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# Latrobe Health Assembly
# Early Childhood Development
# Final Report
March 2022

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Assembly | Shaping
The Valley

# Contents

# Situation & Challenge

# 1. The Situation & Challenge

Latrobe Health Assembly (LHA) and Ninety Mile Consulting (NMC) have been on a journey of identifying challenges and opportunities across the Latrobe Valley informed by a data-driven process to improve Early Childhood Development outcomes.

## Background

Latrobe Health Assembly (LHA) is a community led organisation comprising of up to 50 members.

LHA's approach was **collaborative, using co-design, evidence and evaluation metrics** to ensure success was targeted and measured.

**Early Childhood Development** (ECD) is one of four key priorities underpinning all initiatives and activities the organisation undertakes.

LHA is **committed to providing all children in Latrobe with 'a strong start to life'**, which includes projects related to early childhood development, equity, education and overall wellbeing.

**PHASE 1:** LHA utilised the bioecological framework, aiming to **explore challenges, opportunities, and potential initiatives** (prototypes) to address the challenges raised.

**PHASE 2:** The input (e.g., challenges, opportunities, prototypes) were included in LHA's newly developed Five Pillar Framework. The input and framework was then encapsulated in the developed logic maps.

## Key Question

How can Latrobe Health Assembly (LHA) improve Early Childhood Development outcomes in the Latrobe Valley?

## Challenge

**Significant discussion and effort** has already been undertaken in an effort to advance this priority area.

LHA operates across multiple regions with diverse stakeholder backgrounds, and associated **differing opinions are contributing to extended discussion timeframes** and decision-making challenges.

A scan phase is required to **build consensus** around the **pertinent challenges** facing the Latrobe Valley. This process involves the construction of activities to assist stakeholders in **developing a uniform understanding and direction** for the **purposes of ideation**

It is critical for LHA to progress with the problems **by identifying opportunities** (and potential prototypes), whilst **implementing a framework to maximise impact** across the 0-8 year age range, as well as clear identification of services that exist across the Latrobe Valley.

The **ideate phase shifted focus** to developing the **Five Pillar Framework** and associated **logic maps**. The key question was **broad** and therefore the framework and logic maps enabled the group to **focus** on both short-term, and long-term **impact** across the **0-8 year old range**

*Note:* Refer to Appendix A for initial framework utilised

# 1.1 Define Challenge

The commencement of the project was aimed at defining the scope of the challenge for ECD in the Valley to ensure that the focus was refined and targeted to location, age group, and the key question

**1** The regional boundaries for the challenge are that of the <u>Latrobe City Council</u>

**2** The Early Childhood focus aged group is:
      <u>0 – 8 y/o</u> UNESCO (initial)
      9 – 12 y/o completion of primary school (stretch)

**3** The Advisory Group agreed to adopt the social determinant and bioecological framework for problem and solution identification
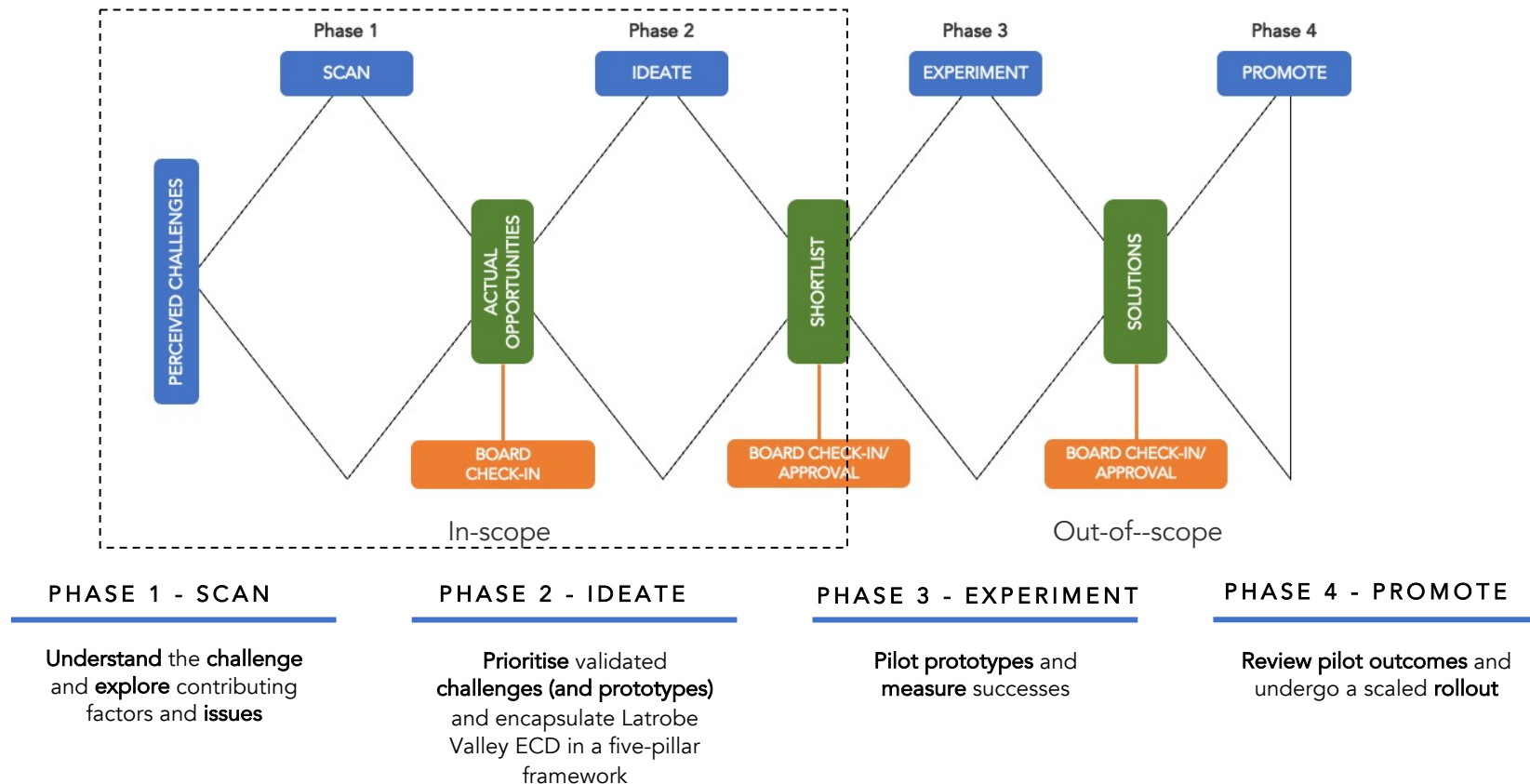
# Methodology

# 2. LHA Triple Diamond Operating Model

The LHA ECD Project has remained within the bounds of the Triple Diamond Operating Model to ensure a standardised process for future steps and initiatives. The journey has remained within the scan and ideate phase.

## The Latrobe Health Assembly Problem Solving Methodology



**PHASE 1 - SCAN**

**Understand** the **challenge** and **explore** contributing factors and **issues**

**PHASE 2 - IDEATE**

**Prioritise** validated **challenges (and prototypes)** and encapsulate Latrobe Valley ECD in a five-pillar framework

**PHASE 3 - EXPERIMENT**

**Pilot prototypes** and **measure** successes

**PHASE 4 - PROMOTE**

**Review pilot outcomes** and undergo a scaled **rollout**

## 2.1 Phase 1: Journey Summary

Ninety Mile Consulting facilitated the first five workshops with LHA with the aim of identifying early childhood development challenges, the identification of opportunities, and development of implementable initiatives that could potentially address the challenges raised

| Workshop | Methodology Phase | Workshop Date | Attendees | Location |
|---|---|---|---|---|
| 1. Define Scope of the Challenge | Scan | October 6th, 2021 | Advisory Group | Online/Virtual |
| 2. Define the Problem | Scan | October 19th, 2021 | Advisory Group | Century Inn, Traralgon |
| 3. Identify Solutions | Ideate | November 19th, 2021 | Full Assembly | Innovation Centre, Morwell |
| 4. Prototype Solutions | Ideate | November 24th, 2021 | Advisory Group | Century Inn, Traralgon |
| 5. Inspiration & Prototype Discussion | Ideate | December 7th, 2021 | Advisory Group | Old Gippstown, Moe |

The first five workshops comprised of identifying the current challenges facing ECD in the Latrobe Valley, followed by identification of opportunities, and the construction of implementable and practical initiatives

## 2.2 Phase 2: Journey Summary

Ninety Mile Consulting facilitated three final workshops and conducted offline work to develop LHA's Five Pillar Framework, and Logic Maps which encapsulated the challenges, opportunities, data, existing services, and outcomes for each segment of the 0-8 year old age range

Utilising input from the first five workshops, the last three workshops involved re-shifting the Advisory Group's attention towards the development of a framework. The input, output, and peripheral collection of data was represented and linked in Logic Maps. The LHA Advisory Group and Full Assembly subsequently provided unique insights/additions/edits to the developed logic maps. Following these additions, expected outcomes for each pillar were then identified for the short (6 months), medium (2 years), and long term (5-10+ years).

| Workshop | Methodology Phase | Workshop Date | Attendees | Location |
|---|---|---|---|---|
| 6. Re-baselining | Ideate | January 25th, 2022 | Advisory Group | Online/Virtual |
| 7. Frameworks & Pillars | Ideate | February 8th, 2022 | Advisory Group | Online/Virtual |
| 8. Update & Pillar Framework | Ideate | March 1st, 2022 | Full Assembly | Innovation Centre, Morwell |

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# Results

# 3. Data Collection

Data was collected through various avenues such as consultations, offline data research, a community survey, and scan for existing services to inform the challenges, opportunities, and current state of early childhood development across the Latrobe Valley

One-on-one consultation with Latrobe City Council and *Go Goldfields* to gain an understanding of their framework and approach to early childhood development (inspiration and adoption of ideas)

**1**

**Consultations**

**2**

**Health Data Research**
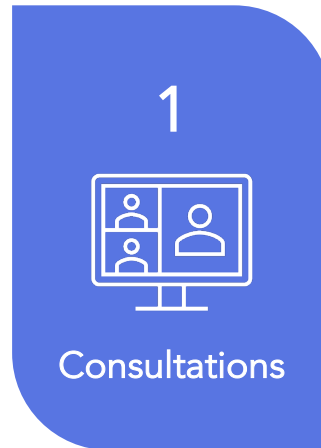
Scan of the early childhood development data for the Latrobe Valley to confirm or reject the proposed challenges in the area

Working in collaboration between NMC, LHA, and the advisory group to identify the services that already exist for early childhood development in the Latrobe Valley

**4**

**Current Services Scan**

**3**
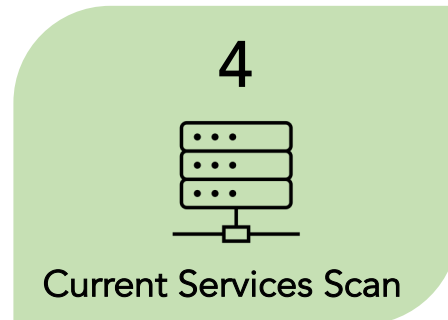
**Community Survey**

Development and circulation of a community survey to gain feedback and insight into ECD challenges and LHA's Five Pillar Framework

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## 3.1 Consultation

The consultations provided unique insights from various stakeholders involved in early childhood development to better inform the data gathered, and direction of the early childhood development project

Consultations with stakeholders were conducted to provide a unique and stronger understanding into ECD in the Latrobe Valley, and facilitated the determination for the direction of the project

The ECD Project involved consultations with ;

(a) **The LHA Advisory Group** – provided increased insight and awareness of the current challenges for early childhood development across the Latrobe Valley

(b) **The LHA Full Assembly** – provided a greater understanding of whether the insights from the Advisory group were generally agreed upon from a broader audience

(c) **Latrobe City Council** – provided a clearer understanding of the existing services for early childhood development in the Latrobe Valley

(d) **Go Goldfields** – provided inspiration of early childhood development frameworks and methodologies for potential and future adoption in the Latrobe Valley region
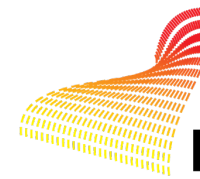
## 3.2 Health Data Research

An offline scan of early childhood development in Latrobe Valley was conducted to provide confirmation for the challenges identified by the LHA Advisory Group

Following the identification of pertinent challenges and opportunities, a scan of early childhood Latrobe Valley data was conducted to either support or reject the identified challenges

The aim of the data research was to provide data-driven decision making and decipher where the focus of future opportunities should lie

Both data 'for' and 'against' each of the challenges identified was presented to the Full Assembly

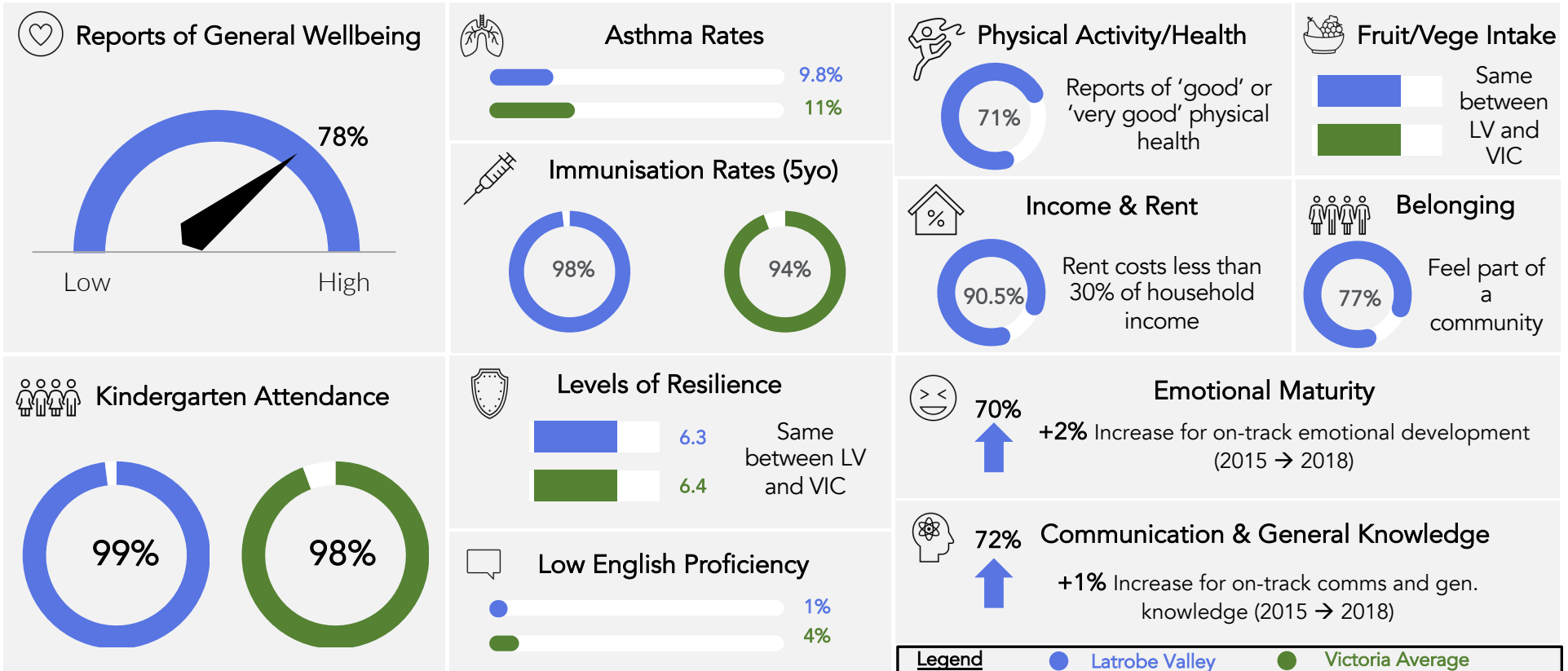### Data associated with specific challenges



| The Data and Evidence |
|---|
| **For** |
| - LV residents pay approximately $30 to get from home to CBD/Docklands[7] |
| **For** |
| - Out of 18 fruit and vegetable items, some satellite towns were missing 16 items (significant gap between towns)[20] |
| **For** |
| - 19.5% of LV households do not have access to internet connection (13.6% for rest of Victoria)[12] |
| **For** |
| - 79.7% of LV residents believe there are good facilities and services in LV *(but need to take into account responses in Traralgon and larger towns in region)* – 82.5% for remainder of Victoria[3] |
| **Against** |
| - 26.4% of residents are currently renting[12] |
| - Social housing as a percentage of total dwellings in LV is 6.9% vs 3.8% for remainder of Victoria[3] |
| - 90.5% of residents report that rent costs less than 30% of household income[12] |
| **For** |
| - For every 1 fresh food outlet, there are 3.7 takeaway food outlets in Latrobe[8] |
| - Still searching for Vic average |

*Note:* Refer to Appendix B for the complete list of data collected

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# 3.2.1 Positive Data

Whilst the journey has focused on identifying and exploring challenges, Latrobe Valley still report positive data in certain development areas such as wellbeing, physical health, and educational attendance

Positive data for early childhood development in the Latrobe Valley was identified and reported for the purposes of increasing impact through ensuring that prospective initiatives were targeted in the right areas

### Reports of General Wellbeing

78%

Low — High

### Kindergarten Attendance

99%    98%

### Asthma Rates

9.8%
11%

### Immunisation Rates (5yo)

98%    94%

### Levels of Resilience

6.3
6.4
Same between LV and VIC

### Low English Proficiency

1%
4%

### Physical Activity/Health

71% — Reports of 'good' or 'very good' physical health

### Income & Rent

90.5% — Rent costs less than 30% of household income

### Fruit/Vege Intake

Same between LV and VIC

### Belonging

77% — Feel part of a community

### Emotional Maturity

70% — +2% Increase for on-track emotional development (2015 → 2018)

### Communication & General Knowledge

72% — +1% Increase for on-track comms and gen. knowledge (2015 → 2018)

**Legend**    ● Latrobe Valley    ● Victoria Average

VicHealth Indicators Survey (2015
YourHealth Vic (2021)
Deloitte Evaluation of LHA innovation (2018)
Gippsland PHN Latrobe Snapshot (2018)
Quick Stats Census Latrobe Valley (2016)

*Note:* Data differs between LV towns – resources for inter-town comparisons can be found in Appendix D

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## 3.3 Survey

A community survey was developed and circulated to gain a greater understanding of the community's perception of LHA's Five Pillar Framework, and identified challenges. The survey will be simplified and re-distributed with the aim of increasing sample size

A Community Survey involving the Five Pillar Framework and identified challenges was developed on JotForm and circulated/promoted across the community (via LinkedIn, the LHA website, and Facebook)

The survey asked participants for their:
a. Demographics
b. Perception of the Five Pillar Framework
c. The challenges pertaining to each pillar of the Framework

The survey aimed to increase the potential sample size and to gain a greater understanding of the attitudes and beliefs towards the Five Pillar Framework and identified challenges by the LHA Advisory Board

Due to the difficulty of the survey, the response rate was lower than expected, a simplified version of the survey will therefore be distributed (results TBD)

# 3.4 Existing Services

A list of existing services was developed through an offline desktop scan, and consultations with relevant stakeholders involved with early childhood development across the Latrobe Valley

Throughout the project journey, a list of existing services was developed.

The aim of the existing services list was to provide the community with a repository of services to build increased awareness, knowledge, and access

- The list was developed from multiple sources, including;

    (a) Desktop scan

    (b) Consultation with LHA

    (c) Consultation with Latrobe City Council

    (d) Input from advisory group and full assembly workshops
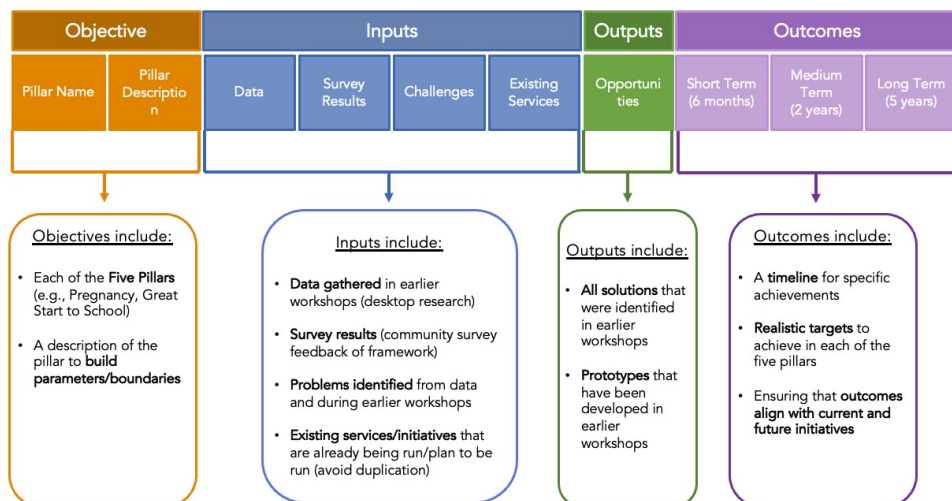
*Note:* The resulting list of existing services can be found in the logic maps (slide 20-24)

## Existing Services in the Logic Map

# 3.5 Logic Map Rationalisation

Due to the broad nature of the key question (and age range), and the abundance of data collected, logic maps were developed to accompany the Five Pillar Framework and encapsulate gathered information in a uniform process document

| Objective | | Inputs | | | | Outputs | Outcomes | | |
|---|---|---|---|---|---|---|---|---|---|
| Pillar Name | Pillar Description | Data | Survey Results | Challenges | Existing Services | Opportunities | Short Term (6 months) | Medium Term (2 years) | Long Term (5 years) |

**Objectives include:**

- Each of the **Five Pillars** (e.g., Pregnancy, Great Start to School)

- A description of the pillar to **build parameters/boundaries**

**Inputs include:**

- **Data gathered** in earlier workshops (desktop research)

- **Survey results** (community survey feedback of framework)

- **Problems identified** from data and during earlier workshops

- **Existing services/initiatives** that are already being run/plan to be run (avoid duplication)

**Outputs include:**

- **All solutions** that were identified in earlier workshops

- **Prototypes** that have been developed in earlier workshops

**Outcomes include:**

- A **timeline** for specific achievements

- **Realistic targets** to achieve in each of the five pillars

- Ensuring that **outcomes align with current and future initiatives**

*Note:* Refer to Appendix B & C for logic map raw data (e.g., challenges, opportunities, prototypes etc.)

Logic Maps were primarily developed to provide;

- A framework and methodology for continuous improvement and development

- Streamline workshop activities

- Assurance that children across the 0–8-year-old age range are being accounted for

- Encapsulate all input across the project (i.e., challenges, opportunities, data, existing services, and potential outcomes)

# 3.5.1 LHA's Five Pillar Framework

LHA gained inspiration from other models to develop a framework that encapsulates the identified challenges (and associated data), opportunities, existing services, and outcomes to account for each age group (between 0-8 years old)

### Pregnancy

- **Support** mothers and parents through physical and psychological
- **Preparing** them for parenthood

### Confident Parents

- Build confident parents through **community engagement** and **access to services**/resources
- Build **strong emotional connections** with babies/toddlers

### Safe & Healthy Children

- Ensure **children are safe** from violence and feel a **sense of belonging** in the community
- Promote **healthy behaviours** (e.g., nutrition, physical activity, engagement with learning)
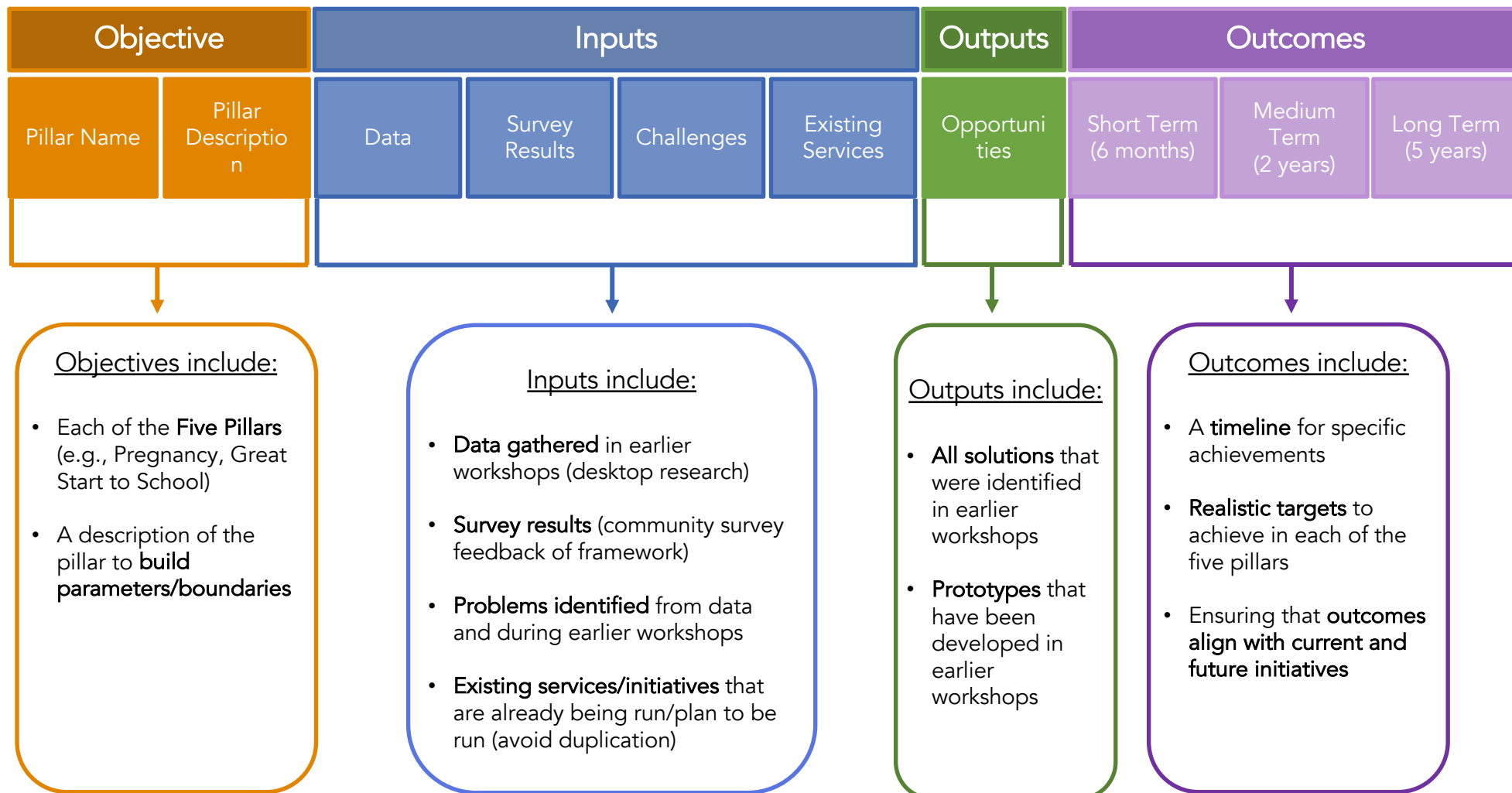
### Value of Education

- Increase early years education **participation**
- Build strong **social** and **emotional identities**
- Promote **curiosity**, and increase **engagement** with learning wellbeing

### Great Start to School

- Define **clear pathways** to schooling
- Provide **resources** to ensure health, safety, and confidence
- Foster **collaboration** between early year education to ensure **equity** for children in Latrobe Valley

# 3.6 LHA's ECD Five Pillar Framework

The Five Pillar Framework was mapped against current progress from LHA ECD Workshops and Full Assembly meetings

| Objective | | Inputs | | | | Outputs | Outcomes | | |
|---|---|---|---|---|---|---|---|---|---|
| Pillar Name | Pillar Description | Data | Survey Results | Challenges | Existing Services | Opportunities | Short Term (6 months) | Medium Term (2 years) | Long Term (5 years) |
| | | | | | | | | | |

**Objectives include:**

- Each of the **Five Pillars** (e.g., Pregnancy, Great Start to School)

- A description of the pillar to **build parameters/boundaries**

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- **Problems identified** from data and during earlier workshops

- **Existing services/initiatives** that are already being run/plan to be run (avoid duplication)

**Outputs include:**

- **All solutions** that were identified in earlier workshops

- **Prototypes** that have been developed in earlier workshops

**Outcomes include:**

- A **timeline** for specific achievements

- **Realistic targets** to achieve in each of the five pillars

- Ensuring that **outcomes align with current and future initiatives**

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| Objective | | Inputs | | | | Outputs | Outcomes | | |
|---|---|---|---|---|---|---|---|---|---|
| Pillar Name | Pillar Description | Data | Survey Results | Problems | Existing Services | Opportunities | Short Term (6 months) | Medium Term (2 years) | Long Term (5-10+ years) |
| Pregnancy | 1. Supporting both parents with changes occurring throughout pregnancy  2. Assisting mothers with both physical and psychological occurrences during pregnancy  3. Supporting parents through changes and preparing them for parenthood  4. Supporting and considering diversity of parents and families today | 19.8% of the Valley are current smokers (compared to 15.7% for remainder of VIC) | XXX | High prevalence of parental smoking | Social Prescribing (LHA) | Support mothers and parents throughout pregnancy and through changes | Increased promotion of prenatal classes | Increased opportunities to access education prior to falling pregnant | Significant reduction in smoking during pregnancy |
| | | 52.9% of the Valley do not meet requirements for daily fruit and vegetable intake | XXX | Families in poverty have less access or knowledge of nutritional food | Prenatal classes (LRH) | Prenatal education in secondary schools | Increased opportunity to socialise with other pregnant parents | Young parents have clearer understanding of baby's communication needs | Increased number of obstetricians and pregnancy services across the Latrobe Valley |
| | | Healthy food basket in LV is $33 more than average price in VIC | XXX | Lack of interconnecting transport | Pregnancy Referral Program – create awareness of importance of good oral health during pregnancy to reduce risk of pre-term and low weight baby (LHA) | More child-focused, family-centred, strengths-based practices | Increased promotion of resources and services for expecting parents that is relevant to the Latrobe Valley | Hippy Program Proforma | Significant reduction in young pregnancies (e.g., 18–20-year-olds) |
| | | Areas of lower overall median incomes have 2.5x more exposure to fast food outlets | XXX | LV market is oversaturated with fast food options | Maternity Outreach – helps women manage pregnancy and challenging personal circumstances such as economic, family violence, drug and alcohol abuse (LRH) | Co-design approach to support young mothers | Prepare parents for changes to their relationships | Family Links – increased coordination, navigation, funding | Significant increase in young mothers completing formal education prior to falling pregnant |
| | | 7.2% of the Valley population experience food insecurity (compared to 4.6% for rest of VIC) | XXX | Low levels of physical activity | Healthy Mothers Healthy Babies – provides assistance to women to improve access to prenatal and postnatal care (Latrobe Community Health Services) | Be more creative with enhanced maternal and child health funding | Possum Skin Birthing Collaboration/Protocol | Post-Natal Mental Health/Well-being programs | Reduced alcohol consumption during pregnancy |
| | | LV has lower levels of medical consultations due to affordability (compared to remainder of VIC) | XXX | Lack of meaningful connection to babies/kids | Right @ Home – intensive sustained home visit to support families experiencing vulnerabilities or disadvantage from anti-natal period to 2 years old (LCC) | Young people encouraged to stay engaged and complete education before embarking on parenthood | | | 10 Funded Supported Playgroups/Social Groups |
| | | 2.2 of 100 girls below 18yo have given birth (2x more than VIC average) | XXX | Lack of sexual health education | Local GP – prenatal (LRH) | GP's needed who specialise in obstetrics | | | Increased participation in prenatal classes ((beyond promotion) |
| | | 18% of mothers in the Valley reported smoking during pregnancy (compared to 11% for VIC) | XXX | Lack of inclusivity in sex education (e.g., gender, LGBTQIA+ etc.) | Nutrition & Pre-natal Health and Wellbeing | Resources for coping strategies with common and different issues that arise with new borns | | | Increased average birth weight across Latrobe Valley |
| | | Alcohol-related ambulance attendees are 50% higher in the Valley (compared to VIC) | XXX | Services are often not used where they aren't known | Cradle to Kinder | Resources for communication strategies (i.e., love languages) | | | |
| | | Drug and alcohol services are 12.2 in the Valley (compared to 5.8 for rest of VIC) | | People are unaware of the services that are available to them | Pre-Conception Appt with GP (45 mins) – opportunity to plan journey | Advice on implementing and keeping up weekly schedules for parents | | | |
| | | 20% of children aged 0-4 have a single parent (compared to 15% for remainder of VIC) | | Sexual and reproductive health services are very hard to access | Imaging Services – Pathology Services | Receiving feedback from other couples on how they experienced the transition into parenthood | | | |
| | | 38.1% of the Valley attend prenatal visits in 1st trimester (compared to 65% for remainder of VIC) | | Long wait lists for mental health and relationship services | Aboriginal Voice (Welcome to Boorai Country) (LCC) | Groups for individuals' part of different ethnicities | | | |
| | | | | Pregnancy and first-time mother classes are not available in the local community | | Men's Parenting Groups | | | |
| | | | | Excessive alcohol consumption in parents | | Sexual/reproductive health education | | | |
| | | | | Large proportion of young parents in the Latrobe Valley | | Shared Care (midwives) | | | |
| | | | | Distribution of language and communication for expecting parents (e.g., inclusion, sensitivity) | | | | | |
| | | | | Cultural diversity – mental health services need to have culturally safe access | | | | | |
| | | | | Family violence and interconnection with mental health and AOD | | | | | |
| | | | | New birthing parents may not feel included/empowered especially when engaging with services | | | | | |

Assumptions

Dependencies

**Legend**
- Latrobe Health Assembly
- Latrobe Regional Health
- Latrobe Community Health Services
- Latrobe City Council
- Anglicare

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| Objective | | Inputs | | | | Outputs | Outcomes | | |
|---|---|---|---|---|---|---|---|---|---|
| Pillar Name | Pillar Description | Data | Survey Results | Problems | Existing Services | Opportunities | Short Term (6 months) | Medium Term (2 years) | Long Term (5 years) |
| Confident Parents | 1. Building confident parents through community connection and access to services<br>2. Providing parents with necessary resources to facilitate a positive start to life<br>3. Building positive emotional connections between new parents and infants | 1.1 GPs per 1000 in the Valley (need to account for higher concentration in certain LV towns) | XXX | High prevalence of parental smoking | Facilitated Supported Playgroups for mothers under 25 years old – education on how to interact with children and life skills (LCC) | Mobile Medical Service Hubs | Increased promotion of services that are available to new parents | Can understand signs and symptoms of potential challenges for their children | Reduced alcohol/drugs/gambling in front of children |
| | | 19.8% of the Valley currently smoke | XXX | Families in poverty have less access or knowledge of nutritional food | Parent Groups – first-time parents and children 6-week program with 1hr education (e.g., first aid, women's health) and 1hr of socialization (LCC) | Pre-screening for Kinder Children | Increased promotion to child and maternal health services | Increased opportunities for new parents to socialise in the Latrobe Valley | Increased child engagement with educational materials required to build motivation for kinder |
| | | 64.3% of the Valley attend 3yo maternal and child health checks | XXX | Lack of interconnecting transport | Maternal and Child Health Program – offers universal health care but also advanced maternal care (with nurses and family support workers) (LCC) | Adding child seats to PT | Increased promotion of needs at each period of early parenthood | Increased opportunities for pre-kinder screening | Increased employment opportunities for parents who need to work before and after school hours |
| | | Valley residents pay approximately $30 to get home from CBD/Docklands | XXX | Asthma and respiratory problems due to range of contributing factors | | Provide tech/internet rebate | | | |
| | | 9.8% of the Valley report asthma (but need to account for uncontrolled/poor management) | XXX | LV market oversaturated with fast food options | Parent Zone – parenting service that provide education and support to parents with knowledge, skills and confidence to enhance child's social and emotional development (Anglicare) | Parental opportunities expo including employment and English development | Greater understanding of low health check data | More access to paediatric specialists via telehealth – increased awareness of cognitive development delays | Increased access to child and maternal health services |
| | | Unemployment is 6.4% in the Valley (compared to 5.8% remainder of VIC) | XXX | Child's language development/literacy impacted by family's language/literacy barriers | | Fed Uni students' speech therapy placement opportunities | | | |
| | | Median household income is $300/week less than remainder of VIC | XXX | Lack of parental involvement in child raising and a lack of meaningful connection to babies/kids | Food For All Latrobe Valley – initiative to increase access to fresh nutritious food across the Valley (LHA) | Service Directory (equity access, inclusion, belonging) | Promotion of better life skills (through information) | Increased 3-year-old maternal care health visit rates | |
| | | Rate of children in out-of-home care is 13.4 in the Valley (compared to 4.6 for rest of VIC) | XXX | Lack of education, employment, and household income | | Entitlement and resource pooling | | | |
| | | The Valley court has 16% more children with Child Protection involvements compared to VIC | XXX | Family stress impacts child's emotional wellbeing, safety, mental health etc. | Asthma Management awareness campaign – awareness campaign to promote importance of up-to-date asthma management plans (LHA) | Engagement between schools and parents before kinder with parent advisory board | | | |
| | | Child abuse is 21.3 per 1000 in the Valley (compared to 6.7 for remainder of VIC) | XXX | Social exclusion leaves the onus on vulnerable families to try harder to socialise | | Extend telehealth nurse practitioner care to paediatric support services too | | | |
| | | 8 of every 100 people in the Valley report needing help with daily activities | | Large proportion of children exposed to excessive alcohol consumption | Baby Bounce – pre-literacy program with songs and rhymes weekly (LCC) | Longer kinder days that fit with bus times for working parents | | | |
| | | | | Parents are not aware of funding options | Best Start – place-based initiative to increase participation of vulnerable children in universal care through establishing agreed local proprieties and actions whilst reducing barriers (LCC) | Individualised Continuums of Need | | | |
| | | | | Some families need to decide between rent, food, repairs, studying | Parent and Infant Unit – space for parents and infants to strengthen their bond over 4 nights (LRH) | Establish Positive Parenting Centre | | | |
| | | | | Child health and allied health services (e.g., pediatrics, OT, speech, physio) are challenging to access | | Support Playgroup referral, engagement, and monitoring process | | | |
| | | | | Working mothers with young children report being unable to access services which leads to underemployment | Facilitated Supported Playgroups for parents – opportunities to learn, grow and develop through safe and supported play (SC) | Connect young parents to services the need to help their children connect to education and thrive and complete their own education | | | |
| | | | | Many children don't qualify for NDIS travel support to services | Gender Equity Project (LHA) | Increase awareness of available funding opportunity (grants available) | | | |
| | | | | Lack of early childhood day care leads to underemployed skills in the community | | Increase awareness of available funding opportunity (grants available) | | | |
| | | | | Isolated services between health, early childhood, and education impacts quality staff retention | Maternal Child Health Nurses (LCC) | Supporting new parents to build successful relationships post-birth | | | |
| | | | | Comprehensive health care and paediatric services require significant travel meaning health gets left unmet | Service Directories – Grant's Hub | Peer Support for New Parents | | | |
| | | | | Complex generational issues such as finance, housing, disability, multiple diagnoses, isolation | Multicultural Support | Investigate data around low access to health checks for low rates | | | |
| | | | | Parents and children need increased access to NDIS funding | | Maternal Child Health in Pharmacies | | | |
| | | | | Difficulties navigating the social support system (CALD communities) | Orange Door Services | | | | |
| | | | | High rates of gambling | | | | | |

Assumptions

Dependencies

**Legend**
- Latrobe Health Assembly
- Latrobe Regional Health
- Anglicare
- Latrobe City Council
- Save the Children
- Prototype
- Other
- Latrobe Community Health Services

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|---|---|---|---|---|---|---|---|---|---|
| Pillar Name | Pillar Description | Data | Survey Results | Problems | Existing Services | Opportunities | Short Term (6 months) | Medium Term (2 years) | Long Term (5-10+ years) |
| Safe & Healthy Children | 1. Promoting safety from violence, and providing belonging within the community  2. Increasing participation in the community and promoting healthy habits and experiences from a young age  3. Promoting a child's sense of belonging and understanding of themselves to foster stronger ties to the community  4. Promoting safety from violence by increasing participation in the community and promoting healthy habits | 7.4% of children have social or emotional problems at commencement of school (4.3% VIC) | xxx | Higher proportion of people with complex mental health problems in the Valley | School holiday programs that run out of long-day care centre (Moe ELC) (LCC) | Mobile Medical Service Hubs | Increased promotion of services provided for children & parents/families | Increased awareness of health issues associated with alcohol and drugs at a young age | Increased proportion of children meeting dietary needs (e.g., fruit/vege intake) |
| | | 31.6% of the Valley report high blood pressure (VIC is 24.5%) | xxx | High prevalence of parental smoking | Facilitated Supported Playgroups for mothers under 25 years old – education on how to interact with children and life skills (LCC) | 1000 Play Streets – modified street games | Increased awareness of current community events | Increased access to psychological/mental health services for kids from a young age | Reduction in parental smoking rates |
| | | 17.2 per 1000 children in the Valley are on child protection orders (compared to 5.2 for VIC) | xxx | Families in poverty have less access or knowledge of nutritional food | Immunisation Program – council run immunization sessions for parents to book in their children (LCC) | Pre-screening for kinder children | Empowering children to know about safety (what is safety?) | Increased attendance and opportunities in local sports | Increased attendance at community events to strengthen socialisation opportunities |
| | | 6 to 12 month wait times for legal services which impact or exacerbate child protection problems | xxx | Lack of interconnecting transport | Latrobe Street Games – collaboration with Gippsport to design and implement scheduled activities to increase physical activity and community connection (LHA) | Alcohol and drug campaign designed and presented by children – story books | | | |
| | | For every 1 fresh food outlet, there are 3.7 takeaway food outlets in the Valley | xxx | LV market oversaturated with fast food options | Healthy Supermarkets Latrobe – engaging supermarkets to implement changes and enable healthy choices for customers (LHA) | Early facilitated playground in each community dedicated for each developmental domain | | Increased inclusion in local sports | Increased number of community events in the Latrobe Valley |
| | | Out of 18 fruit and vegetable items, some satellite towns were missing 16 items (gap between towns) | xxx | Lack of parental involvement in child raising | Street Fruit Trees – planting fruit trees in kinders to increase access to free fruit in coming years (LHA) | Longer kinder days that fit within bus times for working parents | | | |
| | | Morwell, Moe, and Churchill in top 40 most disadvantaged suburbs | xxx | Lack of education, employment, household income | Active Kids Churchill – expo promoting local sport and recreation and preventing overuse of technology (LHA) | Resources and services to help parents maintain healthy relationships | | Increased attendance and opportunities in local sports | |
| | | Morwell experiences significantly higher crime rates compared to other Valley towns | xxx | Family stress impacts child's emotional wellbeing, safety, mental health etc. | | Street game social sports (e.g., kids' social soccer) | | | |
| | | 77/100 people feel like they belong in their community | xxx | Low levels of physical activity | Child Mental Health Services – provide specialist mental health treatment and care to children with moderate, severe, complex and disabling problems and disorders (LRH) | Subsidised swimming lessons | | Increased Library activities | Completion of Hazelwood Long-term health study |
| | | 19% of homes in the Valley are single-parent homes (compared to 15% for remainder of VIC) | xxx | Rental housing is often of very poor quality and stigma associated with parts of town | Little Libraries – increased access for children to read books with their parents and bond (LHA) | Concierge service (farmers markets, school pick up times, sporting times) | | | |
| | | The Valley has 13.2 per 100 crime per population (6,1 for remainder of VIC) | | Families are experiencing substance abuse and family violence | | Communicate with Latrobe PMVAW & Family Violence Alliance | | Increased extra-curricular activities (art, sport) | Increased access to food/nutrition |
| | | The Valley have higher immunization rates for 2yo (96%) compared to rest of VIC | | Some families "want to hide" and don't agree with support | Inner Gippsland Integrated Family Services (BCH) | | | | |
| | | The Valley is 27th highest pokie expenditure in Victoria | | GP turnover affects the health-seeking behaviour of families | Ramahyuck Clinic (RC) | | | Linking services (e.g., CHNiPS, physical literacy, people's kitchen, FFALV) | |
| | | The Valley has $732 lost on gaming machines per head (compared to $550 for VIC) | | Child protection has a very high demand and low staffing | Social Prescribing (LHA) | | | | |
| | | 17.8% of children in the Valley are currently living in poverty (compared to 11.7% for remainder of VIC) | | Excessive alcohol consumption in parents | Our Place – resource coordination, link families to schools (LCC) | | | Gathering place (free fruit/donations) | |
| | | High rates of reports of domestic violence in LV compared to rest of VIC | | Higher rates of gambling in the Valley | Street Libraries (LHA) | | | | |
| | | | | Barriers to sport participation such as cost, transport, confidence | Gippsland Family Violence Alliance | | | Increased use of leisure centres/facilities | |
| | | | | Negative experiences in 'the system' reducing help-seeking | Mental Health Café (LHA) | | | | |
| | | | | Spiritual and Cultural wellbeing/Connection to thrive | | | | Increase in skate park participation (decrease associated stigma) | |

Assumptions

Dependencies

Legend

- Latrobe Health Assembly
- Latrobe Regional Health
- Bass Coast Health
- Latrobe City Council
- Ramahyuck
- Prototypes
- Other

| Objective | | Inputs | | | | Outputs | Outcomes | | |
|---|---|---|---|---|---|---|---|---|---|
| Pillar Name | Pillar Description | Data | Survey Results | Problems | Existing Services | Opportunities | Short Term (6 months) | Medium Term (2 years) | Long Term (5 years) |
| Value of Education | 1. Increasing participation in early years education to build a stronger social and emotional identity  2. Promote the importance of early years education to increase enrolment and provide a platform for building inquisitiveness and wellbeing  3. Promote early years education in order to increase engagement with learning and wellbeing | 12.6% of children in the Valley have language development vulnerabilities (6.4% VIC) | XXX | Child's language development/literacy impacted by family's language or literacy barriers | Early Learning Centres: Three centres offering long day care (before and after kinder) (LCC) | 1000 Play Streets – modified street games | Increased promotion of the importance of kindergarten | Increased parental motivation for early child education & kinder | Increased child literacy and language abilities at the commencement of school |
| | | 1.1 GPs per 1000 in the Valley (need to account for higher concentration in certain towns) | XXX | Lack of parental involvement in child raising | Little Libraries - 10 street libraries to increase access to reading materials (LHA) | Rent-a-Grandparent Buddy System | | | |
| | | 16.3% of children in the Valley have development issues with fine and gross motor skills (8.2% VIC) | XXX | Lack of education, employment, household income | | Pre-screening for kinder children | Increased access to educational materials that are at home and online | Increased awareness of cognitive development delays at the beginning of school | Increased parental employment opportunities for parents that need to work before and/or after kinder times |
| | | 15.1% of children in the Valley experience emotional development vulnerabilities (8.1% VIC) | XXX | Low levels of physical activity | Wiggle and Jiggle – program for 2-3 year olds with props, songs, rhymes and movements to learn about direction, colours, numbers and body parts (LCC) | Alcohol and drug campaign designed and presented by children – story books | | | |
| | | 28.5% of children in the Valley experience one or more vulnerable developmental domains (20% VIC) | XXX | Sensory and auditory issues impacting behaviour and learning | | Provide Wi-Fi to isolated areas (e.g., bus stops, PT, phone boxes) | Audited Latrobe Early Learning facilities fit-for-purpose (3yo spaces) | Increased awareness of individualised approaches during kinder | Increased staffing in kindergartens |
| | | 27.5% of children in the Valley are considered developmentally vulnerable | XXX | Low levels of interest, support, and motivation to learn | Storytime – stories, songs, poems, activities where children listen to stories and develop language and motor skills (LCC) | Provide tech/internet rebate | | | |
| | | 19.5% of the Valley households do not have access to internet connection (13.6% for rest of VIC) | XXX | Cultural diversity leads to language barriers when accessing services | Pathways to Good Health – program provides medical and allied health services for children 12 or under in Out of Home Care (Latrobe Community Health Services) | School Welfare Teams | Reviewed scope and role of play groups Victoria and their local engagement | Increased enjoyment/attendance/social connection/interest in sport in schools | All learning facilities across LV are fit-for-purpose |
| | | 9.1% of the Valley households do not own a vehicle | XXX | Blockages in the relationship between early years education and government-led education programs | | Early facilitated playground in each community dedicated for each developmental domain | | | |
| | | Currently 21 kindergartens across the Valley | XXX | Mixed relationship between schools and early childhood services | HIPPY – home interaction program for parents and children to get children ready for school (Anglicare) | Activate child and parent/carer participation opportunities in education precinct | Identify opportunity for 1on1 parent/grandparent reading at kindergarten/early learning | | |
| | | | | Schools are experiencing increased student absenteeism | Good Start Early Learning Centres – Little Saints, Little Beavs etc. | Implement stronger kinder to school transition in school's strategic plans | | | |
| | | | | Difficulty attracting and retaining staff due to conditions of employment and leadership | | Improve respect between 0-8 year old professionals | | | |
| | | | | Misunderstanding about activity tests and financial entitlements to support access to ECEC | Kid Do – improving fundamental movement skills of children 0-8yo | Identify opportunities on existing skills in the community focusing on quality and stable staffing | | | |
| | | | | Parents who had bad schooling experience lack value for schooling and education | | Longer kinder days that fit within bus times for working parents | | | |
| | | | | Very high demand for paediatric speech services | | Schools and Council exploring possibilities to share early childhood staff | | | |
| | | | | Impact of trauma delays ongoing learning | | Extend flexibility of early childhood services and sharing staff with kindergarten | | | |
| | | | | Educators who are fast-tracking early years degrees decrease education quality | | OT's travelling in minibus equipped with range of resources to suit diverse needs | | | |
| | | | | Lack of Allied Health Professionals (speech, OT, psych ax.) | | OT's and psych services in sensory gardens rather than offices | | | |
| | | | | Low physical literacy of student/parents/educators | | Bush kinder nature-based programs | | | |

Assumptions

Dependencies

**Latrobe Health Assembly** : Shaping The Valley | **NINETY MILE CONSULTING**

| Objective | | Inputs | | | | Outputs | Outcomes | | |
|---|---|---|---|---|---|---|---|---|---|
| Pillar Name | Pillar Description | Data | Survey Results | Problems | Existing Services | Opportunities | Short Term (6 months) | Medium Term (2 years) | Long Term (5 years) |

**Pillar Name:** Great Start to School

**Pillar Description:**
1. Define clear pathways for schooling to ensure health, safety, and confidence of students
2. Provide resources for early schooling to ensure health, safety, and confidence of students, parents, and educators
3. Collaboration between organisations in early years education to ensure that all children in the Valley are accounted for
4. Increase support/collaboration for support agencies that are working with families prior to commencement of school
5. Protocols and responses identified and put in place for cultural considerations at school

**Data:**
- 1.1 GPs per 1000 in the Valley (need to account for higher concentration in certain LV towns)
- 17% of children in the Valley experience social development issues (compared to 8.8% for rest of VIC)
- 17.3% of children in the Valley commence school with speech or language problsms
- Out of 6 developmental domains, children in the Valley experience greatest issues with language and cognitive skills

**Survey Results:**
- XXX
- XXX
- XXX
- XXX
- XXX
- XXX
- XXX
- XXX
- XXX

**Problems:**
- Child's language development/literacy impacted by family's language or literacy barriers
- Lack of skilled practitioners to help identify complex child behaviours
- Families in poverty have less access or knowledge of nutritional food
- LV market oversaturated with fast food options
- Sensory and auditory issues impacting behaviour and learning
- Lack of parental involvement in child raising
- Lack of education, employment, household income
- Low levels of physical activity
- Lack of interest, support, motivation to learn
- Children miss out on social opportunities (e.g., sport) due to concerns of cost and social exclusion
- Lack of shared information across professional boundaries generate unhelpful perceptions of each other
- Need to improve quality and participation in ECEC with focus on upskilling early years staff
- High levels of student absenteeism
- Low physical literacy/education of students, parents and staff
- Lack of Allied Health Professionals in LV (OT, Speech, Psych)
- Lack of before and after school programs due to staff shortages (DET regulations = barrier)
- Lots of children in out-of-home-care are not supported
- Health issues identified by CHNiPS program (e.g., lice, anxiety)
- Certain geographical areas are isolated

**Existing Services:**
- KYPPS Flo School – provides tailored and customised learning to engage and motivate students (Schools)
- Food For All Latrobe Valley – initiative to increase access to fresh nutritious food across the Valley (LHA)
- Therapy Dogs (Morwell Park Primary) – grant approved to introduce therapy dogs in at least 4 schools for mental health and wellbeing (LHA)
- Val-YOU Reading Program – equip 30 educators, parents, and community members with tools required to work with children and develop foundational language/literacy skills (LHA)
- Read to Me – one-on-one literacy program for children to read books at their own pace to library staff (LCC)
- After School Arts and Crafts – art and craft activities for primary school children (LCC)
- Australian Literacy and Numeracy Foundation (early years development, speech pathologist)
- Department of Education and Training provide OTs and speech
- Child Health Insurance Program (CHNiPS)
- Sporting Schools
- Our Place – resource coordination, link families to schools (LCC)
- Mobile OT (Services Gippsland)

**Opportunities:**
- Rent-a-Grandparent Buddy System
- Alcohol and drug campaign designed and presented by children – story books
- School Welfare Teams
- Early facilitated playground in each community dedicated for each developmental domain
- Extend telehealth nurse practitioner care to paediatric support services too
- Entice medical practitioners to the Latrobe Valley region
- Identify barriers to participation/engagement and services to address issues
- Big Brother/Sister Buddy System
- Increased access to books
- OT's and psych services in sensory gardens rather than offices
- Involve parents in school activities (e.g., veggie garden, morning chats)

**Short Term (6 months):**
- Increased promotion of resources for school preparation
- Increased promotion of resources and services for parents of primary school children
- Increase promotion for importance of collaboration between early year education organisations
- Increase advertising of services that already exist (e.g., Joey's Club, Library reading etc.)
- Scan and Post on Facebook (kinders, schools, agencies, councils)

**Medium Term (2 years):**
- Reduced pressure for parents to only work during kinder/primary school times
- Increased nutrition and wellbeing of students
- Increased monitoring of student developmental challenges
- Increased linkage between primary schools and telehealth services
- Increased support and connection between parents of students
- Increased parental participation in activities schools activities
- Current services available consistently posted in Best Start Newsletter
- Increased before and after school care (without increasing teacher workload)
- Running a Parent and Family Summit – sharing resources and ideas

**Long Term (5 years):**
- Reduced language and literacy development challenges
- Increased skills in kindergarten and early primary school staff
- Improved mental wellbeing of students
- Increased access to resources required for school (e.g., exercise books, stationary)
- Grade 5 NAPLAN results in Latrobe Valley compared to rest of state

Assumptions

Dependencies

# Recommendations

# 4. Recommendations

Ninety Mile Consulting recommend that LHA begin to differentiate data and potential opportunities between towns, remain focused on success targets (particularly short-term outcomes), and continuously update logic maps with any new developments

### Intertown Data
Due to significant differences between towns in Latrobe Valley, data should be analysed to identify the individual needs of each community
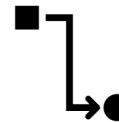
### Ensure Impact
Utilise inter-town data in Latrobe Valley to enable greater impact for each respective community

### Success Targets
A consensus should be reached on key success data to enable greater identification of LHA's ECD data targets

### Existing Services
LHA should agree to maintain the existing list of services to build a repository to increase community awareness and access

### Updates
LHA should continue updating the logic maps in line with any changes or new developments in ECD

### Short-Term Outcomes
LHA should ensure that all members of the Advisory and Assembly are committed to the agreed 6-month outcomes (and reduce the scope if not)

# 4. Recommendations

Ninety Mile Consulting recommend promoting the developed logic maps, focus on new opportunities, and continue to revise pertinent data to ensure that outcomes are being tracked and measured

### Logic Map Promotion
LHA should aim to promote the developed (and updated) logic maps through circulation with partners and the community to refine and build

### Logic Map Methodology
LHA should ensure that the methodology and logic map process is maintained

### New Opportunities
LHA should remain open to community and advisory board ideas for new opportunities that meet any listed challenges

### Focus on Outcomes
LHA should initially remain focused on short-term outcomes (6 months), but also account for the long-term impact of these outcomes (10 years)

### Outcome Tracking
LHA should ensure that outcomes are consistently being tracked to determine achievement and progress is sustained
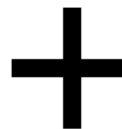
### Data Revision
LHA should incorporate a bi-annual or annual session to ensure challenges, opportunities, services, and data are contemporary and updated

# Appendix

# Appendix A – LHA's Initial Framework

A bioecological framework was utilised to categorise ECD challenges across health, geographic, sociodemographic, and risk factors. These categories then were analysed by intersecting with child, family, and community level challenges.
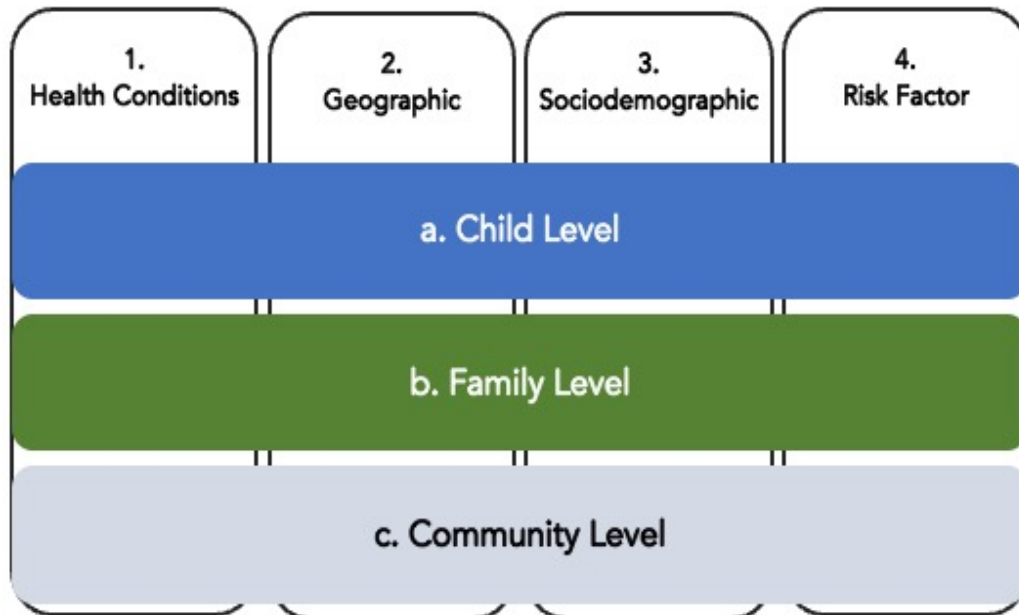


- The bioecological framework provided the Advisory Group with **guidance** for identifying challenges

- Challenges and opportunities were linked and **associated with their respective category and level**

# Appendix B Challenges & Opportunities

## The detailed list of identified challenges for ECD in the Latrobe Valley

| Health Condition Challenges | No. of Votes | Level | The Data and Evidence |
|---|---|---|---|
| "LV community has higher proportion of people experiencing complex mental health conditions" | 5 | Community | **For**<br>- 16.3 per 1000 residents in LV are registered mental health clients (11.1 per 100 for Victoria)[3]<br>- 17% of LV residents report high or very high psychological distress[11]<br><br>**Against**<br>- LV residents report very similar resilience scores to remainder of Victoria (6.3 and 6.4 respectively)[1]<br>- LV General wellbeing score is 78.3 and 77.3 for remainder of Vic[1] |
| "Lack of skilled practitioners to identify behaviours" | 4 | Community | **Against**<br>- Number of GPs per in LV is 1.1 per 1000 vs 1.2 per 1000 for remainder of Victoria[3] *(but need to account for higher concentrations in certain LV towns)* |
| "Asthma/respiratory problems due to range of contributing factors" | 4 | Child | **Against**<br>- Latrobe Air quality has been ranked in 'good' to 'very good' (75-89% - Traralgon, Morwell South and East, Moe, Churchill & 57% - Wangaratta) air quality *for at least 75% of the time* which is similar to Melbourne and Geelong region (range 74-95%)[2]<br>- Latrobe asthma is 9.8% compared to remainder of Victoria at 10.9%[3] *(but need to take into account uncontrolled/poor management of asthma)* |
| "High prevalence of smoking in parents (of LV)" | 4 | Family | **For**<br>- 19.8% current smokers vs 15.7% for remainder of Vic[3] |
| "Families in poverty have no access or knowledge of nutritional food (cost, availability, food preparation)" | 4 | Family | **For**<br>- 52.9% of LV do not meet requirements for daily fruit and veg vs 51.1% for remainder of Victoria[3]<br>- 22.5% of LV drink soft drink every day vs 15.9% of rest of Victoria[3]<br>- Healthy food basket in LV is $33 more than average Victorian price[20]<br>- Out of 18 fruit and vegetable items, some satellite towns were missing 16 items (significant gap between towns)[20]<br>- Average price for basket of healthy fruit and veg would cost more than 35% of family of four's Centrelink payments[20]<br>**Against**<br>- Fruit and vegetable consumption in LV fares the same or is better than the remainder of Victoria[4] |

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# 7.2. Challenges & Opportunities (contd.)

The detailed list of identified challenges for ECD in the Latrobe Valley

| Health Condition Challenges (contd.) | No. of Votes | Level | The Data and Evidence |
|---|---|---|---|
| "Sensory & Auditory issues impacting behaviour and learning" | 3 | Child | **For**<br>- 27.5% of children in LV considered developmentally vulnerable (19.5% for remainder of Victoria)[3] |
| "Poor nutrition (malnourishment & obesity)" | 3 | Child | **For**<br>- Areas of lower overall median incomes have 2.5x more exposure to fast food outlets[13]<br>- Increased fast food purchasing was found to associate with lower levels of education and decreased household income[14]<br>- 7.2% of population in LV experiencing food insecurity vs 4.6% for rest of Victoria[3] |
| "Inability to access services, lack of awareness and issues – intergenerational behaviours" | 2 | Family | **For**<br>- LV has lower levels of medical consultations than remainder of Victoria (due to affordability)[4]<br>**Against**<br>- Percentage of children attending 3yo maternal and child health checks is 64.3% in LV (64.4% for rest of Victoria)[3]<br>- 2.2 of 100 girls below 18yo have given birth (2x more than Vic average)[11]<br>- 18% of mothers reported smoking during pregnancy in LV (Vic average is 11%)[19] |

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# 7.2. Challenges & Opportunities (contd.)

The detailed list of identified challenges for ECD in the Latrobe Valley

| Geographical Challenges | No. of Votes | Level | The Data and Evidence |
|---|---|---|---|
| "Lack of interconnecting transport" | 6 | Community | **For**<br>- LV residents pay approximately $30 to get from home to CBD/Docklands[7] |
| "Four large towns and many small towns can create dislocation within community" | 4 | Community | **For**<br>- Out of 18 fruit and vegetable items, some satellite towns were missing 16 items (significant gap between towns)[20] |
| "Lack exposure to digital technology/books/other programs" | 3 | Child | **For**<br>- 19.5% of LV households do not have access to internet connection (13.6% for rest of Victoria)[12] |
| "Where a child lives in LV impacts availability to access infrastructure and services (i.e. water park, cinema, arts centre)" | 3 | Child | **For**<br>- 79.7% of LV residents believe there are good facilities and services in LV *(but need to take into account responses in Traralgon and larger towns in region)* – 82.5% for remainder of Victoria[3] |
| "Lack of housing for families experiencing vulnerabilities/disadvantages" | 3 | Family | **Against**<br>- 26.4% of residents are currently renting[12]<br>- Social housing as a percentage of total dwellings in LV is 6.9% vs 3.8% for remainder of Victoria[3]<br>- 90.5% of residents report that rent costs less than 30% of household income[12] |
| "Low SES families lack library/technology – limits access to services and information" | 3 | Family | |
| "LV market is overly saturated with fast food options" | 3 | Community | **For**<br>- For every 1 fresh food outlet, there are 3.7 takeaway food outlets in Latrobe[6]<br>- Still searching for Vic average |
| "Planners/government/community have poor perception of LV" | 2 | Community | **For** |

# 7.2. Challenges & Opportunities (contd.)

The detailed list of identified challenges for ECD in the Latrobe Valley

| Geographical Challenges (contd.) | No. of Votes | Level | The Data and Evidence |
|---|---|---|---|
| "No vehicle inhibits community capacity to travel leading to social isolation and insular communities" | 2 | Community | **For**<br>- Percentage of households with no vehicle in LV is 9.1% vs 8.7% for remainder of Victoria[3] |
| "Lack appropriate health services because of LV external perceptions" | 1 | Community | |
| "Within towns and neighbourhoods families with similar demographics are geographically linked/closer" | 1 | Community | **For**<br>- Morwell in top 5, Moe and Churchill are reported to be in top 20 and 40 (respectively) most disadvantaged suburbs[18] |
| "In LV seems to be a sense of community division and competition among towns" | 1 | Community | |
| "Lack of accessible transport" | 1 | Community | **For**<br><br>- Percentage of population near public transport in LV is 64.7% compared to 74.2% for remainder of Victoria[3]<br>- 78% of people in LV travel to work by car as as driver or passenger compared to 1.8% who utilise PT to get to work[12] |

# 7.2. Challenges & Opportunities (contd.)

The detailed list of identified challenges for ECD in the Latrobe Valley

| Sociodemographic Challenges | No. of Votes | Level | The Data and Evidence |
|---|---|---|---|
| "Lack of parental involvement in child raising" | 8 | Family | **Against**<br>- 67.3% of LV share a meal with family 5+ times a week vs 66.3% for remainder of Victoria[3] |
| "Lack of education, employment, household income" | 7 | Family | **For**<br>- Unemployment in LV is 6.4% compared to 5.8% for remainder of Victoria[3]<br>- Unemployment is 3x higher for Aboriginal Victorians than general Victorian population (16% vs 6%)[8]<br>- Median household income in LV is $942 vs $1,216 for remainder of Victoria[3]<br><br>**Against**<br>- Kindergarten attendance in LV is 98.7% vs 98% for remainder of Victoria[3] |
| "Pockets of significant disadvantage" | 5 | Community | **For**<br>- 26 of every 100 people in Latrobe report very high disadvantage[11]<br>- Morwell experiences significantly greater crime rates compared to other large towns in LV (i.e., Traralgon and Moe)[16]<br>- Unemployment in Morwell is 13.7% and 9.5% for Moe *(the employment rates drastically differ between towns)*[17]<br>- Morwell in top 5, Moe and Churchill are reported to be in top 20 and 40 (respectively) most disadvantaged suburbs[18] |
| "Child's language development/literacy can be impacted by families language or literacy barriers" | 5 | Child | **For**<br>- Minimum national literacy level in Latrobe is 90.7% vs 95% for remainder of Vic (Year 9)[3]<br>- Percentage of children with speech or language problems at entry of school is 17.3% in Latrobe vs 13.8% for rest of Victoria[3]<br><br>**Against**<br>- Percentage of families with low English proficiency is 1% in LV vs 4% for remainder of Victoria[3] |

# 7.2. Challenges & Opportunities (contd.)

The detailed list of identified challenges for ECD in the Latrobe Valley

| Sociodemographic Challenges (contd.) | No. of Votes | Level | The Data and Evidence |
|---|---|---|---|
| "Do not develop a connection with community" | 3 | Child | **Against**<br>- 77/100 people feel like they belong in their community[11] |
| "Families have lower levels of family support (i.e. choose not to access, awareness, insufficient resources, overloaded services)" | 3 | Community | **Against**<br>- Percentage of children fully immunised at 2yo is 95.9% in LV vs 91.7% for remainder of Victoria[3]<br>- 98% of 5 year old's in Latrobe are fully immunised (compared to 94% for rest of Vic)[11] |
| "Greater difficulties with parenting" | 2 | Family | **For**<br>- Percentage of single parent homes in LV is 19% vs 15.5% for remainder of Victoria[3]<br>- LV has a 13.2 per 100 for crime per population (state average is 6.1)[16] |
| "Lack of interest, support, motivation to learn" | 1 | Child | **For**<br>- 62.4% did not complete Year 12 in LV vs 43.7% for remainder of Victoria[3]<br>- 24.8% completed Higher Ed in LV vs 45.7% for rest of Victoria[3] |
| "Culturally diverse community which can lead to language barriers when accessing services" | 1 | Community | **For**<br>- LV kids wellbeing, social competence, emotional maturity and general knowledge (range from 7.7-8.3) was ranked higher than language and cognitive skills (6.1)[15] |
| "Parental involvement impacting child confidence and educational development" | 1 | Child | **For**<br>- 8 of every 100 people in LV report needing help with daily activities[11] |
| "Families experiencing language/literacy barriers feel disconnected from child education and community impact" | 1 | Community | |

# 7.2. Challenges & Opportunities (contd.)

## The detailed list of identified challenges for ECD in the Latrobe Valley

| Risk Factors | No. of Votes | Level | The Data and Evidence |
|---|---|---|---|
| "Family stress impacts child's emotional wellbeing/safety/mental health/physical health/education" | 8 | Child | **For**<br>- Rate of children in out of home care per 1000 is 13.4 in LV vs 4.6 for remainder of Victoria[3]<br>- Percentage of children with social or emotional problems at school entry in LV is 7.4% compared to 4.3% for rest of Victoria[3] |
| "Decreased physical activity impact poorer health, social, emotional, education and well-being" | 6 | Child | |
| "Low levels of physical activity lead to increased health conditions (i.e. obesity and high blood pressure)" | 6 | Family | **For**<br>- Percentage of high blood pressure reports in LV is 31.6% vs 24.5% for remainder of Victoria[3]<br>**Against**<br>- Percentage of people who do not meet physical activity guidelines in LV is 25% vs 32.1% for remainder of Victoria[3] |
| "Families leading sedentary lifestyle contribute to chronic diseases and poorer mental health" | 3 | Family | **For**<br>- Percentage of people with obesity in LV is 23.8% vs 17.3% for remainder of Victoria[3] |
| "Alcohol consumption increased risk of family violence and unemployment" | 3 | Family | **For**<br>- LV Court report substantially higher proportion of children with current or prior statutory Child Protection involvements (36%) compared to metro Melbourne courts (20%)[8]<br>- Rate of children on child protection order per 1000 in LV is 17.2 vs 5.2 for remainder of Victoria[3]<br>- Child abuse is 21.3 per 1000 in Latrobe vs 6.7 per 1000 for rest of Victoria[3]<br>- 6 to 12 month wait-times for legal services which impact or exacerbate child protection problems[8]<br>- Alcohol related ambulance attendances are 50% higher in LV than Vic[11] |

# 7.2. Challenges & Opportunities (contd.)

The detailed list of identified challenges for ECD in the Latrobe Valley

| Risk Factors (contd.) | No. of Votes | Level | The Data and Evidence |
|---|---|---|---|
| "Parental gambling and exposure leads to financial loss" | 3 | Family | **For**<br>- Gaming machine losses per head is $732.3 in LV vs $549.5 for remainder of Victoria[3]<br>- $34.5m spent on pokies per year[10]<br>- $129.5k spent on pokies per day (2019-2020)[10]<br>- LV is 4th in Victoria for SES disadvantage[10] |
| "Increased social acceptability of gambling" | 2 | Community | **For**<br>- 27th highest pokie expenditure in Victoria[10] |
| "High % of families exposed to excessive alcohol consumption" | 2 | Family | **For**<br>- Drug and alcohol services are 12.2 in LV compared to 5.8 for remainder of Victoria[3]<br>**Against**<br>- Percentage of persons at risk of short-term harm from alcohol consumption in LV is 7.8% vs 9.1% for remainder of Victoria[3] |
| "Gambling: children impacted by the advertisements" | 1 | Child | |
| "Playing pokies with friends and incentives (i.e. free meals)" | 1 | Community | |
| "Alcohol impact on learned behaviours" | 1 | Child | Identified in data already reported above |
| "Alcohol impact on family cohesion" | 1 | Child | Identified in data already reported above |

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# 7.2. Challenges & Opportunities (contd.)

The detailed list of identified opportunities for ECD in the Latrobe Valley

🔵 Low Votes
🟡 Replication
🟢 Linked to larger initiative

| Geographical Challenges | Associated Opportunities | Outcomes |
|---|---|---|
| The Valley are concerned about the lack of access to transport as this increases social isolation and promotes an insular community | Adding child seats to PT | 🔵 |
| | Exploring the barriers to young parents getting license | 🔵 |
| | Decentralising services | 🔵 |
| Low SES families in the Valley lack access to technology and internet which restricts access to services and information | **Provide Wi-Fi to isolated areas (i.e., bus stops, PT, phone boxes)** | ✅ |
| | Provide tech/internet rebate | 🔵 |
| | Partner with AB to navigate connection and plan setup – support and resources | 🔵 |
| | Tailoring services (i.e., Wi-Fi cube, dongle) | 🔵 |
| There is lack of housing for significantly disadvantaged families in the Valley | Setting up trailer park – rented caravans | 🔵 |
| | Increased NRAS awareness | 🔵 |
| | Bring the Block to the Valley | 🔵 |
| | Incentivising room rentals/couch surfing | 🔵 |

# 7.2. Challenges & Opportunities (contd.)
The detailed list of identified opportunities for ECD in the Latrobe Valley

🔵 Low Votes
🟡 Replication
🟢 Linked to larger initiative

| Risk Factor Challenges | Associated Opportunities | Outcome |
|---|---|---|
| Increased family stress in the Valley has a negative impact on a child's emotion well being, safety, mental health, physical health, and education | "Feelings" resources in GP practices; early intervention modernised training → Interactive activity stations for children | ✅ |
| | School Welfare Team | 🔵 |
| | Support Groups (peer); relevant resources (books) | 🔵 |
| | School Nurse Program | 🟡 |
| | Integrated Service Model | 🔵 |
| | Improved family support services – identify those in need | 🔵 |
| | Partnerships | 🔵 |
| The Valley are experiencing low levels of physical activity and high levels of sedentary behaviour | Subsidised costs; diverse activities; all ability opportunity; range of facilities; education programs – (does not align with strategic vision) | 🟢 |

# 7.2. Challenges & Opportunities (contd.)
The detailed list of identified opportunities for ECD in the Latrobe Valley

- 🔵 Low Votes
- 🟡 Replication
- 🟢 Linked to larger initiative

| Risk Factor Challenges | Associated Opportunities | Outcome |
|---|---|---|
| The Valley experience higher than average populations that consume alcohol and drugs on a regular basis | Alcohol and Drug campaign designed and presented by children; children write story books | ✅ |
| | Increase AOD workforce | 🔵 |
| | Increased NRAS awareness | 🔵 |
| | Bring the Block to the Valley | 🔵 |
| | Incentivising room rentals/couch surfing | 🔵 |
| The Valley have significantly high rates of gambling and financial losses each year | Peddled power gambling machines | 🔵 |
| | Education pitched at children | 🔵 |

# 7.2. Challenges & Opportunities (contd.)

The detailed list of identified opportunities for ECD in the Latrobe Valley

🔵 Low Votes
🟡 Replication
🟢 Linked to larger initiative

| Sociodemographic Challenges | Associated Opportunities | Outcome |
|---|---|---|
| The Valley have reduced education, employment, and income opportunities | Mobile libraries (link to little libraries) | 🟢 |
| | Rent-a-Grandparent | 🔵 |
| | Sensory playgrounds – interactive combined with physical literacy | 🔵 |
| | Secondary education – reproductive health | 🔵 |
| | Linking willing employees (hospo, retail) | 🔵 |
| | Linking employment with training | 🔵 |
| | JobActive – lots of opportunities | 🔵 |
| Within the Valley, there are certain towns and townships that are experiencing significant disadvantage compared to the remainder of the Valley | **Mobile Service Hub** | ✅ |
| | **1000 Play Streets – modified street games** | ✅ |
| | Understanding issues to develop strategies | 🔵 |
| | Building pride/celebrations | 🔵 |
| | Events co-located with learning | 🔵 |
| | Increase community pride | 🔵 |
| | Identify different solutions for different areas - mapping | 🔵 |

# 7.2. Challenges & Opportunities (contd.)

The detailed list of identified opportunities for ECD in the Latrobe Valley

🔵 Low Votes
🟡 Replication
🟢 Linked to larger initiative

| Sociodemographic Challenges | Associated Opportunities | No. of Votes |
|---|---|---|
| The Valley has a large proportion of parents that have low levels of English proficiency, which impacts the language development of their children | **Parents and children learning together/Rent-a-Grandparent/Buddy system – adult literacy tutoring (based on Mother Goose model?)** | ✅ |
| | Parental opportunities expo including employment and English dev. | 🔵 |
| | Mother Goose program in Canada (can link with children/parents learning) | 🟢 |
| | Skills training | 🔵 |
| The current services provided in the Valley are experiencing an overload which decreases access to these services | Service directory – different mediums | 🔵 |
| | Fed Uni – speech therapy | 🔵 |
| | Social Prescribing | 🟡 |
| | Mobile service hub | 🔵 |

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# 7.2. Challenges & Opportunities (contd.)

The detailed list of identified opportunities for ECD in the Latrobe Valley

🔵 Low Votes
🟡 Replication
🟢 Linked to larger initiative

| Health Challenges | Associated Opportunities | No. of Votes |
|---|---|---|
| There is a high rate of poverty in the Valley compared to other regions in Victoria | Smoking – tap into PHN findings/data and act on it | 🔵 |
| Little access and knowledge around nutrition and food is leading to higher rates of unhealthy eating (and leading to outcomes such as obesity and high blood pressure) | Increase healthy supermarkets | 🟡 |
| | Food literacy – teaching how to prepare food | 🟢 |
| | Easy access to help with food (through kinder, NH housing, EC days) – seed banks | 🟢 |
| | Exposure to more variety of foods | 🟢 |
| | Morwell neighbourhood house program | 🟡 |
| | Food for all mobile garden | 🟡 |
| Significant issues facing the community in the Valley are being passed down generations | Pre-screening child first – no referrals | ✅ |
| | Antenatal education in the community  - secondary programs in school | 🔵 |
| | Role modelling | 🔵 |

# 7.2. Challenges & Opportunities (contd.)

The detailed list of identified opportunities for ECD in the Latrobe Valley
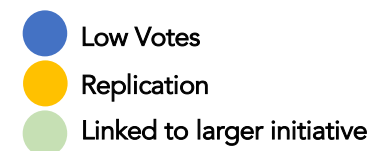
- 🔵 Low Votes
- 🟡 Replication
- 🟢 Linked to larger initiative

| Health Challenges | Associated Opportunities | No. of Votes |
|---|---|---|
| There is a high rate of poverty in the Valley compared to other regions in Victoria | Smoking – tap into PHN findings/data and act on it | 🔵 |
| Little access and knowledge around nutrition and food is leading to higher rates of unhealthy eating (and leading to outcomes such as obesity and high blood pressure) | Increase healthy supermarkets | 🟡 |
| | Food literacy – teaching how to prepare food | 🟢 |
| | Easy access to help with food (through kinder, NH housing, EC days) – seed banks | 🟢 |
| | Exposure to more variety of foods | 🟢 |
| | Morwell neighbourhood house program | 🟡 |
| | Food for all mobile garden | 🟡 |
| Significant issues facing the community in the Valley are being passed down generations | **Pre-screening child first – no referrals** | ✅ |
| | Antenatal education in the community  - secondary programs in school | 🔵 |
| | Role modelling | 🔵 |

# Appendix C. Developed Prototypes

Developed practical prototype for potential implementation in the Latrobe Valley

## Problem
Many children are not kinder or school-ready and developmental delays main domain and health areas are not being identified until prep

## Issue
Health

## Level
Family

• Image

```
Start Kinder   Pre-Screening   End Kinder   Primary Screening

                                            Start Primary

            NEW
```
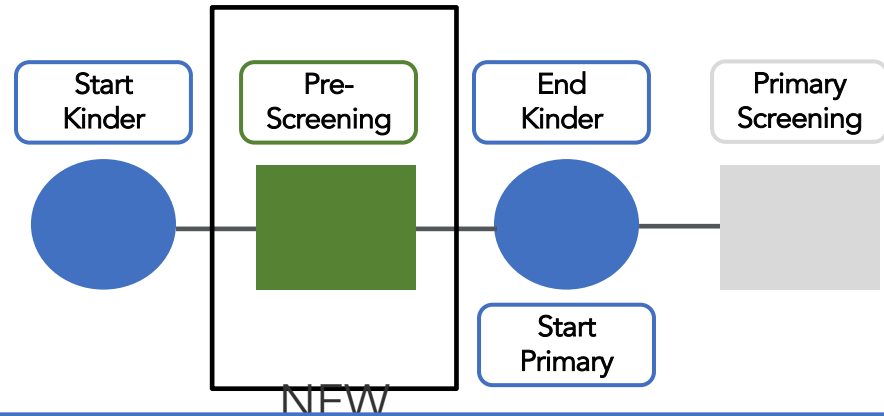
1. Funding
   • Lobby state government for funding to expand service
   • Lobby politician and advocate for ongoing funding
   • Funded by LCHS & LHA

2. Initiative
   • Nurses to move across kinders (Term 1 – March)
      (a) Converse with parents and teachers
      (b) Conduct assessments and referrals (eyesight, hearing, speech, height/weight, nutrition

3. Pilot Program
   • Phase 1: Kinder (4-year-olds)
   • Phase 2: Kinder (3-year-olds)

# Appendix C. Developed Prototypes

Developed practical prototype for potential implementation in the Latrobe Valley

## Problem
Within the Valley, there are certain towns and townships that are experiencing significant disadvantage compared to the remainder of the Valley

## Issue
Sociodemographic

## Level
Community



**Locations**
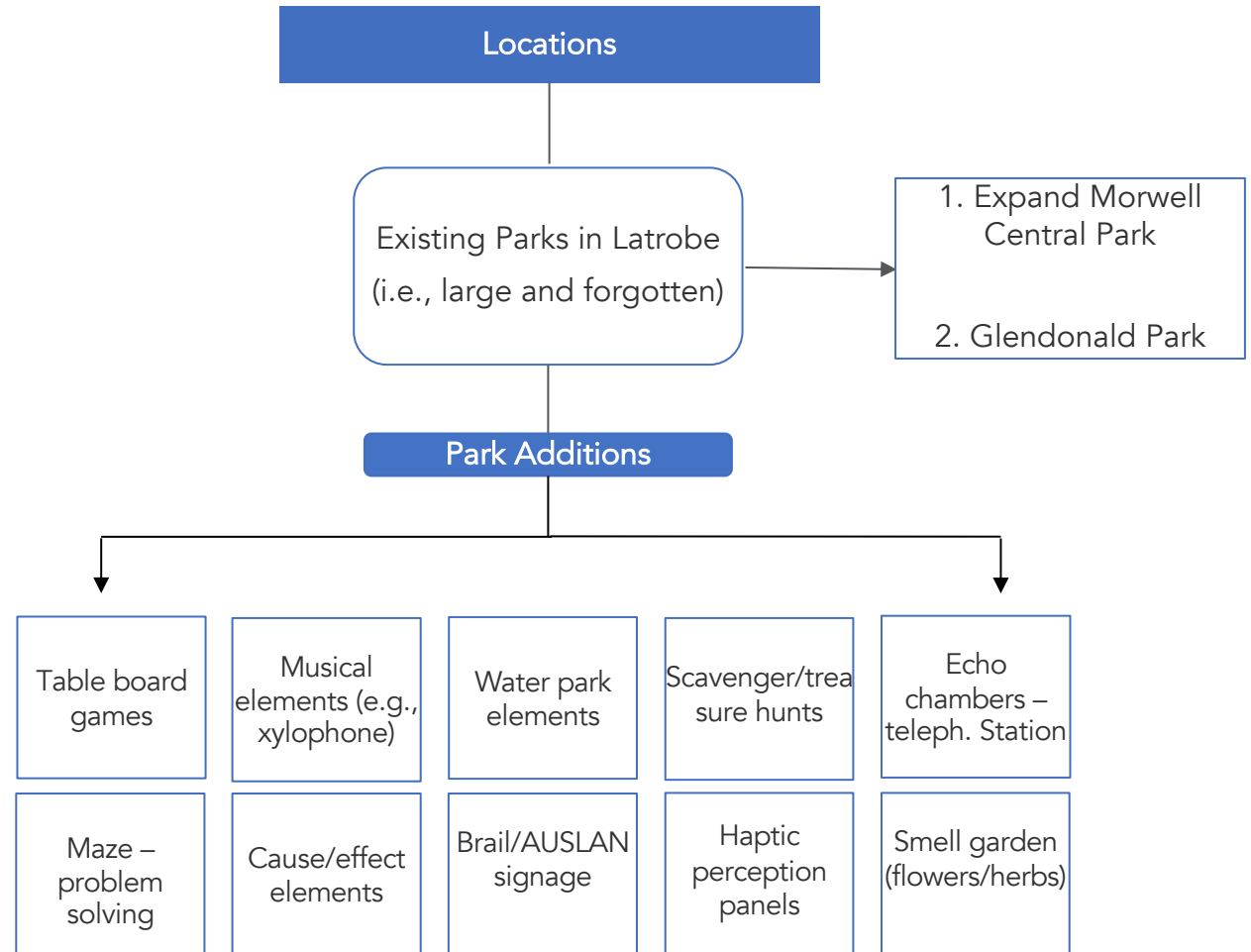
Existing Parks in Latrobe (i.e., large and forgotten)

1. Expand Morwell Central Park

2. Glendonald Park

**Park Additions**

| | | | | |
|---|---|---|---|---|
| Table board games | Musical elements (e.g., xylophone) | Water park elements | Scavenger/treasure hunts | Echo chambers – teleph. Station |
| Maze – problem solving | Cause/effect elements | Brail/AUSLAN signage | Haptic perception panels | Smell garden (flowers/herbs) |

# Appendix C. Developed Prototypes
Developed practical prototype for potential implementation in the Latrobe Valley

## Problem
The Valley experiences higher than average populations that consume alcohol and drugs on a regular basis

## Issue
Risk Factors

## Level
Family



| Steps | Details |
|---|---|
| 1. Recruit an accredited Facilitator | • Someone to facilitate the story-telling course to avoid negative perceptions for parents |
| 2. Caregiver involvement | • Invite parents to school/location to get involved with their kids in the activity |
| 3. Awareness of program | • Promote the program at play-groups, ECEC's, parent groups (gain acceptance of program) |
| 4. The Activity | • Provide case-studies to develop ideas for stories<br>• Provide story-telling tool kit across mediums for children (e.g., can tell story on video, writing, acting) |
| 5. Other Considerations | • Provide the course in accessible languages<br>• Allow for presentations at community events (builds awareness)<br>• Make it more engaging with mascot – "what would Tiggy do?" |

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# Appendix C. Developed Prototypes

Developed practical prototype for potential implementation in the Latrobe Valley

**Problem**
Family stress impacts child's wellbeing/safety/mental health/physical health/education

**Issue**
Risk Factors

**Level**
Child

- Image

## Emotional Regulation

Creating resources for children's and families to better understand how to communicate and respond to feels/emotions

↓

Promote Healthy Minds App (social media campaign)

## Education

Resources in GP clinics and MECH

↓

Partner with libraries to ensure appropriate resources are made available

## Child Health

Support for Teacher & Early Childhood professionals

↓

Funding and promotion of participation in Trauma Informed Practice training

## Mental Wellbeing/Cognition

Explore programs to build parent and children exec functioning

↓

Promote and offer participation in Ready 4 Routines
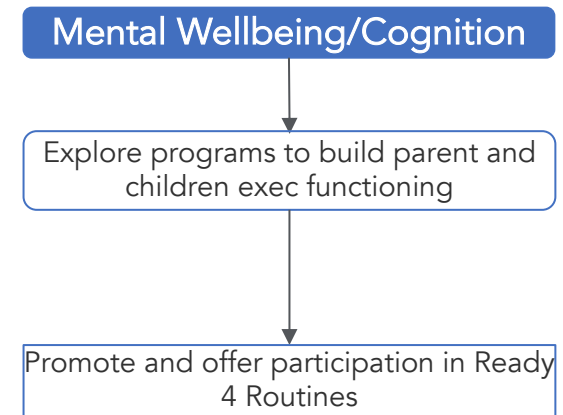
# Appendix C. Developed Prototypes

Developed practical prototype for potential implementation in the Latrobe Valley

### Problem
Within the Valley there are certain towns and townships that are experiencing significant disadvantage compared to remainder of the Valley

### Issue
Sociodemographic

### Level
Community

- Image

**Location:**

Permanent Space in Smaller towns (with significant disadvantage)

## Step 1: Screening

- Use appropriate screening tools for specific age groups (e.g., 6 months)

- Utilise screening data to determine required services most referred/required

- Potentially placement students/allied health professionals

Find Professionals in required areas for Step 2

(e.g., pediatricians, OT)

## Step 2: Assessments & Treatment

- Bring professionals into the service hub (in disadvantaged areas)

- Alternate professionals between certain days of the week to provide service variety

- Continue assessment and treatment for required services identified in Stage 1

# Appendix C. Developed Prototypes

Developed practical prototype for potential implementation in the Latrobe Valley

**Problem**
Low SES families in the Valley lack access to technology and internet which restricts access to services and information

**Issue**
Geographical

**Level**
Family

- Image

```
WIFI on PT
   |
   v
Child Social
Connection
   |
   v
Provide campaigns that inform/make aware of the
services
   |
   v
Implement the Wifi Hubs and Tech Banks
   |
   +---------------------------+
   |                           |
   v                           v
```

WIFI hubs
(Public transport, sporting reserves)

Tech Banks
Providing spaces/banks that have access to WIFI
Provide rented spaces for WIFI
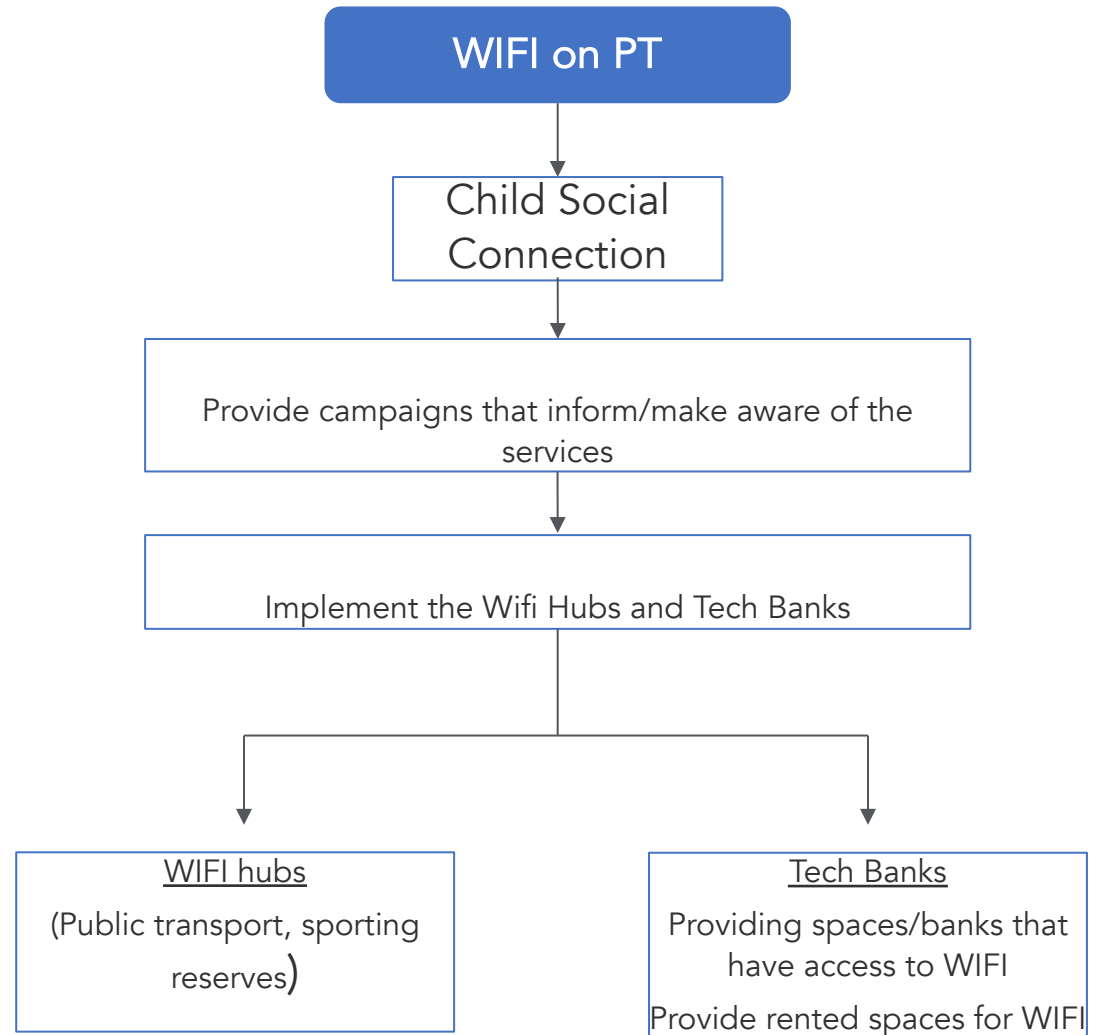
# Appendix C. Developed Prototypes

Developed practical prototype for potential implementation in the Latrobe Valley

**Problem**
Low SES families in the Valley lack access to technology and internet which restricts access to services and information

**Issue**
Geographical

**Level**
Family

- Image

**Partnering**

- Kinders/Early Childhood Centres
- Aged Care homes/senior cit. centres
- Men's Shed participants
- CWA

**Activities**

Volunteer Family Connect (existing program coming to Latrobe – save the children delivery)

Intergenerational sessions at library

Intergenerational supported playgroups (DFFH funding)

"Grandparent Library"

- Build onto LCHS volunteer base
- Volunteers go out to houses to support families
- Link with private Early Childhood Services

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