



# Children's Plan 2021–2026

*Key themes in the data and literature*





The City of Greater Dandenong respectfully acknowledges the Traditional Owners of this land, their spirits and ancestors. We recognise and respect their continuing connections to climate, culture and Country.

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## Introduction

*This backgrounder has been developed to inform a new Children’s Plan 2021–26 for the City of Greater Dandenong.*

It presents data, information and research of relevance to demographics, health and wellbeing, education, employment, safety, engagement and participation given their relevance to the priority focus areas identified for the new plan. It also provides a summary of potential alignments with existing Council strategies and plans and relevant state and federal policies and strategies.

## Demographics

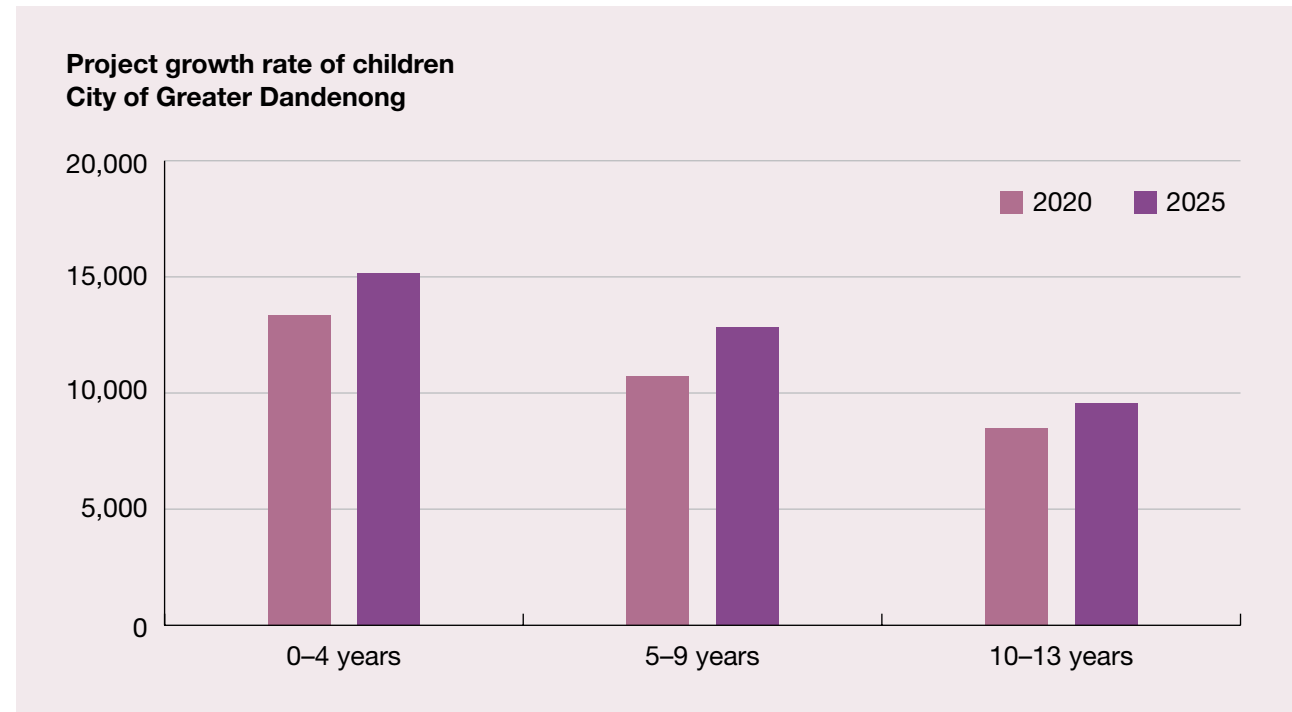
The population of the City of Greater Dandenong was approximately 174,000 in 2019. By 2025 the population of Greater Dandenong (not inclusive of Sandown estimates) is expected to have increased by 10% to 193,946 people.<sup>1</sup>

In 2020, around 19% of the population in the City of Greater Dandenong are children, including approximately:

- 30,837 children aged 0 to 13 years-old

## Predicted populations of children and 2020 to 2025

The following graph illustrates the predicted population by age groups for the population of children from 0–13 years for Greater Dandenong (not inclusive of Sandown estimates):



The suburbs with the highest predicted increase in the number of children across all age cohorts are Dandenong, followed by Noble Park and Springvale.<sup>2</sup>



## Families/households with children

The 2016 Census recorded 38,471 families in Greater Dandenong.<sup>3</sup> In over three quarters of families with children\* in Greater Dandenong in 2016, the parents were born overseas. This is significantly higher than the state average of a quarter of families.<sup>4</sup> In terms of households in which children live:

- 55% of children aged 0–13 years live with parents/carers in a couple family and 19% live in a single parent family.<sup>5</sup>

Nearly two thirds (63%) of Aboriginal and Torres Strait Islander families with children\* in Greater Dandenong were one-parent families.<sup>6</sup>

## Birth rates

Over the 2017–2018 year there were 2,458 birth notifications in the City of Greater Dandenong.<sup>7</sup> This is the second largest number in the South-Eastern Region for the year, second to Casey (5140 births) and followed by Frankston (1906 births). This birth rate was similar to that recorded for the City of Greater Dandenong in the 2016–2017 year (2465 births), and the 2014–2015 year (2412 births).<sup>8^</sup>

### Young parents

Data indicates that there are proportionately more young parents in the City of Greater Dandenong than in Metropolitan Melbourne. In 2017, birth rates were higher among women aged 15 to 19 years (10 births per 1,000 women in Greater Dandenong, compared with 4 per 1,000 for Melbourne) and 20 to 24 years (51 per 1,000 in Greater Dandenong compared to 28 per 1,000 for Melbourne).<sup>9</sup>

It should be noted that ‘fertility rates are influenced by educational, experience, birthplace and generational factors.’<sup>10</sup> In relation to birthplace, 2016 Census data tells us that of the women aged 20–24 residing in the City of Greater Dandenong who had ever had a baby, 31% were born in Australia and 69% were born overseas, from a wide variety of birthplaces (17 in total). The most common overseas birthplaces were Afghanistan (83, or 22% of the overseas born cohort), Burma (56, or 15% of the overseas born cohort), Cambodia (51, or 13% of the overseas born cohort) and Vietnam (35, or 9% of the overseas born cohort).

\* In this instance the census data refers to families with children under 15 years of age.

<sup>^</sup> Note: No regional reporting was available for the 2015–2016 year.

## Cultural diversity

The City of Greater Dandenong is 'the most culturally diverse locality in Australia, with residents from 157 different birthplaces and well over half (64%) of its population born overseas.'<sup>11</sup> The 2016 Census reports the most common birthplaces of overseas born residents as being Vietnam, India, Cambodia, Sri Lanka, Afghanistan and China.<sup>12</sup> It also reports that 70% of residents speak a language other than English at home, representing 'the largest proportion in Victoria and more than twice the Victorian level of 31%.'<sup>13</sup> Additionally, 'one in seven has limited fluency in the use of spoken English.'<sup>14</sup>

Further, data shows that:

- 1,806 migrants settled in Greater Dandenong in the 2016/17 year (the fourth highest number in Victoria). A quarter of these were humanitarian migrants (388).<sup>15</sup>
- 1069 children 0–13 years residing in the City of Greater Dandenong were recently arrived migrants (had arrived in the previous 4.5 years) in 2016.<sup>16</sup> The total number of 1069, representing 17% of the population of this age group at the time.<sup>17</sup> 22% of the 6,354 asylum seekers who had arrived by boat and were living in Victoria in September 2019, resided in the City of Greater Dandenong – the largest number in any Victorian municipality.<sup>18</sup> While data specific to the cohort living in Greater Dandenong is not available as an age-breakdown, 16% of the total 6,354 asylum seekers in Victoria were between 0 and 13 years old.



## Aboriginal and Torres Strait Islander population

When considering data on Aboriginal and Torres Strait Islander populations, it should be noted that Census data may under-report the numbers of Aboriginal and Torres Strait Islander people.<sup>19</sup> It is also important to note that Aboriginal and Torres Strait Islander people who reside outside of the City of Greater Dandenong may travel into the area to access district/regional services, such as the Dandenong and District Aborigines Cooperative. The 2016 Census reported that 0.3% of the population in the City of Greater Dandenong was Aboriginal or Torres Strait Islander (516 people). As is the case nationally, the Aboriginal and Torres Strait Islander population living in Greater Dandenong is relatively young – almost 29% of the Aboriginal and Torres Strait Islander residents are under 13 years.<sup>20</sup>

## Disability

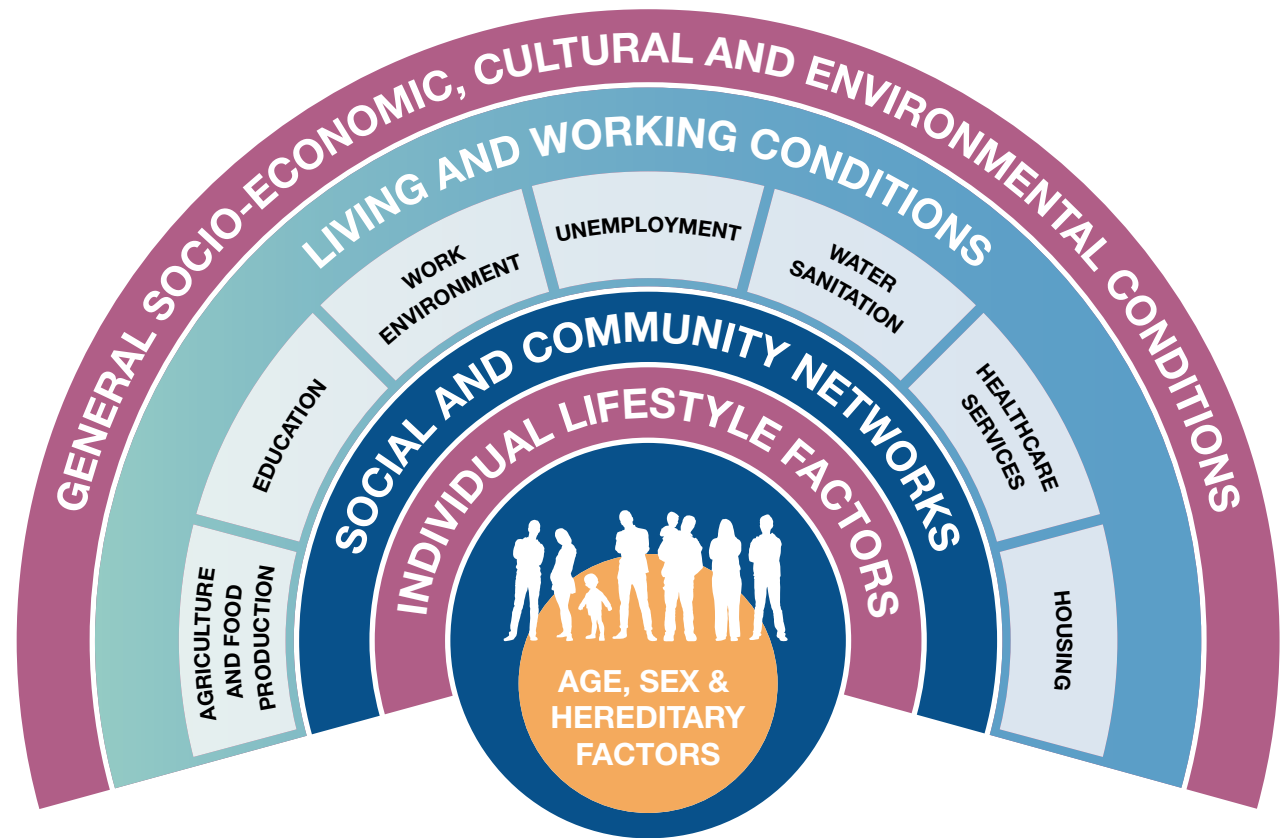
The 2016 Census data reported 9,645 people living in the City of Greater Dandenong had a 'severe or profound' disability. Of these, 446 were children aged 0–13 years, representing just under 2% of this age group and 4.6% of the total.<sup>21</sup> The 'number of people of each birthplace who have a severe or profound disability largely reflects the overall mix of birthplaces in Greater Dandenong and the age profile of residents of each birthplace.'<sup>22</sup>

It should be noted that there are recognised challenges in accurately reporting the number of children and young people with a disability, including issues relating to definition of disability and the evolving nature of identification of disability as children and young people develop.

## Social Model of Health

A social model of health approach to the plan for service delivery recognises the changing developmental stages children experience. It involves identifying opportunities along the life-course to make a positive impact to enhance wellbeing. It also recognises that earlier life experiences impact on later outcomes for children, and therefore requires a focus on prevention and early intervention to positively shape outcomes along the life-course.

*...identifying opportunities along the life-course to make a positive impact to enhance wellbeing*





## Development of children

### *The first 1000 days*

The critical importance of the first 1000 days of a child's development is well documented in evidence. This first 1000 days includes 'the period from conception to the end of a child's second year' and 'the significance of environments and experiences during this period.' Alongside the provision of quality services to support children and parents at this time, research points to the importance of 'reducing inequities and ensuring the best start to life for everyone, irrespective of socioeconomic status, race, or gender, must be an ethical and economic imperative for all governments.'<sup>23</sup>

### *Early childhood*

Research tells us that 'the foundations for a child's long-term development are laid in early childhood. In these years, children develop crucial cognitive and emotional skills such as reasoning, problem solving and how to get along with others.'<sup>24</sup> As is recognised by the Victorian Department of Education within the Early Childhood Reform Plan:

*The right early childhood education experience will set the course for successful lifelong learning... every child – no matter where they live, no matter what their circumstances – will thrive in a safe and supportive home environment.'*<sup>25</sup>

### *The middle years – significant transitions and new risks*

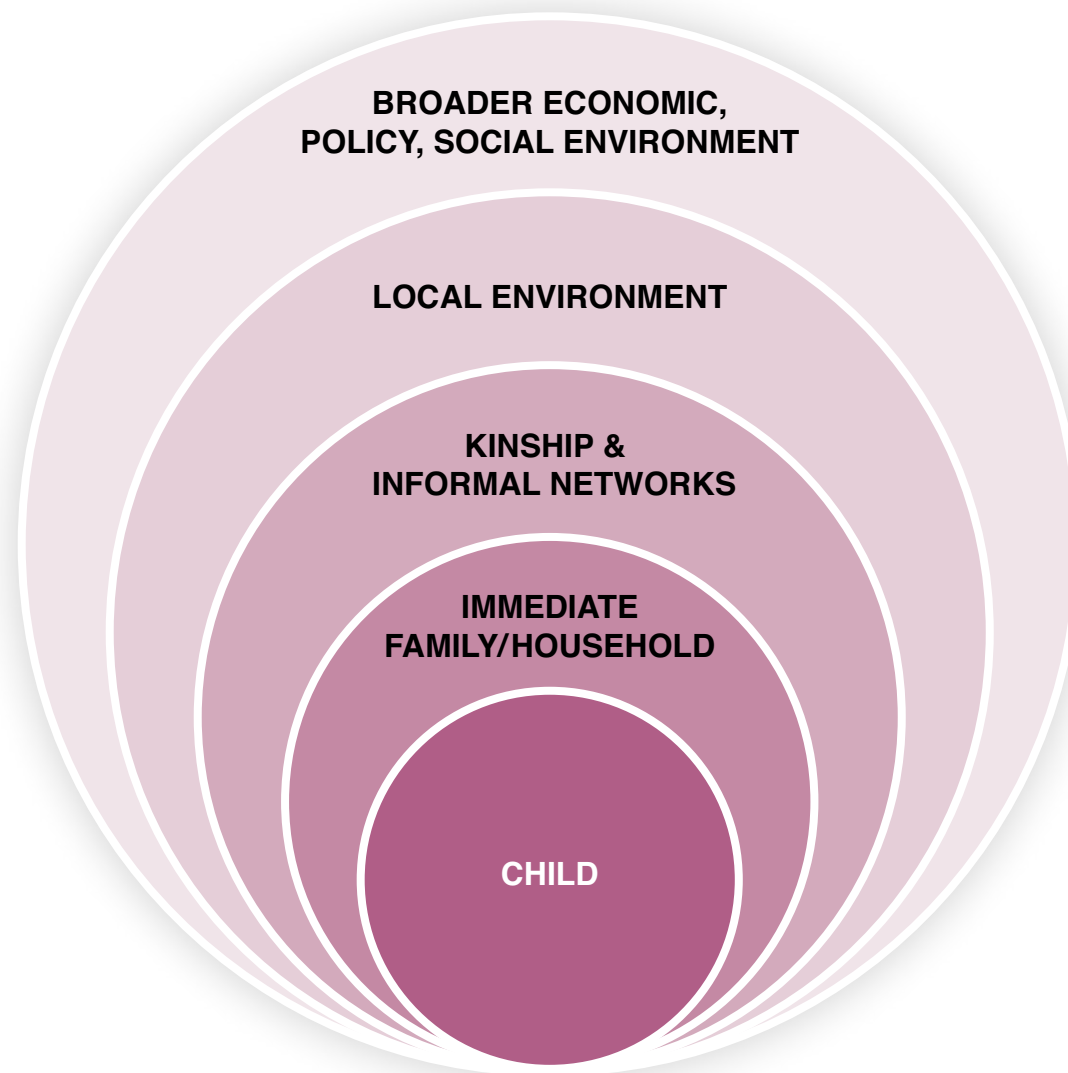
Significant development continues to take place into the 'middle years' (age 9 to 13 years), which continues to be a key phase for early intervention in areas such as health and educational engagement. As the Australian Research Alliance for Children and Youth tells us:

*The middle years is a period of extraordinary physical, emotional and intellectual growth. This key formative phase is replete with transitions: from childhood to adolescence; from primary to secondary school; from dependence to greater agency.'*<sup>26</sup>



## The key role of family and community within the ecological approach

The ecological perspective<sup>27</sup> reminds us that outcomes for children are significantly influenced by their context. The child sits at the centre of the ecological model, aligning with a 'child centered' approach to service provision. Each layer of the ecological model describes a sphere of influence and support for children. It recognises the critical role of family or kinship networks and then the role of the community at a local, and then broader level in shaping the context in which the child lives (and thereby influencing the opportunities and outcomes for that individual). In this context, supporting families is key. The ecological perspective holds specific relevance for the role of local government, given the capacity of local government to influence and shape those local conditions in a range of ways of relevance to the health, wellbeing, learning, development and participation of children. The opposite diagram provides a basic illustration of the ecological model.





## Health and Wellbeing

As the Victorian Public Health and Wellbeing Plan 2019–2023 describes:

*Health and wellbeing is driven by a complex interaction of individual characteristics, lifestyle and the physical, social and economic environment (Buck et al.2018). There is a range of wider determinants on health and wellbeing including income, early childhood experiences, gender stereotypes, norms and expectations, education, employment, social inclusion, housing and geography, living and working conditions, quality of air, soil and water, and health systems (Worlds Health Organisation Regional Office for Europe 2014).<sup>28</sup>*

Given the ‘wider-determinants of health’, achieving positive outcomes for the health and wellbeing of children requires an integrated approach (across Council, levels of Government, service sectors and community) and a recognition of the impact that earlier life-experiences can have on later health outcomes, thereby enabling a preventative/early intervention approach.

Council is uniquely well-placed to support positive health and wellbeing outcomes for children and families given the ability of Council to bring together all four environments that underpin a healthy and sustainable community: social, economic, environmental and cultural at the local level.

The Australian Research Alliance for Children and Youth tells us that:

*Healthy children and youth have their physical, developmental, psychosocial and mental health needs met. They achieve their optimal developmental trajectories. They have access to services to support their growth and development and have access to preventative measures to redress any emerging health or development concerns.<sup>29</sup>*

## Participation in Key Ages and Stages consultations with Maternal and Child Health

Data on participation rates in Key Ages and Stages consultations with Maternal and Child Health Services for the City of Greater Dandenong in the 2017–2018 year show that participation in the first 4 early visits are higher than both the regional and state average.

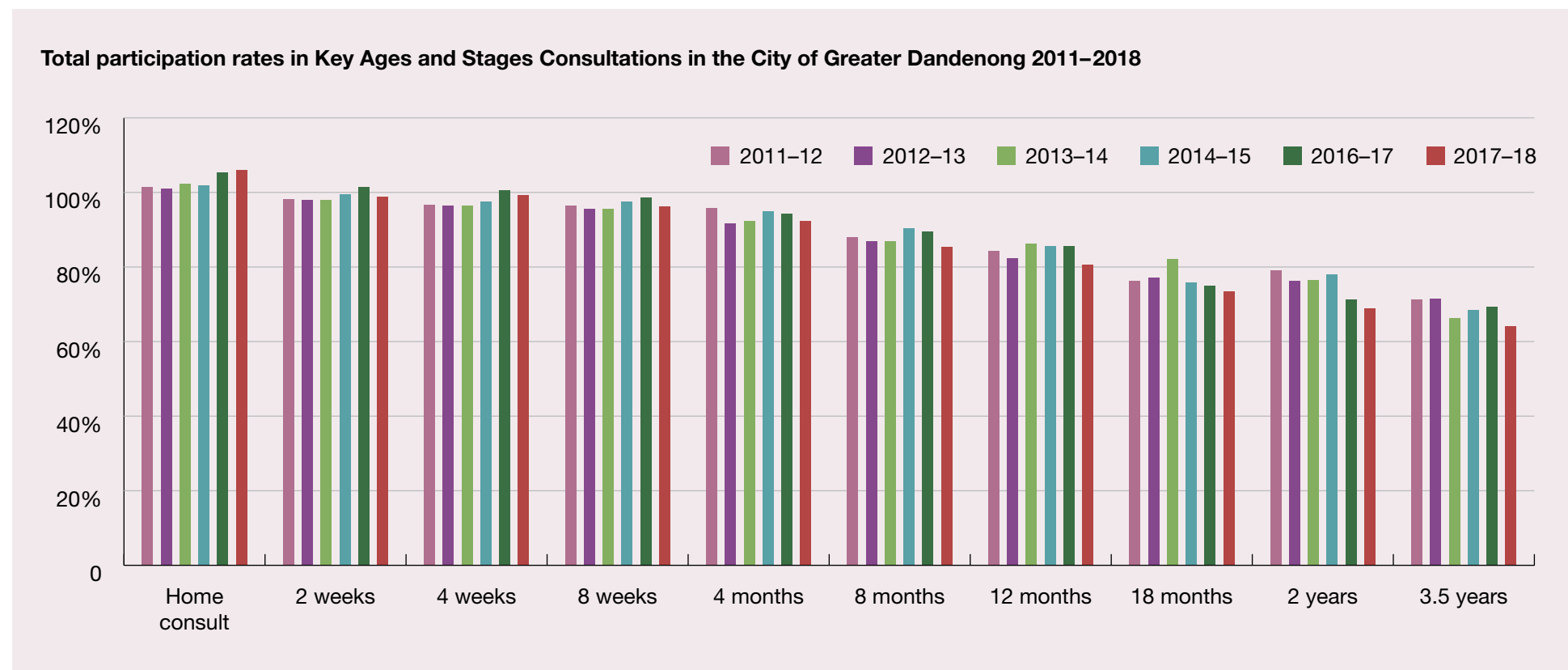
### Total participation rate in Key Ages and Stages Consultations 2017–2018

TOTAL PARTICIPATION RATES KAS	GREATER DANDENONG	SOUTH EASTERN REGION	STATEWIDE VICTORIA
Home consult	106.1%	100.8%	100.1%
2 weeks	98.8%	97.1%	96.7%
4 weeks	99.3%	97.3%	97.1%
8 weeks	96.2%	96.1%	95.9%
4 months	92.4%	94.5%	94.1%
8 months	85.3%	87.7%	85.8%
12 months	80.6%	84.7%	83.4%
18 months	73.4%	74.3%	74.2%
2 years	68.9%	71.0%	70.6%
3.5 years	64.1%	60.5%	64.2%

Source: State of Victoria, Department of Health and Human Services (2019), *Maternal and Child Health Services Annual Report 2017–2018: South-Eastern Victoria Region*.



The following table charts the participation rates in Key Ages and Stages consultations from 2011 to 2018.



Source: State of Victoria, Department of Health and Human Services (2017–18) & Department of Education and Training (2016–17; 2014–15; 2013–14; 2012–13; 2011–12) *Maternal and Child Health Services Annual Reports, specific to the region.*



**Aboriginal and Torres Strait Islander participation rates in Key Ages and Stages Consultations with Maternal and Child Health**

The Aboriginal and Torres Strait Islander (ATSI) participation rates for Key Ages and Stages Consultations in the 2017–18 year were as follows.

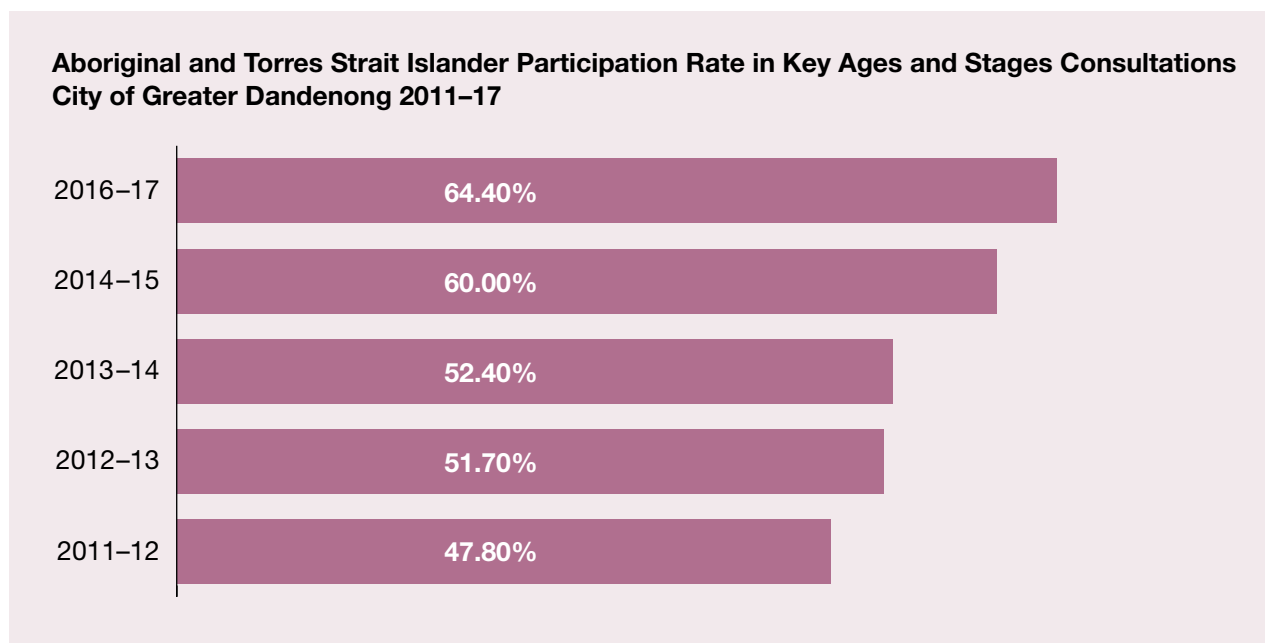
**Aboriginal and Torres Strait Islander Participation Rates KAS City of Greater Dandenong 2017–18**

VISIT STAGE	PERCENTAGE PARTICIPATION
Home consult	129.4%
2 weeks	123.5%
4 weeks	94.1%
8 weeks	82.4%
4 months	111.8%
8 months	110.0%
12 months	120.0%
18 months	60.0%
2 years	33.3%
3.5 years	80.0%

Source: State of Victoria, Department of Health and Human Services (2019), *Maternal and Child Health Services Annual Report 2017–2018: South-Eastern Victoria Region*.

These rates were higher than the regional average at all stages except at 8 weeks, 18 months and 2 years. It should be noted that the Department of Health and Human Services recommends ‘strong caution against drawing conclusions on the percentages of consultation [when analysing Aboriginal and Torres Strait Islander Key Ages and Stages participation rates] as they can be misleading as they can be based on relatively small numbers.’<sup>30</sup>

Reporting prior to 2017–2018 recorded Aboriginal and Torres Strait Islander participation rates differently – representing children aged from birth until six years with the last key ages and stages visit at 3.5 years. This data (below) shows a steady and significant increase in rates of participation since 2011.



Source: Department of Health and Human Services (2017–18) & Department of Education and Training (2016–17; 2014–15; 2013–14; 2012–13; 2011–12) *Maternal and Child Health Services Annual Reports, specific to the region*.



## Breastfeeding rates

Breastfeeding rates in the 2017–2018 year within the City of Greater Dandenong were higher than both the regional and statewide average at the points of discharge from hospital, at 2 weeks and 3 months, however dropped below these averages by 6 months. Partial breastfeeding rates were also higher than the state average at all recorded time points.

Data shows that within the City of Greater Dandenong over time, breastfeeding rates have been increasing. During the 13 years to 2014–15, ‘the proportion of women in Greater Dandenong who fully or partially breast feed at 6 months had risen by 19%.<sup>131</sup> The breastfeeding rates for the 2016–17 year for the City of Greater Dandenong were not published in Department of Education and Training reporting and regional reports are not available for the 2015–2016 year.

## Breastfeeding rates within Greater Dandenong, the South East Regional and Statewide 2017–2018

BREASTFEEDING RATES	GREATER DANDENONG	SOUTH EASTERN REGION	STATEWIDE VICTORIA
<b>Fully on discharge</b>	80.8%	70.6%	69.3%
<b>Fully at 2 weeks</b>	76.1%	65.3%	64.7%
<b>Fully at 3 months</b>	52.5%	48.1%	49.4%
<b>Fully at 6 months</b>	15.5%	22.0%	22.0%
<b>Partially on discharge</b>	13.5%	17.7%	13.1%
<b>Partially at 2 weeks</b>	16.7%	19.4%	14.0%
<b>Partially at 3 months</b>	14.5%	16.7%	12.2%
<b>Partially at 6 months</b>	31.1%	26.8%	24.7%

Source: State of Victoria, Department of Health and Human Services (2019), *Maternal and Child Health Services Annual Report 2017–2018: South-Eastern Victoria Region*.

## Immunisation rates

Data received in February 2020, on immunisations rates for the City of Greater Dandenong, places the City of Greater Dandenong rates as the same as the Victorian average and on an upward trajectory since the previous quarter for early childhood immunisations at 12–15 months, 20–24 months and 60–64 months.

Programs targeting vulnerable groups, such as refugees and people seeking asylum require specific focus and resourcing within the City of Greater Dandenong. The Refugee Immunisation Project (externally funded by DHHS) has enabled a targeted program to improve access to immunisation for this cohort. In 2019, 423 vaccines were administered at refugee specific sessions. The ‘catch-up’ program offered at Noble Park English Language School (NPELS) enables a targeted program for newly arrived people, with 2047 vaccines administered at NPELS in 2019.<sup>32</sup>

## Health as a priority for children in the City of Greater Dandenong

Components of health are raised as a key priority by children in the City of Greater Dandenong. Recent examples include:

- Participants in the City of Greater Dandenong Annual Children’s Forum in 2018 and 2019 identified ‘improved health and wellbeing’ as one of their five top priorities.<sup>33</sup> Children’s responses to the Activate Us consultation activities, show that they have an understanding that health has multiple dimensions, incorporating nutrition, mental health, exercise, oral health, personal happiness.<sup>34</sup>

## Protective factors in the health and wellbeing of children

The Australian Research Alliance for Children and Youth (ARACY) draws on research by Luxley and others to define both ‘risk’ and ‘protective factors’. Risk factors are defined as ‘a measurable causal contributor to later developmental outcomes.’<sup>35</sup> Protective factors are defined as ‘characteristics that buffer, mediate or moderate the influence of risk factors, thereby reducing the likelihood that risk factors will lead to later problem outcomes.’<sup>36</sup> An understanding of risk and protective factors enables an informed approach to prevention and early intervention measures which can be enacted at the local level.<sup>37</sup>

The State of Victoria’s Children Report (2017), identifies the following protective factors for the physical and mental health of children:

- Resilience
- Nutrition
- Getting enough sleep
- Participating in regular physical activity.<sup>38</sup>

It also notes that overall, ‘younger children are more likely to display these protective factors than older children.’<sup>39</sup>

In the discussion on health and wellbeing that follows, ‘children’s sense of connectedness to others’ and ‘a context of family support’ are also discussed as other protective factors.

## Resilience in children

While resilience might be understood as protective for children, it is in itself an outcome of the presence of a range of protective factors. The City of Greater Dandenong has been undertaking a Resilience Project, through which resilience is defined as ‘the ability to flexibly cope with the demands of life and bounce back after times of adversity.’ Through the project, The City of Greater Dandenong has been collecting survey data from students in Grades 3 to 6, biannually since 2015. This has enabled students to ‘provide feedback on the qualities, opportunities and conditions that characterise high levels of resilience.’<sup>40</sup>

In 2019, the survey captured 1320 responses from students in grade 3–grade 6. Results from the Resilience Survey<sup>41</sup> show that:

- resilience is highest in primary school and lower amongst older students. This overall trend is mirrored in state-wide data collected through the Victorian Student Health and Wellbeing Survey.<sup>42</sup>
- Significant declines in resilience are noted when students move from Grade 6 to Year 7. Of note too, is a decline in overall resilience levels reported in the Primary School cohort from 2015 to 2019.

The 2019 survey results show that resilience within the primary school cohort is lower than that of the other primary school students within Victoria with over 50% of the students within Greater Dandenong having low to fair resilience levels ‘that is, their resilience levels were ‘borderline, some assets present but many require strengthening.’<sup>43</sup>



Analysis of the Resilience Surveys conducted in 2015, 2017 and 2019 also identifies a number of strengths of students from Grade 3 to Grade 6. For male students, strengths included educational engagement, feeling good about themselves and feeling good about the future. For female students, strengths included their social skills, school belonging and educational engagement.<sup>44</sup>

### Nutrition

The Victorian Student Health and Wellbeing Survey found that amongst Victorian children aged under 13 years in 2017:

- around four per cent ate the recommended amount of vegetables every day.
- just under 77% ate the recommended amount of fruit every day.<sup>45</sup>

The 2017 Victorian Population Health Survey reported that ‘1.5% of Greater Dandenong residents met vegetable consumption guidelines, a quarter of the Victorian level of 5.4%’.<sup>46</sup> Evidence from the Victorian Population Health Survey also draws a correlation between socio-economic disadvantage and poorer nutrition in terms of consumption of recommended daily amounts of fruit and vegetables.<sup>47</sup>

Development of the *City of Greater Dandenong Regional Food Strategy 2015 to 2018* included the collection of public opinion data about food habits. Amongst the findings were:

- 35% of participants said that the food they eat is ‘really healthy.’
- 28.3% of people described their food as ‘a little unhealthy.’

- 46% of participants said that the food they eat is mostly vegetables.<sup>48</sup>

The *City of Greater Dandenong Regional Food Strategy 2015 to 2018* also drew on research into ‘Healthy Food Access, Supply and Demand in the City of Greater Dandenong’ in highlighting the need to address ‘geographic and economic food access issues, saturation of food retail spaces with non-essential or takeaway options, and limited consumption of fruit and vegetables.’<sup>49</sup> The Strategy included an action (Action 5, Pillar C) calling for the examination of food deserts and strategies to reduce them and ensure they don’t continue to be an issue into the future.

### Getting enough sleep

Adequate sleep is critical to both physical and mental health for children. Recommendations for sleep for children of *primary school-aged children is between nine and 11 hours*. Results from 2019 Resilience Survey with students in the City of Greater Dandenong, shows that.<sup>50</sup> 35% of students in Grades 3–6 were not getting 8 hours sleep and that it effected their concentration at school.<sup>51</sup>

The State of Victorian Children 2018 reports states that 18% of children aged 5–11 exceed the recommended daily amount of screen time which affects not only their sleep but their behavior and mental alertness.

It should also be noted that sleep and settling of infants and young children is one of the most common concerns raised by new parents with Maternal and Child Health services.<sup>52</sup>

### Participation in regular physical activity

The City of Greater Dandenong Make Your Move Physical Activity Strategy discussion paper outlines the importance of physical activity to children’s health and development, highlighting the importance of being active to later-life outcomes:

*Reaching the recommended physical activity levels on a daily basis is important to the development of fundamental life skills for children. Health and physical activity behaviours and lifestyle in the early years of a child’s life can directly influence adult development and lifestyle choices.*

*A healthy lifestyle in early childhood positively influences different domains in development, including physical, social/emotional and language/cognition which strongly influence school success, economic participation, social citizenship and health....*

- Getting involved in sport and playing games also gives children opportunities for self-expression and achievement, social interaction and relief of tension. It also encourages other healthy behaviours.’<sup>53</sup>
- A Healthier start for Victorians report tells us that 23% of Victorian children are overweight or obese and 71% of children aged 5–11 do not meet the recommend guidelines for physical activity.

Results of the Survey conducted as part of the Greater Dandenong Resilience Project also indicate a drop in physical activity amongst primary school students, revealing that only 66% of primary school students were keeping fit at 2017, compared to 77% in 2015.<sup>54</sup>

The 2017 State of Victorian children report indicates that 50% of girls aged 5–9 are taking part in organised sport, compared to more than eight in 10 boys within the same age range.

## Children sense of connectedness to others

Social connectedness plays an important role in positive health and wellbeing. The 2019 Greater Dandenong Resilience Survey provides insights into children's sense of connectedness to important people in their lives, and reports that:

- 44% of students in Grades 5 and 6 struggle to build friendships<sup>55</sup>
- 63% of students in Grades 3–6 spend quality time with their parents.

Participants in the Voice Lab workshop at the Children's Forum 2019 provided insights into what it means to feel a sense of belonging, with a summary of findings stating:

*Belonging to a community is about respecting each other, doing things together, inviting people to join you and helping each other. People may feel like they don't belong in a community as they are not welcomed or invited to activities, they are not shown respect and are treated badly.<sup>56</sup>*



## A context of family support

Research developed for VicHealth reports that:

*Immediate and extended family support, high family cohesion, a positive family climate and parental involvement are key factors that contribute to resilience in children who have faced childhood adversity, according to Fritz et al. (2018)...<sup>57</sup>*

The City of Greater Dandenong Resilience Project survey asks students from Grade 3 through to Grade 6, questions about the level of adult support they receive, from parents or from a significant other adult. The results point to the key role that adult support plays in levels of resilience, with levels of adult support highest for the students who have good or excellent resilience levels overall.<sup>58</sup>

The results also show that younger students are more likely to identify adult support than older students. Amongst Primary School students in Grades 3 to 6, 66% say they have adults who care

about them and 68% have adults who listen to them. Alongside this,<sup>59</sup> 74% of students in Grade 3–6 say their parents are good at talking with them and 88% of students indicated that their parents help them to succeed.

Research shows that healthy family functioning promotes children's physical, emotional and social wellbeing, healthy family functioning includes parenting that establishes fair rules and role models family values that contribute to the positive development of children's wellbeing. The 2017 State of Victorian Children report outlines that in 2017 8.1% of Victorian children aged 0–12 were living in families with unhealthy functioning. On the other side of this 88% of students in year 5 report having healthy family functioning.

Participants in the Voice lab workshop at the 2019 Children's Forum indicated that they like spending time with their parents, they would talk to their parents about how they were feeling and that having parents who support them makes them feel safe.



## Mental health

### Prevalence

The current Royal Commission into Victoria's Mental Health System states in their interim report that:

- Exposure to factors that affect a person's mental health begins in infancy. A considerable amount of research explores the importance of the environment and early experiences on a developing infant.
- 6% of deaths for children aged 12 and 13 are by suicide
- The 2017 State of Victorian Children report outlines that 10.1% of children aged 6mths–12 years have emotional, development or behavioral issues, and that 7.8% of children aged 5–11 are accessing mental health services.

The 2019 insights report from The Kids Helpline shows that 14% of all contacts with the kids' helpline are from children aged 5–12, their main concerns are family relationship issues and emotional wellbeing.

Stress is also a concern for children. At the City of Greater Dandenong 2019 Children's Forum, during a workshop focused on self-care, participants reported that 'schoolwork and speaking in front of others were common reasons for stress and worry.' Students also identified the following stress-relieving techniques: 'to be outside, doing something physical, playing with friends, talking to someone and breathing exercises.'<sup>60</sup>



### Requiring an integrated response for children

Given the evidence that mental health prevention and early intervention needs to begin from infancy and continue to early adolescents, social model of health approach is being reflected in a relatively new national mental health program. Beyond Blue lead the implementation of the Beyond Blue National Education Initiative *Be You*, launched in 2018:

*Research continues to highlight the usefulness of an ecological approach in understanding and responding to the multiple influences on mental health and wellbeing within interconnected contexts of families, early childhood services and schools, communities, and the wider society. Within such an approach, evidence continues to support identification and*

*addressing of risk and protective factors in and across contexts to promote resilience, mental health and wellbeing. Recent Australian research on risk and protective factors in early childhood demonstrates that 1 in 12 infants (aged 0–1) has risk factors for adult mental illness, with 1 in 40 having more than five risk factors, and that these rates increase throughout childhood. Many of these risk factors can be addressed in early childhood services and schools as these are key contexts for development, learning and wellbeing. The importance of connectedness, belonging and inclusion as protective factors for mental health continues to be emphasised, and is particularly important in Aboriginal and Torres Strait Islander approaches to social and emotional wellbeing.<sup>61</sup>*

### **Parents with a mental illness**

While we don't have data specifically relating to the prevalence of parents with a mental illness in Greater Dandenong, it is estimated that nationally, over 20% of parents have a mental illness.<sup>62</sup>

While the experiences of children with a parent experiencing a mental illness vary considerably, and are influenced by a range of factors (such as the type and severity of the mental illness or the presence of other factors such as substance abuse or financial vulnerability), they may face a range of risk factors, which may also be heightened in single parent households, and it is important that children are linked to appropriate supports.<sup>63</sup>

The 2017 State of Victorian Children report outlines that *around 28 per cent of children whose parents reported having a mental illness had an emotional or behavioural problem upon school entry, compared to less than nine per cent of children whose parents did not.*

### **The relationship between social disadvantage and mental health outcomes for children**

The Royal Commission into Victoria's Mental Health System explains the relationship between socio-economic disadvantage and mental illness and the way that social determinants can particularly affect the mental health of children:

*People with socioeconomic disadvantage disproportionately experience mental illness. There is evidence that such disadvantage has an influence from early in life. Indicators of low socioeconomic status—commonly measured by household income, parental education and parental occupational status—are associated*

*with higher rates of mental illness in children. Children in low-income families, and whose parents or carers have lower levels of education and experience higher rates of unemployment than other Australians, also have higher rates of poor mental health. The 2017 Victorian Population Health Survey also found higher proportions of men and women with high or very high levels of psychological distress who did not complete high school, were not in the labour force and had a total household income of less than \$40,000 compared with the proportion in all adult Victorians. People who experience socioeconomic disadvantage may be more likely to be exposed to other forms of trauma such as violence and homelessness, and are more likely to experience social exclusion and isolation.*

*Social determinants can affect the mental health of children in particular—for example, children who experience adversity or trauma in childhood including through child abuse and neglect, family violence, the mental illness of their parents or other caregivers, and bullying. Children of parents with significant mental illness are twice as likely to develop their own mental health issue. Compared with children living in the least disadvantaged areas, children living in the most socioeconomically disadvantaged locations are approximately twice as likely to be developmentally vulnerable.<sup>64</sup>*

Residents in Greater Dandenong experience relatively high levels of psychological distress, with the 2017 Victorian Population Health Survey reporting 22% of residents were experiencing 'high' or 'very high' levels of psychological distress compared with 15% at a state-wide level.<sup>65</sup>

### **Alcohol and other drugs**

Alcohol use during pregnancy can cause Foetal Alcohol Spectrum Disorder (FASD) birth defects and growth and developmental problems—that can persist into adulthood. Australian and international guidelines advise that there is no safe level of prenatal alcohol exposure or exposure to alcohol while breastfeeding, there is no accurate data on foetal alcohol spectrum disorder, estimates based on state and territory data indicate likely rates at 0.01 to 0.68 per 1,000 births in the total population.

The Victorian Child Health and Wellbeing Survey 2019 results show that 46.6% of Victorian babies are exposed to alcohol in utero. While 4 in 5 Victorian children live in a house where they are not exposed to cigarette smoke which decreases the risk of adverse health outcomes for children.

Current Australian alcohol guidelines advise that children under 13 years of age are at the greatest risk of harm from drinking alcohol, making abstaining from drinking the safest option for this age group, however the Australian child wellbeing project 2016 report indicates that 1.8% of students in grade 6 reported they had been drunk in the 30 days prior to the survey and 0.6% had smoked cigarettes.

## The health needs of children and their families from refugee or asylum seeker backgrounds

The health needs of children and families from refugee backgrounds can be influenced by their experiences of ‘forced migration, trauma, and disruption of health services – they may have multiple and complex physical and mental health issues arising from their pre-migration experiences, during their journey or after settlement in Australia.’<sup>66</sup>

The current Royal Commission into Victoria’s Mental Health services reports that:

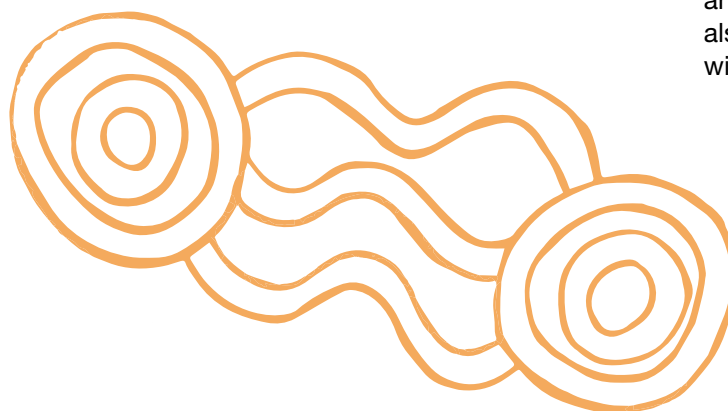
*Research indicates that refugees and asylum seekers may experience mental illness and suicidal behaviour at higher rates than the general Australian population... People from refugee backgrounds can have complex and multiple mental health problems related to past traumatic experiences. One study found populations of people with a refugee background reported significantly higher levels of moderate to high psychological distress (46 per cent for females and 35 per cent for males) compared with the Australian born population (11 per cent for females and 7 per cent for males). This is partly explained by experiences of trauma, stressful migration and additional barriers to obtaining culturally appropriate services.’<sup>67</sup>*

The Victorian Refugee Health Network recommends, in supporting the health and wellbeing of refugee and asylum seeker children and their families, there be:

- a focus on the social determinants of health and ensuring that children and families have their fundamental needs met in terms of secure housing, access to education, employment and material wellbeing (ability to live free of poverty).
- access to trauma-informed care.
- support to engage in active communication with services providers, such as interpreters.
- coordination or services supporting refugee and asylum seeker families to meet the various, competing demands in their lives (e.g. housing, health, education, employment).
- culturally responsive service provision.
- improved data collection to better identify people from refugee or asylum seeker background in services data.

The network also makes specific recommendations in relation to strengthening the provision of Maternal and Child Health Services, stating that given that the majority of Key Ages and Stages visits ‘are clustered in the 0–2 year period, and children arriving as refugees or seeking asylum after the age of 2 years may miss out on parenting support and primary care/community linkages provided through UMCH.’<sup>68</sup> To strengthen the capacity of MCH to meet the needs of refugee or asylum seeker families, they recommend that:

- providers ‘explore options for developing and streamlining early parenting and childhood support for newly arrived families. These approaches should account for the mobile nature of the cohorts in early years of settlement, and for children who are not referred into MCH via hospital of birth.’
- refugee-background and asylum seeker families be ‘named a priority access group for Enhanced Maternal and Child Health services and consider extending program delivery beyond 3 years where required.’
- providers ‘collect data on participation in MCH and EMCH by refugee-background children, and also interpreter assisted consultations to assist with program planning and evaluation.’<sup>69</sup>





## A healthy environment as a precondition of positive health and wellbeing

Positive health and wellbeing is inextricably linked to a healthy environment. It is for this reason that the Victorian public health and wellbeing plan 2019–2023 places ‘tackling climate change and its impacts on health’ at the top of its list of priority actions, referring to the World Health Organisation in describing ‘climate change as the defining issue for public health in the 21st century.’<sup>70</sup> The critical importance of this issue is reflected in the *Greater Dandenong Climate Change Strategy 2020–2030* (Draft).

Children place significant value on access to clean, green spaces for play and recreation. Children have raised the importance of playgrounds, public spaces and environmental sustainability through the Children’s Forums hosted in 2016, 2017, 2018 and 2019.<sup>71</sup> Access to quality outdoor spaces are key to supporting children and young people’s development.

## Climate Change and Sustainability

In 2020 the City of Greater Dandenong joined many other cities around Australia declaring a Climate and Ecological Emergency, committing the Council to action on climate change. Council’s Climate Change Emergency Strategy defines Climate change as *any significant long-term change in expected weather patterns, such as changes in temperature, rainfall and wind.*<sup>72</sup>

Concern about the environment is also reportedly increasing amongst children in the face of climate change.

The 2018 children’s rights poll indicated that the ability to breathe clean air and drink clean water was one of the top 3 important rights for children. Feedback from participants in the sustainable me workshop at 2018 children’s forum, that everyone can make small changes to be more sustainable by using correct rubbish bins, recycling products to create other things and using more natural products when creating clothes and other items.

*“See what we’re doing now and how it’s effecting our future well it can be like, climate change”*  
2019 Voicelab workshop participant.



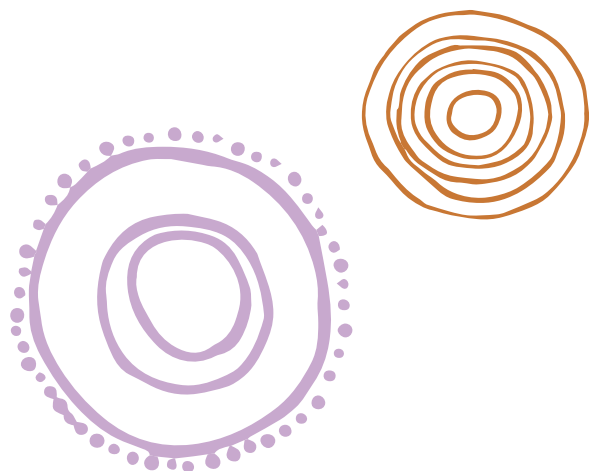


## Education

Education policy in Victoria – *The Education State* suite of reforms and frameworks – recognises the need to support and promote children’s learning and development from birth and embraces the importance of life-long learning. It also recognises the key role of parents (as first teachers) and families in supporting the learning and wellbeing of children.

The Australian Research Alliance for Children and Youth also places a focus on life-long learning:

*Learning is a continuous process throughout life. Children learn through a variety of formal and informal experiences within the classroom and more broadly in their home and in the community. Children who are learning participate in and experience education that enables them to reach their full potential and maximise their life opportunities.*<sup>73</sup>



## Early learning

The Victorian Early Years Learning and Development Framework has a focus on children from birth through to eight years of age. As is described in the framework:

*Research over the past few decades has revealed how the human brain is biologically primed for learning from birth. The early childhood period of children’s lives has a profound impact on their learning and development for the long term. From birth to eight years, children’s developing brains undergo rapid change. This is when children have the greatest opportunities to develop neural pathways for learning and are also most vulnerable to negative experiences.*<sup>74</sup>

The Framework is founded on an ‘ecological model’ recognising:

*Families and kinship members have primary influence on their children’s learning and development. They provide children with the relationships, opportunities and experiences that shape each child’s sense of belonging, being and becoming. Each adult around the child learns, leads, supports and actively invests in the child’s success. Each professional who engages with a child and their family has a part to play. Local community, cultural events, spaces and their accessibility, reinforce a sense of belonging and wellbeing for a child and their family. The broad interrelated system and policy settings reflect a vision for children’s learning and development...*<sup>75</sup>

The framework describes the role of a range of services offered through local governments as part of the ‘learning and development pathways’ available to children in the early years and families:

*Children and families in Victoria have access to a range of services. Maternal and child health nurses and other health professionals work with families throughout the early years of each child’s life. Families are encouraged to access a range of early childhood services, including playgroups, early childhood education and care, outside school hours care, and kindergarten programs, as well as sporting, community education and cultural organisations. Cultural organisations include libraries, museums, botanic gardens, galleries and zoos. All these services provide a wide range of experiences that enhance children’s learning and development. Targeted and intensive services provide additional support for children and families. These include child and family services, supported playgroups, early start kindergarten, and a range of community, primary and specialist health services.*<sup>76</sup>

## Kindergarten participation rates

Data from the Department of Education and Training on Kindergarten participation rates within the City of Greater Dandenong, records a decline in participation (enrolment) over time (as is also reflected in the Victoria-wide data):<sup>77</sup>

### Kindergarten Participation Rates in City of Greater Dandenong and Victoria

YEAR	RATE CGD	RATE VIC
2016	95.9%	96.2%
2017	94.2%	93.4%
2018	89.0%	92.1%

According to data from the Australian Early Development Census, the following list illustrates suburbs within Greater Dandenong with the lowest to highest kindergarten attendance:

- Springvale
- Springvale South
- Keysborough
- Noble Park
- Dandenong
- Dandenong South
- Dandenong North
- Noble Park North.<sup>78</sup>

## Vulnerability and gains recorded by the Australian Early Development Index

The 2018 Australian Early Development Index (AEDI) results find the City of Greater Dandenong has a significantly higher percentage of students vulnerable in one or more domains (28%) compared with the state average (20%). This is the second highest percentage recorded amongst Melbourne Metropolitan LGAs.<sup>79</sup> At a local level, the percentage of students recorded as developmentally vulnerable in one or more domains in 2018, is as follows:

- Springvale, 34%
- Dandenong and Springvale South, 30%
- Noble Park and Dandenong North 27%
- Keysborough, 22%
- Noble Park North, 20%.

In relation to Aboriginal and Torres Strait Islander children at a Victorian level, the 2018 AEDI found that 65% were vulnerable in one or more domains of development, compared with 20% of all students across the state.<sup>80</sup>

When analysing change over time, there is also value in looking at the data at a community level within the City of Greater Dandenong, as outcomes vary. The data illustrates significant gains in many communities over time in each of the domains, and some areas of higher vulnerability. In some cases it reports on increases in the percentages of children defined as 'at risk' or 'vulnerable.'

Appendix A contains a summary of outcomes in each of the domain areas from 2012 to 2018, considering the data at a community level.

## Transitions as points of vulnerability

Children undertake a number of transitions through social and learning environments and the education system. Transitions do not always follow a linear path, particularly for children with complex needs. While the majority of children make these transitions well, transitions are a point of vulnerability, with research and data showing that many children struggle to make these transitions successfully.

In 2015 the Victorian Auditor General produced a significant report on transitions, and advised that:

*While a transition is generally considered to be a single event – where a child moves between sectors... or schools (primary to secondary) – the process of transitioning covers a longer period of time, and can be challenging and transformative.... It is therefore important not to consider a transition simply as a process of transferring a child from one setting to another, but as a series of interconnected processes taking place over an extended period of time.<sup>81</sup>*



In relation to transitions in the early years, the report notes that:

*Children who enter school for the first time require a set of life and learning skills in order to make a successful transition to primary school. Research has established that children who commence school without these basic skills are at risk of poorer academic and social outcomes. Promoting successful transitions in the early years is not just about the readiness of the child. It requires the involvement of parents and families, communities, early childhood education and care providers, as well as schools.<sup>82</sup>*

The Community Hubs in Schools model (five of which operate within the City of Greater Dandenong<sup>†</sup>) have been found to be positively impacting on school readiness of children from migrant families for school. Evaluative research of the model conducted by the Murdoch Research Institute, found that ‘hubs provided numerous examples of positive changes in children’s

readiness for school, schools’ readiness for children and in family conditions and environments that influence children’s learning.’<sup>83</sup>

The Victorian Auditor General’s report points to ‘developmental status’ as measured by the Australian Early Development Index and assessments of Prep/Foundation teachers around academic readiness as information we can draw on to understand children’s readiness to transition into school. As is noted earlier in this report, important gains have been made over time in some of the domain areas within the City of Greater Dandenong, while the data also reveals vulnerabilities that require ongoing responses. The Auditor General’s report also notes that ‘Kindergarten participation is a key input strongly associated with improved performance in both areas.’<sup>84</sup>

Transitioning from Grade 6 to year 7 is point of vulnerability for students and often their resilience declines at this point, as shown in 2019 Resilience survey, this can be a time

of educational disengagement. The Student Wellbeing, Engagement and Learning across the Middle Years 2016 report indicates that the transition from Grade 6 to year 7 is one of the most dramatic events in a students’ educational career 13% of students at this transition point identify difficulties with academic studies, peer relationships, teacher relationships or changes in daily routine, support for emotional, social and educational development is critical to improve this transition.

<sup>†</sup>Community Hubs operate within the City of Greater Dandenong at Dandenong Primary School, Dandenong South Primary School, Dandenong West Primary School, Springvale Rise Primary School, St Anthony’s Primary School Noble Park

## Literacy and Numeracy

Data from 2017 reveals that a significantly higher proportion of students in the City of Greater Dandenong at Years 3 (8.4%), and 5 (10.1%), are not meeting the national literacy benchmarks compared with the Victorian average – the Greater Dandenong percentage is approximately double that of the Victorian average in each year level.<sup>85</sup> Similar findings relate to numeracy benchmarks. Of note too is the increase in the percentage not meeting the literacy benchmarks at each testing point as the students get older.<sup>86</sup>

In considering these figures, it is important to recognise the very high proportion of residents who speak a language other than English at home (70%). Also important to recognise is that students from refugee or asylum seeker backgrounds may have experienced limited, disrupted or no education as well as have a range of complex needs in relation to educational engagement.<sup>87</sup>

### Digital literacy

Digital literacy is also considered an important skill for children, encompassing not only their proficiency in making use of digital technologies but also their capacity to be safe, informed and discerning users of technology. Also important is equitable access to digital technologies for children and their families. Digital Literacy supports children to build the skills they need to navigate the digital world around them, and this relates to ‘play, participation, socializing, searching and learning through digital technologies.’ NAP Sample Assessment ICT Literacy 2018 report indicates that 62% of Grade 6 students within Victoria have

proficient digital literacy and 66% have at least five years’ experience using digital devices (computers and tablets), 58% of students used a digital device at least once a day outside of school. About one third of Grade 6 students did not have access to their own personal digital device.

## Engagement in learning at school

The 2019 Greater Dandenong Resilience Survey<sup>88</sup> paints a picture of levels of engagement in learning beginning at a relatively high point in primary school. Below is a summary of the percentage of students reported as engaged in learning in the 2019 survey results:

- 91% of students in Grades 3 and 4
- 93% of students in Grades 5 and 6

It should be noted that this part of the survey is concerned with motivation, experiences of rewards related to learning and their ‘active engagement in learning’, as opposed to educational enrolment or attendance. A limitation of the Resilience Survey is that it only captures the perspectives of students who are attending school and so does not reflect the perspective of students who are disengaged to the point of no longer attending and may not encompass the views of students with low rates of attendance.

## Employment in families with children

Overall in 2016, 31% of families with children in Greater Dandenong had no parent in paid employment, compared to 19% for Victoria. The figure is higher amongst single-parent families (58%), compared to couple families with children

(21%).<sup>89</sup> In 2016, 46% of Aboriginal and Torres Strait Islander families with children had no parent in paid employment.<sup>90</sup>

## Particular barriers for refugees and new migrants

Refugees and new migrants face significant barriers to employment. The Refugee Council of Australia has advocated for specialist responses to supporting refugee and new migrant job seekers.<sup>91</sup> Research by the Centre for Policy Development found ‘five principal barriers to newly arrived refugees finding jobs: limited English, a lack of work experience, poor health, a lack of opportunities for women and having only been in Australia for a short amount time.’<sup>92</sup> They advocate for ‘a focus on removing these barriers or reducing their impact’ to support the employment prospects of refugee or newly arrived job seekers.

## Particular barriers for Aboriginal and Torres Strait Islander Families

According to the 2016 Census, the unemployment rate amongst Aboriginal and Torres Strait Islander residents in the City of Greater Dandenong was 22%, more than double that of the broader population at the time at around 10%.<sup>93</sup> The City of Dandenong Reconciliation Action Plan contains a number of recommendations related to boosting employment for Aboriginal and Torres Strait Islander residents, in recognition of this disproportionate rate.

## Safety

As is recognised in the City of Greater Dandenong 'Community Safety Plan', despite its many assets, the City of Greater Dandenong 'continues to face a number of challenges that set it apart from other communities in Victoria and the broader metropolitan area' and require a particular response to strengthen both actual community safety and perceptions of safety within the community.

### Perceptions of safety

2017 State of Victorian Children report outlines that:

*Perceptions of danger can act as barriers to children participating in health promoting behaviours, in particular by restricting children from undertaking active methods of transport, such as walking and cycling, or independent free play in public spaces without adult accompaniment.*

... Participants in the Children's Forum 2018 raised concerns about safety in the community and the importance of safety in the home.<sup>94</sup> In the 2019 Children's Forum, one of the key priorities identified by children was 'a safer and accessible community.' They provided insights into what makes them feel safe, such as 'when they are with people they know will support and protect them.'<sup>95</sup> Relationships were key to children's sense of safety, with 2019 Voice Lab participants stating that the 'most important part to feeling safe is... feeling like they belong and are supported.'<sup>96</sup>

The 2019 Resilience survey results support this with 79% of students in Grade 3–6 feel safe at school and 75% feel safe in their neighbourhood.

Adults in the community have also expressed concerns about safety in the City of Greater Dandenong. Results of the 2019 Local Government Community Satisfaction Survey show that a similar percentage of residents surveyed feel safe (40%) walking alone in their local area after dark as feel unsafe (44%). An analysis of results over time show that the percentage of residents suggesting that they feel unsafe rose by around 10% in 2017 and has increased slightly each year since.<sup>97</sup>

### Family Violence

Family Violence is a significant concern within Greater Dandenong, as reflected in Victoria Police data, and as reflected in consultations with service networks and with children themselves. Victoria Police data reports that in 2018/19 'the rate of police callouts to family incidents in Greater Dandenong were 32% more than the metropolitan average, and the third highest in metropolitan Melbourne.'<sup>98</sup> Family Violence can have long term impacts on children's health and wellbeing, 31% of all incidents across Victoria have a child present when the family violence occurs. The SEQH survey found that 3.2% of Victorian children had witnessed violence before starting school. According to the survey over 34% of children who had witnessed violence before starting school had an emotional or behavioural problem when entering school.

The 2019 Greater Dandenong Resilience Survey revealed the following proportion of children people 'feel safe at home':

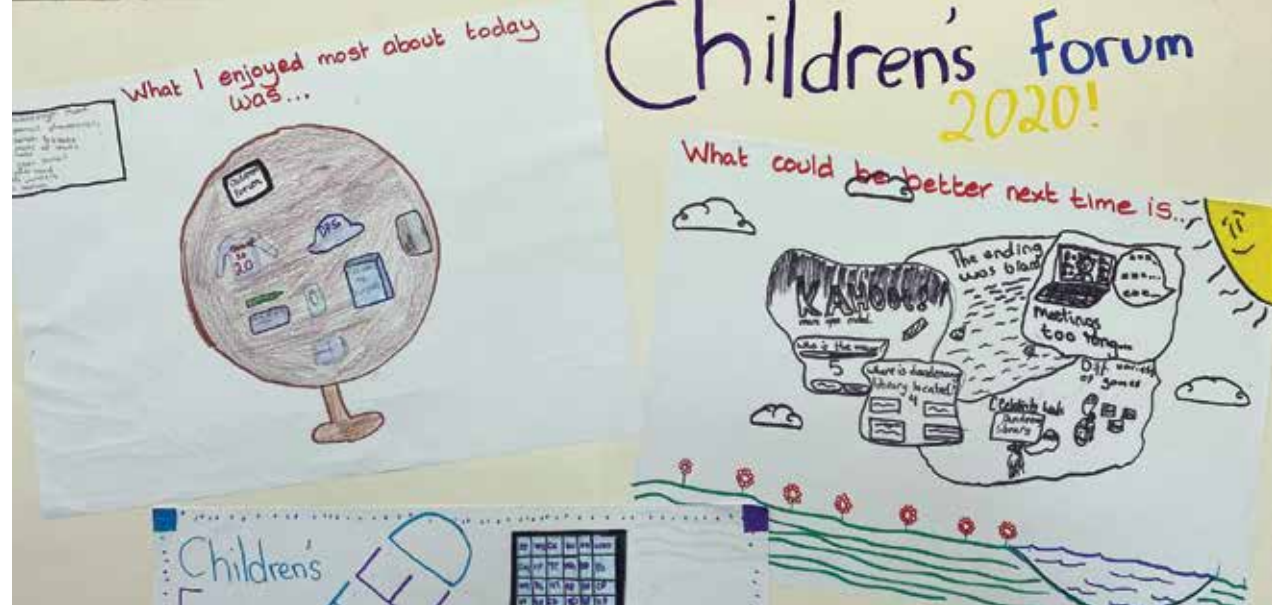
- 80% of Grade 3 & 4 students
- 85% of Grades 5 & 6 students

### Experiences of bullying and discrimination

The 2019 Greater Dandenong Resilience Survey asked students about experiences of bullying at school and online. The survey results reveal that bullying is more prevalent in Grades 3 to 6 than the Secondary School setting, indicating that bullying decreases as students' progress through primary school and into secondary school. Specifically, 59% of Grade 3 students reported experiencing bullying at school in the past year. It also reveals that students across the age range more commonly experience bullying at school than online. The following table outlines the incidence of bullying at school and online, reported by students in the survey:

EXPERIENCES OF BULLYING	GRADE 3 TO 6
Never bullied at school	47%
Bullied once or twice at school	32%
Bullied three times or more at school	21%
Never bullied online	74%
Bullied once or twice online	23%
Bullied three times or more online	10%

Source: 2019 Greater Dandenong Resilience Survey



## Engagement and participation

The Rights of the Child enshrines the right of children to be heard and for their views to be given due weight in decision-making processes (Article 12 or the Convention of the Rights of the Child). Building upon this, children's right to participate has been broadly recognised and supported by frameworks, codes or practice, legislation and practice approaches in Australia in the realms of government, the community services sector and education. Current examples include the Victorian Child Friendly Cities and Communities Charter (of which Council is a signatory), the Victorian Child Safe Standards.

The City of Greater Dandenong has long recognised the critical importance of children's participation, with the implementation of a broad range of initiatives designed to engage children in consultative and participatory engagement

programs. The value of the engagement of children in Council consultative, participatory and decision-making processes was noted by a number of Council business units in cross-council consultations conducted to inform the development of the new children's plan, including Sport and Recreation, Planning, Libraries and Arts and Culture. A range of Council strategies also place a focus on the engagement of children and their families in order to achieve their strategic objectives, including *A Safe and Harmonious Greater Dandenong: A community safety plan for Greater Dandenong 2015–22*; *the City of Greater Dandenong Open Space Strategy (Draft 2019)*; *Greater Dandenong Climate Change Strategy 2020–2030 (Draft)*; *City of Greater Dandenong Make Your Move Physical Activity Strategy 2020–2030 (Discussion Paper)*; *the City of Greater Dandenong Library Strategy 2018–2023 and Library Strategy Action Plan 2018–2021*; and *the City of Greater Dandenong Disability Action Plan 2017–2023*. This broad acceptance of the integral importance of children's engagement and

participation requires an ongoing, whole-of-council approach to continued capacity development and implementation at a cross-council level.

Services (both internally within Council and within the City of Greater Dandenong community) recognises the importance of ensuring that participatory engagement is inclusive of children from diverse backgrounds, experiences and socio-economic status.<sup>99</sup>



## The legislative, strategic and policy context

A plan for children and families is developed in a context of existing strategies and plans, legislation and policy at a local, state and federal level that require consideration, as summarised below.

### *City of Greater Dandenong*

The children's plan needs to align with the objectives of the Imagine 2030 Council Plan, Council Plan 2017–2021 and Community Wellbeing Plan. The following alignment along the level of objectives also appears in the draft plan.

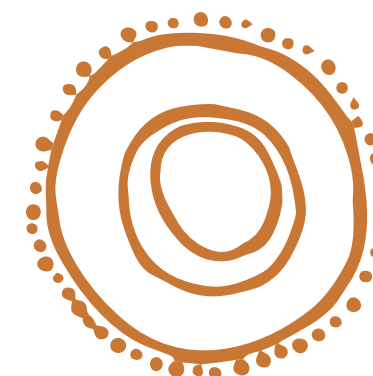
IMAGINE 2030 COUNCIL PLAN	COUNCIL PLAN	COMMUNITY WELLBEING PLAN	CHILDREN'S PLAN
THEME	STRATEGIC OBJECTIVES	PRIORITIES	STRATEGIC OBJECTIVES
<b>OPPORTUNITY</b>	An open and effective Council	Safety, engagement and social cohesion	Provide leadership and advocacy in planning for children and families.
<b>PEOPLE</b>	A vibrant, connected and safe community		
<b>PEOPLE</b>	A vibrant, connected and safe community	Mental and physical health	Strengthen health and wellbeing outcomes for children and families.
<b>PEOPLE</b>	A vibrant, connected and safe community	Learning and employment	Support engagement in learning
<b>PEOPLE</b>	A vibrant, connected and safe community	Safety, engagement and social cohesion	Improve safety and accessibility for children, and their families to participate in the community.
<b>PEOPLE</b>	A vibrant, connected and safe community	Safety, engagement and social cohesion	Value active participation and engagement of children and families in the community.
	A creative city that respects and embraces its diversity		

There are also a number of highly relevant Council Strategies and Plans that require consideration to ensure alignment of activity and focus. The below table outlines the strategies and plans and key points of consideration for alignment:

CITY OF GREATER DANDENONG STRATEGY OR PLAN	CHILDREN'S PLAN STRATEGIC OBJECTIVES
A Safe and Harmonious Greater Dandenong. A community safety plan for Greater Dandenong 2015–22	<p>The objectives of this plan hold specific relevance to the children's plan of:</p> <ul style="list-style-type: none"> <li>• Health and Wellbeing</li> <li>• Safe and accessible</li> </ul>
Greater Dandenong People Seeking Asylum and Refugees Action Plan 2018–2021	<p>The objectives of this plan hold specific relevance to the children's plan focus areas of:</p> <ul style="list-style-type: none"> <li>• Health and Wellbeing</li> <li>• Leading, partnerships and collaboration</li> <li>• Education and employment</li> </ul>
City of Greater Dandenong Disability Action Plan 2017–2023	<p>The objectives of this plan hold specific relevance to the children's plan focus areas of:</p> <ul style="list-style-type: none"> <li>• Health and Wellbeing</li> <li>• Engaged and Active</li> <li>• Education and employment</li> <li>• Safe and accessible</li> </ul>
City of Greater Dandenong Reconciliation Action Plan 2017–2019 (updated 2019 to extend to 2020)	<p>The objectives of this plan hold specific relevance to the children's plan focus areas of:</p> <ul style="list-style-type: none"> <li>• Health and Wellbeing</li> <li>• Leading, partnerships and collaboration</li> </ul>
City of Greater Dandenong Library Strategy 2018–2023 and Library Strategy Action Plan 2018–2021	<p>The objectives of this plan hold specific relevance to the children's plan focus areas of:</p> <ul style="list-style-type: none"> <li>• Education and employment</li> <li>• Engaged and Active</li> </ul>
City of Greater Dandenong Open Space Strategy (Draft 2019)	<p>The objectives of this strategy hold specific relevance to the children's plan focus areas of:</p> <ul style="list-style-type: none"> <li>• Health and Wellbeing</li> </ul>



CITY OF GREATER DANDENONG STRATEGY OR PLAN	CHILDREN'S PLAN STRATEGIC OBJECTIVES
City of Greater Dandenong Make Your Move Physical Activity Strategy 2020–2030 (Discussion Paper)	<p>The objectives of this strategy hold specific relevance to the children's plan focus areas of:</p> <ul style="list-style-type: none"> <li>• Health and Wellbeing</li> </ul>
Greater Dandenong Climate Change Strategy 2020–2030 (Draft)	<p>The objectives of this strategy hold specific relevance to the children's plan focus areas of:</p> <ul style="list-style-type: none"> <li>• Health and Wellbeing</li> <li>• Engaged and Active</li> </ul>
Greater Dandenong Youth Strategy 2020–2025 (Draft)	<p>The objectives of this plan hold specific relevance to the children's plan focus areas of:</p> <ul style="list-style-type: none"> <li>• Health and Wellbeing</li> <li>• Engaged and Active</li> <li>• Education and employment</li> <li>• Safe and accessible</li> </ul>



### State legislation, policies and frameworks

At the state level, the following pieces of legislation and policies are of most relevance to the Children's Plan.

#### **Victorian Early Years Learning and Development Framework**

The Framework was developed 'to guide early childhood professionals in a collective effort with families toward the achievement of the nationally agreed Early Years Learning Outcomes (Early Years Learning Framework for Australia, 2009) where children:

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

It takes a holistic approach, recognising that 'children's wellbeing from birth as both a prerequisite for and an outcome of learning.'<sup>100</sup> It is intended to guide the work of all professionals working with children from birth up to the age of 8 years.

#### **The Education State Early Childhood Reform Plan**

The Department of Education and Training's *Education State Early Childhood Reform Plan*, outlines a range of significant reforms the Victorian Government is undertaking 'to create a higher quality, more equitable and inclusive early childhood system.'<sup>101</sup> The reforms have a focus on:

- Increasing school readiness
- Supporting high quality early learning provision in kindergartens
- Delivery of more early childhood facilities attached to Primary Schools
- A range of funding initiatives to strengthen Maternal and Child Health Delivery
- Strengthening parenting skills through expanded delivery of 'first-time parents' groups and playgroups.

The Education State package of reforms also includes the staged expansion of 3 year old kindergarten to be a universal service enabling all children to have access to 5 hours per week by 2022 and 15 hours per week by 2029. Another key component has been the development of the *Supporting Children and Families in the Early Years: A Compact between the Department of Education and Training, Department of Health and Human Services and Local Government* (represented by the Municipal Association of Victoria). The Compact establishes 'a commitment between state and local governments to work together to improve outcomes for young children and their families,' clarifies roles and responsibilities of each party, sets out common principles and priorities.<sup>102</sup>

#### **Child Safe Standards**

The Victorian Child Safe Standards were developed in response to recommendations of the 2012/2013 Betrayal of Trust Inquiry evidence of what works to prevent child abuse. The Standards are mandatory for organisations (in accordance

with the Child Wellbeing and Safety Act 2005) that provide services or facilities for children or for businesses that employ children up to the age of 18 years. The Child Safe Principles require organisations and businesses consider the increased vulnerability of:

- Aboriginal children, recognising the importance of cultural safety of Aboriginal children
- children from culturally and linguistically diverse backgrounds, recognising the importance of cultural safety for them
- children with a disability, recognising their specific needs in relation to safety and participation.

The Child Safe Standards are in the areas of:

- Standard 1: Governance and leadership
- Standard 2: Clear commitment to child safety
- Standard 3: Code of conduct
- Standard 4: Human resource practices
- Standard 5: Responding and reporting
- Standard 6: Risk management and mitigation
- Standard 7: Empowering children.

It is the role of the Victorian Commission for Children to 'support and regulate organisations that work with children to prevent child abuse and make sure these organisations have child safe practices' amongst other responsibilities. As such, the Commission provides resources and support to organisations to support compliance with the Child Safe Standards and also can receive complaints if organisations are failing to meet their responsibilities. The Victorian Child Safe Standards



remain mandatory and sit alongside the National Principles for Child Safe Organisations endorsed by COAG in 2019. A review of the Victorian Child Safe Standards is being undertaken, considering where adjustments should be made to ensure better alignment with the National Principles.<sup>103</sup>

### **Department of Education and Training Strategic Plan 2019–2023**

The Department of Education and Training Strategic Plan outlined priorities for action for the Department across early childhood, school education and training and skills and higher education. The Actions are broadly focussed around supporting educational achievement, engagement and wellbeing. The Plan also outlines a range of ‘organisational reforms’, including a focus on building the capacity of the Department of Education workforce.

### **Children Youth and Families Act 2005**

The Children, Youth and Families Act (CYFA) 2005 ‘builds on the Child Wellbeing and Safety Act 2005, to guide the actions of community services and the State in the best interests of vulnerable children. The CYFA promotes:

- children’s ‘best interests’ driving all planning, decisions and service delivery.
- earlier intervention and prevention and greater targeting of secondary services to families most in need.
- improved planning, coordination and delivery of services to families by increased emphasis on partnership and collaboration across and within the service systems.

- a stronger focus on children’s cultural identity and cultural competence in all service delivery.
- a commitment to maintaining Aboriginal children’s cultural connectedness.<sup>104</sup>

The Act has been amended at multiple points of time, to enable new provisions largely in relation to the operation of the child protection and the judicial system.

### **Victoria’s vulnerable children: our shared responsibility 2013–2022**

*Victoria’s vulnerable children: our shared responsibility 2013–2022* sets our three high-level, long-term goals, ‘designed to drive the broad-based change required across government(s) and in the community generally.’ The goals of the strategy are to:

- prevent abuse and neglect
- act earlier when children and vulnerable
- improve outcomes for children in statutory care.

The strategy seeks to ensure to encourage a ‘shared responsibility for vulnerable children and foster collaboration, information sharing and cooperation across different sectors, including the adult services sectors and the child and family services sector.’<sup>105</sup>

### **Roadmap for Reform: Strong Families, Safe Children 2016**

*The Roadmap for Reform: Strong Families, Safe Children 2016*, stemmed from the findings of the 2016 Royal Commission into Family Violence and outlines a range of measures to reform the services system to respond more effectively to the needs of vulnerable families. The reforms are broadly designed to ensure:

- a greater focus on earlier intervention
- more visible and non-stigmatising entry points to services, making it easier for people to find help themselves
- pro-actively connecting people at risk to support through existing services (such as early childhood services, schools, general practitioners, financial counselling and community health services) and informal networks (such as a trusted community member).

Child, and family services play a key role as partners with Government in the reform agenda, which contains a range of initiatives aimed at:

- building supportive and culturally strong communities and improving access to universal services
- supporting children and families in need with integrated wrap-around supports and targeted early interventions
- Strengthening home-based care and improving outcomes for children in out-of-home care.<sup>106</sup>

### **Ending Family Violence: Victoria's Plan for change 2017**

*Ending Family Violence: Victoria's Plan for change 2017* outlines the recommendations of the 2016 Royal Commission into Family Violence and the State Governments response to implement all of the 227 recommendations over a 10-year period. The Plan is seeking to achieve the following objectives:

- Family violence and gender inequality are not tolerated.
- Victim survivors, vulnerable children and families, are safe and supported to recover and thrive.
- Perpetrators are held to account, engaged and connected.
- Preventing and responding to family violence is systemic and enduring.

With relation to child and family services, the plan includes the commitment to:

*intervene earlier to prevent harm to children and enable families to access effective support services. By integrating Child FIRST into the Hubs, the Hubs will become a key platform for keeping children safe. Children's services will be therapeutic, child friendly and safe. Child and family services will be able to better engage and work with vulnerable parents.*<sup>107</sup>

### **Reportable Conduct Scheme**

The *Reportable Conduct Scheme*, administered through the Commission for Children and Young People:

- 'requires some organisations to respond to allegations of child abuse (and other child-related misconduct) made against their workers and volunteers, and to notify us of any allegations
- enables us to independently oversee those responses
- facilitates information sharing between organisations, their regulators, Victoria Police, the Department of Justice and Regulation's Working with Children Check Unit and us.'

Organisations required to adhere to the scheme include children's services and education and care services (children are defined as up to age of 18), amongst others.<sup>108</sup>

### **Victorian Health and Wellbeing Plan 2019–2023**

The development of a Health and Wellbeing Plan every four years is a requirement of the State Government under the Victoria's Public Health and Wellbeing Act 2008. Local governments are required to submit their four-year municipal public health and wellbeing plans, which they review annually. Through the Plan, the State Government sets public health and wellbeing priorities and strategic actions to achieve them. Recognising the wider determinants of health, the 2019–2023 plan is focused on the following priorities:

- Tackling climate change and its impact on health
- Reducing injury

- Preventing all forms of violence
- Increasing healthy eating
- Decreasing the risk of drug-resistant infections in the community
- Increasing active living
- Improving mental wellbeing
- Improving sexual and reproductive health
- Reducing tobacco-related harm
- Reducing harmful alcohol and drug use.<sup>109</sup>

### **Victorian Child Friendly Cities and Communities Charter**

The Victorian Child Friendly Cities and Communities Charter 'is a statement of the principles and actions that underpin the right to be considered child friendly' and 'has been developed specifically for local governments, organisations and individuals to take action.' As a signatory to the Charter, a local government commits to uphold the following principles:

- Freedom for children to experience environments that consider their needs
- Respect and dignity for children to express their individual opinions, participate in and contribute to decisions about their communities and their wellbeing
- Equitable access to supportive environments and services for children regardless of gender, ethnicity, religion or ability.<sup>110</sup>



### **National legislation, policies and frameworks**

A number of national frameworks are of relevance to the integrated strategy as summarised below.

#### **National Principles for Child Safe Organisations 2019**

The *National Principles for Child Safe Organisations* were developed in response to The Royal Commission into Institutional Responses to Child Sexual Abuse (Royal Commission), have been endorsed by the Commonwealth, State and Territory Governments. The National Principles 'are designed to build capacity and deliver child safety and wellbeing in organisations, families and communities and prevent future harm.' The Principles are:

1. Child safety and wellbeing is embedded in organisational leadership, governance and culture.
2. Children are informed about their rights, participate in decisions affecting them and are taken seriously.
3. Families and communities are informed and involved in promoting child safety and wellbeing.
4. Equity is upheld and diverse needs respected in policy and practice.
5. People working with children are suitable and supported to reflect child safety and wellbeing values in practice.
6. Processes to respond to complaints and concerns are child focused.

7. Staff and volunteers are equipped with the knowledge, skills and awareness to keep children safe through ongoing education and training.
8. Physical and online environments promote safety and wellbeing while minimising the opportunity for children to be harmed.
9. Implementation of the national child safe principles is regularly reviewed and improved.
10. Policies and procedures document how the organisation is safe for children.<sup>111</sup>

#### **Belonging, Being and Becoming: The Early Years Learning Framework for Australia**

*Belonging, Being and Becoming: The Early Years Learning Framework for Australia* was developed by the Council of Australian Governments, and 'conveys the highest expectations for all children's learning from birth to five years and through the transitions to school.' It sets out five Learning Outcomes:

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

It relates to the provision of early childhood services in long day care, occasional care, family day care, multi-purpose Aboriginal Children's Services, preschools and kindergartens, playgroups, creches, early intervention settings and similar services.<sup>112</sup>

#### **My time Our Place Framework for School Aged Care in Australia**

*My Time, Our Place – Framework for School Age Care in Australia* was developed by The Council of Australian Governments, with the aim to 'extend and enrich children's wellbeing and development in school age care settings.' It is linked to the Early Years Learning Framework, by extending the principles, practices and outcomes to the contexts and age range of the children and young people who attend school age care settings. It outlines five principles to enhance children's learning through play and leisure. These are:

1. Secure, respectful and reciprocal relationships
2. Partnerships
3. High expectations and equity
4. Respect for diversity
5. Ongoing learning and reflective practice

It should be considered alongside the National Quality Standard for Early Childhood Education and Care and School Age Care, which articulates the 'necessary environments, facilities, staffing arrangements, resources and management structures are in place.'<sup>113</sup>

## Appendix A: Summary of 2018 data from Australian Early Development Census

### Physical Health and Wellbeing

#### Trends over time

Developmentally on track

- There have been increases in the percentage of ‘developmentally on track’ children in all local communities since 2012 to 2018, with the exception of Noble Park, however the percentage in this case is only marginally lower than the average for Greater Dandenong.

Developmentally at risk

- Between 2012 and 2018 there have been decreases in the percentage of children reported to be ‘developmentally at risk’ across all local communities, with the exception of Noble Park and Springvale (although there has been a decrease in both since 2015).

Developmentally vulnerable

- There has been a significant decrease in the percentage of ‘developmentally vulnerable’ children in some local communities since 2012 to 2018. These include Dandenong South, Keysborough, Noble Park, Springvale and Springvale South.

Developmental Domain	CGD percentage ‘on track’	Higher than municipal average ‘on track’	Lower than municipal average ‘on track’	CGD percentage ‘at risk’	Higher than municipal average ‘at risk’	Lower than municipal average ‘at risk’	CGD percentage ‘vulnerable’	Higher than municipal average ‘developmentally vulnerable’	Lower than municipal average ‘developmentally vulnerable’
Physical health and wellbeing	79.5% (Vic 80.9)	Dandenong North (81.5%)	Dandenong (75.3%)	10.1% (Vic 10.8%)	Dandenong (11.3%)	Dandenong North (9.0%)	10.3% (Vic 8.2)	Dandenong (13.4%)	Dandenong North (9.8%)
		Dandenong South (82.4%)	Noble Park (78.5%)		Springvale (11.4%)	Dandenong South (9.9%)		Noble Park (11.3%)	Dandenong South (7.6%)
		Keysborough (82.4%)	Springvale (76.8%)			Keysborough (10.3%)		Springvale (11.8%)	Keysborough (7.2%)
		Noble Park North (87.8%)	Springvale South (76.8%)			Noble Park (10.1%)		Springvale South (12.0%)	Noble Park North (6.1%)
						Noble Park North (6.1%)			
						Springvale South (9.7%)			



## Social Competence

### Trends over time

Developmentally on track

- Between 2012 and 2018, there have been significant increases in the percentage of children reported to be developmentally ‘on track’ in the areas of Dandenong South, Keysborough and Noble Park North. There has also been a marginal increase in the area of Springvale. While there has also been an increase within the communities of Springvale South and Dandenong North, they have reported a drop in the percentage between 2015 and 2018. The percentage rate has dropped slightly for Dandenong.

Developmentally at risk

- Between 2012 and 2018, there has been a decrease in the percentage of children identified as ‘developmentally at risk’ in Dandenong South and Noble Park North and Springvale South (however, Springvale South has seen an increase since 2015). There has been an overall increase in Dandenong, Dandenong North, Keysborough, Noble Park and Springvale.

Developmentally vulnerable

- Between 2012 and 2018 there has been an overall decrease in the percentage of children reported to be developmentally vulnerable in all areas, with the exception of Noble Park. However, in Dandenong, Dandenong North, Noble Park North, Springvale and Springvale South there has been an increase since 2015.

Developmental domain	CGD percentage ‘on track’	Higher than municipal average ‘on track’	Lower than municipal average ‘on track’	CGD percentage ‘at risk’	Higher than municipal average ‘at risk’	Lower than municipal average ‘at risk’	CGD Average ‘vulnerable’	Higher than municipal average ‘developmentally vulnerable’	Lower than municipal average ‘developmentally vulnerable’
Social competence	71.1% (Vic 77.3%)	Dandenong South (73.3%)	Dandenong (63.3%)	17.8% (Vic 13.9%)	Dandenong (23.7%)	Dandenong South (17.6%)	11.1% (Vic 13.1%)	Dandenong (13.1%)	Dandenong North (9%)
		Keysborough (79.3%)	Dandenong North (68.4%)		Dandenong North (22.7%)	Keysborough (14.4%)		Springvale (16.7%)	Dandenong South (9.2%)
		Noble Park (74.3%)	Springvale (62.6%)		Springvale (20.7%)	Noble Park (15%)		Springvale South (14/9%)	Noble Park (6.3%)
		Noble Park North (81.7%)				Noble Park North (9.8%)			Noble Park North (8.5%)
		Springvale South (72.6%)				Springvale South (12.6%)			Keysborough (6.3%)

## Emotional maturity

### Trends over time

#### Developmentally on track

- Between 2015 and 2018 there was an increase in the percentage of children reported to be 'developmentally on track' in Dandenong South, Keysborough, Noble Park, Noble Park North, Springvale and Springvale South (although in the case of Springvale South, the percentage dropped significantly between 2015 and 2012). The rate in Dandenong has dropped slightly. In Dandenong South the rate improved between 2012 and 2015 and then dropped again by 2018.

#### Developmentally at risk

- There has been a decrease in the percentage of children identified as developmentally at risk in all areas, except Dandenong and Springvale South (where there have been small increases). In Dandenong, there has been a decrease between 2015 and 2018, to spite an overall slight increase. Of note is an increase to 2015 and then overall decrease between 2015 and 2018 in Keysborough and Noble Park North.

#### Developmentally vulnerable

- Between 2015 and 2018 there was a decrease in the percentage of children identified as developmentally vulnerable in Dandenong South, Keysborough, Noble Park, Springvale and Springvale South. The rate increased in Dandenong and only marginally increased in Dandenong North.

Developmental domain	CGD percentage 'on track'	Higher than municipal average 'on track'	Lower than municipal average 'on track'	CGD percentage 'at risk'	Higher than municipal average 'at risk'	Lower than municipal average 'at risk'	CGD percentage 'vulnerable'	Higher than municipal average 'developmentally vulnerable'	Lower than municipal average 'developmentally vulnerable'
Emotional maturity	75% (Vic 77.7%)	Dandenong South (75.4%)	Dandenong (71.4%)	16.3% (Vic 14.2%)	Dandenong (17.1%)	Dandenong North (15.0%)	8.7% (Vic 8.1%)	Dandenong (11.4%)	Dandenong South (8.5%)
		Keysborough (82.1%)	Dandenong North (73.2%)		Springvale (19.6%)	Dandenong South (16.2%)		Dandenong North (11.8%)	Keysborough (5%)
		Noble Park (77.4%)	Springvale (69.8%)		Springvale South (22.3%)	Keysborough (12.9%)		Springvale (10.6%)	Noble Park (6.9%)
		Noble Park North (82.9%)	Springvale South (69.1%)		Noble Park (15.7%)	Noble Park North (6.1%)			
		Noble Park North (11.0%)	Springvale South (8.6%)						

## Language and cognitive skills

### Trends over time

Developmentally on track

- Between 2012 and 2018 there was an increase in all areas except Dandenong and Springvale South (where an increase was reported between 2012 and 2015 and then a drop to 2018).

Developmentally at risk

- Between 2012 and 2018 there was a decrease in the percentage of children reported to be 'developmentally at risk' in all areas with the exception of Springvale South, where an overall increase has been reported.

Developmentally vulnerable

- Between 2012 and 2018 there has been a decrease in the percentage of children reported to be developmentally vulnerable in all areas except Dandenong and Springvale South.

Developmental domain	CGD percentage 'on track'	Higher than municipal average 'on track'	Lower than municipal average 'on track'	CGD percentage 'at risk'	Higher than municipal average 'at risk'	Lower than municipal average 'at risk'	CGD percentage 'vulnerable'	Higher than municipal average 'developmentally vulnerable'	Lower than municipal average 'developmentally vulnerable'
Language and cognitive skills	77.7% (Vic 84.6%)	Dandenong South (78.6%)	Dandenong (72.1%)	12.8% (Vic 9.0%)	Noble Park (12.9%)	Dandenong (12.7%)	9.5% (Vic 6.4%)	Dandenong (15.2%)	Dandenong North (7.8%)
		Dandenong North (83.2%)	Springvale (70.6%)		Springvale (15.9%)	Dandenong North (9.0%)		Springvale (13.5%)	Dandenong South (8.4%)
		Keysborough (83.7%)	Springvale South (69.1%)		Springvale South (18.3%)	Dandenong South (13.0%)		Springvale South (12.6%)	Keysborough (5.3%)
		Noble Park (80.5%)			Keysborough (11.0%)	Noble Park (6.6%)			
		Noble Park North (82.9%)			Noble Park North (9.8%)	Noble Park North (7.3%)			

## Communication skills and general knowledge

### *Trends over time*

#### Developmentally on track

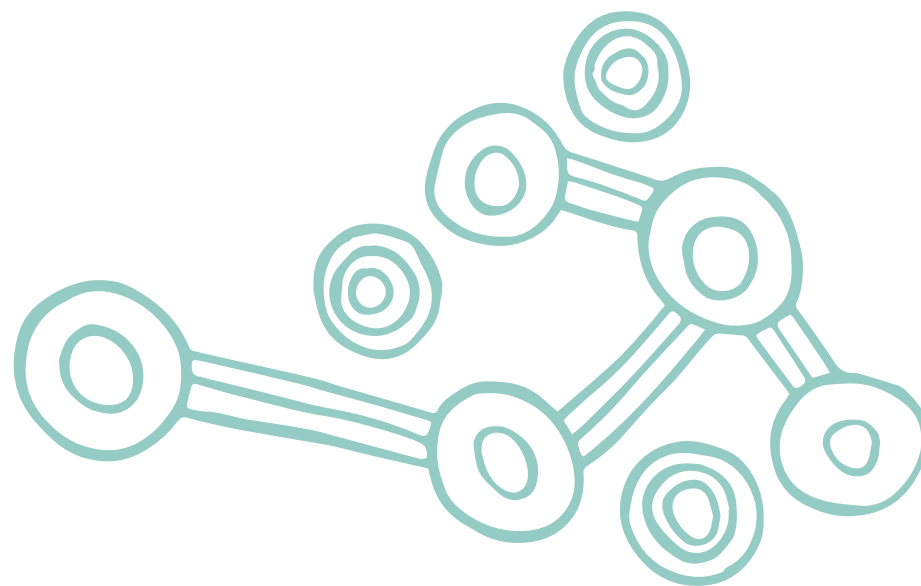
- Between 2012 and 2018, the percentage of children reported to be developmentally on track rose in all areas, with the exception of Noble Park (where the percentage rose slightly by 2014 and then dropped to 2018). Of note too is a drop in the percentage between 2015 and 2018 for Springvale South, although the overall trend is an increase.

#### Developmentally at risk

- There has been a decrease in the percentage of children reported to be developmentally at risk between 2012 and 2018 in the areas of Dandenong, Dandenong North, Keysborough (although slight), Noble Park North and Springvale South. An increase has been reported over time in Dandenong South, Noble Park and Springvale.

#### Developmentally vulnerable

- Between 2012 and 2018, the percentage of children reported to be developmentally vulnerable decreased in all areas, except Dandenong, Noble Park, Noble Park North and Springvale South.



Developmental domain	CGD percentage 'on track'	Higher than municipal average 'on track'	Lower than municipal average 'on track'	CGD percentage 'at risk'	Higher than municipal average 'at risk'	Lower than municipal average 'at risk'	CGD percentage 'vulnerable'	Higher than municipal average 'developmentally vulnerable'	Lower than municipal average 'developmentally vulnerable'
Communication skills and general knowledge	79.4% (Vic 69.4%)	Dandenong North (80.5%)	Dandenong (65.4%)	17% (Vic 13.2%)	Dandenong (18.0%)	Dandenong North (10.5%)	13.6% (Vic 7.4%)	Dandenong (16.6%)	Dandenong North (9.0%)
		Noble Park North (82.9%)	Dandenong South (67.2%)		Dandenong South (18.3%)	Keysborough (13.5%)		Dandenong South (14.5%)	Dandenong South (8.4%)
			Keysborough (77.4%)		Noble Park (19.1%)			Noble Park (14.6%)	Keysborough (9.1%)
			Noble Park (66.3%)		Noble Park North (18.3%)			Springvale (17.6%)	Noble Park North (7.3%)
			Springvale (59.6%)		Springvale (22.9%)			Springvale South (18.9%)	
			Springvale South (64.0%)		Springvale South (17.1%)				

## Endnotes

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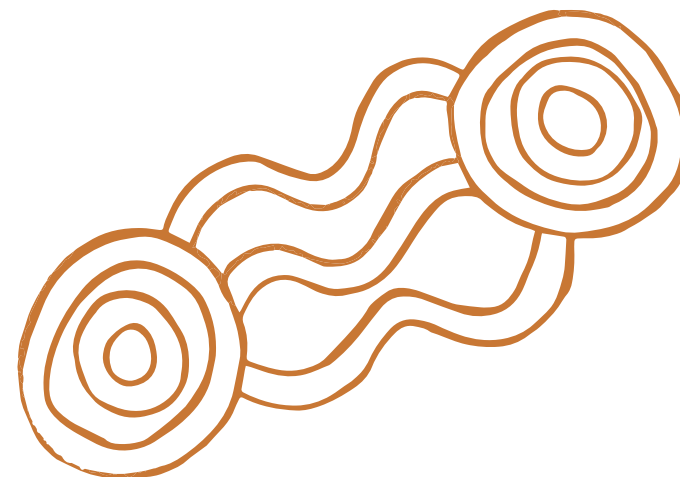
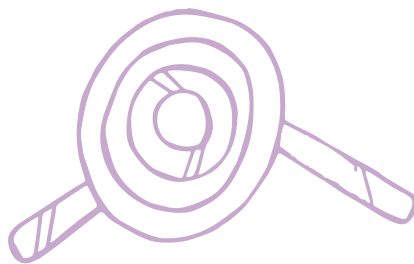
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 (03) 8571 1000  
 council@cgd.vic.gov.au  
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