State findings from the

School Entrant Health Questionnaire

2020

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# Introduction

The School Entrant Health Questionnaire (SEHQ) is an annual survey that records parents’[[1]](#footnote-2) 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]](#footnote-3)

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 2020 SEHQ, as well as results from the 2018 and 2019 surveys.

Due to the Victorian 2019-2020 Bushfire and COVID-19 related events, there was significant disruption to the distribution of the SEHQ throughout 2020, reducing family participation compared to previous years. A priority service was employed where required, according to assessment of school disadvantage and need, where schools were encouraged to refer vulnerable students and families.

**Table 1: Number and proportion of survey respondents, Victoria, 2018 - 2020**

|  |  |  |
| --- | --- | --- |
| Survey year | Number of respondents | Per cent of statewide Prep enrolments |
| 2018 | 63,794 | 78.2% |
| 2019 | 67,286 | 83.2% |
| 2020 | 53,967 | 66.0% |

# 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.[[3]](#footnote-4)

**Table 2: Demographic profile of children beginning school, Victoria, 2018-2020**

| **Population group** | **2018**  *Per cent* | **2019**  *Per cent* | **2020** | |
| --- | --- | --- | --- | --- |
| *Per cent* | *Number* |
| 5 years of age (at April 30 of survey year) | 75.9 | 75.2 | **76.0** | 41,020 |
| 6 Years (at April 30 of survey year) | 15.1 | 15.4 | **16.2** | 8,747 |
| Male | 47.6 | 47.5 | **48.1** | 25,938 |
| Female | 45.0 | 45.0 | **45.8** | 24,742 |
| Aboriginal and/or Torres Strait Islander origins | 1.8 | 1.8 | **2.0** | 1,068 |
| Language background other than English | 22.1 | 20.9 | **22.4** | 12,104 |
| Born outside Australia | 9.5 | 9.6 | **9.8** | 5,308 |
| One-parent family | 11.5 | 10.9 | **11.2** | 6,066 |
| Living in areas of most disadvantage (IRSED 1) | 20.6 | 19.5 | **21.1** | 11,391 |
| Living in areas of least disadvantage (IRSED 5) | 19.8 | 20.8 | **18.5** | 9,970 |
| Rural/Regional areas | 26.4 | 25.4 | **28.2** | 15,243 |
| Metropolitan areas | 73.5 | 74.5 | **71.7** | 38,688 |

*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. In 2020, 21.1 per cent of SEHQ respondents reported living in areas of most disadvantage (quintile 1) and 18.5 per cent reported living in areas of least disadvantage (quintile 5). As is indicated in the table below, rural/regional areas are more likely to be designated as disadvantaged than metropolitan areas. As a cohort, a greater proportion of Aboriginal and/or Torres Strait Islander children are living in the most disadvantaged areas, as compared to the proportion of all children.

**Table 3: Distribution of children across IRSED SEIFA quintiles, by population groups, Victoria, 2020**

| **Population Group** | IRSED quintile 1 | | IRSED quintile 2 | | IRSED quintile 3 | | IRSED quintile 4 | | IRSED quintile 5 | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *N* | *%* | *n* | *%* | *n* | % | *n* | *%* | *n* | *%* |
| All Children | *11,391* | **21.1** | *9,935* | **18.4** | *11,827* | **21.9** | *10,790* | **20.0** | *9,970* | **18.5** |
| Male | *6,408* | **20.1** | *6,162* | **19.3** | *6,814* | **21.3** | *6,164* | **19.3** | *6,398* | **20.0** |
| Female | *5,312* | **21.5** | *4,557* | **18.4** | *5,451* | **22.1** | *4,935* | **20.0** | *4,461* | **18.0** |
| Aboriginal and/or Torres Strait Islander | *418* | **39.2** | *254* | **23.8** | *193* | **18.1** | *133* | **12.5** | *69* | **6.5** |
| Language background other than English | *3,112* | **25.7** | *1,834* | **15.2** | *2,990* | **24.7** | *1,915* | **15.8** | *2,244* | **18.6** |
| One-parent family | *1,806* | **29.8** | *1,338* | **22.1** | *1,248* | **20.6** | *964* | **15.9** | *703* | **11.6** |
| Rural/Regional areas | *4,524* | **29.7** | *4,279* | **28.1** | *2,484* | **16.3** | *2,854* | **18.7** | *1,086* | **7.1** |
| Metropolitan areas | *6,867* | **17.8** | *5,656* | **14.6** | *9,344* | **24.2** | *7,936* | **20.5** | *8,884* | **23.0** |

# General health

### Overall health

In 2020, the large majority of parents reported that their child was in excellent or very good health (85.5 per cent). As in previous years, parents were slightly more likely to report female children as having excellent or very good health than male children. Children living in areas of most disadvantage were reported as the least likely to have excellent or very good health, however, results for this group were still high at 84.4 per cent.

***Table 4: Parental perception of child's health, 2018-2020***

| **Population group** | **Excellent/Very Good** | | | | **Good** | | | | **Fair/Poor** | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2018** | **2019** | **2020** | | **2018** | **2019** | **2020** | | **2018** | **2019** | **2020** | |
| % | % | % | n | % | % | % | n | % | % | % | N |
| All Children | 83.2 | 83.6 | **85.5** | **46,053** | 7.6 | 6.9 | **6.4** | **3,422** | 0.8 | 0.9 | **0.8** | **407** |
| Male | 88.5 | 89.0 | **89.9** | **23,270** | 9 | 8.2 | **7.5** | **1,942** | 1 | 1.2 | **0.9** | **243** |
| Female | 90.4 | 91.3 | **91.7** | **22,631** | 7.3 | 6.5 | **6** | **1,471** | 0.7 | 0.7 | **0.6** | **156** |
| Aboriginal and/or Torres Strait Islander | 82.5 | 87.4 | **86.9** | **925** | 12.2 | 9.0 | **9.4** | **101** | 1.7 | 1.4 | **1.7** | **18** |
| Language background other than English | 83.4 | 85.2 | **87.2** | **10,535** | 13.9 | 12.2 | **10.8** | **1,303** | 1.2 | 1.4 | **1** | **124** |
| One-parent family | 86.9 | 87.9 | **88.8** | **5,367** | 10.3 | 9.3 | **8.9** | **538** | 1.3 | 1.3 | **1.2** | **71** |
| Living in areas of most disadvantage (IRSED 1) | 81.7 | 82.9 | **84.4** | **9,597** | 10 | 8.9 | **8.1** | **926** | 1 | 1.1 | **1.1** | **121** |
| Living in areas of least disadvantage (IRSED 5) | 82.7 | 82.7 | **85.6** | **8,520** | 5.5 | 5.1 | **4.9** | **490** | 0.5 | 0.7 | **0.5** | **48** |
| Rural/Regional areas | 84.9 | 85.4 | **85.3** | **12,988** | 6.3 | 5.6 | **5.0** | **105** | 0.8 | 0.8 | **0.7** | **766** |
| Metropolitan areas | 82.4 | 83.0 | **85.6** | **33,030** | 8 | 7.3 | **6.9** | **2,656** | 0.8 | 0.9 | **0.8** | **302** |

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

**Asthma**

In 2020, 10.2 per cent of children were reported to have been diagnosed with asthma. Male children were more likely to have an asthma diagnosis than female children. Similar to previous years, Aboriginal and/or Torres Strait Islander children had the highest proportion of reported asthma diagnoses as compared to all children, while children with a language background other than English had the lowest reported proportion of asthma diagnoses.

**Table 5: Children diagnosed with asthma, 2018-2020**

| **Population group** | **2018**  *Per cent* | **2019**  *Per cent* | **2020** | |
| --- | --- | --- | --- | --- |
| *Per cent* | *Number* |
| All Children | 11.4 | 10.6 | **10.2** | **5,502** |
| Male | 14.6 | 13.8 | **13.0** | **3,363** |
| Female | 9.9 | 8.9 | **8.6** | **2,120** |
| Aboriginal and/or Torres Strait Islander | 17.6 | 18.7 | **17.5** | **187** |
| Language background other than English | 8.3 | 7.6 | **7.2** | **873** |
| One-parent family | 14.7 | 14.5 | **10.2** | **855** |
| Living in areas of most disadvantage (IRSED 1) | 11.9 | 11.3 | **10.8** | **1,231** |
| Living in areas of least disadvantage (IRSED 5) | 10.5 | 9.1 | **8.6** | **857** |
| Rural/Regional areas | 13.5 | 12.4 | **11.7** | **1,790** |
| Metropolitan areas | 10.7 | 10.0 | **9.6** | **37,11** |

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

### Allergy

In 2020, 8.6 per cent of children were reported to have been diagnosed with an allergy. Differences between population groups were most pronounced between male and female children, with male children more likely to have been diagnosed with an allergy.

**Table 6: Children diagnosed with known allergy, 2018-2020**

| **Population group** | **2018**  *Per cent* | **2019**  *Per cent* | **2020** | |
| --- | --- | --- | --- | --- |
| *Per cent* | *Number* |
| All Children | 8.9 | 8.3 | **8.6** | **4,614** |
| Male | 10.8 | 10.0 | **10.3** | **2,659** |
| Female | 8.3 | 7.9 | **7.9** | **1,943** |
| Aboriginal and/or Torres Strait Islander | 8.8 | 8.6 | **9.4** | **101** |
| Language background other than English | 8.8 | 7.9 | **8.1** | **985** |
| One-parent family | 9.5 | 9.3 | **9.5** | **579** |
| Living in areas of most disadvantage (IRSED 1) | 7.6 | 7.8 | **7.8** | **886** |
| Living in areas of least disadvantage (IRSED 5) | 9.4 | 8.3 | **9.3** | **929** |
| Rural/Regional areas | 8.3 | 8.1 | **8.4** | **1,280** |
| Metropolitan areas | 9.1 | 8.4 | **8.6** | **3,334** |

*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 is low and has remained at 1.6 per cent over the past three years. 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, 2018-2020**

| **Population group** | **2018**  *Per cent* | **2019**  *Per cent* | **2020** | |
| --- | --- | --- | --- | --- |
| *Per cent* | *Number* |
| All Children | 1.6 | 1.6 | **1.6** | **855** |
| Male | 2.1 | 2.0 | **2.1** | **542** |
| Female | 1.4 | 1.4 | **1.3** | **310** |
| Aboriginal and/or Torres Strait Islander | 1.4 | 1.2 | **0.9** | **10** |
| Language background other than English | 1.6 | 1.4 | **1.5** | **179** |
| One-parent family | 1.7 | 1.6 | **1.5** | **89** |
| Living in areas of most disadvantage (IRSED 1) | 1.3 | 1.4 | **1.4** | **160** |
| Living in areas of least disadvantage (IRSED 5) | 2.0 | 1.8 | **2.0** | **203** |
| Rural/Regional areas | 1.5 | 1.5 | **1.6** | **237** |
| Metropolitan areas | 1.7 | 1.6 | **1.6** | **618** |

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

# Speech and language

### Difficulties with speech and language

In 2020, 16 per cent of Victorian children were reported to have a speech and language difficulty at the time of school entry. Recent SEHQ surveys appear to show a gradual increasing trend in speech and language difficulties affecting most population groups, however, due to the differences in 2020 survey participation, data may not be directly comparable to previous years.

Aboriginal and/or Torres Strait Islander children, children from one-parent families, male children, and children living in disadvantaged areas are the population groups with the highest rates of reported speech and language difficulties.

**Table 8: Children reported to have difficulties with speech and language, 2018-2020**

| **Population group** | **2018**  *Per cent* | **2019**  *Per cent* | **2020** | |
| --- | --- | --- | --- | --- |
| *Per cent* | *Number* |
| All Children | 14.7 | 15.0 | **16.0** | **8,645** |
| Male | 20.0 | 20.3 | **21.5** | **5,586** |
| Female | 11.4 | 11.9 | **12.3** | **3,039** |
| Aboriginal and/or Torres Strait Islander | 28.5 | 28.7 | **28.4** | **303** |
| Language background other than English | 10.9 | 11.2 | **11.5** | **1,396** |
| One-parent family | 20.9 | 21.4 | **22.7** | **1,379** |
| Living in areas of most disadvantage (IRSED 1) | 17.2 | 17.4 | **18.7** | **2,134** |
| Living in areas of least disadvantage (IRSED 5) | 12.2 | 12.1 | **13.0** | **1,295** |
| Rural/Regional areas | 18.4 | 18.3 | **19.4** | **2,950** |
| Metropolitan areas | 13.3 | 13.9 | **14.7** | **5,690** |

*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. All types of speech and language difficulties have shown a reported increase over recent years. In 2020, consistent with results from previous years, *speech not clear to others* was the most commonly reported issue (12 per cent of children) followed by the child having *difficulty putting words together* (6.1 per cent).

**Table 9: Children reported to have difficulties with speech and language, Victoria, 2018-2020[[4]](#footnote-5)**

| **Type of speech and language difficulty** | **2018**  *Per cent* | **2019**  *Per cent* | **2020** | |
| --- | --- | --- | --- | --- |
| *Per cent* | *Number* |
| Speech not clear to others | 10.1 | 11.3 | **12.0** | **6,495** |
| Difficulty putting words together | 4.8 | 5.4 | **6.1** | **3,271** |
| Voice sounds unusual | 1.8 | 2.2 | **2.4** | **1,273** |
| Stutters or stammers | 3.3 | 3.6 | **4.2** | **2,246** |

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

# Service use

The SEHQ asks parents about their child’s involvement with health services over the previous twelve months. Dental services are the most commonly attended health services in the previous 12 months for children at school entry, with around half of all children having seen a dentist.

**Table 10: Children reported to have attended a health service in the previous 12 months, 2018-2020**

| **Service type** | **2018**  *Per cent* | **2019**  *Per cent* | **2020** | |
| --- | --- | --- | --- | --- |
| *Per cent* | *Number* |
| Paediatrician | 13.9 | 12.6 | **12.3** | **6,638** |
| Optometrist/eye doctor | 20.3 | 16.9 | **16.2** | **8,753** |
| Audiologist/hearing specialist | 10.9 | 7.7 | **7.6** | **4,113** |
| Speech Pathologist/Speech Therapist | 12.6 | 11.6 | **11.2** | **6,071** |
| Early Childhood Intervention Services (ECIS) Therapist or Practitioner | 5.1 | 5.0 | **5.2** | **2,786** |
| Dentist (including orthodontist, periodontist etc) | 60.7 | 52.1 | **49.9** | **26,932** |

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

### Maternal and child health

The proportion of children reported to have attended their 3.5-year-old Maternal and Child Health (MCH) checks in the 2020 SEHQ (70.5 per cent) was similar to the proportions reported in other recent surveys. The highest rates of attendance were reported for Aboriginal and/or Torres Strait Islander children and children from one-parent families.

Children living in areas of greatest disadvantage are more likely to attend their 3.5-year-old MCH visit, as compared to those living in the areas of the least disadvantage. Relatedly, those living in rural/regional areas are more likely to attend than those living in metropolitan areas. Children with a language background other than English are the population group least likely to attend their 3.5-year-old MCH visit.

**Table 11: Children reported to have attended a MCH Centre for their 3.5 year-old check, 2018-2020**

| **Population group** | **2018**  *Per cent* | **2019**  *Per cent* | **2020** | |
| --- | --- | --- | --- | --- |
| *Per cent* | *Number* |
| All Children | 70.8 | 71.6 | **70.5** | **38,073** |
| Male | 76.3 | 77.1 | **75.0** | **19,457** |
| Female | 76.3 | 77.3 | **74.8** | **18,498** |
| Aboriginal and/or Torres Strait Islander | 76.0 | 77.9 | **76.0** | **812** |
| Language background other than English | 65.8 | 67.8 | **67.6** | **8,178** |
| One-parent family | 75.8 | 77.6 | **76.2** | **4,621** |
| Living in areas of most disadvantage (IRSED 1) | 70.8 | 71.7 | **71.6** | **8,154** |
| Living in areas of least disadvantage (IRSED 5) | 68.6 | 69.7 | **68.3** | **6,814** |
| Rural/Regional areas | 75.8 | 76.2 | **73.3** | **11,175** |
| Metropolitan areas | 69.0 | 70.0 | **69.5** | **26,871** |

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

### Kindergarten

In 2020, the proportion of children reported to have attended a preschool or kindergarten program was 86.7 per cent. Children with a language background other than English and children from one-parent families continue to have high participation rates relative to rates for all children.

**Table 12: Children reported to have attended preschool or kindergarten program, 2018-2020**

| **Population group** | **2018**  *Per cent* | **2019**  *Per cent* | **2020** | |
| --- | --- | --- | --- | --- |
| *Per cent* | *Number* |
| All Children | 88.1 | 85.4 | **86.7** | **46,788** |
| Male | 94.9 | 92.2 | **92.0** | **23,856** |
| Female | 95.0 | 92.0 | **92.1** | **22,793** |
| Aboriginal and/or Torres Strait Islander | 91.2 | 86.5 | **87.0** | **930** |
| Language background other than English | 92.1 | 90.7 | **91.9** | **11,124** |
| One-parent family | 94.4 | 90.1 | **90.4** | **5,486** |
| Living in areas of most disadvantage (IRSED 1) | 88.6 | 85.4 | **86.0** | **9,796** |
| Living in areas of least disadvantage (IRSED 5) | 85.9 | 83.7 | **86.4** | **8,615** |
| Rural/Regional areas | 89.8 | 86.2 | **85.5** | **13,028** |
| Metropolitan areas | 87.4 | 85.2 | **87.2** | **33,727** |

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

**Eyesight**

In 2020, 8.4 per cent of parents reported concerns with their child’s eyesight, an increase from previous surveys. In recent years, rates for Aboriginal and/or Torres Strait Islander children, children with a language background other than English, and children from one-parent families have been consistently higher than the rate for all children.

**Table 13: Parents concerned about their child’s eyesight, 2018-2020**

| **Population group** | **2018**  *Per cent* | **2019**  *Per cent* | **2020** | |
| --- | --- | --- | --- | --- |
| *Per cent* | *Number* |
| All Children | 7.0 | 8.0 | **8.4** | **4,531** |
| Male | 7.5 | 8.6 | **9.1** | **2,351** |
| Female | 7.5 | 8.5 | **8.7** | **2,161** |
| Aboriginal and/or Torres Strait Islander | 9.0 | 10.5 | **12.1** | **130** |
| Language background other than English | 8.6 | 9.8 | **10.1** | **1,217** |
| One-parent family | 8.9 | 9.6 | **10.0** | **609** |
| Living in areas of most disadvantage (IRSED 1) | 6.9 | 7.9 | **8.2** | **929** |
| Living in areas of least disadvantage (IRSED 5) | 6.3 | 7.3 | **9.0** | **896** |
| Rural/Regional areas | 6.7 | 7.8 | **7.7** | **1,179** |
| Metropolitan areas | 7.1 | 8.0 | **8.7** | **3,348** |

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

**Oral health**

The rate of parents reporting concerns about their child’s oral health was higher in 2020 (16.2 per cent) as compared to other recent surveys. Rates of concern were highest for Aboriginal and/or Torres Strait Islander children, children from a language background other than English, and children from one-parent families.

**Table 14: Parents concerned about their child’s oral health, 2018-2020**

| **Population group** | **2018**  *Per cent* | **2019**  *Per cent* | **2020** | |
| --- | --- | --- | --- | --- |
| *Per cent* | *Number* |
| All Children | 12.6 | 15.3 | **16.2** | **8,754** |
| Male | 13.6 | 16.2 | **17.2** | **4.465** |
| Female | 13.6 | 16.8 | **17.2** | **4,260** |
| Aboriginal and/or Torres Strait Islander | 19.3 | 21.9 | **21.9** | **234** |
| Language background other than English | 17.7 | 20.8 | **20.3** | **2,454** |
| One-parent family | 16.3 | 19.4 | **19.5** | **1,181** |
| Living in areas of most disadvantage (IRSED 1) | 13.9 | 17.1 | **17.8** | **2,031** |
| Living in areas of least disadvantage (IRSED 5) | 11.2 | 13.8 | **15.0** | **1,494** |
| Rural/Regional areas | 12.0 | 14.5 | **14.8** | **2,256** |
| Metropolitan areas | 12.8 | 15.6 | **16.8** | **6,493** |

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

In 2020, 49.9 per cent of children were reported to have seen a dentist in the previous 12 months. Children with a language background other than English had the lowest reported rates of accessing dental health services. Those living in areas of least disadvantage were more likely to have accessed dental services than those living in the areas of most disadvantage, however, those living in regional/rural areas were more likely to have accessed a dental health service than those living in metropolitan areas.

**Table 15: Children who have seen a dentist in the past twelve months, 2018-2020**

| **Population group** | **2018**  *Per cent* | **2019**  *Per cent* | **2020** | |
| --- | --- | --- | --- | --- |
| *Per cent* | *Number* |
| All Children | 60.7 | 52.1 | **49.9** | **26,932** |
| Male | 64.8 | 55.5 | **51.8** | **13,432** |
| Female | 65.9 | 56.9 | **54.3** | **13,429** |
| Aboriginal and/or Torres Strait Islander | 61.5 | 49.6 | **51.5** | **550** |
| Language background other than English | 52.3 | 44.6 | **43.0** | **5,200** |
| One-parent family | 63.1 | 52.7 | **50.9** | **3,090** |
| Living in areas of most disadvantage (IRSED 1) | 56.7 | 48.1 | **47.4** | **5,405** |
| Living in areas of least disadvantage (IRSED 5) | 63.4 | 55.4 | **53.0** | **5,287** |
| Rural/Regional areas | 66.1 | 57.0 | **54.3** | **8,270** |
| Metropolitan areas | 58.7 | 50.4 | **48.2** | **18,642** |

*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 10-item questionnaire and can be used as a developmental screening test or an informal means to elicit and respond to parent concerns.

In 2020, 23.8 per cent of children were identified as being at high risk of developmental and/or behavioural problems, with a further 28.2 per cent identified as being at moderate risk. Children more likely to be identified as being at high risk included Aboriginal and/or Torres Strait Islander children (33.4 per cent of the cohort), children from one-parent families (31.1 per cent), and male children (29.7 per cent). Children living in areas of most disadvantage were more likely to be identified as being at high risk 25.9 per cent) than those living in areas of the least disadvantage (21.6per cent).

**Table 16: Children at risk of developmental and/or behavioural problems, 2019-2020**

| **Population group** | **PEDS Pathway A   (high risk)** | | | **PEDS Pathway B  (moderate risk)** | | |
| --- | --- | --- | --- | --- | --- | --- |
| 2019 | 2020 | | 2019 | 2020 | |
| ***Per cent*** | ***Per cent*** | ***Number*** | ***Per cent*** | ***Per cent*** | ***Number*** |
| All Children | 22.2 | **23.8** | **12,864** | 28.0 | **28.2** | **15,204** |
| Male | 27.9 | **29.7** | **7,701** | 29.7 | **29.4** | **7,624** |
| Female | 19.7 | **20.7** | **5,122** | 30.6 | **30.4** | **7,527** |
| Aboriginal and/or Torres Strait Islander | 32.4 | **33.4** | **357** | 26.8 | **28.6** | **306** |
| Language background other than English | 24.2 | **25.6** | **3,096** | 29.3 | **28.5** | **3,446** |
| One-parent family | 30.0 | **31.1** | **1,885** | 29.2 | **28.2** | **1,710** |
| Living in areas of most disadvantage (IRSED 1) | 24.4 | **25.9** | **2,948** | 27.1 | **27.3** | **3,113** |
| Living in areas of least disadvantage (IRSED 5) | 20.0 | **21.6** | **2,155** | 27.6 | **28.9** | **2,884** |
| Rural/Regional areas | 21.9 | **22.9** | **3,491** | 27.8 | **27.3** | **4,155** |
| Metropolitan areas | 22.3 | **24.2** | **9,637** | 28.0 | **28.5** | **11,040** |

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

# behavioural and emotional wellbeing

### Behavioural and emotional wellbeing

The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioural screening questionnaire for ages four to 17 developed in the United Kingdom. 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.

The rate of children identified as having a high risk of significant clinical problems related to behaviour and emotional wellbeing was higher in 2020 as compared to other recent surveys. Aboriginal and/or Torres Strait children and children from one-parent families are most likely to report their children as being at high risk, while children from language backgrounds other than English and areas of least disadvantage are the least likely. Children living in areas of most disadvantage were twice as likely to be reported at high risk of behaviour and emotional wellbeing problems compared to children living in areas of the least disadvantage.

**Table 17: Children at risk of significant clinical problems related to behaviour and emotional wellbeing, 2018-2020**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Population group | High risk | | | | Moderate risk | | | |
| **2018** | **2019** | **2020** | | **2018** | **2019** | **2020** | |
| ***Per cent*** | ***Per cent*** | ***Per cent*** | ***Number*** | ***Per cent*** | ***Per cent*** | ***Per cent*** | ***Number*** |
| All Children | 5.6 | 6.7 | **7.4** | **3,982** | 5.0 | 5.5 | **5.8** | **3,145** |
| Male | 7.6 | 8.7 | **9.7** | **2,507** | 6.2 | 6.7 | **7.2** | **1,857** |
| Female | 4.4 | 5.6 | **5.9** | **1,461** | 4.5 | 5.2 | **5.2** | **1,276** |
| Aboriginal and/or Torres Strait Islander | 19.0 | 18.5 | **19.7** | **211** | 9.4 | 10.3 | **8.4** | **90** |
| Language background other than English | 4.1 | 5.1 | **4.6** | **562** | 5.0 | 6.0 | **5.7** | **687** |
| One-parent family | 12.3 | 14.4 | **15.5** | **941** | 8.2 | 8.3 | **9.4** | **570** |
| Living in areas of most disadvantage (IRSED 1) | 7.4 | 8.7 | **9.3** | **1,057** | 6.0 | 6.8 | **6.9** | **783** |
| Living in areas of least disadvantage (IRSED 5) | 3.3 | 4.3 | **4.7** | **470** | 3.6 | 4.2 | **4.7** | **466** |
| Rural/Regional areas | 8.1 | 9.4 | **9.8** | **1,500** | 5.6 | 6.1 | **6.3** | **960** |
| Metropolitan areas | 4.7 | 5.8 | **6.4** | **2,478** | 4.7 | 5.3 | **5.6** | **2,183** |

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

### Proportion of children at risk across SDQ sub-scales

A greater proportions of children are at high/moderate risk of significant conduct problems (22.2 per cent) and peer problems (18.2 per cent), as compared to the proportion at risk on other SDQ scales.

**Table 18: Children at high/moderate risk of clinically significant problems across SDQ sub scales, 2018 - 2020**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SDQ sub-scales |  | High/moderate risk |  |  |
| **2018** | **2019** | **2020** | |
| **Per cent** | **Per cent** | **Per cent** | **Number** |
| Conduct problems | 15.2 | 21.6 | **22.2** | **11,969** |
| Emotional Symptoms | 12.6 | 13.0 | **13.2** | **7,144** |
| Hyperactivity | 12.9 | 13.2 | **14.7** | **7,951** |
| Peer Problems | 16.8 | 16.9 | **18.2** | **9,848** |
| Prosocial | 1.1 | 7.7 | **7.7** | **4,151** |

*Note: The prosocial behaviour SDQ sub-scale measures positive social behaviours. Children identified as being high/moderate risk on this scale are those who do not demonstrate these positive social behaviours.*

# 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’.

One-parent families and parents of Aboriginal and/or Torres Strait islander children are more likely to report high/highest stress than any other respondents. Parents of children with a language background other than English are notably less likely to report high/highest levels of stress as compared to results from parents of all children.

### Stress levels

**Table 19: Families reporting high stress by population groups, 2018-2020**

| **Population group** | **High stress** | | | **Highest stress** | | | **High/highest stress combined** | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2018** | **2019** | **2020** | **2018** | **2019** | **2020** | **2018** | **2019** | **2020** | |
| % | % | % | % | % | % | % | % | % | n |
| All Children | 7.2 | 7.9 | **8.8** | 1.1 | 1.1 | **1.3** | 8.3 | 9.0 | **10.0** | **5,423** |
| Male | 7.8 | 8.5 | **9.7** | 1.2 | 1.4 | **1.4** | 9.0 | 9.8 | **11.1** | **2,877** |
| Female | 7.6 | 8.5 | **8.9** | 1.2 | 1.1 | **1.3** | 8.8 | 9.6 | **10.2** | **2,534** |
| Aboriginal and/or Torres Strait Islander | 11.1 | 14.6 | **12.9** | 3.0 | 2.6 | **2.2** | 14.1 | 17.2 | **15.0** | **161** |
| Language background other than English | 4.0 | 4.6 | **4.5** | 1.0 | 1.2 | **1.0** | 5.0 | 5.7 | **5.5** | **663** |
| One-parent family | 14.6 | 15.4 | **15.2** | 3.1 | 3.7 | **3.4** | 17.7 | 19.1 | **18.5** | **1,125** |
| Living in areas of most disadvantage (IRSED 1) | 7.3 | 7.6 | **8.2** | 1.3 | 1.5 | **1.5** | 8.6 | 9.1 | **9.8** | **1,112** |
| Living in areas of least disadvantage (IRSED 5) | 7.1 | 7.8 | **9.5** | 0.8 | 0.8 | **1.2** | 7.9 | 8.6 | **10.7** | **1,070** |
| Rural/Regional areas | 9.2 | 9.9 | **10.4** | 1.3 | 1.4 | **1.4** | 10.5 | 11.2 | **11.8** | **1,799** |
| Metropolitan areas | 6.5 | 7.2 | **8.1** | 1.1 | 1.1 | **1.3** | 7.5 | 8.2 | **9.4** | **3,622** |

*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 stressful event is the death of a relative or friend (experienced by 6.9 per cent of all children) and moving to a new home (6.4 per cent). Aboriginal and/or Torres Strait Islander children and children from one-parent families are generally more likely than other children to have experienced at least one of the stressful events listed. Reported stressful events are also generally more common for children living in areas of most disadvantage as compared to areas of least disadvantage, and for those living in rural/regional areas as compared to those living in metropolitan areas.

**Table 20: Children affected by stressful events during twelve months prior to SEHQ completion, 2020**

| 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 | 6.9 | 4.2 | 6.4 | 3.8 | 4.1 | 1.7 | 1.5 | 2.5 | 1.1 |
| Male | 6.8 | 4.4 | 6.8 | 3.9 | 4.3 | 1.8 | 1.4 | 2.5 | 1.1 |
| Female | 7.8 | 4.5 | 6.6 | 4.1 | 4.4 | 1.8 | 1.7 | 2.8 | 1.2 |
| Aboriginal and/or Torres Strait Islander | 12.8 | 11.3 | 12.0 | 6.5 | 6.3 | 2.2 | 4.5 | 6.4 | 2.0 |
| Language background other than English | 2.9 | 2.0 | 5.3 | 4.0 | 2.5 | 1.6 | 0.4 | 1.3 | 0.6 |
| One-parent family | 9.5 | 26.2 | 15.0 | 3.8 | 6.1 | 2.7 | 7.8 | 5.3 | 1.3 |
| Living in areas of most disadvantage (IRSED 1) | 7.2 | 5.3 | 6.5 | 4.6 | 4.2 | 1.8 | 1.7 | 2.7 | 1.1 |
| Living in areas of least disadvantage (IRSED 5) | 5.7 | 2.7 | 6.3 | 2.9 | 3.9 | 1.6 | 1.0 | 1.8 | 0.8 |
| Rural/Regional areas | 9.7 | 5.7 | 7.7 | 3.9 | 5.5 | 1.8 | 2.1 | 3.5 | 1.6 |
| Metropolitan areas | 5.8 | 3.7 | 5.8 | 3.8 | 3.5 | 1.7 | 1.2 | 2.1 | 0.9 |

The SEHQ also asks parents to indicate if there is a family history of specific issues. Across population groups the most common reported family issue is a history of mental illness of a parent (reported by 8.8 per cent of parents of all children), with the exception of one parent families for which a history of abuse to a parent is the most common issue (29.7 per cent).

Aboriginal and/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. Reported family issues are also generally more common for children living in areas of most disadvantage as compared to areas of the least disadvantage, and for those living in rural/regional areas as compared to those living in metropolitan areas. Children from language backgrounds other than English were the least likely to experience family issues of all types reported through the survey.

**Table 21: Proportion of children with reported family issues, 2020**

| 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 | 5.4 | 3.6 | 3.5 | 0.6 | 8.8 |
| Male | 2.1 | 5.9 | 3.9 | 3.8 | 0.7 | 9.3 |
| Female | 1.9 | 5.5 | 3.8 | 3.5 | 0.7 | 9.4 |
| Aboriginal and/or Torres Strait Islander | 9.3 | 20.9 | 20.3 | 16.9 | 2.0 | 22.2 |
| Language background other than English | 0.8 | 2.1 | 0.9 | 1.5 | 0.4 | 2.2 |
| One-parent family | 9.3 | 29.7 | 16.1 | 18.1 | 3.0 | 18.6 |
| Living in areas of most disadvantage (IRSED 1) | 2.7 | 7.5 | 5.1 | 5.1 | 0.8 | 10.4 |
| Living in areas of least disadvantage (IRSED 5) | 1.1 | 3.5 | 1.9 | 1.8 | 0.5 | 6.0 |
| Rural/Regional areas | 3.0 | 8.0 | 6.0 | 5.2 | 0.8 | 12.6 |
| Metropolitan areas | 1.4 | 4.4 | 2.7 | 2.8 | 0.6 | 7.3 |

1. In all cases ‘parent’ refers to the person completing the questionnaire; this may be a guardian, carer, grandparent, etc. [↑](#footnote-ref-2)
2. Not all schools participate in the Primary School Nursing Program; only children in participating schools will have a SEHQ completed by a parent. [↑](#footnote-ref-3)
3. 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 Aboriginal and/or Torres Strait Islander; live in a one-parent family; and/or live in an area of most socio-economic disadvantage. [↑](#footnote-ref-4)
4. Speech and language service use is asked twice in the SEHQ; this figure does not include the proportion of children reported to have seen a speech pathologist in the past twelve months, just those children whose parents reported ‘yes’ that their child is currently seeing a speech pathologist. [↑](#footnote-ref-5)