



Department of Education and  
Early Childhood Development

# The state of Victoria's children 2012: early childhood

A report on how Victoria's  
young children are faring

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Cover artwork by Olivia, age 4

## Ministerial foreword

This year the State of Victoria's Children Report focuses on the early years.

It provides a snapshot of how children from birth to eight are faring - assisting policy makers to shape and deliver services for the youngest and, in my view, most important members of our community.

Early childhood is a crucial stage in life. What children learn and experience in the early years has a direct impact on how they develop and grow.

This is why investing in the early years is so important. It not only supports each individual's growth but through each individual's increased capacity to contribute to society investment in early childhood drives economic growth, productivity and social progress.

In this report you will find recent data, research findings and analysis which together paint a picture of how Victorian children are faring when it comes to their health, wellbeing, safety, learning and development.

As Minister for Children and Early Childhood Development, I am heartened by the report's findings that confirm our state leads the nation in early childhood education and care.

The report demonstrates high participation rates in our world-class maternal and child health service and our quality early learning programs, particularly in the vital year before school.

It also highlights the central role of families in providing a large amount of informal learning in the home, particularly in reading and counting.

While the report shows that children are doing well on a range of measures, it also highlights where additional support is needed.

Recognising this, the report details a range of targeted programs aimed at meeting these needs.

While there is clearly good alignment between government initiatives and the challenges described in this report, there is always room for improvement.

With this report, we are proud to place young children front and centre of the data and analysis for the very first time.

I trust it will be a valuable resource for guiding future policy development and will assist all levels of government, service providers, non-government organisations and communities to work together on practical responses that make a difference to young lives.

I am sure that this report will improve our ability to take meaningful action to improve the wellbeing - and life chances - of all of Victoria's children.



**Hon Wendy Lovell, MLC**

Minister for Children and Early Childhood Development

## Acknowledgements

This report on Victoria's young children has been produced by the Department of Education and Early Childhood Development, in collaboration with the Department of Health, the Department of Human Services, the Department of Justice and Victoria Police. We have also benefitted from the expertise of the Commonwealth Department for Social Services and the Australian Bureau of Statistics.

We would like to express thanks to members of the project steering group from across Victorian Government and in particular from the Early Childhood and School Education Group of the Department of Education and Early Childhood Development.

Our thanks also go to our colleagues in government and in the Victorian community who provided examples of good practice and community achievements for inclusion in the report. Thanks also go to the children who contributed artwork for use in this report.

We are also grateful for the contributions of the Melbourne Institute of Applied Economic and Social Research and the Melbourne School of Population and Global Health, undertaken through the Research Partnerships with the Department of Education and Early Childhood Development.

This report was produced by the Performance and Evaluation Division of the Department of Education and Early Childhood Development with contributions from the following people:

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# Executive summary

The *State of Victoria's Children 2012: Early Childhood* report presents new evidence on how Victoria's young children and their families are faring. It sets out the latest data on key indicators of health, wellbeing, development, learning and safety in early childhood, as well as an investigation of factors affecting children from 0 to 8 years old. By synthesising the results of a comprehensive exploration of early childhood outcomes in Victoria, the report tells a story of recent achievements and remaining challenges.

## Key findings

The majority of Victorian children aged 0 to 8 years are doing well against the goals of being healthy, building wellbeing, learning and developing and staying safe. While there have been many areas where improvements have been seen in recent years there are still some areas where further improvements could be made.

### Being healthy

- There has been a decrease in the rate of infant deaths since 2005.
- Victoria has high rates of immunisation (92.7 per cent for children aged 24 to 27 months and 92.5 per cent for five year olds) however rates for two year olds are lowest in areas of highest Socioeconomic Status (SES).
- Participation in Maternal and Child Health Key Age and Stages consultations has increased since 2006 with 100 per cent participation in the nurse home visit in the last three years. Participation rates for Aboriginal children have also improved although they are still lower for the 18 month and 3.5 year visits.
- Rates of low birth weight are higher for babies from disadvantaged areas.
- Parents of children in the most disadvantaged areas are more likely to report concern about their child's oral health, vision and behaviour at school entry than parents from the least disadvantaged areas.
- While breastfeeding rates at three months remain stable, the rate for full breastfeeding at six months has declined over the last five years.
- Rates of asthma for children in the first year of school have increased slightly since 2008.

### Building Wellbeing

- Most Victorian children are 'on track' developmentally when starting school, as measured by the Australian Early Development Index (AEDI), with a significant decrease in the number determined as developmentally vulnerable since 2009.
- Levels of developmental vulnerability amongst Aboriginal children have decreased significantly since 2009 however they still have higher levels of developmental vulnerability than their peers.
- Developmental vulnerability is also a particular issue for children from a Language Background other than English who are not proficient in English.



These children are more vulnerable across all AEDI domains than their peers when starting school, particularly the Communication, Language and Cognitive and Social Competence domains.

- The majority of Victorian children are at low risk of emotional and behavioural issues and come from strong communities that provide support to families in times of need.
- Family risk factors, such as socioeconomic disadvantage and stressful environments caused by substance abuse, mental illness or violence, have a negative impact on wellbeing outcomes for some children.

## Learning and developing

- Kindergarten participation in Victoria is high at a rate of 97.9 per cent in 2012, equating to 71,925 children enrolled at a state funded kindergarten in the year before school.
- Kindergarten participation by Aboriginal children has risen from 59 per cent in 2007 to 70.1 per cent in 2011 however it is still lower than for all children.
- In 2013, 94 per cent of funded services are offering a 15 hour kindergarten program in the year before school and the majority of Victorian Early Childhood Education and Care providers who have been assessed, meet or exceed National Quality Standards (77 per cent as at 30 September 2013).
- High numbers of parents are reading to children, a known contributor to the development of cognitive skills and future achievement at school, however less are undertaking structured counting activities with their children.
- High numbers of children are achieving at or above national minimum standards in literacy and numeracy (NAPLAN) in Year 3, although the numbers of children achieving in the top two bands in numeracy has declined since 2008.
- Aboriginal children are performing at a lower level on NAPLAN than non-Aboriginal children.
- Absenteeism in the early years of school is an issue for some students, particularly Aboriginal children who are absent for an average of 10 more days than non-Aboriginal students.

## Staying Safe

- Most Victorian children live in neighbourhoods where adults feel safe walking alone both during the day and night and have access to green spaces.
- Most Victorian families with children have economic security through employment and stable housing and can access \$2,000 in a time of emergency.
- A small proportion of parents report that their child has had a serious accident or injury.
- Although most Victorian children and families are safe from harm, some children still face challenges relating to stressful events and family violence.
- A very small number of Victorian children are in out-of-home-care and have poorer outcomes than their peers.









# Section 1

## Introduction

Olivia, Age 5



# Introduction



Artwork by Asher, Age 6

The need for an early childhood focus in this report is driven by scientific evidence showing that the early years build strong foundations for lifelong health and learning, and by economic evidence showing that investing in early childhood not only helps individuals, but is a vital driver of economic growth, productivity and social progress.

This report is the seventh in the annual *State of Victoria's Children* report series. By systematically monitoring how children and young people are faring in their learning, development and health, the reports allow the Government to consider changes and shape policy and programs in response to the evidence, identifying where additional action may be needed to improve outcomes, for all children and for specific groups.

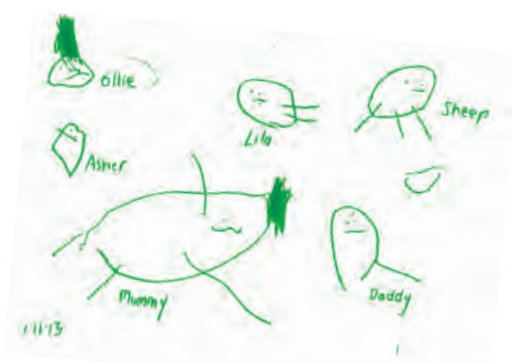
## Report scope

The report focuses on outcomes for Victoria's young children, from birth up to and including eight years of age. It includes information about the families and communities these children are growing up in as well as the supports and services accessed by them. In recognising the diversity of Victoria's population, outcomes for specific population groups are presented throughout the report where data is readily available.

## Report structure

The report presents data from a range of sources, new research findings and analysis, to paint a picture of young children, their families, communities, and the services that provide for their learning, development and wellbeing. It summarises these findings in terms of overarching goals for the early years, relating them to themes of *being healthy*, *building wellbeing*, *learning and developing*, and *staying safe*. Information about families and communities is presented within each section alongside relevant data about the services and supports used by young children and their families.

Key government programs and policies relevant to the early years are presented throughout the report and local examples of good practice are also included.



Artwork by Lila, Age 3

## Methodology and data sources

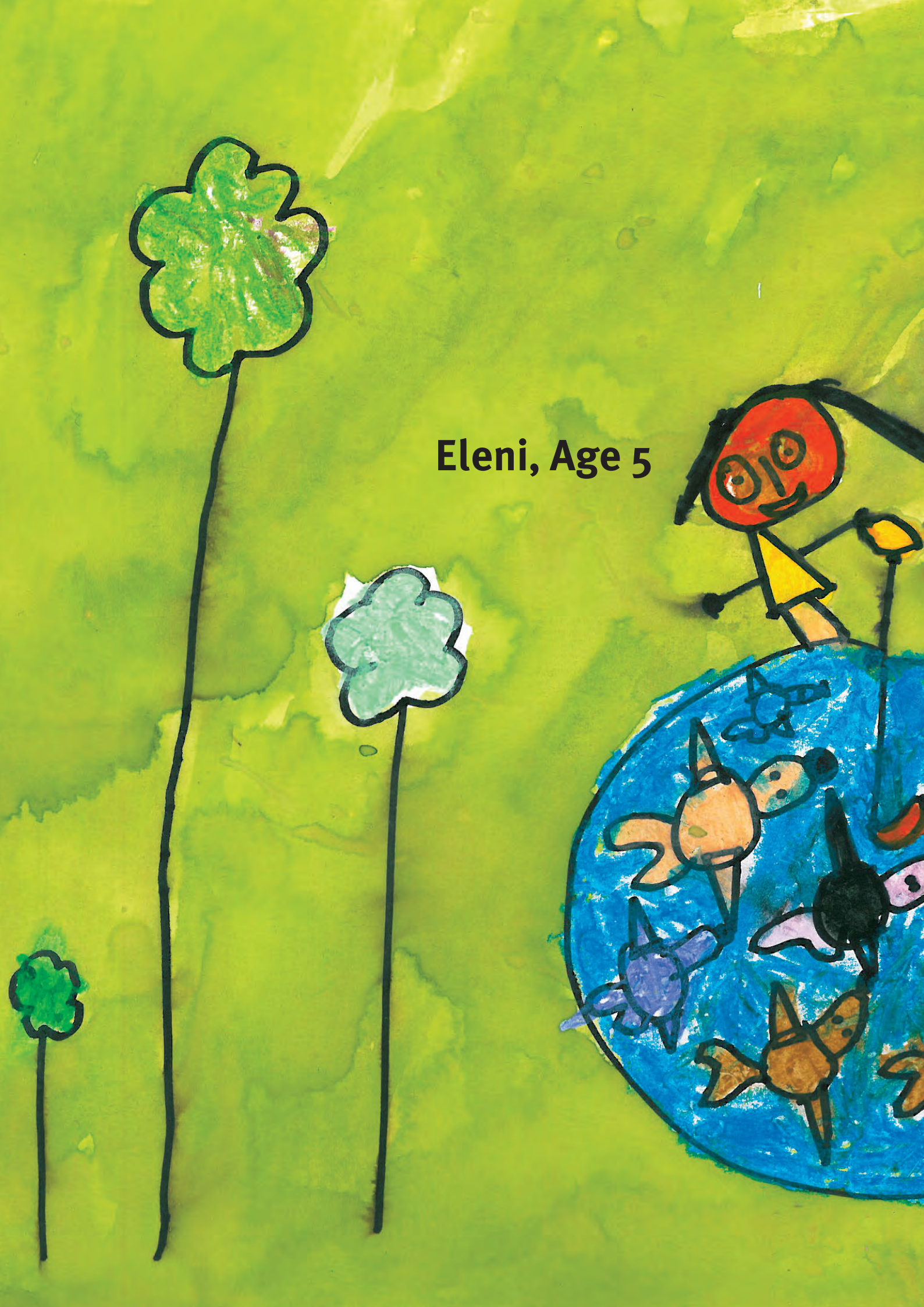
The report has been prepared following a comprehensive investigation to distil the latest insights into how Victoria's young children and their families are faring. It brings together data drawn from sources across Victorian government departments and services, national data collections and robust population surveys. Sources and references are presented alongside the data throughout the report and a summary of data sources is provided below.

### Key data sources used in the report include

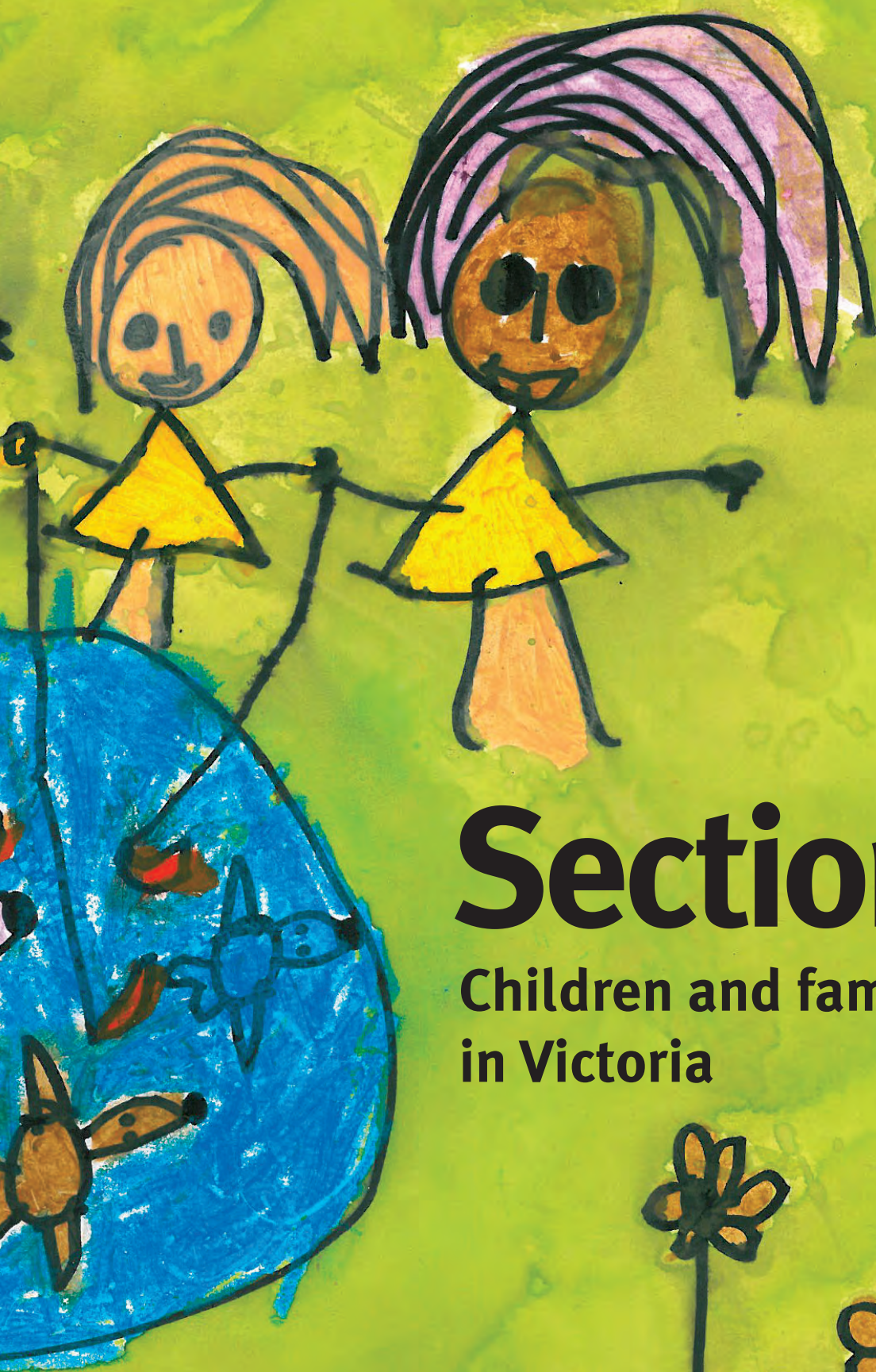
- Australian Bureau of Statistics (ABS) data, including findings from the 2011 Census of Population and Housing, together with Deaths Australia (2012), Australian Health Survey (2011-12), Childhood Education and Care (2011) and Estimated Residential Population (ERP) estimates (2012)
- Australian Children's Education and Care Quality Authority (ACECQA) National Quality Standard ratings data (2013)
- Australian Early Development Index (AEDI) (2009, 2012)
- Client Relationship Information System (CRIS) data (2010-11), Department of Human Services
- Department of Education and Early Childhood Development (DEECD) administrative collections including School Statistics (2012), government school enrolment system (CASES21) (2012), Maternal Child Health (2002-2012), Kindergarten (2007-2012)
- Law Enforcement Assistance Program (LEAP) data (2008-12), Victoria Police
- National Report on Schooling in Australia (NAPLAN) (2008-2013)
- Report on Government Services 2013, Productivity Commission, Canberra
- School Entrant Health Questionnaire (SEHQ) (2009-2012)
- Victorian Child Health and Wellbeing Survey (VCHWS) (2009)
- VicHealth Indicators Survey (VHIS) (2011)
- Victorian Population Health Survey (VPHS) (2003-2011/12), Department of Health



Eleni, Age 5







# Section 2

Children and families  
in Victoria



# Children and families in Victoria

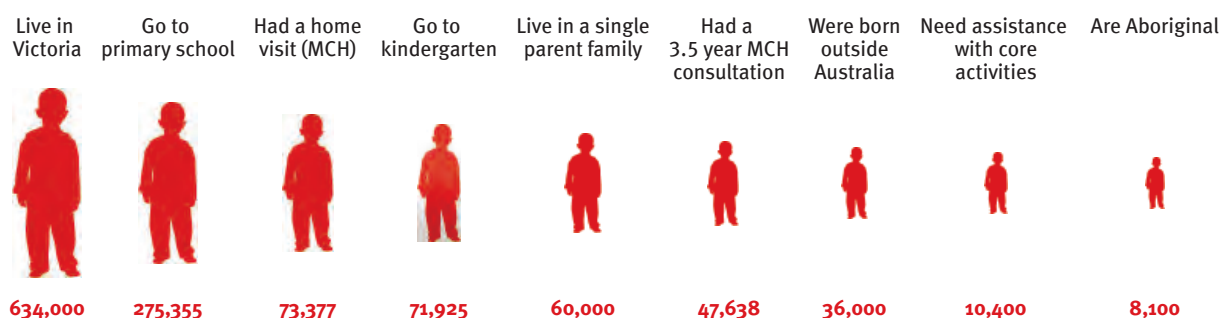
Victoria is home to approximately 634,000 children aged 0 to 8 years. In 2012 there were 75,158 birth notifications to Victoria's Maternal and Child Health Service, the highest number of births recorded over a 12 month period for the state and almost 5,000 more than five years ago. Population projections predict that by 2021 there will be an additional 90,000 children aged 0 to 8 in Victoria. This section presents some key demographic and socioeconomic measures for Victoria's young children and their families.

## At a glance

Selected characteristics of the Victorian population aged 0 to 8 years are shown in Figure 1:

- There are around 634,000 children aged 0 to 8 years in Victoria, comprising 11 per cent of the population<sup>1</sup>.
- There were 75,158 birth notifications to Maternal and Child Health in 2012, almost 5,000 more than five years ago.
- In 2011–12, over 73,000 children had an initial home consultation by a Maternal and Child Health nurse (key age and stage visit).
- More than 47,000 children attended their 3.5 year consultation at a Maternal and Child Health (MCH) centre in 2011–2012.
- 71,925 children were accessing a state funded four-year-old kindergarten program in 2012.
- 275,355 children were attending school (Prep to Year 3) in 2012; 67 per cent at government schools, 23 per cent at Catholic schools and 10 per cent at independent schools.
- More than 36,000 of these children were born outside Australia (5.8 per cent).
- 8,100 children aged 0 to 8 years identified as Aboriginal (1.3 per cent).
- 10,400 children were identified as having a 'need for assistance with core activities', indicating a profound or severe disability<sup>2</sup> (1.6 per cent).

**Figure 1: Number of children aged 0 to 8 years by selected characteristics**



**Source:** ABS, Census of Population and Housing, 2011; DEECD, School Statistics, Feb 2012, kindergarten data collection, 2012; MCH annual reports

<sup>1</sup> Australian Bureau of Statistics (ABS), Estimate Resident Population at 30 June 2012.

<sup>2</sup> ABS, Census of Population and Housing 2011 defines need for assistance with core needs as 'those people needing help or assistance in one or more of the three core activity areas of self-care, mobility and communication, because of a long-term health condition (lasting six months or more), a disability (lasting six months or more), or old age'.

## Victorian families with young children

There are a total of 1,414,563 families in Victoria<sup>3</sup>, with 365,122 or 26 per cent, having one or more children aged eight years or under.

The majority of families with children aged eight or under live in metropolitan Victoria (74.8 per cent). As explored in the *State of Victoria's Children Report 2011*, children living in rural and regional Victoria can experience additional social, economic and environmental challenges compared to children in metropolitan Victoria, which can impact on a range of outcomes. At the same time, rural and regional Victoria has major advantages associated with strong communities, community connectedness, participation and engagement, and high levels of social capital (DEECD, 2013).

There are 365,122 families in Victoria with at least one child aged 0 to 8 years. Of those, 16 per cent are one parent families. Of Aboriginal families with young children, 46.4 per cent are one parent families.<sup>4</sup> Children in one parent families are more likely than children in couple families to experience factors that put their developmental outcomes at risk, including stressful life events, financial hardship and housing instability.

## Diversity among Victoria's young children

Victoria's population of young children is diverse, with approximately 36,000 children (or 5.8 per cent) aged 0 to 8 years born outside of Australia. The children of families that have recently arrived in Australia, particularly those who have experienced hardship and significant stress, may face additional risks for their health, wellbeing and development. These factors can be compounded by the challenges of parenting in a new culture.

Approximately 8,100 Victorian children aged 0 to 8 years identified as Aboriginal (1.3 per cent of all children). While outcomes for Aboriginal children are improving across a range of areas, this report highlights continuing disparities for Aboriginal children compared to the general child population.

It can be difficult to obtain accurate estimates of children with additional needs or disability but the 2009 Victorian Child Health and Wellbeing Survey (VCHWS) found that 13.1 per cent of children aged 0 to 8 years had a special health care need.<sup>5</sup>

Parent reported data at entry to school suggests 3.7 per cent of children have an intellectual disability, developmental delay or learning disability<sup>6</sup> and data from the ABS 2011 Census suggests approximately 10,400 children aged 0 to 8 years have a 'need for assistance with core activities', indicating a profound or severe disability (1.6 per cent). Having a child with a disability can have a significant impact on the family's caring responsibilities, often placing strain on family relationships and affecting employment and finances.

<sup>3</sup> A family is defined by the ABS as two or more persons, one of whom is at least 15 years of age, who are related by blood, marriage (registered or de facto), adoption, step or fostering, and who are usually resident in the same household. Each separately identified couple relationship, lone parent-child relationship or other blood relationship forms the basis of a family. Some households contain more than one family. Non-related persons living in the same household are not counted as family members (unless under 15 years of age).

<sup>4</sup> ABS, Census of Population and Housing 2011.

<sup>5</sup> The Special Health Care Needs Screener contained in the VCHWS identifies children who have a chronic physical, developmental, behavioural or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.

<sup>6</sup> School Entrant Health Questionnaire 2012.



## Parental education and employment

Parental education and employment are key measures of socioeconomic status. Generally families without an employed parent have low income and are often more socially isolated (DEECD, 2009). One parent families are more likely than couple families to be unemployed or not in the labour force (DEECD, 2010). Parental education is linked not only to employment and income but is also a key predictor of child education and health outcomes. Evidence suggests that the higher the education level of the mother, the more likely it is that a child will have positive outcomes (DEECD, 2011).

Among Victorian families with at least one child aged under eight years:

- 10.1 per cent had both parents (or one parent in a single parent family) who had not completed Year 12,
- 28.9 per cent of families had both parents (or one parent in a single parent family) with an educational qualification of Diploma or higher and
- 10.5 per cent had both parents (or one parent in a single parent family) unemployed.

### Population projections

Population projections to 2031 indicate that an additional 90,000 children (0 to 8 years old) are expected to reside in Victoria. This is an increase of 14.5 per cent over current numbers. At 2031, there is expected to be close to 750,000 children aged 0 to 8 years, an increase of 21 per cent over current numbers.<sup>7</sup>

As a proportion of the total population, the percentage of children will decline, from around 11.1 per cent in 2011 to 10.2 per cent in 2031. This is due to the predicted ageing of the population.

<sup>7</sup> Department of Planning and Community Development 2012, *Victoria in Future 2012*.



Hayley, Age 3



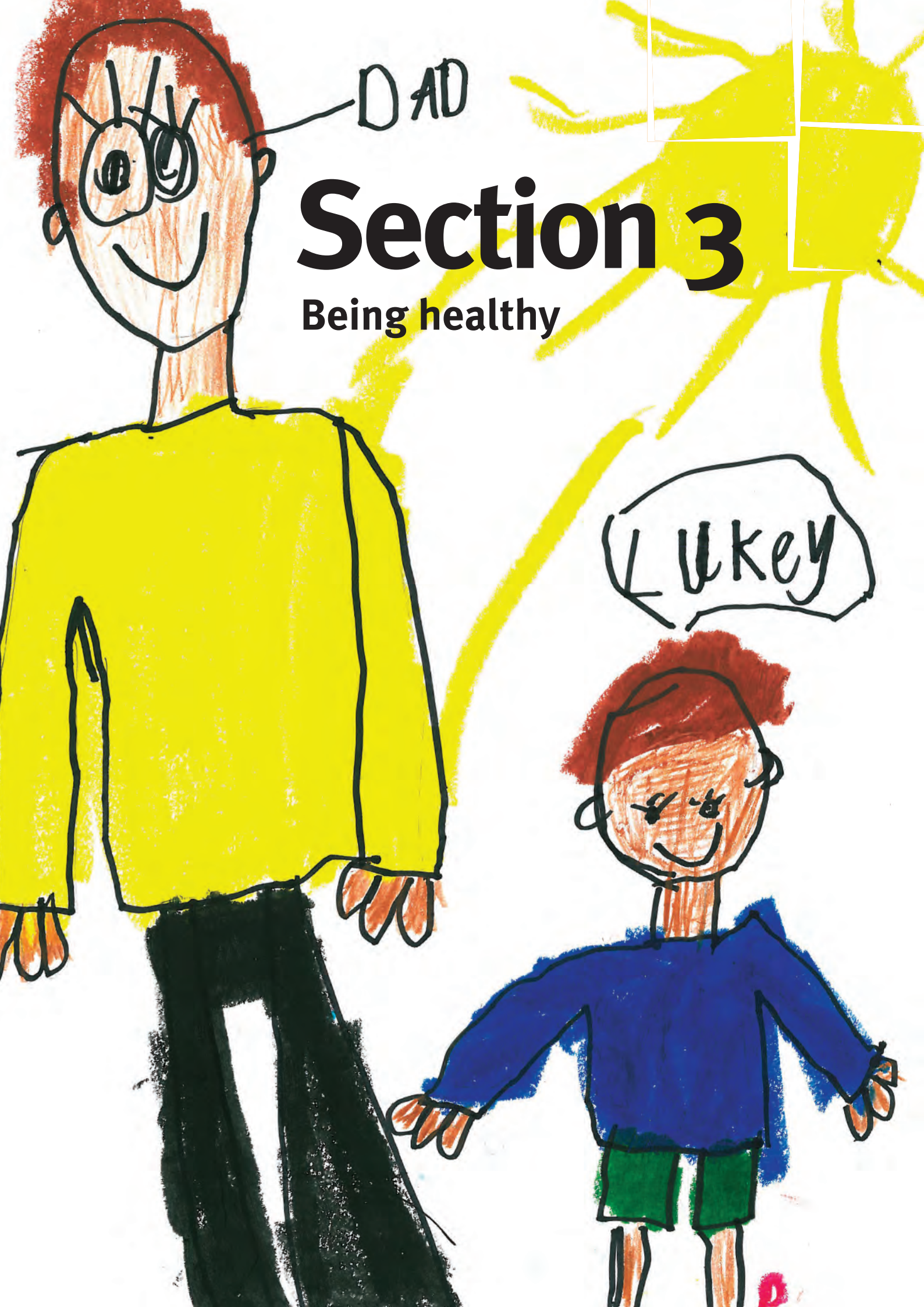
MUM

Me

Alex, Age 7







DAD

# Section 3

Being healthy

LUkey

# Being healthy



Artwork by Billie, Age 4



Artwork by Vivian, Age 3

All Victorian children are born and remain healthy, develop positive health behaviours and achieve optimal health

While some health outcomes are determined prior to birth and early on, through immunisation and breastfeeding for example, children learn behaviours in their early years that have lasting impacts on their physical and psychological health as adults. There is an opportunity in these early years to reinforce positive behaviours such as physical activity and healthy diet to set strong foundations for their future wellbeing (AIHW, 2011).

This section explores some of the recent improvements in the health of children aged 0 to 8 years with a focus on the first years of life and parental perceptions of children's health at school entry. It also considers areas where improvement could be made, particularly for certain groups.

## Victoria is doing well on children's health

### Infant mortality is declining

The infant mortality rate has declined over recent years. In 2012 in Victoria, there were 2.8 deaths per 1,000 live births (down from 5.1 in 2005), with the rate being higher for males than females.<sup>8</sup>

### Childhood immunisation rates are improving

Vaccination is an effective way of generating immunity and protecting against the spread of infectious diseases. The National Immunisation Program Schedule for Victoria recommends and provides the following vaccines at no cost to children up to eight years: hepatitis B, diphtheria, tetanus, pertussis, polio, haemophilus influenzae type b, pneumococcal, measles, mumps, rubella, meningococcal C, chickenpox and rotavirus (Victorian Department of Health, 2013). Evidence suggests that a minimum of 90 per cent vaccination coverage is required to interrupt the transmission of disease (Lister, McIntyre, Burgess, & O'Brien, 1999) and Victoria is achieving this.

Rates of immunisation in Victoria are relatively high at 92.7 per cent for 24 to 27 months and 92.5 per cent for five year olds.<sup>9</sup> While the trend has remained fairly stable for children aged two (24 to 27 months), there has been a significant increase in the rate of full immunisation for five year olds (60 to 63 months), rising from 84.3 per cent in 2008<sup>10</sup> to 92.5 per cent in 2013.

<sup>8</sup> Australian Bureau of Statistics, 2012, Deaths Australia, ABS, Canberra.

<sup>9</sup> Australian Childhood Immunisation Register, June 2013 quarter.

<sup>10</sup> Steering Committee for the Review of Government Service Provision (SCRGP) 2013, Report on Government Services 2013, Productivity Commission, Canberra.

Differences in immunisation rates by population group can also be seen. The Australian Institute of Health and Welfare (AIHW) headline indicators (2011) reported that in 2010 Victoria's outer regional areas had slightly higher immunisation rates than major city areas. Areas of highest Socioeconomic Status (SES) had the lowest immunisation rate (91.6 per cent) compared to 93.4 per cent in the lowest SES areas (based on September quarter 2010, rates for 24 to 27 months).

To raise awareness of the importance of children being fully immunised, the Department of Education and Early Childhood Development (DEECD) and the Department of Health are working together on a range of communication activities targeting primary school principals, teachers and parents/guardians. The activities aim to increase the number of parents complying with the legislative requirement to provide an immunisation certificate when enrolling their child and increasing immunisation coverage in Victorian children at five years of age.

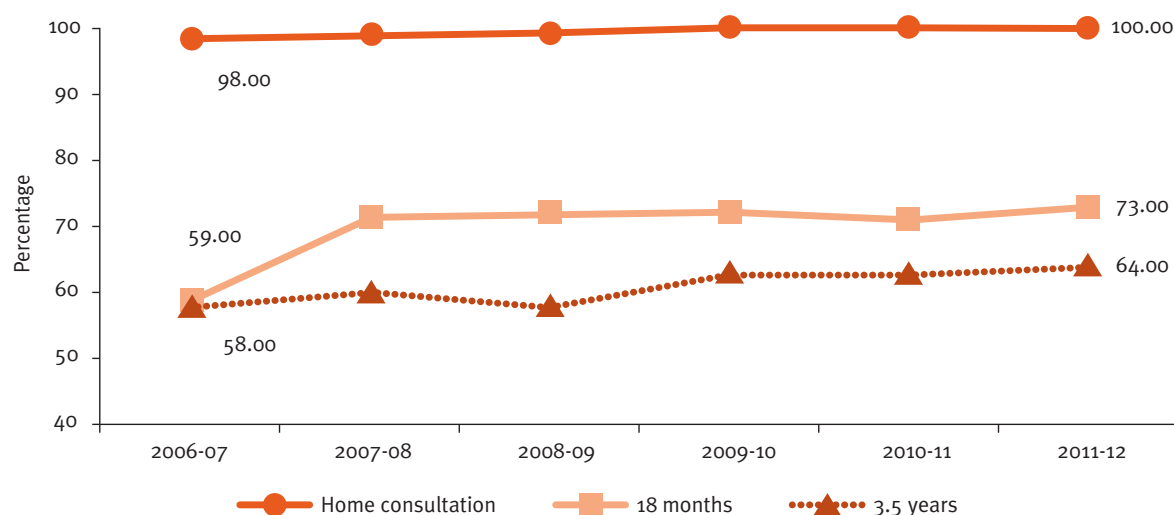
### Support for mothers and children in the first weeks, months and years of life is strong

The first five years of a child's life are fundamentally important. They are the foundation that shapes children's future health, happiness, growth, development and learning achievement at school, in the family and community, and in life in general (UNICEF, 2010).

Maternal Child Health (MCH) services play a key role in supporting children and their families by providing 10 'key ages and stages' consultations from birth to 3.5 years, including an initial home visit. MCH nurses assess and monitor the health, growth and development of children and provide information and advice on breastfeeding, appropriate nutrition, child behaviour, parenting and maternal physical and emotional health and wellbeing. MCH services also run new parent groups focussed on the early stages of parenting and to strengthen social supports between parents in their neighbourhood. The vast majority of MCH services are delivered by local government, with DEECD and local government each funding 50 per cent of the cost.

As shown in Figure 2, 100 per cent of Victorian newborns received an initial MCH consultation, usually a home visit, in 2011-2012. Participation rates gradually decline as children grow older, although there has been a slight improvement in the rates of children attending the last consultation at 3.5 years, with around 64 per cent attending in 2011-2012.

**Figure 2: Participation in MCH Key Ages and Stages Consultations, 2006-07 to 2011-12**

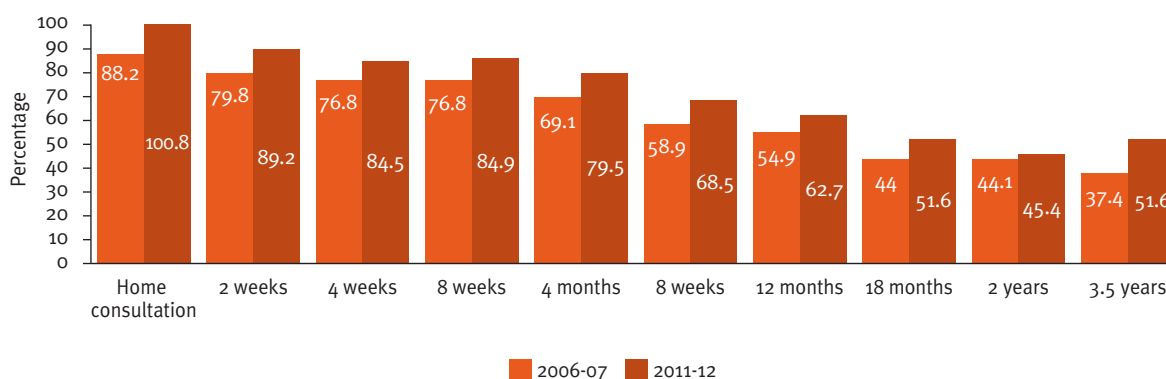


Source: DEECD, Maternal and Child Health Reports, 2006-07 to 2011-12.



While participation rates for Aboriginal children are lower than for all children, these rates have improved since 2006-07 (Figure 3).

**Figure 3: Participation Rates in MCH Key Ages and Stages Consultations, Aboriginal children, 2006-07 compared to 2011-12**



Source: DEECD, Maternal and Child Health Reports, 2006-07 to 2011-12.

**The trial program right@home** seeks to promote family wellbeing and child development through intensive home visits by MCH nurses, from the ante-natal period through to two years of age. The trial will focus on making it easier for vulnerable families to learn about feeding, managing their baby's sleep and parenting, with the intention of improving children's early learning and development by the time they start school.

About 300 expectant mothers from Ballarat, Dandenong, Frankston and Whittlesea could potentially be included in the trial.

<http://www.aracy.org.au/projects/righthome>

## Children start school with good health and positive behaviour

The School Entrant Health Questionnaire (SEHQ) is completed by parents when their child starts school. It is used by school nurses to assess children requiring further screening or intervention. The information also provides broader measures of aspects such as oral health, vision, behavioural and emotional wellbeing.

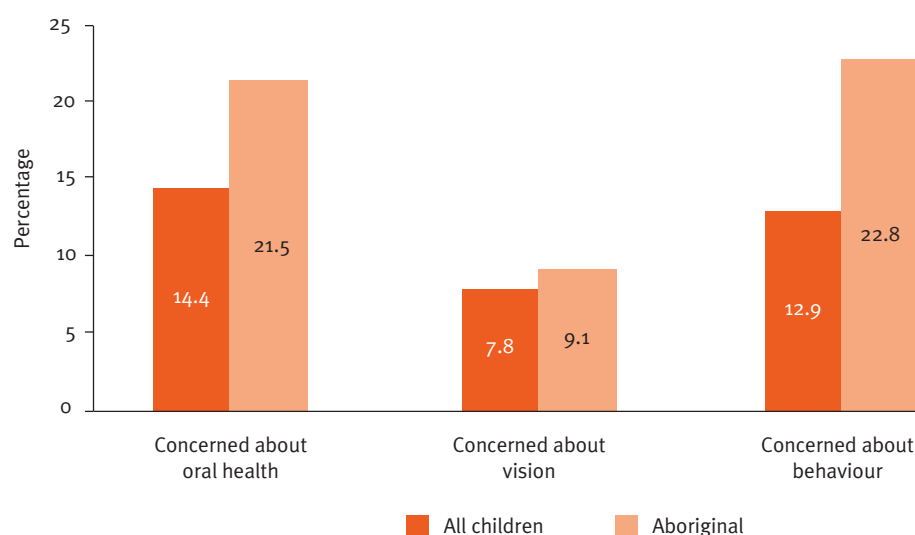
In 2012, 89.4 per cent of children starting school were reported to be in excellent or very good health, with less than one per cent rated as being of 'fair' or 'poor' health. These proportions have remained stable for the last three years. Slight fluctuations in parental concern over oral health, vision and behaviour were reported between 2009 and 2012 (Table 1) with the percentage of parents reporting concerns in 2012 being lower than in 2009.

**Table 1: Proportion of parents reporting concerns over oral health, vision and behaviour, 2009 to 2012**

	2009 (%)	2010 (%)	2011 (%)	2012 (%)
Concerned about Oral Health	16.2	12.6	14.6	14.4
Concerned about vision	11.1	8.1	8.0	7.8
Concerned about behaviour	14.9	15.3	14.7	12.9

Source: School Entrant Health Questionnaire, DEECD, 2009 to 2012.

Figure 4 indicates that Aboriginal parents are more likely to cite concerns, particularly in relation to oral health and behaviour.

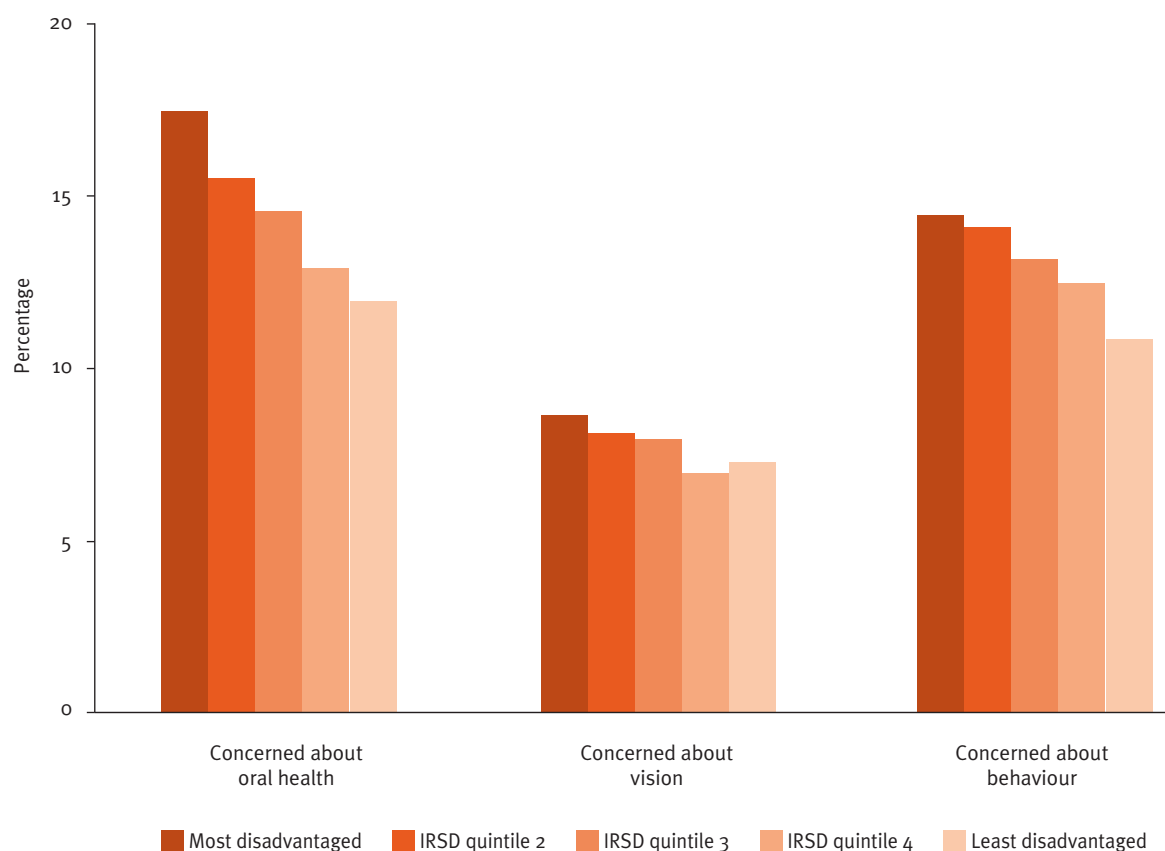
**Figure 4: Parental concern about oral health, vision and behaviour, by Aboriginal status, 2012**

Source: DEECD, School Entrant Health Questionnaire, 2012

There is also a clear pattern showing concerns about oral health, vision and behaviour are more prevalent for parents from disadvantaged areas. The Index of Relative Socioeconomic Disadvantage (IRSD) is used by the Australian Bureau of Statistics to consider the relative disadvantage of areas using a range of measures relating to income, housing, educational attainment, occupation and proficiency with English. Figure 5 indicates that parents from areas of low disadvantage (high SES) are less concerned about their child's oral health, vision and behaviour than those from areas of high disadvantage (low SES).



Figure 5: Parental concern about oral health, vision and behaviour, 2012



Source: DEECD, School Entrant Health Questionnaire, 2012

More detailed analysis of behavioural concerns as measured by the Strengths and Difficulties Questionnaire in SEHQ is considered in the Wellbeing section on page 30.

## Health conditions vary over time

The SEHQ includes questions relating to a wide range of health conditions. Analysis of five years of the SEHQ found that:

- The number of children whose parents reported developmental delay trended upwards from 4.4 per cent in 2008, to 5.3 per cent, or close to 3,000 children, in 2012.
- Reported rates of asthma went from 14.6 per cent in 2008 to 15.4 per cent in 2012. The percentage of asthma sufferers was greatest in 2011 when 15.6 per cent of children were reported as having asthma. In 2012, this equated to just over 9,000 children beginning school with reported asthma.
- Epilepsy affects around 0.3 per cent of children at school entry (less than 200 Prep children in 2012).
- Diabetes affects around 0.1 per cent of children at school entry (less than 100 Prep children in 2012).

The Maternal and Child Health Line is a 24 hour, 7 day a week statewide telephone service available to Victorian families with children from birth to school age. The MCH Line is available to all Victorian families, with children from birth to school age and is staffed by qualified MCH nurses who provide information, support and guidance regarding child health, nutrition, breastfeeding, maternal and family health and parenting. The service takes around 8,000 calls a month.

In addition, Parentline provides anonymous statewide counselling, information and referral services for parents and carers of children aged 0 to 18 years.

## Opportunities to improve children's health

### Babies with low birth weights have a higher risk of poor health and development later in life

Birth weight is an indicator of the general health of infants and is a determinant of an infant's survival, health, development and wellbeing. Low birth weight is attributed to infants being born prematurely or because they are small for their gestational age. For these babies, there is a higher risk of remaining in hospital for longer periods after birth, developing disabilities, illness and death.

Figure 6 shows that in 2010, 6.3 per cent of Victorian babies were of low birth weight (under 2500 grams). This is an improvement over previous years, where the proportions of low birth weight babies reported in 2002 and 2006 reached 6.9 per cent.<sup>11</sup> The Victorian rate of low birth weight babies (6.3 per cent) is similar to the rest of Australia at 6.2 per cent. The proportion of low birth weight babies born to Aboriginal mothers is higher at 10.3 per cent,<sup>12</sup> a pattern also observed across the rest of Australia.

Figure 6: Proportion of live births weighing less than 2,500 grams, 2010



Source: Report on Government Services, 2013, Part E, Health sector overview, attachment tables EA8 and EA9

<sup>11</sup> Department of Human Services, Births in Victoria 2003-04 Victorian Perinatal Data Collection Unit (VPDCU) (2002 to 2004 data); unpublished VPDCU data (2005-06), <http://www.education.vic.gov.au/about/research/Pages/011birthweight.aspx>

<sup>12</sup> Steering Committee for the Review of Government Service Provision 2013, Report on Government Services 2013, Productivity Commission, Canberra, Part E. Health sector overview, attachment tables EA8 and EA9.



Low birth weight has been associated with a range of factors, including the mother's physical characteristics (including size, age and ethnicity), use of alcohol, tobacco or drugs during pregnancy and her diet and overall health. Data from 2008<sup>13</sup> indicates that the greatest proportions of babies with low birth weights in Victoria were from outer regional and low SES areas, and born to Aboriginal mothers.

The Healthy Mothers, Healthy Babies Program aims to reduce the burden of chronic disease by addressing risky behaviours by mothers and providing support during pregnancy. It targets pregnant women who are unable to access antenatal care services or require additional support because of socioeconomic disadvantage, language or cultural barriers, their age or the remoteness of where they live.

[http://www.health.vic.gov.au/pch/cyf/mothers\\_babies.htm](http://www.health.vic.gov.au/pch/cyf/mothers_babies.htm)

## Improving breastfeeding rates will support better health and development outcomes for children

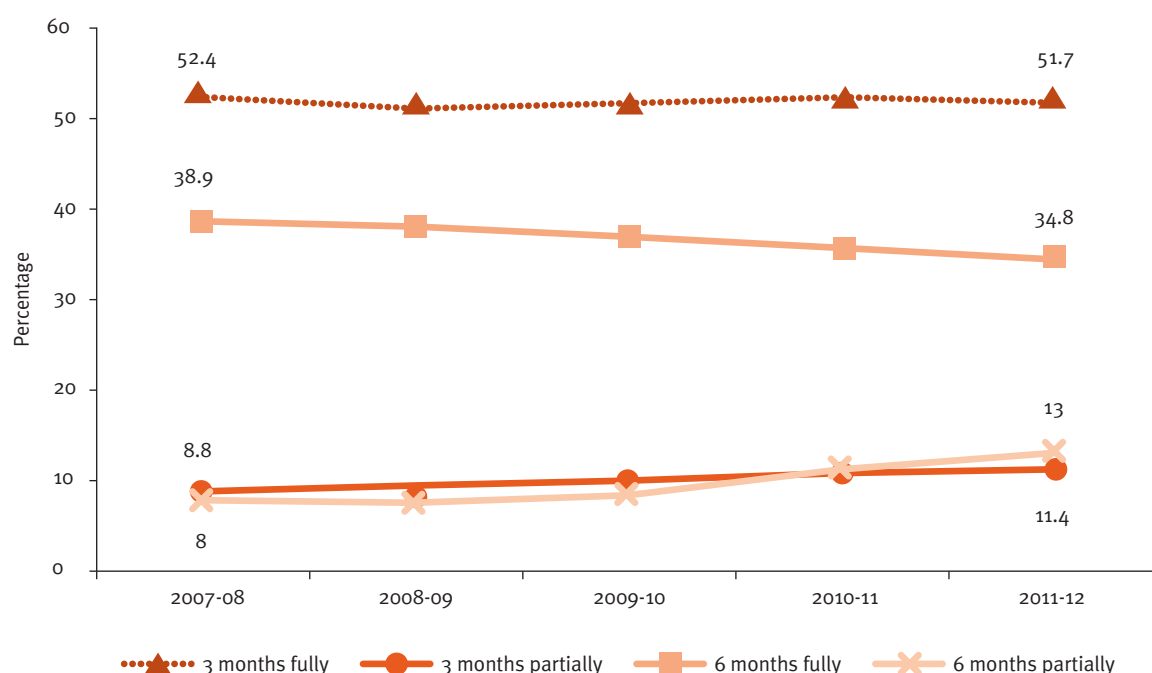
Breastfeeding is known to provide nutrition and strengthen the immune system, providing benefits for both mother and baby. There is strong evidence that non-breastfed babies are more likely to suffer ear, gastrointestinal and urinary tract infections, diabetes and childhood leukemia and are at greater risk of Sudden Infant Death Syndrome (Dyson, McCormick & Renfrew, 2005; Chung, Raman, Trikalinos, Lau & Ip, 2008). Children who are fed infant formula are also more likely to become overweight or obese later in life, while mothers who do not breastfeed have an increased risk of developing breast or ovarian cancer (Chung et al. 2008). Breastfeeding until at least six months of age has been recommended by both the World Health Organisation (WHO) and the National Health and Medical Research Council (NHMRC).<sup>13</sup>

Just over half of Victorian children are fully breastfed at three months, a pattern that has remained stable during the last five years. While the rates of children partially breastfed at three and six months have increased slightly, the rate for full breastfeeding at six months has dropped slightly to 34.8 per cent in recent years, as shown in Figure 7.

<sup>13</sup> Australian Institute of Health and Welfare 2011. Headline Indicators for children's health, development and wellbeing 2011, Cat. No. PHE 144, pp. 28-32, AIHW, Canberra.

<sup>14</sup> National Health and Medical Research Council, 2012.

Figure 7: Breastfeeding rates at three and six months by partial and full status, Victoria 2007–08 to 2011–12



Source: DEECD, Maternal and Child Health Reports 2007–2008 to 2011–2012

The Victorian Government supports and promotes breastfeeding as an important determinant of maternal and child health and wellbeing.

Breastfeeding help for new mothers is offered through the universal Maternal and Child Health Service, which also supports families through guidance on parenting, health and development, wellbeing and safety, referrals and linking with local communities. The service offers 10 free Key Ages and Stages consultations, with breastfeeding a focus of the initial home visit. At each of these consultations, parents are able to discuss their concerns and experiences, and explore ways to support their child's health, growth and development.



## Almost one in four of Victoria's young children are overweight or obese

Obesity predisposes children to a range of serious medical conditions including insulin resistance, diabetes, cardiovascular and liver disease, while overweight children are at risk of low self-esteem and social isolation.

The Australian Health Survey (2011-12) found that 23.6 per cent Victorian children aged seven years and under were overweight or obese, compared with 61 per cent of adults.

The *State of Victoria's Children 2010* reported that Body Mass Index (BMI) data collected by nurses during Maternal and Child Health consultations showed 12.4 per cent of Victorian children aged two were overweight or obese, rising to 15.4 per cent of children aged 3.5 years (Nichols & de Silva, 2010).

These findings are broadly consistent with the ABS National Health Survey 2007-08, which showed 15.9 per cent of children aged 5 to 9 years were overweight or obese. The Australian Health Survey (2011-12) indicates higher rates, with the trend consistent with what is occurring in the adult population, as shown in the Victorian Population Health Surveys conducted by the Department of Health.

The Australian Institute of Health and Wellbeing (AIHW) headline indicators included 2007-08 data reported by population group for Victoria. This shows that non-metropolitan areas have high overweight and obesity rates, and that these rates are highest in areas of socioeconomic disadvantage. The data also shows that overweight and obesity rates increase with age, with girls more likely to be affected than boys.

Maternal and Child Health (MCH) services are well placed to identify children at risk and provide a range of resources including BMI education resources for professionals and tip sheets for parents on nutrition and physical activities.

The Enhanced Maternal and Child Health Service assertively responds to the needs of children and families at risk of poor outcomes, in particular where there are multiple risk factors. This service is additional to the suite of services offered through the universal MCH service and provides a more intensive level of support, including short term case management in some circumstances.

Healthy Together Victoria aims to improve people's health in places where they live, learn, work and play by addressing the underlying causes of preventable chronic disease, including being overweight and obese.

The Healthy Together Achievement Program is a quality improvement framework for early childhood services and schools to create healthier environments for learning. This includes supporting healthy eating and physical activity for children and young people, staff and families through learning, policies, creating a healthy physical and social environment, and developing community links and partnerships.



Esther, Age 3





# Section 4

Building wellbeing



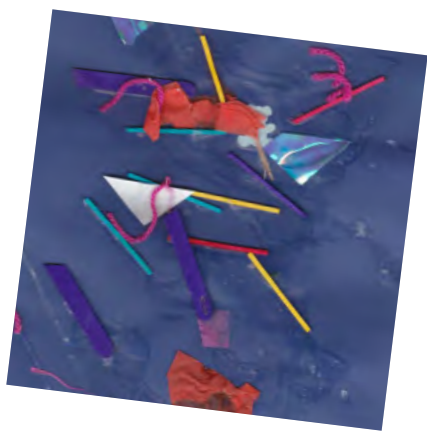
Beth, Age 3



# Building wellbeing



Artwork by Lulu, Age 3



Artwork by Thomas, Age 2

All Victorian children develop socially and emotionally, are resilient and have a strong sense of identity and wellbeing

Social and emotional wellbeing enables children to develop the sense of identity, resilience and coping skills that will help them to lead a fulfilling life. It encompasses both the individual characteristics of the child, and those of environments in which families, schools and communities interact (AIHW, 2012b; Australian Social Inclusion Board, 2011).

This section explores children's wellbeing in terms of their preparedness for school across a range of social, cognitive and physical domains. It also considers aspects such as behaviour and stressors in terms of disadvantage at the community level.

## Victoria is doing well on children's wellbeing

### Victorian children are 'on track' developmentally

The Australian Early Development Index (AEDI) is a population measure of young children's development, providing a snapshot of them in communities across Australia. It was first conducted in 2009, with results being reported in earlier State of Victoria's Children reports. Data collected in 2012 has recently been released.

#### AEDI domains

The AEDI measures five areas, or domains, of early childhood development. These five domains are closely linked to the predictors of good adult health, education and social outcomes. Teachers complete AEDI Checklists for children in their first year of formal schooling across five domains: social competence, emotional maturity, language and cognitive skills, communication skills and general knowledge, and physical health and wellbeing. Children's development is rated as being on track, at risk or vulnerable.

Further detail on the content of the domains can be found at:

[http://www.rch.org.au/uploadedFiles/Main/Content/aedi/Factsheet\\_Domains\\_130315.pdf](http://www.rch.org.au/uploadedFiles/Main/Content/aedi/Factsheet_Domains_130315.pdf)

Compared with other states, Victoria has the highest proportion of children developmentally 'on track' (57.1 per cent) on all five domains (Figure 8).

Figure 8: Percentage of children On Track on five AEDI domains, 2012



Source: Australian Early Development Index, 2012.

Despite this, there are some population groups in Victoria where children fare less well on all five domains including Aboriginal children, those in low SES areas, and children from a Language Background other than English (LBOTE), where there are differences between those who are proficient in English and those who are not (see page 31 for further detail).

### Developmental vulnerability has decreased

The release of 2012 AEDI results means that for the first time comparisons can be made over two time periods to indicate change in the status of early childhood development, both for Victoria as a whole and at the local level. (Table 2).

The results for Victoria are positive, with a statistically significant decrease in the proportion of children who are vulnerable overall. As seen in Table 2, in 2012, 19.5 per cent of Victorian children were developmentally vulnerable on one or more domains compared to 20.3 per cent in 2009. Across two or more domains, 9.5 per cent of Victorian children were developmentally vulnerable in 2012, less than in 2009 (10.0 per cent). Both these changes from 2009 to 2012 represent statistically significant decreases in the percentage of children who are developmentally vulnerable.

In addition, there has been a statistically significant decrease in the proportion of children who are vulnerable on the emotional maturity domain (from 8.3 per cent in 2009 to 7.2 per cent in 2012).



Table 2: AEDI measures/domains with a statistically significant decrease from 2009 to 2012, Victoria

Domain	2009 (%)	2012 (%)	Critical difference (statistical significance)
Vulnerable in one or more domains	20.3	19.5	Significant decrease in vulnerability
Vulnerable in two or more domains	10.0	9.5	Significant decrease in vulnerability
Domain - Emotional maturity	8.3	7.2	Significant decrease in vulnerability

Source: Australian Early Development Index, 2009, 2012

For Aboriginal children, there has been a significant decrease in the proportion who were developmentally vulnerable on one or more domains (42.4 per cent in 2009 to 39.6 per cent in 2012), and two or more domains (26.6 per cent in 2009 to 23.2 per cent in 2012).

While these results are encouraging, and a testament to the high participation in early learning in Victoria in the year before school, there are some challenges across population groups and for specific domains, indicating a need to drive these recent improvements further.

### Strong communities promote wellbeing

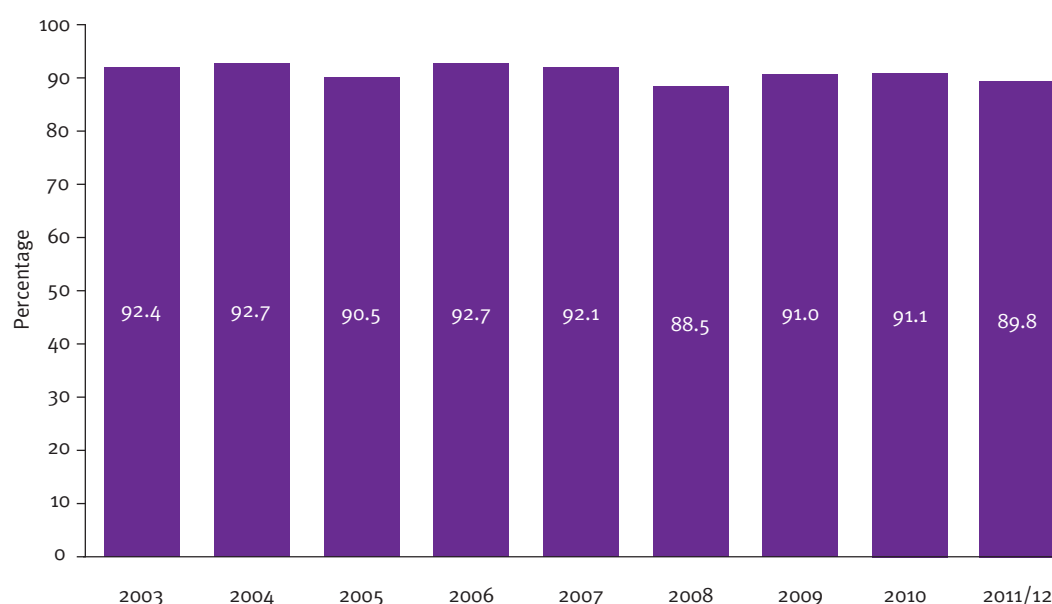
Community factors such as strength, connectedness, engagement and participation influence positive outcomes. Research demonstrates that the higher the social capital in a community, the better the outcomes will be for children, young people and their families who live there (Tayler, Farrell, Tennent & Patterson, 2005).

The characteristics of local neighbourhoods, such as cleanliness, traffic levels and access to basic services, recreational facilities and transport, also have important effects on outcomes for children and their families. These characteristics (actual and perceived) are linked to the quality and nature of community engagement (Carbone, Fraser, Ramburuth & Nelms, 2004).

In March 2011, the Bendigo Child Friendly City Leadership Group released the *The State of Bendigo's Children Report*, which tracks 20 indicators around the wellbeing of children and young people and serves as an advocacy tool for activities to improve young people's wellbeing. The report has recently been revised with an action plan under development.

Being able to access help in a time of emergency is seen as a measure of social cohesion and is an indicator of the social networks available to families. The annual Victorian Population Health Survey (VPHS) includes a measure of how many families can find someone to care for themselves or their children in an emergency. Results from 2003 to 2011/12 indicate that around 90 per cent of adults feel that they can rely on family or friends in an emergency, indication strong levels of social cohesion in Victoria (Figure 9).

Figure 9: Percentage of Victorian adults reporting that they can find family or friends to care for themselves or children in an emergency, 2003 to 2011/12



Source: Victorian Population Health Survey, 2011/12

### The majority of children start school with positive emotional and behavioural wellbeing

The School Entrant Health Questionnaire (SEHQ) provides measures of children's health and development including a behavioural screening questionnaire that is completed by parents.

The Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997) is a brief behavioural screening questionnaire, that is included in the School Entrant Health Questionnaire. It includes questions on 25 psychological attributes which are divided between five scales: emotional symptoms, conduct problems, hyperactivity, peer problems and prosocial behaviour.

*The **emotional** scale measures a range of negative emotions, such as sadness, fear and worries.*

*The **conduct problem** scale measures tendencies to display negative behaviours when interacting with others.*

*The **hyperactivity** scale measures a range of behaviours, including restlessness, impulsiveness and concentration*

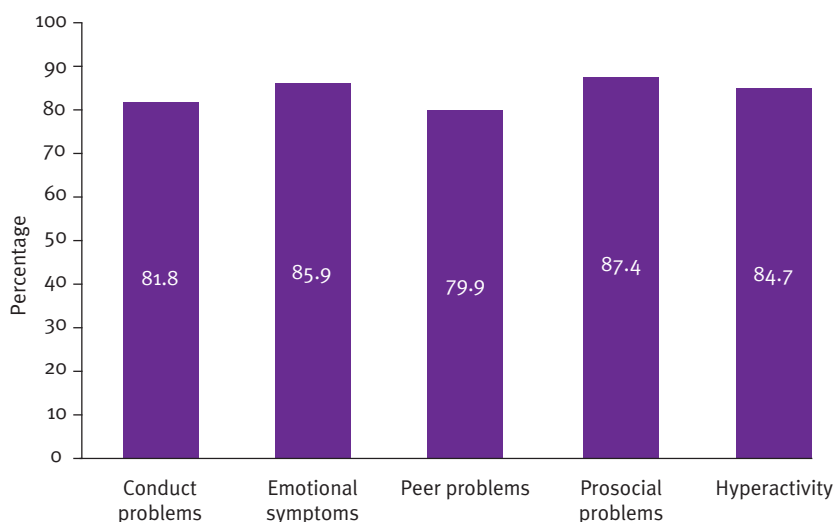
*The **peer problems** scale measures peer relationships, including not having friends, being picked on, playing by themselves or not being liked by other children*

*The **prosocial behaviour** scale measures positive social behaviour.*

More than 80 per cent of children were categorised as 'normal', based on parent responses, on the five scales. Parents were least likely to be concerned about their child's prosocial development and most likely to be concerned about interactions with peers (Figure 10). These trends have remained relatively stable since 2010.



Figure 10: The proportion of children at low risk of emotional and behavioural problems (seen as normal), as identified by parents in the SEHQ, 2012



Source: DEECD, School Entrant Health Questionnaire, 2012

## Opportunities to improve children's wellbeing and development

### Developmental vulnerability is high in some communities

The Australian Early Development Index (AEDI) is a valuable tool for communities to explore the factors influencing child development in their community and consider what they can do to better support children and their families in a local context.

A comparison of results for local government areas between 2009 and 2012 show significant improvements in areas such as Northern Grampians, West Wimmera, Greater Bendigo, South Gippsland, Mornington Peninsula, Frankston, Casey and northern metropolitan local government areas (LGAs), with a drop in the percentage of vulnerable children.

There was a statistically significant increase in the proportion of children who were developmentally vulnerable in one or more domains in Glenelg, Mitchell, Kingston, Greater Dandenong and Wyndham.

There was a statistically significant increase in the proportion of children who were developmentally vulnerable on two or more domains in the LGAs of Benalla, Murrindindi, Horsham, Hepburn and Greater Dandenong.

The community of Frankston participated in the AEDI Local Champions Project, and used the AEDI to identify the local community of North Frankston as an area of high need. The sub-LGA level data available through the AEDI reinforced the views of service providers that a network exclusively addressing the needs of Frankston North was warranted. As a result, the North Frankston Early Years Planning Group was formed to drive program and policy in the area, using AEDI and complementary data. North Frankston has built on this work by recently partnering with the Extended School Hubs Pilot Project.

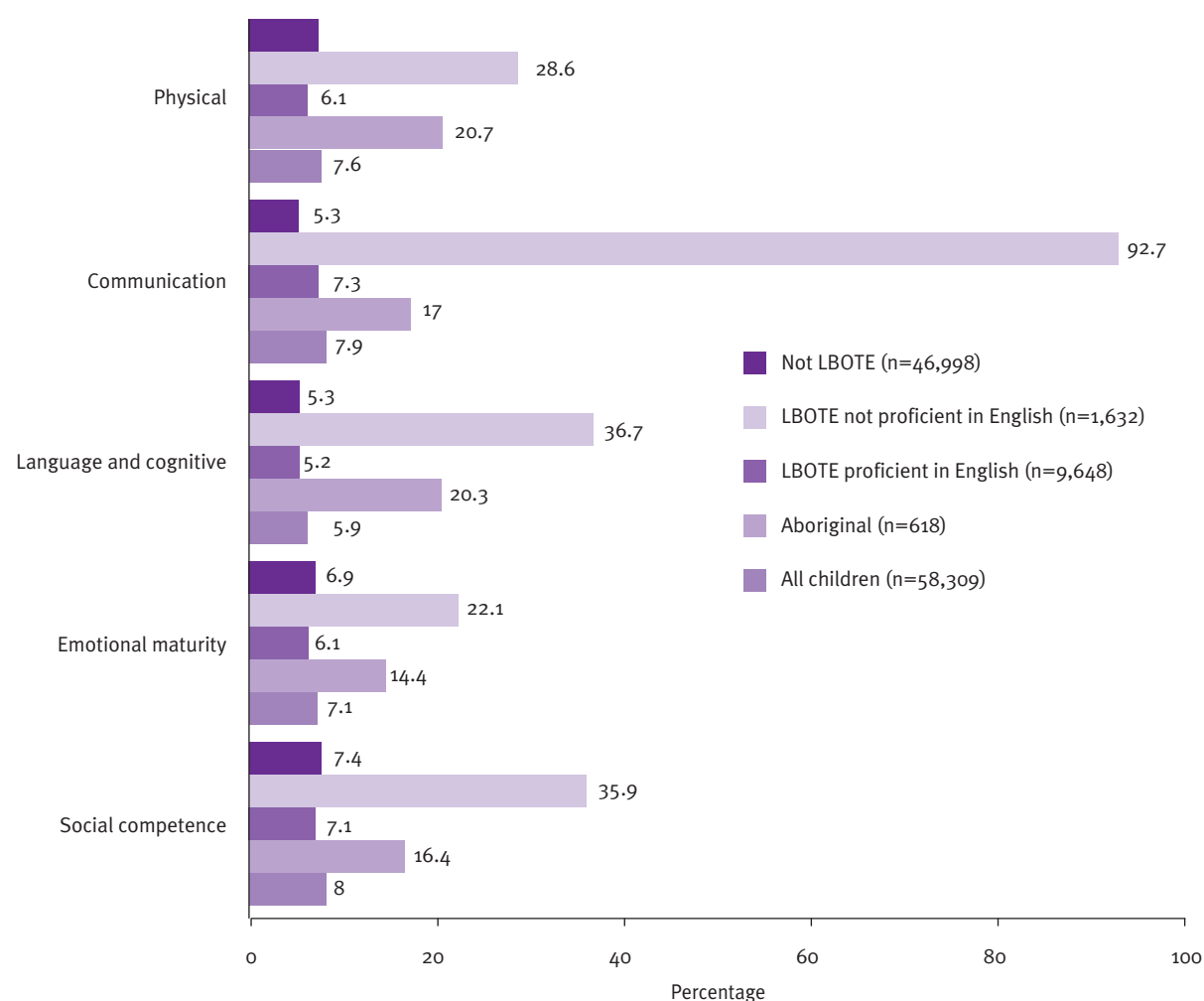
### Targeting improvements to population groups

The AEDI demonstrates differences in vulnerability across gender, Aboriginal children, and children with a language background other than English (LBOTE).

There are significant differences in vulnerability between boys and girls in individual domains. The largest difference between boys and girls is in the emotional maturity domain, where 3.2 per cent of girls are vulnerable compared to 11.0 per cent of boys. Large differences also exist in the social competence domain. The domain with the highest percentage of vulnerable girls is communication (6.1 per cent). For boys, emotional maturity and social competence domains have the highest proportion of developmentally vulnerable children (11.0 per cent and 11.1 per cent respectively).

Differences are also seen across population groups, specifically those relating to Aboriginal children and those from a Language Background Other than English (LBOTE) without proficiency in English (Figure 11).

Figure 11: Proportion of Victorian children vulnerable on individual AEDI domains, by population group, 2012



Source: Australian Early Development Index, Victoria 2012



There are significant differences in vulnerability between Aboriginal children and their peers. The largest difference is in the language and cognitive domain, where 20.3 per cent of Aboriginal children are vulnerable, compared to 5.9 per cent of all children. Large differences also exist in the physical domain, where up to 20.7 per cent of Aboriginal children are vulnerable, compared with 7.6 per cent of all children.

Levels of vulnerability for children with LBOTE who are proficient in English are very similar to the general population. However, where LBOTE children are not proficient in English, their levels of vulnerability are higher than their peers across all domains of the AEDI, with particularly high numbers vulnerable in the Communication domain (92.7 per cent).

These differences are partly explained by the fact that the AEDI measures children's skills as they are demonstrated in *English* within the predominantly English speaking context of the school. This issue was explored further through the AEDI Language Diversity Study (Goldfeld, Mithen, Barber, O'Connor, Sayers & Brinkman, 2011)<sup>15</sup> that considered the issue in the context of results for all Australian children, noting that:

- the proportion of children who are developmentally vulnerable is highest in the most socioeconomically disadvantaged areas,
- children who speak a language other than English at home are more likely to live in socioeconomically disadvantaged areas than children who speak English only,
- children who do not attend preschool in the year before school are more developmentally vulnerable than children who do and
- children who speak a language other than English at home are slightly less likely to attend preschool than other children.

These findings show that children who are not proficient in English are highly vulnerable, highlighting the importance of programs to support these children and their families both before and after school entry.

DEECD is developing its capability in data-matching to improve monitoring of educational outcomes for all children but particularly for Aboriginal children, those with a disability and those from LBOTE.

The Bicultural Support program provides eligible state funded kindergartens with programs for four year olds access to a Bilingual Worker for a period of time. Bilingual workers are able to support children from culturally and linguistically diverse (CALD) backgrounds to settle and be included into kindergartens.

<http://www.fka.com.au/bilingual-support/bicultural-support-state-funded-kindergartens>

In addition, organisations and parents can access a telephone interpreting service to talk about kindergarten programs and a child's progress, in a variety of languages.

DEECD provides a range of English as an Additional Language (EAL) programs and resources for schools. This includes extra funding and Multicultural Education Aides for schools with large numbers of children from LBOTE and who speak a language other than English at home. A wide range of professional learning opportunities and curriculum resources are also available, in particular the EAL Developmental Continuum P-10 which provides indicators of progress linked to practical teaching strategies for children learning English as a second or additional language from Prep to Year 10.

<http://www.education.vic.gov.au/school/teachers/teachingresources/diversity/eal/Pages/default.aspx>

<sup>15</sup> Given these findings, the report provides a series of recommendations for communities and early years professionals who are dealing with large numbers of children with a language background other than English who are not proficient in English. ([http://www.rch.org.au/uploadedFiles/Main/Content/aedi/ResearchReport\\_LanguageDiversity\\_1109.pdf](http://www.rch.org.au/uploadedFiles/Main/Content/aedi/ResearchReport_LanguageDiversity_1109.pdf))

### Increasing support to families to improve children's wellbeing

The family environment influences child health and wellbeing, learning and development. While the majority of Victorian children grow up in safe, nurturing and economically secure environments, a small percentage are exposed to stressors such as family violence, substance abuse, parental mental illness and gambling problems.

While evidence presented earlier in this report indicates the increased health and wellbeing risks faced by children living in more disadvantaged areas, disadvantage can be viewed through a number of lenses. The Health Care Card is a useful 'proxy' when considering disadvantage.

Research by the Melbourne School of Population and Global Health, in partnership with DEECD, has found that when considering a range of measures of disadvantage, children listed on a pension/Health Care Card had the poorest outcomes.

After assessing a range of measures of disadvantage within the SEHQ, including low SES families, single parent families, LBOTE, Aboriginality, rurality, low parental education, being born outside Australia and having a mother born outside Australia, being listed on a pension/health care card was the found to be the biggest risk factor for behavioural and emotional difficulties and developmental concerns. It was strongly and most consistently associated with a higher risk of behavioural and emotional difficulties<sup>16</sup> by 3.5 times and developmental concern<sup>17</sup> by 2.8 times.

Commonwealth data for the June quarter 2012 indicates that more than 410,000 Victorians were recipients of Health Care Cards.<sup>18</sup> Responding to the SEHQ in 2012, 16,694 parents, or 27.6 per cent, indicated that their child was listed on a Health Care Card or Pensioner Concession Card.

### Some children are exposed to stressful events and other stressors

The SEHQ is a useful source of information relating to the types of stressors experienced by children in the 12 months prior to the questionnaire being completed. The most common stressors were moving house, death of relatives, change in parental jobs, new baby and parental divorce/separation (Figure 12).

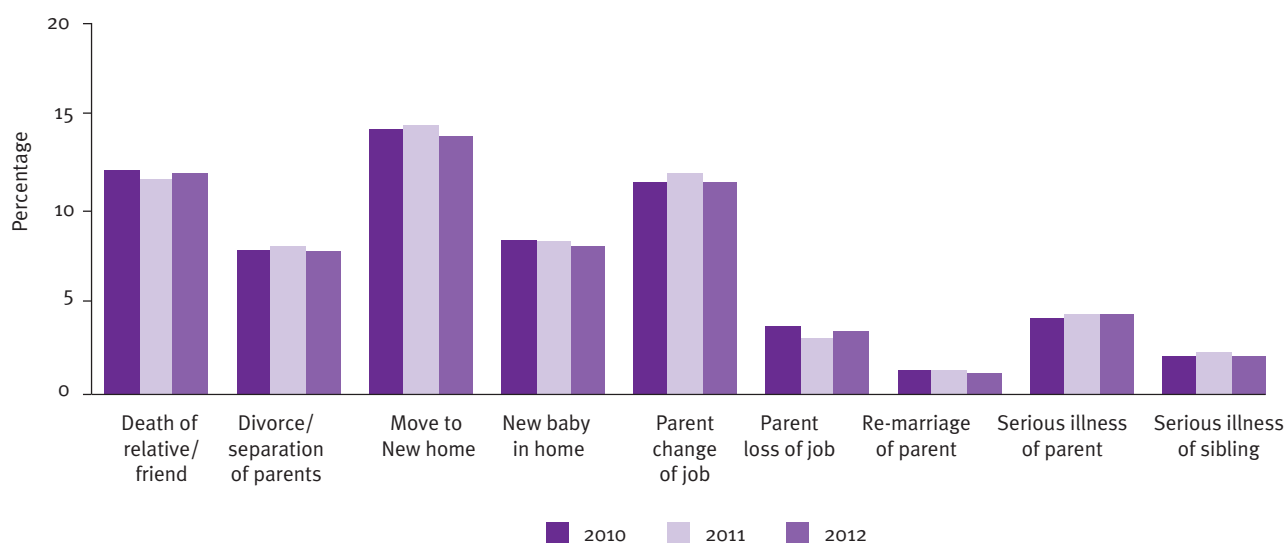
<sup>16</sup> As measured by the Strengths and Difficulties Questionnaire (SDQ) which assesses emotional and behavioural issues in children and adolescents.

<sup>17</sup> As measured by Pathway A in the Parents' Evaluation of Developmental Status (PEDS) which allows parents to identify concerns regarding their child's physical, cognitive emotional and behavioural development. PEDS Pathway A indicates two or more significant parental concerns and suggests a need for further testing and evaluation.

<sup>18</sup> Department of Social Services (formerly Families, Housing, Community Services and Indigenous Affairs (FaHCSIA)) and Commonwealth Department of Human Services: custom request, 2013.



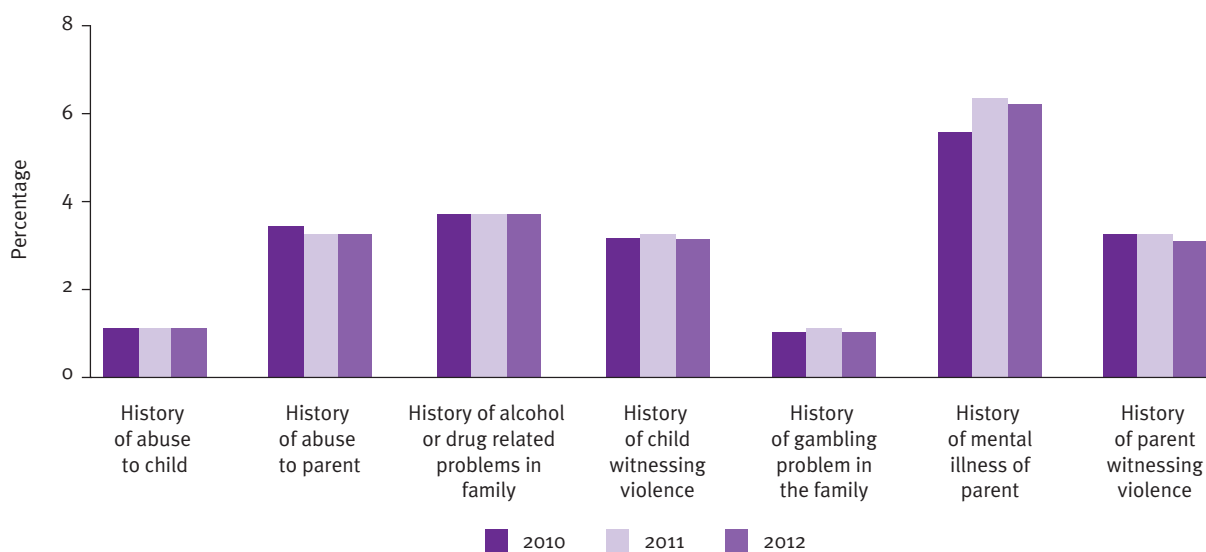
Figure 12: Stressful events experienced by children, 2010 to 2012



Source: DEECD, School Entrant Health Questionnaire, 2010-2012

The SEHQ also includes questions around children's experiences with family issues (Figure 13). A history of parental mental illness was the most commonly selected stressor followed by those relating to addiction (alcohol, drug and gambling) and violence/abuse. This pattern has remained consistent across the last three years.

Figure 13: Family issues experienced by children, 2010 to 2012



Source: DEECD, School Entrant Health Questionnaire, 2010-2012

Children were more likely to have been affected by a stressful event or family issue in the twelve months prior to the SEHQ if they were from a one parent family, Aboriginal, from the most socioeconomically disadvantaged areas or from a rural/regional area.<sup>19</sup>

By intervening early to improve family stability, problems can be addressed before they require costly and intensive human services to get a child back on track.

The **Cradle to Kinder** program is an intensive ante and post natal support service to provide longer term, intensive family and early parenting support for vulnerable young mothers and their families, commencing in pregnancy and continuing until the child reaches four years of age. It focuses on the capacity of parents to provide for their children's health, safety and development as well as their ability to maintain self reliance through access to education, vocational training and employment.

<http://www.dhs.vic.gov.au/about-the-department/plans,-programs-and-projects/programs/children,-youth-and-family-services/cradle-to-kinder-program>

The Families where a Parent has a Mental Illness Strategy (FaPMI Strategy) was developed in recognition of the impact of mental illness on parents and their families, particularly dependent children. It was launched in 2007 by the Victorian Government to assist services in providing more timely and coordinated family and personal supports for parents experiencing a mental illness, those caring for them, and their children.

<http://www.bouverie.org.au/programs/mental-health-team/fapmi>

<sup>19</sup> DEECD, School Entrant Health Questionnaire, 2010–2012.





Lyla, Age 7



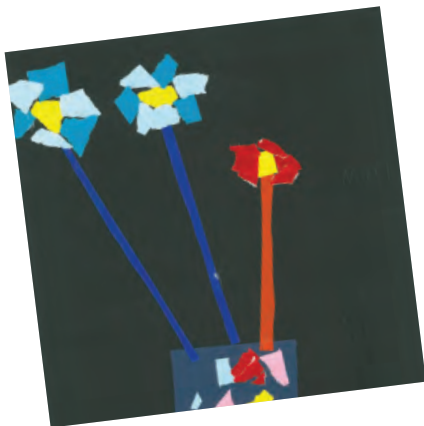


# Section 5

Learning and developing



# Learning and developing



Artwork by Marley, Age 7



Artwork by Daniel, Age 3

All Victorian children learn and develop through engagement in meaningful, high-quality educational experiences

Children learn both within and outside the home. While the family environment is very important to future learning, participation in high quality early Childhood Education and Care services (ECEC) is also key to enabling children to perform well at school and to learn the skills required for their future lives (AIHW, 2012a).

This section considers patterns of participation and attendance in formal learning (Early Childhood Education and Care providers and schools) as well as aspects of informal learning. It also provides evidence for links between the quality of these services and student achievement.

## Victoria is doing well with children's learning

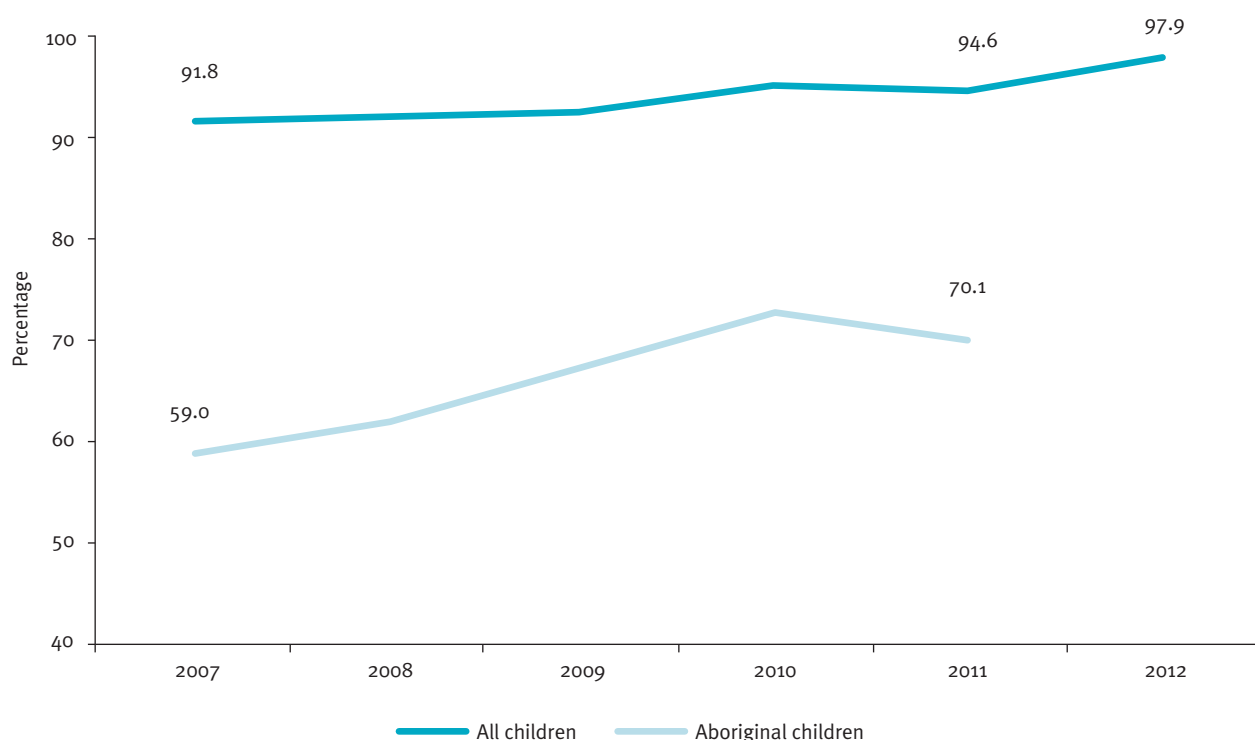
### Kindergarten participation is high

Participation in a quality preschool program is considered to be beneficial for children in a number of ways, including better intellectual development and independence, sociability and concentration, cognitive development in the short term and preparation for success in school (AIHW, 2005).

As demonstrated in Figure 14, Victoria has high participation rates in kindergarten. The rate has increased since 2007, reaching 97.9 per cent in 2012. Aboriginal children have lower participation rates, however there has been a strong increase from 2007 (59 per cent) to the most recently available data in 2011<sup>20</sup> (70.1 per cent).

<sup>20</sup> The Aboriginal participation rate in kindergarten is calculated using enrolments in the first year of school as the denominator as it is believed to be a more accurate measure of the number of Victorian Aboriginal children than that calculated in the estimated residential population. This creates a one-year time lag in the calculation of the rate.

Figure 14: Kindergarten participation rate, 2007 to 2012



Source: DEECD kindergarten participation data

### Early Start Kindergarten

Early Start Kindergarten provides eligible three-year-old children with access to kindergarten for up to 15 hours per week for free. The program is available for three-year-old Aboriginal and/or Torres Strait Islander children and those who are known to Child Protection (including children referred from Child Protection to ChildFIRST).

### Kindergarten participation is high

For the 2012 calendar year, 71,925 children were enrolled at a state funded kindergarten in the year before school.<sup>21</sup> Victorian children were enrolled in kindergarten for an average of 14.4 hours per week in 2012 but attended for an average of 13.3 hours per week.

The National Partnership Agreement on Early Childhood Education ensures that all children should have access to a quality early childhood program for a minimum of 15 hours a week, 40 weeks a year.<sup>22</sup> In 2013, more than 94 per cent of funded services are offering a 15 hour program.

<sup>21</sup> DEECD kindergarten data: Number of children participating in a state funded kindergarten program in the year before school, counted in the Census week in March/April. DEECD annual reports report data by financial year; data for the 2012-2013 financial year indicates that 72,520 children were enrolled at a state funded kindergarten in the year before school.

<sup>22</sup> Council of Australian Governments, 2009.

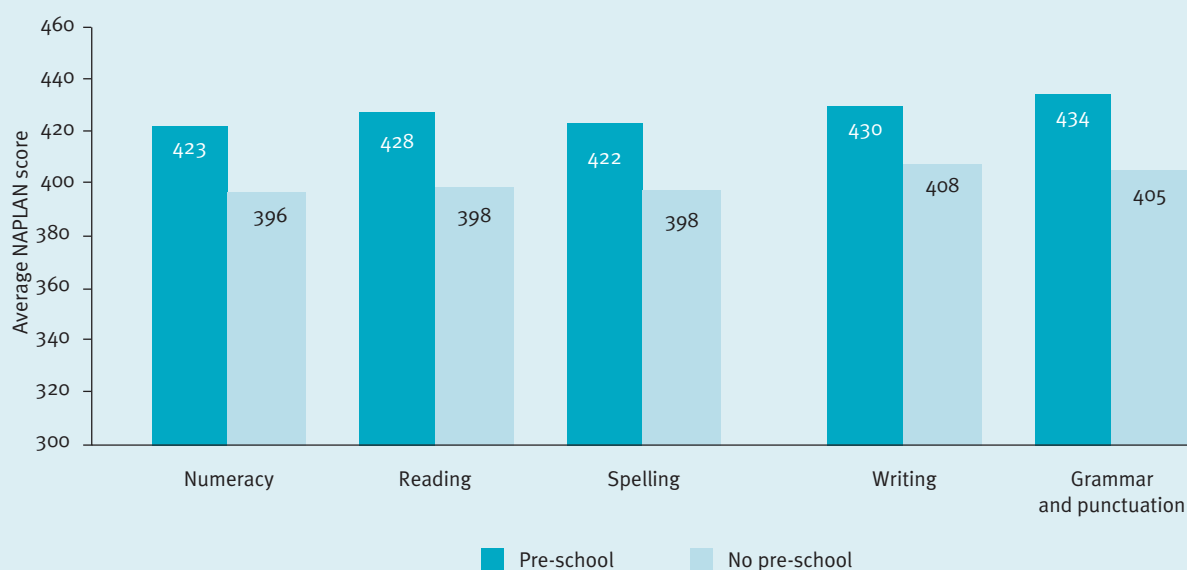


### Kindergarten an advantage for future attainment

New research, by the Melbourne Institute of Applied Economic and Social Research using the Longitudinal Survey of Australian Children (LSAC), demonstrates the advantage that preschool<sup>23</sup> (kindergarten) attendance has on later NAPLAN results. As shown in Figure 15, after controlling for a rich set of sociodemographic characteristics in Australian children, a causal effect between preschool attendance and Year 3 NAPLAN outcomes remains across all domains (numeracy, reading, spelling, writing, grammar and punctuation).

This ‘preschool advantage’ is equivalent to 10 to 15 points (NAPLAN) or the equivalent of 15 to 20 weeks of schooling at the Year 3 level.

Figure 15: Average NAPLAN scores in Year 3, by preschool attendance, Australia



Source: Early Bird Catches the Worm: The Causal Impact of Pre-school Participation and Teacher Qualifications on Year 3 NAPLAN Outcomes: [www.education.vic.gov.au/about/research/Pages/publications.aspx](http://www.education.vic.gov.au/about/research/Pages/publications.aspx)

<sup>23</sup> In some states these programs are referred to as kindergarten, in others they are called preschool. This national research therefore uses ‘pre-school’ to refer to any early childhood education program attended in the year prior to starting formal schooling.

## Supporting children and families with Early Childhood Education and Care

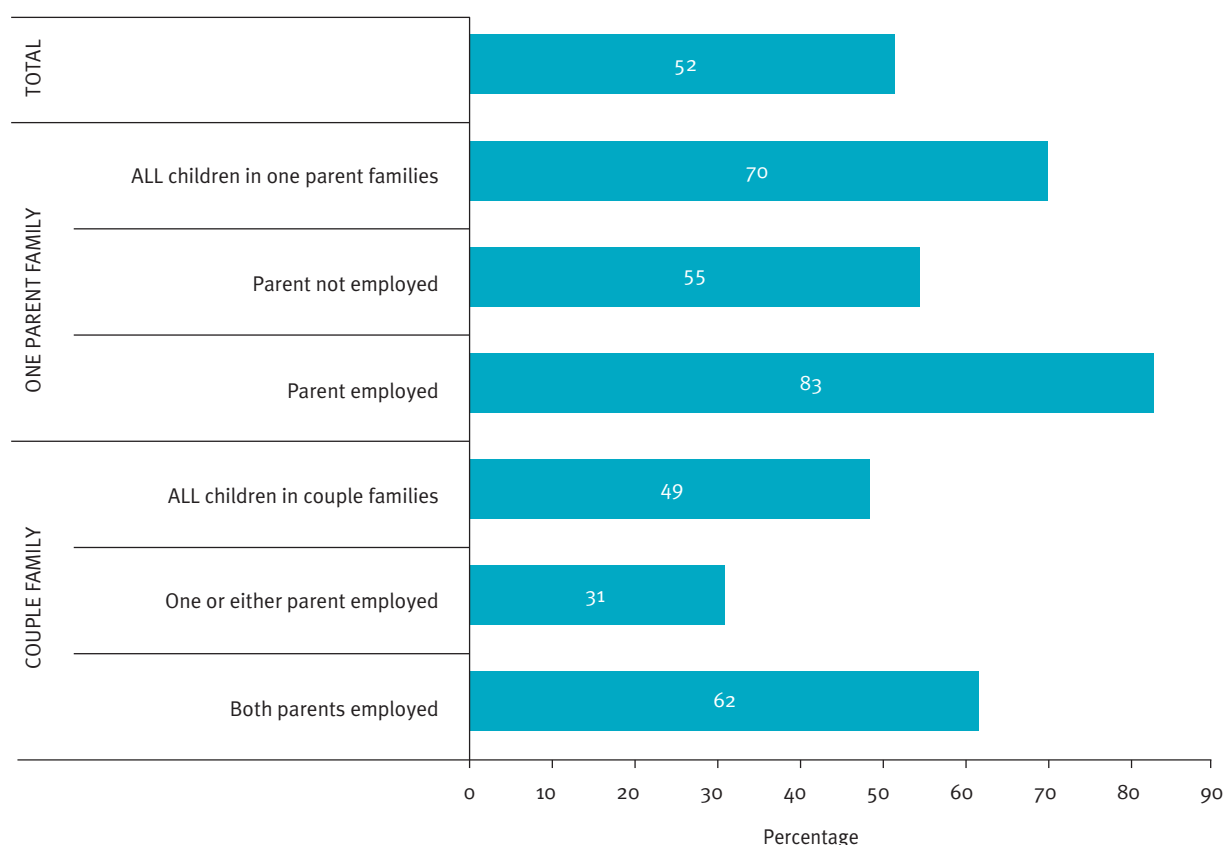
Children in Victoria experience a range of care arrangements, both formal and informal.

Data to explore the use of Early Childhood Education and Care (ECEC) services comes from the Australian Bureau of Statistics' *Childhood Education and Care Survey*, a survey of parents of children aged up to 12 years. While broad patterns of use can be inferred from the data, more detail is required to determine whether current services are adequately meeting parents' needs.

The patterns of use presented in Figure 16 indicate that 52 per cent of those surveyed were using some form of child care, with informal care being used more widely than formal care. One parent families were the highest users of child care (70 per cent of children usually attended care), with 49 per cent of children in couple families usually attending child care. Where both parents in a couple family were employed, 62 per cent used child care (Figure 16).

The use of child care was highest for one parent families where the parent was employed (83 per cent) and lowest for couple families where one or neither parent was employed (31 per cent).

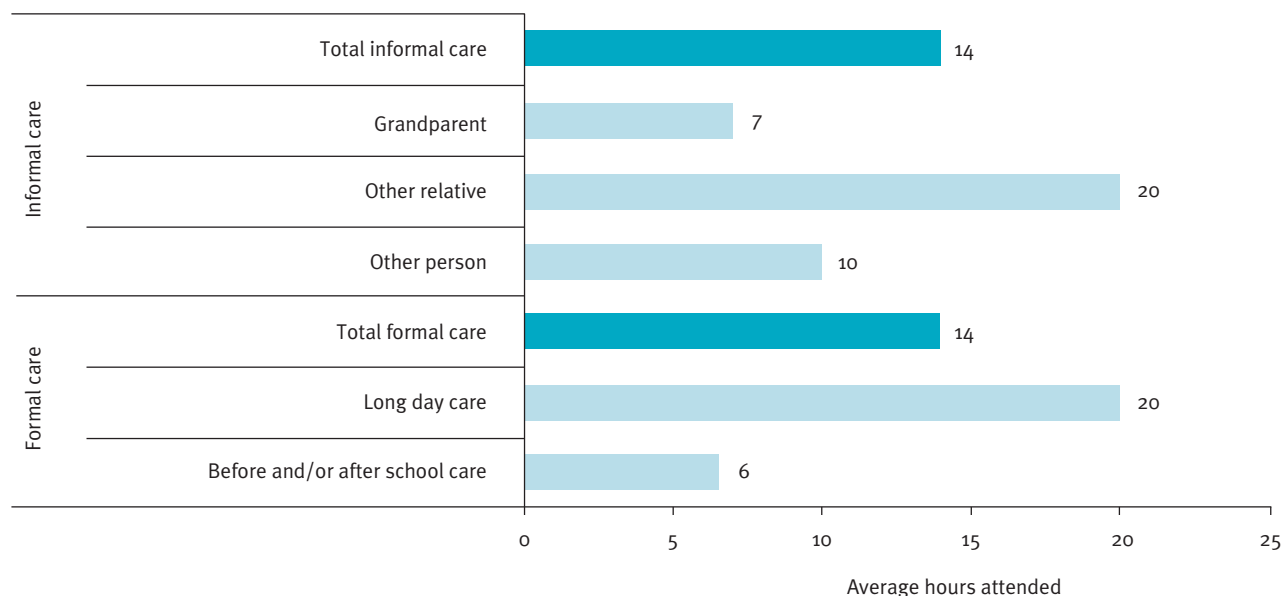
**Figure 16: Child care attendance of children aged 0 to 12 years by employment status of parents and family composition, Victoria, 2011**



Source: ABS, Childhood Education and Care Survey, Australia, June 2011, cat. no. 4402.0, data cube for Victoria, Table 4

Figure 17 indicates that care by relatives is the most common type of informal care for those aged 0 to 12 years at around seven hours per week by grandparents and 20 hours per week by another relative. For children aged 0 to 12 years attending formal care, long day care is used on average for 20 hours per week, compared to after school care which is used for around six hours on average.

**Figure 17: Children aged 0 to 12 years who usually attended care, type of care by average weekly hours, Victoria 2011**

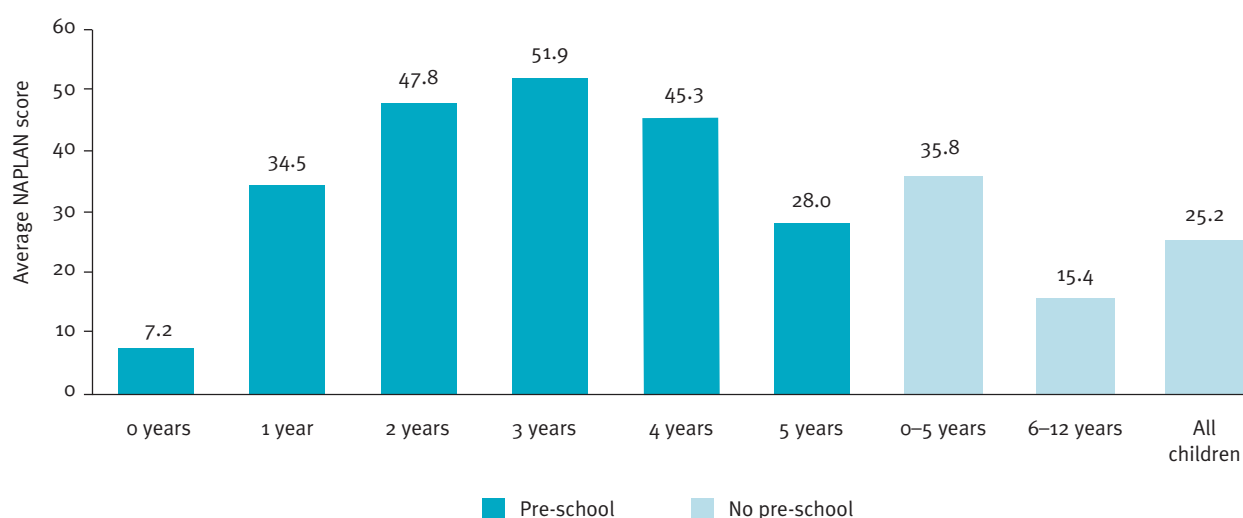


Source: ABS, Childhood Education and Care, Australia, June 2011. Cat. No. 4402.0, Table 8

Figure 18 presents the patterns of attendance at child care, showing that children aged 0 to 12 years attend an average of 14 hours per week of formal and informal care. While 35 per cent of children aged 0 to 5 years attend government approved child care services, three year olds are the highest users. The drop in usage between three years and four years may be due to participation in kindergarten.



Figure 18: Proportion of children attending Australian Government approved child care services, by age, Victoria, 2012



Source: Steering Committee for the Review of Government Service Provision (SCRGSP) 2013, Report on Government Services 2013, Productivity Commission, Canberra. Chapter 3, Early childhood education and care, attachment table 3A.11

The Family Tax Benefit (FTB) is designed to help Australian families with the cost of raising children. Families can also get help with the costs of approved child care through Child Care Benefit and Child Care Rebate.

FTB consists of two parts - Part A and Part B. FTB Part A is an income tested payment that provides support for dependent children aged up to 16 years and for dependent senior secondary school students aged 16 to 19 years who are in the parents care for at least 35 per cent of the time. FTB Part B is an income tested per family payment for single parents and for two parent families where one parent is on a low income or not in paid employment; to be eligible, a family must have care of a dependent child aged under 16 years or a full-time secondary student up to the age of 18 years for at least 35 per cent of the time.

Around 330,000 Victorian families receive Family Tax Benefit Part B, around 67 per cent of which were families with a child aged under eight.

### Victorian Early Childhood Education and Care services meet National Quality Standards

Participation in quality ECEC programs has been demonstrated to contribute to better cognitive and social behavioural outcomes in children up to age 11 years, particularly those from disadvantaged backgrounds (Sylva, Melhuish, Sammons, Siraj-Blatchford & Taggart, 2012). Given the numbers of Victorian children attending ECEC services, the quality of these services is of vital importance.

The National Quality Framework (NQF) was established in 2012 and applies to most long day care, family day care, preschool/kindergarten and outside school hours care services.

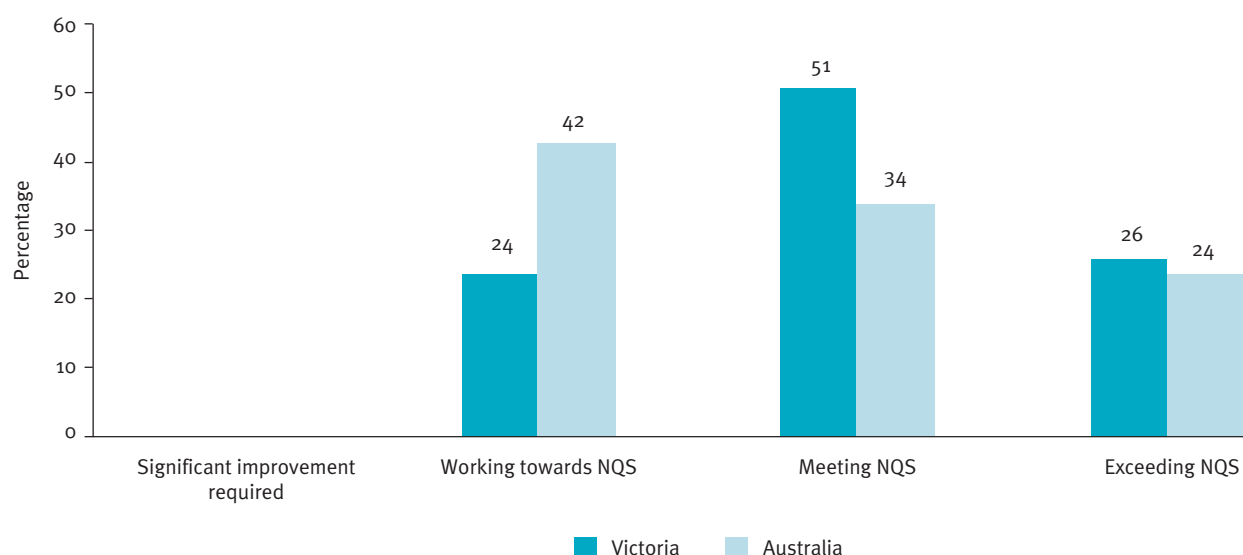
The National Quality Standard (NQS) is a key aspect of the framework and sets a national benchmark for services covered by it in Australia. Every service will be assessed and rated to make sure it meets the new quality standard.

The seven quality areas covered by the NQS are<sup>24</sup>:

1. Educational program and practice
2. Children's health and safety
3. Physical environment
4. Staffing arrangements
5. Relationships with children
6. Collaborative partnerships with families and communities
7. Leadership and service management

Data for the third quarter of 2013 indicates that 1030 approved services<sup>24</sup> had received a rating by 30 September 2013. As seen in Figure 19, Victoria has a higher number of services rated as meeting or exceeding the NQS than for Australia (77 per cent for Victoria compared to 58 per cent for Australia). This indicates the high quality of ECEC services in Victoria.

**Figure 19: National Quality Standard ratings for Early Childhood Education and Care services, Victoria and Australia, Quarter 3, 2013**



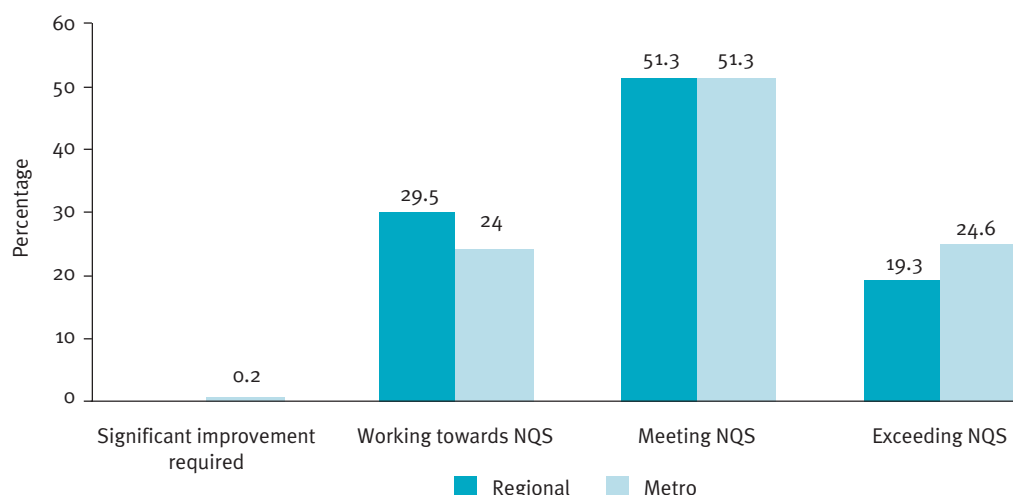
Source: National Quality Framework ratings data, Quarter 3, 2013 ([http://files.acecqa.gov.au/files/Reports/0910\\_ACECQA\\_Snapshot\\_Q3\\_final.pdf](http://files.acecqa.gov.au/files/Reports/0910_ACECQA_Snapshot_Q3_final.pdf))

<sup>24</sup> National Register of Services: <http://www.acecqa.gov.au/national-registers>

<sup>25</sup> Under the National Quality Framework an approved provider must apply for and be granted a service approval for each education and care service it wants to operate. There are two types of approved services under the National Quality Framework: a centre-based service which includes long day care, preschool or kindergarten and outside school hours care services and family day care service where a number of educators formally linked to an education and care service provide education and care to children in residences or venues.

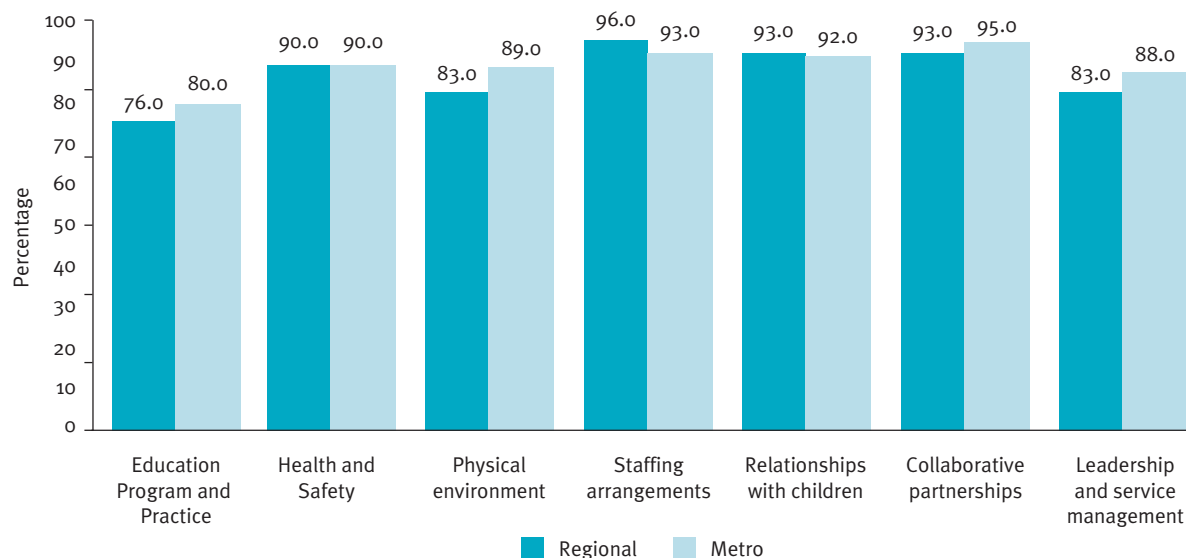
Earlier data (from May 2013) provides a picture of regional and metropolitan ratings for Victorian ECEC services. As seen in Figure 20, the majority of services in both regional and metropolitan Victoria meet or exceed National Quality Standards (70.6 per cent for regional services and 75.9 per cent for metropolitan services).

**Figure 20: Victorian Early Childhood Education and Care services meeting or exceeding National Quality Standards by rural and metropolitan status, Victoria, May 2013**



When considering ratings across the seven quality standards, Figure 21 indicates that a high percentage of the ECEC services assessed, met or exceeded each of the quality standards. Regional services rated higher than metropolitan services in the areas of staffing arrangements and relationships with children. Most services excelled in the areas of collaborative partnerships and staffing arrangements. The area most in need of improvement was education program and practice.

**Figure 21: Victorian Early Childhood Education and Care services meeting or exceeding National Quality Standards by standards, Victoria, May 2013**



Source: National Quality Standards ratings as at May 2013



Victoria has invested \$22.6 million between 2010 and 2013 to support the provision of high quality education and care services so that educational and developmental outcomes for all Victorian children are maximised.

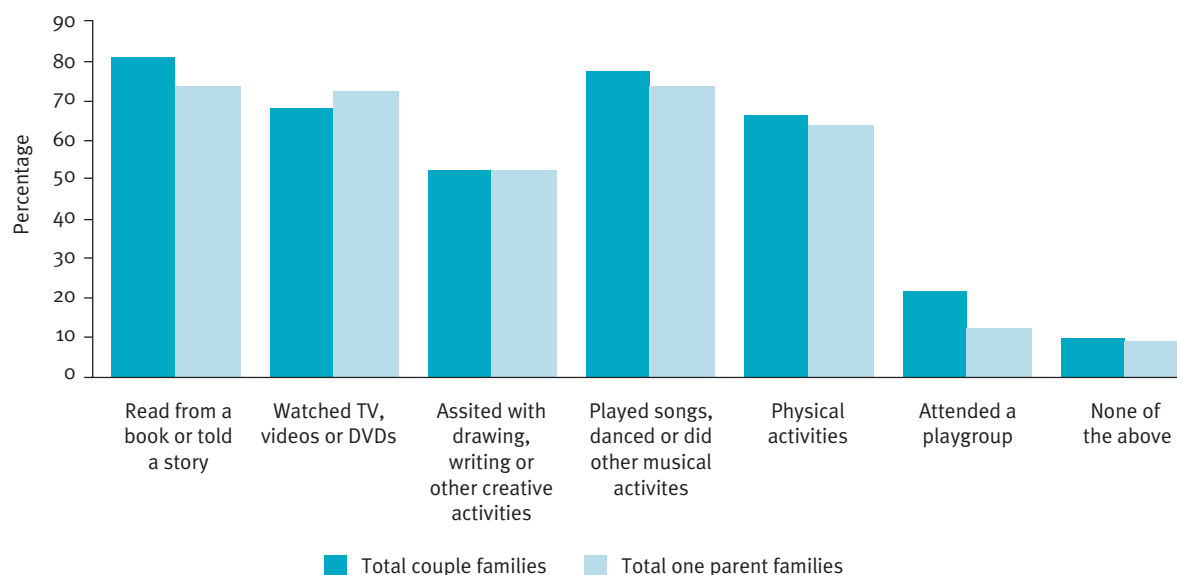
The Department contacts all services rated as *Working Towards National Quality Standard* to provide an opportunity to discuss the findings of the report and to identify areas of focus for improvement.

Services rated at *Working Towards National Quality Standard* are referred to the Professional Support Coordinator, Gowrie Victoria, for support and access to professional development.

### The influence of the family environment on learning behaviours

The informal learning activities which parents engage in with their children before school age have a substantial impact on children's social and cognitive development. Parents are involved in a range of informal learning activities with their children including reading, playgroups, physical and musical activities, using technology and watching television/videos. The ABS *Childhood Education and Care Survey 2011* indicated that Australian parents of children aged from 0 to 2 years were most involved in their children's informal learning through reading and musical activities (Figure 22).

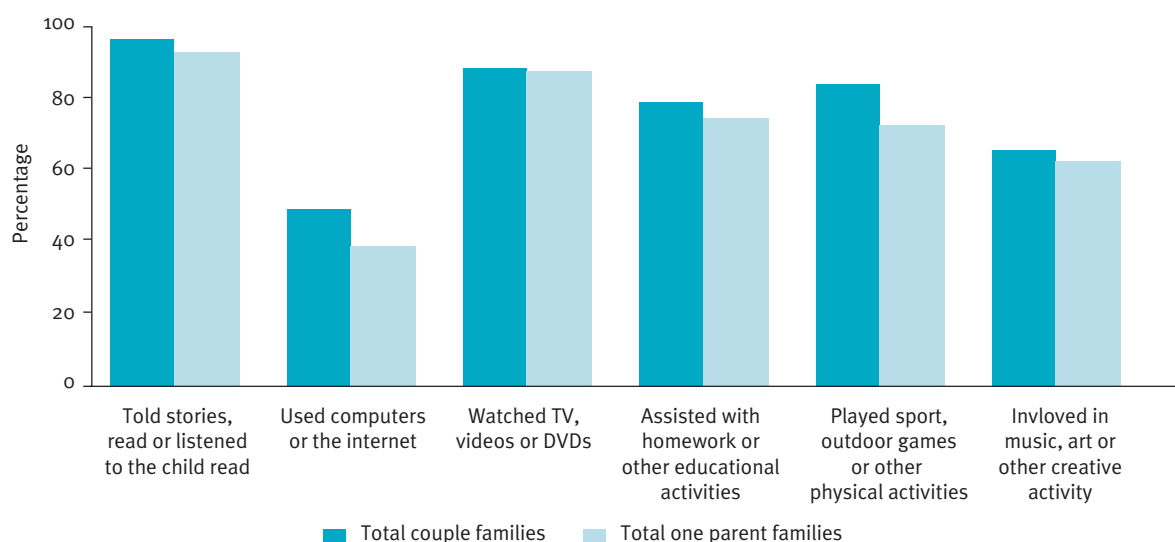
Figure 22: Parental involvement in informal learning last week (children 0-2 years), Australia, 2011



Source: ABS Childhood Education and Care Survey (June 2011)

For children aged 3 to 8 years (Figure 23), parents are most involved through reading and watching TV.

**Figure 23: Parental involvement in informal learning last week (children 3-8 years), Australia**



Source: ABS Childhood Education and Care Survey, June 2011.

For children aged 0 to 8 years, assisting with homework and playing sport or other physical activities are also popular ways for parents to be involved in learning activities.

In recognition of the importance of the family environment and informal learning on children's cognitive development, the *Engaging Families in the Early Childhood Development Story* project has considered the extent to which parents are aware of the way children's brains develop and engage in activities to support this with their children. Research undertaken as part of the project (Winter & Luddy, 2010) found that while parents were generally aware of the importance of neuro-scientific theories on brain development, particularly those that were consistent with traditional theories of child development, they did not always translate this into practice in the home. A survey of 1,000 parents found that while parents accepted that reading and counting with their children was important, they were more likely to be reading with their children than counting (Australian Research Alliance for Children and Youth, 2012). A more detailed qualitative survey of 25 parents found that counting related activities tended to be more unplanned and unstructured than reading and were integrated into daily activities such as shopping, eating, dressing and folding laundry (TNS Consultants, 2012). Parents also tended to be more competitive about their child's reading ability than his or her counting ability.

### The early years workforce

Victoria's early childhood workforce includes more than 32,000 early childhood educators, around 1,000 Maternal and Child Health (MCH) nurses, approximately 650 Early Childhood Intervention Service (ECIS) practitioners, and a range of allied and support workforces. These include primary school nurses, student support service officers and Aboriginal staff in early years services.

Kindergarten workforce data is routinely collected. Data for 2012 includes 2,780 teaching positions (in funded early childhood education programs) and 3,315 assistant positions. Increasingly, positions are being filled by teachers with a four year university qualification. In 2012, 1,817 teachers had a four year qualification, compared with 1,149 in 2010.

A National Early Childhood Education and Care Workforce Census was conducted in 2013. Data from this census will be available in early 2014.

### Effect of qualifications on learning outcomes

The National Partnership Agreement on Early Childhood Education requires that all children have access to a preschool program delivered by a degree qualified early childhood teacher. The agreement recognises the findings of the Melbourne Institute of Applied Social and Economic Research (Warren & Haisken-DeNew, 2013) on the influence of early childhood teacher qualifications on children's future attainment. Using the Longitudinal Study of Australian Children, the Institute found evidence supporting the value of teacher qualifications, including:

- Average NAPLAN scores were highest among those whose preschool<sup>26</sup> teacher had a diploma level qualification in early childhood education or child care, and lowest for those whose teacher had only a certificate level qualification.
- Year 3 NAPLAN scores were significantly higher among children whose preschool teacher had either a degree in early childhood education or a diploma level qualification in child care or early childhood education, particularly in the domains of numeracy, reading and spelling.
- Compared to children who did not attend preschool, those who participated with a teacher with a degree in early childhood education scored an average of 12 points higher in numeracy, while children whose teacher had a diploma level qualification had scores that were, on average, 17 points higher.

Source: Early Bird Catches the Worm: The Causal Impact of Pre-school Participation and Teacher Qualifications on Year 3 NAPLAN Outcomes: [www.education.vic.gov.au/about/research/Pages/publications.aspx](http://www.education.vic.gov.au/about/research/Pages/publications.aspx)

Funding of approximately \$26 million (between 2010 and 2013) has been made available, by the Victorian Government, to the early childhood education and care workforce to support rising demand and sectoral reform.

These include:

- a scholarship and incentives fund to help existing educators upgrade their qualifications and to attract qualified professionals to hard-to-staff locations such as rural communities, Aboriginal services and low income areas.
- professional development to build knowledge and professionalism in areas such as leadership and educational practice.
- scholarships to support more Aboriginal educators to become early childhood teachers.

Since 2010, 1428 early childhood professionals working in licensed children's services have received Victorian Government scholarships to upgrade or attain an early childhood qualification.

### Victorian achievement in Year 3 NAPLAN

Year 3 is the first year in which children undertake the National Assessment Program – Literacy and Numeracy (NAPLAN). This program tests aspects of literacy and numeracy broadly contained in the curriculum of each state and territory, thereby giving a common assessment across Australia. NAPLAN results are split into six bands for each year level with the second lowest band representing the national minimum standard (NMS).<sup>27</sup>

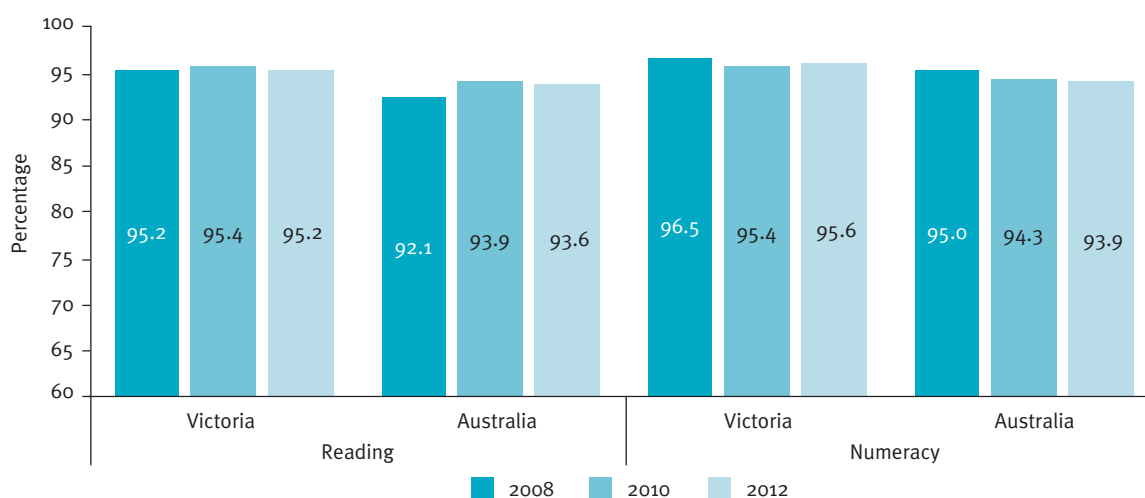
<sup>26</sup> In some states these programs are referred to as kindergarten, in others they are called preschool. This research therefore uses 'preschool' to refer to any early childhood education program attended in the year prior to starting formal schooling.

<sup>27</sup> For year 3 NAPLAN, band 2 represents the National Minimum Standard (NMS).



As shown in Figure 24, Victoria has maintained relatively stable proportions of Year 3 students achieving at or above NMS in reading and numeracy since 2008. The proportion for reading remained unchanged at 95.2 per cent between 2008 and 2012 while the proportion for numeracy declined slightly to 95.6 per cent. Preliminary data for 2013 indicates that 96 per cent of Year 3 children achieved the NMS for reading and 96.3 per cent achieved it for numeracy.

**Figure 24: Proportion of Year 3 students achieving at or above NMS in NAPLAN reading and numeracy, Victoria and Australia, 2008 to 2012**



Source: <http://www.nap.edu.au/results-and-reports/naplan-results/results.html>

Although Victorian Aboriginal students are less likely to be achieving at or above NMS than their peers (84.9 per cent in reading and 85.9 per cent in numeracy in 2012), they perform higher than the Australian average for Aboriginal students (74.2 per cent in reading and 72.7 in numeracy in 2012)<sup>28</sup> (Figure 25).

<sup>28</sup> Due to the small numbers of Aboriginal and Torres Strait islander children undertaking NAPLAN in Victoria, measurement error should be taken into account. Based on sampling there is a 95 per cent likelihood that the true population value is equal to the represented figure plus or minus a maximum of 3.5 per cent.

Figure 25: Proportion of Aboriginal Year 3 students achieving at or above NMS in NAPLAN reading and numeracy, Victoria and Australia, 2008 to 2012



Source: <http://www.nap.edu.au/results-and-reports/naplan-results/results.html>

When considering the performance of Victorian Year 3 students across the bands, there has been an improvement in the numbers achieving in the top two bands for reading (46.9 per cent in 2008 to 51.1 per cent in 2012). However there has been a decline in numbers achieving in the top two bands in numeracy (42.6 per cent of Victorian Year 3 students achieved in the top two bands in 2008 compared with 38.8 per cent in 2012).<sup>29</sup>

Children's NAPLAN performance improves with higher levels of parental education. Performance is also higher where their parents are in the professional categories of employment and lower where their parents are not in the paid workforce.

A range of performance can also be seen when considering population groups where females perform better than males on literacy – a pattern that reverses for numeracy where males perform better. Among Aboriginal children, not only are they more likely to be performing below NMS than their peers but fewer Aboriginal children are performing in the top two bands of NAPLAN, a pattern more pronounced for numeracy than for reading (25.6 per cent for reading and 15.4 per cent for numeracy in 2012 compared to 51.5 per cent and 39.2 per cent for non-Aboriginal children).<sup>30</sup>

The Victorian Government has provided funding to primary schools for 200 specialist maths and science teachers with the aim of building the foundations and passion to pursue science and maths subjects in senior secondary school and beyond. The first 100 specialist teachers commenced in 2012 with a further 100 commencing in 2014-15.

<sup>29</sup> For Year 3 NAPLAN Band 1 = below NMS, Band 2 = at or above NMS, Bands 3 and 4 = middle two bands, Bands 5 and 6 = top two bands.

<sup>30</sup> The measurement error associated with Aboriginal and Torres Strait Islander children in Victoria is greater when considering performance across the bands and should be interpreted with caution.

## Opportunities to improve learning outcomes

### Frequent reading to children pays off for later outcomes

Reading has particular importance for the development of learning behaviours. The *Victorian Child Health and Wellbeing Survey 2009* found that children aged under one were more likely to be read to every day if they lived in a metropolitan area. In addition, parents who completed Year 12 education or higher were significantly more likely to read every day to their children aged 0 to 4 years, compared to parents who did not. However there was no significant difference in parents' frequency of reading to children based on household income or holding a Health Care Card, suggesting that parental education level has a stronger influence on reading to children than socioeconomic status.

The importance of reading to children early is demonstrated by the Melbourne Institute of Applied Economic and Social Research using the Longitudinal Study of Australian Children (LSAC) (Kalb & Van Ours, 2013). The research found that four year olds who are read to every day (as opposed to 1-2 days a week) have better outcomes not only in literacy and numeracy (including NAPLAN) but also relating to a range of cognitive skills up to age nine. These improved outcomes equate to the same effect as being almost six months older (reading 3-5 days per week compared to two or less) and just under one year older at age eight or nine (reading 6-7 days per week compared to two or less).

This finding provides further evidence of the importance of reading to children every day.

### Early Home Learning Study

Longitudinal studies such as the *UK Effective Provision of Preschool Education* study and the US Study of Early Child Care and Youth Development have demonstrated the vital role of parents and a stimulating home environment for children's learning and development (Sylva et al., 2012).

The *smalltalk* early home learning program, funded by the Victorian Government, supports parents to improve the home environment for early learning and development for disadvantaged children aged from 0 to 3 years. The program is provided through Maternal and Child Health parent groups and supported playgroups, with home coaching also available for some families.

A randomised controlled trial of smalltalk involving more than 2,200 families found that participants showed significant improvements in parenting, the quality of the home learning environment and child developmental outcomes. Recruitment strategies were successful in reaching families with risk factors for poor child developmental outcomes, and high retention levels were achieved.

### Attendance at school is important

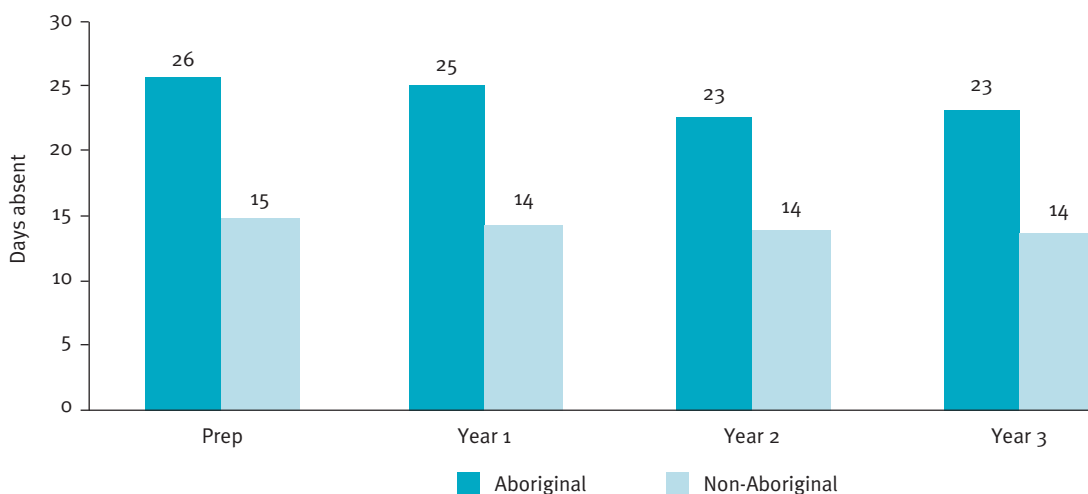
Absenteeism can have a detrimental effect on student learning even from early ages as foundational elements of curriculum may be missed, making future learning more difficult. Government school absence data shows a peak in absenteeism between Years 8 and 10, however students in Years Prep to Year 3 are absent for around 14 days of school per year – a pattern that does not vary from year to year.<sup>31</sup>

There are slight differences in absenteeism in terms of gender and location, with girls and those in rural Victoria having slightly higher numbers of days absent. However, as seen in Figure 26, the largest difference is for Aboriginal students, who averaged between 23 and 26 days of absence in 2012 (for Prep and Year 3 respectively), an average of 10 days more than their non-Aboriginal peers.

<sup>31</sup> Refinements to the collection of attendance data from 2013 will allow for a better understanding behind the reasons for these absences in future data analyses.



Figure 26: Average absence days, government schools, by Aboriginal status, 2012



Source: DEECD, Government school enrolment system (CASES21)

The Koorie Education Workforce has been designed to focus on key Koorie education outcomes. The priority focus is to improve engagement and attendance in early years services and schools for Koorie children and young people.

Koorie Engagement Support Officers (KESO) work with services, schools, Aboriginal children and their families to improve access to early childhood services, improve transition into kindergarten and provide advice and support to address issues around absenteeism. For young children this role includes facilitating relationships between parents and early years learning practitioners to improve attendance and develop individual strategies based on the needs of the child.

#### Addressing family factors to improve educational attainment

NAPLAN results in Year 3 indicate that some population groups have lower achievement. Results from 2008 through to 2012 show that Aboriginal children have lower achievement than their non-Aboriginal peers. Children with a Language Background Other Than English (LBOTE) also have slightly lower achievement.

Recent research by the Melbourne School of Population and Global Health linked student records for the SEHQ (Prep) to NAPLAN results in Year 3, to examine factors that influence performance in NAPLAN. This research showed that:

- children at high risk of developmental problems at school entry demonstrated lower average reading scores at Year 3 on NAPLAN 2011, compared to children not at risk.
- having a history of abuse was associated with lower NAPLAN achievement.
- children from a single parent family and from a non-English speaking background were more likely to be performing at or below NMS in NAPLAN (80 per cent and 20 per cent respectively).
- speech and language difficulties were associated with a two fold higher risk of performing at or below NMS in NAPLAN.
- non-attendance at early childhood services (such as preschool/ kindergarten and 3.5 year Maternal and Child Health visit) was associated with a higher risk of performing at or below NMS in NAPLAN.



The image shows a child's abstract painting on a white background. The painting is composed of numerous thick, expressive brushstrokes. The dominant color is red, which covers most of the canvas. Other colors include yellow, green, and blue, which are scattered throughout. A horizontal band of dark brown or black paint runs across the middle of the painting. The overall effect is one of vibrant, energetic expression.

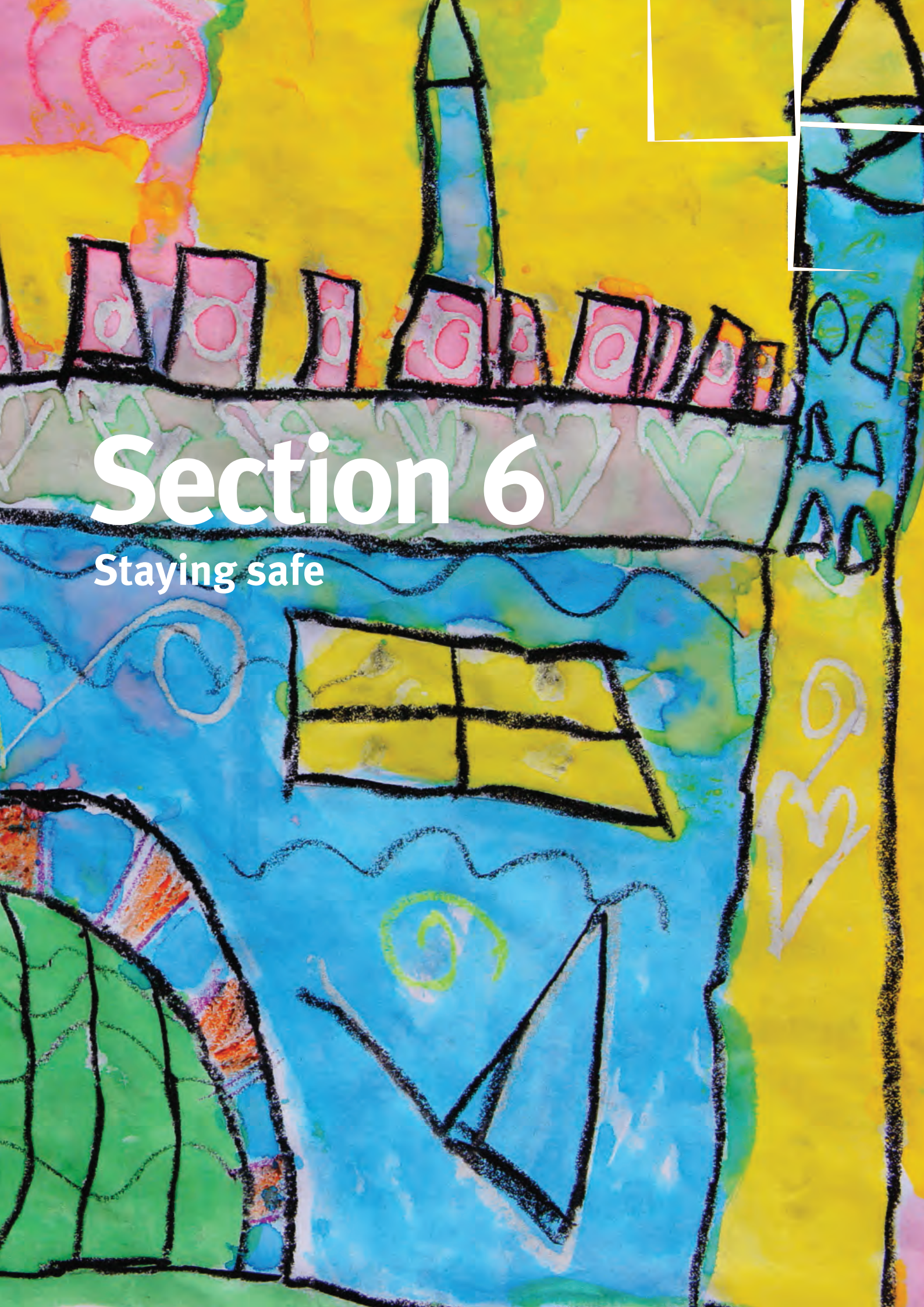
**Eliana, Age 2**





Arabella, Age 6





# Section 6

Staying safe



## Staying safe



Artwork by Holly, Age 4



Artwork by Lukey, Age 3

All Victorian children experience and grow up in safe environments and communities

Safe environments and communities not only protect children from harm but also promote children's psychological wellbeing by allowing them to exercise their independence through making decisions and taking on new challenges. Families, communities and services can work together to protect and nurture children while also preventing neglect and abuse (AIHW, 2012a).

While the majority of Victoria's children grow up in safe and secure communities and environments, there is a small group whose family environment does not support their safety or development (DEECD, 2013).

### Victorian communities are safe and strong

Participation in community life, having reliable social / family / peer support and being connected to one's culture are important protective factors for children and families experiencing difficulties that may increase their susceptibility to risk factors.

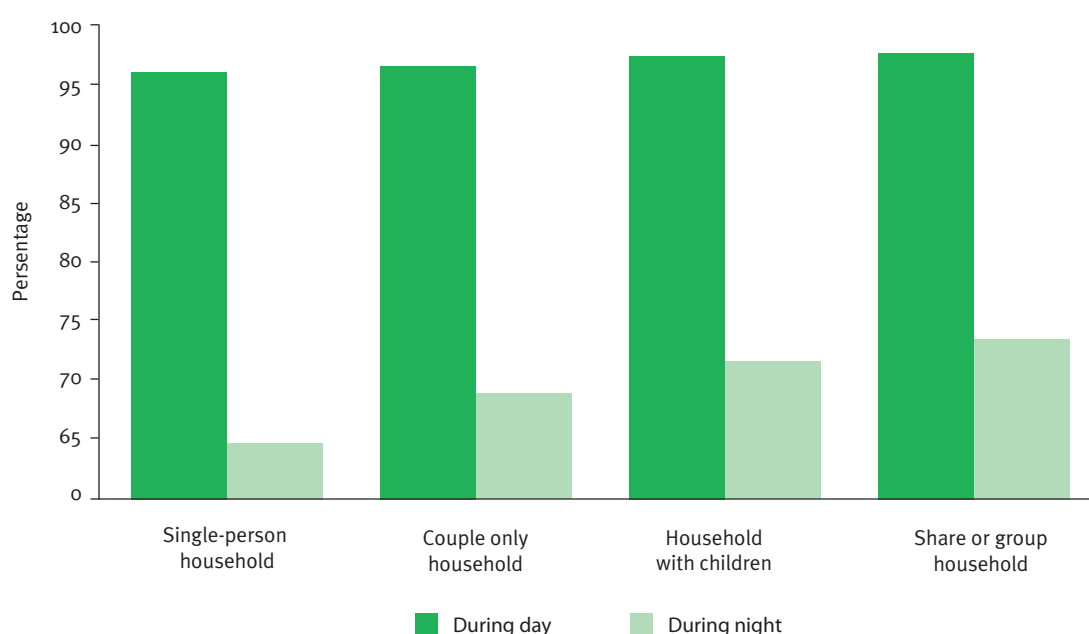
Victoria has a strong set of universal, secondary and tertiary services that deliver benefits to residents through maternal and early childhood services, education, health support and a vast array of community services, including policing. Every day these services encounter vulnerable children and their families and they aim to respond to their needs effectively.

#### Children live in safe neighbourhoods

Parental perception of neighbourhood safety can affect children's daily activities as a fear of exposing children to risks may lead parents to restrict them from outdoor activities.

Most Victorian communities are 'safe neighbourhoods'. The *VicHealth Indicators Survey 2011* indicates that more than 96 per cent of respondents feel safe in their local spaces during the day; 97.3 per cent if they were in a household with children (Figure 27). During the night, 71.5 per cent of households with children felt safe in their local space.

Figure 27: Proportion of people feeling safe walking in their local area alone by household type, 2011



Source: VicHealth Indicators Survey, 2011

### Children live in areas with access to green spaces

Access to green spaces is important for the promotion of healthy lifestyles and for the development of unstructured and imaginative play.

The VicHealth Indicators Survey 2011 reported that around half the adult population (aged 18 and above) said they had visited a green space at least weekly in the past three months, with slightly more males than females responding affirmatively.

Adults in share or group houses were the most likely to have visited a green space weekly, followed by those in households with children.

### The majority of children live in families with economic security

Economic security can be a contributing factor to positive outcomes for children. There are many elements that contribute to the economic security of a family, including median family income, parental employment status, housing stability, the ability to raise money in an emergency and access to government support.

As indicated in Table 3, the majority of parents of children aged 0 to 8 years in Victoria are in some form of employment. For couple families it is most common for one parent to be working full-time. In one parent families it is most common for the parent to be working part-time.



Table 3: Employment status for parents of children aged 0 to 8 years, Victoria, 2011

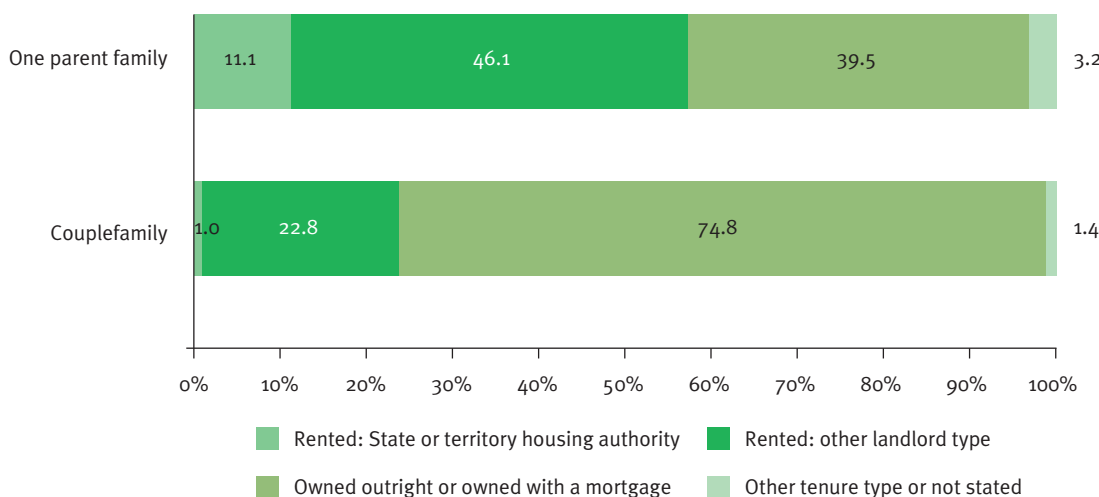
	Full-time (%)		Part-time (%)		Employed but away from work (%)		Unemployed (%)		Not in Labour Force (%)		Labour force not stated (%)		Total (%)
	Both	One	Both	One	Both	One	Both	One	Both	One	Both	One	
Couple	13	67	3	7	<1	2	1	1	3	1	<1	<1	100
One parent		26		43		5		11		11		3	100

Source: ABS, Census of Population and Housing, 2011

The ABS *Census of Population and Housing* found that in 2011 the median weekly income for families in Victoria with at least one child aged eight years and under, was \$1,531 (\$1,752 for couple families and \$568 for single parent families). Median family income was higher in metropolitan areas (\$1,838 for couples and \$583 for one parent families) than regional areas (\$1,509 for couples and \$546 for one parent families).

The stability of housing tenure is an important component of maintaining a safe environment for children. While owning your own home is not a guarantee of housing stability, home ownership is considered to be the most stable form of housing, followed by rental accommodation in the private sector and public housing (DEECD, 2011). The ABS *Census of Population and Housing 2011* indicates that for Victorian families with children aged 0 to 8 years there is a clear difference in housing stability between one parent and couple families (Figure 28), with couple families far more likely to own their home either outright or through a mortgage than one parent families (74.8 per cent compared to 39.5 per cent). One parent families are most likely to be renting their home either from a landlord or a state or territory housing authority (57.2 per cent overall).

Figure 28: Housing status of Victorian families with children aged 0 to 8 years, by family type, 2011



Source: ABS Census of Population and Housing 2011

Hardship experienced due to shortage of money can be used as a measure of economic security, particularly the ability to raise money in time of an emergency. The 2009 *Victorian Child Health and Wellbeing Survey* of parents of children aged 0 to 12 years found that 86.7 per cent of families felt they could raise \$2,000 within two days if an emergency arose, leaving more than 10 per cent of Victorian children in families who have limited access to emergency funds.

## Opportunities for improvement when children are at risk

While protective factors are important for ensuring safe environments for children, there are also risk factors that can negatively affect child development.

The presence of a range of risk factors that contribute to vulnerability for children and their families may be concurrent. For example, alcohol misuse is recognised as a contributing risk factor in family violence; situational stress is a key contributor to any measure of social exclusion, and parental mental health problems may be linked to intergenerational abuse. There is a multidimensional and multilayered relationship between the risk factors described and their impact on the outcomes of children and young people. In addition, vulnerability is not static. A child or young person may experience periods of vulnerability at different stages of their life, depending on changing family circumstances and their developmental needs.

### Some children experience bullying

Children who are bullied are more likely to feel disconnected from school, and have lower academic outcomes, including lower attendance and completion rates. Socially, these children have a greater tendency to be socially withdrawn, lack quality friendships at school, experience lower acceptance by peers, avoid conflict and display high levels of emotion that indicate vulnerability and low levels of resilience. They are also more likely to suffer from low self-esteem, depression, anxiety, feelings of loneliness, isolation and suspicion. Children who are bullied are also at greater risk of developing substance abuse behaviours in later years.

Parents of children aged 5 to 8 years who participated in the 2009 *Victorian Child Health and Wellbeing Survey* were asked about their child's behaviour in the previous six months including whether their child had been picked on or bullied by other children. The majority of parents felt that their children were not bullied (74.8 per cent for boys, 80.7 per cent for girls). Parents were more likely to report that they were certain their child had been bullied or picked on in the case of boys (4.3 per cent versus 2.3 per cent girls for girls). A larger proportion of parents reported that it was 'somewhat true' that their child had been bullied or picked on (19.4 per cent for boys and 15.6 per cent for girls).

In addition, the annual *Attitude to School Survey* of government school students in Years 5 to 12 suggests that around 17.5 per cent of Year 5 students feel they have been bullied.

Bully Stoppers is a DEECD initiative which supports parents, teachers and principals in working together to make sure schools are safe and supportive places, where everyone is empowered to help reduce the incidence of bullying in all Victorian schools.

<http://www.education.vic.gov.au/about/programs/bullystoppers/Pages/default.aspx>

The School-Wide Positive Behaviour Support program is an evidence based framework for preventing and responding to student behaviour. It aims to create a positive school climate, a culture of student competence and an open, responsive management system for all school community members. It includes analysis of data in professional learning teams, implementation of evidence based practices and organisational systems for establishing safe, purposeful and inclusive school and classroom learning environments while providing the individual behaviour and learning supports needed to achieve academic and social success for all students.

### Some children are exposed to accidents and injuries

Time series data from the School Entrant Health Questionnaire (SEHQ) indicates that around two per cent of Victorian children are reported by their parents as having had a serious accident or injury (Table 4).

**Table 4: Proportion of children reported as having had a serious accident or injury, Victoria 2008 to 2012**

	2008 (%)	2009 (%)	2010 (%)	2011 (%)	2012 (%)
Serious accident or injury	2.22	2.27	1.80	1.93	1.80

Source: School Entrant Health Questionnaire, 2008 to 2012

The *State of Victoria's Children 2010* noted that the rates and types of accidents and injuries to children vary across the lifespan (DEECD, 2010). For children in infancy, a time of high dependence, injuries tend to stem from abuse or neglect. Between the ages of 1 to 4, the child begins to be mobile but lacks an understanding of, or ability to recognise, hazards and risks, leading to injuries relating to pharmaceutical poisonings, fire and drowning. In middle childhood (from 5 to 9 years), where the child explores the world through play and schooling, the characteristic injuries are falls (e.g. from playground equipment).

Previously published data (DEECD, 2011) shows that the death rate for unintentional injuries for Victorian children aged 0 to 17 years has declined over the past decade.

### Parental substance abuse and mental illness

Some parental health behaviours and family risk factors may impact negatively on the wellbeing of children. High levels of substance use, parental mental illness, poor family functioning and high levels of family stress are all known to have negative impacts.

For most families in 2012, there was no history of alcohol or drug related problems, however for four per cent of all families, 14 per cent of one parent families and 17 per cent of Aboriginal families, there was some history of problem drinking or drug related issues (reported by parents of children starting school, through the SEHQ).

The 2012 SEHQ found that six per cent of all families surveyed had a history of parental mental illness compared with 16 per cent of Aboriginal families and 14.8 per cent of one parent families. The trend has been increasing for Aboriginal families over the last three years.

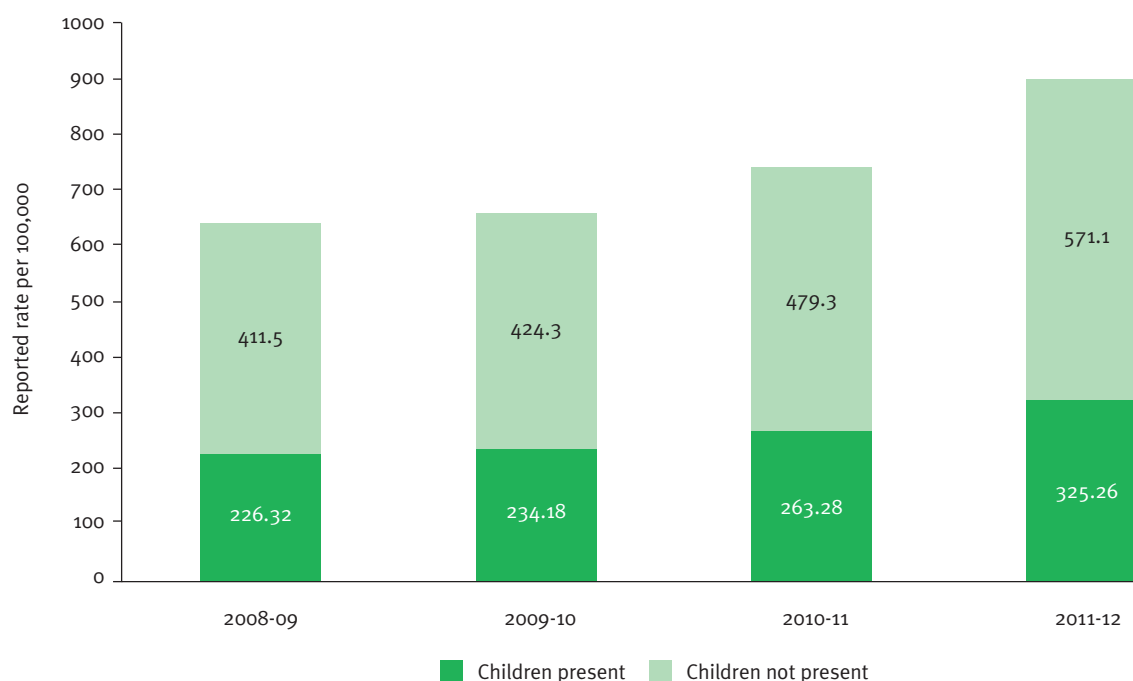
The Perinatal Emotional Health program identifies and supports women with mental health symptoms during pregnancy and in the critical first 12 months of their babies' lives. The program is collocated with rural and regional services already seeing women during the perinatal period, such as maternity services and maternal child health services. The collocation of these services provides a model that aims to increase access to mental health care, improve continuity of care and reduce stigma by including mental health support as part of normal care for women and their babies in the perinatal period.



### Addressing family violence

Family violence is a clear risk factor in a child's development. There has been a steady increase in the number of children present at family violence incidents between 2008-2009 and 2011-2012, commensurate with the increase in the number of reported incidents overall (Figure 29). This rise in reports of family violence incidents may be attributable to an increase in the community's confidence to report and to changes to policing strategies.

**Figure 29: Family violence incidents reports, Victoria, rate per 100,000, by presence of children aged 0 to 17 years, 2008-09 to 2011-12**

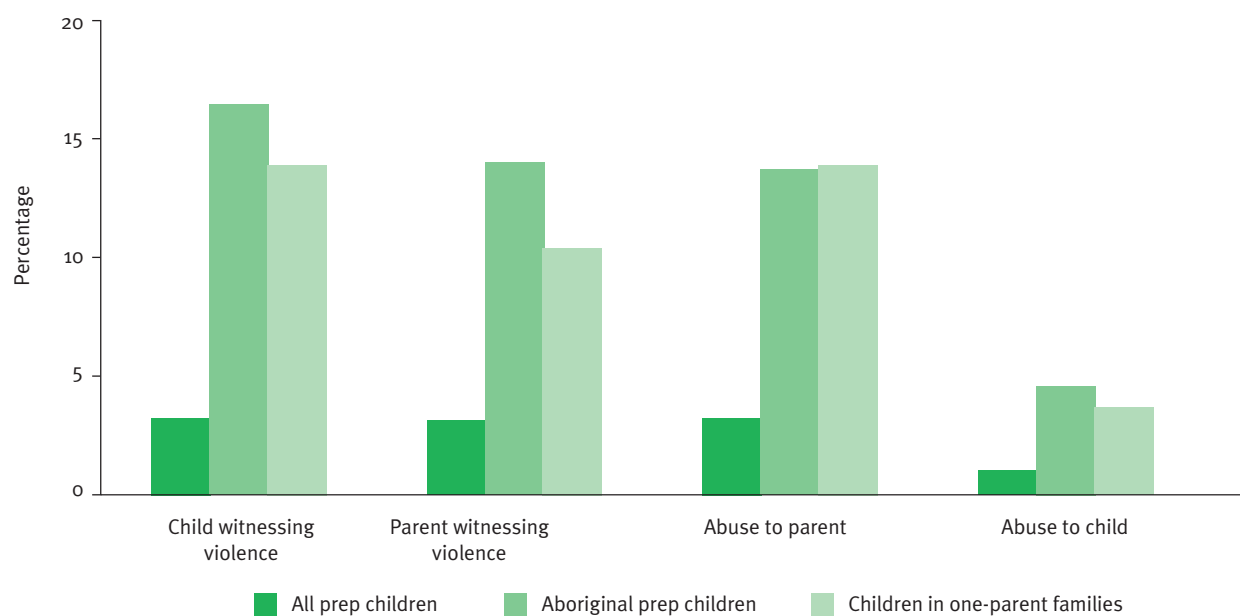


Source: VicPolice Crime Statistics, 2012-13

The SEHQ adds to our picture of family violence by asking parents / guardians about witnessing violence and history of abuse. Figure 30 indicates that three per cent of Prep children in 2012 were reported to have witnessed violence, and one per cent was reported to have been abused. Percentages were higher for Aboriginal children and children from one parent families, with 16 per cent of Aboriginal children in Prep reported to have witnessed violence, and 4.6 per cent reported to have been abused. High proportions of children in one parent families were also reported to have witnessed violence (14 per cent) and abuse (3.7 per cent).<sup>33</sup>

<sup>33</sup> This data is self-reported and not 'substantiated'.

Figure 30: Parent report of the proportion of children experiencing family violence in the year before school by family type, 2012



Source: School Entrant Health Questionnaire, 2012

### Victorian government responses to family violence

Victoria's *Action Plan to Address Violence Against Women and Children – Everyone has a responsibility to act 2012-2015* (Action Plan) was launched in October 2012. The Action Plan engages a range of Government areas and will also be driven through partnerships with community sector organisations. The Government is investing \$90 million in 2012-2013 which will fund a range of prevention, early intervention and response measures.

Victorian Government initiatives to address violence against women and children fall within three streams:

- Preventing violence against women and children: changing attitudes and behaviours to promote respectful non-violent relationships and gender equity.
- Intervening earlier: by identifying and targeting individuals and groups who exhibit early signs of violent behaviour or of being subjected to violence.
- Responding through an integrated system: providing consistent, coordinated and timely responses to women and children who experience family violence and to get tougher on perpetrators and prevent reoffending.

In Victoria, the integrated family violence system involves the police, justice services, and the community services system. The 10 year Aboriginal family violence strategy: *Strong People, Strong Culture, Strong Families: Towards a safer future for Indigenous families and communities* (Aboriginal Affairs Victoria Department of Planning and Community Development, 2008) guides the development of Aboriginal services and policy in this area.

Family violence support services in Victoria provide counselling and support to women and children experiencing family violence. This includes accommodation and support (most with access to Children's Support Workers), outreach, case management and intensive case management, and access to private rental and Safe at Home responses. In addition, two Aboriginal specific family violence crisis and support facilities have been developed to provide culturally sensitive responses to Aboriginal women and children. Across the state, programs aimed at changing men's behaviour and men's case management services operate with a key objective to ensure safety for women and children.

Other related Victorian government initiatives in progress include:

- Delivering Respectful Relationships Education in Victorian schools.
- The Protecting Children: Protocol between the Department of Human Services - Child Protection and Victoria Police (June 2012).
- Victoria Police Enhanced Family Violence Service Delivery Model (EFVSDM) now has 27 Family Violence Teams operating across the state. The EFVSDM was launched in November 2011 and prioritises action on repeat victims and recidivist offenders.
- Sexual Assault Multi Disciplinary Centres (MDCs). Three existing MDCs are currently operating involving collocated key partners: police investigators, sexual assault counsellor/advocates, and child protection workers. Three additional MDCs are being established to provide improved cross sectoral support for adult and child victims of sexual assault and victims of child abuse.
- Service responses to adolescents who use violence in the home. Planning is underway for two new demonstration sites for the adolescent family violence program announced in the 2013-14 State Budget.
- Strengthening family violence risk management demonstration projects: Two demonstration projects in the cities of Hume and Greater Geelong to provide more intensive support to high risk families. Both have dedicated child support positions.
- Increasing the number of places available in court-mandated and voluntary men's behaviour change programs.
- Creating new indictable offences with stronger penalties for contraventions of intervention orders and safety notices.



### Ensuring the best care for children in protection

For a small number of Victorian children, child abuse and neglect are an issue. Both behaviours have immediate and long-term adverse consequences for children, including behavioural and learning problems, substance use, antisocial and criminal behaviour and poor physical and mental health. Children who are abused or neglected or have a parent who cannot protect or care for them adequately may come to the attention of child protection authorities.

Child abuse and neglect can be related to a number of risk factors including poor parental mental health, substance misuse, low socioeconomic status leading to economic stress and disadvantage and family disruption. However, other factors may help to minimise the negative effects of abuse. For example, if the child receives emotional support from another important adult, the effects of abuse have been found to be less harmful (Shonkoff & Phillips, 2000).

The *Victoria's Vulnerable Children Strategy 2013-2022 – Our Shared Responsibility* was released by the Government in May 2013, outlining three strategic goals:

1. Prevent abuse and neglect
2. Act earlier when children are vulnerable
3. Improve outcomes for children in statutory care

The strategy takes a decade-long horizon view. It puts in place the aspiration and system framework that will drive sustained change. The strategy explicitly sets out what changes are sought for Victorian families and children and is underpinned by an investment of more than \$650 million over the past three budgets for vulnerable children.

<http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/reports-publications/victorias-vulnerable-children-our-shared-responsibility>

The number of child protection notifications in Victoria has increased over the last ten years, reaching 63,830 in 2011-12 and representing 46,712 children aged 0 to 17 years as some children are the subject of multiple notifications.<sup>34</sup> It should be noted that this increase may be in part due to increases in reporting rather than increases in the incidence of abuse.

Child FIRST ensures that vulnerable children, young people and their families are linked effectively into relevant services. There are 24 Child and Family Information, Referral and Support Teams (Child FIRSTs) across the state. Each Child FIRST provides a central referral point for a range of community based family services and other supports within each of the Child FIRST catchment areas.

Abuse is substantiated if there is reasonable cause to deem that a child has been, is being, or is likely to be abused or neglected or otherwise harmed. Figure 31 indicates that the rate of substantiations per 1,000 children is highest for those under the age of one, both within Victoria and Australia as a whole.

<sup>34</sup> SCRGSP 2013, Report of Government Services, Chapter 15 Table 15A.5

Figure 31: Substantiation rate per 1,000, by age, Victoria and Australia, 2011–12



Source: Child Protection Australia 2011-12, AIHW <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129542752>

As a result of child protection orders, Victoria had 6,207 children aged 0 to 17 years in out-of-home care as at 30 June 2012, of which 1,028 were Aboriginal. These children are primarily placed in relative/kinship care or foster care.<sup>35</sup>

Work is underway through individual education plans and health assessments to ensure children and young people in out-of-home care receive a comprehensive assessment of their needs, leading to more targeted support and improved outcomes.

The performance framework to support the *Victoria's Vulnerable Children: Our Shared Responsibility* strategy monitors the progress of interventions for children in out-of-home care. A baseline report against the framework will be released shortly.

The Out-of-Home Care Education Commitment is a partnering agreement between the Department of Human Services (DHS), the Department of Education and Early Childhood Development (DEECD), the Catholic Education Commission of Victoria and Independent Schools Victoria.

#### The Partnering Agreement:

- outlines strategies to support the educational issues and social needs of children and young people in out-of-home care during the years they attend school, including flexible learning options.
- promotes common practices across Victoria and provides a framework to monitor educational engagement and achievement more closely.
- provides guidance about key areas in which support for children and young people in out-of-home care is required, including school enrolment, transition planning, attendance and engagement, achievement, case planning and school retention.
- outlines a process for implementation of the Partnering Agreement and for monitoring outcomes.

The agreement also outlines expected roles and activities for staff working in schools, case managers in the DHS Child Protection Program or community organisations and relevant staff in DEECD and Catholic Diocesan regional offices.

<sup>35</sup> SCRGSP 2013, Report on Government Services, 2013, Table 15A.18



**Serena, Age 8**







An abstract painting featuring thick, expressive brushstrokes in vibrant colors. The composition is dominated by warm tones of orange, red, and purple in the upper half, transitioning into cooler shades of green and blue in the lower half. The strokes are varied in direction, including horizontal, vertical, and swirling motions, creating a sense of dynamic movement. The background is a light, off-white color, which makes the colors of the paint stand out. In the top right corner, there are faint, thin lines forming a grid-like structure, possibly a window or a frame, with a thin red line extending from it across the upper right portion of the painting.

Christopher, Age 3



# Conclusion



Artwork by Jordan, Age 6



Artwork by Emily, Age 6

The *State of Victoria's Children 2012* presents the first analysis of outcomes for early childhood by summarising the latest data for children aged 0 to 8 years in Victoria. It provides an evidence base to support planning and policy development for young children in Victoria. It demonstrates that the majority of Victoria's young children are faring well on outcomes relating to health, wellbeing, learning and development and safety.

Victorian children are in general born healthy and enjoy universal access to Maternal Child Health services. They are on track developmentally, are exposed to both formal and informal learning experiences and are generally ready for the challenges of school. Victorian children live in communities where they feel safe and in families who are able to provide for them economically. They have high rates of attendance at Early Childhood Education and Care services, including kindergarten, and the majority perform well in reading, according to Year 3 NAPLAN. However the performance of Victorian Year 3 children in the numeracy component of NAPLAN is not as high, with the numbers achieving in the top two bands for numeracy declining since 2008.

There are also a small minority of young children and families in Victoria who face more challenges than their peers, in particular Aboriginal children who face high levels of vulnerability across a range of outcomes. The challenges that some children face include health concerns such as low birth weight, low rates of breastfeeding and high rates of being overweight and obesity. A small number of Victorian children are developmentally vulnerable at school entry, particularly Aboriginal children and those from a Language Background Other than English who are not yet proficient in English. These children may find it more difficult to succeed at school. While the majority of children have good educational outcomes, some have low rates of attendance and perform poorly on assessments such as NAPLAN. These children may find it more difficult to achieve as they progress through school. Finally, while most Victorian children come from safe and secure homes, some are exposed to violence and abuse and require extra support both at school and occasionally in their living arrangements.

## Next steps

The Victorian Government will continue to support program development and planning by state and local government by growing its monitoring system and continuing to publish information relating to outcomes for children and young people. In particular, the Victorian Child and Adolescent Monitoring System website, due for release in late 2013, will provide outcomes data at the local level in an easily accessible and customisable format. This will facilitate projects such as the State of Bendigo's Children report by enabling communities to identify areas where they are performing well and areas where local programs can create improvements.

In the longer term, Victoria will continue to strengthen its data platforms and collections with a focus on combining datasets to provide longer term views of children's development from the perspectives of wellbeing, achievement and engagement.



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Stevie, Age 6

# Glossary of abbreviations and acronyms

AEDI	Australian Early Development Index	IRSD	Index of Relative Socioeconomic Disadvantage
ABS	Australian Bureau of Statistics	KESO	Koorie Engagement Support Officer
ACECQA	Australian Children's Education and Care Quality Authority	LEAP	Law Enforcement Assistance Program
AIHW	Australian Institute of Health and Welfare	LBOTE	Language Background Other Than English
ARACY	Australian Research Alliance for Children and Youth	LGAs	Local Government Areas
ASCF	ABS Australian Standard Classification	MCH	Maternal Child Health
BMI	Body Mass Index	NAPLAN	National Assessment Program – Literacy and Numeracy
CALD	Culturally And Linguistically Diverse	NHMRC	National Health and Medical Research Council
CHS	Community Health Services	NMS	National Minimum Standard (for NAPLAN)
COAG	Council of Australian Governments	NQS	National Quality Standard
CRIS	Client Relationship Information System	PEDS	Parent Evaluation of Development Status
CYMHS	Child and Youth Mental Health Services	SCRGSP	Steering Committee for the Review of Government Service Provision
DEECD	Department of Education and Early Childhood Development	SDQ	Strengths and Difficulties Questionnaire
DoH	Department of Health	SEHQ	School Entrant Health Survey
DHS	Department of Human Services	SES	Socioeconomic Status
DPCD	Department of Planning and Community Development (Vic.)	SOVC	The State of Victoria's Children
EAL	English as an Additional Language	UNICEF	The United Nations Children's Fund
ECE	Early Childhood Education	VCAMS	Victorian Child and Adolescent Monitoring System
ECIS	Early Childhood Intervention Service	VCHWS	Victorian Child Health and Wellbeing Survey
ECEC	Early Childhood Education Care (services)	VHIS	VicHealth Indicators Survey
FaHCSIA	Department of Families, Housing, Community Services and Indigenous Affairs	VPHS	Victorian Population Health Survey
ERP	Estimated Residential Population	WHO	World Health Organisation
FaPMI	Families where a Parent has a Mental Illness (strategy)		





**Madeline, Age 3**





Bridie, Age 7