**STATE FINDINGS FROM THE SCHOOL ENTRANT HEALTH QUESTIONNAIRE**

2014 to 2016

Published by the  
Performance and Evaluation Division  
Department of Education and Training

Melbourne  
December 2017

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and Training,  
2 Treasury Place, East Melbourne, Victoria, 3002.  
ISBN [to be inserted if required]  
This document is also available on the internet at  
[Department of Education's website research page](http://www.education.vic.gov.au/about/research/Pages/reportdatahealth.aspx)

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Introduction

The School Entrant Health Questionnaire (SEHQ) is a parent[[1]](#footnote-1) report instrument that records parent’s concerns and observations about their child’s health and wellbeing during their child’s first year at primary school. The questionnaire was developed and piloted in 1996-97 and has been completed by parents and guardians of preparatory (Prep) grade children in Victorian primary schools since mid-1997 through the Victorian Primary School Nursing Program (PSNP)[[2]](#footnote-2).

The intention of the questionnaire is to gather information on parental concerns to identify potential health and wellbeing issues that may affect a child’s capacity to learn. The information collected in the SEHQ is a starting point for nurses to carry out further assessment of the child and family and determine appropriate intervention and/or referral as required. Analysis of the SEHQ data is also used to inform planning and service delivery.[[3]](#footnote-3)

## 

Purpose of this report

The primary purpose of this report is to examine data from the 2016 SEHQ as well as providing some longitudinal analysis relating to the period of 2014 to 2016, highlighting emerging trends.

Distribution of the SEHQ

There were 64,091 responses to the SEHQ in 2016. Figure 1 shows consistent levels of school entrants and school entrants with a completed SEHQ since 2013.

**Figure 1: Number of SEHQ distribution and prep enrolments, Victoria, 2013 - 2016**

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Table 1 shows the distribution and completion of the SEHQ across Victoria showing that 89 per cent of the school entrant population in Victoria had a SEHQ completed in 2016 across all school sectors[[4]](#footnote-4), in line with previous years.

**Table 1: Number of SEHQ responses and prep enrolments, Victoria 2013-2016**

| Profile | 2013 | 2014 | 2015 | 2016 |
| --- | --- | --- | --- | --- |
| Number of children enrolled in Prep | 71,864 | 71,508 | 70,904 | 71,870 |
| Number of children surveyed | 63,935 | 63,391 | 63,308 | 64,091 |
| Proportion of school entrants surveyed - All schools | 89 % | 89 % | 89 % | 89 % |

Key statistics at a glance

| Area | 2016 value | Trend (from 2014) | Cohorts/areas of note |
| --- | --- | --- | --- |
| Children born outside Australia | 8.9% | ⇧ 0.6% |  |
| Children that speak a language other than English at home | 15.4% | ⇧ 1.5% |  |
| Children that live in an area of most disadvantage | 20.1% | ⇩ 0.7% | 38% of Aboriginal or Torres Strait Islander children; 30% of children with a language background other than English; 30% of children that live in regional/rural areas; 29% of children in one-parent families. |
| General health – parents that rate their child’s health as excellent/very good | 86.5% | ⇩ 1.9% | Decreases for both children from rural/regional and metropolitan areas. |
| Weight –parents who perceive their child to be overweight | 2.1% 2015 | ⇩ 0.1% | Children in one – parent families most perceived to be overweight (children with a language background other than English most perceived to be underweight). Larger decreases for Aboriginal or Torres Strait Islander children. |
| Asthma – children who have an asthma diagnosis | 11.8% | ⇩ 2.0% | Rates are higher for Aboriginal or Torres Strait Islander children. |
| Allergy – children who have been told by a doctor that they have an allergy | 9.2% | ⇩ 1.3% | Largest decrease for children with a language background other than English. |
| Speech and language –parents that reported speech or language difficulties in their children | 13.9% | ⇩ 0.3% | Larger decreases for children with a language background other than English and children from areas of most disadvantage. More boys than girls are affected, and Aboriginal or Torres Strait Islander children are most likely to be affected. |
| Vision–parents that reported concerns with their child’s vision | 7.2% | ⇩ 0.8% | Decrease for all population groups. |
| Oral health–parents that reported concerns with their child’s oral health | 13.8% | ⇩ 0.7% | Increase for children from areas of least disadvantage, and decreases for all other population groups. |
| General development –children at high risk of developmental and/or behavioural problems | 15.1% | ⇧ 0.4% | Increases for all population groups apart from children with a language background other than English (remained stable). |
| Behavioural and emotional wellbeing –children at high risk of clinically significant problems related to behaviour | 4.8% | ⇧ 0.2% | Aboriginal and Torres Strait Islander cohort at highest risk and larger increases in rates for these children and children from one-parent families. |
| Family stress –families reporting high levels of stress | 9.2% | ⇩ 1.8% | Decrease for all population groups. |

Demographic profile of children at school entry

## 

Child and family characteristics

The SEHQ gathers demographic information about children entering school. Table 2 displays demographic information, as reported by parents.

**Table 2: Demographic profile of children beginning school, Victoria 2014-2016**

| Population group | 2014 (%) | 2015 (%) | 2016 (%) | 2016 Number |
| --- | --- | --- | --- | --- |
| 5 years of age (at April 30 of survey year) | 78.4 | 77.5 | 77.4 | 49,576 |
| 6 Years (at April 30 of survey year) | 15.9 | 15.1 | 15.5 | 9,932 |
| Boys | 49.3 | 48.0 | 48.5 | 31,091 |
| Girls | 47.2 | 46.4 | 46.0 | 29,504 |
| Born outside Australia | 8.3 | 8.1 | 8.9 | 5,676 |
| Lives in rural or regional area | 27.2 | 27.6 | 26.7 | 17,102 |
| Lives in a metropolitan area | 72.8 | 72.3 | 73.2 | 46,924 |
| One-parent families | 12.0 | 11.4 | 11.5 | 7,343 |
| With a language background other than English | 13.9 | 14.2 | 15.4 | 9,863 |
| Aboriginal or Torres Strait Islander | 1.6 | 1.6 | 1.6 | 1,035 |
| Lives in area of most IRSD disadvantage | 20.8 | 20.3 | 20.1 | 12,892 |
| Lives in area of least IRSD disadvantage | 21.5 | 21.1 | 21.3 | 13,624 |

*Note: categories will not sum to ‘all children’ due to missing or invalid data*

Disadvantage

The Socio-Economic Index for Areas (SEIFA) is used[[5]](#footnote-5) to represent findings from the SEHQ at a socio-economic level. The SEIFA, which was developed by the Australian Bureau of Statistics using 2011 census information, is derived from a set of social and economic information. One of these sets, the Index of Relative Socio-economic Disadvantage (IRSD) focuses on disadvantage, including factors such as low income, low education attainment, unemployment, and dwellings without motor vehicles.

In this report, socio-economic disadvantage is shown using the quintiles of the IRSD. These quintiles demonstrate the relative SEIFA scores (based on the IRSD) by geographical areas, with quintile 1 representing the lowest 20 per cent of scores and quintile 5 the highest. This means that children living in an area with an IRSD quintile of 1 are living in an area that is ranked in the lowest 20 per cent of all areas (the most disadvantaged). On the other hand, children living in an area with an IRSD quintile of 5 are living in an area that is ranked within the top 20 per cent (the least disadvantaged).

From the 2016 SEHQ responses, 20.1 per cent of children live in areas of most disadvantage (quintile 1) and 21.3 per cent live in areas of least disadvantage (quintile 5). This is outlined in Table 3, and these figures are similar to previous years.

There is a significant difference in proportions of children living in rural and metropolitan areas across the quintiles, with children in rural/regional areas more likely to live in an area of disadvantage than children living in metropolitan areas. This trend is consistent with previous years. Children with a language background other than English, Aboriginal and Torres Strait Islander descent or those from a one-parent family are also more likely to live in areas designated as most disadvantaged. In terms of gender, there is little difference between the distribution of boys and girls across the quintiles

**Table 3: Proportional distribution of children across IRSD SEIFA quintiles, by population groups, Victoria 2016 with most disadvantaged being quintile 1 and the least disadvantage being quintile 5.**

| Population group | IRSD quintile 1  (%) | IRSD quintile 2 | IRSD quintile 3 | IRSD quintile 4 | IRSD quintile 5  (%) |
| --- | --- | --- | --- | --- | --- |
| All Children | 20.1 | 18.4 | 20.6 | 19.5 | 21.3 |
| Language background other than English | 30.4 | 17.2 | 21.7 | 13.6 | 17.0 |
| Aboriginal or Torres Strait Islander | 38.4 | 28.0 | 15.9 | 11.1 | 6.4 |
| One-parent family | 28.8 | 22.7 | 20.6 | 15.5 | 12.3 |
| Boys | 20.4 | 18.6 | 20.8 | 19.3 | 20.8 |
| Girls | 20.3 | 18.7 | 20.8 | 19.5 | 20.5 |
| Rural/Regional areas | 30.1 | 29.6 | 16.2 | 18.4 | 5.6 |
| Metropolitan areas | 16.5 | 14.4 | 22.2 | 19.9 | 27.0 |

General Health

## 

Overall Health

Over four in five (86.5 per cent) parents in 2016 reported that their child’s health was either excellent or very good. Table 4 shows that among at risk population groups[[6]](#footnote-6), parents were less likely to report the health of their child as excellent or very good, particularly those with a language background other than English. There was marginal difference between the reported health of boy and girls and children from rural/regional and metropolitan areas.

While numbers are relatively low, the proportion of Aboriginal or Torres Strait Islander children with excellent or very good health is now above the statewide average (compared to 2014).

**Table 4a: Parental perception of child's health, by population groups, Victoria, 2014-2016 (Excellent/very good)**

| Population group | 2014 (%) | 2015 (%) | 2016 (%) | 2016 number |
| --- | --- | --- | --- | --- |
| All Children | 88.4 | 86.4 | 86.5 | 55,410 |
| Language background other than English | 82.6 | 82.6 | 83.7 | 7,780 |
| Aboriginal or Torres Strait Islander | 86.5 | 87.6 | 87.2 | 902 |
| Areas of most disadvantage (IRSD 1) | 85.4 | 84.9 | 84.7 | 10,915 |
| Areas of least disadvantage (IRSD 5) | 88.3 | 85.9 | 86.3 | 11,757 |
| One-parent family | 89.2 | 88.4 | 88.2 | 6,476 |
| Boys | 90.5 | 90.2 | 90.2 | 28,033 |
| Girls | 92.0 | 91.9 | 92.0 | 27,150 |
| Rural/regional areas | 91.2 | 88.4 | 88.6 | 15,148 |
| Metropolitan areas | 87.3 | 85.7 | 85.7 | 40,215 |

***Note: categories will not sum to ‘all children’ due to missing or invalid data***

**Table 4b: Parental perception of child's health, by population groups, Victoria, 2014-2016 (Good)**

| Population group | 2014 (%) | 2015 (%) | 2016 (%) | 2016 number |
| --- | --- | --- | --- | --- |
| All Children | 6.7 | 6.5 | 6.6 | 4,247 |
| Language background other than English | 15.3 | 14.5 | 13.9 | 1,295 |
| Aboriginal or Torres Strait Islander | 9.4 | 8.7 | 10.1 | 105 |
| Areas of most disadvantage (IRSD 1) | 9.1 | 8.3 | 8.8 | 1,135 |
| Areas of least disadvantage (IRSD 5) | 5.2 | 5.0 | 5.0 | 677 |
| One-parent family | 8.6 | 9.0 | 9.5 | 701 |
| Boys | 7.5 | 7.5 | 7.7 | 2,408 |
| Girls | 6.3 | 6.2 | 6.1 | 1,810 |
| Rural/Regional areas | 5.1 | 5.3 | 5.3 | 910 |
| Metropolitan areas | 7.3 | 7.0 | 7.1 | 3,336 |

*Note: categories will not sum to ‘all children’ due to missing or invalid data*

**Table 4c: Parental perception of child's health, by population groups, Victoria, 2014-2016 (Fair/Poor)**

| Population group | 2014 (%) | 2015 (%) | 2016 (%) | 2016 number |
| --- | --- | --- | --- | --- |
| All Children | 0.7 | 0.7 | 0.8 | 491 |
| Language background other than English | 1.3 | 1.6 | 1.5 | 143 |
| Aboriginal or Torres Strait Islander | 1.7 | 1.5 | 1.6 | 17 |
| Areas of most disadvantage (IRSD 1) | 1.1 | 0.9 | 0.8 | 108 |
| Areas of least disadvantage (IRSD 5) | 0.6 | 0.5 | 0.5 | 68 |
| One-parent family | 1.4 | 1.3 | 1.2 | 90 |
| Boys | 0.9 | 0.9 | 0.9 | 284 |
| Girls | 0.6 | 0.6 | 0.7 | 207 |
| Rural/Regional areas | 0.7 | 0.6 | 0.8 | 139 |
| Metropolitan areas | 0.8 | 0.8 | 0.7 | 352 |

*Note: categories will not sum to ‘all children’ due to missing or invalid data*

Weight

Table 5 shows parent perception of their child’s weight. In 2016, the ‘weight’ module was not undertaken **so 2015 results have been reported instead**.

In 2015, over four in five (86.4 per cent) parents reported their child as having a healthy weight, with 2.1 per cent of parents reporting their child to be overweight. The Australian Health survey (2014-15) however, has indicated that the prevalence of overweight or obese children aged 2-4 years in the population is likely to be around 20 per cent.[[7]](#footnote-7)

Consistent with data from previous years, children with a language background other than English were least likely to be reported as a healthy weight, with 10.4 per cent of these children reported to be underweight. Children most likely to be reported as overweight were those from one-parent families, in line with previous years.

Boys were more likely to be reported as underweight, and girls were more likely to be reported as overweight. Children from metropolitan areas were more likely to be reported as underweight, with little difference in the proportion reported to be overweight between rural/regional and metropolitan areas.

**Table 5a: Parental perception of child's weight, Victoria, 2013-2015 (Underweight)**

| Population group | 2013 (%) | 2014 (%) | 2015 (%) | 2015 number |
| --- | --- | --- | --- | --- |
| All Children | 5.1 | 5.2 | 5.2 | 3,260 |
| Language background other than English | 10.1 | 10.2 | 10.4 | 939 |
| Aboriginal or Torres Strait Islander | 4.8 | 5.0 | 4.9 | 50 |
| Areas of most disadvantage (IRSD 1) | 6.1 | 5.9 | 5.8 | 744 |
| Areas of least disadvantage (IRSD 5) | 4.5 | 4.8 | 5.0 | 667 |
| One-parent family | 5.5 | 5.7 | 5.0 | 365 |
| Boys | 5.9 | 6.0 | 6.2 | 1,876 |
| Girls | 4.5 | 4.6 | 4.7 | 1,368 |
| Rural/Regional areas | 3.4 | 3.7 | 3.7 | 642 |
| Metropolitan areas | 5.7 | 5.7 | 5.7 | 2,615 |

*Note: categories will not sum to ‘all children’ due to missing or invalid data*

**Table 5b: Parental perception of child's weight, Victoria, 2013-2015 (Overweight)**

| Population group | 2013 (%) | 2014 (%) | 2015 (%) | 2015 number |
| --- | --- | --- | --- | --- |
| All Children | 2.2 | 2.2 | 2.1 | 1,322 |
| Language background other than English | 2.5 | 2.6 | 2.6 | 237 |
| Aboriginal or Torres Strait Islander | 3.7 | 2.7 | 3.0 | 30 |
| Areas of most disadvantage (IRSD 1) | 2.7 | 2.6 | 2.4 | 308 |
| Areas of least disadvantage (IRSD 5) | 1.8 | 1.7 | 1.5 | 204 |
| One-parent family | 3.2 | 3.4 | 3.4 | 245 |
| Boys | 1.9 | 2.0 | 1.9 | 580 |
| Girls | 2.6 | 2.5 | 2.5 | 737 |
| Rural/Regional areas | 2.3 | 2.2 | 2.0 | 350 |
| Metropolitan areas | 2.2 | 2.2 | 2.1 | 969 |

*Note: categories will not sum to ‘all children’ due to missing or invalid data*

Asthma

In 2016, over one in nine Victorian children on school entry had been diagnosed with asthma, and this has been declining over previous years. Of children reported to have asthma, over one in two (57.0 per cent) children were reported to have an Asthma Action Plan at school.

Table 6 shows the percentage of children with asthma by population group. Since 2014, Aboriginal and Torres Strait Islander children had the highest prevalence of reporting asthma diagnoses compared with other population groups, with over one in five children diagnosed. Children from rural/regional areas were slightly more likely to be reported as having asthma compared with children in metropolitan areas. Boys were also more likely than girls to have been reported as having an asthma diagnosis.

**Table 6: Children diagnosed with asthma, Victoria, 2014-2016**

| Population group | 2014 (%) | 2015 (%) | 2016 (%) | 2016 number |
| --- | --- | --- | --- | --- |
| All Children | 13.8 | 12.7 | 11.8 | 7,592 |
| Language background other than English | 10.3 | 9.4 | 8.6 | 802 |
| Aboriginal or Torres Strait Islander | 20.6 | 21.6 | 17.9 | 185 |
| Areas of most disadvantage (IRSD 1) | 14.6 | 13.5 | 12.6 | 1,620 |
| Areas of least disadvantage (IRSD 5) | 12.6 | 11.2 | 10.9 | 1,489 |
| One-parent family | 17.0 | 17.8 | 16.2 | 1,189 |
| Boys | 17.1 | 15.9 | 14.9 | 4,624 |
| Girls | 11.3 | 10.9 | 9.9 | 2,934 |
| Rural/Regional areas | 15.6 | 14.4 | 13.3 | 2,283 |
| Metropolitan areas | 13.1 | 12.1 | 11.3 | 5,303 |

*Note: categories will not sum to ‘all children’ due to missing or invalid data*

Allergy

Table 7 indicates that fewer than one in ten (9.2 per cent) children in Victoria have been told by a doctor that they have an allergy by the time they reach their first year of primary school. Of the children reported to have an allergy, one in three (33.0 per cent) were reported to have an Allergy Action Plan at school. Among the different population groups, slightly higher proportions of children with allergies were reported for boys, children from metropolitan regions and those living in areas of least disadvantage (IRSD 5).

**Table 7: Children with known allergy, Victoria, 2014 – 2016**

| Population group | 2014 (%) | 2015 (%) | 2016 (%) | 2016 number |
| --- | --- | --- | --- | --- |
| All Children | 10.5 | 10.0 | 9.2 | 5,886 |
| Language background other than English | 10.2 | 9.0 | 8.3 | 775 |
| Aboriginal or Torres Strait Islander | 8.8 | 9.9 | 8.8 | 91 |
| Areas of most disadvantage (IRSD 1) | 9.3 | 8.8 | 8.0 | 1,031 |
| Areas of least disadvantage (IRSD 5) | 11.5 | 11.2 | 9.8 | 1,339 |
| One-parent family | 10.9 | 10.6 | 9.5 | 694 |
| Boys | 11.6 | 11.5 | 10.7 | 3,312 |
| Girls | 10.0 | 9.6 | 8.7 | 2,553 |
| Rural/Regional areas | 9.0 | 9.1 | 8.4 | 1,438 |
| Metropolitan areas | 11.0 | 10.3 | 9.5 | 4,447 |

*Note: categories will not sum to ‘all children’ due to missing or invalid data*

Anaphylaxis

Through the SEHQ, parents are asked if their child has an allergic reaction that may result in anaphylaxis. In 2016, 1.8 per cent of children were reported to have a known allergy that may result in anaphylaxis (Table 8), slightly lower proportions than previous years. Of these children, around two in three (68.0 per cent) were reported to have an Anaphylaxis Action Plan at school.   
Whilst there is minimal difference between population groups, boys and children from areas of least disadvantage (IRSD quintile 5) were more likely to have a known allergy that may result in anaphylaxis.

**Table 8: Children with known allergy that may result in anaphylaxis, Victoria, 2014-2016**

| Population group | 2014 (%) | 2015 (%) | 2016 (%) | 2016 number |
| --- | --- | --- | --- | --- |
| All Children | 2.2 | 2.0 | 1.8 | 1,160 |
| Language background other than English | 2.1 | 1.6 | 1.4 | 133 |
| Aboriginal or Torres Strait Islander | 1.9 | 1.6 | 1.1 | 11 |
| Areas of most disadvantage (IRSD 1) | 1.7 | 1.5 | 1.4 | 186 |
| Areas of least disadvantage (IRSD 5) | 3.0 | 3.1 | 2.2 | 302 |
| One-parent family | 1.8 | 1.8 | 1.5 | 112 |
| Boys | 2.7 | 2.5 | 2.3 | 703 |
| Girls | 1.8 | 1.8 | 1.5 | 454 |
| Rural/Regional areas | 1.6 | 1.7 | 1.6 | 281 |
| Metropolitan areas | 2.4 | 2.2 | 1.9 | 879 |

*Note: categories will not sum to ‘all children’ due to missing or invalid data*

Speech and Language

## 

Difficulties with speech and language

Approximately one in seven parents report that their child has difficulty with speech and language. Of these, fewer than two in three (60.4 per cent) reported that their child was currently seeing a speech pathologist.[[8]](#footnote-8)  
Population groups at risk that reported higher rates of difficulty with speech and language were Aboriginal or Torres Strait Islander children (one in four) and those from one-parent families (one in five). The 2016 SEHQ data indicates that almost one in five boys compared with around one in ten girls have a difficulty with speech and language as reported by their parents. Children living in rural/regional areas were also more likely to be reported as having a difficulty with their speech and language compared with metropolitan regions. Parents of children with a language background other than English report concerns with their child’s speech and language development at lower rates than parents of all children.

**Table 9: Children reported to have difficulties with speech and language, by population groups, Victoria, 2014 –2016**

| Population group | 2014 (%) | 2015 (%) | 2016 (%) | 2016 number |
| --- | --- | --- | --- | --- |
| All Children | 14.2 | 14.1 | 13.9 | 8,918 |
| Language background other than English | 10.3 | 9.9 | 9.6 | 894 |
| Aboriginal or Torres Strait Islander | 24.3 | 25.6 | 25.0 | 259 |
| Areas of most disadvantage (IRSD 1) | 16.0 | 15.8 | 15.3 | 1,976 |
| Areas of least disadvantage (IRSD 5) | 11.5 | 11.7 | 11.6 | 1,578 |
| One-parent family | 18.9 | 19.9 | 20.1 | 1,474 |
| Boys | 18.6 | 19.3 | 18.6 | 5,793 |
| Girls | 10.6 | 10.2 | 10.5 | 3,088 |
| Rural/Regional areas | 17.6 | 17.4 | 17.2 | 2,949 |
| Metropolitan areas | 13.0 | 12.8 | 12.7 | 5,957 |

*Note: categories will not sum to ‘all children’ due to missing or invalid data*

Types of speech and language difficulties

Parents were asked to indicate different types of speech and language difficulties from a list of nine. Table 10 shows parents with one or more concerns about their child’s speech and language, including parents who didn’t indicate that they had a difficulty with their speech and language in the previous question. The most common concern reported by parents were that their children’s speech was not clear to others.

**Table 10: Types of speech and language concerns reported by parents, Victoria, 2014–2016**

| Type of speech and language difficulty | 2014 (%) | 2015 (%) | 2016 (%) | 2016 number |
| --- | --- | --- | --- | --- |
| Reluctant to speak | 1.9 | 1.8 | 1.8 | 1,129 |
| Speech not clear to the family | 3.5 | 3.5 | 3.5 | 2,231 |
| Speech not clear to others | 7.9 | 8.0 | 7.9 | 5,053 |
| Difficulty finding words | 5.1 | 5.1 | 4.9 | 3,113 |
| Difficulty putting words together | 4.8 | 4.9 | 4.7 | 3,014 |
| Doesn't understand you when you speak | 1.0 | 1.0 | 1.0 | 646 |
| Doesn't understand others when they speak | 1.3 | 1.3 | 1.3 | 857 |
| Voice sounds unusual | 1.5 | 1.5 | 1.5 | 942 |
| Stutters or stammers | 2.8 | 2.8 | 2.9 | 1,860 |

*Note: categories will not sum to ‘all children’ due to missing or invalid data*

Service use

## 

Involvement with health services

The SEHQ asks parents about their child’s involvement with health services over the previous twelve months. Of the services listed, nearly four in five (79 per cent) parents reported that their child had attended a General Practitioner in the past twelve months, as shown in Table 11.

Responses to the 2016 SEHQ indicate increased use of Early Childhood Intervention Services and dental services (compared to 2014), but decreasing engagement with Maternal and Child Health (MCH) nurses.

**Table 11: Children reported to have attended a health service, Victoria, 2014-2016**

| Service type | 2014 (%) | 2015 (%) | 2016 (%) | 2016 number |
| --- | --- | --- | --- | --- |
| General Practitioner (GP) | 78.9 | 79.2 | 78.9 | 50,576 |
| Hospital Emergency Department (ED) Staff | 15.2 | 15.1 | 14.7 | 9,398 |
| Paediatrician | 10.8 | 10.7 | 10.7 | 6,869 |
| Maternal & Child Health nurse | 6.6 | 7.2 | 5.5 | 3,504 |
| Optometrist/eye doctor | 18.1 | 18.6 | 18.0 | 11,568 |
| Audiologist/hearing specialist | 10.0 | 10.3 | 10.0 | 6,379 |
| Speech Pathologist/Speech Therapist | 11.9 | 11.9 | 12.2 | 7,806 |
| Early Childhood Intervention Services (ECIS) Therapist or Practitioner | 6.2 | 6.5 | 7.1 | 4,547 |
| Dentist (including orthodontist, periodontist etc) | 50.3 | 53.4 | 54.0 | 34,583 |
| Complementary practitioner | 3.7 | 3.8 | 3.5 | 2,247 |

*Note: categories will not sum to ‘all children’ due to missing or invalid data*

Maternal child health

Fewer than three in four parents reported that their child attended a MCH Service for a 3.5 year-old check in 2016. Responses show that engagement has decreased for all population groups since 2014.  
  
Table 12 shows that some population groups are less likely to attend a MCH service, with children from a language background other than English having the lowest reported attendance rate, and children from rural/regional areas more likely than those from metropolitan areas to have a higher attendance rate.

**Table 12: Children reported to have attended a Maternal and Child Health Centre for their 3.5 year-old check, by population groups, Victoria, 2014-2016**

| Population group | 2014 (%) | 2015 (%) | 2016 (%) | 2016 number |
| --- | --- | --- | --- | --- |
| All Children | 75.0 | 74.0 | 71.4 | 45,732 |
| Language background other than English | 62.2 | 63.8 | 60.0 | 5,571 |
| Aboriginal or Torres Strait Islander | 70.8 | 73.3 | 70.4 | 729 |
| Areas of most disadvantage (IRSD 1) | 70.8 | 71.6 | 68.9 | 8,880 |
| Areas of least disadvantage (IRSD 5) | 75.8 | 73.7 | 71.7 | 9,772 |
| One-parent family | 74.4 | 76.6 | 72.7 | 5,341 |
| Boys | 77.2 | 78.1 | 75.4 | 23,441 |
| Girls | 77.7 | 77.9 | 74.9 | 22,109 |
| Rural/Regional areas | 79.8 | 78.0 | 76.0 | 12,997 |
| Metropolitan areas | 73.2 | 72.5 | 69.7 | 32,697 |

*Note: categories will not sum to ‘all children’ due to missing or invalid data*

Kindergarten

The SEHQ asks parents if their child attended a preschool or kindergarten program led by a qualified (early childhood) teacher in the twelve months prior to starting school. In 2016, around nine in ten (89.8 per cent) of parents indicated that their child attended a preschool program.[[9]](#footnote-9)

Table 13 shows that parents of children in population groups at risk were more likely to report that their child attended a preschool or kindergarten program in 2016, with larger differences between children from rural/regional areas and metropolitan areas than other population groups.

**Table 13: Children reported to have attended preschool or kindergarten program, by population groups, Victoria, 2014-2016**

| Population group | 2014 (%) | 2015 (%) | 2016 (%) | 2016 number |
| --- | --- | --- | --- | --- |
| All Children | 89.9 | 91.4 | 89.8 | 57,525 |
| Language background other than English | 89.2 | 93.7 | 91.0 | 8,460 |
| Aboriginal or Torres Strait Islander | 87.0 | 92.3 | 90.7 | 939 |
| Areas of most disadvantage (IRSD 1) | 86.7 | 90.1 | 88.6 | 11,423 |
| Areas of least disadvantage (IRSD 5) | 90.0 | 90.5 | 88.7 | 12,081 |
| One-parent family | 89.7 | 94.9 | 92.3 | 6,778 |
| Boys | 92.7 | 96.3 | 94.4 | 29,359 |
| Girls | 93.0 | 96.4 | 94.7 | 27,932 |
| Rural/Regional areas | 90.7 | 92.6 | 91.4 | 15,624 |
| Metropolitan areas | 89.6 | 91.1 | 89.2 | 41,857 |

*Note: categories will not sum to ‘all children’ due to missing or invalid data*

Vision Services

In 2016, fewer than one in fourteen (7.2 per cent) parents reported that they were concerned about their child’s vision. Table 14 shows that of the population groups at risk, parents of children from one-parent families (8.7 per cent), Aboriginal or Torres Strait Islander (8.7 per cent) and with a language background other than English (8.6 per cent) reported the highest level of concerns about their child’s vision. Of all parents that reported a concern about their child’s vision in 2016, over half (58.0 per cent) reported that their child had seen an Optometrist/Eye Doctor in the last twelve months.

**Table 14: Parents concerned about their child's eyesight, by population group, Victoria, 2014-2016**

| Population group | 2014 (%) | 2015 (%) | 2016 (%) | 2016 number |
| --- | --- | --- | --- | --- |
| All Children | 8.0 | 7.6 | 7.2 | 4,587 |
| Language background other than English | 9.7 | 9.3 | 8.6 | 802 |
| Aboriginal or Torres Strait Islander | 10.1 | 9.0 | 8.7 | 90 |
| Areas of most disadvantage (IRSD 1) | 7.4 | 7.8 | 6.8 | 877 |
| Areas of least disadvantage (IRSD 5) | 8.1 | 7.8 | 7.5 | 1,017 |
| One-parent family | 9.4 | 9.5 | 8.7 | 642 |
| Boys | 8.4 | 8.0 | 7.7 | 2,410 |
| Girls | 8.0 | 8.0 | 7.3 | 2,161 |
| Rural/Regional areas | 7.6 | 7.2 | 6.8 | 1,165 |
| Metropolitan areas | 8.1 | 7.8 | 7.3 | 3,417 |

*Note: categories will not sum to ‘all children’ due to missing or invalid data*

Oral Health Services

In 2016, over one in eight (13.8 per cent) parents reported a concern about their child’s oral health. Of these, fewer than two in three (63.4 per cent) reported that their child had seen a dentist in the past twelve months. Parents of children from population groups at risk were more likely to report a concern about their child’s oral health, with parents of Aboriginal or Torres Strait Islander children holding the highest concerns (23.0 per cent). There was little difference between children from rural/regional and metropolitan areas and between boys and girls, and a slight difference between areas of most and least disadvantage.

**Table 15: Parent's concern about their child's oral health, Victoria, 2014-2016**

| Population group | 2014 (%) | 2015 (%) | 2016 (%) | 2016 number |
| --- | --- | --- | --- | --- |
| All Children | 14.5 | 14.3 | 13.8 | 8,824 |
| Language background other than English | 20.0 | 19.0 | 18.7 | 1,740 |
| Aboriginal or Torres Strait Islander | 24.2 | 22.0 | 23.0 | 238 |
| Areas of most disadvantage (IRSD 1) | 17.3 | 17.0 | 15.2 | 1,962 |
| Areas of least disadvantage (IRSD 5) | 12.3 | 11.9 | 12.6 | 1,722 |
| One-parent family | 19.5 | 19.5 | 18.2 | 1,333 |
| Boys | 14.9 | 14.9 | 14.6 | 4,546 |
| Girls | 15.0 | 15.2 | 14.4 | 4,240 |
| Rural/Regional areas | 14.7 | 13.9 | 13.6 | 2,327 |
| Metropolitan areas | 14.4 | 14.4 | 13.8 | 6,488 |

*Note: categories will not sum to ‘all children’ due to missing or invalid data*

In 2016, over one in two (54.0 per cent) children were reported to have seen a dentist in the past twelve months (see Table 16). Proportions of all population groups seeing a dentist over the course of the year have increased since 2014.   
  
Children from population groups at risk were less likely to have seen a dentist, the least likely being children from a language background other than English (39.2 per cent). There was slightly higher reporting of dental visitation in rural/regional areas compared with metropolitan areas, and significantly higher reporting of visitation for children in areas of least disadvantage when compared to children in areas of most disadvantage.

**Table 16: Proportion of children who have seen a dentist in the past 12 months, Victoria, 2014-2016**

| Population group | 2014 (%) | 2015 (%) | 2016 (%) | 2016 number |
| --- | --- | --- | --- | --- |
| All Children | 50.3 | 53.4 | 54.0 | 34,583 |
| Language background other than English | 34.2 | 38.8 | 39.2 | 3,646 |
| Aboriginal or Torres Strait Islander | 44.0 | 50.4 | 50.2 | 520 |
| Areas of most disadvantage (IRSD 1) | 42.3 | 46.5 | 48.0 | 6,182 |
| Areas of least disadvantage (IRSD 5) | 58.8 | 60.8 | 59.7 | 8,130 |
| One-parent family | 44.0 | 49.9 | 52.5 | 3,853 |
| Boys | 51.8 | 55.7 | 56.3 | 17,506 |
| Girls | 52.1 | 57.0 | 57.4 | 16,949 |
| Rural/Regional areas | 54.9 | 57.7 | 59.2 | 10,122 |
| Metropolitan areas | 48.6 | 51.8 | 52.1 | 24,424 |

*Note: categories will not sum to ‘all children’ due to missing or invalid data*

General Development

## 

Children at risk of developmental and/or behavioural problems

The Parental Evaluation of Developmental Status (PEDS) is a methodology for detecting developmental and behavioural problems in children from birth to eight years of age[[10]](#footnote-10). This methodology involves asking parents to complete a ten-item questionnaire, which has been incorporated in the SEHQ since 2007.[[11]](#footnote-11) The PEDS can be used as a developmental screening test, or an informal means to elicit and respond to parent concerns.

Rates of children at risk of developmental and/or behavioural problems, as identified by their parents, have been increasing, from 14.7 per cent in 2014 to 15.1 per cent in 2016 (high risk, Table 17a) and 27.1 per cent in 2014 to 28.1 per cent in 2016 (moderate risk, Table 17b).

**Table 17a: Children at risk of developmental and/or behavioural problems, Victoria, 2014-2016 - PEDS Pathway A (High risk)**

| Population group | 2014 (%) | 2015 (%) | 2016 (%) | 2016 number |
| --- | --- | --- | --- | --- |
| All Children | 14.7 | 14.5 | 15.1 | 9,694 |
| Language background other than English | 15.8 | 15.8 | 15.8 | 1,468 |
| Aboriginal or Torres Strait Islander | 21.9 | 22.4 | 24.3 | 252 |
| Areas of most disadvantage (IRSD 1) | 15.7 | 15.8 | 16.4 | 2,119 |
| Areas of least disadvantage (IRSD 5) | 13.1 | 13.0 | 13.3 | 1,811 |
| One-parent family | 19.8 | 20.5 | 20.7 | 1,521 |
| Boys | 18.4 | 18.8 | 19.2 | 5,961 |
| Girls | 11.8 | 11.7 | 12.5 | 3,681 |
| Rural/Regional areas | 14.5 | 14.5 | 15.0 | 2,571 |
| Metropolitan areas | 14.8 | 14.5 | 15.2 | 7,112 |

*Note: categories will not sum to ‘all children’ due to missing or invalid data*

**Table 17b: Children at risk of developmental and/or behavioural problems, Victoria, 2014-2016 - PEDS Pathway B (Moderate risk)**

| Population group | 2014 (%) | 2015 (%) | 2016 (%) | 2016 number |
| --- | --- | --- | --- | --- |
| All Children | 27.1 | 27.0 | 28.1 | 18,003 |
| Language background other than English | 27.8 | 28.0 | 29.8 | 2,768 |
| Aboriginal or Torres Strait Islander | 27.6 | 28.1 | 29.2 | 303 |
| Areas of most disadvantage (IRSD 1) | 26.7 | 27.1 | 28.0 | 3,609 |
| Areas of least disadvantage (IRSD 5) | 26.6 | 26.4 | 27.5 | 3,752 |
| One-parent family | 28.3 | 28.4 | 29.6 | 2,170 |
| Boys | 28.7 | 29.3 | 30.2 | 9,377 |
| Girls | 27.2 | 27.6 | 29.0 | 8,559 |
| Rural/Regional areas | 27.2 | 26.2 | 27.6 | 4,717 |
| Metropolitan areas | 27.1 | 27.3 | 28.3 | 13,275 |

*Note: categories will not sum to ‘all children’ due to missing or invalid data*

Children at high risk

Children with two or more significant concerns are considered to be at high risk of developmental and/or behavioural problems, or PEDS Pathway A.  
Table 17a shows that in 2016, over one in seven (15.1 per cent) of children were at high risk of developmental and behavioural problems according to the PEDS. Children from at risk population groups were more likely be categorised as PEDS Pathway A than other children; those considered to be at the highest developmental and behavioural risk were Aboriginal or Torres Strait Islander children. Children from a one-parent family were also considered to be at high risk (for around one in five).

In terms of differences between population groups, larger differences can be seen between boys (19.2 per cent) and girls (12.5 per cent).

## 

Children at moderate risk

Children with one significant concern are considered to be at moderate risk of developmental and/or behavioural problems, or PEDS Pathway B. In 2016, over one in four (28.1 per cent) children were categorised as PEDS Pathway B, with minimal difference between population groups (see Table17b).

When looking at the two groups, larger variations across population groups can be seen in the proportion of children identified by their parents to be at high risk of developmental and behavioural problems (PEDS Pathway A), however there is a decidedly more even spread when looking at children deemed by their parents to be at moderate risk (PEDS Pathway B).

Behavioural and emotional wellbeing

Behavioural and emotional wellbeing  
The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioural screening questionnaire for 4-17 year olds developed in the United Kingdom.[[12]](#footnote-12) The SDQ has been developed for use in Australia, and around the world, and exists in several language versions that can be completed by children, adolescents, parents and teachers. All versions of the SDQ include questions on 25 psychological attributes that are divided between five scales: emotional symptoms; conduct problems; hyperactivity; peer problems; and prosocial.

Tables 18a and 18b show the proportion of children at high and moderate risk of clinically significant problems related to behaviour as determined by their total difficulties score.

**Table 18a: Children at risk of significant clinical problems related to behaviour and emotional wellbeing, Victoria, 2014-2016 (High risk)**

| Population Group | 2014 (%) | 2015 (%) | 2016 (%) | 2016 number |
| --- | --- | --- | --- | --- |
| All Children | 4.6 | 4.6 | 4.8 | 3,056 |
| Language background other than English | 3.8 | 3.8 | 3.7 | 344 |
| Aboriginal or Torres Strait Islander | 12.4 | 14.2 | 15.6 | 162 |
| Areas of most disadvantage (IRSD 1) | 6.4 | 6.1 | 6.5 | 839 |
| Areas of least disadvantage (IRSD 5) | 2.6 | 2.9 | 2.6 | 357 |
| One-parent family | 9.9 | 10.9 | 10.9 | 804 |
| Boys | 5.9 | 6.2 | 6.3 | 1,963 |
| Girls | 3.5 | 3.4 | 3.7 | 1,080 |
| Rural/Regional areas | 6.3 | 6.1 | 7.0 | 1,195 |
| Metropolitan areas | 3.9 | 4.0 | 4.0 | 1,855 |

*Note: categories will not sum to ‘all children’ due to missing or invalid data*

**Table 18b: Children at risk of significant clinical problems related to behaviour and emotional wellbeing, Victoria, 2014-2016 (Moderate risk)**

| Population Group | 2014 (%) | 2015 (%) | 2016 (%) | 2016 number |
| --- | --- | --- | --- | --- |
| All Children | 4.4 | 4.5 | 4.4 | 2,823 |
| Language background other than English | 5.4 | 4.8 | 4.6 | 429 |
| Aboriginal or Torres Strait Islander | 9.5 | 8.2 | 8.0 | 83 |
| Areas of most disadvantage (IRSD 1) | 5.5 | 5.8 | 5.6 | 727 |
| Areas of least disadvantage (IRSD 5) | 3.2 | 3.0 | 3.0 | 415 |
| One-parent family | 7.5 | 7.7 | 7.5 | 552 |
| Boys | 5.3 | 5.7 | 5.5 | 1,703 |
| Girls | 3.8 | 3.8 | 3.8 | 1,108 |
| Rural/Regional areas | 4.7 | 5.2 | 5.3 | 909 |
| Metropolitan areas | 4.3 | 4.3 | 4.1 | 1,911 |

*Note: categories will not sum to ‘all children’ due to missing or invalid data*

Children at high risk

Children identified with an abnormal SDQ are considered at a high risk of clinically significant problems related to behaviour. The 2016 SEHQ indicates that 4.8 per cent of children were identified at high risk, with Aboriginal or Torres Strait Islander children triple the rate of the general population and those from a one-parent family double the rate. Children in areas of most disadvantage were more likely to be at high risk compared to children from areas of least disadvantage. Boys and children from rural/regional areas were also more likely to be at high risk as determined by their total difficulties score.

## Since 2014, larger increases in proportions of children classified as high risk have been for Aboriginal and Torres Strait Islander children, children from a one-parent family and children living in rural/regional areas.

## 

Children at moderate risk

Children identified with a borderline SDQ are considered at moderate risk of clinically significant problems related to behaviour. The 2016 SEHQ indicates that children from population groups at risk are more likely to be categorised at moderate risk of clinically significant problems related to behaviour, with Aboriginal or Torres Strait Islander children nearly double the rate of the general population, followed by those from one-parent families. In terms of gender, boys are more likely to be at moderate risk of behavioural problems than girls.

At a statewide level the proportion of children identified by their parents as being at moderate risk of behavioural and emotional problems has remained generally stable. Since 2014, larger movements can be seen for children with a language background other than English and Aboriginal or Torres Strait Islander children (decrease) and children from rural/regional areas (increase).

Similar to the proportions of children identified at high and moderate risk of developmental or behavioural problems, the spread of proportions of children identified at moderate risk of behavioural and wellbeing problems is more even than those identified at high risk.

Proportion of children at risk across SDQ sub-scales

Table 19 shows the proportion of children scored at either high or moderate risk of clinically significant problems across each of the five sub scales of the SDQ. The 2016 SEHQ data indicates that the largest proportion of children were at high or moderate risk on the peer problems scales.

This is consistent with previous years; however, a comparison of 2014 and 2016 results shows that increasing proportions of children are exhibiting problems on the emotional sub scale, and decreasing proportions on the conduct sub scale.

**Table 19: Proportion of children at high/moderate risk of clinically significant problems across SDQ sub scales, Victoria, 2014-2016**

| SDQ sub scales | 2014 (%) | 2015 (%) | 2016 (%) | 2016 number |
| --- | --- | --- | --- | --- |
| Conduct Problems | 14.5 | 14.4 | 13.8 | 8,817 |
| Emotional Symptoms | 10.8 | 11.0 | 11.3 | 7,249 |
| Hyperactivity | 11.6 | 11.7 | 11.8 | 7,538 |
| Peer Problems | 16.2 | 16.2 | 16.5 | 10,588 |
| Prosocial | 8.3 | 8.3 | 8.5 | 5,467 |

# 

Family issues and stressors

The SEHQ asks parents to rate their family’s level of stress over the month prior to completing the questionnaire using a five point Likert scale, from ‘almost more than I can bear’ to ‘little or no stress/pressure’.

Reporting of stress by parents can be seen in Table 20, which outlines the proportion of families reporting highest stress, high stress and high/highest stress combined.

In 2016, fewer than one in ten (9.2 per cent) parents reported high or highest stress in their family, decreasing from both 204 and 2015 (see Table 20c). One-parent families and families with Aboriginal or Torres Strait Islander children are more likely to report the highest level of stress.

Families with children from a language background other than English are least likely to report high stress (5.3 per cent in 2016) with little difference between other population groups.

## 

Stress Levels

**Table 20a: Families reporting high stress by population groups, Victoria, 2014-2016**

| Population Group | 2014 (%) | 2015 (%) | 2016 (%) |
| --- | --- | --- | --- |
| All Children | 9.5 | 8.5 | 8.0 |
| Language background other than English | 5.3 | 4.2 | 4.4 |
| Aboriginal or Torres Strait Islander | 12.6 | 12.4 | 13.4 |
| Areas of most disadvantage (IRSD 1) | 8.3 | 7.6 | 7.6 |
| Areas of least disadvantage (IRSD 5) | 10.1 | 8.9 | 8.5 |
| One-parent family | 15.7 | 14.4 | 14.1 |
| Boys | 10.1 | 9.0 | 8.6 |
| Girls | 9.5 | 8.9 | 8.2 |
| Rural/Regional areas | 10.5 | 9.8 | 9.3 |
| Metropolitan areas | 9.1 | 8.0 | 7.6 |

*Note: categories will not sum to ‘all children’ due to missing or invalid data*

**Table 20b: Families reporting highest stress by population groups, Victoria, 2014-2016**

| Population Group | 2014 (%) | 2015 (%) | 2016 (%) |
| --- | --- | --- | --- |
| All Children | 1.5 | 1.4 | 1.2 |
| Language background other than English | 1.7 | 1.2 | 0.9 |
| Aboriginal or Torres Strait Islander | 4.3 | 3.8 | 2.6 |
| Areas of most disadvantage (IRSD 1) | 1.9 | 1.5 | 1.5 |
| Areas of least disadvantage (IRSD 5) | 1.0 | 1.1 | 0.8 |
| One-parent family | 4.1 | 3.5 | 3.4 |
| Boys | 1.6 | 1.6 | 1.3 |
| Girls | 1.5 | 1.4 | 1.1 |
| Rural/Regional areas | 1.7 | 1.7 | 1.4 |
| Metropolitan areas | 1.4 | 1.3 | 1.1 |

*Note: categories will not sum to ‘all children’ due to missing or invalid data*

**Table 20c: Families reporting high/highest stress combined by population groups, Victoria, 2014-2016**

| Population Group | 2014 (%) | 2015 (%) | 2016 (%) | 2016 number |
| --- | --- | --- | --- | --- |
| All Children | 11.0 | 9.9 | 9.2 | 5,876 |
| Language background other than English | 7.1 | 5.5 | 5.3 | 496 |
| Aboriginal or Torres Strait Islander | 16.9 | 16.2 | 16.0 | 166 |
| Areas of most disadvantage (IRSD 1) | 10.2 | 9.1 | 9.0 | 1,160 |
| Areas of least disadvantage (IRSD 5) | 11.1 | 10.0 | 9.3 | 1,270 |
| One-parent family | 19.7 | 17.9 | 17.5 | 1,282 |
| Boys | 11.7 | 10.5 | 10.0 | 3,095 |
| Girls | 11.0 | 10.2 | 9.3 | 2,753 |
| Rural/Regional areas | 12.3 | 11.5 | 10.6 | 1,819 |
| Metropolitan areas | 10.5 | 9.3 | 8.6 | 4,049 |

*Note: categories will not sum to ‘all children’ due to missing or invalid data*

Stressors

The SEHQ asks parents if their child has been affected by the following events and the degree to which they have been affected. These are categorised as ‘not at all’, ‘a lot’, ‘a little’ or ‘not applicable’.

Table 21 shows the proportion of children reported to have been affected by following events, either ‘a little’ or ‘a lot’, by population group.

Of all events listed, children were most likely to have been affected by the death of a friend or relative or moving to a new house. Children from rural/regional areas were more likely to have been affected by the nominated events than those from metropolitan areas. There is little difference between genders.

**Table 21: Proportion of children affected by stressful events during twelve months prior to SEHQ completion, Victoria, 2016 (%)**

| Population Group | Death of relative/ friend | Divorce/separation of parents | Move to new house | New baby in home | Parent change of job | Parent loss of job | Remarriage of parent | Serious illness of parent | Serious illness of sibling |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| All Children | 7.5 | 4.8 | 7.3 | 4.5 | 4.9 | 1.3 | 1.7 | 2.7 | 1.3 |
| Language background other than English | 2.8 | 2.4 | 7.1 | 5.6 | 2.8 | 1.1 | 0.6 | 1.8 | 0.8 |
| Aboriginal or Torres Strait Islander | 13.1 | 15.1 | 12.9 | 7.6 | 5.8 | 2.0 | 5.6 | 6.1 | 3.0 |
| Areas of most disadvantage (IRSD 1) | 7.6 | 5.9 | 6.7 | 4.8 | 4.2 | 1.5 | 2.0 | 3.0 | 1.5 |
| Areas of most disadvantage (IRSD 5) | 6.9 | 3.1 | 7.9 | 3.7 | 5.2 | 1.1 | 1.0 | 2.1 | 1.0 |
| One-parent family | 10.2 | 29.6 | 16.5 | 4.1 | 6.0 | 2.3 | 8.9 | 5.9 | 2.0 |
| Boys | 7.4 | 5.2 | 7.8 | 4.5 | 4.9 | 1.3 | 1.8 | 2.8 | 1.3 |
| Girls | 8.4 | 4.9 | 7.6 | 4.9 | 5.3 | 1.5 | 1.8 | 2.9 | 1.4 |
| Rural/Regional areas | 10.0 | 6.8 | 8.6 | 4.6 | 6.0 | 1.5 | 2.7 | 3.4 | 1.8 |
| Metropolitan areas | 6.6 | 4.1 | 6.9 | 4.4 | 4.5 | 1.3 | 1.3 | 2.4 | 1.1 |

The SEHQ also asks parents to indicate if there is a family history of specific issues, which are outlined in Table 22.

Of all issues listed, parental mental illness is the most common issue to be reported, with one in fifteen families experiencing a history of parental mental illness. This is more likely for Aboriginal and Torres Strait Islander children, children from one-parent families and children from rural/regional areas.  
Families with Aboriginal or Torres Strait Islander children and one-parent families were more likely to report a family history of all of the nominated issues compared with the general population. Across the range of factors, there are also differences for children from families in rural/regional areas and metropolitan areas, and areas of most and least disadvantage.

**Table 22: Proportion of children with reported family issues, Victoria, 2016 (%)**

| Population Group | History of abuse to child | History of abuse to parent | History of alcohol or drug related problems in family | History of child witnessing violence | History of alcohol or drug related problems in family | History of mental illness of parent | History of parent witnessing violence |
| --- | --- | --- | --- | --- | --- | --- | --- |
| All Children | 1.1 | 3.1 | 3.0 | 3.3 | 0.6 | 6.7 | 2.9 |
| Language background other than English | 0.4 | 0.9 | 0.6 | 1.4 | 0.3 | 1.3 | 1.5 |
| Aboriginal or Torres Strait Islander | 6.0 | 13.4 | 15.7 | 16.7 | 2.0 | 18.1 | 12.6 |
| Areas of most disadvantage (IRSD 1) | 1.7 | 4.3 | 4.2 | 4.8 | 0.9 | 7.5 | 4.2 |
| Areas of most disadvantage (IRSD 5) | 0.5 | 1.6 | 1.6 | 1.5 | 0.3 | 4.9 | 1.4 |
| One-parent family | 5.5 | 17.1 | 13.5 | 16.5 | 2.6 | 17.6 | 13.3 |
| Boys | 1.2 | 3.4 | 3.2 | 3.6 | 0.6 | 7.2 | 3.1 |
| Girls | 1.1 | 3.1 | 3.1 | 3.2 | 0.6 | 6.9 | 2.9 |
| Rural/Regional areas | 2.0 | 4.9 | 4.9 | 5.3 | 0.7 | 10.1 | 4.4 |
| Metropolitan areas | 0.8 | 2.4 | 2.3 | 2.5 | 0.6 | 5.5 | 2.3 |

1. In all cases ‘parent’ refers to the person completing the questionnaire; this may be a guardian, carer, grandparent, etc [↑](#footnote-ref-1)
2. Not all schools participate in the PSNP; only children in participating schools will have a SEHQ completed by a parent. [↑](#footnote-ref-2)
3. A detailed overview of the questionnaire and components is provided in Outcomes for Victorian children at school entry (2011). <http://www.education.vic.gov.au/Documents/about/research/aedi-sehq-report.pdf> [↑](#footnote-ref-3)
4. Prep enrolments provided by the Performance and Evaluation Division, Department of Education and Training. [↑](#footnote-ref-4)
5. [Australian Bureau of Statistics](http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/2033.0.55.001main+features42011) [↑](#footnote-ref-5)
6. Children are acknowledged as being in a population at risk if they have one or more of the following characteristics: a language background other than English; are of Aboriginal or Torres Strait Islander origin; live in a one-parent family; and/or live in an area of most socio-economic disadvantage. [↑](#footnote-ref-6)
7. Australian Health Survey (ABS), 2014-15 <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4364.0.55.001> [↑](#footnote-ref-7)
8. Speech and language service use is asked twice in the SEHQ; this figure does not include the proportion of children reported to have seen a speech pathologist in the past twelve months, just those children whose parents reported ‘yes’ that their child is currently seeing a speech pathologist. [↑](#footnote-ref-8)
9. Kindergarten participation rates reported in the SEHQ may vary from those reported elsewhere (for example the DET Annual Report). This difference may be due to parent interpretation of the question; for example some parents whose children attended long day care in the year preceding school may not be aware of the delivery of a preschool program within that setting for their child; also, not all children are represented in the SEHQ. Differences may also be due to different population groups. [↑](#footnote-ref-9)
10. Further information on PEDS available from [http://www.rch.org.au/ccch/resources.cfm?doc\_id=10963](http://www.education.vic.gov.au/Documents/about/research/aedi-sehq-report.pdf) [↑](#footnote-ref-10)
11. Unlike classic administration of PEDS, the completion of the SEHQ by parents is unassisted. This should be considered when interpreting these results. [↑](#footnote-ref-11)
12. Goodman, R (1997) The Strengths and Difficulties Questionnaire: A Research Note. Journal of Child Psychology and Psychiatry, 38, 581-586 [↑](#footnote-ref-12)