Victorian Child Health and Wellbeing Survey 2023

Summary Report

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# Background

Healthy development in childhood lays the foundations and sets the trajectories for children’s ongoing physical, social, emotional, and cognitive development.

The Victorian Child Health and Wellbeing Survey (VCHWS) collects information about the physical, mental, and social health and wellbeing of Victorian children aged 12 years and under. The survey enables regular monitoring and reporting against the [Victorian Child and Adolescent Monitoring System (VCAMS)](https://www.vic.gov.au/victorian-child-and-adolescent-monitoring-system). This system facilitates informed decision-making across government through access to outcome indicators for children and families.

The VCHWS was conducted in 2006, 2009, 2013, 2017, 2019, 2021 and 2023. The current report presents findings from the 2023 survey and provides a time series back to 2013.[[1]](#footnote-2)

For each survey, data are collected from a sample of parents of approximately 5,000 Victorian children aged 12 years and under via telephone interview. Data are weighted against population benchmarks to provide representative state estimates.

## Sociodemographic characteristics of the VCHWS sample

**Table 1: Sociodemographic characteristics of the VCHWS sample, 2013 to 2023**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Selected characteristic** | **Survey Estimate (%)\*** | | | | |
|  | **2013** | **2017** | **2019** | **2021\*\*** | **2023\*\*** |
| **Sex** |  | | | | |
| Male | 51.3 | 51.3 | 51.3 | 51.3 | 51.3 |
| Female | 48.7 | 48.7 | 48.7 | 48.6 | 48.5\*\* |
| **Area** |  | | | | |
| Metropolitan Victoria | 73.7 | 74.9 | 74.9 | 74.9 | 75.0 |
| Rural Victoria | 26.3 | 25.1 | 25.1 | 25.1 | 25.0 |
| **Age group** |  | | | | |
| < 1 year | 8.2 | 7.5 | 7.5 | 7.5 | 7.2 |
| 1 to 4 years | 31.8 | 31.7 | 31.7 | 31.7 | 29.9 |
| 5 to 8 years | 30.6 | 31.1 | 31.1 | 31.1 | 31.8 |
| 9 to 12 years | 29.3 | 29.7 | 29.7 | 29.7 | 31.1 |
| **Family type** |  | | | | |
| Couple family | 90.5 | 82.9 | 88.4 | 89.9 | 86.4 |
| One-parent family | 9.4 | 16.9 | 11.4 | 10.0 | 13.2 |
| **Health care card status** |  | | | | |
| On a health care card | 23.9 | 24.9 | 20.2 | 18.0 | 18.4 |
| Not on a health care card | 75.4 | 74.4 | 78.4 | 80.8 | 80.4 |

\* Proportions represent demographic splits following the weighting of survey responses.

\*\* Proportions for 2021 and 2023 do not sum to 100% due to inclusion of Other category (0.25% in 2023).

## Victoria at a glance

**Table 2: Key indicators, 2013 to 2023**

| Proportion of children who… | 2013 | 2017 | | | 2019 | | | | 2021 | | | 2023 | Short-term trend (2021 to 2023)\* | Long-term trend (2013 to 2023)\* |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A healthy start to life | | | | | | | | | | | | | | |
| were exposed to alcohol in utero# | 46.7% | | 56.9% | | | 46.3% | | | | 49.6% | | 39.8% | Stable | Stable |
| Children are physically healthy | | | | | | | | | | | | | | |
| had ‘good, very good or excellent’ health | 97.9% | | 97.3% | | | 98.0% | | | | 98.0% | | 96.7% | Decrease | Decrease |
| had special health care needs for at least 12 months | 18.1% | | 20.7% | | | 19.3% | | | | 21.5% | | 25.0% | Increase | Increase |
| met the recommended fruit intake | 73.2% | | 76.7% | | | 74.8% | | | | 72.0% | | 70.8% | Stable | Stable |
| met the recommended vegetable intake | 2.9% | | 3.8% | | | 2.4% | | | | 2.9% | | 2.7% | Stable | Stable |
| drank a sweet beverage every day# | 31.4% | | 21.7% | | | 18.7% | | | | 21.2% | | 14.5% | Decrease | Decrease |
| engaged in sufficient physical activity# | 62.2% | | 59.4% | | | 51.8% | | | | 47.3% | | 51.2% | Stable | Decrease |
| exceeded recommended screen time# | 17.6% | | 18.0% | | | 18.0% | | | | 32.5% | | 28.0% | Decrease | Increase |
| lived in a smoke-free home | 81.5% | | 81.9% | | | 84.3% | | | | 86.0% | | 85.2% | Stable | Increase |
| Children and mentally and emotionally healthy | | | | | | | | | | | | | | |
| had emotional, developmental, or behavioural problems | 7.1% | | 10.1% | | | 9.3% | | | | 10.5% | | 13.7% | Increase | Increase |
| had low to no risk of clinically significant problems | 85.7% | | 81.3% | | | 82.7% | | | | 80.6% | | 78.9% | Stable | Decrease |
| Children participate in learning and education | | | | | | | | | | | | | | |
| was read to every day | 69.6% | | | 68.9% | | | 67.1% | 68.9% | | | 67.0% | | Stable | Stable |
| Positive family functioning | | | | | | | | | | | | | | |
| had a parent who reported poor mental health | 3.1% | | 3.9% | | | 3.3% | | | | 4.8% | | 4.4% | Stable | Increase |
| experienced unhealthy family functioning | 7.6% | | 8.1% | | | 7.1% | | | | 6.7% | | 8.0% | Stable | Stable |
| Children’s material needs are met | | | | | | | | | | | | | | |
| experienced food insecurity# | 4.9% | | 7.1% | | | 5.0% | | | | 3.4% | | 7.6% | Increase | Increase |
| experienced financial insecurity | 12.3% | | 11.5% | | | 10.5% | | | | 7.8% | | 11.0% | Increase | Stable |
| Children belong in inclusive and liveable communities | | | | | | | | | | | | | | |
| had access to basic services | 92.6% | | 93.3% | | | 93.6% | | | | 92.7% | | 90.8% | Stable | Decrease |
| lived in a safe neighbourhood | 95.8% | | 92.4% | | | 94.5% | | | | 96.0% | | 93.3% | Decrease | Decrease |
| had support available in case of emergency or crisis | 93.8% | | 93.9% | | | 93.0% | | | | 92.6% | | 92.4% | Stable | Stable |
| lived near playgrounds or open spaces | 87.9% | | 89.2% | | | 90.2% | | | | 90.7% | | 90.2% | Stable | Increase |
| lived near accessible public transport | - | | - | | | 77.9% | | | | 79.0% | | 77.6% | Stable | n.a |

\* An ‘Increase’ or ‘Decrease’ indicates a difference between the nominated years when the 95% confidence intervals surrounding the estimated proportions did not overlap. ‘Stable’ indicates that confidence intervals surrounding the estimates for the respective years overlapped.

#These measures are included in the Victorian public health and wellbeing plan 2023-27 and associated outcomes framework.

## Outcome: A healthy start to life

### Parental alcohol exposure

Alcohol use during pregnancy can cause miscarriage, stillbirth, and a range of lifelong physical, behavioural and intellectual disabilities. These disabilities are known as foetal alcohol spectrum disorders (FASDs), some of which include abnormal facial features, poor coordination, hyperactive behaviour, attention and memory difficulties, and low intelligence (U.S. Department of Health and Human Services, 2021).

The VCHWS asks biological mothers of children aged 0 to 1 years whether they ever consumed alcohol during the pregnancy of their child.

In 2023, fewer than 2 in 5 Victorian babies (39.8%) were exposed to alcohol in utero, which has remained stable over time.

**Figure 1. Proportion of Victorian children (aged 0 to 1 years) exposed to alcohol in utero, 2013 to 2023**

The I-bar shows the 95% confidence interval for each estimated proportion.

There were no statistically significant differences observed between any population groups in 2023. The only statistical difference was in 2013, when children living in the most disadvantaged areas were found to be less likely to have been exposed to alcohol in utero. Published research into the reported use of alcohol during pregnancy has also found that women on higher incomes or with post-school education are more likely to drink during pregnancy (Muggli, et al., 2016). This is reflected in the VCHWS results for the most disadvantaged and least disadvantaged women over the last 10 years, even though the differences are not statistically different.

**Table 3.** **Proportion of Victorian babies (aged 0 to 1 year) who were exposed to alcohol in utero, by population group, 2013 to 2023**

| Population group\* | 2013 | 2017 | 2019 | 2021 | 2023 |
| --- | --- | --- | --- | --- | --- |
| Victoria | 46.7% | 56.2% | 46.3% | 49.6% | 39.8% |
| **Metropolitan** | 44.8% | 56.1% | 44.6% | 49.7% | 39.9% |
| **Rural** | 52.9% | 59.1% | 52.1% | 49.1% | 39.6% |
| **Most disadvantaged** | 29.3% | 51.8% | 39.9% | 38.4% | 23.4% |
| **Least disadvantaged** | 57.5% | 63.4% | 54.9% | 56.0% | 49.1% |
| **Couple family** | 47.4% | 58.3% | 47.8% | 48.7% | 41.2% |
| **One-parent family** | 36.2% | 40.6% | 27.4% | 61.8% | 21.7% |
| **Child on a health care card** | 34.1% | 48.3% | 33.6% | 44.9% | 28.1% |
| **Child not on a health care card** | 49.9% | 59.2% | 48.8% | 50.4% | 42.5% |

*\** Shaded cells indicate a difference between population groups within the respective year when 95% confidence intervals surrounding the estimated proportions do not overlap, indicating the population groups are significantly different.

## Outcome: Children are physically healthy

### Good health

Governments and school communities increasingly recognise that health, well-being and educational outcomes are closely intertwined. Good child health is associated with increased school attendance, engagement and academic performance (WHO, 2021).

The VCHWS asks parents to rate their child’s general health, from poor through to excellent.

In 2023, almost all Victorian children aged 12 years and under (96.7%) were reported by their parents to have ‘good health’ or better.

**Figure 2. Proportion of Victorian children (aged 0 to 12 years) reported by their parents as having good health or better, 2013 to 2023**

The I-bar shows the 95% confidence interval for each estimated proportion.

Parents of children on a health care card were less likely to rate their child’s health as good, very good or excellent (94.9%) compared with other children (98.7%) – a difference that has persisted since 2013.

One-parent families in 2023 were also less likely to rate their child’s health as good, very good or excellent (92.7%) compared with couple families (97.3%), a trend not seen since 2017.

**Table 4. Proportion of Victorian children (aged 0 to 12 years) with good health or better, by population group, 2013 to 2023**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Population group\* | 2013 | 2017 | 2019 | 2021 | 2023 |
| Victoria | 97.9% | 97.3% | 98.0% | 98.0% | 96.7% |
| **Metropolitan** | 98.0% | 97.4% | 98.2% | 98.2% | 96.8% |
| **Rural** | 97.7% | 97.1% | 97.6% | 97.3% | 96.4% |
| **Most disadvantaged** | 96.5% | 98.1% | 98.2% | 96.8% | 93.9% |
| **Least disadvantaged** | 98.0% | 97.9% | 97.9% | 98.4% | 97.6% |
| **Couple family** | 98.0% | 98.0% | 98.2% | 98.1% | 97.3% |
| **One-parent family** | 96.7% | 94.1% | 96.8% | 96.7% | 92.7% |
| **Child on a health care card** | 95.3% | 95.4% | 95.6% | 94.9% | 91.0% |
| **Child not on a health care card** | 98.7% | 98.1% | 98.7% | 98.7% | 98.0% |

*\** Shaded cells indicate a difference between population groups within the respective year when 95% confidence intervals surrounding the estimated proportions do not overlap, indicating the population groups are significantly different.

### Special health care needs

In the VCHWS, having special health care needs means to currently need or use medicine prescribed by a doctor, have special service needs and/or functional limitations due to a health, medical or behavioural condition, which has lasted or is expected to last for at least 12 months.

Special health care needs may include those that have a physical health impact – such as asthma, diabetes or epilepsy - and those that have a psychological health impact – such as attention deficit hyperactivity disorder or autism spectrum disorders. However, children do not require a diagnosed condition to be identified as having special health care needs. Children with special health care needs often start school with poorer academic and social-emotional skills. Initial difficulties lead to achievement gaps and struggles to fit in with peers that worsen over time without appropriate supports (O'Connor, et al., 2021).

In 2023, 1 in 4 (25.0%) children aged 12 years and under in the VCHWS had special health care needs for at least 12 months – a significant increase from the 2021 VCHWS. Recent reports on the health of Australian children have found that asthma was the leading cause of total burden of disease among children aged 5–14 in 2021 followed by four mental health conditions: anxiety disorders, depressive disorders, conduct disorder and autism spectrum disorders (AIHW, 2023).

The VCHWS shows a significant increase over the last 10 years in the proportion of children reported by their parents to have special health care needs from 18.1% in 2013 to 25.0% in 2023. This is also reflected in the proportion of students receiving adjustments to support their access and participation in learning because of disability in Victoria, which has increased from 17.1% in 2015 to 26.3% in 2023 (ACARA, 2023).

**Figure 3. Proportion of Victorian children with special health care needs, 2013 to 2023**

The I-bar shows the 95% confidence interval for each estimated proportion.

Disparities between population groups have persisted over the last 10 years. Children living in rural areas, one-parent families, health care card holders are more likely to have special health care needs than their counterparts.

**Table 5. Proportion of Victorian children (aged 0 to 12 years) with special health care needs, by population group, 2013 to 2023**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Population group\* | 2013 | 2017 | 2019 | 2021 | 2023 |
| Victoria | 18.1% | 20.7% | 19.3% | 21.5% | 25.0% |
| **Metropolitan** | 17.3% | 19.3% | 17.7% | 20.3% | 23.8% |
| **Rural** | 20.4% | 25.1% | 24.2% | 25.2% | 28.9% |
| **Most disadvantaged** | 18.3% | 23.8% | 25.3% | 23.1% | 24.6% |
| **Least disadvantaged** | 16.9% | 20.1% | 15.7% | 19.4% | 22.8% |
| **Couple family** | 16.7% | 17.7% | 17.8% | 20.1% | 22.8% |
| **One-parent family** | 31.5% | 36.1% | 30.8% | 34.4% | 39.6% |
| **Child on a health care card** | 32.0% | 35.6% | 33.7% | 40.3% | 43.1% |
| **Child not on a health care card** | 13.7% | 15.9% | 15.5% | 17.4% | 20.7% |

*\** Shaded cells indicate a difference between population groups within the respective year when 95% confidence intervals surrounding the estimated proportions do not overlap, indicating the population groups are significantly different.

### Nutrition

Optimum nutrition is essential for the normal growth and physical and cognitive development of infants and children. Nutrition contributes significantly to healthy weight; quality of life and wellbeing; resistance to infection, and protection against chronic disease and premature death (NHMRC, 2013).

#### **Fruit consumption**

Evidence suggests that consuming fruit is associated with a reduced risk of obesity and weight gain (NHMRC, 2013). According to the Australian Dietary Guidelines, the minimum recommended number of serves of fruit per day for children aged between 4 and 12 years ranges from 1.5 to 2 serves.

The VCHWS asks parents of children aged 4 to 12 years how many serves of fruit – including dried fruit, their child eats daily.

In 2023, about 7 in 10 (70.8%) Victorian children were consuming enough fruit each day, which has remained statistically stable since 2013.

**Figure 4. Proportion of Victorian children (aged 4 to 12 years) consuming the recommended daily serves of fruit, 2013 to 2023**

The I-bar shows the 95% confidence interval for each estimated proportion.

In 2023, children living in rural areas and those not on a health care card were more likely than their comparison population groups to eat enough fruit.

**Table 6. Proportion of Victorian children (aged 4 to 12 years) consuming the recommended daily serves of fruit, by population group, 2013 to 2023**

| Population group\* | 2013 | 2017 | 2019 | 2021 | 2023 |
| --- | --- | --- | --- | --- | --- |
| Victoria | 73.2% | 76.7% | 74.8% | 72.0% | 70.8% |
| **Metropolitan** | 72.0% | 77.0% | 73.3% | 70.9% | 69.4% |
| **Rural** | 76.2% | 75.9% | 79.2% | 75.2% | 75.1% |
| **Most disadvantaged** | 70.1% | 72.6% | 74.0% | 68.3% | 63.9% |
| **Least disadvantaged** | 73.5% | 78.0% | 78.9% | 75.0% | 74.8% |
| **Couple family** | 73.8% | 78.0% | 75.8% | 73.2% | 71.1% |
| **One-parent family** | 68.6% | 72.1% | 68.4% | 63.9% | 69.2% |
| **Child on a health care card** | 69.6% | 74.2% | 71.1% | 64.8% | 63.7% |
| **Child not on a health care card** | 74.5% | 77.9% | 76.1% | 73.7% | 72.5% |

*\** Shaded cells indicate a difference between population groups within the respective year when 95% confidence intervals surrounding the estimated proportions do not overlap, indicating the population groups are significantly different.

#### **Vegetable consumption**

Evidence suggests that vegetable consumption is associated with a reduced risk of weight gain (NHMRC, 2013). According to the Australian Dietary Guidelines, the minimum recommended number of serves of vegetables per day, including legumes/beans, for children between the ages of 4- and 12-years ranges from 4.5 to 5.5 serves.

In 2023, the VCHWS asked parents of children aged 4 to 12 years how many serves of vegetables their child usually eats each day, including salad, legumes and beans.[[2]](#footnote-3)

In 2023, fewer than 3 in 100 Victorian children (2.7%) were consuming enough vegetables each day. This is similar to previous years.

**Figure 5. Proportion of Victorian children (aged 4 to 12 years) consuming the recommended daily serves of vegetables, 2013 to 2023**

The I-bar shows the 95% confidence interval for each estimated proportion.

No significant population group differences exist for this indicator.

**Table 7. Proportion of Victorian children (aged 4 to 12 years) consuming the recommended serves of vegetables per day, by population group, 2013 to 2023.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Population group\* | 2013 | 2017 | 2019 | 2021 | 2023 |
| Victoria | 2.9% | 3.8% | 2.4% | 2.9% | 2.7% |
| **Metropolitan** | 2.8% | 3.6% | 2.4% | 2.8% | 2.8% |
| **Rural** | 3.1% | 4.3% | 2.5% | 3.1% | 2.6% |
| **Most disadvantaged** | 2.4% | 3.5% | 1.4% | 2.6% | 1.8% |
| **Least disadvantaged** | 2.7% | 2.7% | 2.7% | 3.1% | 3.3% |
| **Couple family** | 2.8% | 3.2% | 2.4% | 2.7% | 2.5% |
| **One-parent family** | 3.8% | 5.9% | 2.4% | 4.3% | 4.1% |
| **Child on a health care card** | 2.7% | 4.5% | 2.5% | 3.5% | 1.9% |
| **Child not on a health care card** | 3.0% | 3.4% | 2.4% | 2.7% | 3.0% |

*\** Shaded cells indicate a difference between population groups within the respective year when 95% confidence intervals surrounding the estimated proportions do not overlap, indicating the population groups are significantly different.

#### **Sweet beverage consumption**

Frequent consumption of beverages containing high levels of sugar is a risk factor for dental fillings, obesity, type 2 diabetes and cardiovascular disease. Doctors therefore recommend that children, teenagers and adults do not drink excess fruit juice, and drink fewer sugar-sweetened beverages (Philipsborn, et al., 2019). The Australian Dietary Guidelines (NHMRC, 2013) do not specify a safe limit.

The VCHWS asks parents of Victorian children aged 1 to 12 years how many cups of soft drink, fruit juice (including freshly squeezed juice), cordial or sports drinks they usually drink in a day.

In 2023, around 1 in 7 (14.5%) children aged 1 to 12 years were reported by their parents to usually consume at least 1 cup of sweet beverage each day. This proportion has halved since 2013, where nearly 2 in 3 children (31.4%) were consuming sweet drinks daily.

**Figure 6. Proportion of Victorian children (aged 1 to 12 years) consuming at least 1 cup of sweet beverage per day, 2013 to 2023**

The I-bar shows the 95% confidence interval for each estimated proportion.

Disparities between population groups have persisted over the last 10 years. Children living in the most disadvantaged areas are more than twice as likely (20.6%) as those living in the least disadvantaged areas (8.7%) to consume a cup of sweet beverage each day.

Children aged 9 to 12 years, those in one-parent families, and children on a health care card were also more likely to consume sweet beverages than their counterparts.

**Table 8. Proportion of Victorian children (aged 1 to 12 years) who consume at least 1 cup of sweetened beverage each day, by population group, 2012 to 2023**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Population group\* | 2013 | 2017 | 2019 | 2021 | 2023 |
| Victoria | 31.4% | 21.7% | 18.7% | 21.2% | 14.5% |
| **Metropolitan** | 29.8% | 20.5% | 17.9% | 20.6% | 13.7% |
| **Rural** | 35.8% | 25.3% | 21.3% | 22.8% | 16.6% |
| **Most disadvantaged** | 43.9% | 40.3% | 27.8% | 29.6% | 20.6% |
| **Least disadvantaged** | 23.7% | 16.9% | 12.8% | 14.8% | 8.7% |
| **Couple family** | 30.2% | 19.8% | 17.9% | 19.8% | 13.0% |
| **One-parent family** | 42.3% | 30.7% | 24.9% | 32.4% | 22.8% |
| **Child on a health care card** | 39.7% | 32.0% | 26.0% | 33.3% | 22.7% |
| **Child not on a health care card** | 28.7% | 18.3% | 16.7% | 18.0% | 12.5% |

*\** Shaded cells indicate a difference between population groups within the respective year when 95% confidence intervals surrounding the estimated proportions do not overlap, indicating the population groups are significantly different.

### Physical activity

Regular physical activity, such as walking, cycling, skating, playing sports or active recreation, provides significant benefits for health. In children, physical activity improves physical fitness, cardiometabolic health, bone health, healthy weight management, cognitive functioning and academic performance. It also reduces the risk of depression and depressive symptoms (WHO, 2020). The Australian 24-Hour Movement Guidelines recommend that children over 5 years of age should perform at least one hour of moderate to vigorous activity each day (Department of Health, 2019) (Department of Health, 2021).

The VCHWS asks Victorian parents of children aged 5 to 12 years the number of days their child has been physically active for at least 60 minutes during the past week.

In 2023, more than half (51.2%) of the parents surveyed reported their children were physically active for an hour or more every day. This has been stable since 2019, although a significant decline from the 62.2% seen in 2013.

**Figure 7. Proportion of Victorian children (aged 5 to 12 years) who meet the recommended physical activity guidelines, 2013 to 2023**

The I-bar shows the 95% confidence interval for each estimated proportion.

In 2023, the proportion of parents reporting that their children were meeting the recommended activity guidelines was significantly higher for those located in rural areas (56.1%) compared to those in metropolitan areas (49.5%), a trend not seen since 2013.

**Table 9. Proportion of Victorian children (aged 5 to 12 years) who were physically active for at least one hour per day, by population group 2013 to 2023.**

| Population group\* | 2013 | 2017 | 2019 | 2021 | 2023 |
| --- | --- | --- | --- | --- | --- |
| Victoria | 62.2% | 59.4% | 51.8% | 47.3% | 51.2% |
| **Metropolitan** | 60.4% | 58.2% | 51.3% | 46.0% | 49.5% |
| **Rural** | 67.1% | 62.8% | 53.0% | 50.8% | 56.1% |
| **Most disadvantaged** | 62.8% | 63.3% | 54.2% | 49.6% | 46.3% |
| **Least disadvantaged** | 60.3% | 59.2% | 49.4% | 48.0% | 53.0% |
| **Couple family** | 62.3% | 60.1% | 51.6% | 47.2% | 51.0% |
| **One-parent family** | 60.8% | 56.4% | 53.0% | 47.1% | 52.2% |
| **Child on a health care card** | 62.9% | 63.2% | 53.1% | 49.0% | 56.6% |
| **Child not on a health care card** | 61.9% | 58.2% | 51.8% | 46.9% | 50.0% |

*\** Shaded cells indicate a difference between population groups within the respective year when 95% confidence intervals surrounding the estimated proportions do not overlap, indicating the population groups are significantly different.

### Electronic media use

Evidence indicates that greater time spent in sedentary behaviour, especially recreational screen time, is related to poorer health outcomes. In children, this includes lower physical fitness and cardiometabolic health, and poorer mental health, behavioural conduct, and sleep duration (WHO, 2020). The Australian 24-Hour Movement Guidelines recommend that children over 5 years of age should have no more than two hours of sedentary recreational screen time per day (Department of Health, 2019) (Department of Health, 2021).

The VCHWS asks parents of children aged 5 to 12 years how many hours per day their child uses the computer, tablet or phone for recreation.

In 2023, just over 1 in 4 (28.0%) Victorian children aged 5 to 12 years usually exceeded the recommended screen time.

Between 2013 and 2019, the proportion of children exceeding the recommended recreational screen time limit had remained statistically stable at around 18.0%. The 2023 result, although lower than in 2021, represents a more than 10 percentage point increase from 2013.

**Figure 8. Proportion of Victorian children (aged 5 to 12 years) who exceed the recommended screen time, 2013 to 2023**

The I-bar shows the 95% confidence interval for each estimated proportion.

In 2023, significantly more children living in the most disadvantaged neighbourhoods were likely to exceed the recommended daily screen time recommendation compared to their counterparts in the least disadvantaged neighbourhoods.

The trend seen between 2013 and 2021 of more children on a health care card exceeding the recommended screen time limits than those not on health care cards was not seen in 2023.

**Table 10. Proportion of Victorian children (aged 5 to 12 years) who exceeded the recommended daily recreational screen time limit of two hours per day, by population group, 2013 to 2023**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Population group\* | 2013 | 2017 | 2019 | 2021 | 2023 |
| Victoria | 17.6% | 18.0% | 18.0% | 32.5% | 28.0% |
| **Metropolitan** | 18.1% | 17.7% | 18.3% | 33.4% | 28.5% |
| **Rural** | 16.2% | 18.9% | 17.3% | 30.1% | 26.6% |
| **Most disadvantaged** | 24.0% | 25.5% | 21.0% | 33.5% | 35.6% |
| **Least disadvantaged** | 14.1% | 16.3% | 16.1% | 29.9% | 22.9% |
| **Couple family** | 16.7% | 16.4% | 17.6% | 31.8% | 26.9% |
| **One-parent family** | 24.9% | 23.5% | 21.1% | 38.1% | 32.6% |
| **Child on a health care card** | 24.4% | 24.5% | 23.8% | 41.2% | 32.8% |
| **Child not on a health care card** | 15.3% | 15.6% | 16.5% | 30.3% | 26.9% |

*\** Shaded cells indicate a difference between population groups within the respective year when 95% confidence intervals surrounding the estimated proportions do not overlap, indicating the population groups are significantly different.

### Exposure to tobacco smoke

Exposure to tobacco smoke causes numerous health problems in infants and children, including more frequent and severe asthma attacks, respiratory infections, and ear infections. In later life, some of the health conditions caused by second-hand smoke include coronary heart disease, stroke, and lung cancer (U.S Department of Health and Human Services, 2014).

The VCHWS asks parents of children aged 12 years and under whether the household contains regular smokers and whether they always smoke[[3]](#footnote-4) outside the house.

In 2023, more than 8 in 10 (85.2%) Victorian children lived in a smoke-free home, continuing the long-term increase seen since 2013.

**Figure 9. Proportion of Victorian children (aged 0 to 12 years) who live in a smoke-free home, 2013 to 2023**

The I-bar shows the 95% confidence interval for each estimated proportion.

Long-term differences among population groups remain in 2023, with smoke-free homes more prevalent in least disadvantaged areas, couple families, and children not listed on a health care card compared to their counterparts.

**Table 11. Proportion of Victorian children (aged 0 to 12 years) living in a smoke-free home, by population group, 2013 to 2023.**

| Population group\* | 2013 | 2017 | 2019 | 2021 | 2023 |
| --- | --- | --- | --- | --- | --- |
| Victoria | 81.5% | 81.9% | 84.3% | 86.0% | 85.2% |
| **Metropolitan** | 82.1% | 84.1% | 85.4% | 87.2% | 85.9% |
| **Rural** | 79.8% | 75.4% | 81.0% | 82.3% | 83.1% |
| **Most disadvantaged** | 70.7% | 65.5% | 73.7% | 77.2% | 74.3% |
| **Least disadvantaged** | 89.9% | 91.4% | 91.0% | 92.7% | 92.6% |
| **Couple family** | 82.9% | 84.6% | 85.8% | 87.7% | 87.1% |
| **One-parent family** | 67.6% | 68.7% | 72.8% | 71.5% | 73.8% |
| **Child on a health care card** | 70.0% | 66.6% | 73.5% | 72.6% | 73.1% |
| **Child not on a health care card** | 85.2% | 87.0% | 87.2% | 89.1% | 88.2% |

*\** Shaded cells indicate a difference between population groups within the respective year when 95% confidence intervals surrounding the estimated proportions do not overlap, indicating the population groups are significantly different.

## Outcome: Children are mentally and emotionally healthy

### Emotional, developmental or behavioural problems

Children with emotional, developmental, or behavioural problems are at risk of learning problems and low academic performance in addition to their existing difficulties. This can lead to poor long-term outcomes such as greater risks of school-exclusion and unemployment, and increased levels of antisocial behaviour (Anderson, et al., 2019).

The VCHWS asks parents of children aged 0 to 12 years if their child has any kind of emotional, developmental, or behavioural problem for which they need or get treatment or counselling.

In 2023, almost 1 in 7 Victorian children (13.7%) had an emotional, developmental, or behavioural problem for which they needed treatment or counselling, an increase from 2021 (10.5%)

The VHCWS shows an increasing proportion of children needing professional help and this has continued to increase since 2013.This is consistent with published research into the prevalence of mental health disorders in Australian children and increases in the diagnosis of ADHD and Autism Spectrum Disorders in particular (AIHW, 2023).

**Figure 10. Proportion of Victorian children (aged 0 to 12 years) with emotional, developmental, or behavioural problems, 2013 to 2023**

The I-bar shows the 95% confidence interval for each estimated proportion.

Continuing a long-term trend, significantly higher proportions of children who live in one parent families or have a health care card are reported to have emotional, developmental, or behavioural problems compared to their counterparts.

**Table 12. Proportion of Victorian children (aged 0 to 12 years) with emotional, developmental, or behavioural problems, by population group, 2013 to 2023.**

| Population group\* | 2013 | 2017 | 2019 | 2021 | 2023 |
| --- | --- | --- | --- | --- | --- |
| Victoria | 7.1% | 10.1% | 9.3% | 10.5% | 13.7% |
| **Metropolitan** | 6.8% | 9.6% | 8.5% | 9.9% | 12.7% |
| **Rural** | 8.0% | 11.9% | 11.7% | 12.2% | 16.4% |
| **Most disadvantaged** | 7.2% | 14.0% | 12.5% | 11.7% | 14.6% |
| **Least disadvantaged** | 6.3% | 7.4% | 7.2% | 8.8% | 10.7% |
| **Couple family** | 5.7% | 7.7% | 7.9% | 8.9% | 11.2% |
| **One-parent family** | 20.3% | 22.2% | 20.1% | 24.9% | 30.0% |
| **Child on a health care card** | 18.7% | 24.0% | 22.4% | 27.7% | 32.1% |
| **Child not on a health care card** | 3.5% | 5.6% | 5.8% | 6.7% | 9.4% |

*\** Shaded cells indicate a difference between population groups within the respective year when 95% confidence intervals surrounding the estimated proportions do not overlap, indicating the population groups are significantly different.

### Risk of clinically significant problems

The Strengths and Difficulties Questionnaire (SDQ) is an assessment tool for child emotional and behavioural problems that can be used to screen for mental health problems in children and young people (Goodman, 1997). It covers emotional symptoms, conduct problems, hyperactivity, peer problems and social behaviour. Higher scores on the SDQ indicate greater risk of clinically significant problems.

In the VCHWS, parents of children aged 4 to 12 years are asked to complete the SDQ.

In 2023, just under 4 in 5 (78.9%) Victorian children were at no or low risk of clinically significant problems, similar to the proportion reported in 2021 (80.6%)

The VCHWS shows a long-term decrease in the proportion of children at no-or low-risk of problems from 86.4% in 2013 to 78.9% in 2023.

**Figure 11. Proportion of Victorian children (aged 4 to 12 years) at no-or low-risk of clinically significant problems, 2013 to 2023**

The I-bar shows the 95% confidence interval for each estimated proportion.

Long-term differences between population groups have continued in 2023, with children from the most disadvantaged areas, one-parent families or those on health care cards at higher risk of clinically significant problems compared to their counterparts.

A significantly higher proportion of children in rural areas in 2023 are at risk of clinically significant problems compared to their metropolitan counterparts, a difference also seen in 2019.

**Table 13. Proportion of Victorian children (aged 4 to 12 years) at no-or low-risk of clinically significant problems, by population group, 2013 to 2023.**

| Population group\* | 2013 | 2017 | 2019 | 2021 | 2023 |
| --- | --- | --- | --- | --- | --- |
| Victoria | 85.7% | 81.3% | 82.7% | 80.6% | 78.9% |
| **Metropolitan** | 86.0% | 82.7% | 83.9% | 81.6% | 80.5% |
| **Rural** | 85.0% | 77.6% | 79.4% | 77.9% | 74.3% |
| **Most disadvantaged** | 81.2% | 70.4% | 74.5% | 73.2% | 74.3% |
| **Least disadvantaged** | 90.2% | 84.2% | 87.6% | 85.3% | 85.9% |
| **Couple family** | 87.3% | 83.7% | 84.5% | 82.5% | 82.1% |
| **One-parent family** | 73.3% | 72.2% | 71.2% | 67.2% | 61.9% |
| **Child on a health care card** | 72.4% | 66.9% | 64.1% | 61.7% | 55.0% |
| **Child not on a health care card** | 90.4% | 87.0% | 87.9% | 85.3% | 84.5% |

*\** Shaded cells indicate a difference between population groups within the respective year when 95% confidence intervals surrounding the estimated proportions do not overlap, indicating the population groups are significantly different.

## Outcome: Children participate in learning and education

### Reading to children

Reading storybooks to children is one of the most important activities for developing the knowledge required for eventual success in reading (Barger, et al., 2019). Reading to a child at a young age has a direct causal effect on their schooling outcomes irrespective of their family and cultural background and home environment (Kalb & van Ours, 2014). In particular, reading to pre-schoolers is related to language growth, emergent literacy and reading achievement (Bus, et al., 1995). Children who are read to more frequently at an early age enter school with larger vocabularies and more advanced comprehension skills (Mol & Bus, 2011). Reading to children also stimulates them to read books themselves and further develop their cognitive skills (Canoy, et al., 2006).

The VCHWS asks parents of children aged 0 to 4 years how many days per week they or someone in the family reads to their child.

Similar to previous years, in 2023, more than two-thirds (67.0%) of Victorian children under the age of 5 had been read to by a family member 6 or 7 days per week.

**Figure 12. Proportion of Victorian children (aged 0 to 4 years) who are read to every day (6 or 7 days a week), 2013 to 2023**

The I-bar shows the 95% confidence interval for each estimated proportion.

As in previous years, children living in the least disadvantaged areas were more likely to be read to every day than those in the most disadvantaged areas.

**Table 14. Proportion of Victorian children (aged 0 to 4 years) read to every day (6 or 7 days a week) by a family member, by population group, 2013 to 2023**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Population group\* | 2013 | 2017 | 2019 | 2021 | 2023 |
| Victoria | 69.6% | 68.9% | 67.1% | 68.9% | 67.0% |
| **Metropolitan** | 68.4% | 66.8% | 66.5% | 68.6% | 66.0% |
| **Rural** | 73.1% | 75.8% | 69.0% | 69.8% | 70.3% |
| **Most disadvantaged** | 61.2% | 59.4% | 54.6% | 59.6% | 62.7% |
| **Least disadvantaged** | 77.9% | 72.2% | 74.2% | 76.6% | 80.5% |
| **Couple family** | 70.2% | 69.3% | 67.8% | 69.4% | 67.1% |
| **One-parent family** | 61.3% | 65.3% | 58.5% | 60.0% | 67.8% |
| **Child on a health care card** | 64.7% | 61.9% | 62.2% | 56.3% | 62.2% |
| **Child not on a health care card** | 71.1% | 70.5% | 68.2% | 71.3% | 67.9% |

*\** Shaded cells indicate a difference between population groups within the respective year when 95% confidence intervals surrounding the estimated proportions do not overlap, indicating the population groups are significantly different.

## Outcome: Positive family functioning

### Parental mental health

Poor mental health among parents or primary caregivers is associated with poor mental and physical health in children. Parents who experience mental health challenges, such as coping with symptoms of depression or anxiety, may have more difficulty providing care for their child compared to parents who describe their mental health as good (Wolicki, et al., 2021).

The VCHWS asks parents about the presence of anxiety and depressive symptoms in the last 30 days using the Kessler-6 (K-6) scale. The K-6 provides a simple measure of psychological distress (Kessler, et al., 2003).

In 2023, 4.4% of parents with children aged 12 years and under had high levels of psychological distress. This continues a long-term increase from 2013 when 3.1% were found to have high levels of psychological distress.

**Proportion of Victorian children (aged 0 to 12 years) with parents who report high levels of psychological distress, 2013 to 2023**

The I-bar shows the 95% confidence interval for each estimated proportion.

Differences between population groups have persisted over the last 10 years. In 2023, differences were especially apparent among one-parent families, who were 4 times more likely to report high levels of distress than parents in couple families. Differences also persisted among parents with children on a health care card, who were 3 times more likely to report high distress than parents whose children were not on a health care card.

In 2023, parents from the most disadvantaged areas were more than 3 times more likely to report high distress than parents from the least disadvantaged areas. This difference was also seen in 2013 and 2019.

**Table 15. Proportion of Victorian children (aged 0 to 12 years) with parents who report high or very high psychological distress, by population group, 2013 to 2023**

| Population group\* | 2013 | 2017 | 2019 | 2021 | 2023 |
| --- | --- | --- | --- | --- | --- |
| Victoria | 3.1% | 3.9% | 3.3% | 4.8% | 4.4% |
| **Metropolitan** | 3.0% | 3.4% | 3.3% | 5.0% | 4.3% |
| **Rural** | 3.3% | 5.3% | 3.4% | 4.2% | 5.0% |
| **Most disadvantaged** | 4.8% | 5.6% | 4.3% | 5.0% | 8.5% |
| **Least disadvantaged** | 1.3% | 1.6% | 1.7% | 3.8% | 2.5% |
| **Couple family** | 2.3% | 2.7% | 2.6% | 3.8% | 3.2% |
| **One-parent family** | 10.3% | 9.7% | 8.9% | 14.4% | 12.8% |
| **Child on a health care card** | 6.8% | 8.0% | 7.4% | 12.0% | 10.0% |
| **Child not on a health care card** | 1.8% | 2.5% | 2.1% | 3.2% | 3.2% |

*\** Shaded cells indicate a difference between population groups within the respective year when 95% confidence intervals surrounding the estimated proportions do not overlap, indicating the population groups are significantly different.

### Family functioning

Family functioning is related to the strength and quality of family relationships and the family’s ability to nurture, care and provide for one another. Healthy family functioning is linked to higher levels of psychological wellbeing, resilience, physical and mental health, and lower levels of loneliness, depression, addiction and childhood obesity (Cong, et al., 2022). The ‘healthiness’ of a family unit is reflected in the extent to which they solve family problems together; accept and support each other; share thoughts and feelings; communicate effectively; handle family responsibilities, and generally get along.

The VCHWS uses the General Functioning Scale of the McMaster Family Assessment Device to assess family functioning (Epstein, et al., 1983).

Similar to previous years, in 2023, around one in 12 (8.0%) Victorian children aged 12 years and under were living in a family with unhealthy functioning.

**Figure 14. Proportion of Victorian children (aged 0 to 12 years) living in a family with unhealthy functioning, 2013 to 2023**

The I-bar shows the 95% confidence interval for each estimated proportion.

Continuing long-term trends seen since 2013, children living in couple families, and those not listed on health care cards were more likely than their counterparts to live in families with healthy functioning.

**Table 16. Proportion of Victorian children (aged 0 to 12) living in a family with unhealthy functioning, by population group, 2013 to 2023**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Population group\* | 2013 | 2017 | 2019 | 2021 | 2023 |
| Victoria | 7.6% | 8.1% | 7.1% | 6.7% | 8.0% |
| **Metropolitan** | 8.2% | 8.1% | 7.5% | 7.3% | 8.4% |
| **Rural** | 6.0% | 8.2% | 6.2% | 5.2% | 6.8% |
| **Most disadvantaged** | 11.1% | 12.9% | 12.4% | 8.8% | 11.6% |
| **Least disadvantaged** | 6.3% | 8.0% | 4.4% | 6.5% | 4.9% |
| **Couple family** | 6.6% | 6.6% | 6.2% | 6.2% | 7.2% |
| **One-parent family** | 17.9% | 15.5% | 14.2% | 11.9% | 13.1% |
| **Child on a health care card** | 13.7% | 12.9% | 11.9% | 10.0% | 15.5% |
| **Child not on a health care card** | 5.6% | 6.4% | 5.7% | 6.0% | 6.2% |

*\** Shaded cells indicate a difference between population groups within the respective year when 95% confidence intervals surrounding the estimated proportions do not overlap, indicating the population groups are significantly different

## Outcome: Children’s material needs are met

### Food insecurity

Food insecurity has been linked to adverse child development through multiple mechanisms. Physical and cognitive development can be impaired by inadequate food quantity and quality. Mental health is impacted through the experience of hunger, and heightened stress and anxiety associated with finding food (Gallegos, et al., 2021).

The VHCWS asks parents whether there were times in the last 12 months that the household ran out of food and could not afford to buy more.

In 2023, 7.6% of Victorian children aged 12 years and under lived in families that had run out of food and could not afford more at least once in the last year, more than double the proportion seen in 2021 (3.4%) and a significant increase since 2013.

**Figure 15. Proportion of Victorian children (aged 0 to 12 years) living in families that had experienced food insecurity, 2013 to 2023**

The I-bar shows the 95% confidence interval for each estimated proportion.

Long-term trends continue to be seen in certain population groups including children from families living in the most disadvantaged areas, from one-parent families and those on a health care card.

For the first time since 2013, there is no significant difference between children living in metropolitan and regional areas in 2023, although both groups were more likely to experience food insecurity in 2023 than in 2021.

**Table 17. Proportion of Victorian children (aged 0 to 12 years) living in families that had experienced food insecurity in the previous 12 months, by population group, 2013 to 2023**

| Population group\* | 2013 | 2017 | 2019 | 2021 | 2023 |
| --- | --- | --- | --- | --- | --- |
| Victoria | 4.9% | 7.1% | 5.0% | 3.4% | 7.6% |
| **Metropolitan** | 4.8% | 6.2% | 4.4% | 2.8% | 7.1% |
| **Rural** | 5.4% | 9.7% | 6.8% | 5.2% | 9.1% |
| **Most disadvantaged** | 9.6% | 13.5% | 7.6% | 6.2% | 18.2% |
| **Least disadvantaged** | 2.3% | 2.7% | 2.9% | 1.3% | 2.2% |
| **Couple family** | 3.5% | 4.2% | 3.1% | 2.2% | 4.9% |
| **One-parent family** | 18.7% | 21.3% | 19.7% | 14.4% | 25.3% |
| **Child on a health care card** | 13.8% | 18.7% | 15.6% | 11.3% | 23.1% |
| **Child not on a health care card** | 2.2% | 3.3% | 2.2% | 1.6% | 4.1% |

*\** Shaded cells indicate a difference between population groups within the respective year when 95% confidence intervals surrounding the estimated proportions do not overlap, indicating the population groups are significantly different.

### Financial insecurity

Families who regularly experience financial insecurity are less able to invest in resources that promote healthy child development, including nutritious food and cognitively stimulating materials. Financial insecurity is often a cause of parental stress, which decreases the quality of parenting and places children at risk for social-emotional and behavioural difficulties (Hill, et al., 2013; Yeung, et al., 2002).

The VCHWS asks parents whether they could raise $2,000 within 2 days in an emergency. In 2023, around 1 in 10 (11.0%) children were living in families unable to do so. This is a significant increase on 2021 which had a low of 7.8%.

The significantly higher proportion reported in 2023 reverses a long trend of decline seen between 2012 and 2021 and may reflect the rising cost-of-living across Australia.

**Figure 16. Proportion of Victorian children (aged 0 to 12 years) living in families unable to raise $2000 within two days, 2013 to 2023**

The I-bar shows the 95% confidence interval for each estimated proportion.

Long-term population group differences continue to be present in 2023, with children in the most disadvantaged locations, from one parent families or who are on a health care card significantly less likely to be able to raise funds in an emergency.

**Table 18. Proportion of Victorian children (aged 0 to 12 years) living in families unable to raise $2,000 within two days in an emergency, by population group, 2013 to 2023**

| Population group\* | 2013 | 2017 | 2019 | 2021 | 2023 |
| --- | --- | --- | --- | --- | --- |
| Victoria | 12.3% | 11.5% | 10.5% | 7.8% | 11.0% |
| **Metropolitan** | 12.5% | 9.9% | 10.2% | 7.3% | 10.6% |
| **Rural** | 11.6% | 16.2% | 11.5% | 9.3% | 12.2% |
| **Most disadvantaged** | 19.6% | 25.6% | 22.1% | 15.3% | 22.5% |
| **Least disadvantaged** | 6.5% | 4.2% | 4.4% | 3.7% | 2.6% |
| **Couple family** | 10.2% | 8.7% | 8.5% | 6.5% | 8.3% |
| **One-parent family** | 32.5% | 25.2% | 26.5% | 20.2% | 28.6% |
| **Child on a health care card** | 27.9% | 25.2% | 25.2% | 20.3% | 28.9% |
| **Child not on a health care card** | 7.2% | 7.0% | 6.6% | 5.1% | 6.8% |

*\** Shaded cells indicate a difference between population groups within the respective year when 95% confidence intervals surrounding the estimated proportions do not overlap, indicating the population groups are significantly different.

## Outcome: Children belong in inclusive and liveable communities

### Access to basic services

Access to basic health services affects children’s health and wellbeing. Regular and reliable access to health services can prevent disease and disability; detect and treat illnesses or other health conditions; improve quality of life; reduce the likelihood of premature death and increase life expectancy (Edelman & Kudzma, 2022).   
  
The VCHWS asks parents of children aged 12 years and under whether there is access to basic services such as a health care centre or medical clinic in their neighbourhood.

In 2023, as in previous years, more than 9 in 10 parents agreed (90.8%) that their neighbourhood contained accessible basic services. There is evidence of a gradual decline over the last 10 years, with 92.6% reporting access to basic services in 2013.

**Figure 17. Proportion of Victorian children (aged 0 to 12 years) with access to basic services, 2013 to 2023**

The I-bar shows the 95% confidence interval for each estimated proportion.

As in previous years, differences in reported access to basic services differs between population groups, with lower access reported by those living in rural areas, those living in the most disadvantaged areas and for children on a health care card.

**Table 19. Proportion of Victorian children (aged 0 to 12 years) with access to basic services, by population group, 2013 to 2023.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Population group\* | 2013 | 2017 | 2019 | 2021 | 2023 |
| Victoria | 92.6% | 93.3% | 93.6% | 92.7% | 90.8% |
| **Metropolitan** | 95.3% | 95.8% | 95.8% | 94.9% | 93.6% |
| **Rural** | 85.1% | 85.6% | 87.2% | 85.9% | 82.4% |
| **Most disadvantaged** | 91.1% | 91.8% | 91.5% | 91.4% | 87.8% |
| **Least disadvantaged** | 94.4% | 95.2% | 95.3% | 96.1% | 94.7% |
| **Couple family** | 92.8% | 93.8% | 93.9% | 92.8% | 91.3% |
| **One-parent family** | 90.2% | 90.8% | 91.4% | 91.5% | 87.6% |
| **Child on a health care card** | 90.1% | 91.8% | 91.3% | 88.9% | 86.9% |
| **Child not on a health care card** | 93.4% | 93.8% | 94.3% | 93.6% | 91.7% |

*\** Shaded cells indicate a difference between population groups within the respective year when 95% confidence intervals surrounding the estimated proportions do not overlap, indicating the population groups are significantly different.

### Safe neighbourhoods

Outside of home and school, local neighbourhoods are the locations where children spend large periods of time, and neighbourhood safety can impact on children’s development. Levels of crime, traffic, noise, and pollution levels are linked to children’s opportunities to play outside and interact with others locally. These factors also influence the risk of becoming a victim of crime, traffic-related injuries, and physical and mental health more broadly (Villanueva, et al., 2016).

The VCHWS asks parents of children aged 12 years and under if they think the neighbourhood their family lives in is safe.

In 2023, more than 9 in 10 parents (93.3%) agreed that their neighbourhood was safe, similar to results seen in 2017. This represents a significant decline from the high seen in 2021 (96.0%) and an overall decline since 2013 (95.8%).

**Figure 18. Proportion of Victorian children (aged 0 to 12 years) living in safe neighbourhoods, 2013 to 2023**

The I-bar shows the 95% confidence interval for each estimated proportion.

Long-term differences remained apparent in 2023, with the parents of children living in the least disadvantaged neighbourhoods and couple families more likely to rate their neighbourhoods as safe.

For the first time, in 2023, there is no significant difference between children on and not on a health care card in their parents feeling that their neighbourhoods were safe.

**Table 20. Proportion of Victorian children (aged 0 to 12 years) living in safe neighbourhoods, by population group, 2013 to 2023**

| Population group\* | 2013 | 2017 | 2019 | 2021 | 2023 |
| --- | --- | --- | --- | --- | --- |
| Victoria | 95.8% | 92.4% | 94.5% | 96.0% | 93.3% |
| **Metropolitan** | 95.3% | 92.0% | 93.8% | 96.0% | 92.8% |
| **Rural** | 97.1% | 93.9% | 96.7% | 96.2% | 94.9% |
| **Most disadvantaged** | 87.5% | 80.8% | 85.7% | 91.1% | 83.0% |
| **Least disadvantaged** | 99.2% | 97.7% | 98.1% | 98.7% | 97.8% |
| **Couple family** | 96.2% | 93.3% | 95.1% | 96.6% | 94.3% |
| **One-parent family** | 91.5% | 88.0% | 90.2% | 90.8% | 86.9% |
| **Child on a health care card** | 93.6% | 86.5% | 90.9% | 93.2% | 90.6% |
| **Child not on a health care card** | 96.5% | 94.4% | 95.5% | 96.6% | 94.0% |

*\** Shaded cells indicate a difference between population groups within the respective year when 95% confidence intervals surrounding the estimated proportions do not overlap, indicating the population groups are significantly different.

### Crisis support

Assistance from family and friends can be critical to successful coping in an emergency or crisis (Benner & Mistry, 2020).

The VCHWS asks parents of children aged 12 years and under whether one of their friends or relatives could care for them or their children in an emergency.

In 2023, as in previous surveys, more than 9 in 10 Victorian parents (92.4%) had someone to care for them or their children in an emergency.

**Figure 19. Proportion of Victorian children (aged 0 to 12 years) with access to crisis support in an emergency, 2013 to 2023**

The I-bar shows the 95% confidence interval for each estimated proportion.

A long-term difference seen in previous years continued in 2023, with children not on a health care card more likely than their counterparts to have access to support in times of crisis. For the first time since 2017 couple families are also more likely to have access to support than single-parent families.

**Table 21. Proportion of Victorian children (aged 0 to 12 years) with access to crisis support in an emergency, by population group, 2013 to 2023**

| Population group\* | 2013 | 2017 | 2019 | 2021 | 2023 |
| --- | --- | --- | --- | --- | --- |
| Victoria | 93.8% | 93.9% | 93.0% | 92.6% | 92.4% |
| **Metropolitan** | 93.6% | 93.7% | 92.6% | 92.3% | 92.2% |
| **Rural** | 94.4% | 94.3% | 94.3% | 93.7% | 93.2% |
| **Most disadvantaged** | 92.7% | 87.2% | 92.3% | 89.6% | 91.1% |
| **Least disadvantaged** | 94.6% | 95.0% | 93.3% | 92.6% | 94.4% |
| **Couple family** | 94.1% | 94.6% | 93.2% | 92.9% | 93.2% |
| **One-parent family** | 90.3% | 90.3% | 92.2% | 89.9% | 87.6% |
| **Child on a health care card** | 91.6% | 90.5% | 88.5% | 87.6% | 87.9% |
| **Child not on a health care card** | 94.7% | 95.2% | 94.3% | 93.8% | 93.6% |

*\** Shaded cells indicate a difference between population groups within the respective year when 95% confidence intervals surrounding the estimated proportions do not overlap, indicating the population groups are significantly different.

### Parks and playgrounds

Urban green spaces, such as parks and playgrounds, can improve mental and physical health, and reduce obesity and type 2 diabetes among children and adults. These spaces provide psychological relaxation and stress alleviation; support physical activity; reduce exposure to air pollutants, noise and excess heat, and stimulate social engagement (WHO, 2016).

The VCHWS asks parents of children aged 12 years and under whether there are good parks, playgrounds and play spaces in their neighbourhood.

In 2023, more than 9 in 10 Victorian parents (90.2%) agreed that their neighbourhood contained good parks, playgrounds and play spaces, similar to 2021 (90.7%).

The VCHWS shows a gradual increase in this indicator over the last 10 years.

**Figure 20. Proportion of Victorian children (aged 0 to 12 years) who live in neighbourhoods with good parks, playgrounds and play spaces, 2013 to 2023**

The I-bar shows the 95% confidence interval for each estimated proportion.

Long-term differences seen in previous years continued in 2023, with children living in metropolitan areas, the least disadvantaged neighbourhoods, and not on a health care card, more likely to live in neighbourhoods with better outdoor spaces than their counterparts.

**Table 22. Proportion of Victorian children (aged 0 to 12 years) who live in neighbourhoods with good parks, playgrounds and play spaces, by population group, 2013 to 2023**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Population group\* | 2013 | 2017 | 2019 | 2021 | 2023 |
| Victoria | 87.9% | 89.2% | 90.2% | 90.7% | 90.2% |
| **Metropolitan** | 91.0% | 92.7% | 93.1% | 93.6% | 93.1% |
| **Rural** | 79.4% | 78.6% | 81.5% | 82.3% | 81.6% |
| **Most disadvantaged** | 77.4% | 75.7% | 81.7% | 83.3% | 84.2% |
| **Least disadvantaged** | 93.7% | 96.2% | 94.7% | 95.9% | 94.5% |
| **Couple family** | 88.3% | 90.0% | 90.4% | 90.9% | 90.7% |
| **One-parent family** | 84.4% | 85.0% | 88.5% | 89.0% | 87.0% |
| **Child on a health care card** | 84.0% | 84.1% | 87.0% | 86.0% | 86.5% |
| **Child not on a health care card** | 89.2% | 90.8% | 91.0% | 91.9% | 91.0% |

*\** Shaded cells indicate a difference between population groups within the respective year when 95% confidence intervals surrounding the estimated proportions do not overlap, indicating the population groups are significantly different.

### Public Transport

Close and affordable public transport greatly improves families’ access to essential services and activities including jobs, schools, health care services, food shopping and leisure, which in turn influences child development. Public transport is particularly important in areas where these services and activities are not available locally (Stanley, et al., 2022).

Since 2019, the VCHWS asks parents of children aged 12 years and under whether there is regular, affordable public transport in their neighbourhood.

In 2023, the parents of 3 in 4 children (77.6%) indicated that their neighbourhood had this quality, remaining stable since 2019 (77.9%).

**Figure 21. Proportion of Victorian children (aged 0 to 12 years) who live in a neighbourhood with close, affordable public transport, 2019 to 2023**

The I-bar shows the 95% confidence interval for each estimated proportion.

Differences between children in metropolitan and rural areas continue to be seen in 2023. Just over half of children living in rural areas had access to close and affordable public transport compared to more than 8 in 10 children in metropolitan areas.

**Table 23. Proportion of Victorian children (aged 0 to 12 years) who live in a neighbourhood with close, affordable public transport, by population group, 2019 to 2023**

| Population group\* | 2013 | 2017 | 2019 | 2021 | 2023 |
| --- | --- | --- | --- | --- | --- |
| Victoria | - | - | 77.9% | 79.0% | 77.6% |
| **Metropolitan** | - | - | 85.5% | 86.8% | 84.6% |
| **Rural** | - | - | 54.6% | 54.9% | 56.1% |
| **Most disadvantaged** | - | - | 75.9% | 79.9% | 81.7% |
| **Least disadvantaged** | - | - | 84.4% | 85.1% | 82.6% |
| **Couple family** | - | - | 78.1% | 79.0% | 77.1% |
| **One-parent family** | - | - | 76.1% | 78.5% | 80.9% |
| **Child on a health care card** | - | - | 75.4% | 77.1% | 77.7% |
| **Child not on a health care card** | - | - | 78.6% | 79.3% | 77.6% |

*\** Shaded cells indicate a difference between population groups within the respective year when 95% confidence intervals surrounding the estimated proportions do not overlap, indicating the population groups are significantly different.

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1. In the 2021 report an issue was identified with the weighting of 2019 data and subsequently the estimates reported in the VCHWS 2019 report. Estimates for 2019 in the 2019 report therefore differ slightly to those reported here and in the 2021 report.

   Updates have also been made to some 2013 and 2017 data where inconsistencies in derivations were identified. [↑](#footnote-ref-2)
2. Prior to 2021, this VCHWS item had not included legume and bean consumption, and so partially covered the NHMRC recommended items. This should be considered when making comparisons between the 2021 and 2023 estimates and previous years. [↑](#footnote-ref-3)
3. The VCHWS does not specifically ask about vaping [↑](#footnote-ref-4)