State findings from the School Entrant Health Questionnaire 2019

VICTORIA State Government | Education and Training

CONTENTS

INTRODUCTION

The School Entrant Health Questionnaire (SEHQ) is an annual survey that records parents'[1] concerns and observations about their child's health and wellbeing during their child's first year at school. The questionnaire is completed by parents and guardians of Prep children in Victorian primary schools through the Victorian Primary School Nursing Program.[2]

The information collected in the SEHQ is a starting point for nurses to carry out further assessment of the child and family and determine appropriate intervention and/or referral as required. Analysis of the SEHQ data is also used to inform planning and service delivery.

Purpose of this report

This report provides data from the 2019 SEHQ as well as trend data from 2017. In 2019 there were over 67,000 responses to the SEHQ, an increase from the previous two years. This number represents around 88 per cent of the school entrant population, a figure slightly higher than 2018 and slightly lower than 2017.[3]

Table 1: Number and proportion of survey respondents, Victoria, 2017 - 2019

Survey year	Number respondents	Per cent of total Prep enrolments
2017	63,937	90.1%
2018	63,794	86.8%
2019	67,286	87.7%

[1] In all cases 'parent' refers to the person completing the questionnaire; this may be a guardian, carer, grandparent, etc.

[2] Not all schools participate in the Primary School Nursing Program; only children in participating schools will have a SEHQ completed by a parent.

[3] Prep FTE enrolments based on the February census

DEMOGRAPHIC PROFILE OF CHILDREN AT SCHOOL ENTRY

Child and family characteristics

The SEHQ gathers demographic information about children entering school. Table 1 displays demographic information as reported by parents.[4]

Table 2: Demographic profile of children beginning school, Victoria, 2017 - 2019

Population group	2017 *Per cent*	2018 *Per cent*	2019	
			Per cent	*Number*
5 years of age (at April 30 of survey year)	76.7	75.9	**75.2**	**50,609**
6 Years (at April 30 of survey year)	14.8	15.1	**15.4**	**10,377**
Boys	47.7	47.6	**47.5**	**31,982**
Girls	45.5	45.0	**45.0**	**30,272**
Born outside Australia	9.5	9.5	**9.6**	**6,427**
Lives in rural or regional area	26.4	26.4	**25.4**	**17,081**
Lives in a metropolitan area	73.5	73.5	**74.5**	**50,154**
One-parent families	11.4	11.5	**10.9**	**7,368**
With a language other than English	16.1	22.1	**20.9**	**14,076**
Aboriginal or Torres Strait Islander origins	1.6	1.8	**1.8**	**1,216**
Lives in area of most disadvantage (IRSED 1)	20.1	20.6	**19.5**	**13,145**
Lives in area of least disadvantage (IRSED 5)	20.6	19.8	**20.8**	**14,000**

Note: categories will not sum to 'all children' due to missing or invalid data

Disadvantage

The ABS Socioeconomic Index for Areas (SEIFA) Index of Relative Socioeconomic Disadvantage (IRSED) quintiles are used throughout this report to indicate area level disadvantage. Around 20 per cent of children recorded in the 2019 SEHQ live across each quintile, with 19.5 per cent living in areas of most disadvantage (quintile 1) and 20.8 per cent living in areas of least disadvantage (quintile 5).

[4] Children are acknowledged as being in a population at risk if they one or more of the following characteristics: a language background other than English; are of Aboriginal or Torres Strait Islander origin; live in a one-parent family; and/or live in an area of most socio-economic disadvantage.

Children in rural/regional areas are more likely to live in an area of disadvantage than children living in metropolitan areas, a trend consistent with previous years. Children with a language background other than English, as well as Aboriginal or Torres Strait Islander children, are also more likely to live in areas designated as most disadvantaged. There is little difference between the distribution of boys and girls across the quintiles.

Table 3: Distribution of children across IRSED SEIFA quintiles, by population groups, Victoria, 2019

Population Group	IRSED quintile 1		IRSED quintile 2		IRSED quintile 3		IRSED quintile 4		IRSED quintile 5	
	N	*%*	*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*
All Children	13,145	19.5%	12,758	19.0%	14,156	21.0%	13,165	19.6%	14,000	20.8%
Language background other than English	3,771	26.8%	2,490	17.7%	3,314	23.5%	2,049	14.6%	2,447	17.4%
Aboriginal or Torres Strait Islander	432	35.6%	355	29.2%	201	16.5%	140	11.5%	86	7.1%
One-parent family	2,097	28.5%	1,688	22.9%	1,482	20.1%	1,120	15.2%	973	13.2%
Boys	6,408	20.0%	6,162	19.3%	6,814	21.3%	6,164	19.3%	6,398	20.0%
Girls	6,065	20.0%	5,766	19.0%	6,410	21.2%	5,889	19.5%	6,115	20.2%
Rural/Regional areas	4,921	28.8%	5,114	29.9%	2,646	15.5%	3,222	18.9%	1,165	6.8%
Metropolitan areas	8,223	16.4%	7,644	15.2%	11,510	22.9%	9,943	19.8%	12,834	25.6%

GENERAL HEALTH

Overall health

The majority of parents report that their child is in excellent or very good health (83.6 per cent, relatively consistent with previous surveys). Parents of female children are most likely to report that their child has excellent or very good health and higher proportions of children living in rural/regional areas are reported to be in better health than children in metropolitan areas.

Table 4: Parental perception of child's health, 2017-2019

Population group	Excellent/Very Good				Good				Fair/Poor			
	2017	2018	2019		2017	2018	2019		2017	2018	2019	
	%	%	%	n	%	%	%	n	%	%	%	N
All Children	85.3	83.2	**83.6**	**56,241**	6.7	7.6	**6.9**	**4,609**	0.7	0.8	**0.9**	**573**
Language background other than English	84.9	83.4	**85.2**	**11,987**	13.1	13.9	**12.2**	**1,723**	1.3	1.2	**1.4**	**199**
Aboriginal or Torres Strait Islander	86.2	82.5	**87.4**	**1,063**	10.4	12.2	**9.0**	**110**	1.0	1.7	**1.4**	**17**
Areas of most disadvantage	83.6	81.7	**82.9**	**10,893**	9.0	10.0	**8.9**	**1,168**	1.0	1.0	**1.1**	**148**
Areas of least disadvantage	84.8	82.7	**82.7**	**11,585**	5.0	5.5	**5.1**	**707**	0.5	0.5	**0.7**	**103**
One-parent family	88.9	86.9	**87.9**	**6,473**	9.1	10.3	**9.3**	**688**	1.1	1.3	**1.3**	**99**
Boys	89.9	88.5	**89.0**	**28,456**	7.9	9.0	**8.2**	**2,613**	0.9	1.0	**1.2**	**369**
Girls	91.8	90.4	**91.3**	**27,638**	6.4	7.3	**6.5**	**1,973**	0.6	0.7	**0.7**	**201**
Rural/Regional areas	87.5	84.9	**85.4**	**14,584**	5.8	6.3	**5.6**	**952**	0.6	0.8	**0.8**	**134**
Metropolitan areas	84.6	82.4	**83.0**	**41,612**	7.1	8.0	**7.3**	**3,653**	0.7	0.8	**0.9**	**439**

Note: categories will not sum to 'all children' due to missing or invalid data

Asthma

One-in-ten parents report that their child has been diagnosed with asthma (10.6 per cent). This is a slight decline when compared to previous surveys. Higher proportions of Aboriginal or Torres Strait Islander children and children from one-parent families are reported to have asthma, and boys are more likely than girls to have an asthma diagnosis.

Table 5: Children diagnosed with asthma, 2017-2019

Population group	2017 *Per cent*	2018 *Per cent*	2019	
			Per cent	*Number*
All Children	12.2	11.4	**10.6**	**7,110**
Language background other than English	9.3	8.3	**7.6**	**1,076**
Aboriginal or Torres Strait Islander	19.2	17.6	**18.7**	**228**
Areas of most disadvantage	12.7	11.9	**11.3**	**1,492**
Areas of least disadvantage	10.9	10.5	**9.1**	**1,270**
One-parent family	17.4	14.7	**14.5**	**1,065**
Boys	15.2	14.6	**13.8**	**4,398**
Girls	10.7	9.9	**8.9**	**2,688**
Rural/Regional areas	14.1	13.5	**12.4**	**2,110**
Metropolitan areas	11.5	10.7	**10.0**	**4,994**

Note: categories will not sum to 'all children' due to missing or invalid data

Allergy

Just under ten per cent of children have been diagnosed with an allergy (8.3 per cent). This is a slight decline from previous surveys. Boys are more likely than girls to have been diagnosed with an allergy, and children from one-parent families have high rates of allergy diagnoses when compared to other population groups.

Table 6: Children diagnosed with known allergy, 2017-2019

Population group	2017 *Per cent*	2018 *Per cent*	2019	
			Per cent	*Number*
All Children	9.2	8.9	**8.3**	**5,617**
Language background other than English	8.5	8.8	**7.9**	**1,109**
Aboriginal or Torres Strait Islander	8.1	8.8	**8.6**	**105**
Areas of most disadvantage	8.0	7.6	**7.8**	**1,022**
Areas of least disadvantage	9.7	9.4	**8.3**	**1,162**
One-parent family	9.7	9.5	**9.3**	**689**
Boys	10.7	10.8	**10.0**	**3,196**

Population group	2017 *Per cent*	2018 *Per cent*	2019	
			Per cent	*Number*
Girls	8.8	8.3	**7.9**	**2,399**
Rural/Regional areas	8.9	8.3	**8.1**	**1,377**
Metropolitan areas	9.3	9.1	**8.4**	**4,236**

Note: categories will not sum to 'all children' due to missing or invalid data

Anaphylaxis

The proportion of Victorian children diagnosed with an allergy that may result in anaphylaxis has remained stable over the last three years (1.6 per cent). Boys are more likely than girls to have been diagnosed, as are children living in areas of least disadvantage (when compared with children living in areas of most disadvantage).

Table 7: Children diagnosed with known allergy that may result in anaphylaxis, 2017-2019

Population group	2017 *Per cent*	2018 *Per cent*	2019	
			Per cent	*Number*
All Children	1.6	1.6	**1.6**	**1,067**
Language background other than English	1.4	1.6	**1.4**	**194**
Aboriginal or Torres Strait Islander	1.4	1.4	**1.2**	**15**
Areas of most disadvantage	1.3	1.3	**1.4**	**189**
Areas of least disadvantage	2.1	2.0	**1.8**	**252**
One-parent family	1.3	1.7	**1.6**	**116**
Boys	2.0	2.1	**2.0**	**637**
Girls	1.4	1.4	**1.4**	**427**
Rural/Regional areas	1.5	1.5	**1.5**	**255**
Metropolitan areas	1.6	1.7	**1.6**	**811**

Note: categories will not sum to 'all children' due to missing or invalid data

SPEECH AND LANGUAGE

Difficulties with speech and language

According to the SEHQ, fifteen per cent of Victorian children have a speech and language issue. This is a slight increase from the previous two surveys. Proportions have increased across all population groups since 2017.

Aboriginal or Torres Strait Islander children are more likely to have a speech and language issue than all other children. Speech and language issues are also more prevalent in boys, children living in areas of most disadvantage and children from rural/regional areas.

Table 8: Children reported to have difficulties with speech and language, 2017-2019

Population group	2017 *Per cent*	2018 *Per cent*	2019	
			Per cent	*Number*
All Children	14.1	14.7	**15.0**	**10,115**
Language background other than English	9.4	10.9	**11.2**	**1,581**
Aboriginal or Torres Strait Islander	25.3	28.5	**28.7**	**348**
Areas of most disadvantage	15.4	17.2	**17.4**	**2,293**
Areas of least disadvantage	11.5	12.2	**12.1**	**1,697**
One-parent family	20.1	20.9	**21.4**	**1,578**
Boys	19.1	20.0	**20.3**	**6,494**
Girls	10.6	11.4	**11.9**	**3,593**
Rural/Regional areas	17.8	18.4	**18.3**	**3,134**
Metropolitan areas	12.7	13.3	**13.9**	**6,971**

Note: categories will not sum to 'all children' due to missing or invalid data

Type of speech and language difficulties

Through the SEHQ, parents are asked to indicate the different types of speech and language difficulties their child has, with all types having shown a reported increase since 2017. In 2019, consistent with results from the previous two years, *speech not clear to others* was the most commonly reported issue (identified in 11.3 per cent of children who have a speech and language issue) followed by the child having *difficulty putting words together* (5.4 per cent).

Table 9: Children reported to have difficulties with speech and language, Victoria, 2017-2019[5]

Type of speech and language difficulty	2017 *Per cent*	2018 *Per cent*	2019	
			Per cent	*Number*
Speech not clear to others	7.8	10.1	**11.3**	**7,592**
Difficulty putting words together	4.8	4.8	**5.4**	**3,601**
Voice sounds unusual	1.6	1.8	**2.2**	**1,448**
Stutters or stammers	2.9	3.3	**3.6**	**2,415**

Note: categories will not sum to 'all children' due to missing or invalid data

[5] Speech and language service use is asked twice in the SEHQ; this figure does not include the proportion of children reported to have seen a speech pathologist in the past twelve months, just those children whose parents reported 'yes' that their child is currently seeing a speech pathologist.

SERVICE USE

The SEHQ asks parents about their child's involvement with health services over the previous twelve months. When looking at the health services listed in the 2019 SEHQ, there has been a declining proportion of children accessing all services.

Table 10: Children reported to have attended a health service in the previous 12 months, 2017-2019

Service type	2017 *Per cent*	2018 *Per cent*	2019	
			Per cent	*Number*
Paediatrician	10.4	13.9	**12.6**	**8,476**
Optometrist/eye doctor	18.2	20.3	**16.9**	**11,398**
Audiologist/hearing specialist	10.1	10.9	**7.7**	**5,204**
Speech Pathologist/Speech Therapist	12.6	12.6	**11.6**	**7,813**
Early Childhood Intervention Services (ECIS) Therapist or Practitioner	7.1	5.1	**5.0**	**3,352**
Dentist (including orthodontist, periodontist etc)	53.9	60.7	**52.1**	**35,051**

Note: categories will not sum to 'all children' due to missing or invalid data

Maternal and child health

Attendance rates for the 3.5-year-old Maternal and Child Health (MCH) checks have increased across the state and also for all population groups since 2017. In 2019, nearly three-quarters of eligible Victorian children attended their 3.5-year-old MCH check (71.6 per cent).

Attendance is high and increasing for Aboriginal or Torres Strait Islander children and children from one-parent families. Attendance is higher in rural/regional areas when compared to metropolitan areas, with not much difference between genders and areas by level of disadvantage.

Despite higher increases over the last few years, children with a language background other than English continue to have the lowest attendance rate.

Table 11: Children reported to have attended a MCH Centre for their 3.5 year-old check, 2017-2019

Population group	2017 *Per cent*	2018 *Per cent*	2019	
			Per cent	*Number*
All Children	69.9	70.8	**71.6**	**48,175**
Language background other than English	60.1	65.8	**67.8**	**9,545**
Aboriginal or Torres Strait Islander	70.0	76.0	**77.9**	**947**
Areas of most disadvantage	67.8	70.8	**71.7**	**9,421**
Areas of least disadvantage	69.6	68.6	**69.7**	**9,765**

Population group	2017 *Per cent*	2018 *Per cent*	2019	
			Per cent	*Number*
One-parent family	72.8	75.8	**77.6**	**5,714**
Boys	74.6	76.3	**77.1**	**24,656**
Girls	74.3	76.3	**77.3**	**23,387**
Rural/Regional areas	75.8	75.8	**76.2**	**13,012**
Metropolitan areas	67.8	69.0	**70.0**	**35,122**

Note: categories will not sum to 'all children' due to missing or invalid data

Kindergarten

Responses to the 2019 SEHQ show a statewide decline in kindergarten participation since 2017, with decreases seen for all population groups. Children with a language background other than English and children from one-parent families, do however continue to have high participation rates. Participation has declined most noticeably for Aboriginal or Torres Strait Islander children, children from areas of least disadvantage, and children living in rural/regional areas.

Table 12: Children reported to have attended preschool or kindergarten program, 2017-2019

Population group	2017 *Per cent*	2018 *Per cent*	2019	
			Per cent	*Number*
All Children	88.4	88.1	**85.4**	**57,490**
Language background other than English	90.9	92.1	**90.7**	**12,772**
Aboriginal or Torres Strait Islander	90.4	91.2	**86.5**	**1,051**
Areas of most disadvantage	87.2	88.6	**85.4**	**11,222**
Areas of least disadvantage	87.0	85.9	**83.7**	**11,722**
One-parent family	93.1	94.4	**90.1**	**6,635**
Boys	94.1	94.9	**92.2**	**29,491**
Girls	94.3	95.0	**92.0**	**27,844**
Rural/Regional areas	90.4	89.8	**86.2**	**14,732**
Metropolitan areas	87.7	87.4	**85.2**	**42,713**

Note: categories will not sum to 'all children' due to missing or invalid data

Vision services

Eight per cent of parents reported concerns with their child's eyesight, a slight increase from previous surveys. Rates are higher for Aboriginal or Torres Strait Islander children and children with a language background other than English, and these population groups have seen greater increases since 2017 than all others.

Table 13: Parents concerned about their child's eyesight, 2017-2019

Population group	2017 *Per cent*	2018 *Per cent*	2019	
			Per cent	*Number*
All Children	6.9	7.0	**8.0**	**5,360**
Language background other than English	8.3	8.6	**9.8**	**1,377**
Aboriginal or Torres Strait Islander	8.4	9.0	**10.5**	**128**
Areas of most disadvantage	6.9	6.9	**7.9**	**1,036**
Areas of least disadvantage	6.8	6.3	**7.3**	**1,025**
One-parent family	8.8	8.9	**9.6**	**711**
Boys	7.4	7.5	**8.6**	**2,765**
Girls	7.3	7.5	**8.5**	**2,582**
Rural/Regional areas	6.8	6.7	**7.8**	**1,330**
Metropolitan areas	7.0	7.1	**8.0**	**4,029**

Note: categories will not sum to 'all children' due to missing or invalid data

Oral health services

Just over fifteen per cent of parents have concerns about their child's oral health, indicating an increase since the last survey result. This is higher for parents of children with a language background other than English, Aboriginal or Torres Strait Islander children and children from one-parent families. Rates are higher for children living in areas of most disadvantage when compared with children in areas of least disadvantage, with minimal difference between other population groups.

Table 14: Parents concerned about their child's oral health, 2017-2019

Population group	2017 *Per cent*	2018 *Per cent*	2019	
			Per cent	*Number*
All Children	14.0	12.6	**15.3**	**10,291**
Language background other than English	18.7	17.7	**20.8**	**2,929**
Aboriginal or Torres Strait Islander	19.3	19.3	**21.9**	**266**

Population group	2017 *Per cent*	2018 *Per cent*	2019	
			Per cent	*Number*
Areas of most disadvantage	15.2	13.9	**17.1**	**2,253**
Areas of least disadvantage	12.7	11.2	**13.8**	**1,933**
One-parent family	18.6	16.3	**19.4**	**1,426**
Boys	15.1	13.6	**16.2**	**5,169**
Girls	14.7	13.6	**16.8**	**5,092**
Rural/Regional areas	14.1	12.0	**14.5**	**2,478**
Metropolitan areas	14.0	12.8	**15.6**	**7,805**

Note: categories will not sum to 'all children' due to missing or invalid data

Fewer children had seen a dentist in the previous 12 months, compared with last year. One-in-two children had seen a dentist in the previous 12 months, a figure similar to 2017 but showing a decline since 2018. Comparisons to 2017 show that rates are similar, or have declined, for all population groups except children with a language background other than English. For these children, the proportion increased slightly, however they remain the least likely to have visited the dentist.

Differences between population groups can be seen for children in metropolitan areas (lower visitation) when compared with rural/regional areas and children in areas of most disadvantage (lower visitation) when compared to areas of least disadvantage.

Table 15: Children who have seen a dentist in the past twelve months, 2017-2019

Population group	2017 *Per cent*	2018 *Per cent*	2019	
			Per cent	*Number*
All Children	53.9	60.7	**52.1**	**35,051**
Language background other than English	41.4	52.3	**44.6**	**6,275**
Aboriginal or Torres Strait Islander	54.0	61.5	**49.6**	**603**
Areas of most disadvantage	48.0	56.7	**48.1**	**6,318**
Areas of least disadvantage	59.4	63.4	**55.4**	**7,755**
One-parent family	53.0	63.1	**52.7**	**3,882**
Boys	56.7	64.8	**55.5**	**17,735**
Girls	58.2	65.9	**56.9**	**17,233**
Rural/Regional areas	59.8	66.1	**57.0**	**9,739**

Population group	2017 *Per cent*	2018 *Per cent*	2019	
			Per cent	*Number*
Metropolitan areas	51.8	58.7	**50.4**	**25,280**

Note: categories will not sum to 'all children' due to missing or invalid data

GENERAL DEVELOPMENT

Children at risk of developmental and/or behavioural problems

The SEHQ identifies children at risk of developmental and behavioural problems through the Parental Evaluation of Developmental Status (PEDS). The PEDS, used for children from birth to eight years of age, requires parents to complete a ten-item questionnaire and can be used as a developmental screening test or an informal means to elicit and respond to parent concerns.

Table 16: Children at risk of developmental and/or behavioural problems, 2018-2019

Population group	PEDS Pathway A (high risk)			PEDS Pathway B (moderate risk)		
	2018	2019		2018	2019	
	Per cent	*Per cent*	*Number*	*Per cent*	*Per cent*	*Number*
All Children	21.9	**22.2**	**14,938**	30.7	**28.0**	**18,830**
Language background other than English	23.3	**24.2**	**3,411**	31.8	**29.3**	**4,119**
Aboriginal or Torres Strait Islander	32.8	**32.4**	**393**	29.3	**26.8**	**326**
Areas of most disadvantage	23.9	**24.4**	**3,209**	29.7	**27.1**	**3,568**
Areas of least disadvantage	19.9	**20.0**	**2,797**	30.9	**27.6**	**3,863**
One-parent family	28.8	**30.0**	**2,209**	31.2	**29.2**	**2,152**
Boys	27.3	**27.9**	**8,929**	32.6	**29.7**	**9,498**
Girls	19.6	**19.7**	**5,959**	33.6	**30.6**	**9,278**
Rural/Regional areas	22.0	**21.9**	**3,741**	30.3	**27.8**	**4,751**
Metropolitan areas	21.8	**22.3**	**11,187**	30.9	**28.0**	**14,066**

Note: categories will not sum to 'all children' due to missing or invalid data

In 2019, just over 22 per cent of children were identified as being at **high risk** of developmental and/or behavioural problems, a result consistent with previous surveys. Children more likely to be classified at high risk include Aboriginal or Torres Strait Islander children, children from one-parent families and boys.

The proportion of children identified at **moderate risk** of a developmental or behavioural problem decreased from 2018 to 2019 at both a statewide level (30.7 per cent to 28.0 per cent) and for all population groups. Children with a language background other than English and children from a one-parent family are more likely to present at school with a moderate risk of developmental and/or behavioural issues. Differences between the population groups are minimal.

BEHAVIOURAL AND EMOTIONAL WELLBEING

Behavioural and emotional wellbeing

The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioural screening questionnaire for 4-17-year olds developed in the United Kingdom.[6] The SDQ has been amended for use in Australia and exists in several versions that can be completed by children, adolescents, parents and teachers. All versions of the SDQ include questions on 25 psychological attributes which are divided between five scales: emotional symptoms; conduct problems; hyperactivity; peer problems; and prosocial.

Table 27: Children at risk of significant clinical problems related to behaviour and emotional wellbeing, 2017-2019

Population group	High risk				Moderate risk			
	2017	2018	2019		2017	2018	2019	
	Per cent	*Per cent*	*Per cent*	*Number*	*Per cent*	*Per cent*	*Per cent*	*Number*
All Children	4.9	5.6	**6.7**	**4,504**	4.5	5.0	**5.5**	**3,708**
Language background other than English	3.3	4.1	**5.1**	**711**	4.4	5.0	**6.0**	**850**
Aboriginal or Torres Strait Islander	14.4	19.0	**18.5**	**225**	7.2	9.4	**10.3**	**125**
Areas of most disadvantage	6.6	7.4	**8.7**	**1,142**	5.5	6.0	**6.8**	**893**
Areas of least disadvantage	3.1	3.3	**4.3**	**602**	3.0	3.6	**4.2**	**586**
One-parent family	10.8	12.3	**14.4**	**1,059**	8.0	8.2	**8.3**	**613**
Boys	6.4	7.6	**8.7**	**2,795**	5.7	6.2	**6.7**	**2,133**
Girls	4.0	4.4	**5.6**	**1,693**	3.8	4.5	**5.2**	**1,564**
Rural/Regional areas	6.9	8.1	**9.4**	**1,605**	5.4	5.6	**6.1**	**1,046**
Metropolitan areas	4.2	4.7	**5.8**	**2,897**	4.1	4.7	**5.3**	**2,659**

Note: categories will not sum to 'all children' due to missing or invalid data

Over the last three surveys, more children are identified as having a **high risk** than a **moderate risk** of significant clinical problems related to behaviour and emotional wellbeing. Proportions across both the high and moderate risk categories have increased since 2017.

Aboriginal or Torres Strait children, children from a one-parent family, children living in areas of most disadvantage and boys are most likely to be at either high or moderate risk of these issues.

[6]

Proportion of children at risk across SDQ sub-scales

Higher proportions of children are at high/moderate risk of conduct problems (one-in-five) and peer problems (around one-in-six). The proportion of children reported to be at risk of conduct problems has increased substantially since 2017 (from 13.7 per cent to 21.6 per cent).

Table 18: Children at high/moderate risk of clinically significant problems across SDQ sub scales, 2017 - 2019

SDQ sub-scales	High/moderate risk			
	2017	2018	2019	
	Per cent	Per cent	Per cent	Number
Conduct problems	13.7	15.2	**21.6**	**14,516**
Emotional Symptoms	11.3	12.6	**13.0**	**8,781**
Hyperactivity	11.9	12.9	**13.2**	**8,893**
Peer Problems	16.6	16.8	**16.9**	**11,372**
Prosocial	8.8	1.1	**7.7**	**5,151**

FAMILY ISSUES AND STRESSORS

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

Levels of high and highest family stress have increased over time for all population groups since 2017, except for families from areas of least disadvantage. Parents from one-parent families are significantly more likely to report the highest levels of stress (high/highest stress combined) than any other respondents. In 2019, nearly one-in-five parents from one-parent families reported this level of stress, reflecting an increase since 2017 and more than double the statewide average. The other population group reporting an increase in high stress over the last three surveys are children of Aboriginal or Torres Strait Islander descent.

Stress levels

Table 19: Families reporting high stress by population groups, 2017-2019

Population group	High stress			Highest stress			High/highest stress combined			
	2017	2018	2019	2017	2018	2019	2017	2018	2019	
	%	%	%	%	%	%	%	%	%	n
All Children	7.7	7.2	**7.9**	1.1	1.1	**1.1**	8.8	8.3	**9.0**	**6,050**
Language background other than English	3.9	4.0	**4.6**	0.7	1.0	**1.2**	4.7	5.0	**5.7**	**808**
Aboriginal or Torres Strait Islander	10.4	11.1	**14.6**	2.6	3.0	**2.6**	13.0	14.1	**17.2**	**209**
Areas of most disadvantage	7.3	7.3	**7.6**	1.4	1.3	**1.5**	8.8	8.6	**9.1**	**1,194**
Areas of least disadvantage	7.9	7.1	**7.8**	0.8	0.8	**0.8**	8.7	7.9	**8.6**	**1,201**
One-parent family	13.9	14.6	**15.4**	3.6	3.1	**3.7**	17.5	17.7	**19.1**	**1,410**
Boys	8.3	7.8	**8.5**	1.2	1.2	**1.4**	9.5	9.0	**9.8**	**3,144**
Girls	8.1	7.6	**8.5**	1.2	1.2	**1.1**	9.3	8.8	**9.6**	**2,894**
Rural/Regional areas	9.4	9.2	**9.9**	1.5	1.3	**1.4**	11.0	10.5	**11.2**	**1,921**
Metropolitan areas	7.1	6.5	**7.2**	1.0	1.1	**1.1**	8.0	7.5	**8.2**	**4,124**

Note: categories will not sum to 'all children' due to missing or invalid data

Stressors

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

The most commonly reported event is the death of a relative or friend (seven per cent of all children) and moving to a new home (6.6 per cent). Aboriginal or Torres Strait Islander children and children from one-parent families are generally more likely than other children to have experienced one of the following stressful events.

There are differences in response rates across population groups, however, children living in rural/regional areas are more likely than their Metropolitan counterparts to have been affected by stressful events, and children from Language backgrounds other than English are less likely than all other groups to have experienced these stressful events.

Table 20: Children affected by stressful events during twelve months prior to SEHQ completion, 2019

Population group	Death of a relative/friend	Divorce/separation of parents	Move to new home	New baby in home	Parent change of job	Parent loss of job	Remarriage of parent	Serious illness of parent	Serious illness of sibling
All Children	7.0	4.2	6.6	3.8	4.8	1.1	1.5	2.5	1.1
Language background other than English	3.0	2.1	5.9	4.4	3.1	1.1	0.5	1.4	0.7
Aboriginal or Torres Strait Islander	13.2	11.1	12.5	5.3	6.1	1.9	5.3	5.4	2.9
Areas of most disadvantage	7.1	5.3	6.5	4.3	4.4	1.2	1.8	2.7	1.3
Areas of least disadvantage	6.2	3.0	6.7	3.3	4.8	1.1	1.0	2.0	1.0
One-parent family	10.2	26.6	14.8	3.4	6.3	1.8	8.3	4.9	1.7
Boys	6.9	4.4	7.0	3.9	5.0	1.2	1.5	2.6	1.2
Girls	8.2	4.6	7.2	4.3	5.4	1.2	1.7	2.9	1.3
Rural/Regional areas	9.6	5.8	8.3	3.9	6.4	1.2	2.4	3.6	1.6
Metropolitan areas	6.1	3.6	6.0	3.8	4.3	1.1	1.2	2.2	1.0

The SEHQ also asks parents to indicate if there is a family history of specific issues.

For most children, a history of mental illness in a parent is the most common family issue. In 2019, 8.1 per cent of Victorian children had experience with this issue. For one-parent families however, the most common family issue is history of abuse to parent (28.1 per cent).

Aboriginal or Torres Strait Islander children and children from one-parent families are generally more likely than other children to have experienced the range of reported family issues below.

Differences across population groups are evident by location: children living in areas of most disadvantage and children living in rural/regional areas are more likely to report one of the family issues outlined below than those in areas of least disadvantage and metropolitan areas.

Table 21: Proportion of children with reported family issues, 2019

Population group	History of abuse to child	History of abuse to parent	History of alcohol or drug relat4d problems in family	History of child witnessing violence	History of gambling problem in the family	History of mental illness of parent
All Children	1.9	5.2	3.6	3.4	0.7	8.1
Language background other than English	0.8	2.2	1.1	1.7	0.4	2.3
Aboriginal or Torres Strait Islander	9.7	21.1	17.6	17.3	1.2	23.0
Areas of most disadvantage	2.8	7.3	5.1	5.1	0.9	9.5
Areas of least disadvantage	1.0	2.9	1.8	1.7	0.3	6.1
One-parent family	9.0	28.1	15.4	16.8	3.0	18.0
Boys	2.1	5.7	3.9	3.7	0.8	8.8
Girls	2.0	5.6	3.8	3.5	0.7	8.7
Rural/Regional areas	3.4	8.4	6.0	5.6	0.9	12.6
Metropolitan areas	1.4	4.2	2.8	2.6	0.6	6.6