%), health and social care (11.9%) and construction (11.6%).
- *Frankston City residents are more likely to have a vocational qualification* compared to Greater Melbourne (21.7% compared to 15%), and fewer residents have a university qualification (11.9% compared to 23.6% in Greater Melbourne). Frankston City also has a higher proportion of people who had left school at an early level of Year 10 or less (34%) and a lower proportion of people who completed Year 12 or equivalent (41.8%) compared to 26% and 54.6% respectively for Greater Melbourne.

- *Unemployment.* There are a higher percentage of Frankston City residents that were unemployed than Greater Melbourne, with 6.7% unemployed in September 2012 compared to 5.4% in Greater Melbourne.

A place-based approach to understanding our community

To fully understand our communities, we need to identify each local areas own particular challenges, strengths and needs. As such, the Plan has been developed from the following evidence informed understanding of why place-based approaches are effective:¹

- *Place matters for people's wellbeing* – Both the social environment and built environment influence people's health and wellbeing.
- *Place matters for children* – Children's daily experience of living and learning in the environment around them, and their options and opportunities for experiencing a healthy environment in the future is a significant factor in their overall wellbeing.
- *Social networks and social connectedness matter for people's wellbeing* – Social relations of particular quality are central to creating sustainable communities.
- *There are growing health and social inequities despite the overall growth in economic prosperity* – The gap between the rich and poor has widened.
- *Locational disadvantage, and how this leads to poorer outcomes for children* – Some communities remain caught in a spiral of low school attainment, high unemployment, poor health, high imprisonment rates and child abuse. There is a demonstrated impact of neighbourhoods on children's development during the early years.

- *The ability of local services to respond effectively to the complex needs of families and communities* – The move towards more integrated service delivery has been driven by a growing awareness of how fragmented services for young children and their families are, and how that fragmentation undermines the capacity of the service system to support children and families effectively.
- *Overcoming difficulties in engaging vulnerable families* – The families that are most disadvantaged by the fragmentation of the service system are those that are most vulnerable.

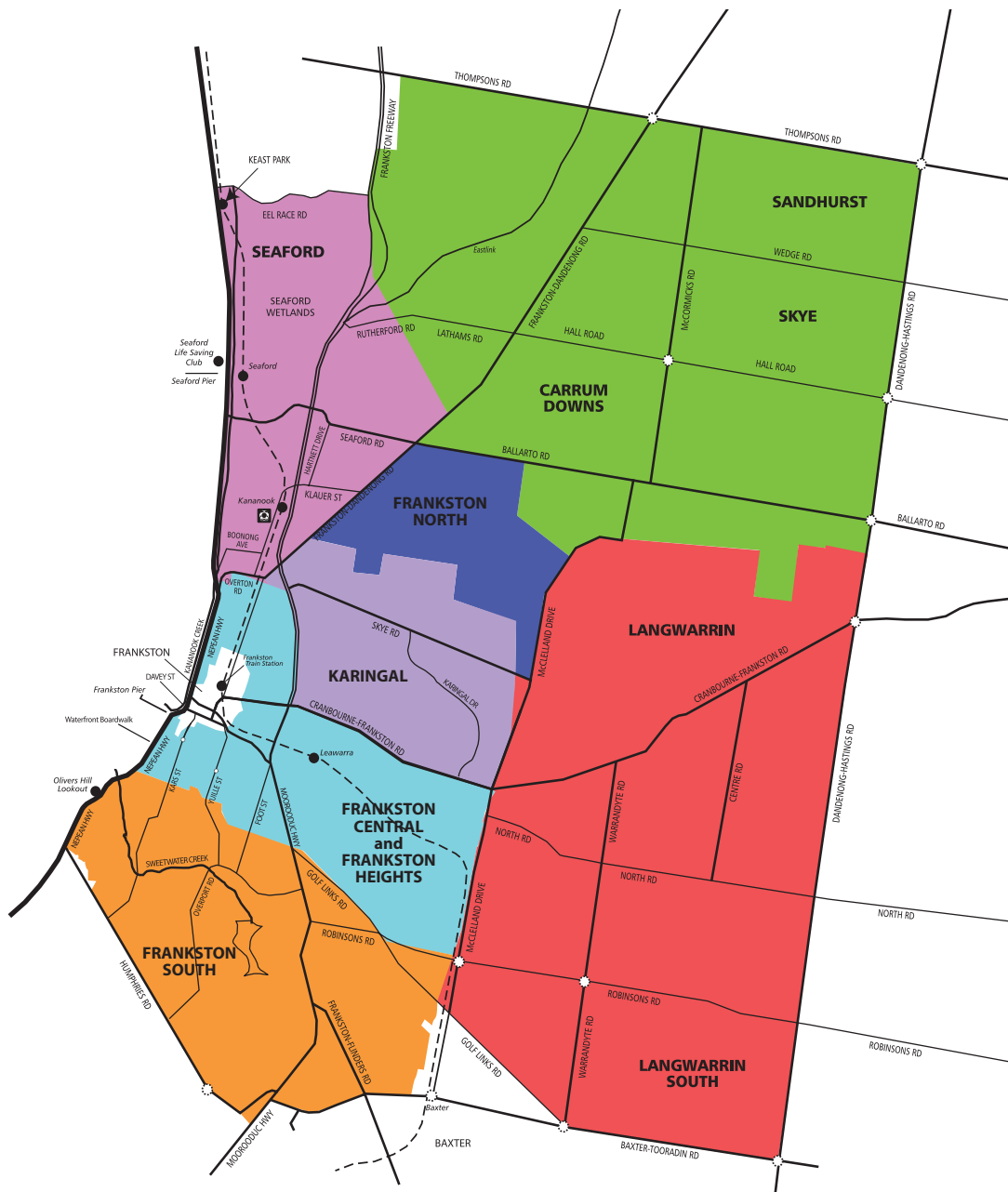
To be effective in understanding our communities and taking a place-based approach, we've divided Frankston City into the following seven local areas:

- Carrum Downs, Skye and Sandhurst
- Frankston (comprising Frankston Central and Frankston Heights)
- Frankston North
- Frankston South
- Karingal
- Langwarrin (includes Langwarrin South)
- Seaford

Figure 1: Frankston City's local areas

Comprehensive statistical profiles have been developed for each of these local areas to inform the development of this Plan, which will be made available to our partners and the community during the first year of this Plan.

The following is a brief outline of those profiles, to demonstrate the key characteristics of these local areas both now and what is projected for the future.



A family snapshot of our local areas

The following data has been provided by id. – the data population experts – and is based on the 2011 Census conducted by the Australian Bureau of Statistics.

Carrum Downs, Skye and Sandhurst

Total population: 19,091

0–12 year old population: 5,892 – this is projected to increase 16% by 2036

Birth rate: 522 – this is projected to increase 13% by 2036 (on average, this equates to 2.7 additional births each year)

Households with children: 5,334 – this is projected to increase 17% by 2036, making it the local area with the third highest rate of projected growth in families

Pre-school aged children (0-4 years): 2,405 – this is projected to increase 13.8% by 2036 (on average, this equates to 13.6 additional children per year)

Primary school age children (5 to 11 years): 3,036 – this is projected to increase by 19% by 2036

SEIFA* score: The average score for this local area is 1050 (the scores range from 985.3 for Carrum Downs to 1129.8 for Sandhurst)

Frankston

Total population: 21,746

0–12 year old population: 3184 – this is projected to increase 27% by 2036

Birth rate: 284 – this is projected to increase 26% by 2036, making the local area with the fastest growing birth rate (on average, this equates to 3 additional births each year)

Households with children: 3,259 – this is projected to increase 22% by 2036, making it the local area with the highest projected growth in families

Pre-school aged children (0-4 years): 1,339 – this is projected to increase by 20.7% by 2036, which is the most significant growth in the City (on average, this equates to 11.6 additional children each year)

Primary school aged children (5 to 11 years): 1,510 – this is projected to grow by 32% by 2036

SEIFA score: The average score for this local area is 954.4 (the scores range from 930.4 for Frankston Central and 987.5 for Frankston Heights)

Frankston North

Total population: 5,631

0–12 year old population: 930 – this is projected to increase 4% by 2036

Birth rate: 74 – this is projected to increase 3% by 2036, making it the local area with the slowest growing birth rate (along with Karingal)

Households with children: 950 – this is projected to increase 5.2% by 2036, making it the local area with the second lowest rate of projected growth in families

Pre-school aged children (0-4 years): 372 – this is projected to increase 0.5% by 2036 (on average, this equates to less than 1 additional child each year)

Primary school age children (5 to 11 years): 462 – this is projected to increase 9% by 2036

SEIFA score: 812.3

Seaford

Total population: 16,028

0–12 year old population: 2380 – this is projected to increase 15% by 2036

Birth rate: 207 – this is projected to increase 19% by 2036 (on average, this equates to 1.6 additional births each year)

Households with children:

2,478 – this is projected to increase 18% by 2036, making it the local area with the second highest rate of projected growth in families

Pre-school aged children

(0-4 years): 1,118 – this is projected to increase 4% by 2036 (on average, this equates to 1.8 additional children each year)

Primary school age children (5 to 11 years): 1,127 – this is projected to increase 26% by 2036

SEIFA score: 981.2

Frankston South

Total population: 17,634

0–12 year old population: 2738 – this is projected to increase 5% by 2036

Birth rate: 178 – the birth rate is projected to increase 6% by 2036, making it the local area with the second slowest growing birth rate

Households with children: 3,011 – this is projected to increase 3% by 2036, making it the local area with the slowest rate of projected growth in families

Pre-school aged children (0-4 years): 948 – this is projected to increase 1% by 2036 (on average, this equates to less than 1 additional child each year)

Primary school age children (5 to 11 years): 1,509 – this is projected to increase 6% by 2036

SEIFA score: 1059.9

Karingal

Total population: 13,278

0–12 year old population: 2099 – this is projected to increase 5% by 2036

Birth rate: 187 – this is projected to increase 3% by 2036, which along with Frankston North makes it the local area with the lowest growing birth rate

Households with children: 2,188 – this is projected to increase 7% by 2036

Pre-school aged children (0-4 years): 936 – this is projected to decrease -1.8% by 2036

Primary school age children (5 to 11 years): 995 – this is projected to increase 13% by 2036

SEIFA score: 946.8

Langwarrin

Total population: 22,489

0–12 year old population: 4050 – this is projected to increase 9% by 2036

Birth rate: 318 – this is projected to increase 12% by 2036 (on average, this equates to 1.6 additional births each year)

Households with children: 4,218 – this is projected to increase 11% by 2036

Pre-school aged children (0-4 years): 1,545 this is projected to increase 11.6% by 2036 (on average, this equates to 7.2 additional children each year)

Primary school age children (5 to 11 years): 2,072 – this is projected to increase 11% by 2036

SEIFA score: The average score for this local area is 1055.7 (the scores range from 1045 for Langwarrin and 1066.5 for Langwarrin South)



Part 3: Growing Up in Frankston City

The evidence informed story of how children are faring

Why looking at how children are faring is so critical

Research into brain development shows that the time from conception to age six has the most significant impact on the development of competence, coping and emotional skills – all of which affect a child's learning, behaviour and health throughout the rest of their life. The period between birth and three years is a time of particular rapid cognitive, linguistic, social, emotional and motor development.

Since a child's brain develops most rapidly during these early years, we know that investing time and effort with children at this key stage brings long term results. As such, early childhood is an opportunity to provide our children with language-rich, nurturing and responsive environments to encourage their development and ensure they achieve positive lifelong outcomes. However, this period of rapid cognitive development also presents as a time of great vulnerability.

A child who is exposed to risk factors or trauma during their early years is more likely to experience developmental problems that will persist throughout their life.

Experiences and circumstances such as poverty, child abuse and neglect, family violence, parental substance use, early mental health problems, conduct problems and poor health and nutrition can all impact negatively upon children's development.¹

What the evidence says about children and their families in the Frankston City

We have put together a robust evidence base to present a detailed analysis of how children are growing up in Frankston City. The evidence tells a story of encouragement and improvement as well as significant ongoing challenges.

The data sources that we've used to build our body of evidence include:

- id. community profiles and forecasting, based on Australian Bureau of Statistics Census data
- Victorian Child and Adolescent Monitoring System portal, provided by the Victorian Government Department of Early Childhood Development and Education
- Australian Early Development Index (AEDI)
- The State of Victoria's Children 2012: Early Childhood – A report on how Victoria's young children are faring, Victorian Government Department of Early Childhood Development and Education
- Frankston City Council local indicator data

The evidence has been reviewed within the context of the following 'protective' and 'risk' factors, as identified by the AEDI. These factors are important as the presence of these risk and protective factors in a child's life will have an impact on their developmental outcomes.

When reviewing the evidence, it's clear that the majority of children in Frankston City are growing up happy and healthy in safe, nurturing and economically secure environments.

However, there are also children growing up in disadvantage and there are risk factors present in some families that are causing vulnerability and impeding some children's ability to learn, develop and grow. This can be demonstrated by reviewing the evidence on the following key indicators of wellbeing:

- Disadvantage
 - Children are growing up in families that are economically secure
- Early childhood development
 - Children and families have access to playgroups
 - Children are participating in early language and literacy activities
 - Children are attending kindergarten in the year before school
 - Children are developing well by their first year of school
 - Children are meeting national literacy standards in literacy and numeracy
 - Children feel supported through their middle years
- Safe and connected
 - Children are living in safe and secure environments
- Health and wellbeing
 - Infants are breastfed for six months
 - Children visit a Maternal Child & Health Nurse
 - Children are fully immunised before they start school

Other key indicators of wellbeing that are important to review are relationships and attachment, family functioning and home learning environments, but we unfortunately do not have any local evidence on this.

Reducing risk factors:

Low birth weight
 Delayed development
 Disability (including learning disabilities) and illness
 Behavioural issues
 Single parent
 Young maternal age
 Mental health
 Alcohol &/or drug misuse
 Abuse and/or neglect (including parental history)
 Family violence
 Absence of father/mother
 Large family size/rapid successive pregnancies
 Low level of parental education
 Social exclusion
 Socioeconomic disadvantage
 Poor housing

Building protective factors:

Social skills
 Attachment
 Breastfeeding
 Stable care
 Positive social networks
 Participation in community activities
 Access to positive activities
 Positive family relationships
 Small family size and spacing between children by more than two years
 Supportive relationships with other adults
 Religious faith

Disadvantage


Children are growing up in families that are economically secure

There are children in the Frankston City who are growing up affected by disadvantage

There are multiple risk factors associated with disadvantage that may have an impact on how a child is able to learn, develop and grow – including household income, employment, one-parent families and level of

parental education. We are in the process of trying to collect this information about our households with children aged 0–12 years, however we do know the following (.id Community Profile data for 2011):

Household income There is a higher proportion of low-income households	The median weekly household income in Frankston is \$1,140 per week, with a higher proportion of households earning a low income (21.7% of households earn less than \$600) and a much smaller proportion earning a high income (11.7% of households earn more than \$2,500) compared to Greater Melbourne.
Workforce (relationship with household income) There is a larger than average unskilled workforce	Frankston City has a predominantly vocational workforce, with 41.8% of the workforce holding no qualifications, 27.1% holding a certificate, 10.6% holding an Advanced Diploma/Diploma and 15.9% a Batchelor degree or higher. The main occupation held by Frankston City's workforce is technicians and trade workers (18%) and the main industry worked in being manufacturing (14%). Compared to the Melbourne Statistical Division, Frankston City's workforce is twice as less likely to earn more than \$2,000 per week (5.1% compared to 10.4%) and is more likely to be earning less than \$1,249 per week (75.4% compared to 67.9%).
Employment Above average unemployment	Frankston City has a slightly above average level of unemployment amongst its workforce (as of December 2013 Frankston City's unemployment rate was 7.3%) ¹ . In 2011, 87% of families with children aged 0-15 were participating in the workforce.
Education There are low levels of educational attainment	Frankston City has low educational attainment levels, with 46.7% holding no qualifications and 21.7% holding vocational qualifications (compared to 42.7% and 15% respectively for Greater Melbourne), and are much less likely to hold a Batchelor or higher degree (11.9% compared to 23.6% for Greater Melbourne).
One-parent families Above Victorian average proportion of one-parent families	Frankston City has an above average proportion of one-parent families (in 2011, 13.7% of all households were one-parent families, with Greater Melbourne being 10.4% and Victoria 10.5%).



Frankston City has disparity between areas of socio-economic advantage and disadvantage. The Socio-Economic Index for Areas (SEIFA) – which is derived from attributes such as income, employment, skills and unskilled occupations and other variables that reflect advantage or disadvantage – lets us know that Sandhurst, Langwarrin South and Frankston South are amongst some of the least disadvantaged suburbs in the country.

In contrast, Frankston North and Frankston Central are amongst the most disadvantaged.

Since the SEIFA was last measured in 2006, Sandhurst has seen an increase in its SEIFA rating reflecting its rapid growth during that period of residents with high qualifications (Batchelor Degree or higher) and professionals. Frankston Central has also seen an increase in its SEIFA score, which to a much smaller scale has also seen growth in its proportion of residents with high qualifications and professionals.

In contrast, all other small areas within Frankston City have either remained static since 2006, or have received a lower score.

Early childhood development

Children and families have access to playgroups

Community playgroups encourage children to learn and develop through play while giving parents the opportunity to meet and share parenting skills and experiences. Supported playgroups aim to engage disadvantaged families and promote improved health and development outcomes for children, as well as increasing their participation in early years services and supports.¹ In 2014, there are 32 community playgroups and 8 supported playgroups operating across Frankston City.

Children are participating in early language and literacy activities

Literacy and language are essential skills that enable children to develop. A strong foundation in literacy and language prior to school will help the child to continue to develop a range of later skills. By literacy, we mean the broad definition used in the Early Years Learning Framework that defines it as the capacity, confidence and disposition to use language in all its forms, including music, movement, dance, storytelling, visual arts, media and drama, as well as talking, listening, viewing, reading and writing.

In 2014, Frankston City Council's Libraries were delivering 13 storytime sessions per week for 0-5 year olds across the municipality, in addition to school holiday programs, homework clubs, the Premier's Reading Challenge and other special events.

Concerns with early language and literacy

The 'language and cognitive skills' domain in the AEDI assesses children's language and cognitive skills based on those necessary for school (with English as the language of instruction) in the following key areas:

- Basic literacy
- Interest in literacy/numeracy and memory
- Advanced literacy
- Basic numeracy

Children who are vulnerable on this domain will not have most of the basic literacy skills, may not show interest in books and reading, have only up to one of the advanced literacy skills and have marked difficulty with numbers and cannot count. Whereas the majority of children in the Frankston City are on track within this domain, there are an above average proportion who are either developmentally vulnerable (below the 19th percentile) or developmentally at risk (between the 10th and 25th percentile).

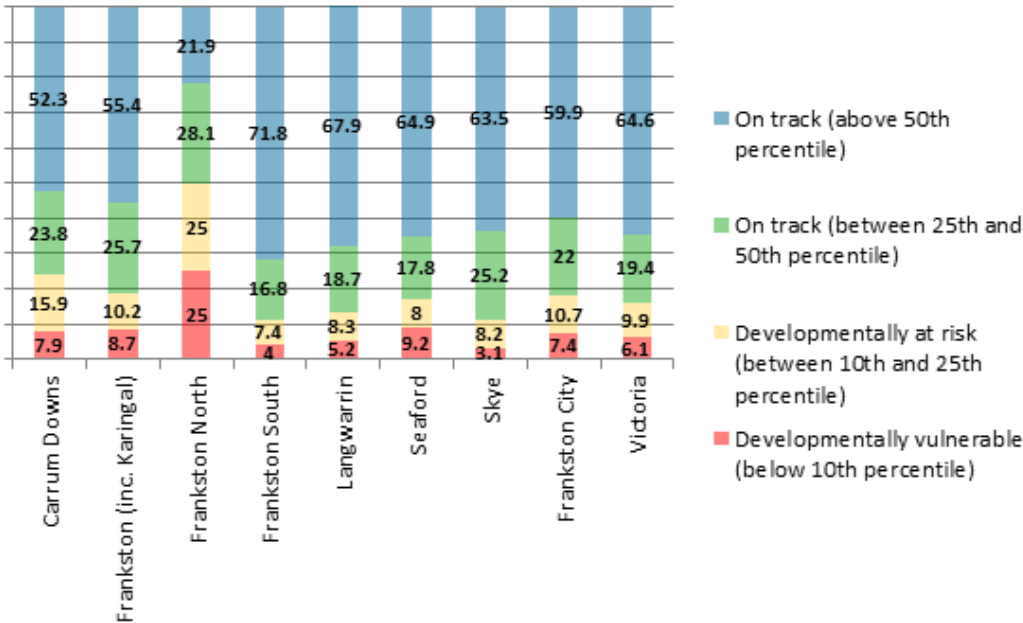
In 2012, 7.4% of children were developmentally vulnerable compared to 6.1% for Victoria, and 10.7% were developmentally at risk compared to 9.9% for Victoria. However, what is of more importance is the difference in developmental vulnerability between the local areas with the highest levels of socio-economic disadvantage compared to those with the lowest.

In 2012, 50% of children living in Frankston North and 23.8% of children in Carrum Downs were either developmentally vulnerable or developmentally at risk in their language and cognitive skills (below the 25th percentile). Whereas there were only 11.4% in Frankston South and 13.5% in Langwarrin who were either developmentally vulnerable or developmentally at risk. It should also be noted, that for those children who are developmentally on track and above the 50th percentile as a whole are still below average for that reported across Victoria.

This gap is magnified when you look at it combined with the AEDI domain for ‘communication skills and general knowledge’, which amongst other things looks at a child’s ability to communicate by participating in story-telling and games using language.

Please note in the table below, we have not been able to display the results by our seven local areas as the AEDI collected the data by the areas listed.

Table 2: Language and cognitive skills in 2012 (AEDI domain) – proportion of developmental vulnerability by local area



As measured by the AEDI, when children starting school were assessed on whether they were regularly read to or encouraged in their reading at home – for 74.4% of children this was ‘often or very true’, for 18.5% of children this was ‘sometimes or somewhat true’ and for 6.3% of children this was ‘never or not true’.

Children are attending kindergarten in the year before school

Research shows a high-quality early childhood education experience enhances all-round development in children. While the family environment is very important to future learning, participation in high quality early Childhood Education and Care services (ECEC) is also key to enabling children to perform well at school and to learn the skills required for their future lives (AIHW, 2012a).¹

Non-parental early education and care High reported levels of early learning and care	97.7% of children in Frankston City have experienced some form of regular non-parental early childhood education or care in the year before entering formal full-time school, which is above average for both Victoria and Australia.
Kindergarten participation Kindergarten participation in the year before school is increasing	Participation in four-year old kindergarten during the year before school is still below the Victorian State average. However, there has been significant improvement in our participation rates over the past five years with a 14.5% increase from 2008 to 2012. ¹
Transition into school Children are making a positive transition into primary school	Whereas there is a relatively high proportion of children starting primary school with concerns about their behaviour and emotional development, in general children in Frankston City are making a positive transition into the primary school environment. When interviewed for the 2012 AEDI, teachers rated Frankston City children as being on the National average for adapting to the structure and learning environment of the school.

Children are developing well by their first year of school

There are above average levels of children demonstrating developmental vulnerability, though there is evidence of improvement

Whereas the majority of children in Frankston City are developing on track, there is an above average proportion of children who are developmentally vulnerable, particularly in those local areas experiencing socio-economic disadvantage. The AEDI is a measure of how young children are developing in Australian communities.

Like a census, it involves collecting information to help create a snapshot of early childhood development based on the following five domains that are closely linked to predictors of adult health, education and social outcomes. These domains have been identified because they each have a significant impact on brain development and learning how to regulate behaviour. The AEDI shows that there has been improvement, with the proportion of children who are developmentally on track across all of the domains improving.

The table below shows the proportion of children who were assessed as being vulnerable (below the 10th percentile) on the identified domains:

	2009 Frankston	2012 Frankston	Change in vulnerability	2012 Victoria
1. Social competence	11.3%	10.2%	-1.1%	8.1%
2. Emotional maturity	11.7%	8.5%	-3.2%	7.2%
3. Language and cognitive skills	8.7%	7.4%	-1.3%	6.1%
4. Communication skills and general knowledge	10.9%	9.2%	-1.7%	8%
<i>Vulnerable on one domain</i>	25.1%	23.3%	-1.8%	19.5%
<i>Vulnerable on two or more domains</i>	14.7%	11.6%	-3.1%	9.5%

Out of the 79 municipalities in Victoria, in 2012 Frankston City had the 19th highest proportion of children who were

developmentally vulnerable on at least one or more of these domains¹. Local areas causing the most concern:

Frankston North	This local area continues to have the highest proportion of children who are developmentally vulnerable, although improvement has been seen across all domains since children were last surveyed in 2009. The 2012 survey results show that 34.9% of children were developmentally vulnerable on two or more domains compared to 9.5% of children in Victoria. The domain of greatest concern was 'communication skills and general knowledge', where the majority of children surveyed were assessed as being developmentally vulnerable (below the 10 th percentile) – 34.4% of children were in this percentile, which is four times the average for Victoria.
Carrum Downs	This local area has the second highest proportion of developmental vulnerability. Though it should be noted that the majority of children surveyed were developmentally on track and there has been improvement seen across all domains since 2009.
Frankston	This local area has the third highest proportion of developmental vulnerability. There has been an increase in vulnerability on the following three domains: Physical health and wellbeing, Social Competence, and Communication & General Knowledge.

Looking at the State-wide results, there are significant differences in developmental vulnerability between boys and girls in individual domains. The largest difference between boys and girls is the emotional maturity domain.

Differences are also seen across population groups, specifically those relating to Aboriginal children and those from a Language Background Other than English (LBOTE) without proficiency in English.¹

There are concerns with children's emotional wellbeing and behaviour when starting school

The majority of children in Frankston City are starting school with positive emotional wellbeing and behaviour.

However, there is a significant proportion of children starting school whose parents have concerns in this area.

We know that in Victoria over the past five years there has been an upwards trend for the number of parents reporting developmental delay.¹

The proportion of children who at school entry:	2011 Frankston	2012 Frankston	2012 Victoria
Whose parents report one or more concerns with child speech or language ¹	14.2%	16.1%	13.8%
Whose parents are concerned about their behaviour and emotional wellbeing at school entry ²	5.2%	6.7%	4.3%
With emotional or behavioural difficulties ³ <i>Frankston City is ranked as the 7th highest out of the 79 Victorian municipalities.</i>	16.1%	17.1%	12.9%

Children are meeting national standards in literacy and numeracy

NAPLAN tests the sorts of skills that are essential for every child to progress through school and life, such as reading, writing, spelling and numeracy.

	2010 Frankston	2011 Frankston	2011 Victoria
Grade 3 children achieving national standards in literacy ¹	93.7%	94.3%	94.6%
Grade 3 children in achieving national standards in numeracy ²	94.9%	94.9%	95.5%
Grade 5 children achieving national standards in literacy	90.6%	92.2%	92.9%
Grade 5 children achieving national standards in numeracy	94.1%	93.9%	94.7%

Safe and connected

Research tells us that children who experience trauma are more likely to experience developmental delays and poor outcomes, and this risk increases with multiple traumatic experiences. The most common causes for trauma during childhood include: accidents and injury, physical trauma, abuse, neglect and exposure to family violence.

Children are living in safe and secure environments

Concerns with abuse and neglect of children

Child Protection data is not readily available and is an area for ongoing advocacy for Frankston City Council. However, the data we do have tells us that this is an area of significant concern for Frankston City. For example, for every 1,000 children aged 0–17 years in Frankston City:

- In 2010-11, 12.4 were the subject of a substantiated child abuse case with Child Protection. This rate was double than that for Victoria and was the highest out of all the metropolitan local authorities.¹
- In 2010, 6.9 were the subject of a care and protection order with Child

Projection. This is above the Victorian average.²

- In 2011, 6.1 were in out-of-home care. This is above the Victorian average.³

What we know from Australian data is that children aged under 1 year were most likely to be the subject of a substantiation. Emotional abuse was most the common substantiated abuse type, followed by neglect and physical abuse. Sexual abuse was more common among girls; other types of abuse were slightly more common among boys (data year 2011-12).⁴

The proportion of children entering primary school whose parents report high levels of family stress is above the Victorian average reporting a rate as being the 12th highest local authority area in Victoria.⁵ In Victoria, children were more likely to have been affected by a stressful event or family issue in the 12 months prior to starting school if they were from a one-parent family, Aboriginal, from the most socioeconomically disadvantaged areas or from a rural/regional area.⁶



Child FIRST has been established in designated sub-regional catchments across Victoria to provide a community-based referral point into Family Services. For the Mornington Peninsula and Frankston City Child FIRST catchment, during 2011-12 the highest number and percentage of referrals came from primary schools in the Frankston municipality, with primary schools in the Carrum Downs, Frankston and Frankston North local areas making the highest proportion of referrals.

Concerns with the impact of family violence on children's development

In 2012-13, Frankston City had the highest rate of family violence callouts in Metropolitan Melbourne, and the eighth highest rate in Victoria. This rate is increasing.

In 2012-13 there were 2,292 family violence callouts in Frankston City, of which children were present for 29.3% of them. 37.4% of them resulted in charges being laid.

Between 2008-09 to 2011/12, Seaford saw the most significant increase in the number of callouts, followed by the central Frankston area and Carrum Downs.

Children in Frankston City are also experiencing above Victorian average rates of crime. In 2011-12, children aged 0-17 years in Frankston City were more likely to be both the victim and offender of crime compared to the rate for Victoria.¹

Children in Frankston City are also experiencing above Victorian average rates of crime. In 2011-12, children aged 0-17 years in Frankston City were more likely to be both the victim and offender of crime compared to the rate for Victoria.²



Health and wellbeing

Having the best start in life involves being healthy, as the physical health of a child will have an impact on their ability to learn, develop and grow.

Infants are breastfed for six months

Rates of breastfeeding at 3 and 6 months are below the Victorian average

Breastfeeding is known to provide nutrition and strengthen the immune system, providing benefits for both mother and baby. Australian and international guidelines recommend that infants be exclusively breastfed until around six months of age.¹ Breastfeeding rates in Frankston City are below average for that of Victoria as a whole. In 2011-12, 45.6% of 3-month old babies were fully breastfed, compared to 51.4% for Victoria. 32% of 6-month old babies were fully breastfed, compared to 35.1% for Victoria. However it's important to note that improvement has been seen in the proportion of 3-month and 6-month old babies being fully breastfed over the last four years.

Children are fully immunised by the time they start school

Participation in childhood immunisations is strong and improving

Immunisation is a simple, safe and effective way of protecting children against certain diseases. If enough people in the community are immunised, the infection can no longer be spread from person to person and the disease might die out altogether. Frankston City has consistently above Victorian average rates of children who are fully immunised. In 2012-13, 91.6% of one year old children were fully immunised, 94.1% of 2 year olds were fully immunised, as were 92.3% of 5 year olds. The most significant improvement has been seen for 5 year olds, which has increased by 7% between 2009-10 and 2012-13.

Children visit a Maternal Child and Health Nurse

Children are seeing a Maternal Child and Health Nurse, with strong participation in most key age and stage visits across the majority of local areas, but a decline is seen between 4 month and 18 month visits

Maternal Child and Health Services play a key role in supporting children and their families by providing 10 key ages and stages consultations from birth to 3.5 years, including an initial home visit. In 2013-14, 100% of infants received a home consultation. Participation remains strong for most of the key age and stage visits across the majority of local areas, however participation rates begin to drop off at the 4 month key age visit and continue to decline from there until the 2 year old visit, which is consistent with that for the Southern Region and Victoria. This is most evident in the Carrum Downs local area, with participation across all key age and stage visits being below anticipated for the Karingal and Frankston North local areas, as well as amongst the Aboriginal and Torres Strait Islander communities. Participation in the 3.5 year key age and stage visit is in line with the Victorian average and has increased over the past four years, with participation being 4.5% higher in 2013-14 than what it was in 2008-09.

Three other risk factors influencing a child's health and wellbeing are birth weight, babies born to young mothers and mental health.

Babies born with low birth weights have a higher risk of poor health and development in later life. Babies born with a low birth weight are now in line with the Victorian average. In 2010, 6.3% of Victorian babies were of low birth weight (under 2500 grams). This is an improvement over previous years.¹

The most recent data we have access to for Frankston is for the two-year period from 2009 to 2011, where 6.5% of babies were born with a low birth weight, compared to 6.6% for Victoria. This is an improvement from the period between 2006 to 2008, where 7.6% of babies were born with a low birth weight.²

Because childhood, including the prenatal period, is a time of rapid development, it is critical to reduce the factors that adversely affect the health of children. Babies born to teenage mothers have an increased risk of pre-term birth, low birth weight and associated complications.

Teenage mothers are more likely to be a lone parent, live in areas of greater disadvantage, smoke and have lower levels of education.

While not all teenage births result in negative outcomes for mother and child, the factors that often contribute to teenage birth mean that many young mothers do not receive the support they need during pregnancy and after the birth.³

The teenage fertility rate is above the Victorian average. In 2011-12, 72 women under the age of 19 gave birth in Frankston City. This equates to a rate of 16.9 (per 1,000 women in this age group), compared to the Victorian rate of 10.4. Frankston City's rate of young mothers has been consistently above the Victorian average for the five years leading up to 2011-12.

Mental health problems amongst parents, families and/or caregivers is risk factor that contributes towards vulnerability, and good mental health in early childhood lays the foundations for positive mental health and wellbeing now and into the future. Access to good quality data on the prevalence of mental health is an area of ongoing advocacy for Frankston City Council. What we do know is although residents of Frankston City reported high levels of subjective wellbeing compared to the Victorian average of 11.4%, a higher proportion of Frankston City residents (14% compared to 11.4% for Victoria) report experiencing high/very high psychological distress.⁴



Victorian Charter for Child Friendly Cities and Communities

Recognising the need for increased participation by children in decision-making forums and creating child friendly environments, we support the following principles:

- Freedom for children to experience environments that consider their needs
- Respect and dignity for children to express their individual opinions, participate in and contribute to decisions about their communities and their wellbeing
- Equitable access to supportive environments and services for children regardless of gender, ethnicity, religion or ability

The *Victorian Charter for Child Friendly Cities and Communities* was developed by the Victorian Local Government Association in 2013 for local governments and community organisations across the State to demonstrate their commitment to include children in planning and decision-making.

Community consultation – the voices of our children, families and services

As an integral part of developing Frankston's Child and Family Plan 2014–18, Frankston City Council undertook an extensive community consultation with children, families and service providers over several months during 2013 capturing the voices of 368 participants from across the Frankston City. The aim of the consultation was to gather information from children, families and service providers about their needs, experiences and aspirations and embed it into the body of evidence used to develop our key priorities for the next four years.

The following consultation methods were used:

- Children's voices survey – 229 children aged 5 to 12 years
- Online community survey for families – 118 responses
- Focus groups with families – 15 participants
- Online survey for service providers – 6 responses

The voices of children

It was very important to us that we gave children a voice in the development of this Plan as the priorities that have been identified for action will have a direct impact on them. Including children's voices also recognises that children have a unique body of knowledge about their lives, needs and concerns, together with ideas and views which derive from their direct experience. This knowledge and experience relates to both matters affecting them as individuals and matters of wider concern to children as a group.¹ In order to respectfully include children's voices in consultation activities relating to our planning and coordination role, we will follow the principles set out by the *Victorian Charter for Child Friendly Cities and Communities*.

To summarise our consultation with children on the development of this Plan, children told us that they liked: people in Frankston as they are friendly; open spaces like the beach and parks, especially when they were clean and welcoming; their schools; and recreation activities like shopping sports, festivals and events.

The voices of children's families

From analysing the consultation results, it was clear that families felt that the Frankston City is a good place to raise children. However, there are some areas for improvement to make the Frankston City become a more family friendly City.

To summarise their responses:

- The services that families with children aged 0-5 were found to be the most useful are:
 - Maternal Child Health (91%)
 - Frankston Library (67%)
 - Kindergarten – 4 and 3 year old. (61%)
 - Playgroups (59%)
 - Antenatal services (52%)
 - New parent groups (45.5%)
- The services that families with children aged 5-12 found to be the most useful were:
 - Frankston Library (63%)
 - School holiday activities (28%)
 - Frankston Community Health Service (22%)
- Positive relationships and social support networks are highly valued by families, and want more opportunities to make social connections through services like playgroups, kindergarten and childcare. The services that families reported as having positive relationships and experiences with:
 - Maternal Child and Health (74%)
 - 3 year old kindergarten (65%)
 - 4 year old kindergarten (61.5%)
 - Frankston Library (60%)
 - Primary School (52%)

Children told us that they didn't like places that don't feel safe because they are dirty, especially public toilets; a poor environment that is marked by litter and graffiti; and people that don't make them feel safe, citing factors like smoking, gangs and alcohol.

- Families find the following barriers prevent them from accessing services and facilities:
 - Affordability – this was particularly an issue for kindergarten and childcare participation
 - Communication and promotion – events, services and activities need to be better advertised
 - Confidence about using the service, and lack of trust with the service
 - Time and flexibility of the service
- Families need better access to information about services and activities in their local area. For families with children aged 0-5 years, MCH centres and word of mouth were the top two reported ways of receiving information about services and activities. For families with children aged 5 years and over, word of mouth and the Council website were the top ways.
- Universal services need to be more sensitive and respectful of family's personal and cultural needs
- Families value services that are easy to access in their local areas that is place-based services that are co-located in integrated hubs.
- The recreation facilities and open spaces in Frankston need to be more child and family friendly. This includes better maintenance of parks and playgrounds.
- Families want more of: a better variety of things to do including school holiday programs, especially for children in their middle years and children with additional needs or a disability; more new parent groups for young mothers, dads and second-time mothers; more places for 3-year old kindergarten; and breastfeeding support.

Services that support children and their families

In summary, the services that support children and their families see the following as being the key issues facing families in the Frankston City: family violence; parenting ability; alcohol and other drugs; mental health; social isolation; poor housing; and unemployment.

Services feel that the critical gaps in services for children and their families are: the impact of long waiting lists; mental health; middle years; fathers; cultural awareness; and families having the information that they need.

Services said that they would like to see more of the following to better support children and their families: literacy programs; health promotion strategies; collaboration between services; social inclusion; ATSI engagement; service system change; and place-based approaches.

A full summary of the community consultation can be found at Appendix 2.





Part 4: Delivering the Child and Family Plan

Implementation – the Action Plan

Frankston City Council has developed the vision, outcomes and key priorities for where to focus our effort over the next four years. To progress this, we have developed a robust Action Plan (Appendix 3) with the key strategies and actions that will be implemented over the next four years to promote positive outcomes for children aged 0-12 years and their families.

The outcomes and priorities outlined in this Plan have been based on a robust body of evidence that includes policy, data and consultation with the community and service providers. As such, our Partners are encouraged to use the Plan to provide strategic direction for their own service planning.

Evaluation

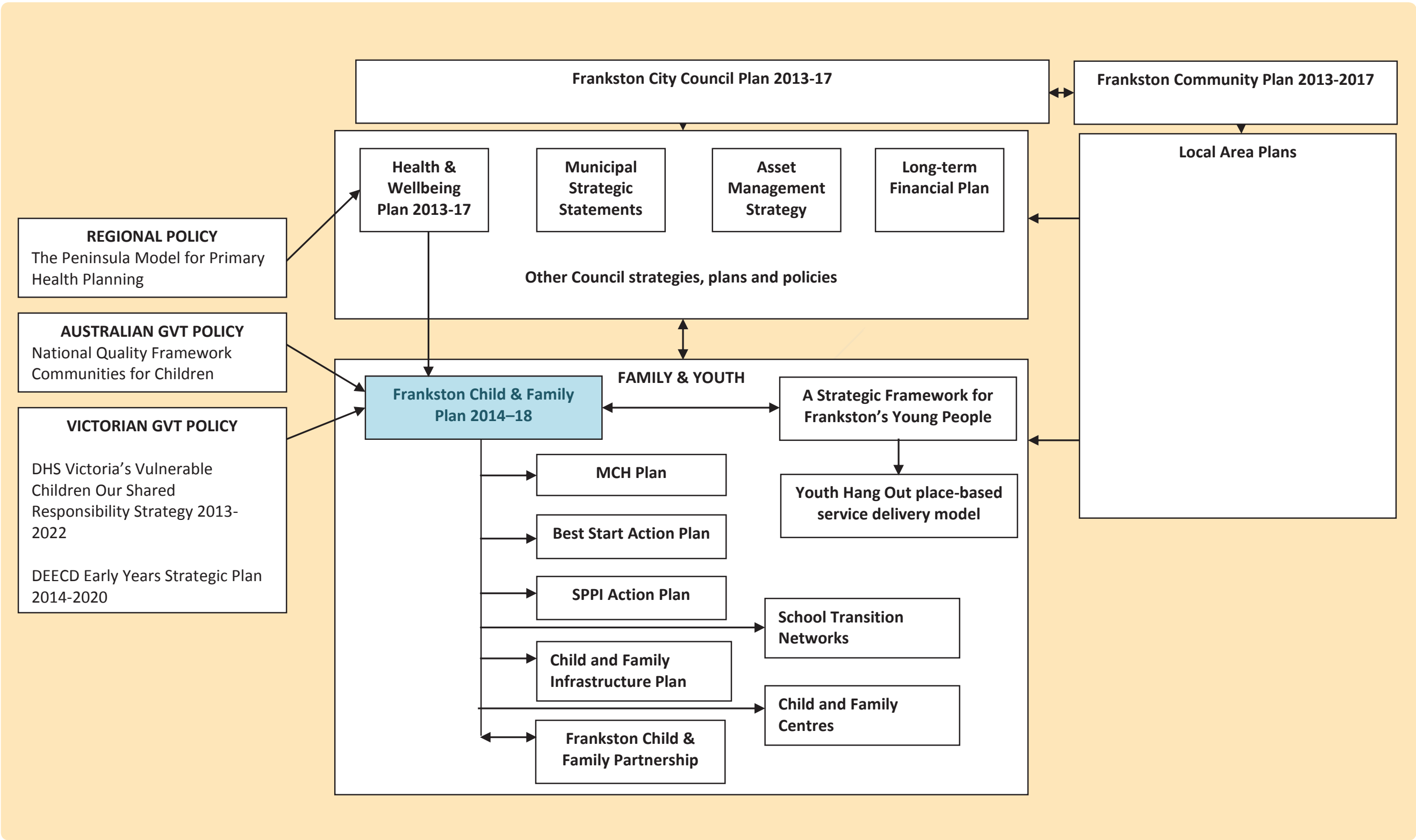
Delivering the key strategies and actions set out in our Action Plan will be a process of continuous improvement. As such, the Action Plan will be reviewed and updated annually. By doing so, we will have the opportunity to reflect on the way the actions are being implemented and draw upon evidence in order to make improvements and achieve better results.

We will also be able to accommodate any key policy changes occurring at all levels of government, key service system changes, as well as any changing needs of the community.

To measure our progress, we have introduced a set of 'indicators of wellbeing' for monitoring and assessing any change that may be occurring across our three priority areas (Appendix 4). The indicators will be measured against the 'baseline' (the most recent data that we have available) and 'target' (the result that we hope to achieve for Frankston City). These targets have been determined based on an evidence-informed calculation and rationale. It's important to note that these targets cannot be achieved by Frankston City Council alone in its leadership and facilitative role and are also the responsibility of all our partners – they will only be achieved by all levels of government, services and the community working together to provide well-planned and coordinated services, programs and infrastructure within the municipality. These targets are ambitious and will be reviewed on an annual basis along with the Action Plan to ensure they reflect the changing political and service environments.

The ongoing process of review, evaluation and improvement will be overseen by the Frankston Child and Family Partnership.

Appendix 1: Strategic framework



Appendix 2: Community consultation

Who we consulted and how

Prior to Frankston's Child and Family Plan 2014-18 being written, Frankston City Council undertook an extensive community consultation with children, families and service providers over several months during 2013 capturing the voices of 368 participants from across the Frankston City. The aim of the consultation was to gather information from children, families and service providers about their needs, experiences and aspirations and embed it into the body of evidence used to develop the key priorities for action in Frankston City over the next four years.

The following consultation methods were used:

- Children's voices survey – 229 children aged 5 to 12 years
- Online community survey for families – 118 responses
- Focus groups with families – 5 participants
- Online survey for service providers – 6 responses

Children's voices survey

It was very important to us that we gave children a voice in the development of this Plan as the priorities that have been identified for action will have a direct impact on them. Including children's voices also recognises that children have a unique body of knowledge about their lives, needs and concerns, together with ideas and views which derive from their direct experience.

This knowledge and experience relates to both matters affecting them as individuals and matters of wider concern to children as a group.¹

As such we developed a short questionnaire that asked children under the age of 12 years what they liked about the Frankston City, what they didn't like and what they would change. These questions were developed in consultation with trained professionals to ensure that the questions protected children's privacy and safety.

Community survey and focus groups for families

An online community survey was developed to consult families on the development of this Plan, specifically parents and carers of children aged under the age of 12 years, to tell us about the services they use and how they use them.

Frankston City Council staff also visited a range of community events and venues to speak with community members about the services they currently use, what they liked (or didn't like) about these services, what services they need that are not available and what are the barriers to services that currently exist.

Online survey for service providers

The Frankston Child and Family Partnership, which is made up of the agencies that have an interest in the wellbeing and development of children and their families in the Frankston City, acted as the reference group to guide the development of our new Plan and have been actively involved in every stage of the process. In addition to this, an online survey was also distributed to local service providers to consult on the key issues impacting children and their families.

The voices of children

Children's favourite things about the Frankston City:

- The shops and the shopping centre
- The beach
- Parks and playgrounds
- Their school and/or teacher
- The people – nice and friendly

Other things that children told us they liked were: events and festivals, the swim centre, sporting facilities, the cinemas, the skate park and Ballam Park.

Children's least favourite things about the Frankston City:

- Graffiti
- Litter and rubbish
- The people – scary, mean, gangs, dangerous etc
- Smoking
- Weapons/violence/feel unsafe

Other things that children told us they didn't like were: public toilets are dirty, the traffic and hoons, the train station – children said they didn't feel safe there and that it was dirty, the beach when it is dirty and certain shops selling items that make them feel unsafe.

Children's top five things to change about the Frankston City:

- Make it cleaner – less rubbish, more bins and caring for the environment
- Make it safer
- Keep the toilets in better condition
- Improved playgrounds – bigger, better and more of them
- Stop smoking

Other things that children told us they wanted to change about the Frankston City were: stronger police presence, clean up the train station, improve the appearance and clean up the graffiti.

The voices of children's families

A summary of the key issues raised during the focus groups:

Families like the following about the services they are currently using in the Frankston City:

- The programs provided by the Maternal and Child Health Service
- Affordability – the service either being free or inexpensive
- Local services that are easily accessible and close to home making them convenient to use
- Availability and flexibility
- Friendly
- The opportunity to make social connections and friendships
- Provision of support and advice in a caring and safe environment

Families think the following services and facilities are working well in the Frankston City:

- In this section, there were many comments about services and facilities in the Frankston City being good compared to other municipalities and the Frankston City being considered to be a good place to raise children
- Events for families
- Parks and playgrounds – they are good quality and great for kids
- The co-location of services and the collaboration between them is good enabling families to link in to other services located there that they wouldn't have known about otherwise

Families think the following services and facilities could be improved in the Frankston City:

- 3-year old kinder – more places are needed and it needs to be more affordable
- Events and services need better communication and promotion – there's a lot available but families don't always know about them, and are not sure about how or where to access services

- Better collaboration is needed between services
- Parks need better maintenance, particularly in relation to cleanliness, up-to-date facilities and more shade
- More opportunities for family group exercise (for example, prams walks)
- More school holiday activities
- More breastfeeding support is needed

Families feel that the following services and facilities are currently not available in the Frankston City:

- A good variety of affordable things to do
- Mother's groups for young mum's and second-time mum's
- Dad's groups
- Services and activities for children in the middle years (10-12 age group), who require support to make the transition from Primary to Secondary school
- Counselling and mental health services
- Better consultation on local decision-making

Families feel that the following barriers stop them from using services and facilities in the Frankston City:

- Cost
- Communication and promotion – families don't know about events, services and activities that are not well advertised
- Feelings of safety – parents are unsure about allowing their child to attend events and activities where there are older children present or where they don't know the other attendees or event organisers
- Time – lack of time, timing of programs
- Distance and accessibility – if not close by won't use it
- Parks without public toilets
- The lack of trust with the service and the relationship

Summary of the online survey for families:

Number of survey responses: 128

Percentage of survey participants with children aged 12 years of age and under: 91.5%

Number of children: The majority of survey participants had two or more children under the age of 12 years

Relationship with children: The majority of survey participants were mothers (90.3%)

The most useful services for families in the Frankston City:

- The top five most useful services cited by parents of children aged 0-5 were:
 - Maternal Child Health (91%)
 - Frankston Library (67%)
 - Kindergarten – 4 and 3 year old. (61%)
 - Playgroups (59%)
 - Antenatal services (52%)
 - New parent groups (45.5%)
- For children aged 5-12 the top three services cited as useful were:
 - Frankston Library (63%)
 - School holiday activities (28%)
 - Frankston Community Health Service (22%)

The services that families reported as having positive relationships and experiences with:

- The top five services respondents reported developing positive relationships with were:
 - Maternal Child and Health (74%)
 - 3 year old kindergarten (65%)
 - 4 year old kindergarten (61.5%)
 - Frankston Library (60%)
 - Primary School (52%)
- The largest proportion of families found services useful when they were: supportive and reassuring; a quality service; offered knowledge, advice and information; met their needs; and enhanced child development and parent social connectedness.

- A high proportion of families commented on staff and their good interpersonal skills as being the reason they kept coming back to a service. Effective services (receiving good advice, service meeting their needs and being easy to use) were also cited as a key reason for returning to a service.

The services that families considered not to be available in the Frankston City:

- When asked what services they needed or weren't available, families reported the following needs or gaps:
 - More places are needed for 3-year old kinder, along with better availability, longer hours and should be funded (advocacy issues)
 - Support for young mother's
 - Early intervention support for families and parent education sessions for families of children with additional needs
- Families felt that the following activities were absent: affordable indoor play areas; mother-toddler exercise classes; pre-school activities available at different times (not just in the mornings) to enable working parents to attend; affordable festivals and events; and better maintained playgrounds and parks. Families also requested more advertising of existing services and activities.

The usefulness of local universal services for families in the Frankston City:

- Kindergartens
 - Both 3 and 4 year old Kindergarten were identified by over 50% of respondents as being 'extremely useful'
 - 61% of respondents reported developing a positive relationship with their kindergarten
- Maternal and Child Health Service (MCH)
 - Over 90% of respondents said they found the MCH service 'useful', 'very useful' or 'extremely useful'

- For families with children aged 0 – 5 years, the MCH service was their main source of information about children's services and activities
- Three quarters of the families surveyed said they had developed a positive relationship with their MCH Centre and over 50% said this service was the most important for their child or for supporting them in their parenting
- The MCH service was the main source of referrals to other services

- New Parent Groups and Playgroups
 - New Parent Groups and playgroups were cited as being one of the most important support services for children or in helping with parenting
 - Recurring feedback was that New Parent Groups should be made available for second-time mother's and for new residents

The key issues with services for families in the Frankston City were:

- Accessibility
 - Access issues related to affordability, availability and public transport links.
 - Families commented on usefulness of services that are co-located in an integrated hub.
- Communication
 - Maternal Child and Health centres and word-of-mouth were the top two reported ways of receiving information about child and family services and activities for children aged 0–5 years. For families with children over 5 years of age the top two ways of receiving information were word-of-mouth and the Frankston City Council website.
 - Families want improved advertising of activities for children (especially school aged children), and said that they would have utilised services more had they been better advertised. This was a common theme throughout the consultation.

- Cost of service
 - Families said that cost impacting their ability to participate in kindergarten and childcare (56% and 75% respectively), saying they would use these services more if it cost less.

The key factors families cited as impacting on their health and wellbeing:

- Positive factors:
 - Support and access to high quality hospital and general practitioner care.
- Negative factors:
 - Families reported that socio-economic difficulties were having a negative impact on their health and wellbeing. This included the cost of living, unemployment, low income, distance to work, access to affordable housing, the cost of food, health services, exercise and children's activities.
- Barriers:
 - A barrier to exercise was time and to a lesser extent cost, but also access to affordable childcare.
 - Lack of time with family, exercising and enjoying life.
 - Lack of social supports was also affecting families' health and wellbeing, such as lack of social connections with other families and being isolated from family.

Families reported the most important thing that would improve the health and wellbeing of their family was lowering the cost of health services and activities.

Family's key social support networks in the Frankston City:

- Services providing an opportunity to get to know people were cited as an important factor in utilising services.
- Family and friends were cited as respondents main support network and also as their most useful source of advice,

knowledge and support regarding child development and parenting.

- When asked which services were most important to their child or in supporting them with their parenting families reported family, friends and other mothers.
- Over 80% of respondents reported being a parent helped them to form friendships with other families. The main services that supported the formation of these friendships were kindergarten and mothers groups.

Families key mode of transport when accessing services:

- The majority of respondents used a car as their primary source of transport (96%). Twenty-six percent (26%) cited walking and a much smaller percentage cited train (5%) and bicycle (4%).

Services that support children and their families

What services see as being the main issues currently facing families in the Frankston City:

- Family Violence
- Parenting skills
- Alcohol and other drugs
- Mental health
- Social isolation
- Barriers to participation (including cost of services)
- Food security
- Housing (especially for young parents)
- Unemployment
- Issues around separation and relationship breakdown

What services see as being the main service gaps in children's services in the Frankston City:

- Waiting lists
- Mental health
- Services for Dad's and their children
- Middle years (ages 8-12)
- Cultural awareness
- Availability of, and access to, information

What services would like to see happening to support children and their families in the Frankston City:

- Literacy programs
- Health promotion strategies
- Collaboration between services
- Inclusion of families and children
- Service delivery change
- Outreach
- ATSI engagement
- Place based approaches

The changes needed to make it easier for services to support local families in the Frankston City:

- Communication
- Middle years focus
- Service system collaboration

What services see as being the Frankston City's strengths that can be built on:

- Development of soft entry points
- Advocacy
- Men's Programs
- Partnerships, collaboration and joint planning between services
- Community engagement
- Neighbourhood Houses
- Identifying best practice and provide professional development for staff
- Outreach
- Place-based programs
- Library based programs



Appendix 3 – Action Plan

Priority 1: Plan for future growth so Frankston is a family friendly City where children can learn, develop and grow

Strategy 1.1

Plan for the City's growth and sustainability

How we are going to do it:	By when:	By who:
Embed evidence informed service planning and evaluation into all infrastructure planning and auditing activities to ensure that facilities used by children and families are able to accommodate identified community demand, both now and in the future.	Ongoing, 2014 to 2018	Frankston Council – Family & Youth Services
Work in partnership to develop strategies that help meet any changes in demand for facilities used by children and families. For example: <ul style="list-style-type: none"> • Attract more Family Day Care educators in areas of high childcare need. • Develop strategies to increase participation in kindergarten programs delivered in childcare settings in areas of high demand. 	Ongoing, 2014 to 2018	Frankston Council – Family & Youth Services/ Frankston Child and Family Partnership/ DEECD

Strategy 1.2

Advocate for joint investment in local infrastructure to encourage access to universal services

How we are going to do it:	By when:	By who:
Advocate to relevant stakeholders (i.e. State Government, private sector) to attract investment into early childhood facilities in Frankston City to ensure there is satisfactory infrastructure to enable: <ul style="list-style-type: none"> • The provision of facilities with a minimum of two play-rooms to facilitate universal access to 15 hours of early childhood education. • The effective delivery of early intervention programs and activities to improve outcomes for children. 	Ongoing, 2014 to 2018	Frankston Council – Family & Youth Services

Strategy 1.3

Promote clean and welcoming open spaces where children and their families feel safe and connected

How we are going to do it:	By when:	By who:
<p>Work to improve the sense of safety and wellbeing amongst children and their families through:</p> <ul style="list-style-type: none"> • Weekend community safety patrols • High visibility uniforms and vehicles • Establishment of a beach-front compliance and safety station for summer months (weekends and evenings) • Identify toilets in need of replacement, repair or modification 	Ongoing, 2014 to 2018	Frankston Council – Community Safety
<p>Reduce the prevalence of graffiti in areas used by children and their families through:</p> <ul style="list-style-type: none"> • Graffiti awareness programs run with school children from Grade 5 to Year 8. • Ensuring every school is equipped with a graffiti removal kit. • Promotion of graffiti removal kits to other community services and organisations. 	Ongoing, 2014 to 2018	Frankston Council – Community Safety
<p>Ensure that public spaces used by families and children are maintained to high standards of cleanliness.</p>	Ongoing, 2014 to 2018	Frankston Council – Community Safety, Family & Youth Services

Strategy 1.4**Promote children's sense of community pride and responsibility for the environment****How we are going to do it:****By when: By who:**

Ensure there is regular promotion of positive 'good news' stories occurring in Frankston City about children and their families.

Ongoing,
2014 to
2018

Frankston Council
– Media and
Communications,
Family & Youth
Services

Work in partnership to deliver environmental education programs and workshops for children and their families.

Ongoing,
2014 to
2018

Frankston Council
– Planning &
Environment

Strategy 1.5**Ensure children and their families have access to positive recreation opportunities****How we are going to do it:****By when:****By who:**

Improve access and participation in recreational activities for families by:

- Including the voices of children in the development of playgrounds.
- Advocating for the building of age-specific play equipment in playgrounds.
- Improving access in playgrounds and parks with particular attention to playground surfaces and equipment to better meet the needs of children with a disability.
- Continuing to advocate for appropriate school holiday programs for severely disabled children.
- Provision of advice on the needs of disabled children and their families to relevant Council departments in the planning of recreation facilities.

Ongoing,
2014 to 2018

Frankston Council –
Leisure &
Recreation,
Family & Youth
Services

Promote Frankston's cultural attractions and areas of natural environmental beauty for enjoyment by children and families. For example, the flagship Frankston Arts Centre and McClelland Gallery Sculpture Park, Creative Play (a monthly play session for children aged 0-4 years at Cube 37) and Hot Arts for Cool Kids (a creative and diverse arts and craft program for children aged 4-12 years and their families at Cube 37) and the 16 natural reserves within Frankston City providing a diversity of habitats for families to explore and our beautiful beaches.

Ongoing,
2014 to 2018

Frankston Council – Arts
& Culture,
Planning &
Environment,
Family & Youth
Services

Promote the new Peninsula Aquatic and Recreation Centre (PARC), encourage use and ensure ease of access for families.

Ongoing,
2014 to 2018

Frankston Council –
Leisure &
Recreation,
PARC

Priority 2: Lead the development of an accessible universal service system that strengthens outcomes for children and their families

Strategy 2.1

Embed a culture of evidence informed planning, practice and evaluation into service delivery

How we are going to do it:	By when:	By who:
<p>Embed a culture of evidence informed planning and evaluation into Family & Youth Services through the use of the following approaches:</p> <ul style="list-style-type: none"> • Social planning – services to draw upon place-based evidence to inform service planning, program design, policy development, funding applications and advocacy activities. • Reflective practice (implementation science) – undertake regular evaluation of the way services and programs are being implemented drawing on evidence and research findings to make systemic improvements and achieve better outcomes for the community. • Information sharing and analysis – work with partners to undertake ongoing place-based analysis using data, research and literature reviews as it becomes available to provide a current planning and advocacy resource for Frankston City Council and the Family & Child Partnership. • Work with partners to promote and facilitate the offering of any necessary professional development within the sector. 	Ongoing, 2014 to 2018	Frankston Council – Family & Youth Services/ Frankston Child & Family Partnership

Strategy 2.2

Promote collaboration and understanding between services to improve integration

How we are going to do it:	By when:	By who:
<p>Lead the development of integrated child and family facilities that co-locate services to better meet local family's needs and establish models for collaborative practice across universal and secondary services. For example:</p> <ul style="list-style-type: none"> • In the first year of the Plan, undertake a place-based needs analysis to determine whether the Council's current integrated child and family centres are meeting community needs and identify if any additional secondary early childhood intervention services are required. Should they be required, then conduct open tenders for service provision. • Work in partnership with Frankston Mornington Peninsula Medicare Local and Peninsula Health to place paediatricians into integrated service centres located in Carrum Downs, Frankston North and Karingal. 	<p>Ongoing, 2014 to 2018</p> <p>Pilot project – 2013/14 to 2014/15 (Year 1 of the Plan)</p>	Frankston Council – Family & Youth Services/ Medicare Local/Peninsula Health

How we are going to do it:	By when:	By who:
Explore the potential to develop an evaluation model to measure the impact of the Council's integrated child and family centre model implemented at the Mahogany Rise Family Centre and promoting the learnings.	Ongoing, 2014 to 2018	Frankston Council – Family & Youth Services
Continue to support of the Frankston Child and Family Partnership as a dynamic space for agencies to work collaboratively and undertake integrated approaches to improving outcomes for children and their families, particularly vulnerable families. Agencies from across the child and family services sector to continue their commitment and active contribution to the Partnership.	Ongoing, 2014 to 2018	Frankston Council – Family & Youth Services/ Frankston Child and Family Partnership/ Best Start – DEECD/ Communities for Children – DSS
Participate in the following local partnerships to actively improve integrated planning and referral pathways across sectors: <ul style="list-style-type: none"> • Frankston Child and Family Partnership • Frankston-Mornington Peninsula Medicare Local, Child Health Alliance (<i>Objective 3.3f, Frankston Health and Wellbeing Plan</i>) • Family Solutions Child FIRST Partnership 	Ongoing, 2014 to 2018	Frankston Child and Family Partnership
Provide leadership on the Frankston-Mornington Peninsula Referral Pathways Working Group to deliver annual professional development opportunities for the early year's sector to help streamline the service system making it more accessible for families.	Ongoing, 2014 to 2018	Frankston Council – Family & Youth Services/ Frankston Child and Family Partnership
Work with the local area planning committees to support progress towards actions identified in their local community plans pertaining to children and families.	Ongoing, 2014 to 2018	Frankston Council – Family & Youth Services, Community Strengthening

Strategy 2.3 Advocate to government for service system improvements

How we are going to do it:	By when:	By who:
<p>Undertake coordinated advocacy to the State and Australian Governments on identified issues for service system improvements to increase access and support for families. Areas already identified for advocacy include:</p> <ul style="list-style-type: none"> • Vulnerable families • The leadership role of local government and local partnerships for service planning and coordination within local communities • Improved collaboration between all tiers of government, with a particular focus on social planning, streamlining services, data sharing, referral pathways and addressing gaps in leadership on key issues (i.e. family violence) • Children's rights being upheld in planning and decision making • A more accessible childcare system that meets the needs of vulnerable families and families with children with a disability (<i>Objective 3.3m, Frankston Health and Wellbeing Plan</i>). <p>Take specific action to identify key advocacy issues and develop an action plan; and monitor the political environment for opportunities for when to advocate.</p>	Action plan developed 2013/14 (Year 1 of the Plan)	Frankston Council – Family & Youth Services/ Frankston Child and Family Partnership
Advocate to government, private sector and philanthropists for social investment into local early intervention services and programs to improve outcomes for families and reduce long-term economic implications for Frankston City.	Ongoing 2014 to 2018	Frankston Council – Family & Youth Services/ FCFP

Strategy 2.4 Ensure families have the information they need

How we are going to do it:	By when:	By who:
<p>Conduct a needs analysis and develop a Child and Family Communications Plan. This will include:</p> <ul style="list-style-type: none"> • Reviewing the Council's website to ensure it provides the information that families need • Determining the most effective ways to promote current information about services and activities to families • Utilising new technologies where relevant to enable families and service providers to easily access up-to-date information • Consideration of how to improve access to information for non-English speaking groups 	Needs analysis and plan developed 2013/14 to 2014/15 (Years 1 and 2 of the Plan)	Frankston Council – Family & Youth Services, Media and Communications

Priority 3: Strengthen early childhood development and improve support children through the middle years

Strategy 3.1 Deliver high quality universal services that are inclusive for all families to give children the best start in life

How we are going to do it:	By when:	By who:
Undertake regular place-based service audit to identify any critical service gaps and barriers preventing participation in universal services.	Ongoing, 2014 to 2018	Frankston Council – Family & Youth Services/ Frankston Child & Family Partnership
Continue to support educators in Council's early year's services to embed the National Quality Framework.	Ongoing, 2014 to 2018	Frankston Council – Family & Youth Services/ Community Kinders Plus/ DEECD
Continue to increase kindergarten participation rates, particularly for vulnerable families, by: <ul style="list-style-type: none"> Working in partnership with place-based services to implement targeted campaigns in areas with low participation rates. Making infrastructure improvements. Implementing the kindergarten central enrolment procedure. Working in partnership with Community Kinders Plus to continue to roll out the kindergarten cluster management model. Negotiate new Licence Agreements with Kindergarten Managers that facilitate greater access for all eligible children to 3-year and 4-year old kindergarten and other relevant early year's services within Council-owned child and family infrastructure. Meet with all kindergarten providers at a minimum of once per year to plan a coordinated approach to kindergarten access across the municipality. 	Ongoing, 2014 to 2018	Frankston Council – Family & Youth Services, Administration & Corporate Projects/ Community Kinders Plus/ DEECD
Continue to deliver high quality Maternal Child and Health Service, improving participation in all of the Key Ages and Stages visits and building workforce capacity.	Ongoing, 2014 to 2018	Frankston Council – Family & Youth Services

How we are going to do it:**By when:****By who:**

Explore offering Maternal Child and Health outreach services in local areas with low participation in Key Ages and Stages visit, through: <ul style="list-style-type: none"> • Visiting playgroups • Offering Key Ages and Stages visits in childcare centres and kindergartens • Reviewing the Saturday morning session to better target families without transport during working week and provide more opportunities for working parents to attend visits 	2013/14 (Year 1 of the Plan)	Frankston Council – Family & Youth Services
Continue to deliver a place-based immunisation program, encouraging uptake by families.	Ongoing, 2014 to 2018	Frankston Council – Family & Youth Services

Strategy 3.2 Deliver targeted services and programs to support families who are vulnerable, or at risk of becoming vulnerable**How we are going to do it:****By when:****By who:**

Continue to provide intense targeted support to vulnerable families through the Enhanced Maternal Child and Health Service.	Ongoing, 2014 to 2018	Frankston Council – Family & Youth Services
Continue to work in partnership with the Victorian Government to pilot the right@home project to trial the effectiveness of a sustained nurse home visiting program (<i>Objective 3.3m, Frankston Health and Wellbeing Plan</i>). Once the trial is completed, use the results of the pilot to advocate to State Government for ongoing funding for a model of service that specifically targets the most vulnerable families in the community.	2014/15	Frankston Council – Family & Youth Services
Continue to work collaboratively through the Frankston Child and Family Partnership to develop, implement and evaluate targeted activities for families with children aged 0 – 8 years under the <i>Best Start</i> program.	Ongoing, 2014 to 2018 (or for as long as Best Start funding is made available)	Frankston Council – Family & Youth Services/ Frankston Child & Family Partnership/ DEECD
Continue to support the development, implementation and evaluation of local targeted programs for vulnerable families with children aged 0 -12 years under the Australian Government's <i>Communities for Children</i> initiative, being delivered by Anglicare.	Ongoing, 2014 to 2018 (or for as long as Communities for Children funding is made available)	Anglicare/ Australian Government/ Frankston Child and Family Partnership

Strategy 3.3 Work in partnership with government, services and the community to ensure children live in healthy and safe home environments with positive family relationships

How we are going to do it:	By when:	By who:
Through the 'Best Start Building Social Connections and Participation Working Group', undertake an evidenced-informed needs analysis of parents needs and develop programs and activities to that improve parenting support, particularly for vulnerable families. (<i>link to Objective 3.1e, Frankston Health and Wellbeing Plan</i>).	Working Group established 2013/14 (Year 1 of the Plan)	Frankston Council – Family & Youth Services/ Frankston Child & Family Partnership/ DEECD
Promote the importance of parenting and the home environment through partnerships with programs like Maternal Child & Health, Small Talk, HIPPY, Communities for Children and Family Solutions Child FIRST Partnership.	Ongoing, 2014 to 2018	Frankston Council – Family & Youth Services/ Government
Strategically align the Best Start Action Plan and Playgroup Development Plan to develop and implement coordinated parenting support activities and facilitated playgroup models that better meet the specific needs of the community (<i>Objective 3.1h, Frankston Health and Wellbeing Plan</i>).	Ongoing, 2014 to 2018	Frankston Council – Family & Youth Services/ DEECD
Continue to support mothers experiencing anxiety and post natal depression (PND) by providing the <i>PND Support Group</i> .	Ongoing, 2014 to 2018	Frankston Council – Family & Youth Services
Continue to offer free parenting advice and support through the Maternal Child and Health parent education calendar, and review the calendar to ensure that sessions are offered on topics identified by local families (<i>Objective 3.1g, Frankston Health and Wellbeing Plan</i>).	Ongoing, 2014 to 2018	Frankston Council – Family & Youth Services

Strategy 3.4 Promote early learning and development to strengthen children's early language and literacy

How we are going to do it:	By when:	By who:
Strengthen the Council's universal early literacy program through the delivery of targeted activities, by: <ul style="list-style-type: none"> Adding 'increase the proportion of children on track for speech and language' as a priority indicator in the new three-year Best Start Action Plan. Establish a Best Start Early Language and Literacy Focus Group to develop a Frankston City early language and literacy campaign. 	Action plan developed 2013/14 (Year 1 of the Plan)	Frankston Council – Family & Youth Services/ DEECD

How we are going to do it:	By when:	By who:
Facilitate greater early language and literacy through the Libraries & Learning Service's range of children's programs and special events, including Story Time, Mayors Reading Challenge and Dive into Reading (<i>Objective 3.1f, Frankston Health and Wellbeing Plan</i>).	Ongoing, 2014 to 2018	Frankston Council – Libraries & Learning
Continue to promote the Libraries & Learning Service's outreach program in facilities used by children and families, including Maternal Child and Health Centres, immunisation clinics, new parent groups and kindergartens.	Ongoing, 2014 to 2018	Frankston Council – Libraries & Learning
Work in partnership with Peninsula Health to develop language and cognitive development related projects to support school readiness for children with speech, language and/or fine motor delays.	Ongoing, 2014 to 2018	Frankston Council – Family & Youth Services/P. Health
Actively promote the importance of learning through play as key component of early childhood development through the provision of advice and support to playgroups via the Playgroup Development Officer.	Ongoing, 2014 to 2018	Frankston Council – Family & Youth Services
Facilitate School Transition Networks to strengthen early learning by linking early childhood services, kindergartens, schools and families to better supports children's transition from early childhood learning and care into primary school, particularly for vulnerable families and children with additional learning needs, a disability or developmental delay. Conduct a review of the School Transition Networks in the first year of the Plan to ensure they are fit for purpose (<i>link to objective 3.1i, Frankston Health and Wellbeing Plan</i>).	Ongoing, 2014 to 2018 Review 2014/15 (Year 1 of the Plan)	Frankston Council – Family & Youth Services
Work with partners on the Frankston Child & Family Partnership – Strategic Group to develop a professional development series for the early childhood education sector with the purpose of enhancing children's learning environment and fostering their educational trajectory to achieve stronger outcomes. Any professional development will have a focus on children from vulnerable families as well as children that have additional learning needs, a disability or developmental delay.	Ongoing, 2014 to 2018	Frankston Council – Family & Youth Services/ Frankston Child & Family Partnership

Strategy 3.5 Connect families to build supportive networks and participate in the community

How we are going to do it:	By when:	By who:
Provide leadership on the issue of 'social isolation' in Frankston City to facilitate a greater understanding of social isolation across the sector.	Action Plan developed 2013/14 to 2014/15 (Year 1 of the Plan)	Frankston Child and Family Partnership

How we are going to do it:	By when:	By who:
The Maternal Child and Health Service to ensure that all new parents connect with a New Parent's Group.	Ongoing, 2014 to 2018	Frankston Council – Family & Youth Services
Work with relevant Council departments to promote welcoming and inclusive spaces that connect families with children (i.e. libraries, maternal child and health centres and child and family centres).	Ongoing, 2014 to 2018	Frankston Council – Family & Youth Services, all Departments
Add 'increase the proportion of children attending services that promote positive relationships with children and adults' as a priority indicator in the new three-year Best Start Action Plan to strengthen family's connections to their communities.	Ongoing, 2014 to 2018 (pending receipt of Best Start and SPPI funding)	Frankston Council – Family & Youth Services/DEECD
Support families with children to participate in employment, by: <ul style="list-style-type: none"> • Continue to advocate for a more accessible childcare system that meets the needs of vulnerable families and families with a disability. • Support Economic Development to promote information to families on identified skills shortages and growth sectors in the local labour market. • Continue to monitor the Productivity Commission's inquiry into Childcare and Early Childhood Learning and the Government's response, review the implications for Frankston's families and undertake any necessary further advocacy. 	Ongoing, 2014 to 2018	Frankston Council – Family & Youth Services/ Frankston Child and Family Partnership
Support Neighbourhood Houses to promote better utilisation by children and their families through: <ul style="list-style-type: none"> • Promotion of welcoming and inclusive spaces that connect children and families • Promotion of activity programs within the community 	Ongoing, 2014 to 2018	Frankston Council – Family & Youth Services/ Neighbourhood Houses/DHS
Consult and engage with Nairn Marr Djambana to explore programs and activities for children and families.	Ongoing, 2014 to 2018	Frankston Council – Community Strengthening, Family & Youth Services
Provide affordable events for children and families (<i>objective 3.1j, Frankston Health and Wellbeing Plan</i>). For example: Welcoming Babies Ceremonies, Party in the Park, Games in the Park, Ventana Festival, Children's Day, Christmas Festival of Lights, Mayor's Picnic and Pet's Day Out.	Ongoing, 2014 to 2018	Frankston Council – Family & Youth Services, Community Relations

How we are going to do it:

Ensure that opportunities to promote cross cultural awareness are communicated to families in the Frankston City community. For example, through events such as Ventana Festival, NAIDOC, Reconciliation Week, Pines Pride Festival and Harmony Day.

By when:

Ongoing,
2014 to
2018

By who:

Frankston
Council –
Family &
Youth Service,
Community
Relations,
Community
Strengthening

Strategy 3.6 Provide leadership on the impact of family violence and other trauma on children's learning and development

How we are going to do it:

Facilitate community education opportunities to raise awareness of the impact of family violence on children's learning and development and the importance of early intervention and prevention. To include:

- Gender equity awareness and respectful relationships campaigns and early intervention strategies.
- Promoting family violence support services through the Council website and appropriate Council departments.
- Online safety campaigns.

By when:

Ongoing,
2014 to
2018

By who:

Frankston
Council –
Family & Youth
Services,
Community
Strengthening/
family violence
networks

Participate in an internal Council Working Group to promote gender equity and the prevention of violence against women and children within the Council and the community (area of focus for Family & Youth Services being the impact of trauma on childhood development).

Ongoing,
2014 to
2018

Frankston
Council –
Community
Safety,
Community
Strengthening,
Family & Youth
Services

Work in partnership with Child Protection and local family violence networks to support families to minimise risks to children's safety and wellbeing.

Ongoing,
2014 to
2018

Frankston
Council –
Family & Youth
Services/Child
Protection/
Child FIRST/
family violence
networks

How we are going to do it:	By when:	By who:
<p>Work through the Frankston Child and Family Partnership to provide local leadership on family violence and its impact on children's learning and development. To include:</p> <ul style="list-style-type: none"> • Advocacy to the Victorian Government for access to anonymised data on family violence. • Advocating to the Australian and State Governments and philanthropic organisations on the disproportionately high levels of family violence in Frankston and for investment in early intervention and primary prevention measures. • Staying informed of family violence related early intervention and prevention strategies, services and support programs. • Mapping family violence prevention and early intervention programs and services to identify resource gaps, develop new initiatives and advocacy activities. • Preparing submissions in response to State and Australian Government policy reforms relating to family violence and the impact of trauma on children. 	Ongoing, 2014 to 2018	Frankston Council – Family & Youth Services/ Frankston Child and Family Partnership
<p>Work in Partnership to empower the early years sector to effectively respond to family violence through provision of professional development opportunities on:</p> <ul style="list-style-type: none"> • The impact of family violence and other trauma on early childhood development. • Strategies for working with children and parents who have experienced family violence and other trauma. • How to identify and appropriately refer suspected cases of family violence. • Good practice and research on approaches to meet the needs of children who have experienced family violence and other trauma. 	Ongoing, 2014 to 2018	Frankston Council – Family & Youth Services/ family violence networks/ DEECD/ Communities for Children
<p>Work in partnership with the Emerge Women and Children Support Network Heart to provide women with tools to help them break the cycle of family violence, such as the provision of Heart Shield cards in Maternal Child and Health booklets.</p>	2013/14	Frankston Council – Family & Youth Services/Emerge
<p>Work in partnership with the Family Solutions Child FIRST Partnership by continuing to co-locate a Maternal Child and Health Nurse within the Child FIRST team, taking an integrated approach to case management, home visiting and professional development to ensure the needs of our most vulnerable families are being met.</p>	Ongoing, 2014 to 2018	Frankston Council – Family & Youth Services/ Child FIRST Partnership

Strategy 3.7**Work in partnership with government, services and the community to improve the health and wellbeing of children**

How we are going to do it:	By when:	By who:
<p>Promote the health benefits of breastfeeding by:</p> <ul style="list-style-type: none"> • Draw upon evidence on breastfeeding rates to develop a health promotion campaign that disseminates positive messages about breastfeeding. • Refreshing Frankston's breastfeeding friendly locations map. 	Ongoing, 2014 to 2018	Frankston Council – Family & Youth Services/ Peninsula Health
<p>Work with State and Australian Governments to strengthen the collaboration between Maternal Child and Health Service and GPs to encourage early identification of developmental delays, by:</p> <ul style="list-style-type: none"> • Advocating for the 3.5 year old Key Age & Stage visit to be performed to 3 years in order to better compliment the 4-year old Healthy Kids check performed by GPs to alleviate community confusion about the difference between the two. • Identify a model to engage families who don't undertake Maternal Child and Health Key Ages and Stages visits or the GP Healthy Kids check. • Promote opportunities for joint professional development and implementation evaluation. 	Ongoing, 2014 to 2018	Frankston Council – Family & Youth Services/ Medicare Local/ Peninsula Health
<p>Continue to participate in and support the work of the following partnerships to achieve better lifelong health outcomes for children and families:</p> <ul style="list-style-type: none"> • Peninsula Model • Frankston-Mornington Peninsula Medicare Local Child Health Alliance • Family Solutions Child FIRST Partnership • Communities for Children 	Ongoing, 2014 to 2018	Medicare Local/ Frankston Council – Family & Youth Services
<p>Collaborate with Peninsula Community Health and other partners to deliver health promotion programs, including:</p> <ul style="list-style-type: none"> • The smoking cessation project • Oral health promotion strategy • The roll-out of the Community Kitchens • Provision of advice and support to the Frankston Food Access Network regarding issues as they in to children and families 	Ongoing, 2014 to 2018	Frankston Council – Family & Youth Services/ Peninsula Community Health
<p>Continue to work in partnership to support mothers experiencing post natal depression through the provision of free professional development for mental health professionals in the use of the perinatal referral pathway tool (<i>Objective 3.3n, Frankston Health and Wellbeing Plan</i>).</p>	Ongoing, 2014 to 2018	Peninsula Health Perinatal Mental Health Working Group/ Frankston Council
<p>Provide an alcohol awareness and education campaign to children and young people to help reduce peer pressure and equip them with skills to use alcohol responsibly.</p>	Ongoing, 2014 to 2018	Frankston Council – Community Safety

Strategy 3.8

Promote support for children in the middle years so they can continue to learn, develop and grow

How we are going to do it:	By when:	By who:
Provide children in their middles years to participate in community projects and connect with their local community through the Active Kids Committee.	2013/14 to 2014/15	Frankston Council – Family & Youth Services
Conduct a needs analysis into the middle years and develop an action plan, using the domains set out in the Middle Years Development Index as a starting point. In doing so, ensure that the Middle Years Action Plan, Frankston Child and Family Plan and Youth Plan are all strategically aligned.	Action Plan developed 2013/14 to 2014/15 (Year 1 of the Plan)	Frankston City Council – Family & Youth Services/ Frankston Child and Family Partnership
Extend the reach of youth services to Grades 5/6 in order to provide support and services to young people in the middle years (age 8-12) and support their transition to secondary school (<i>Objective 3.2k, Frankston Health and Wellbeing Plan</i>).	Ongoing, 2014 to 2018 (or for as long as Best Start funding is made available)	Frankston Council – Family & Youth Services

Appendix 4 – Evaluation Framework

To measure progress, the Child & Family Plan 2014-18 introduces a set of 'indicators of wellbeing' for monitoring and assessing any change that may be occurring across the Plan's three priority areas. The indicators will be measured against the 'baseline' (the most recent data available) and 'target' (the result that we hope to achieve for Frankston City).

These targets have been determined based on an evidence-informed calculation and rationale. It's important to note that these targets cannot be achieved by Frankston City Council in its leadership and facilitative role alone and are also the responsibility of our partners.

Some of the measures listed in the framework below are indicators used by the Victorian Government to monitor progress, to which we contribute.

These targets will only therefore be achieved by all levels of government, services and the community working together to provide well-planned and coordinated services, programs and infrastructure within the municipality.

These targets are ambitious and will be reviewed on an annual basis along with the Action Plan to ensure they reflect the changing political and service environments.

Priority 1: Plan for future growth so Frankston is a family friendly City where children can learn, develop and grow

Indicator of wellbeing:	Measure:	Baseline:	Target:
1.1 Children and families feel that they have good access to family friendly facilities and services within Frankston City	Percentage of families with 0-12 year olds who feel that Frankston City is family friendly – <i>new annual child and family survey, local data</i>	Establish a new baseline from the new child and family survey	Establish a target from the baseline
	Percentage of families with 0-5 year olds who feel that they have good access to MCH – <i>new annual child and family survey, local data</i>	Establish a new baseline from the new child and family survey	Establish a target from the baseline
	Percentage of families with 0-5 year olds who feel that they have good access to playgroups – <i>new annual child and family survey, local data</i>	Establish a new baseline from the new child and family survey	Establish a target from the baseline
	Percentage of families with 0-5 year olds who feel that they have good access to childcare – <i>new annual child and family survey, local data</i>	Establish a new baseline from the new child and family survey	Establish a target from the baseline
	Percentage of families with 0-12 year olds who feel that they have good access to family day care – <i>new annual child and family survey, local data</i>	Establish a new baseline from the new child and family survey	Establish a target from the baseline
	Percentage of families with 0-5 year olds who feel that they have good access to kindergarten in the year before school – <i>new annual child and family survey, local data</i>	Establish a new baseline from the new child and family survey	Establish a target from the baseline

Priority 2: Lead the development of an accessible service system that strengthens outcomes for children and their families

Indicator of wellbeing:	Measure:	Baseline:	Target:
2.1 Families are satisfied with Council	Satisfaction rating with community consultation and engagement – <i>2014 DTPLI annual council community satisfaction survey</i>	2014 – 58	2018 – 60
	Satisfaction rating with advocacy on behalf of the community – <i>2014 DTPLI annual council community satisfaction survey</i>	2014 – 56	2018 – 58
2.2 Children and families feel they have good access to the information that they need	Percentage of families who feel that they have good access to the information that they need – <i>new annual child and family survey, local data</i>	Establish a new baseline from the child and family survey	Establish a target from the baseline

Priority 3: Strengthen early childhood development and improve support for children through the middle years

Indicator of wellbeing:	Measure:	Baseline:	Target:
3.1 Infants are breastfed for six months	Percentage of infants breastfed at six months – <i>DEECD, VCAMS 2.1 (Victorian Government indicator)</i>	2012 – 32%	2018 – 34%
3.2 Children visit a Maternal Child & Health nurse	Percentage of children attending the 4 month and 3.5 year old MCH key ages and stages visits – <i>DEECD, VCAMS 30.5 (Victorian Government indicator)</i>	2012 – 93.8% (4 month KAS visit)	2018 – 95.8% (4 month KAS)
		2012 – 64.7% (3.5 year KAS visit)	2018 – 70% (3.5 year old KAS)
3.3 Children are fully immunised before they start school	Percentage of children who are fully vaccinated at 60-63 months – <i>DEECD, VCAMS 3.1a (Victorian Government indicator)</i>	2013 – 92%	2018 – 95%

Indicator of wellbeing:	Measure:	Baseline:	Target:
3.4 Children and families have access to playgroups	Number of community playgroups – <i>local data</i>	2014 – 32	2018 – 35
	Number of supported playgroups – <i>local data</i>	2014 – 8	No target set as supported playgroups are established based on evidenced need and the availability of external funding
3.5 Children are participating in early language and literacy activities	Number of families/children engaged in activities to promote early language and literacy – <i>Best Start, local data</i>	Establish a new baseline through introduction of the new dataset	Establish a new target from the baseline.
	Number of attendances at library children's literacy programs and special events – <i>Libraries & Learning, local data</i>	2013 – 20,860	2018 – 21,525
	Number of loans from the children's collection (0 – 12 year olds) – <i>Libraries & Learning, local data</i>	2013 – 288,364	2018 – 322,967
3.6 Children are attending kindergarten in the year before school	Percentage of children attending a kindergarten program in the year before school – <i>DEECD, VCAMS 31.1a (Victorian Government indicator)</i>	2012 – 91.5%	2018 – 94.5%

Indicator of wellbeing:	Measure:	Baseline:	Target:
3.7 Children are developing well by their first year of school	Percentage of children developmentally on track in social competence – <i>2012 AEDI</i>	2012 – 76%	2015 – 78.7%
	Percentage of children developmentally on track in emotional maturity – <i>2012 AEDI</i>	2012 – 76.4%	2015 – 81.8%
	Percentage of children developmentally on track in communication skills and general knowledge – <i>2012 AEDI</i>	2012 – 75.2%	2015 – 77.9%
	Percentage of children developmentally on track in language and cognitive skills – <i>2012 AEDI</i>	2012 – 81.9%	2015 – 83.4%
	Percentage of children developmentally on track in physical health and wellbeing – <i>2012 AEDI</i>	2012 – 76.9%	2015 – 77.2%
	Percentage of children at school entry with emotional or behavioural difficulties – <i>DEECD, VCAMS 10.1 (Victorian Government indicator)</i>	2012 – 6.7%	2018 – 4.6%
	Percentage of children whose parents are concerned about their behaviour – <i>DEECD, VCAMS 10.2 (Victorian Government indicator)</i>	2012 – 17.1%	2018 – 14.1%
3.8 Children are meeting national standards in literacy and numeracy at Grades 3 and 5	Percentage of Grade 3 students achieving national benchmark in literacy – <i>DEECD, VCAMS 11.1 (Victorian Government indicator)</i>	2011 – 94%	2018 – 96.2%
	Percentage of Grade 5 students achieving national benchmark in literacy – <i>DEECD, VCAMS 11.1 (Victorian Government indicator)</i>	2011 – 92%	2018 – 94%
	Percentage of Grade 3 students achieving national benchmark in numeracy – <i>DEECD, VCAMS 11.2 (Victorian Government indicator)</i>	2011 – 95%	2018 – 96%
	Percentage of Grade 5 students achieving national benchmark in numeracy – <i>DEECD, VCAMS 11.2 (Victorian Government indicator)</i>	2011 – 94%	2018 – 95.5%

Indicator of wellbeing:	Measure:	Baseline:	Target:
3.9 Children are living in a safe and secure environments	Rate of family violence call outs where children are present – <i>Victoria Police data</i>	2013 – 29%	2018 – 28%
		2012 – 14.5%	2018 – 13.5%
	Proportion of children with high levels of family stress – <i>DEECD, VCAMS 24.2 (Victorian Government indicator)</i>	2011 – 12.5%	No target set, using measure for monitoring and advocacy purposes only
	Rate of substantiated child abuse – <i>DEECD, VCAMS 20.1 (Victorian Government indicator)</i>	2010 – 6.9%	No target set, using measure for monitoring purposes only
	Rate of children on child protection orders – <i>DEECD, VCAMS 20.1 (Victorian Government indicator)</i>		
3.10 Children are growing up in families that are economically secure	Percentage of children living in families with labour participation – <i>2011 ABS Census, Table Builder</i>	2011 – 87%	2018 – To be determined
3.11 Children feel supported through their middle years	Proportion of Grade 5 & 6 children who are bullied – <i>DEECD, VCAMS 10.3 (Victorian Government indicator)</i>	2013 – 13.5%	2018 – 9.6%
		2013 – 88%	2018 – 93.7%
	Proportion of Grade 5 & 6 students who reported feeling connected with their schools – <i>DEECD, VCAMS 10.6 (Victorian Government indicator)</i>		

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