

Municipal Early Years Plan

2026-31



We acknowledge the Traditional Owners of the land on which we live and work, the Wotjobaluk, Jaadwa, Jadawadjali, Wergaia, Jupagalk, Dja Dja Wurrung, and Djab Wurrung people.

We pay our respects to Elders past and present and extend that respect to other First Nations people who reside on, or are connected to, these lands.

We express our gratitude in the sharing of this land and our hope that we may walk forward together in harmony and in the spirit of healing.

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Mayor's message

The Northern Grampians Shire Council Municipal Early Years Plan 2026-31 brings together local government, early years and community health services, schools and families under a shared vision for Northern Grampians, that “young children and families love where they live.”

I would like to take this opportunity to thank the many community members who contributed to shaping this plan. From kindergarten children in St Arnaud and Stawell, to parents of young children living in the shire and the many early years professionals working with children and families across our service landscape.

By putting this plan into action, we aim to promote equitable access to quality early childhood opportunities, ensure early identification and intervention for developmental needs, and support families to provide strong and nurturing environments.

We want to ensure children in our shire have a great start in life and great childhoods, and that their parents and caregivers get the support they need. The development of this plan will help inform council's early years services and our advocacy efforts at all levels of government.

1.Executive summary

The early years of life are a critical and foundational period of growth, with experiences in these years influencing an individual's health, learning, relationships and wellbeing over the lifetime.

Family, community, and early years services which support children and families are central to children's optimal development in these critical years.

Knowing this, it is incumbent upon local councils like Northern Grampians Shire to ensure the services, design of physical spaces and the design of policy settings serve to support families and their young children.

This plan describes how children and young families are faring in Northern Grampians Shire, the services available in the shire and families' and children's experiences of these. Early years professionals, too, have shared their experiences and perspectives about what's working, and what challenges exist.

Through consultation with over 270 community stakeholders, including families, children, early years and health professionals, and analysis of demographic data, we know that there is much to be proud of, reaffirming the value of services delivered by council including early childhood education and care, maternal and child health, immunisations, playgroups, sports programs and libraries.

There are significant challenges, however, with children in the shire less likely to start school developmentally on track when compared to their metropolitan peers, and socio-economic factors, physical distances and service availability impacting on family, and in turn, child outcomes.

The youngest citizens of this shire deserve a plan which is ambitious for them.

This plan includes actions that extend beyond council services to address the broader factors influencing children's lives, including their relationships with their primary caregivers, the wellbeing of those caregivers, and the state and Commonwealth policy settings that can influence progress toward reducing equity gaps.

Please note – while council currently provides several early years services across the shire, services are being continuously reviewed and may change in the future. Council also operates in a financially constrained environment and relies on government funding to provide a suite of community services, including early years services. Implementation of the actions outlined in this plan are premised on retaining and increasing grants and subsidies.

1.1 Vision, priorities and actions

Vision

To foster an environment where children and their families love where they live.

Priorities

The following priorities will endeavour to strengthen and support key areas within the early years landscape which include:

- Priority 1: Home environment.
- Priority 2: Early childhood education, care and community services.
- Priority 3: Health outcomes.

Actions



PRIORITY 1 **Home environment**

- Provide services that support family relationships.
- Promote the benefits of reading at home.
- Promote the benefits of meals at home.
- Reduce financial stressors for families (where possible).
- Build parent capability and resources.



PRIORITY 2 **Early childhood education, care and community services.**

- Continue to provide quality early years services.
- Support access to high-quality early childhood education and care.
- Investigate vacation and outside school hours care.
- Support early learning to school transition.
- Maintain high community vaccination coverage.



PRIORITY 3 **Health outcomes**

- Advocate for increased pre-natal and antenatal care.
- Advocate for increased access to allied health services.
- Support Thriving Kids program rollout.

2. Why have an early years plan?

For the purposes of this plan, the early years encompass children aged 0–8 years. This definition also includes infants in utero, reflecting strong evidence that antenatal health has lasting impacts which extend into adulthood.¹

2.1 The importance of the plan

In the first few years of life, more than one million neural connections form in our brains each second; a pace never repeated.² While the brain is malleable and we can learn new things at any age, the early years of life are a critical and foundational period of growth.

Family, community, and early years professionals are central to children's optimal development in these critical years, as children learn through relationships.

Healthy development depends on the quality and reliability of a young child's relationships with the important people in his or her life, both within and outside the family. The development of a child's brain architecture depends on the establishment of these relationships.³

The early years are also important for our overall long-term health. A policy brief from the Harvard Center on the Developing Child states that *"the environments we create and the experiences we provide for young children and their families affect not just the developing brain, but also many other physiological systems, from cardiovascular function and immune responsiveness to metabolic regulation."*⁴

In sum, children's life trajectories can be altered for the better if parents and caregivers build strong, secure relationships and routines with their children, and services and environments support children's, parents' and caregivers' wellbeing.

An Early Years Plan provides a shared direction for council, service providers, community organisations and families to work together to create environments where every child can thrive. It identifies local priorities, strengthens partnerships and guides coordinated action to ensure children and families have equitable access to the services, opportunities and supportive communities they need during these formative years. By taking a strategic, place-based approach, council can help give every child the best possible start in life while building healthier, more connected and resilient communities for the future.

¹ Arham M, Wróblewska-Seniuk K. Short- and Long-Term Consequences of Late-Preterm and Early-Term Birth. *Children*. 2025; 12(7):907. <https://doi.org/10.3390/children12070907>

² Harvard Center on the Developing Child, <https://developingchild.harvard.edu/wp-content/uploads/2024/10/InBrief-The-Science-of-Early-Childhood-Development2.pdf>

³ Harvard Center on the Developing Child, <https://developingchild.harvard.edu/wp-content/uploads/2024/10/Young-Children-Develop-in-an-Environment-of-Relationships.pdf>

⁴ Harvard Center on the Developing Child, https://developingchild.harvard.edu/wp-content/uploads/2024/10/wp15_health_FINALv2.pdf

2.2 Council's current role

According to *the Victorian Local Government Act 2020*, the Act establishes council's role in supporting healthy early years development by requiring councils to promote the social, economic and environmental sustainability of their communities through strategic planning and service delivery. In doing so, the Act recognises the importance of creating inclusive, healthy and connected communities where children and families have access to the services, spaces and opportunities they need to thrive and achieve positive lifelong outcomes.

Council provides a range of services to support families and young children in the shire. These services include:

- Maternal and child health nurse programs (Universal and Enhanced programs)
- Playgroups
- Long day care (St Arnaud)
- Kindergarten (St Arnaud)
- Immunisations
- Access to libraries, sports and recreation facilities and parks and gardens
- School holiday activities

All of these services are free or low-cost for families to access, with funding from ratepayers, state and federal governments supporting the shire to deliver these.

2.3 How the plan relates to other council plans and strategies

In 2025, the Northern Grampians Shire endorsed its [2025-29 Council Plan & Municipal Health and Wellbeing Plan](#). The plan identifies 10 actions relating directly to community health and wellbeing, nine of which are relevant for children aged 0-8 and their families, including:

- Foster a community where everyone can live free from violence.
- Build up local arts, culture, events and the places that bring people together.
- Strengthening cultural inclusion and celebrating diversity.
- Strengthen social connection, community capacity and resilience by empowering residents to lead and participate in community activities and programs, supported through training, resources, programs and access to inclusive places and spaces.
- Empower people with disabilities to actively participate.
- Provide active living opportunities for people of all ages, abilities and cultural backgrounds.
- Promote healthy eating and improve food security.
- Work with key partners to deliver education and information promoting good mental health, and to support people to access the mental health services they need.
- Support initiatives for young people (middle years and youth) that deliver leadership and engagement opportunities, resources and environments that support good physical and mental health, and social and recreational activities.

In December 2025, the council also adopted a [Multicultural Action Plan for 2025-28](#). The plan identified over 40 nationalities living and working in the shire, and over 30 different languages spoken in people's homes.

The Multicultural Action Plan, with its emphasis on full inclusion of migrant communities, has relevance for the council's Early Years Plan too. In particular, an action to provide translated information for all communities to be aware of services available to them (including early years services) and in supporting multicultural communities to build connections and offer peer support (Actions 1.6 and 1.7):

- *“Build capacity of parents and carers during early childhood, and improve access to, and navigation of, services for children and families.”*

Other plans of relevance include the Open Space and Active Transport Strategy and the Sport and Active Recreation Strategy. These strategies identify specific improvements to existing parks or the creation of new parks, and in particular, the “integration of select pieces of play equipment with natural elements and landscaping to encourage imagination play and inquisitive investigation of the environment.”

Our shire at a glance

• Adelaide

Sydney •

Albury

St Arnaud

• Bendigo

• Stawell

• Ballarat

• Melbourne

• Warrnambool

St Arnaud •

• Marnoo

KARA KARA
WARD

Navarre •

• Glenorchy

CENTRAL
WARD

GRAMPIANS
WARD

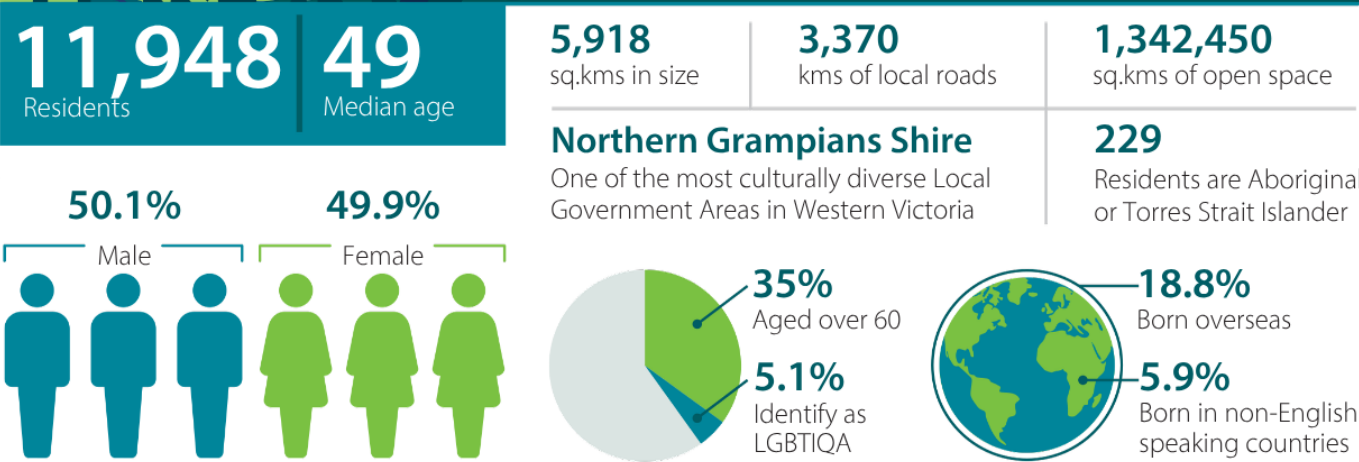
• Stawell

• Halls Gap

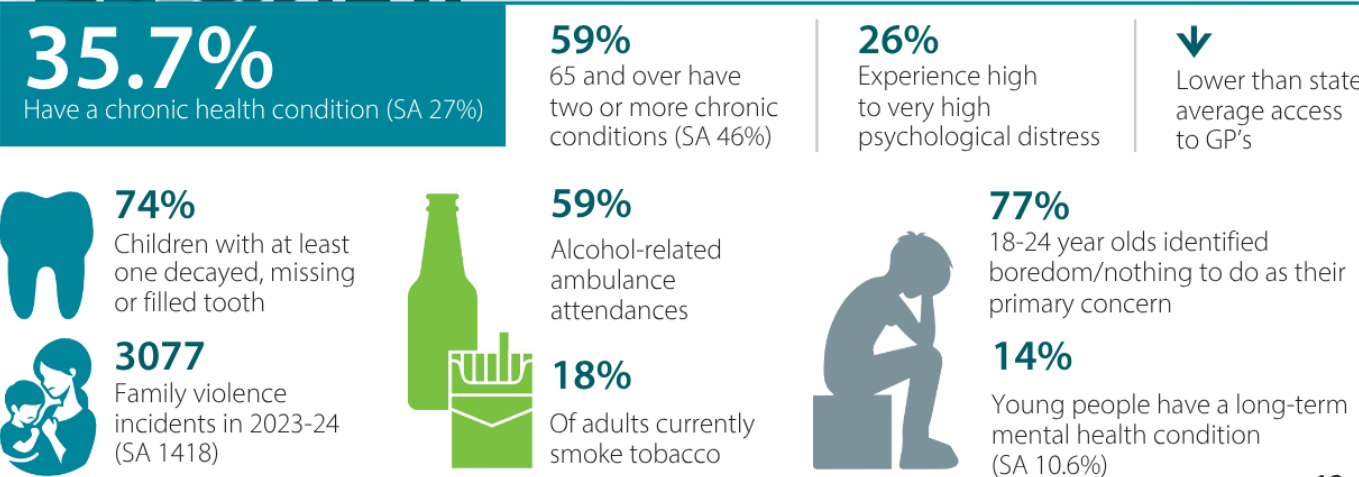
• Great Western

Our shire at a glance

People & Place



Health & Wellbeing



Our shire at a glance

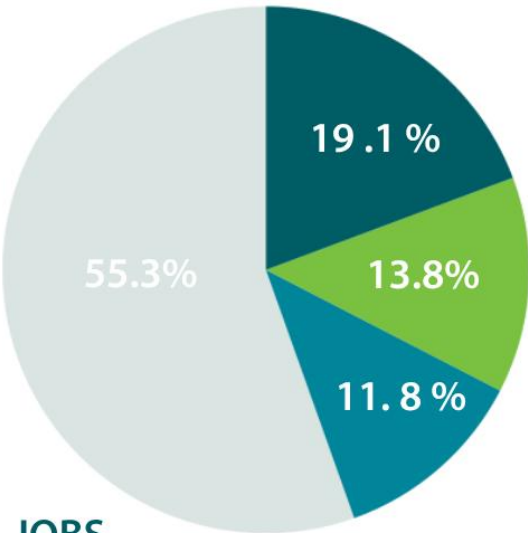
Economy & Education



\$1,037,379
Gross regional product

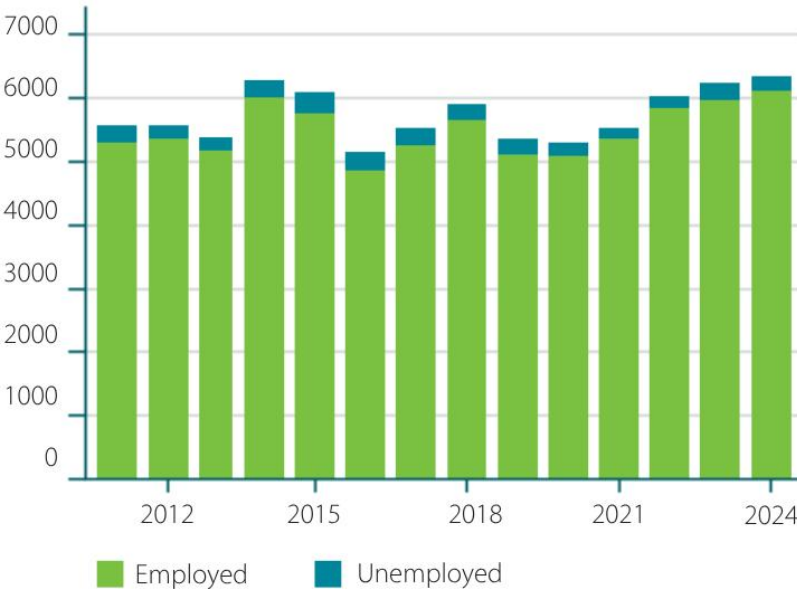
1,213
Local businesses

500,000+
Annual visitors



JOBS

- Health care & social assistance
- Agriculture, forestry & fishing
- Manufacturing
- Other



The number of employed residents in June 2024 is estimated at 6,112 people, with 253 people unemployed

53%
Labour force participation rate (SA 62%)

4%
Unemployment rate (SA 3.7%)

50%+
More than half of households within Northern Grampians Shire are classified as low-income

38%
Completed Year 12 or its equivalent (SA 59%)

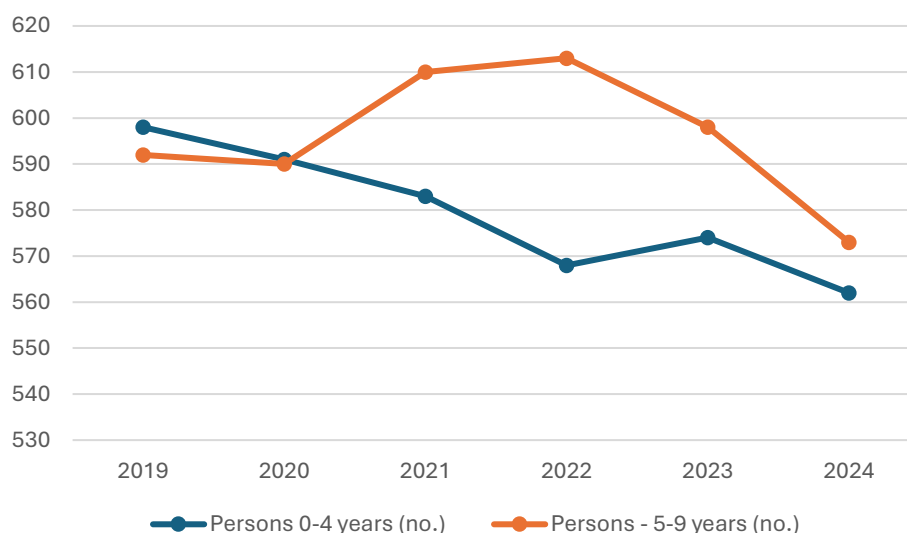
77%
Of 16 year olds engaged in full-time secondary education (SA 88.55%)

Education and employment, cost of living and climate/natural disasters identified as top challenges for young people

4. Young children and families in the shire

4.1 Population

There are just under 600 children aged 0-4 and a similar number of children aged 5-9 years in the Shire, according to the Australian Bureau of Statistics' (ABS) 2024 Estimated Resident Population. From 2019 to 2024, there is a modest decline in the number of young children in the shire, partly attributable to the national fertility rate, which is at an all-time low of 1.42, well below the replacement level of 2.1.



Source: Australian Bureau of Statistics, Population estimates by age and sex, by LGA, 2024, <https://www.abs.gov.au/statistics/people/population/regional-population-age-and-sex/2024#data-downloads>

Despite declining fertility levels, the population in Victoria is projected to grow by 2.3% to 2036. Overseas migration is the main contributor to this growth.⁵

The significance of overseas migration is already being felt in Northern Grampians, where 8.5% of births over the last two years are from culturally and linguistically diverse (CALD) families. Migrant families are playing a critical role in both delivery of essential services and economic development in the shire, with parents coming to Australia to work in, for example, aged care or the abattoir in Stawell.

There may be an increase in the number of First Nations people across the shire; the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) predicts average annual population growth of 3.8% for Aboriginal and Torres Strait Islander people in Victoria; this is more than twice the rate of the rest of the Victorian population at 1.6% annual growth rate.⁶

⁵ Australian Government Centre for Population, <https://population.gov.au/data-and-forecasts/dashboards/state-and-territory-projections>

⁶ VACCHO Aboriginal and Torres Strait Islander Population Growth Model, <https://www.vaccho.org.au/aboriginal-and-torres-strait-islander-population-growth-model/>

4.2 Current early years services available

4.2.1 Early childhood education and care (ECEC)

ECEC is available in Stawell and St Arnaud.

Service name	Location	Number of licenced places	Service type	Approved provider
St Arnaud Early Learning Centre	St Arnaud	90	Long day care and kindergarten	Northern Grampians Shire Council
St Arnaud Kindergarten	St Arnaud	66	Kindergarten	Northern Grampians Shire Council
Marrang Kindergarten	Stawell	66	Kindergarten	Emerge Early Years Services
Marrang Kindergarten & Early Learning Centre	Stawell	113	Long day care and kindergarten	Emerge Early Years Services
Cooinda Kindergarten	Stawell	27	Kindergarten	Emerge Early Years Services
Aussie Kindies Early Learning Stawell	Stawell	78	Long day care, kindergarten and Outside School Hours Care	Affinity Education Group

Access and availability to meet demand

The forecast ratio of early childhood education and care places to the number of 0–4-year-olds is below, drawing on Victoria in Future population projections for the next ten years.

St Arnaud

Year	2026	2031	2036
Estimated number of 0-4s	124	126	114
Places	156	156	156
Ratio of places	1.26	1.24	1.37

Stawell

Year	2026	2031	2036
Estimated number of 0-4s	398	411	374
Places	284	284	284
Ratio of places	0.71	0.69	0.76

Source for both tables: Victoria in Future <https://www.planning.vic.gov.au/guides-and-resources/Data-spatial-and-insights/discover-and-access-planning-open-data/victoria-in-future> ; Ratio of places calculated by dividing estimated number of places by number of 0–4-year-olds.

The Mitchell Institute⁷ has conducted a number of studies in Australia to assess the availability of early childhood education and care across geographies. Rural, and more disadvantaged areas tend to have lower access to early childhood education and care.

In the case of the major communities in Northern Grampians Shire, this is no longer the case, due to recently expanded services in Stawell and St Arnaud.

Major policy changes in early childhood education and care have and will continue to influence demand for ECEC; these are the Commonwealth Government's *3 Day Guarantee* and the Victorian Government's *Best Start Best Life* reforms for 3- and 4-year-old kindergarten.

Under the changes:

- 4-year-old children in the year before school attend 4-year-old kindergarten for up to 30 hours per week.
- 3-year-old children attend kindergarten for 15 hours per week.
- Children aged 0-4 are entitled to 3 days of subsidised childcare regardless of family circumstances (the 3 Day Guarantee).

For families in the Northern Grampians Shire, the 3 Day Guarantee may increase demand as accessing long day care becomes more affordable for more families. The removal of the Activity Test, which has been a significant barrier, may increase families' ability and confidence to enrol a child.

We assume that communities need 0.6 places per child to meet these new policy settings. Calculations for this are included in Appendix 1.

Under this assumption, there is enough ECEC infrastructure to meet current and future demand.

One caveat needs to be added here; the above Mitchell Institute approach does not take into account considerations about age groups. Children aged 0-3 need ratios of educators to children of 1 to 4. Preschool aged children (aged 3 and 4) need ratios of one educator to 11 children. Younger age groups also need facilities like more nappy changing areas and bottle preparation areas. Consequently, rooms for younger children have differing needs to preschool-aged children. St Arnaud, for instance, is presently out of balance with demand, with waiting lists in the 0-3 age groups as result of 80% of its 156 places being for children aged 3 to 4 years. (see Appendix)

Early childhood education and care workforce

Access to a stable, qualified workforce, continues to be a challenge across Australia, and rural areas tend to be hit harder than metropolitan areas. In 2024, Northern Grampians Shire Council developed an ECEC workforce strategy and to date, reports from ECEC providers are that job vacancies in their services are at an all-time low, with only a handful of vacancies across services in the shire. That being said, ECEC providers noted that recruitment and retention is still an ongoing issue requiring proactive management.

⁷ See <https://www.vu.edu.au/about-vu/news-events/news/mapping-the-childcare-deserts-childcare-accessibility-in-australia>

4.2.2 Antenatal, post-natal and obstetric care

Stawell and St Arnaud are not birthing hospitals; both offer urgent care and have visiting specialists. Residents in Northern Grampians can travel to Horsham (Grampians Health) or Ararat (East Grampians Health Service) for low-risk births and antenatal and post-natal care. For other births and ante- and post-natal care, services are available in Ballarat and Bendigo.

4.2.3 Maternal and child health

Northern Grampians Shire offers maternal and child health (MCH) services across the shire. The Victorian Government's Department of Health provides funding to MCH providers (which are mostly local governments but increasingly also health providers). There are two streams under the Maternal and Child Health funding granted to MCH providers. These services include:

- Universal MCH (Key ages and stages checks program)
- Enhanced MCH

Both of these MCH programs are provided by Northern Grampians Shire.

The universal program is designed to be accessed by all children, with a home visit from an MCH nurse within the first few weeks of an infant coming home, and then consultation checks at the 2 week, 4 week, 8 week, 4 months, 8 months, 12 month, 18 month, 2 year and 3.5 year points. The program is designed to be co-funded between the local government and the Victorian Department of Health.

The Enhanced Program is fully funded by the Victorian Government's Department of Health. Funding is allocated according to socioeconomic disadvantage, calculated on the number of Family Tax Benefit recipients in a local government area and rurality using the Accessibility/Remoteness Index of Australia (ARIA). It is designed to enable MCH nurses to provide more intensive care for vulnerable mothers and children.

4.2.4 Immunisations

Council also offers free immunisations to children up until their fifth birthday as well as adolescent immunisations usually administered during Year 7 and Year 10 or age equivalent in accordance with the [National Immunisation Program Schedule](#) (NIP). They can be booked online and are administered at the Stawell Library or the St Arnaud Town Hall. Budja Budja Medical Clinic also offers immunisations and flu shots, particularly for First Nations community members.

4.2.5 Playgroups

At the time of writing, seven playgroups are occurring across the shire each week during school terms. Most of these have playgroup facilitators employed by the Council under the Victorian Department of Families, Fairness and Housing funded Small Talk program.

Small Talk (facilitated) playgroups are designed to target families experiencing vulnerability. In small rural communities the Department allows flexible application of eligibility criteria, provided that access is prioritised for families who meet the criteria and limited alternative services are available.⁸

⁸ Supported playgroups policy and funding guidelines <https://www.smalltalk.net.au/about-smalltalk/smalltalk/> page 12

To this end, playgroups in the shire are open to all; this universal approach works well to support all families. It also supports attendance as the universal approach mitigates against any stigma of needing to meet a vulnerability assessment in order to attend.

Playgroups run across the shire:

- Monday – Great Western Primary School and Navarre Primary School
- Tuesday – Stawell Neighbourhood House and Girrin Playgroup at Goolum Goolum Hub
- Wednesday – Stawell Neighbourhood House
- Friday – St Arnaud Lawn Tennis Club and Stawell West Primary School.

4.2.6 Libraries

There are two public libraries: in Stawell and St Arnaud. Both are open during the week (except Mondays) and for limited hours over the weekend. The libraries offer Storytime each week for families with young children.

4.2.7 Parks, sports, community and leisure

There are a number of parks and playgrounds suitable for parents and young children, including at Cato Park and North Park in Stawell, and Market Square in St Arnaud. There is a comprehensive plan for phased upgrades of open spaces via the shire's Open Space and Active Transport Strategy 2023-33 and these improvements are already underway.

In Halls Gap, there is an outdoor community-owned and run swimming pool.

In St Arnaud, there is an outdoor pool with a toddler pool that is open between November and March, as it has solar heating and tends to be used more intensively during summer months. The facility offers a Learn to Swim program and other school holiday activities for families. A ramp is also planned for inclusion in the current upgrades which should be completed by November 2026.

St Arnaud also has an indoor sports stadium which is ran by a committee. The stadium is on Department of Education land and is supported by council through an annual grant to support maintenance and programming efforts.

Stawell Sports and Aquatic Centre has an outdoor pool with a waterslide and a 15m indoor heated pool. A gym, basketball court and squash courts are also located at the centre. The learn to swim program in Stawell has grown over the past couple of years from around 200 to over 500 children per term, and the centre is currently trying to recruit additional swim teachers. Basketball is popular in Stawell, but it is more suitable for children aged over 8. The centre is forty years old, and as such, the council is undertaking a project to redevelop the centre to ensure it can continue to serve the community into the future. A draft masterplan has been developed, and the council has now prioritised the project for advocacy to secure funding.

4.2.8 Medical

Grampians Health runs Stawell Medical Centre and the urgent care clinic at Stawell Hospital. General Practice is offered by the medical centre. For families in and around St Arnaud, East Wimmera Health Service offers acute care. Other services like radiology are available when staff visit.

4.2.9 Dentistry

Dental care is available in Stawell, St Arnaud and Ararat. Smile Squad, funded by the Victorian Government, delivers free oral health promotion, dental check-ups and treatment to Victorian government school students at school twice a year.

4.2.10 Allied health

Grampians Health offers allied health services such as occupational therapy, physiotherapy, audiology, dietetics and nutrition, infant/child mental health, speech therapy, psychology and more. Some of these services are not located in Stawell or St Arnaud, but across other parts of the Grampians Health network, such as Ballarat or Horsham.

East Wimmera Health Service (EWHS) offers a range of primary and allied health services including occupational therapy, physiotherapy, dietetics, diabetes education, community health nursing, social work, health promotion and district nursing. Services are delivered across EWHS campuses in St Arnaud, Donald, Charlton, Birchip and Wycheproof, helping people access care closer to home. Some specialised services may require referral to larger regional health providers or visiting clinicians to ensure community members can access the care they need.

4.2.11 Services for First Nations families

Budja Budja Medical Clinic in Halls Gap provides bulk-billed GP services, mostly targeted towards First Nations people but available to other members of the public as well. In addition, Budja Budja offers visiting specialists like audiologists, podiatrists, optometrists and mental health assessments and referrals.

Sometimes, these visiting specialists will do outreach to schools under the Budja Budja banner. For example, an audiologist visited a primary school in Stawell and spent an entire day screening First Nations children for auditory issues and providing follow-up treatment plans.

Budja Budja has a team dedicated to social and emotional wellbeing, and through this offers counselling, yarning circles, family violence support, health promotion, men's and women's business and more.

A community bus is available to assist First Nations community members in accessing these services.

4.3 Australian Early Development Census

The Australian Early Development Census is a triennial collection of children's development when they start school, measured across five domains:

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

Progress against these domains has been shown to predict later mental health, wellbeing and academic outcomes.

This means that children who are on track on these domains have a relatively higher chance of experiencing stronger mental health, wellbeing and academic success at school and beyond. Conversely, communities with fewer children on track on these domains are more likely to have children who experience poor mental health, wellbeing and lower academic success.

The latest collection was in 2024, and it shows that children in Northern Grampians Shire are behind national and Victorian averages for all domains except emotional competence. (According to the AEDC, children developmentally on track for emotional maturity almost never show aggressive, anxious, or impulsive behaviour. Children will have good concentration and will often help other children.⁹)

	Physical	Social	Emotional	Language	Communication	On track on all 5 domains
Australia	78.2%	74%	74.8%	81.7%	75.9%	52.9%
Victoria	80.0%	74.8%	75.0%	82.1%	76.6%	53.8%
Northern Grampians	74.1%	70.4%	77.8%	77.8%	75.3%	49.4%

Source: Australian Early Development Census 2024 Data Explorer

Physical independence is one part of children's physical development measured in the Australian Early Development Census. It looks at skills such as coordination, hand preference, and the ability to manage everyday physical tasks on their own. Children identified as vulnerable in this area may have difficulty with one or more of these skills, and in some cases may not yet be showing them at all.

The proportion of children considered vulnerable in physical independence has increased noticeably in the shire, from 3.8% in 2018 to 11.1% in 2021 and 19.8% in 2024. This upward trend suggests an emerging area of concern and highlights an opportunity for targeted local action to support children's development.

On a positive note, the 2024 collection shows significant gains in the proportion of children in Northern Grampians developmentally on track from 2021 across the social, emotional and language domains.

Northern Grampians

	Physical	Social	Emotional	Language	Communication	OT5
2021	76.5	63.0	65.4	63.0	80.2	46.9
2024	74.1	70.4	77.8	77.8	75.3	49.4
2021 vs 2024 (%)	→ -2.5	↗ 7.4	↗ 12.3	↗ 14.8	→ -4.9	→ 2.5

Legend: ↗ Significant increase → No significant change ↘ Significant decrease

Source: Australian Early Development Census 2024 Data Explorer

⁹ See Northern Grampians AEDC Community Profile 2024, <https://aedc-gov-au-static-files-dev.s3.ap-southeast-2.amazonaws.com/community-profiles/20058.pdf>

5. Community consultation

5.1 Methodology

Community consultation was conducted during March 2026. Consultation involved:

1. An online survey with question branching to capture views of:
 - families and carers with children aged 0-8 years
 - early years professionals
 - community members.
2. Face-to-face and online meetings with stakeholders
3. Two workshops in Stawell (one for council early years staff, and one for a wider network including primary school teachers, early childhood educators, council officers and councillors and other stakeholders)
4. Visits to playgroups in Navarre, St Arnaud and Stawell to speak with parents
5. Listening posts at St Arnaud Early Learning Centre and St Arnaud Kindergarten
6. Consultation with children at St Arnaud Kindergarten and Marrang Kindergarten via a picture book and an invitation to draw a picture about places they love.

157 responses were received for the survey, 100 of these were mothers with a child aged 0-4. Via the workshops and face-to-face consultation, we heard from over 30 early years professionals and community members and via the playgroups and listening posts, around 50 parents. At each kindergarten, there were around 20 children contributing their ideas. In total, over 270 voices contributed to the consultation.

The analysis below summarises the quantitative and qualitative findings from the survey, triangulated with findings from one-on-one interviews with stakeholders and workshops.

5.2 Results and actions

5.2.1 Priority 1: Home environment

Relationships are the foundation for family wellbeing

One of the questions asked of survey respondents was “What has supported you in your role as a parent?” The responses highlight the importance of social connection in the first instance, with other services, like maternal and child health nurses, and access to education and care, playing essential supporting roles.

What things have supported you as a parent? (select all that apply)

Value	Percent	Count
Friends	74.30%	55
A partner who is actively involved in parenting	64.90%	48
Relationship with partner	58.10%	43
Grandparents	54.10%	40
Flexible working arrangements	52.70%	39
Maternal child health nurse	50.00%	37
Access to early childhood education and care	47.30%	35
Secure housing	39.20%	29
A good school, nice teachers	39.20%	29
Playgroup	29.70%	22
Access to parenting information online	20.30%	15
School bus	9.50%	7
Car pooling to make it easier to ferry children to activities	2.70%	2
Other - Write In	1.40%	1
None of the above	1.40%	1

Given the centrality of relationships to help parents feel supported in their role, it is worth considering how services and places support the development of connection, particularly for newcomers. The shire's close-knit community was described by some as a barrier rather than a strength: cliquey, insular, and difficult for newcomers to break into. A professional respondent offered an observation that it can feel like two distinct populations: established locals with support networks and newer arrivals who can feel overwhelmed and excluded.

For example:

"Recognising that there are two distinct groups in St Arnaud — the locals with support networks, and the non-locals who can feel very overwhelmed at playgroups and other activities with a lot of locals who know each other. There needs to be enough programs on for them to be able to choose where they feel comfortable."

— Professional respondent, St Arnaud

"Hard to make friends — we are newcomers."

— Family respondent, Stawell

Action 1: Continue to strengthen family connections through participation in playgroups, libraries, and early years services.

The role of fathers

A father who is actively involved in parenting was the second-most popular factor mothers identified for supporting them in their role as parents, closely followed by 'relationship with partner'. Grandparents came in fourth.

The community consultation highlighted how, despite their importance, fathers were harder to engage with (fathers represented just 7.5% of respondents to the survey). One father we spoke with about this reflected that it was really due to his feeling that, given it was about children, it was something to leave for his wife. However fathers are involved with caregiving; many were observed picking up their children from early education and care after work, or at the morning drop-off, but they were less likely to attend a playgroup due to participation in paid work. Similarly, while definitely in the minority, there are fathers who take their young children to Storytime at one of the libraries. Community consultation revealed that fathers that do attend activities during the week can feel isolated given it is overwhelmingly mothers who attend.

Early years professionals report that many fathers experience competing expectations between work and family responsibilities. While workplace arrangements and traditional gender roles can continue to position fathers primarily as financial providers, many families also seek greater involvement from fathers in caregiving and child development.

As many council early years services are delivered during standard business hours, fathers who work during these times may have fewer opportunities to participate, connect with other parents, and access support. Increasing the accessibility and visibility of father-inclusive programs presents an opportunity to strengthen fathers' engagement in their children's lives. Council can play an important role by creating welcoming, inclusive services that recognise fathers as caregivers, support their participation in early years activities, and help normalise caregiving as a shared parenting responsibility.

For example:

*"More opportunities for fathers to participate in activities. Things running on weekends
— nature play, messy play."
— Family respondent, Stawell*

Action 2: Promote fatherhood and positive parenting through public health messaging across council services.

Home routines

Respondents were asked about day-to-day interactions which are linked to better learning, health and development outcomes. Most families are engaging in these interactions or activities, particularly speaking with their child and playing with them.

Would you say most days you:	Yes, for 20 minutes or more	Yes, for less than 20 minutes	Yes, but only on some days	Yes, occasionally	No, not really	Responses
Read to and/or with your child/ren	42 50.0%	29 34.5%	7 8.3%	6 7.1%	0 0.0%	84
Prepare and eat a meal together	58 69.0%	13 15.5%	10 11.9%	1 1.2%	2 2.4%	84
Have a conversation (even if one-sided if your child is not speaking yet)	78 92.9%	5 6.0%	0 0.0%	1 1.2%	0 0.0%	84
Play with your child/ren	73 86.9%	8 9.5%	3 3.6%	0 0.0%	0 0.0%	84
Totals						84

Each cell shows the response count and the row percentage. Shading intensity reflects the row percentage (darker green = higher).

Reading at home

According to the survey, 84.5% of children are being read to each day, which is reasonably strong when compared to 2017 data from the Australian Institute of Health and Welfare which found nationally, just 60% of 0–2-year-olds were read to 6-7 times per week.

There is strong evidence that reading every day early in children's lives delivers significant benefits. A research paper from the Victorian Department of Education and Early Childhood Development, found that reading to 4-5-year-olds 6-7 days per week has the same effect as the child being 12 months older, and achieves significantly higher NAPLAN results in Grade 3. The report said:

*"The results indicate a direct causal effect from reading to children at a young age and their future schooling outcomes regardless of parental income, education level or cultural background."*¹⁰

Parental reading to very young children has been shown to benefit young children before reading age, supporting vocabulary development.¹¹

¹⁰ <https://www.education.vic.gov.au/documents/about/research/readtoyoungchild.pdf>

¹¹ Ece Demir-Lira Ö, Applebaum LR, Goldin-Meadow S, Levine SC. Parents' early book reading to children: Relation to children's later language and literacy outcomes controlling for other parent language input.

Reading to young children is not just beneficial for their future as scholars; it has immediate benefits in supporting connection between child and caregiver, supporting emotional regulation and connection.¹²

While, based on the survey, rates of reading are good compared to national data, the results still indicate that 15% of children are missing out on the benefits of daily shared reading.

Furthermore, the survey found just 50% of children are read to for 20 minutes or more. Research from a large longitudinal study in Australia found higher levels of book reading each day to children aged 1-2 years supported long-term literacy development, with higher vocabulary development at the commencement of formal schooling.¹³ We did not explore in the survey whether the duration of reading is due to the parent responding to the child's ability to sustain attention or due to the parent needing to cut shared reading short in order to respond to other pressures, however comments within the early years professional workshop highlighted that time pressures are detracting from parents' capacity to spend intense amounts of time with their children. Reportedly, attitudes that shared book reading should be via the mother also unhelpfully persist.

Action 3: Continue promoting early literacy through library story time sessions, playgroups, and early childhood education and care services.

Dev Sci. 2019 May;22(3):e12764. doi: 10.1111/desc.12764. Epub 2019 Jan 15. PMID: 30325107; PMCID: PMC6927670.

¹² See <https://www.thetimes.com/uk/get-britain-reading/article/how-bedtime-stories-synchronise-your-childs-brain-with-yours-vc3b2mfp8>

¹³ Michelle I. Brown, Cen Wang, Sharynne McLeod, Reading with 1–2 year olds impacts academic achievement at 8–11 years, Early Childhood Research Quarterly, Volume 58, 2022, Pages 198-207, ISSN 0885-2006, <https://doi.org/10.1016/j.ecresq.2021.09.008>. (<https://www.sciencedirect.com/science/article/pii/S0885200621001125>)



I am happy... 'being at home'.

Preschooler, Northern Grampians Shire

Meals together

The survey found 15% of families don't eat a meal together most days. However, it found 69% did engage in this for 20 minutes or more each day. Research from around the world highlights that eating a meal together as a family (without devices on) is associated with reduced risk of childhood obesity and better health and wellbeing more generally.¹⁴

Action 4: Support shared messaging campaigns that promote family meals, positive healthy eating role modelling, and practical strategies for managing fussy eaters.

Family stressors – cost of living

What challenges have you experienced as a parent over the past 12 months? (select all that apply)

Value	Percent	Count
Financial constraints	53.40%	39
Time for myself	49.30%	36
Having enough time to prepare nutritious meals, domestic work etc	34.20%	25
Sharing parenting and domestic load with partner	23.30%	17
None of the above	19.20%	14
Finding good information to support me as a parent	13.70%	10
Social isolation	11.00%	8

¹⁴ Snuggs S, Harvey K. Family Mealtimes: A Systematic Umbrella Review of Characteristics, Correlates, Outcomes and Interventions. *Nutrients*. 2023; 15(13):2841. <https://doi.org/10.3390/nu15132841>

Finding suitable employment	8.20%	6
Transport options to get children to kindergarten or school	8.20%	6
Relationship with partner	5.50%	4
Access to housing	1.40%	1
Family violence	1.40%	1

Financial constraints are the greatest challenge for parents, with numerous comments in the survey showing parents' frustration with how these impact them day to day. The comments below highlight how families feel squeezed by the need to earn money and the need to spend time with their young children.

"Reduce the cost of care for working parents. I am currently on maternity leave but will only be able to go back to work part time due to the expense of daycare."

— Family respondent, Stawell

"The cost of living means you have to work so hard and don't have much time for your children."

— Family respondent, Stawell

"I know it's not possible but funding so that as a parent I can stay home with my child after she turns 1. We are by no means a high-income household, currently living paycheck to paycheck, but we do not qualify for any government funding once my parental leave payments run out. I'd love to stay home, but it's looking like that will physically be impossible. So I'll have to go to work, to pay for childcare and then those childcare workers will be over worked still."

— Family respondent, Stawell

Early years professionals also highlighted how cost of living and the necessity of two earners in families does mean many parents feel rushed about returning to work. There were examples where MCH nurses reported some mothers decide to move away from breastfeeding sooner due to the need to return to work, or expressed anxiety about returning before their child was ready for early childhood education and care. Rates of ECEC participation are double the national rate for 0-1 year olds; however this data (local ECEC participation) is an estimate only and must be interpreted with caution.

Benjamin Perks, working for the United Nations on human rights and child development, is a leading global advocate on issues related to child poverty, education, mental health, early childhood development, and prevention of violence against children. In his book *Trauma Proof*, Perks argues that 'parental leave is a 'no-brainer'', citing studies that show that the more paid parental leave is available, the lower the rate of preventable infant deaths and lower risks of maternal mental health issues.¹⁵ The Parenthood, an advocacy organisation in Australia, is advocating to expand paid parental leave to 12 months, shared between parents.¹⁶

¹⁵ Benjamin Perks. *Trauma Proof: Healing, Attachment and the Science of Prevention*. Ithaka, 2024

¹⁶ <https://www.theparenthood.org.au/parentsup>

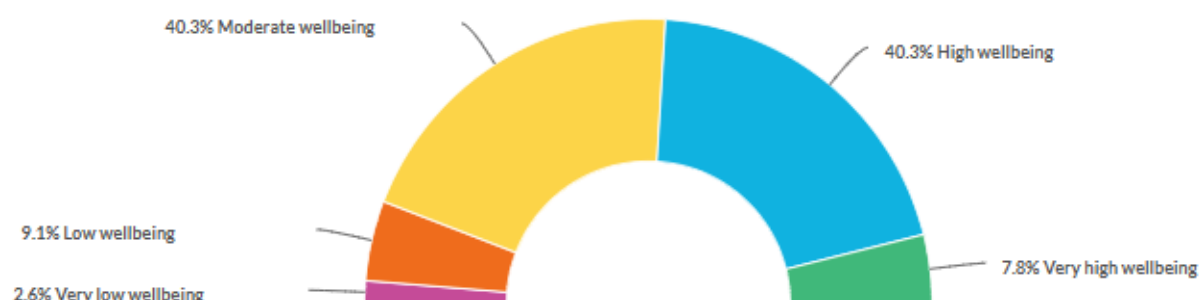
While paid parental leave is one way to alleviate financial stress, access to high-quality early education and care from when a family needs it is still an essential community service to support families to participate in paid work. In this way, Northern Grampians Shire is in a good position, with services available in both Stawell and St Arnaud and population forecasts indicating the shire is, overall, in a 'childcare oasis.' The changes to the child care subsidy, and the removal of the Activity Test, all help promote access, however pressures such as cost and complexity of service delivery and access to qualified staff are counter-pressures. The extent to which the shire can continue to ensure ECEC is available to meet families' needs, and at a price point which works for this community, will directly influence how effectively the shire can protect families with young children against overwhelming financial pressure.

Action 5: Advocate to continue to ensure families can access high-quality, affordable early education and care across the shire.

Action 6: Continue to offer free or low cost educational and community connection services such as the library, playgroups and playgrounds.

Building parent capability and alleviating the impacts of time poverty

Just under half of parents described their current wellbeing as high or very high.



"Time for myself" was the second highest challenge parents nominated, followed by "having enough time to prepare nutritious meals and domestic work". This data shows the tension of contemporary family life, where both partners are more likely to be participating in paid work yet care work has not diminished.

Early years professionals reported how children's nutritional needs are not being well met, for example, a primary school teacher reported that children have a lot of packets in their lunchboxes, very little protein, or no 'main meal', meaning children are never quite satiated and want to be eating all the time.

Action 7: Support family knowledge of early years services and parenting resources through coordinated information distribution.

Actions 8: Explore options for introducing fitness or wellbeing sessions for parents/carers and children aged 0–4 years.

Early years professionals spoke of a small cohort of families across the shire where children are experiencing serious deprivation.

Low literacy, homelessness, home insecurity, family violence and substance abuse are impacting a small number of children in the shire.

"There are children in St Arnaud considered homeless. Social housing and availability of housing is a prominent issue here."

— Professional respondent, St Arnaud

"Vulnerable families (as well as all vulnerable cohorts) can slip through the cracks."

— Professional respondent

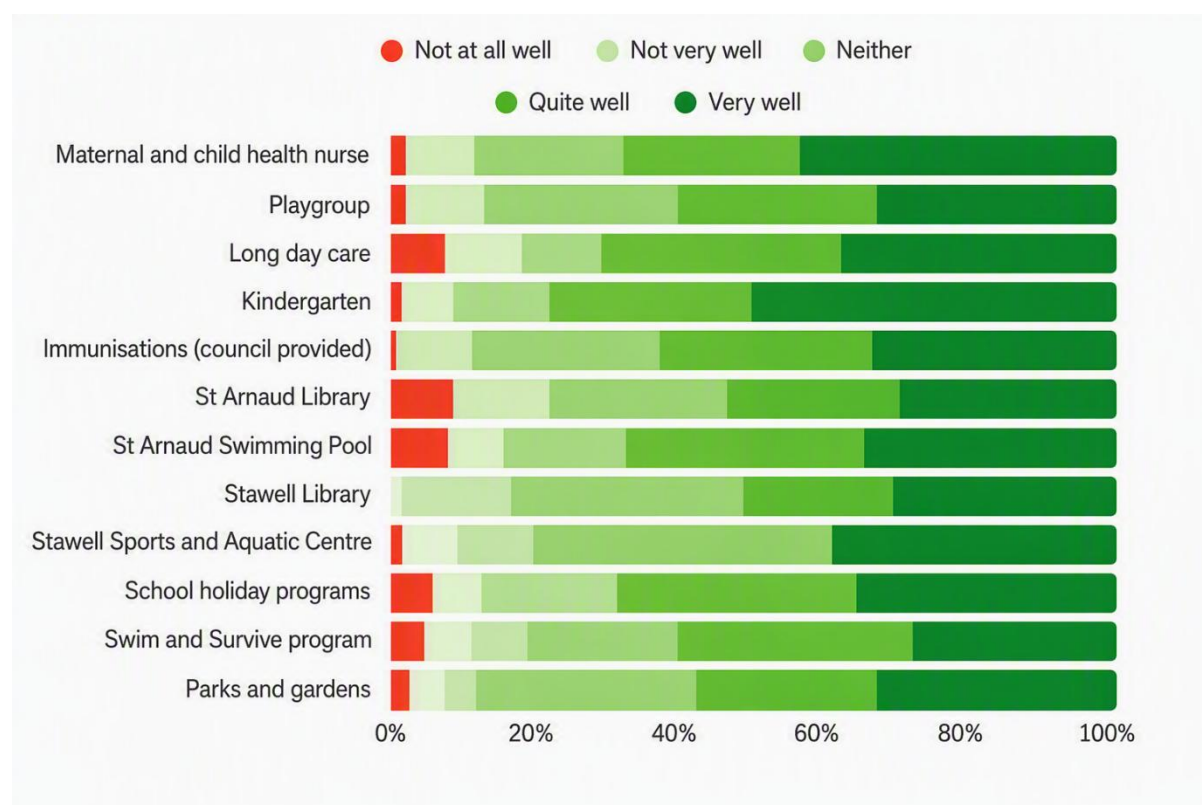
Early years professionals reported that Child Protection staff are overloaded and so are slow to respond, meaning it is often up to schools and educational institutions to provide extra resources such as food and clean clothing for children who are not receiving the care they need at home. This needs to be achieved in a way which is non-stigmatising for the child and family, and the supports which these families need can be complex, requiring specialist family support skills.

Action 9: Investigate the formation of an Early Years network for Northern Grampians Shire to enhance information sharing, strengthen professional relationships, and support the development of referral pathways.

5.2.2 Priority 2: Early childhood education, care and community services

Local council services are valued and well-utilised

The community survey showed that satisfaction with council-provided services is high, with the majority of responses indicating how well services meet children's and families' needs, as shown below:



Maternal & child health

MCH was consistently named as a valued and trusted service, particularly the home visit model in the days after birth and the quality of named nurses. The relational quality of MCH; the ability to see the same nurse, build trust, and feel heard, was identified as the foundation of its effectiveness. Named nurses were mentioned multiple times with genuine warmth, and the service was described as comparable to or better than equivalent services in metropolitan areas.

"MCH have been brilliant, can't speak highly enough of the care and service and support they have provided."

— Family respondent, St Arnaud

"I found now that I have got consistency with the nurse and that has been extremely beneficial when navigating these challenges with feeding and postpartum."

— Family respondent, Stawell

Action 10: Maintain high-quality Maternal and Child Health (MCH) service delivery across the shire, including the current appointment booking model.

Playgroups

Playgroup was the single most praised specific service across the entire survey; it was described with a warmth and depth of feeling that goes well beyond satisfaction with a service. Respondents described it as building parent confidence, creating lasting friendships, welcoming newcomers to the community, supporting child development through rich sensory and social experiences, and, in at least one case, directly influencing the decision about which school to send children to. The facilitators were named repeatedly with genuine warmth.

"Playgroup has given me the confidence to leave the house with my children. I have met new friends and have felt very supported by the facilitator."

— Family respondent, Stawell

"The Navarre Playgroup has had a really significant impact on our family. We first started attending while I was on maternity leave, just to get out of the house and connect with other families, but it ended up shaping much more than that. Through playgroup, we built strong relationships and felt genuinely welcomed into the community. It actually played a big role in our decision to send our children to school in Navarre..."

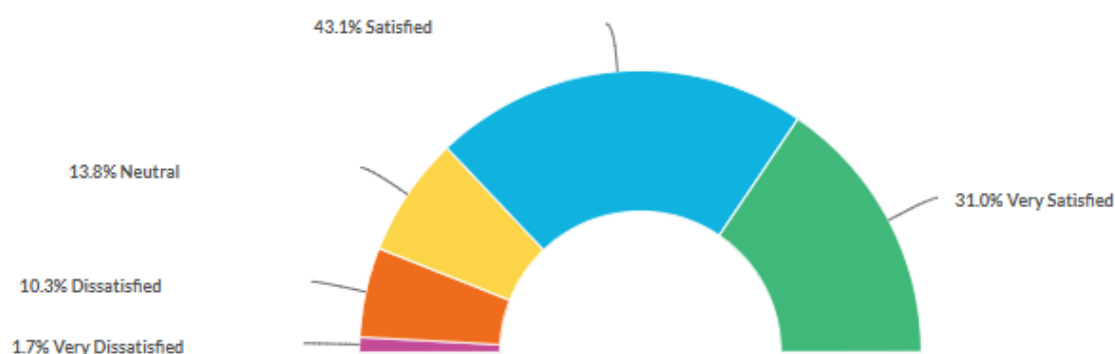
"...one suggestion would be to continue supporting and promoting local playgroups and early learning services in smaller towns. These spaces have a huge impact on families, not just for learning but for building community connections, and they make rural areas feel more connected and supported."

— Family respondent, Navarre

Action 11: Strengthen awareness of playgroups as safe, inclusive and cost-free opportunities for families with young children.

Early childhood education and care

Most families are satisfied with access to early childhood education and care, with 74% either very satisfied or satisfied. Approved providers in Stawell report that while there are waiting lists, these are much lower than in the past and are manageable, with free kindergarten playing a key role in supporting access to early education and care. Dissatisfaction relates to either opening hours, costs or waiting lists.



"Fees and charges for absences and public holidays when it is not our choice but still get charged, would also be nice to see availability for later closing time for working parents."

— Family respondent, St Arnaud

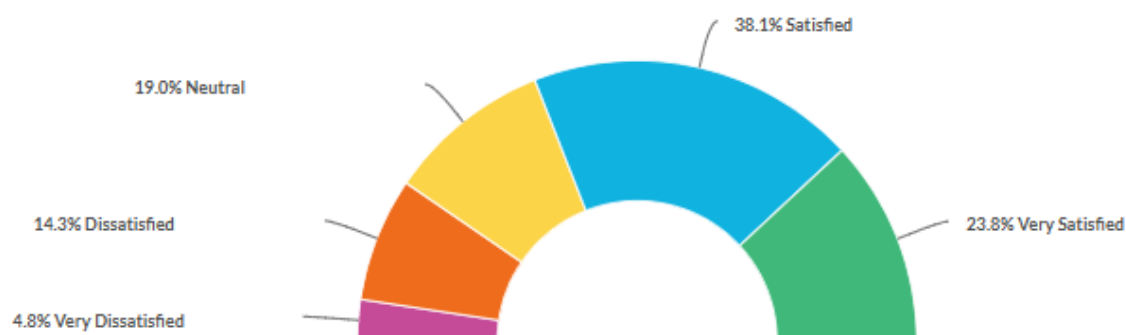
"It's very hard to get daycare places and there have been times I haven't been able to send my child when needed as they don't have a free spot"

— Family respondent, Stawell

"We're very happy with our child who attends, but we are nervous about the waitlist, we aren't sure when our youngest will be offered a spot."

— Family respondent, St Arnaud

Satisfaction with access is lower for families in St Arnaud, with just 62% either satisfied or very satisfied. Waiting lists and a request for longer opening hours drove the lower levels of satisfaction.



St Arnaud Early Learning Centre reports that while the new kindergarten modulars have addressed a significant need in providing infrastructure to support the roll-out of *Best Start Best Life* increased kindergarten hours, there are still waiting lists for children aged 0-3, either with children who cannot secure a place for any day, or for children whose families would like additional days. In total, there are presently there are 41 children who want any or additional days. These waiting lists are partly due to lack of staff, but also due to the configuration of the service rooms. It is worth noting that 80% of ECEC places in St Arnaud are designed for children aged 3 or 4; just 20%, or 30 of its 156 places, are for children aged under 3 years.

Action 12: Investigate funding opportunities to expand the number of places for 0-3-year-olds at St Arnaud Early Learning Centre.

Action 13: Investigate feasibility of extending opening hours at St Arnaud ELC.

Kindergarten

Free kindergarten was mentioned many times by early years professionals as something which is working well across the shire to support children's learning and development. Ninety percent of families reported that their child enjoys attending, and with regard to the roll-out of 15 hours for 3-year-old, and up to 30 hours for 4-year-old kindergarten, most families indicated they will utilise this.

The Victorian Government is rolling out 15 hours of free kindergarten for 3-year-old children and 30 hours of 4-year-old kindergarten for 4-year-old children. Which of the following best describes your thoughts and preferences regarding this?

Value	Percent	Count
We are/will access the full 15 hours for 3 year old kindergarten and long day care	40.00%	28
We are/will access the full 30 hours for 4 year old kindergarten and long day care	32.90%	23
We are/will access the full 15 hours for 3 year old kindergarten only	22.90%	16
We are/will access the full 30 hours for 4 year old kindergarten only	20.00%	14
We are/will access 4 year old kindergarten, but not the full 30 hours	7.10%	5
We aren't/won't be accessing 4 year old kindergarten	2.90%	2
We aren't/won't be accessing 3 year old kindergarten	1.40%	1
We are/will access 3 year old kindergarten, but not the full 15 hours	0.00%	0
Other - Write In	12.90%	9

Seven percent of respondents indicated they would access 4-year-old kindergarten, but not for the full 30 hours, and a further 3% indicated they would not access 4-year-old kindergarten at all.

One respondent who are not planning on access the full 30 hours said that:

"Don't believe 30 hours of 4-year-old kindergarten is necessary/suitable for my child. Want to have time with my young child at home together before they commence school."

- Family respondent, Stawell

While these views are in the minority, the comments highlight the importance of education and care services being able to offer stable, professional early childhood educational teams to maintain community trust in their services.

Vacation and outside school hours care

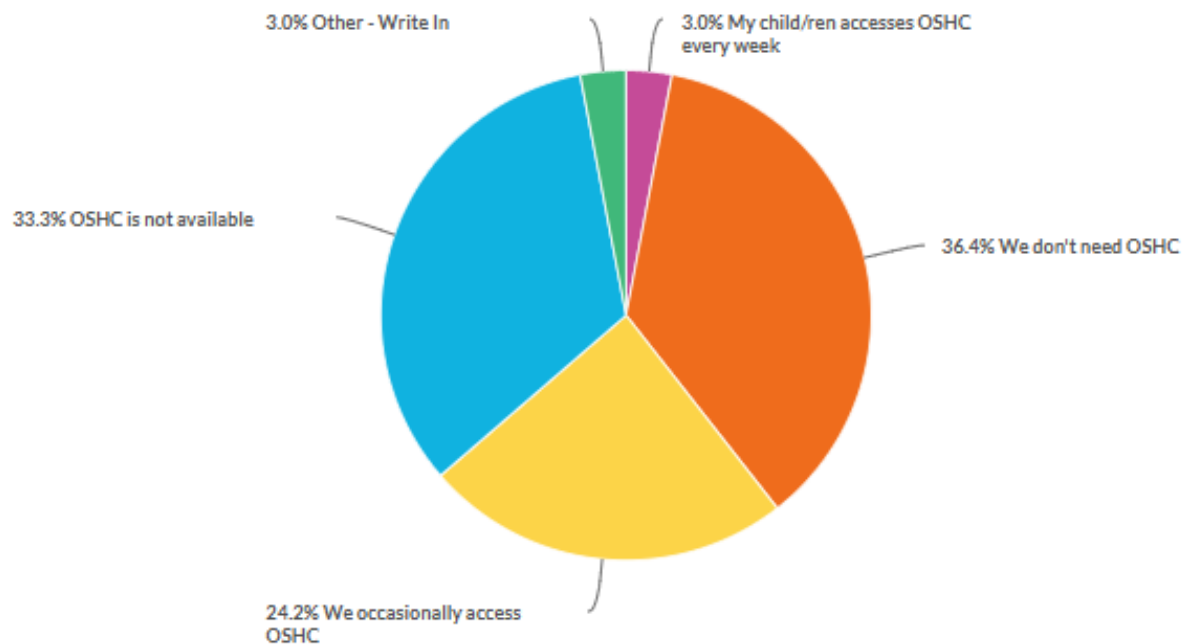
Many families contributing to the survey or face-to-face consultation expressed a need for vacation and outside school hours care (OSHC). There are significant challenges around this; the requests came from parents whose children attend smaller schools like those in Halls Gap or Navarre, as much as schools from St Arnaud. (Stawell schools do offer OSHC.)

At present, OSHC service delivery is achieved by the Child Care Subsidy model which applies for childcare, and is administered by the Commonwealth Government. Like childcare, OSHC does well where there is sufficient demand and higher levels of community affluence, but in smaller, less affluent communities, it is often absent due to it not being viable to operate.

"If I could have just one thing from the Shire's Early Years Plan, it would be a school holiday program for school-aged children. It would be great for families, especially working parents, to have a local, reliable option."

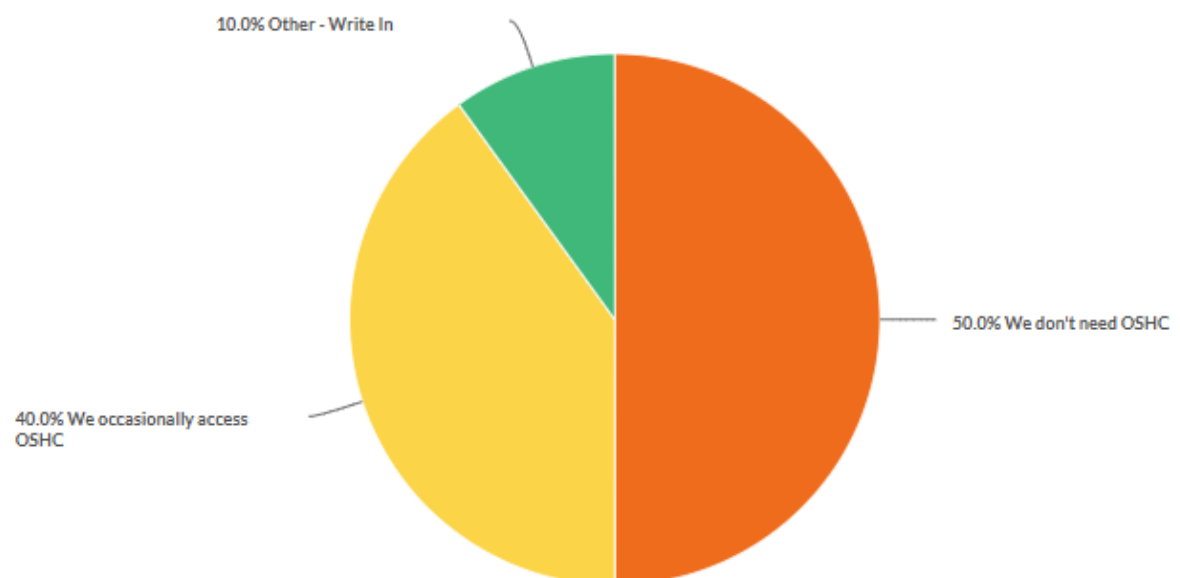
- Family respondent, Navarre

As the responses from the survey show, demand for OSHC is mixed.



Even for families of school-aged children in Stawell, where OSHC is available, half don't need it and 40% access it only occasionally.

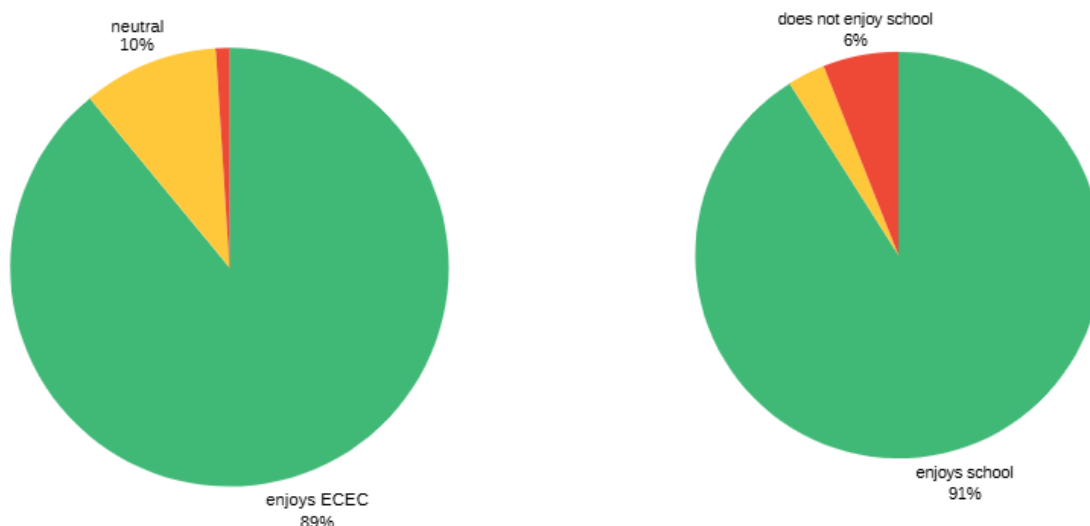
Thinking about Outside School Hours Care (Stawell primary schools' parents only)



Action 14: Advocate to State and Commonwealth levels of government for alternate models of Outside School Hours Care

Children enjoy participating in early childhood education, care and school

Most children enjoy attending early childhood education and care in the shire, with 89% of parents indicating their child enjoys early learning and 91% enjoying school.



Via the children's consultation, children also expressed satisfaction with their early education and care experiences, with some children choosing to draw a favourite kindergarten teacher and many, in the discussion, agreeing they enjoy attending and playing with their friends.

Transitions from early learning to school are largely positive

87% of comments about the transition to school were positive, with parents noting the role the kindergartens and schools played in building familiarity before school, partnerships between schools and kindergartens, and how kindergarten teachers prepared children and built-up children's confidence and excitement.

For example:

"The primary school did an excellent job with the transitioning to school. The kindness and care they invest into each child and their family is incredible."

- St Arnaud family

"Really well - credit to the school and Marrang kindergarten staff"

- Stawell family

Playgroup at a school site also plays a supporting role, as illustrated by the comment below:

"My child transitioned into school very easily, and I think a big part of that was attending playgroup for the year beforehand. I was familiar with the staff and had a good understanding of how the school operates, as well as its values, which align with our own."

Where families indicated it had not been a positive transition, this related to staff turnover; or a perception that kindergarten had not prepared children adequately for the more structured pedagogical approaches used in schools.

Action 15: Partner with education and care services and schools to continue supporting successful transitions from early learning to school.

Immunisations

While immunisations did not attract many comments from families, there are high rates of immunisation coverage across the shire, above national levels. Most are satisfied with the service, with 83% of survey respondents saying immunisations offered by the council meet community needs quite or very well.

"I always try to organise my children's immunisations with NGSC. Having two nurses means the process is quick and done with minimal fuss. Staff are also kind and professional."

— Family respondent, St Arnaud

Action 16: Maintain the current immunisation service delivery model, building on consistently strong performance and immunisation coverage.

Libraries

Many children mentioned the library as a happy place they enjoy visiting and the community survey also showed high levels of satisfaction, with 83% of respondents for Stawell Library and 76% for St Arnaud Library agreeing the services meet the community's needs well or quite well.

"The Stawell library has provided a safe, comfortable and stimulating environment for both myself and my baby during Storytime."

— Family respondent, Stawell

There were some suggestions around outreach or connections between early childhood education and care services and the library. This can occur very easily between the St Arnaud ELC and the St Arnaud Library but is more challenging for the new kindergarten. Similarly in Stawell, travel between the services would need to occur.

Action 17: Maintain the current library service model, including Storytime programs and welcoming spaces for parents and children.

Action 18: Consider needs of early years in any library service review.



I am happy... 'at the library'.

Preschooler, Northern Grampians Shire

Spaces for physical activity – pools, playgrounds and parks

Suggestions in this theme were the most numerous and specific in the entire survey. There were many detailed, concrete, and actionable proposals including:

- Shade sails and fencing on all playgrounds
- Splash parks and water play areas at Cato and St Arnaud
- Age-appropriate equipment for under-fives including tunnels and crawl spaces
- Pool redevelopment in Stawell and St Arnaud
- An indoor play centre with a café
- Restoration of the Kinder Gym
- A pump track and bike paths
- More activities in Halls Gap.

The frequency and specificity of these responses signal a community that has been thinking carefully about what its children need.

Physical: Upgrade park and playground spaces to ensure all have shade, water points, fencing, lighting, toilets etc. Include a shade sail over the shallow end of St Arnaud pool.

— Family respondent, St Arnaud

"I would love for kinder gym to come back to the powerhouse, and maybe a play café for rainy days!"

— Family respondent, Stawell

"Need more fenced shady playgrounds. A splash park or nature play area would be cool, some kind of indoor play or entertainment for over winter would be fantastic."

— Family respondent, Halls Gap

The pool was drawn by many children in both Stawell and St Arnaud as a happy place they enjoy visiting.



I am happy... 'at the pool'.

Preschooler, Northern Grampians Shire

The swimming program in Stawell is a strong success story, with enrolments growing from around 200 to over 500 children per term.

"SSAC's swimming program is amazing. The team and environment is really welcoming and supportive. We recommend it to all our family connections. It provides a great opportunity to meet other parents as well."

— Family respondent, Great Western

With this growth, there is an appetite to grow the facility (Stawell Sports and Aquatic Centre) and improve its design to realise the opportunities for greater social connection as well as health benefits. As previously mentioned, a draft masterplan has been developed, and the council has now prioritised the project for advocacy to secure funding.

There are, too, community ambitions to include more 0 depth wet play areas across the shire, as these provide safe, free and fun ways for children to play and cool down on hot days.

On rainy days, suggestions for the indoor kinder gym program to be restored were frequently raised by families, both in the survey and through face-to-face consultation. This could be accomplished through the Stawell Sports and Aquatic Centre. Consultation indicates this would be a worthy investment with high community take-up.

Parks and gardens

Parks and gardens are a valued asset for families with young children, enabling free play and an affordable way to relax and connect.

"For our family, parks offer a simple and free way to spend time together outdoors."

— Family respondent, St Arnaud

[For your child, what are some of the good things about living in Northern Grampians Shire?] "Access to natural wonders, convenient playgrounds and park spaces."

— Family respondent, Stawell

There were many suggestions around how to improve playgrounds, showing families were highly engaged in contributing ideas to this topic. Suggestions came from all smaller communities too, highlighting the need to ensure play amenities are provided for these too.

"Need more fenced shady playgrounds. A splash park or nature play area would be cool."

— Family respondent, Halls Gap

"A kids bike track at St Arnaud so can be active with the kids"

— Family respondent, St Arnaud

"A splash park at Cato would be an amazing addition for all children"

— Family respondent, Stawell

Several children drew parks or the Grampians as favourite places to visit. The drawings highlighted how children enjoyed unstructured natural climbing experiences such as scrambling over rocks in the creek in the Grampians. This preference, as well as the benefits of 0-depth splash areas in a warming climate could be considered in future design of play spaces across the shire.

Action 19: Seek funding opportunities to improve play infrastructure, supporting delivery of relevant council strategies and plans.

Action 20: Reconfigure pool entrance and supervision areas at Stawell to promote social inclusion.

Action 21: Investigate funding opportunities to implement indoor Kinder Gym at Stawell Sports and Aquatic Centre.



I am happy... 'when I go rock hopping'.

Preschooler, Northern Grampians Shire

5.2.3 Priority 3: Health outcomes

Access to antenatal, obstetric and post-natal care

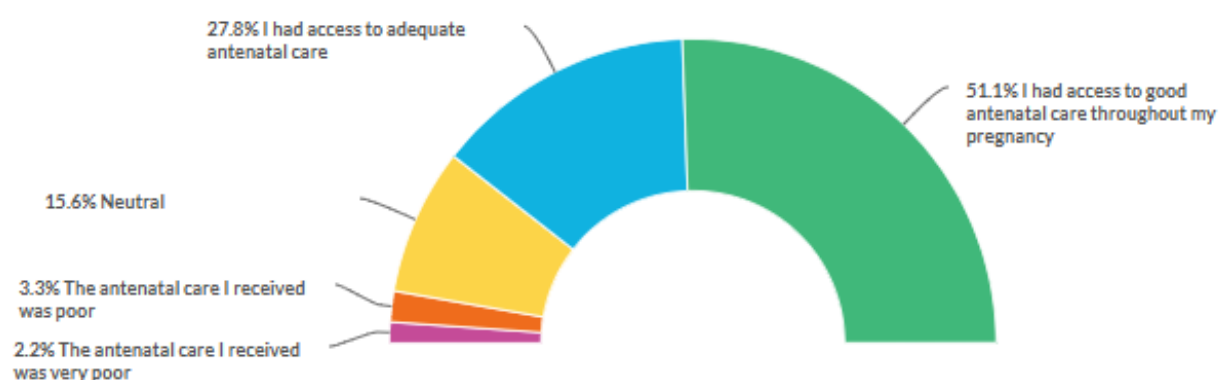
The survey found that on average, women are travelling 120kms to give birth, most frequently in Ballarat or Bendigo, and to a lesser extent, Ararat.

By Five is a place-based early years project, instigated by the Wimmera Southern Mallee (WSM) Regional Partnership in response to poor early years indicators for children across the region. The WSM covers five Local Government Areas in the west of Victoria, including Northern Grampians, Hindmarsh, Horsham Rural City, West Wimmera and Yarriambiack shires. By Five has trialled and advocated in several areas of early childhood and family wellbeing and development including antenatal care, paediatric care, allied health, access to early education and care and parenting support.

By Five have done a lot of work in the space of research and advocacy for mothers' antenatal, obstetric and post-natal care across the Wimmera. In essence, they've found that "being rural is a risk in and of itself when it comes to maternal and infant care."

Community consultation confirmed this, with many anecdotes about births in ambulances, by the side of the road or ‘just making it’ to hospital. Although giving birth in Ararat or Horsham is possible, most did not go down this path because these hospitals are more limited in the obstetric care they can provide; hence if there was any complexity or risk, it made more sense to go the extra distance to the larger hospitals in Ballarat or Bendigo.

The survey found that just over half of mothers felt they had good access to antenatal care throughout their pregnancy, 28% considered it adequate and 6% considered it poor or very poor.



Suggestions about improving maternal health overwhelmingly related to the travel burden for antenatal and postnatal care, and to a lesser extent, improved continuity of care.

It would really make a difference for rural families if more antenatal appointments or outreach services were available closer to home, even if birthing itself isn't offered locally.

— Family respondent

Continuity of antenatal care is important as it is a protective factor against early term births,¹⁷ which, as described earlier, have become more prevalent in the shire in recent years.

One option to reduce travel burden for antenatal and postnatal care is to enable local midwives to provide antenatal care in partnership with a supervising doctor or obstetrician at the larger birthing hospital. This is occurring successfully in Horsham, and, according to Grampians Health, could be trialled in the shire too.

Antenatal education was also raised by early years professionals and mothers as a gap, with it either not being available or only considerable distances away from home. One suggestion was for experts to run antenatal classes online, but to expectant parents in the library, to support local parent connection as well as to cover this gap in antenatal education.

Action 22: Support health services to identify gaps and opportunities for expanded local antenatal care options.

¹⁷ <https://everyweekcounts.com.au/resources-for-women/>

Access to medical, allied health and dental care

The absence or shortage of GPs, paediatricians, speech pathologists, occupational therapists, dentists, and psychologists was the most frequently cited challenge in the survey. Families described routine appointments requiring one to three hours of travel, and waitlists of one to three years for some specialists. Several families described going without services entirely because of cost or distance.

"Dentist in St Arnaud is no longer open more than 1 day a week meaning travel out of town to Maryborough. Doctor's office doesn't take new patients so have to travel to Bendigo for the doctors for my children. Daughter has Hip Dysplasia and have to travel to Bendigo for the child physio as I do not have the funds to pay to go private which is all this town offers."

— Family respondent, St Arnaud

"The next paediatrician or hospital with paediatric care is 2 hours away. This can be extremely stressful if help is required quickly."

— Family respondent, Halls Gap

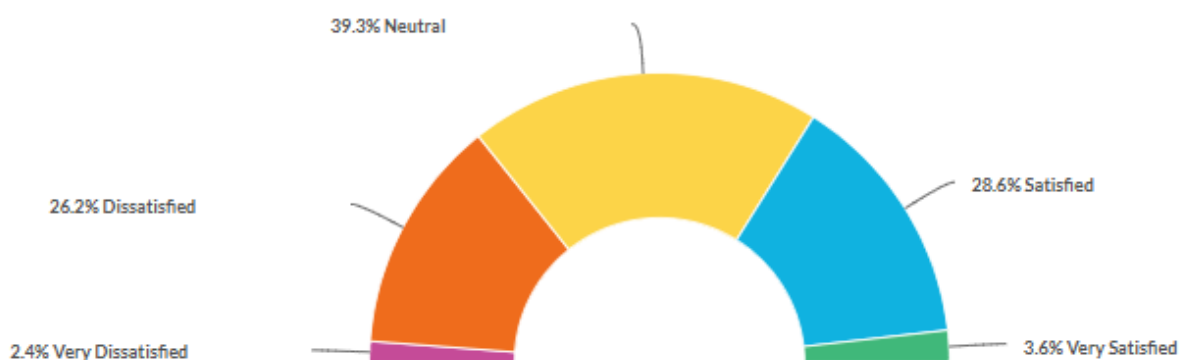
"I needed to access a psychologist postpartum and was referred to a private one. As we are living on one income I chose to not go at all because I can't afford it."

— Family respondent, Stawell

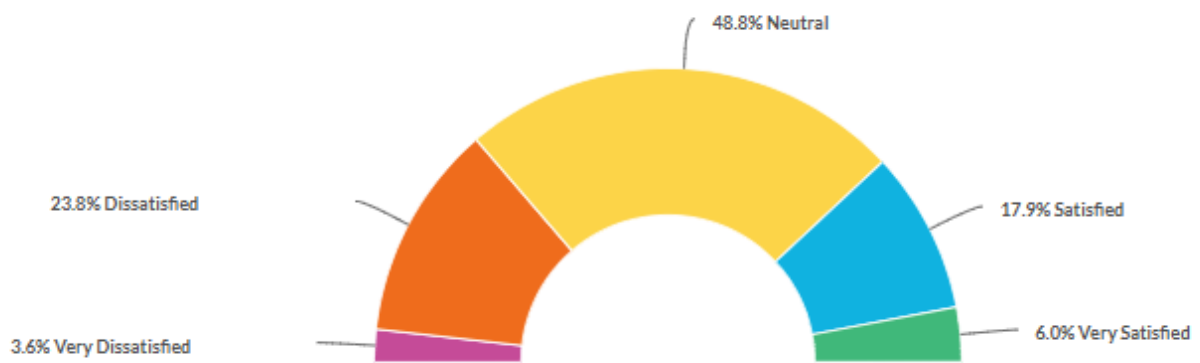
"Allied health services are so limited. I am a speech pathologist recently opened in my private practice this year and so many families require services like mine and have NDIS funding but are unable to use it because no-one is available to work with them."

— Professional respondent, Stawell

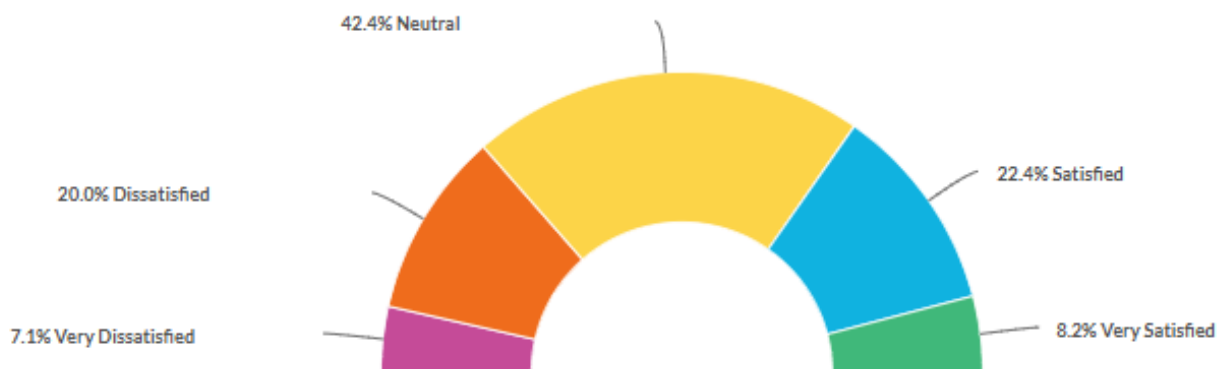
Satisfaction with access and affordability to healthcare is low. Just over a third are satisfied with access to allied health.



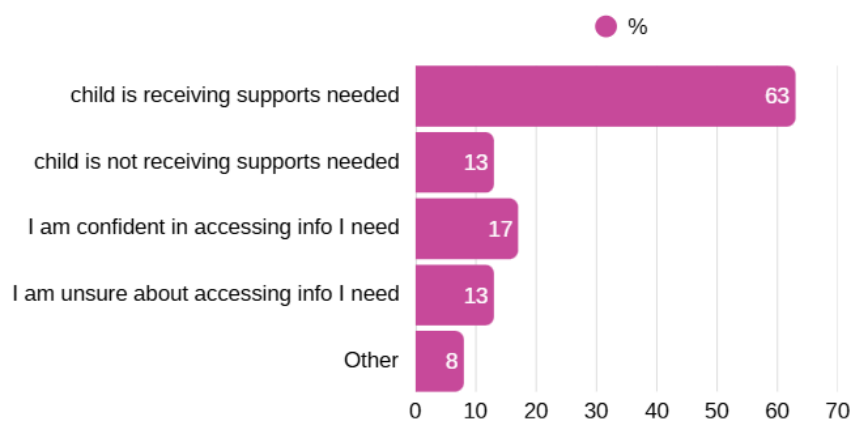
Only a quarter are satisfied with access to medical services.



Almost a third are satisfied with access to dental services.



Of the parents whose child has a developmental issue or who have concerns there may be an issue (about one-third of respondents), two-thirds believed their child was receiving the supports needed. However, this left 13% feeling their child was not receiving the necessary supports. Again, travel and the barriers around this were raised.



In some instances, the lack of access to allied health is a workforce issue, not a funding issue; for example, under the *Best Start, Best Life* reforms, kindergartens can access School Readiness Funding

to secure allied health practitioners to visit and work with kindergarten-aged children, but ECEC services have been unable to recruit them.

In the example above, another issue is that funding is not always flexible to need; School Readiness Funding is for kindergarten-aged children only (ages 3-4), yet long day care services, playgroup facilitators and MCH staff can see there are developmental concerns emerging in children younger than 3. Ideally, these concerns would be addressed as early as possible.

Action 23: Advocate to Commonwealth and State Government political representatives for improved access to medical, dental and allied health services for rural communities.

Action 24: Support local health services to identify and implement models that improve local access to allied health care services.

Early childhood education and care workforce

Early education and care providers report that despite lower than ever vacancies, recruitment remains an ongoing challenge, as many don't stay in the roles for long before moving on. ECEC services in the shire tell us the reasons for poor retention vary, for some it is because visa requirements mean they cannot work (and it is notoriously complex for small providers to sponsor migrants); some educators leave to start or grow their family. Sometimes educators leave due to the demands of the work; educating and caring for young children is emotionally demanding work, and often educators have their own personal challenges which can mean education and care is not an easy role to stay in long term. Providers report that the same challenges impacting the community (family violence, time poverty, financial constraints, mental health) impact in equal measure the education and care workforce.

Consultation recently with ECEC providers in rural areas outside Northern Grampians Shire reports that some are having success with a 'grow your own' approach to workforce, where traineeships are offered to local residents (school leavers and adults).

Action 25: Continue to implement and monitor the Northern Grampians ECEC Workforce Plan, with a focus on attracting local residents (school leavers and adults) to the sector.

6. Policy environment, opportunities & challenges

Given what we heard via the community consultation, the next step in developing the plan is to consider the policy environment and where there may be opportunities to leverage this to address local community needs.

6.1 3-Day Guarantee

From January 5, 2026, all families eligible for Child Care Subsidy are guaranteed at least 72 hours of subsidised childcare per fortnight (3 days per week), regardless of activity levels, subject to approved providers being able to offer it.

Previously, parents needed to be participating at a certain level in paid work or study in order to be eligible, posing administrative challenges to parents as they navigate the return to work. Access to 3 days per week still depends on the capacity of the child care service families are accessing; the guarantee relates to the Government's commitment to child care subsidy.

The amount of subsidy they get continues to be based on family income, the type of care used and the hourly rate cap.

6.2 Expanding early childhood education and care to address undersupply

Victorian and Commonwealth Governments are increasingly aware of how the current early childhood education and care funding models have led to ECEC undersupply, particularly in rural and regional areas.

There are now grants being made available, including the Commonwealth Government's Building Early Education Fund (for further information about this, see Appendix), the Victorian Government's Building Blocks grants and the Investment Dialogue for Australia's Children (a partnership between the Commonwealth Government and philanthropy).

6.3 Roll-out of Best Start, Best Life reforms

The Best Start Best Life reform means Victorian 3-year-old children can access 15 hours of kindergarten and 4-year-old children can access up to 30 hours of 4-year-old kindergarten. Northern Grampians Shire was among the first in the roll-out schedule, offering this last year. The opening of the new kindergarten modular in St Arnaud was put in place to support the roll-out, and the program is being well-utilised by the community.

Find out more here: <https://www.vic.gov.au/4-year-old-kindergarten-roll-out-schedule>

Action 26: Continue to ensure 3- and 4-year-old kindergarten is available across the shire to support the rollout of the Best Start, Best Life Victorian Government reforms.

6.4 Early childhood education and care wages

Gender Undervaluation decision and new pay rates

In June 2024, the Fair Work Commission initiated a Gender Undervaluation Review, which sought to reassess and increase award wages in female-dominated sectors where work has been historically undervalued due to gender-based assumptions.

The Fair Work Commission determined that work under this award has been historically undervalued on gender grounds.

As a result of the review,

- Phased pay increases are being introduced from 2026.
- Increases vary by classification but are material (not marginal adjustments).

In addition, at the Victorian level, there are attempts to renegotiate early childhood education and care wages under the Victorian Early Childhood Teachers and Educators Agreement (VECTEA).

Over the longer term, local governments operating ECEC services will need to monitor developments in revised wage agreements and equivalent local government enterprise agreements and amend wage costs in budgets accordingly.

6.5 Child safety reforms in early childhood education and care

Governments have brought significant changes to strengthen regulation and oversight.

These include:

- Banning of educators carrying personal digital devices while working directly with children
- Earlier notification periods to the regulator for physical and sexual abuse
- Increased penalties, and expanded infringement offences and regulatory penalties
- Banning of vaping substances and devices
- Mandating foundation child safety training for all educators, early childhood teachers, nominated supervisors and approved providers
- Establishing a national early childhood worker register to more easily track educators moving from service to service
- Establishing inappropriate conduct offence
- Expanding regulatory authority powers to respond to misconduct
- Strengthening Working with Children Checks requirements
- Removing of ongoing service waivers related to service building designs
- Making children's safety, rights and best interests the paramount consideration when operating education and care services.

There are, too, lessons for all education and care services from the child safety incidents, highlighting the importance of child safe culture, stable educational teams and even layout of buildings to enable line of sight between educators, and of children.

Action 27: Ensure compliance with child safety regulatory changes at St Arnaud ELC and St Arnaud Kindergarten.

6.6 Thriving Kids Program

Thriving Kids is a response from the Commonwealth Government to try to contain the expansion of the National Disability Insurance Scheme (NDIS) through better targeting of timely interventions to children with low to moderate support needs.

Governments have committed to jointly contribute \$4 billion over 5 years to implement the first phase of Foundational Supports, known as 'Thriving Kids'. This investment will support children aged 8 and under with developmental delay and/or autism with low to moderate support needs, and their

families, carers and kin. At least \$1.4 billion of the Australian Government's \$2 billion contribution will be provided as direct funding to states for Thriving Kids services.

Thriving Kids will commence rollout of state services from 1 October 2026 and is expected to be at scale from 1 January 2028.

Governments (state and Commonwealth) will engage with the community on implementation arrangements in the months ahead. Details about specific services and how to access them will be made available closer to services commencing.

Action 28: Support the roll-out of Thriving Kids across the Shire, to ensure awareness and promote access.

Appendix 1: The Plan 2026-31

Implementing the vision

The Northern Grampians Shire Council's 20-year strategic vision is "to love where we live."

Building on this, the Early Years Plan aspires to implement this vision.

The feedback from the community consultation shows that in many ways, this is already the case; young children and families do love where they live. This signifies the importance of the many services and environments currently on offer in the shire, and the critical role they play in supporting children's and families' wellbeing.

The plan sets out actions under the following areas:

- Strengthening and supporting the home environment.
- Community services: spaces, activities and services that support early learning.
- Strengthening and supporting health outcomes.

Priority 1: Home environment

Relationships are the foundation for family wellbeing

Action 1: Continue to strengthen family connections through participation in playgroups, libraries, and early years services.

Fathers

Action 2: Promote fatherhood and positive parenting through public health messaging across council services.

Promoting the benefits of reading at home

Action 3: Continue promoting early literacy through library story time sessions, playgroups, and early childhood education and care services.

Promoting the benefits of meals at home

Action 4: Support shared messaging campaigns that promote family meals, positive healthy eating role modelling, and practical strategies for managing fussy eaters.

Reducing financial stressors for families

Action 5: Advocate to continue to ensure families can access high-quality, affordable early education and care across the shire.

Action 6: Continue to offer free or low cost educational and community connection services such as the library, playgroups, playgrounds.

Building parent capability and reducing the impact of time poverty

Action 7: Support family knowledge of early years services and parenting resources through coordinated information distribution.

Action 8: Explore options for introducing fitness or wellbeing sessions for parents/carers and children aged 0–4 years.

Related action from Northern Grampians Shire Council Multicultural Action Plan 2025-28

Investigate opportunities to adapt council's New Residents Handbook with translated, culturally inclusive content and improve its accessibility.

Complex stressors impacting smaller cohorts

Action 9: Investigate the formation of an Early Years network for NGS to enhance information sharing, strengthen professional relationships, and support the development of referral pathways.

Related actions from the Northern Grampians Shire Council Municipal Health and Wellbeing Plan 2025-29

Task: 13204 - Support families to access help by offering clear information on health and community services and referral pathways.

Priority 2: Early childhood education, care and community services

Maternal and child health services

Action 10: Maintain high-quality Maternal and Child Health (MCH) service delivery across the shire, including the current appointment booking model.

Playgroups

Action 11: Strengthen awareness of playgroups as safe, inclusive and cost-free opportunities for families with young children.

Supporting access to high-quality early childhood education and care

Action 12: Investigate funding opportunities to expand the number of places for 0-3-year-olds at St Arnaud Early Learning Centre.

Action 13: Investigate feasibility of extending opening hours at St Arnaud ELC.

Action 25: Continue to implement and monitor the Northern Grampians ECEC Workforce Plan, with a focus on attracting local residents (school leavers and adults) to the sector.

Related actions from the Northern Grampians Shire Council Municipal Health and Wellbeing Plan 2025-29

Task: 13203 - Support uptake of the two-year funded kindergarten program and offer inclusive support with enrolment.

Task: 12203 - Partner on implementation of healthy food systems education and programming at St Arnaud Kindergarten.

Access to vacation and outside school hours care

Action 14: Advocate to State and Commonwealth levels of government for alternate models of Outside School Hours Care.

Early learning to school transitions

Action 15: Partner with education and care services and schools to continue supporting successful transitions from early learning to school.

Related actions from the Northern Grampians Shire Council Municipal Health and Wellbeing Plan 2025-29

Task: 13207 - Partner to support delivery of body safety programs to kindergarten children across the shire.

Task: 13208 - Support and expand on tailored and place-based literacy programs within early years services.

Maintain high community vaccination coverage

Action 16: Maintain the current immunisation service delivery model, building on consistently strong performance and immunisation coverage.

Libraries

Action 17: Maintain the current library service model, including Storytime programs and welcoming spaces for parents and children.

Action 18: Consider needs of early years in any library service review.

Sporting facilities, parks and playgrounds

Action 19: Seek funding opportunities to improve play infrastructure, supporting delivery of relevant council strategies and plans.

Action 20: Reconfigure pool entrance and supervision areas at Stawell to promote social inclusion.

Action 21: Investigate funding opportunities to implement indoor Kinder Gym at Stawell Sports and Aquatic Centre.

Priority 3: Health outcomes

Improving antenatal care

Action 22: Support health services to identify gaps and opportunities for expanded local antenatal care options.

Access to allied health

Action 23: Advocate to Commonwealth and State Government political representatives for improved access to medical, dental and allied health services for rural communities.

Action 24: Support local health services to identify and implement models that improve local access to allied health care services.

Action 28: Support the roll-out of Thriving Kids across the Shire, to ensure awareness and promote access.

Related actions from the Northern Grampians Shire Council Municipal Health and Wellbeing Plan 2025-29

Task: 12401 – Investigate water fluoridation in Stawell and St Arnaud

Task: 13202 - Advocate for improved access to specialist health services within early years services across the shire.

Task: 13206 - Partner with key stakeholders to investigate an oral health prevention campaign.

Policy environment

Expanding early childhood education and care infrastructure to address undersupply

Action: See action under Priority “Supporting access to high-quality early childhood education and care”: “Investigate funding opportunities to expand the number of places for 0-3 year olds at St Arnaud Early Learning Centre”.

Roll-out of Best Start, Best Life reforms

Action 26: Continue to ensure 3- and 4-year-old kindergarten is available across the shire to support the rollout of the Best Start, Best Life Victorian Government reforms.

Child safety reforms in early childhood education and care

Action 27: Ensure compliance with child safety regulatory changes at St Arnaud ELC and St Arnaud Kindergarten.

Appendix 2. Estimated Early Years Service Demand by Age Group

Estimated ratio of places needed per 0–4-year-old to meet demand under new policy settings (Best Start, Best Life and 3 Day Guarantee).

The estimated proportion of children in each age group accessing each service derives from The Productivity Commission's February 2026 Report on Government Services, Early Childhood Education and Care. (see <https://www.pc.gov.au/ongoing/report-on-government-services/child-care-education-and-training/early-childhood-education-and-care/>)

Age	Anticipated usage	% age group accessing	Place required per child	Ratio of places needed
0	30 hours per week CCS	11%	1	0.11
1	30 hours per week CCS	49%	1	0.49
2	30 hours per week CCS	63%	1	0.63
3	15 hours per week CCS	69%	1	0.69
3	15 hours per week kindergarten	100%	0.5	0.50
4	30 hours per week 4 year old kindergarten	100%	1	1.00
			Estimated ratio of places	0.57

Appendix 3: Unmet demand in St Arnaud

The table below shows the proportion of ECEC places in each age group.

The number of children on the waiting list are also shown. Around 80% of places in St Arnaud cater for children aged 3 or 4; hence St Arnaud is not a 'childcare desert' in the definition of the term (less than 0.33 places per child aged 0-4), St Arnaud does not have sufficient places for children aged under 3 years.

St Arnaud	Places	% of overall total places	Number on waiting list (wanting some or additional days)
0-1 year	7.5	5%	0
1-2 years	7.5	5%	31
2-3 years	15	10%	10
3-4 years	60	38%	0
4-5 years	66	42%	0
Total	156	100%	

Age	Estimated number of children in St Arnaud	Number of places
0-1 year olds	25	7.5
1-2 year olds	25	7.5
2-3 year olds	25	15
Total	75	30

Ratio	0.4
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Appendix 4: Births and Maternal and Child Health Insights

Data from the Northern Grampians Shire Maternal and Child Health (MCH) team over the past five years shows that there are around 114 births each year.

Participation at the Key Ages and Stages (KAS) checks have increased slightly, at 85.9% in 2024/25. The Victorian Government only has state level data on KAS participation for 2011-12, and it showed participation across all stages at 85.3%.¹⁸

Birth notifications	2020/21	2021/22	2022/23	2023/24	2024/25	Average
Number of birth notifications	116	115	121	100	120	114.4
KAS at 4 weeks (%)	100	94.78	92.56	98	91.6	95.39
Participation in KAS 0.5-3.5 years (%)	85	83.1	84.49	79.74	85.9	83.65
Total Enhanced cases per year	37	112	96	86	86	83.40

4.4.1 Births

The proportion of births which are occurring before 37 weeks has increased over the years.

Research has found that early term birth children (children born at 37-38 weeks), compared with children born full term (39-40 weeks), had a 30% increased risk of attention-deficit/hyperactivity disorder, some 10%-40% increased risk of cognitive problems, some 25% higher risk of language impairments and another 8%-75% with poorer overall school performance.¹⁹

In 2013, just 5% of births were before 37 weeks gestation, and most recent data shows it at 7.8%. The increase in early births has seen Northern Grampians shift from a position of advantage compared to other LGAs, towards moving towards a position of relative disadvantage. (See Appendix).

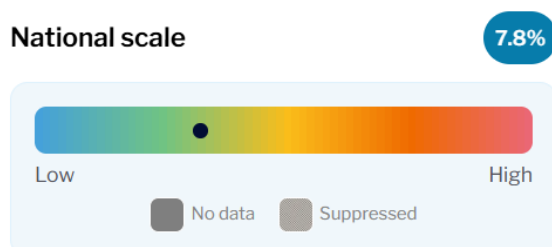
¹⁸Victorian Government Department of Health and Human Services
<https://discover.data.vic.gov.au/dataset/maternal-and-child-health-participation-rates-for-key-ages-and-stages-consultations>

¹⁹ Nielsen TM, Pedersen MV, Milidou I, Glavind J, Henriksen TB. Long-term cognition and behavior in children born at early term gestation: A systematic review. Acta Obstet Gynecol Scand. 2019 Oct;98(10):1227-1234. doi: 10.1111/aogs.13644. Epub 2019 Jun 26. PMID: 31091336.

% of births before 37 weeks – Northern Grampians 2013-2022



The black dot in the below graph signifies Northern Grampians Shire’s position on a national scale.



Source: Australian Child and Youth Health and Wellbeing Atlas:

<https://australianchildatlasmap.sph.uwa.edu.au/>

4.4.2 Immunisation rates

Vaccination rates for September 2025 for the SA3 Grampians Area show that children are above the national average for 1-year-old, 2-year-old but not 5-year-old rates. However, drilling down, Northern Grampians Shire Council data shows that immunisations across the shire are above national rates for all age groups.

The Australian Government target is for 95% of the population to be vaccinated in order to provide herd immunity for a range of serious viruses and diseases.

	Northern Grampians LGA*	Grampians**	National
1 year old	100%	95.8%	91.54%
2 year old	97%	90.26%	89.57%
5 year old	96.3%	92.56%	93.17%

*Northern Grampians Shire Council Immunisation Team data provided March 2026

**Grampians Statistical Area 3, which includes Northern Grampians Shire and neighbouring communities like Horsham, Ararat

National data: <https://www.health.gov.au/topics/immunisation/immunisation-data/childhood-immunisation-coverage/immunisation-coverage-rates-for-all-children>

4.4.3 Participation in early childhood education and care

Based on early childhood education and care services' reported enrolment numbers, participation in early childhood education and care in the shire appears to be similar to national figures, with high take-up of the free 3-year-old and 4-year-old kindergarten programs positively impacting participation at those age groups.

In comparison with national figures from the Productivity Commission's Report on Government Services data, participation is higher for children aged 0-1, lower for children aged 1-3 years and higher for kindergarten programs.

It should be noted that there are limitations on ECEC participation data, however, our analysis aligns with anecdotal feedback from local early years professionals that more parents are trying to return to work sooner due to cost of living challenges; and that waiting lists in the under 3s are a barrier for some families accessing the full number of days they would like, or for some families, any days at all.

4.4.4 Home environment

According to the AEDC Community Profile report, there are positive trends for children's experiences at home since the AEDC collection of this data in 2018.

The proportion of children for whom teachers would say parents/caregivers are actively involved in supporting their child's learning, and who are read to or encouraged to read, has increased.

% of respondents in AEDC saying 'very true' to statements

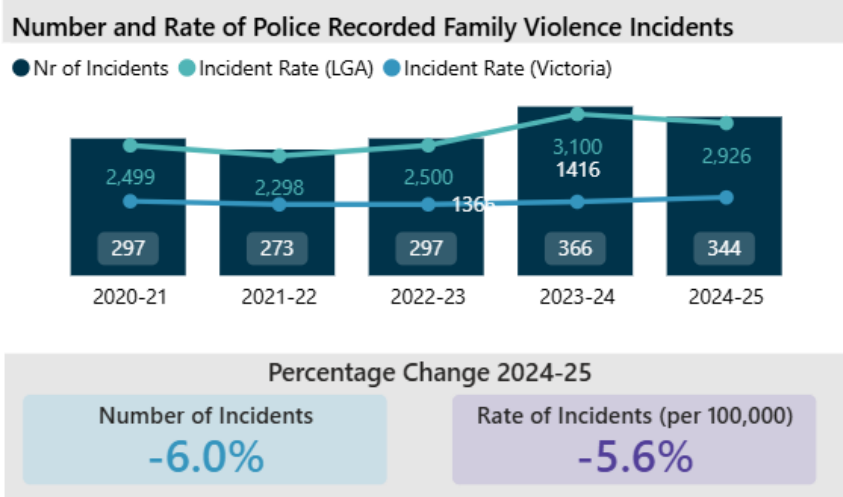
	2018	2021	2024
Child has parent(s)/caregiver(s) who are actively engaged with the school in supporting their child's learning	68.2%	51.2%	75%
Child is regularly read to/encouraged in his/her reading at home	62.7%	58.3%	71.4%

Source: AEDC Community Profile Report 2024 Northern Grampians, <https://aedc-gov-au-static-files-dev.s3.ap-southeast-2.amazonaws.com/community-profiles/20058.pdf>

Family violence data

The Victorian Family Violence Database shows that there were 519 family violence offences in the 2025 financial year (1 July 2024-30 June 2025), representing 36.5% of all criminal offences. Most offences are breaches of family violence orders, followed by common assault. In 38.1% of incidents, there was a child present.

The number of family violence crimes in 2025 declined from 2024 (financial years), reversing an otherwise upward trend, as pictured below.



4.4.5 Smoking rates

According to recent research from the Victorian Cancer Council, Northern Grampians is among the top three for highest rural local government areas whose population smokes, at 15.9% smoking tobacco daily.²⁰

4.4.6 Nutrition

Breastfeeding rates

While national and state-based breastfeeding statistics are limited, available data shows that 44% of Victorian babies and 37.7% of Australian babies overall were fully breastfed at 6 months in 2022.²¹ According to MCH data, Northern Grampians rates of full breastfeeding are lower, at 34% in 2022, and this has declined over time. However, when including partially breastfed at 6 months, the data is closer to Victorian 2022 rates (44%). This may signify that breastfeeding has not changed much, except that solids are being introduced earlier than in the past, possibly due to infant preference or changing advice to parents; there is not enough data available to understand why.

	2020/21	2021/22	2022/23	2023/24
% fully breastfed at 3 months	52	56	66	47
% partially breastfed at 3 months	6	6.1	8	4.8
TOTAL	58	62.1	74	51.8
% fully breastfed at 6 months	33	34	32	25
% partially breastfed at 6 months	15.5	8.7	11.6	18.5
TOTAL	48.5	42.7	43.6	43.5

Source: Northern Grampians MCH Data

²⁰Victorian Cancer Council, Victorian Smoking and Health Survey 2022, https://www.cancervic.org.au/downloads/research/research-reports/CBRC%20Report%20-%20VSHS%202022%20Vic%20LGA%20smoking%20and%20vaping%20prevalence_FINAL_Sep%202024%20Update.pdf September 2024

²¹ see Australian Institute of Health and Welfare web article: <https://www.aihw.gov.au/reports/mothers-babies/breastfeeding-practices#strategy>

Breastfeeding is beneficial. Research shows that longer periods of breastfeeding are linked to positive brain development and learning outcomes, with benefits that can continue into adolescence. A recent long-term study found that the longer a child was breastfed, the stronger the positive effects on thinking and learning skills, and these benefits remained stable over time. Children who were breastfed for longer periods, such as 6 to 12 months, showed differences in physical brain development linked to improved cognitive functioning, predictors of positive outcomes in later life, including physical and mental health.²²

Sugary drink consumption and links to body weight

The Victorian Population Health Survey 2023 found that the Northern Grampians rate of daily consumption of sugary drinks is well above state levels, at 25.9% compared to 19% for the state. This is a statistically significant difference.

Alcohol consumption is also well above Victorian levels, with 19% of the population having 10 or more drinks per week, compared to 13.1%.

Northern Grampians has statistically significantly higher rates of the population being overweight, at 65% compared with 54.4%; and obesity (29.4% versus 23%).

²² Ottino González J, Fernández MAR, Esaian S, Rajagopalan V, Bouhrara M, Goran MI, Adise S. Sustained breastfeeding associations with brain structure and cognition from late childhood to early adolescence. *Pediatr Res.* 2025 Dec;98(6):2144-2152. doi: 10.1038/s41390-025-04086-x. Epub 2025 May 17. PMID: 40382469; PMCID: PMC12716639.

Appendix 5: Participation in early childhood education and care

The table below estimates the proportion of children participating in early childhood education and care at each age group. The total enrolled derives from directors' reports of enrolled children, and the estimated population derives from MCH birth notifications. In comparison with national figures from the Productivity Commission's Report on Government Services data, participation is higher for children aged 0-1, lower for children aged 1-3 years and higher for kindergarten programs.

One limitation to the table below is that there is no data about the number of children in each age group who are new to the shire or who have left the shire, hence we rely only on birth notifications. A second limitation is that there may be some double-counting; we are unable to determine if some children are attending more than one ECEC service. A third limitation is about the timing of parents' decision to send their child to start kindergarten, sometimes parents may wish to delay the start depending on their child's development and readiness (hence some participation rates are above 100%).

Despite the limitations, the data shows participation to be high at the 3 and 4 year old age groups, high for 0-1s and lower in the 1-3 year old age groups.

Age group	Total enrolled in ECEC	Estimated population	Estimated ECEC participation %	National ECEC participation % (Report on Government Services Feb 2026)
0-1 years	26	120	22%	11%
1-2 years	43	100	43%	49%
2-3 years	60	121	50%	62%
3 year old kindergarten	122	115	106%	75%
4 year old kindergarten	140	116	121%	91%
TOTAL	391	572	68%	58%

Appendix 6: Policy Environment

3 Day Guarantee

Under the 3 Day Guarantee, families can get 100 hours of subsidised childcare each fortnight for each child if they:

- Are caring for an Aboriginal and/or Torres Strait Islander child;
- Have more than 48 hours each fortnight of recognised participation;
- Have an [exemption](#) or experience [exceptional circumstances](#); or
- Receive [Additional Child Care Subsidy \(ACCS\) child wellbeing, temporary financial hardship or grandparent payments](#).

Families can find out more about how this applies to their specific circumstances on the [Services Australia website](#).

The guarantee is subject to approved providers being able to offer 3 days.

Early childhood education and care wages

The updated pay rates under the Award, because of the Gender Undervaluation Review, can be found at: https://awards.fairwork.gov.au/MA000120.html#_Toc223079433 (click Pay Guides, 1 March)

Updated information from the Department of Education, including a forward payment schedule, is available at: <https://www.education.gov.au/early-childhood/providers/workforce/wages>

Negotiations to lift kindergarten teacher wages in Victoria

The Victorian Early Childhood Teachers and Educators Agreement (VECTEA) is an enterprise agreement that applies to early childhood teachers and educators employed in kindergarten education programs in Victoria.

The current VECTEA agreement was due to expire in September 2024, but to date negotiations with the state government as primary funder, and kindergartens, represented by Early Learning Association Australia (ELAA) and unions, have not resulted in a renewed agreement.

The result of these negotiations will determine the outcome for wages for kindergarten teachers and educators working at St Arnaud ELC.

Appendix 7: Definitions

Acronym	Full Term	Definition
ACECQA	Australian Children’s Education and Care Quality Authority	The national authority that oversees the NQF, provides guidance, and supports consistent application of education and care standards across Australia.
BEEF	Building Early Education Fund	A Victorian Government initiative that funds the building and expansion of early learning facilities to increase access to kindergarten programs.
BSBL	Best Start, Best Life	A Victorian Government reform that expands access to funded kindergarten, including Free Kinder, Three-Year-Old Kindergarten, and 4-year-old kindergarten to improve child development and support families.
CCS	Child Care Subsidy	An Australian Government payment that helps families with the cost of approved childcare, based on factors such as income, activity level, and type of service used.
ECEC	Early Childhood Education and Care	A broad term for services that provide education and care for children from birth to school age, including long day care, kindergarten, and family day care.
KAS	Key Ages and Stages	The universal program of the Maternal and Child Health includes 10 visits or checks on mother and child between the ages of 2 weeks and 3.5 years
LDC	Long Day Care	Centre based early childhood education and care services that provide all day or extended hours care and education for children, typically used by working families.
MCH	Maternal and Child Health	A universal service in Victoria that supports families with children from birth to school age through health checks, parenting support, and early identification of developmental needs. There are two programs within the Maternal Child Health Framework; Universal

Acronym	Full Term	Definition
		and Enhanced. Universal includes the KAS and is jointly funded by the Victorian Department of Health and councils; Enhanced is extra hours of support for vulnerable children or mothers and is funded by the Department of Health.
NQF	National Quality Framework	A national system that regulates and improves the quality of early childhood education and care services across Australia, including standards, assessment, and rating processes.
NQS	National Quality Standard	A component of the NQF that sets the benchmark for quality across seven areas such as educational programs, health and safety, and relationships with children.
OSHC	Outside School Hours Care	Services that provide care for primary school aged children before and after school, as well as during school holidays, often located on or near school sites. These can be funded under the Commonwealth Government's Child Care Subsidy.
	Playgroup	Informal community or facilitator led groups of children aged 0-5 years and their parent/caregiver. Typically, sessions run for a couple of hours and families attend once each week, supporting children to learn through play and providing peer support and connection for parents and caregivers.
	4-year-old kindergarten program	A Victorian initiative under <i>Best Start, Best Life</i> that will provide up to 30 hours per week of play-based learning for four-year-old children in the year before school, phased in from 2025.
VECTEA	Victorian Early Childhood Teachers and Educators Agreement	A sector wide enterprise agreement governing employment conditions and career progression for early childhood educators in Victoria

