# A healthy start

A healthy start is proven to have long term impacts on health and wellbeing, with investments in the early years delivering better results at a lower cost in the long term.

Good maternal health during pregnancy is a critical first step. In Victoria, we have seen a reduction in mothers engaging in risky behaviour during pregnancy and improvements in perinatal mortality rates for Aboriginal children.

Exposure to alcohol and tobacco can increase the risk of complications during pregnancy.

The proportion of Victorian children from the least disadvantaged areas that are exposed to alcohol in utero (61%) is higher than the Victorian average. Fewer mothers are reporting drinking during the later stages of pregnancy – down from 34% in 2006 to 14% in 2017.

**Table 1 Children exposed to alcohol in utero, Victoria, 2006 to 2017. Source: Victorian Child Health and Wellbeing Survey, 2017.**

| **Year** | **Proportion of children exposed to alcohol in utero** |
| --- | --- |
| 2006 | 65% |
| 2009 | 60% |
| 2013 | 47% |
| 2017 | 56% |

Perinatal mortality is a key measure of maternal health, as it can reflect the quality of health services and exposure to risk.

Victoria’s overall perinatal mortality rate is decreasing. Since 2010-12, the rate among Aboriginal children has more than halved.

**Table 2 Perinatal mortality rate (deaths per 1,000 births), Victoria, 2009-11 to 2014-16. Source: Victoria’s Mothers, Babies and Children Report, 2016.**

| **Triennia** | **Non-Aboriginal perinatal mortality rate\*** | **Aboriginal perinatal mortality rate\*** |
| --- | --- | --- |
| 2009-2011 | 10.2 | 21.7 |
| 2010-2012 | 9.8 | 19.4 |
| 2011-2013 | 9.7 | 17.8 |
| 2012-2014 | 9.5 | 17.2 |
| 2013-2015 | 9.4 | 13.6 |
| 2014-2016 | 9.1 | 9.0 |

\* The perinatal mortality rate measures the rate of stillbirths and neonatal deaths (death of an infant in the first 28 days after birth)

Engagement with key services can contribute to better health and educational outcomes later in life. Victoria enjoys high vaccination rates and strong participation in key early childhood services, with particular improvements seen among Aboriginal children.

Vaccinations protect children against dangerous diseases, with a high uptake required in order to be most effective.

While Victorian vaccination rates at 12, 24 and 60 months of age are high, statewide coverage at 24 months has fallen from 94% in 2008 to 91% in 2017 while the other age groups have increased.

**Table 3 Immunisation rates at 12 months, Victoria, 2011 to 2017. Source: Australian Immunisation Record, 2018.**

| **Year** | **Statewide** | **Aboriginal** |
| --- | --- | --- |
| 2011 | 92% | 84% |
| 2013 | 91% | 85% |
| 2015 | 92% | 87% |
| 2017 | 94% | 93% |

Children’s participation in quality early childhood education is associated with reduced developmental vulnerability and improved educational outcomes.

While kindergarten participation amongst Victorian children from disadvantaged areas and Aboriginal backgrounds is high, the lower quality of services in disadvantaged areas contributes to worse developmental outcomes.

**Table 4 Proportion of Victorian Prep children developmentally vulnerable on two or more domains, 2015. Source: AEDC, 2015 and DET analysis.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Kindergarten attendance** | **Statewide** | **Aboriginal** | **Most disadvantaged\*** |
| No Kinder | 25% | 35% | 38% |
| Kinder | 9% | 23% | 17% |

\*SEIFA IRSD used as measure of disadvantage.

# Families and the family environment

Quality parenting and a nurturing family environment has a profound impact on children’s health and wellbeing, providing them with positive role models and a secure start to life.

The financial security of families has a significant influence on the family environment and children’s wellbeing. In 2016, more than a third of Victorian children from single parent families lived in jobless households, compared to only 5% of children from couple parent families.

Food insecurity can cause distress and often causes families to rely on unhealthy low-cost foods which has ramifications for children’s health.

While the proportion of Victorian children experiencing food insecurity increased from 6% in 2006 to 7% in 2017, the increase has been larger amongst children in disadvantaged areas.

**Table 5 Children from households with food insecurity\*, by SEIFA quintile, Victoria. Source: Victorian Child Health and Wellbeing Survey, 2009-2017.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Year** | **Quintile 1 (most disadvantaged)** | **Quintile 2** | **Quintile 3** | **Quintile 4** | **Quintile 5 (least disadvantaged)** |
| 2009 | 8.6% | 5.9% | 5.1% | 4.7% | 1.8% |
| 2013 | 9.6% | 6.6% | 6.3% | 4.3% | 2.3% |
| 2017 | 13.5% | 9.0% | 9.2% | 6.4% | 2.7% |

\*Food insecurity is defined here as running out of food and not being able to afford more.

Housing stress places significant pressure on family budgets and makes it difficult to provide for children’s other needs.

From 2001-2016, the proportion of Victorian children (aged 0-14 years) in households experiencing housing stress increased from 13% to 21%.

**Table 6 Proportion of Victorian children (aged 0-14 years) living in households with housing stress\*. Source: Australian Institute of Health and Welfare, 2018.**

| **Year** | **Single parent family** | **Lowest SES areas** |
| --- | --- | --- |
| 2001 | 32.9% | 16.7% |
| 2006 | 43.8% | 26.0% |
| 2011 | 50.6% | 30.2% |
| 2016 | 50.0% | 28.8% |

\*Housing stress is defined as households spending more than 30% of their gross income on housing.

While four in five Victorian families enjoy good family functioning, for the families that don’t, the impacts on children can be grave. Family violence, child abuse and neglect, can have lasting impacts on children’s health and academic outcomes.

Exposure to family violence can have devastating impacts on children and young people, and is associated with lower academic achievement.

Instances of family violence in Victoria have risen to more than 76,000 in 2016-17 with a child present in nearly 32% of cases.

**Table 7 Students achieving in the top two NAPLAN bands in Year 3 in 2017 versus SEHQ responses in 2014, Victoria. Source: School Entrant Health Questionnaire, 2014 & NAPLAN, 2017.**

| **NAPLAN domain** | **Abuse to child** | **No abuse** | **Child witnessed violence** | **No violence witnessed** |
| --- | --- | --- | --- | --- |
| Reading | 43.2% | 57.5% | 41.8% | 57.8% |
| Numeracy | 36.8% | 47.9% | 32.1% | 48.3% |

Child abuse is debilitating for children and young people, with severe long term consequences on health and wellbeing.

Substantiations of child abuse or neglect have risen sharply, with these children more likely to face challenges like homelessness, mental health issues and family violence.

**Table 8 Children subject to a child abuse and neglect substantiation, by Aboriginal status, Victoria, 2006-07 to 2016-17. Source: Australian Institute of Health and Welfare, 2009-2017.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Statewide** | **Aboriginal** | **Non-Aboriginal** |
| 2009-10 | 6,403 | 710 | 5,690 |
| 2011-12 | 8,741 | 963 | 7,778 |
| 2014-15 | 13,300 | 1,415 | 11,880 |
| 2016-17 | 15,488 | 1,858 | 13,625 |

# Inclusive and enabling communities

Communities play a significant role in the health and wellbeing of children, providing them with the strength, support and resources that they need, as well as a positive environment that enables children to flourish.

A supportive community for children, with trusted adults and support in times of need, contributes to a happy and healthy childhood. In 2017, around 94% of Victorian families reported they had access to support in times of need.

**Having a trusted adult is an important protective factor for children, providing a role model and reducing the likelihood of them engaging in risky behaviours.**

While most school aged children in Victoria reported having a trusted adult in 2016, older students and those from single parent families were less likely to do so.

**Table 9 Students with a trusted adult, 2016. Source: Victorian Student Health and Wellbeing Survey, 2016.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Year** | **Statewide** | **Couple parent** | **Single parent** | **Year 5** | **Year 8** | **Year 11** |
| 2016 | 69% | 75% | 66% | 75% | 65% | 64% |

Providing the physical infrastructure that children need is another vital ingredient to an inclusive and enabling community. In 2017, almost nine in ten Victorian families reported having good access to parks and playgrounds.

**When children have good access to parks and playgrounds, it offers them better opportunities for physical activity.**

Although most Victorian families do have parks and playgrounds close by, those from the most disadvantaged backgrounds are much less likely to have good access than those from more affluent families.

**Table 10 Families who believe their children have good access to parks and playgrounds, 2017. Source: Victorian Child Health and Wellbeing Survey, 2017.**

| **Cohort** | **Proportion of children** |
| --- | --- |
| Statewide  | 89.2% |
| Metro | 92.7% |
| Rural | 78.6% |
| Couple parent families | 90.0% |
| Single parent families | 85.0% |
| SEIFA quintile 1 (most disadvantaged) | 75.7% |
| SEIFA quintile 3  | 87.4% |
| SEIFA quintile 5 (least disadvantaged) | 96.2% |

When children enjoy a safe living environment, they are more likely to engage and participate in social and academic activities. In 2017, more than nine in ten Victorian families believed that the communities they lived in were safe.

**Feeling safe is a key precursor to health and wellbeing. Conversely, unsafe communities are associated with risky behaviours.**

While 98% of children under 12 years in the least disadvantaged areas reportedly live in safe neighbourhoods, this dropped to 81% in the most disadvantaged areas.

**Table 11 Children living in disorganised\* communities who have ever smoked tobacco or used illicit drugs, Victoria, 2016. Source: Victorian Student Health and Wellbeing Survey, 2016.**

|  |  |  |
| --- | --- | --- |
| **Community disorganisation** | **Proportion of students who have ever smoked tobacco** | **Proportion of students who have ever used illicit drugs** |
| Students living in a disorganised community | 50.2% | 55.8% |
| Students not living in a disorganised community | 33.3% | 28.9% |

\*Survey defined disorganisation through student responses to questions about how safe they feel, the presence of fights, and crime in their neighbourhood.

**Young people in contact with the youth justice system are more likely than their peers to come into contact with the criminal justice system as an adult.**

In 2016-17, a total of 2,822 young Victorians were found guilty of an offence, down from 6,663 in 2008-09.

**Table 12 Young people (10-17) under supervision, rate per 10,000, community and custodial supervision, states and territories, 2016-17. Source: Australian Institute of Health and Welfare, 2017.**

| **State/Territory** | **Non-Aboriginal** | **Aboriginal** |
| --- | --- | --- |
| Victoria | 11 | 148 |
| New South Wales | 9 | 154 |
| Queensland | 12 | 203 |
| Western Australia | 11 | 294 |
| South Australia | 8 | 214 |
| Tasmania | 16 | 59 |
| Australian Capital Territory | 15 | 182 |
| Northern Territory | 6 | 134 |
| Australia | 11 | 184 |

**Young people in custody are among the most vulnerable in the community, with many facing challenges related to mental health, disability and homelessness.**

More than half of young people in the youth justice system had prior interactions with child protection services, while over a third had accessed mental health services.

**Table 13 Young people receiving youth justice orders who have engaged with DHHS services, Victoria, 2015-16. Source: Armytage and Ogloff, 2017.**

| **Interaction with Department of Health and Human Services**  | **Males** | **Females** |
| --- | --- | --- |
| Previous involvement with child protection | 48% | 69% |
| Received alcohol and drug services | 46% | 45% |
| Received mental health services | 31% | 41% |
| Received disability services | 7% | 4% |

# Physical & mental health

Good mental and physical health early in life is intrinsically important and proven to lead to better outcomes later in life.

Children who are happy, healthy and confident are better able to fully engage in their environment, helping them to fulfil their potential.

**Most Victorian children are faring well.**

Three in four children report being satisfied with their lives, while almost nine in ten report good, very good or excellent health.

However, the proportion of students with an emotional, developmental or behavioural difficulty has risen to one in ten in 2017.

**Table 14 Students in Years 5, 8 and 11 who are happy and healthy, Victoria, 2016. Source: Victorian Student Health and Wellbeing Survey, 2016.**

| **Year**  | **Children who report being satisfied with their lives** | **Children who report their health being good, very good or excellent** |
| --- | --- | --- |
| 2016 | 75% | 87% |

**Table 15 Children (aged 6 months - 12 years) with an emotional, developmental or behavioural difficulty. Source: Victorian Child Health and Wellbeing Survey, 2006-2017.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Statewide** | **Couple parent family** | **Single parent family** |
| 2006 | 4.0% | 3.1% | 9.5% |
| 2017 | 10.1% | 7.7% | 22.2% |

Monitoring protective factors such as nutrition and physical activity provides insight into the physical and mental health of children and young people.

The proportion of children who are physically active has declined to around six in ten, and is lower for those in metropolitan areas.

Meanwhile, over 30 per cent of 5-17 year olds in Victoria are overweight or obese. Younger children (aged 5-11) are overweight or obese at higher rates.

**Table 16 Children (aged 5-12) who are physically active for over 60 minutes daily, Victoria. Source: Victorian Child Health and Wellbeing Survey, 2006-2017.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Statewide** | **Metro** | **Rural** |
| 2006 | 71% | 70% | 74% |
| 2017 | 59% | 58% | 63% |

**Table 17 Children (aged 5-17) who are overweight or obese, Victoria, 2014-15. Source: Australian Bureau of Statistics, cat no 4364.0, 2015.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Year**  | **5-7 years** | **8-11 years** | **12-15 years** | **16-17 years** | **5-17 years** |
| 2014-15 | 34.3% | 34.5% | 26.8% | 26.4% | **30.9%** |

Certain risky behaviours, such as smoking and drinking, are important indicators of the current and future health and wellbeing of young people.

Behaviours like smoking, drinking and drug taking are strongly associated with negative impacts on physical and mental health.

While overall rates have reduced slightly, children from single parent families are more likely to have engaged in risky behaviours than those from couple parent families.

**Table 18 Students in Year 8 and 11 who report ever engaging in risky behaviours, 2016. Source: Victorian Student Health and Wellbeing Survey, 2016.**

| **Family type** | **Smoking**  | **Consuming alcohol** | **Illicit drug use** |
| --- | --- | --- | --- |
| Statewide | 10% | 55% | 12% |
| Couple parent family | 8% | 54% | 10% |
| Single parent family | 15% | 64% | 18% |

Engaging in unsafe sexual activity is another potentially risky behaviour that can impact the health and wellbeing young people.

Just under one in six Victorian students report having ever had sex, and a quarter of those students report always using condoms.

**Table 19 Year 8 and 11 students who report ever having had sex, Victoria, 2016. Source: Victorian Student Health and Wellbeing Survey, 2016.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Statewide** | **Couple parent family** | **Single parent family** |
| 2016 | 15.0% | 13.0% | 21.0% |

**Table 20 Sexually active Year 8 and 11 students who report always using condoms, Victoria, 2016. Source: Victorian Student Health and Wellbeing Survey, 2016.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Statewide** | **Metro** | **Rural** |
| 2016 | 27.5% | 25.7% | 33.0% |

Families’ use of hospitals, including presentations at emergency departments, indicate some of the trends in the health and wellbeing of children and young people.

The rise of allergies among young people over recent years shows changing immunity and general physical health.

Anaphylaxis hospitalisations among 10-17 year olds have risen sharply, particularly for 15-17 year olds, who are now hospitalised at almost seven times the rate of a decade ago.

**Table 22 Anaphylaxis hospitalisations, rate per 100,000, Victoria. Source: Victorian Admitted Episodes Databases, 2005-06 to 2016-17.**

|  |  |  |
| --- | --- | --- |
| **Year** | **10-14 years** | **15-17 years** |
| 2005-06 | 9.0 | 14.0 |
| 2006-07 | 9.6 | 25.0 |
| 2007-08 | 10.6 | 21.3 |
| 2008-09 | 12.1 | 32.8 |
| 2009-10 | 13.6 | 31.1 |
| 2010-11 | 16.4 | 27.6 |
| 2011-12 | 13.0 | 41.6 |
| 2012-13 | 13.2 | 19.0 |
| 2013-14 | 19.9 | 38.1 |
| 2014-15 | 26.7 | 52.9 |
| 2015-16 | 37.0 | 74.4 |
| 2016-17 | 44.7 | 93.6 |

While not all children who attempt self-harm will attend hospital, presentations to hospital for self-harm provide insights into prevalence.

From 2006-2016, the number of Victorian females aged between 10 and 17 presenting to hospital for self-harm increased from 679 to 1112 and the number of males increased from 174 to 327.

**Table 23 Rate of self-harm emergency department presentations among 10-17 year olds, Victoria. Source: Victorian Admitted Episodes Database; Victorian Emergency Minimum Dataset, 2006-2016.**

|  |  |  |
| --- | --- | --- |
| **Year** | **Males** | **Females** |
| 2006 | 63.3 | 260.4 |
| 2007 | 69.9 | 212.9 |
| 2008 | 66.1 | 209.0 |
| 2009 | 84.9 | 206.2 |
| 2010 | 75.6 | 219.2 |
| 2011 | 82.9 | 231.0 |
| 2012 | 96.1 | 306.2 |
| 2013 | 97.0 | 400.9 |
| 2014 | 108.1 | 435.1 |
| 2015 | 96.8 | 390.4 |
| 2016 | 112.7 | 404.1 |

The provision of high-quality and easily accessible health services is key to combatting issues around physical and mental health.

When families are unable to access basic health services, this has significant consequences for their health and wellbeing.

The proportion of parents with access to services has risen since 2006, although a gap remains between metro and rural areas.

**Table 24 Children (aged 0-12) with access to basic health services, Victoria. Source: Victorian Child Health and Wellbeing Survey, 2006-2017.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Year** | **Statewide** | **Metro** | **Rural** | **On a health care card** | **No health care card** |
| 2006 | 87.7% | 91.2% | 78.6% | 84.9% | 88.7% |
| 2017 | 93.3% | 95.8% | 85.6% | 91.8% | 93.8% |

Understanding whether children and young people access health services is an important measure of their utility.

Around 14% of Australian children aged 14 to 17 experience a mental disorder. Around 75% of mental health conditions occur before the age of 25.

**Table 25 Proportion of Victorian young people (aged 0-24) using MBS subsidised mental health services, by age group. Source: Report on Government Services, 2011-12 to 2016-17.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Year** | **0-4 years** | **5-11 years** | **12-17 years** | **18-24 years** | **Total**  |
| 2011-12 | 0.8% | 4.8% | 6.9% | 8.4% | 5.6% |
| 2016-17 | 1.1% | 7.8% | 10.9% | 12.2% | 8.5% |

# Learning and education

Health, wellbeing and education are complementary and interrelated. Health and wellbeing are prerequisites for positive outcomes at school, and education is key to long term health and wellbeing.

Early childhood development is key to children’s success at school. In 2015, one in five Victorian children were assessed as being developmentally vulnerable at school entry.

Developmental vulnerability at school entry is associated with poorer educational achievement years later.

Linked data for Victoria shows that children who are developmentally vulnerable at school entry are half as likely to achieve in the top two bands in Year 5 NAPLAN reading as those classified as on track.

**Table 26 Proportion of developmentally vulnerable children achieving in the top two bands for Year 5 NAPLAN reading, by domain, Victoria, 2014. Source: Australian Early Development Census, 2009 and NAPLAN, 2014.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Vulnerability status** | **Physical Health** | **Social Competence** | **Emotional Maturity** | **Language & Cognition** | **Communication** |
| Vulnerable | 19% | 16% | 22% | 6% | 12% |
| On track | 41% | 42% | 41% | 42% | 43% |

Positive parenting in the early years fosters stronger relationships with children, can help mitigate the effects of poverty on development and enhances learning outcomes.

Reading to children in the preschool years has a significant impact on their learning, and on Year 3 NAPLAN scores with 69% of Victorian children read to by a family member daily.

**Table 27 Children under five read to daily by a family member, Victoria, 2006-17 by SEIFA quintile. Source: Victorian Child Health and Wellbeing Survey, 2017.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Year** | **Quintile 1** | **Quintile 2** | **Quintile 3** | **Quintile 4** | **Quintile 5** |
| 2006 | 64.6% | 57.2% | 67.1% | 66.1% | 83.4% |
| 2017 | 59.4% | 67.8% | 66.2% | 71.7% | 72.2% |

The nature of the school environment impacts not only on learning and education outcomes, but also on health and wellbeing – particularly around the mental health of young people.

Students’ engagement with school, and in particular, their relationship with their teachers, influences academic outcomes.

Student engagement with school dips during the middle of high school, as evidenced by an increase in unapproved absences and a drop in connection to teachers.

**Table 28 Proportion of students chronically absent (30+ days) by connection to school, Victoria, 2017. Source: Attitudes to School Survey, 2017 and Department of Education and Training administrative data.**

|  |  |  |
| --- | --- | --- |
| **Year Level**  | **Students who feel connected to school** | **Students who do not feel connected to school** |
| Year 4-6 | 9.1% | 13.0% |
| Year 7-9 | 10.8% | 20.3% |
| Year 10-12 | 7.2% | 13.3% |

**Table 29 Students who feel their teachers share concern / are an advocate. Source: Attitudes to School Survey, 2017.**

|  |  |  |
| --- | --- | --- |
| **Year Level** | **Teacher concern** | **Advocate at school** |
| Year 4 | 79.6% | 89.3% |
| Year 5 | 76.5% | 88.2% |
| Year 6 | 73.1% | 87.3% |
| Year 7 | 46.6% | 73.3% |
| Year 8 | 36.9% | 65.7% |
| Year 9 | 34.5% | 63.4% |
| Year 10 | 37.2% | 59.1% |
| Year 11 | 41.0% | 62.3% |
| Year 12 | 47.3% | 68.1% |

When a poor school environment includes bullying, this can have a detrimental impact on wellbeing and educational achievement.

The proportion of students experiencing bullying has increased in recent years and Aboriginal students are more likely than their peers to experience bullying.

**Table 30 Proportion of bullied and not bullied students in the top two bands for NAPLAN Reading, Victoria, 2017. Source: Attitudes to School Survey and NAPLAN, 2017.**

|  |  |  |
| --- | --- | --- |
| **Year level** | **Not bullied**  | **Bullied** |
| Year 5 | 43% | 34% |
| Year 7 | 29% | 20% |
| Year 9 | 20% | 11% |

**Table 31 Proportion of bullied and not bullied students in the bottom two bands for NAPLAN Reading, Victoria, 2017. Source: Attitudes to School Survey and NAPLAN, 2017.**

|  |  |  |
| --- | --- | --- |
| **Year level** | **Not bullied**  | **Bullied** |
| Year 5 | 13% | 19% |
| Year 7 | 15% | 22% |
| Year 9 | 24% | 34% |

Young people who finish school and go on to further education enjoy better health and employment outcomes.

**Young people who finish school are more likely to go on to further education and enjoy better mental health, are less likely to develop chronic illness and or suffer from social isolation.**

Victoria has high levels of school completion with approximately eight out of every ten Victorians either completing Year 12 or an equivalent qualification by age 19.

**Table 32 Post school education destinations, Victoria, 2017. Source: On Track Survey, 2017.**

| **Post-school destination** | **Young people that did not finish Year 12\*** | **Year 12 completers\*** |
| --- | --- | --- |
| Apprenticeship/traineeship | 32% | 8% |
| Certificate/diploma | 19% | 13% |
| Bachelor degree | 1% | 54% |
| Total in education and training | 51% | 75% |

\*Figures may not add up to total due to rounding.

**Higher levels of educational attainment provide better employment pathways, reducing economic and social disadvantage.**

Recent employment figures show that those with post-school qualifications are more likely to be employed than early school leavers.

**Table 33 Employment by highest level of education, Australia, 2016. Source: Australian Bureau of Statistics, cat no 6202.0, 2017.**

| **Educational attainment** | **Proportion of people employed** |
| --- | --- |
| Post-graduate degree | 86% |
| Bachelor degree | 84% |
| Diploma / Advanced Diploma | 82% |
| Year 12 | 72% |
| Year 11 | 61% |
| Year 10 and below | 54% |

**Wellbeing in early childhood makes a significant contribution to achieving educational excellence in school.**

To better understand how these domains are associated, departmental analysis linked early childhood health and wellbeing data to learning outcomes, and controlled for the influence of different demographic factors. The data linkage shows that as indicators of poor health and wellbeing accumulate prior to school entry, the influence on a child’s academic achievement in primary school compounds, creating even greater challenges.

**Figure 1 Increase in likelihood of achieving in top two bands for NAPLAN Year 3 Numeracy (2017), by SEHQ health and wellbeing indicator (2014). Source: School Entrant Health Questionnaire, 2014 and NAPLAN 2017.**

**1.5 x**

**1.1 x**

**1.5 x**

**5.7 x**

***Excellent health*** *versus good health*

***No speech difficulty*** *versus speech difficulty*

***Not witnessed violence*** *versus has witnessed violence*

***Excellent health, no speech difficulty, has not witnessed violence*** *versus good health, speech difficulty, has witnessed violence*

**Increase in likelihood of achieving in the top two bands for NAPLAN Year 3 Numeracy**