

The state of Victoria's children 2008

Summary report

Every
child,
every
opportunity



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Ministerial foreword

The state of Victoria's children report for 2008 is an important resource that provides a comprehensive overview of the health, learning, development, safety and wellbeing of children and young people up to 18 years. It builds on previous reports to provide a growing evidence base to assist the Government to shape its policy and programs so that every Victorian child is afforded the opportunity to reach their full potential.

This report confirms that Victorian children are well placed to meet the challenges of the future. Children in Victoria are among the highest average achievers in literacy and numeracy, and Victoria's rates of Year 12 (or equivalent) completion and of participation in education and employment continue to be higher than the national average. Improving trends are evident in rising immunisation rates at 24–27 months, in improved reading ability in Prep children, and in declining rates of smoking, teenage fertility and child injury.

There are however, areas of concern where improvements must be made. Asthma, obesity, mental health problems and high levels of alcohol consumption are issues of serious concern that must be addressed. The continued increase in chlamydia notifications, while still a small overall number, is also of specific concern. Indigenous children continue to fare less well than non-Indigenous children across a wide range of outcomes.

This report builds on recent initiatives such as 'Go for Your Life', Victoria's Alcohol Action Plan, Because Mental Health Matters – Victorian mental health reform strategy 2009-19, and the new Victorian Charter of Safety and Wellbeing for Aboriginal Children and Young People.

The Victorian Government is working hard to ensure all Victorians receive the very best foundations in health, wellbeing, learning and development. This report builds on the work we are already doing to ensure that every young Victorian has the opportunity to lead a healthy, fulfilling and productive life so that they can thrive, learn and grow.



Hon Maxine Morand MP
Minister for Children
and Early Childhood Development



Hon Bronwyn Pike MP
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Hon James Merlino MP
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and Youth Affairs

Acknowledgements

The state of Victoria's children 2008 has been produced by the Department of Education and Early Childhood Development in collaboration with the Department of Human Services, the Department of Planning and Community Development, the Department of Transport and the Department of Justice (including Victoria Police).

The report draws on a wide range of administrative and survey data and on analysis provided by the Monash University Accident Research Centre (MUARC) and in expert papers commissioned for the *The state of Victoria's children report 2006* and *The state of Victoria's young people 2007* report.

This report provides a summary of key findings from *The state of Victoria's children 2008* report. The full report provides a more detailed review of data and information about government policy initiatives and programs that address issues identified in the data. The full report can be viewed or downloaded at www.education.vic.gov.au/about/directions/children/annualreports.htm

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Introduction

The Victorian Government has made a strong and continuing commitment to improving the wellbeing of children and young people (*Growing Victoria Together: a vision for Victoria to 2010*). Giving children the best start in life, improving education, helping people into work, improving health and wellbeing, and developing liveable communities are priorities for the Government (*A Fairer Victoria: Strong People, Strong Communities*).

To monitor whether children in Victoria are achieving the best possible outcomes – and to identify areas where more attention and investment are needed – the Government has developed the Victorian Child and Adolescent Outcomes Framework for children aged 0-17 years.

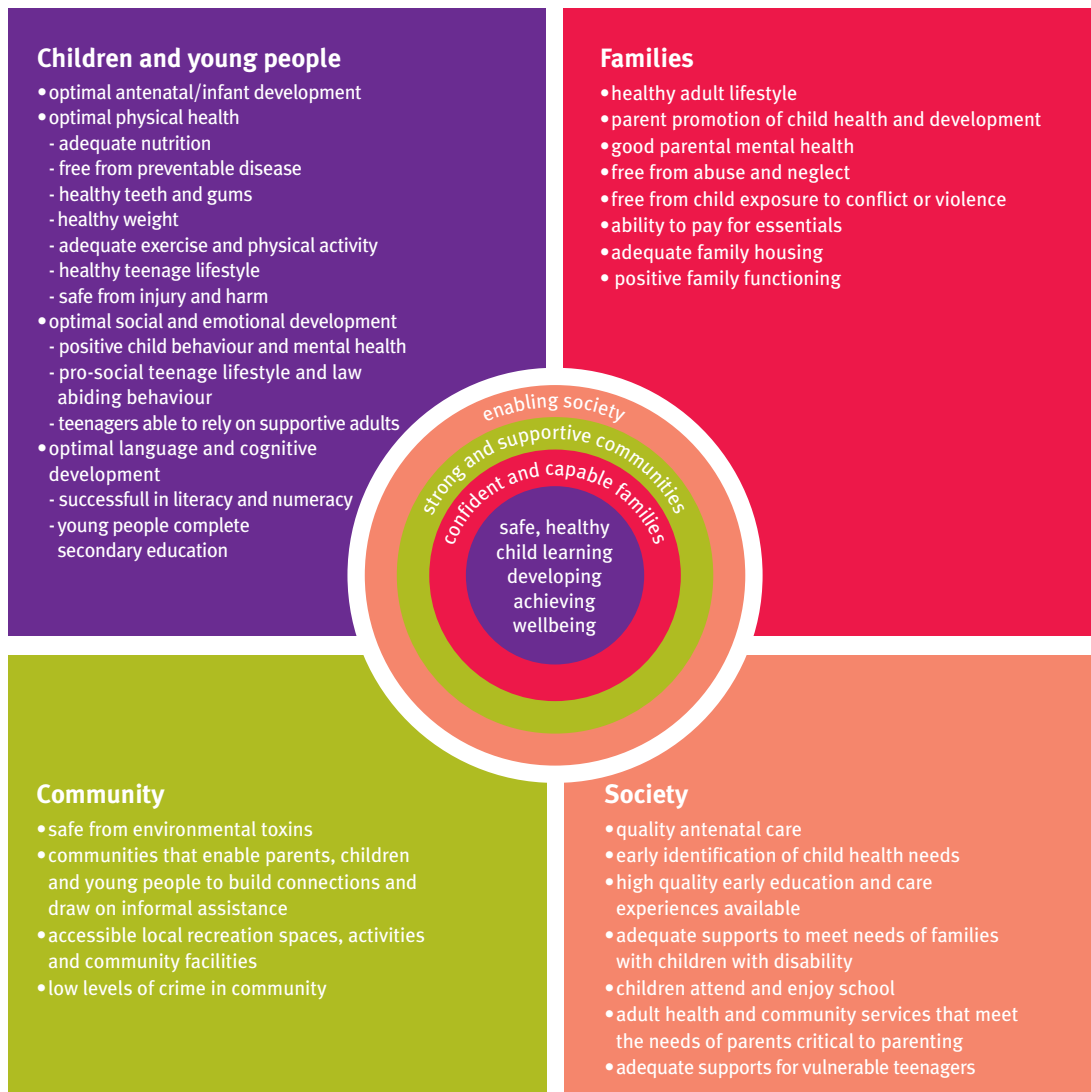
This framework comprises 35 outcomes of children's health, learning, development, wellbeing and safety, incorporating 150 indicators to measure progress towards the outcomes. The outcomes are: known to be of importance to children, relevant to all or most children, likely to respond to programs of intervention, and appropriate for government intervention and support. Some of the outcomes relate to the child directly, and others relate to key factors that influence child wellbeing: the family, the community, and services and supports ([Figure A](#)).

This outcomes framework provides a common basis for setting objectives and planning for children across the whole of government.





Figure A: The Victorian Child and Adolescent Outcomes Framework





Report aims and focus

The state of Victoria's children 2008 provides an overview of how children (aged 0–17 years) are faring against 134 of the 150 outcomes framework indicators. It updates the data from *The state of Victoria's children report 2006*, draws on data from *The state of Victoria's young people 2007* report and will be regularly updated, in further reports, to show changing trends in children's wellbeing in Victoria.

The report describes the outcomes for all children and, where data is available, for children in four priority population groups: Indigenous children, children with a disability, children from culturally and linguistically diverse (CALD) backgrounds and children affected by chronic disadvantage, including children in out-of-home care. Evidence suggests that these groups of children are not faring as well as others, that they face different or a particular set of problems, or that they are likely to require different approaches.

Differences in outcomes by sex, by rural and metropolitan locations, and between Victoria and Australia are also considered.

Data sources

The report draws on commissioned analyses and on a wide range of administrative and survey data, including data held by the Department of Education and Early Childhood Development (DEECD), the Department of Human Services, the Department of Planning and Community Development, the Department of Transport and the Department of Justice (including Victoria Police). The Australian Bureau of Statistics (ABS) is a key data source and ABS 2006 Census of Population and Housing findings are included.

Key Victorian survey sources include:

- The 2006 Victorian Child Health and Wellbeing Survey
- The 2006 Healthy Neighbourhoods School Survey
- The 2007 Victorian Population Health Survey
- The School Entrant Health Questionnaire (1998 to 2004)
- The annual *On Track* Survey (2002 to 2007).



1 Victoria's children and families

An introduction to Victoria's children

Victoria is home to 1,181,483 children and young people aged 0–17 years, representing almost a quarter (24.1 per cent) of the national child population. While Victoria has the second-highest child population of all the states and territories in terms of absolute numbers, it has the third-lowest proportion of children (23.0 per cent) (table 1).

Although the majority of Victoria's children and young people live in metropolitan Victoria (71.0 per cent), children represent a greater proportion of the population in rural Victoria (table 2).

While the number of children in the population is projected to increase by 38 per cent over the next 47 years, the percentage of children in the population is projected to decrease in line with increases in life expectancy and an ageing population (figure 1).

Diversity in Victoria's population

Indigenous Victorians

Based on the 2006 Census of Population and Housing, 0.6 per cent of Victoria's population identify as Indigenous (approximately 30,000 people).¹ There are marked age differences between the age structure of the Indigenous population and the total population. Children make up 43.9 per cent of the Indigenous population, almost double the proportion of children in the total population (23.4 per cent as recorded by the 2006 Census of Population and Housing).

While 71 per cent of all children in Victoria live in metropolitan Victoria, the population of Indigenous children is more evenly distributed across metropolitan and rural Victoria (44 per cent and 56 per cent respectively) (DEECD calculations based on the 2006 Census of Population and Housing).

Place of birth and religion

Based on the 2006 Census of Population and Housing, 23.8 per cent² of all Victorians and 6.6 per cent of Victorian children were born overseas. The top stated countries of birth for children in Victoria (after Australia) are 'born elsewhere' (1.9 per cent), New Zealand (0.9 per cent), United Kingdom (0.7 per cent), India (0.4 per cent) and the Philippines (0.3 per cent).

20.4 per cent³ of all Victorians and 16.8 per cent of Victorian children speak a language other than English at home. The top stated languages spoken at home for children in Victoria (after English) are 'other' (3.2 per cent), Chinese languages (2.4 per cent), Vietnamese (1.9 per cent), Arabic (1.6 per cent) and Greek (1.6 per cent).

20.4 per cent of all Victorians and 25.4 per cent of Victorian children reported having 'no religion'. Of those children in Victoria for whom a religious affiliation was stated, the majority were described as Christian (56.9 per cent), followed by Islam (3.5 per cent), Buddhism (2.6 per cent), Hinduism (0.8 per cent) and Judaism (0.8 per cent).

Refugee children

In 2006–07, there were 3477 humanitarian entrants to Victoria, with 1713 of these (43.9 per cent) being children. The majority of humanitarian entrants in Victoria were from Sudan (21.9 per cent), Burma (21.2 per cent), Afghanistan (15.3 per cent) and Iraq (13.6 per cent) (Department of Immigration and Citizenship data).

¹ Note this does not include approximately 5 per cent of the population who did not provide information on their Indigenous status.

² This does not include approximately 6 per cent for whom birth place was not stated.

³ This does not include approximately 5 per cent for whom language spoken at home was not stated.



Children with a disability

Based on the 2003 ABS Survey of Disability, Ageing and Carers, the ABS estimates that nationally 8 per cent of children have a disability, with the Victorian figure slightly lower at 7 per cent (accounting for 67,170 children).⁴

Analysis of Victorian School Entrant Health Questionnaire (SEHQ) data shows that parents of children of Aboriginal and Torres Strait Islander (ATSI) background were more likely to report that their child had a disability compared with parents in the total sample.

Family characteristics

There are approximately 576,700 families in Victoria with one or more children (2006 Census of Population and Housing). Approximately 1.2 per cent of these families are Indigenous.⁵ Approximately one-fifth of all families in Victoria are one-parent families, compared to half of all Indigenous families (figure 2).

The composition of Victorian families is broadly similar to that of families in Australia. However, Victoria has a slightly lower proportion of one-parent families, and a slightly higher proportion of intact families, than Australia as a whole (table 3).

⁴ The ABS defines disability as 'any limitation, restriction or impairment, which has lasted, or is likely to last, for at least six months and restricts everyday activities.'

⁵ An Indigenous family is defined as a family where one or more members has identified as Indigenous.



2 How are Victoria's children faring?

Underpinning the outcomes framework are the aspirations that the Government and the wider community have for Victoria's children. The shared vision is of a Victoria in which all children are safe, healthy, learning, developing and achieving wellbeing.

Physical health and healthy lifestyles

The evidence relating to health is generally positive:

- Infant mortality, perinatal mortality and low birth weight rates are stable, and the proportion of infants who are fully immunised at age 24–27 months has increased (tables 4 and 5; figures 3 and 4).
- Rates of new cancer diagnoses are stable and may be declining (figure 5).
- The majority (71.2 per cent) of children meet recommended guidelines for physical activity (Victorian Child Health and Wellbeing Survey) (VCHWS).
- Rates of illicit drug use are low and the proportion of young people who smoke cigarettes is declining (figure 6).
- The teenage fertility rate is declining and is lower in Victoria than nationally (figure 7).
- Most Victorian parents give positive ratings to their children's health (VCHWS).

However:

- Anaphylaxis hospital admission rates are increasing (figure 8).
- There are marked increases in chlamydia notification rates in 15–17-year-old girls (figure 9).
- Asthma is the top cause of hospitalisation (figure 10).
- The incidence of type 1 diabetes in children (0–14 years) is increasing in Victoria, as nationally (figure 11).

Survey data suggest that, in Victoria, 23 per cent of preschoolers and close to one-third of children aged over 12 years are overweight or obese (DEECD 2008). Survey data also suggest that there have been increases (since 1990) in the proportion of 16–17-year-olds who are drinking alcohol at levels that risk short-term harm (figure 12).

The evidence relating to mental health is mixed. We have limited recent data on the prevalence of mental health problems in children and are principally reliant on hospital admissions data to provide information about child mental health. This shows that rates of hospital admissions for psychiatric problems have declined (from 587.4 per 100,000 children in 2002–03 to 497.8 in 2006–07). There have been increases in self-harm hospital admissions (1996–97 to 2005–06) and decreases in self-harm deaths (1994–95 to 2004–05), although neither of these trends are statistically significant (DEECD analysis of Victorian Admitted Episode Dataset data and ABS estimated resident population data).

Safety

Children and young people in Victoria generally report that they feel safe. However, data from the Healthy Neighbourhoods School Survey (HNSS) showed that while the majority (91.8 per cent) of students report feeling safe at school, a lower proportion (53.9 per cent) feel safe in their neighbourhoods. Nearly two in five students report having experienced bullying recently.

The child injury and poisoning death rate has decreased significantly in Victoria since 1994–95 (figure 13), although injury and poisoning continues to be a leading cause of death for children.



Child protection substantiations do not provide a measure of the prevalence of child abuse as these relate only to those children who have come to the attention of child protection authorities. However, there appears to be a small declining trend in the rate of child protection substantiations in Victoria (from 6.6 per 1000 children in 2000–01 to 5.9 per 1000 children in 2006–07).

In 2007–08, there were 11,566 victims of crime aged 0–17 years and 33,865 alleged offenders aged 10–17 years processed by police. The number of youth crime victims has decreased by 9.5 per cent from 12,780 in 2002–03 to 11,566 in 2007–08. This decrease was apparent across all groups within the 0–17 year old range. (figure 14).

Victoria has the lowest rate of young people under youth justice supervision in Australia, at 2.8 per 1000 young people (table 6).

Development and learning

The majority (69.4 per cent) of Victorian children who participated in the Australian Early Development Index (AEDI) in the first year of school were assessed as performing well on one or more of the five developmental domains of the AEDI, and 24.4 per cent were ‘developmentally vulnerable’ on one or more domains. These proportions are similar to national proportions.

The assessed reading ability of Prep students has improved (table 7). National Assessment Program – Literacy and Numeracy (NAPLAN) results show that students in Victoria are among the highest achievers, together with students in New South Wales and the Australian Capital Territory. A greater percentage of Victorian students achieve at or above the national minimum standard than in Australia as a whole in all subject areas and year groups (tables 8, 9, 10, 11 and 12).

Attendance rates are generally higher in the primary than secondary years, but they have shown a small overall increase in Years 10, 11 and 12 (table 13).

In 2007, the proportion of 20–24-year-olds in Victoria who had completed Year 12 or an equivalent (86.1 per cent) was higher than nationally (83.5 per cent) and a greater proportion of young people aged 15–17 years were in education or work (96.5 per cent in Victoria; 92.7 per cent in Australia) (ABS 2007 Survey of Education and Work, ABS data available on request).

On Track Survey data suggest that there has been an overall increase in the percentage of early school leavers who are taking up employment (table 14).

Happiness and engagement with families and communities

The majority of children responding to the HNSS had high levels of family attachment. Most children report enjoying school (HNSS) and feeling connected to school (DEECD Attitudes to School Survey), although older students are less likely to feel connected, and girls and students from higher socioeconomic status groups are more likely to report enjoying school (HNSS).

A high proportion (62.9 per cent) of Victorian children aged 5–14 years have participated in an organised sporting activity in the past 12 months. However, while boys are increasingly likely to participate with age, participation among girls declines after the age of 11 years (figure 15).

The HNSS also showed that two-thirds of Victorian children had volunteered in the past 12 months (table 15). 74.4 per cent of children thought they had lots of chances to help decide class activities or rules. Children were less likely to report that they had opportunities to have a say in their neighbourhoods.



3 How are Victorian families influencing outcomes for their children?

A range of family factors can influence child wellbeing outcomes, including health-promoting behaviours (such as breastfeeding) and parental health behaviours such as parental nutrition and alcohol consumption. Other factors such as family functioning, family violence and parental mental illness can also impact on child wellbeing.

The majority of Victorian children (89.5 per cent) live in families with healthy family functioning (VCHWS) and most Victorian parents are taking actions to promote the healthy development of their children. The Victorian Population Health Survey (VPHS) shows an increase in the proportion of women who take folate while pregnant (2005 to 2007) and VCHWS data confirm that most parents report putting their infant on their back to sleep and protecting their child from the sun. Breastfeeding rates are stable, although not rising, with just under 40 per cent of infants fully breastfed at 6 months (figure 16).

Nevertheless, there are some areas of concern. Nearly a third of women with children aged under 2 years report that they continued to drink alcohol into the later stages of their pregnancy (VCHWS) (table 16) and 21.6 per cent of parents in the 2007 VPHS report drinking alcohol at least monthly at levels that risk short-term harm, with nearly half of these (9.7 per cent) drinking at least weekly at levels that risk short-term harm. Around one in five Victorian children are estimated to live with a parent who is affected by mental illness (Maybery et al. 2006).

Trend data from the Victorian Family Violence Database show marked increases in the number of family violence incidents recorded by police and in the number of aggrieved family members seeking intervention orders from the courts (figure 17). However, these increases are likely to be linked to greater public reporting of family violence and to enhanced police training, and data collection and recording practice, following on from a Victorian Police review of practice in relation to family violence in 2001 and the introduction of *The Code of Practice for the Investigation of Family Violence* in 2004.



4 How well are Victorian families supported?

The level and quality of support that is available from the wider community and from child and family services are critical influences on the capacity of families to function well and to help ensure the best outcomes for their children.

Support from communities

VCHWS data show that Victorian parents report very high levels of social support with 94.4 per cent reporting they can access care in an emergency and 96.8 per cent having someone to turn to if they are having problems. Parents also rate the physical and social environments of their neighbourhoods very highly, with 95.9 per cent agreeing or strongly agreeing that their neighbourhoods are clean and 94.4 per cent agreeing that they are safe.

The majority (78.7 per cent) of parents agree that multiculturalism makes life in their area better, and parents are more likely than other adults to have attended a community event in the past six months (61.3 per cent of parents, compared with 43.9 per cent of other adults) (2007 VPHS).

However, single parents report lower levels of social support (tables 17 and 18) and rural parents are less likely to report that their neighbourhood has access to close, affordable and regular public transport) (figure 18).

Economic wellbeing, housing and homelessness

While the majority of Victorian families live in comfortable financial circumstances, this report confirms the picture that was presented in *The state of Victoria's children report 2006* (DHS 2006b) of relative disadvantage for one-parent families. The median weekly income for one-parent families (\$587) is less than half that of two-parent families (\$1434) and 19.7 per cent of one-parent households reported running out of food in the past 12 months and being unable to buy more, compared with just 3.5 per cent of two-parent households.

The rate of youth homelessness in Victoria has decreased from a rate of 10 per 1000 in 2001 to 8 per 1000 in 2006 (National Census of Homeless School Students and SAAP Client Collection data, in National Youth Foundation 2008). Supported Accommodation Assistance Program (SAAP) homelessness data are not comparable with previous years so we cannot comment on trends in relation to families with children receiving assistance from SAAP.

Support from services

Prenatal and infant health service data show that there have been increases in the percentage of women who are given appropriate interventions for smoking in pregnancy (from 2003–04 to 2006–07). There have also been increases in the proportion of children attending Maternal and Child Health Services visits at age 3.5 years (figure 19).

Rates of kindergarten participation for 4-year-olds are high at 92.4 per cent in 2008 (DEECD Children's Services Online database) and around 90 per cent of Prep children in participating schools receive a Primary Health Assessment each year (2002 to 2007).

The findings on child protection performance indicators are also generally positive, with small decreases in recent years in child protection re-reporting and re-substantiation rates, and the percentage of substantiations within three months of a decision not to substantiate (DEECD calculations, based on DHS, CRIS database).

There is an increasing trend in the rate of children in out-of-home care and an increase in placement instability, with greater numbers of children exiting care who have had three or more placements while in care (figure 20). However, greater proportions of children in out-of-home care are being placed with relatives or kin (figure 21).



5 Outcomes for children in priority population groups

Outcomes for Indigenous children

The report draws on a wide range of data to show that Indigenous children continue to fare less well than other children, although there is some recent evidence of improvements.

Babies born to Indigenous women in Victoria are more than twice as likely to have a low birth weight as babies born to non-Indigenous women (figure 22) and the perinatal mortality rate in infants born to Indigenous mothers is much higher. Indigenous children are also more likely to be admitted to hospital for asthma and to have higher levels of dental decay (table 19).

Data from the SEHQ showed that ATSI parents expressed higher than average concerns on overall health, behaviour, family stress, speech and hearing of their children than non-ATSI parents (Griffin et al. 2006).

Children of ATSI origin were also more likely to:

- not have attended kindergarten (10.1 per cent, compared to 6.7 per cent of the total sample)
- have a chronic health problem (9.8 per cent, compared to 6.3 per cent of the total sample)
- have a disability (3.1 per cent, compared to 2.0 per cent of the total sample).

Indigenous children generally achieve less well, at school, than students as a whole. However, there have been some marginal improvements in the percentage of Indigenous students achieving national benchmarks for reading, writing and numeracy (figure 23).

Indigenous young people continue to be markedly overrepresented in the youth justice system, with a rate of 26.2 per 1000 in the Indigenous population under juvenile justice supervision, compared with a rate of 2.1 per 1000 in the non-Indigenous population. This remains a serious concern, although this overrepresentation is less marked in Victoria than in other states and territories (table 20).

The evidence in relation to child protection is mixed. There has been a recent decline in the rate of child protection substantiations and care and protection orders for Indigenous children (figures 24 and 25). However, Indigenous children continue to be markedly over-represented in the Victorian child protection system and they fare less well against child protection performance indicators (re-reports, re-substantiation and substantiations within three months of a decision not to substantiate) (figures 26, 27 and 28).

Indigenous children are also overrepresented in out-of-home care. Nevertheless, they are more likely than all children to have had placement stability in care and the proportion of Aboriginal children who are placed with the family of Aboriginal carers in accordance with the Aboriginal Child Placement Principle has increased (figure 29).



Outcomes for children in other priority population groups

Outcomes data in relation to children with a disability, CALD children and children in out-of-home care continue to be limited, and this is particularly so in respect of Victorian data.

Available data suggest that outcomes for children in these groups are generally poorer than for the general child population. However, as shown below, this is not the case for all indicators:

- Australian research shows that around 63 per cent of children with a disability experience difficulties at school (AIHW 2006).
- In Victoria only 55 per cent of people with a disability are employed, while over 81 per cent of the total Victorian population is in paid work (DHS 2006a).
- Studies in the United States have highlighted that children with disabilities are more likely to be abused (Sullivan and Knutson 2000). There are no population-based Australian data on this issue.
- The Achievement Improvement Monitor (AIM) program results of Language Background are slightly lower, but broadly comparable with results of other students.⁶
- Children from CALD backgrounds were more likely to report that they had experience of volunteering, but less likely to report having opportunities to have a say (HNSS).
- Longitudinal Study of Australian Children (LSAC) and HNSS data suggest that CALD children may be more likely to be overweight or obese than other children.
- Comparative Victorian data for out-of-home care students and the general student population show higher levels of absenteeism and lower levels of achievement in out-of-home care students.⁷ Children in out-of-home care are also more likely to be at risk of having behavioural and mental health problems than children in the general population.⁸

Gaps in our knowledge about outcomes for children from these priority population groups will be addressed by future data collections.

⁶ National Report on Schooling in Australia, 2007 Preliminary Paper.

⁷ Data from unpublished paper, in DEECD 2008.

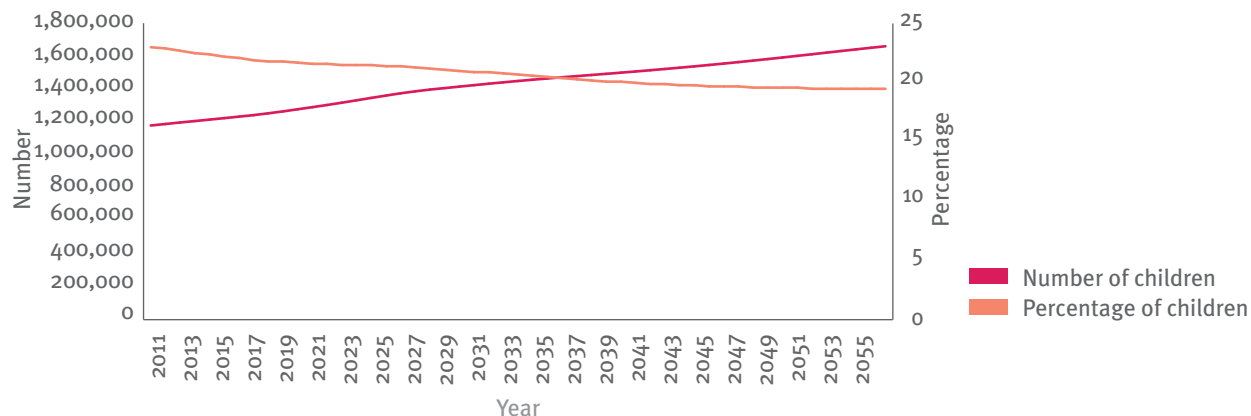
⁸ DHS analysis, in DEECD 2008.



Figures

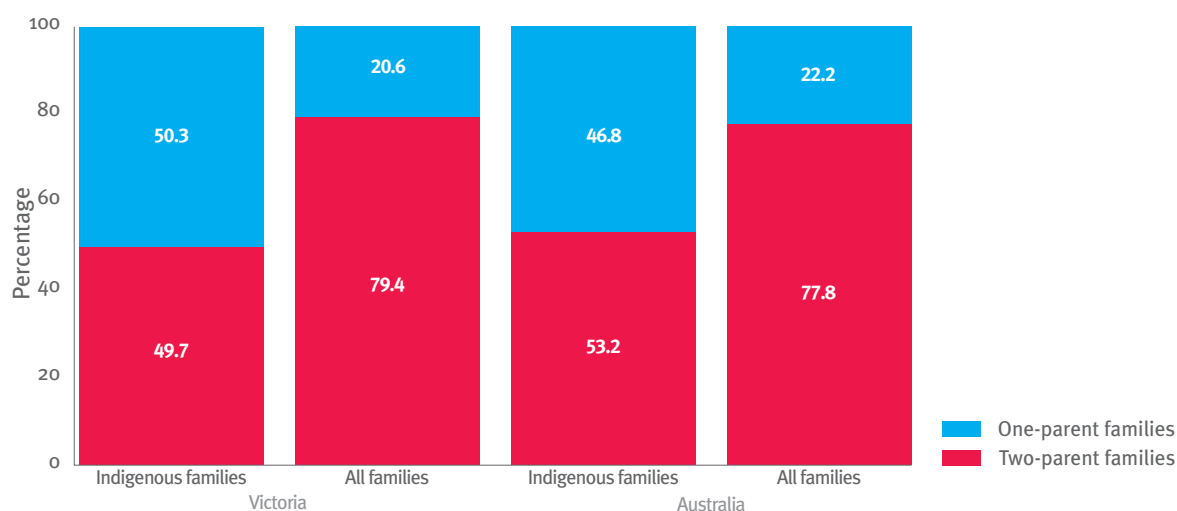


Figure 1: Projected number and percentage of children aged 0–17 years, Victoria, 2011 to 2056



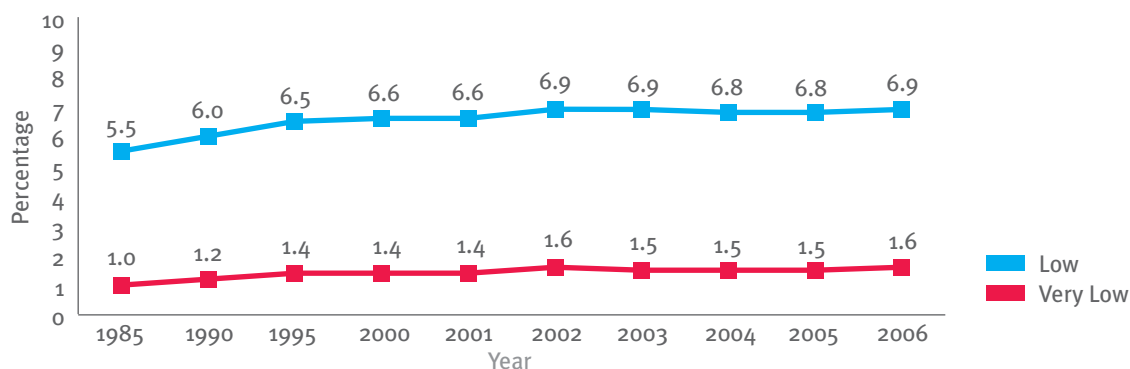
Source: ABS 2008j

Figure 2: Families with children aged 0–17 years, Victoria and Australia, 2006



Source: ABS 2006 Census of Population and Housing

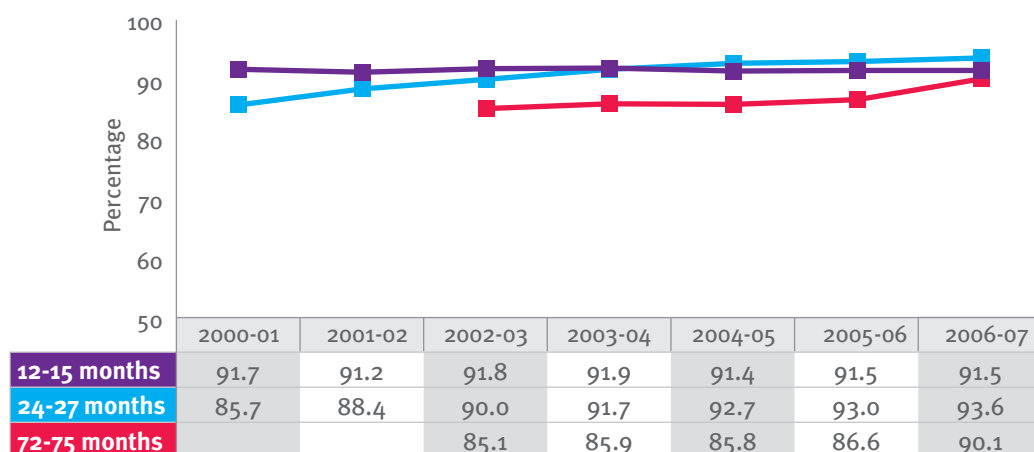
Figure 3: Trends in low birth weight and very low birth weight as a proportion of all births, Victoria, 1985 to 2006



Source: Births in Victoria 2003–04 Victorian Perinatal Data Collection Unit (VPDCU) (1985–2004 data)(DHS) 2005); unpublished VPDCU data (2005–06)

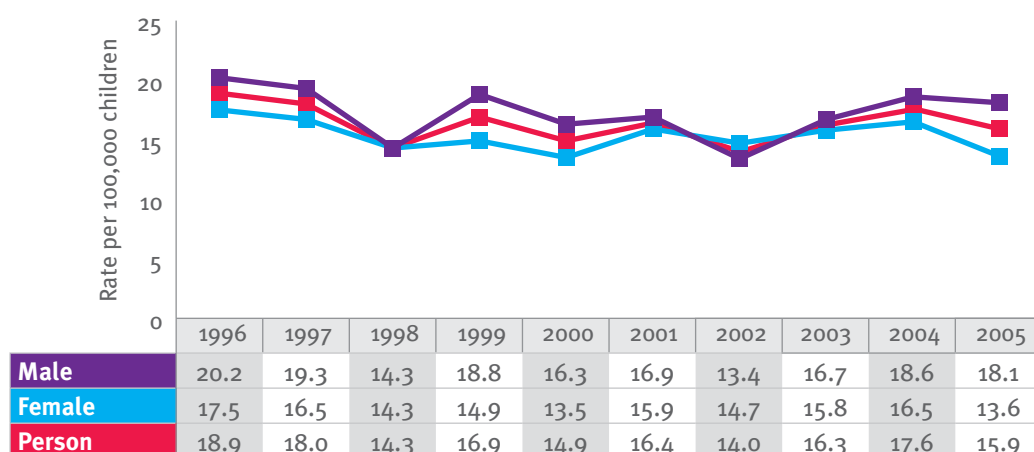


Figure 4: Percentage of children immunised at ages 12–15 months, 24–27 months and 72–75 months, Victoria, 2000–01 to 2006–07



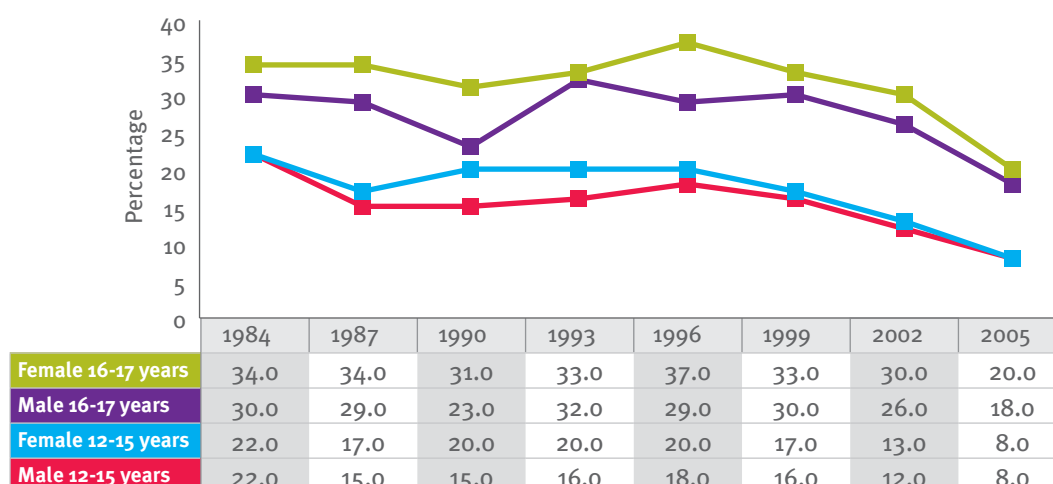
Source: Australian Childhood Immunisation Register

Figure 5: Age-standardised rates of new cancer diagnoses, children aged 0–17 years, Victoria, 1996 to 2005



Source: data from the Victorian Cancer Registry, The Cancer Council Victoria

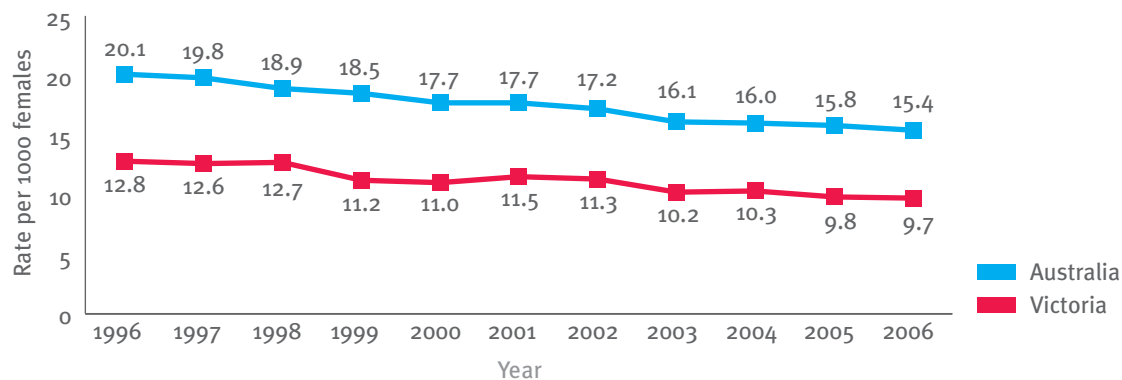
Figure 6: Trends in current cigarette smokers aged 12–17 years, Victoria, 1984 to 2005



Source: DHS 2006b, in DEECD 2008

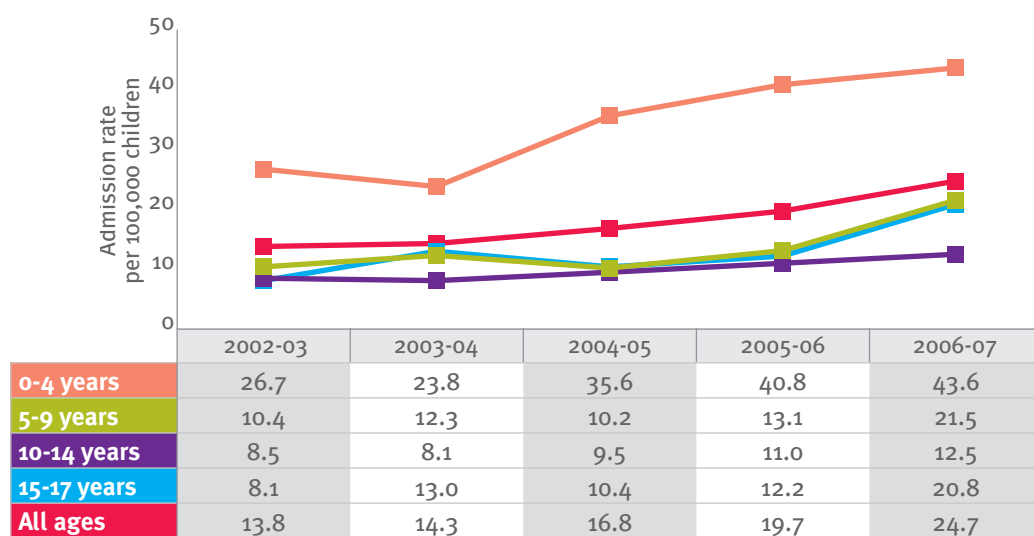


Figure 7: Age-specific fertility rate per 1000 females aged 15–19 years, Victoria and Australia, 1996 to 2006



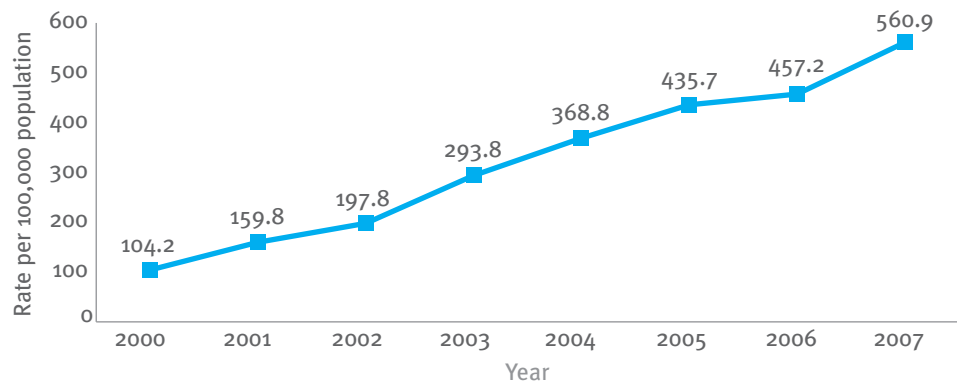
Source: ABS 2007

Figure 8: Anaphylaxis hospital admission rate per 100,000 children, by age group, Victoria, 2002–03 to 2006–07



Source: DEECD analysis of Victorian Admitted Episode Dataset and ABS 2008a, 2007

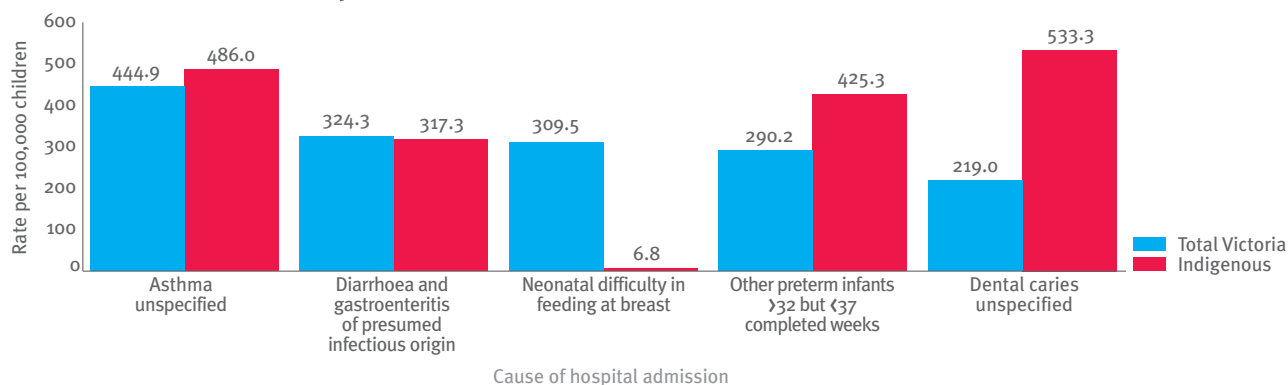
Figure 9: Rate of notifications for chlamydia per 100,000 young females aged 15–17 years, Victoria, 2000 to 2007



Source: DHS Public Health Branch and ABS 2008a

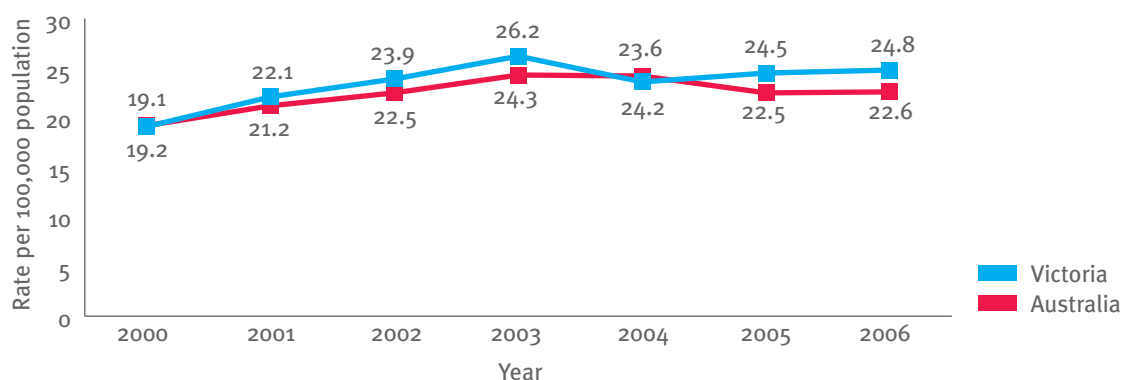


Figure 10: Top five causes of hospitalisation among children aged 0–17 years, rate (per 100,000), Indigenous and all children, Victoria, 2006–07



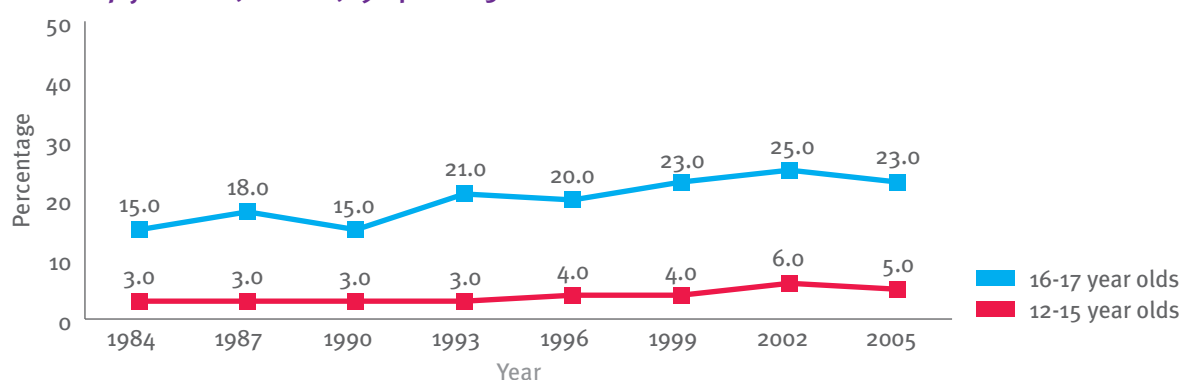
Source: DEECD analysis of: Victorian Admitted Episode Dataset and ABS 2008a and 2008b

Figure 11: Incidence rate per 100,000 children of type 1 diabetes among 0–14-year-olds, Victoria and Australia, 2000 to 2006



Source: AIHW 2008b

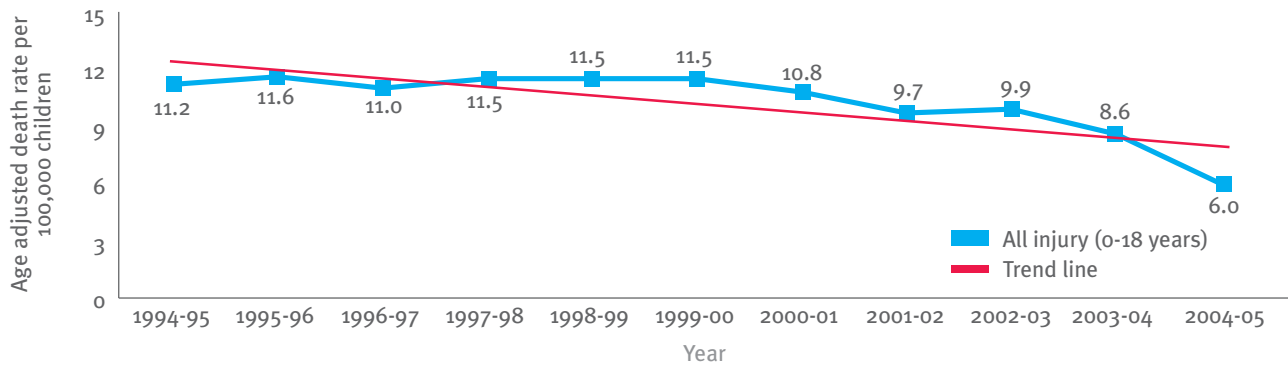
Figure 12: Trends in the percentage of all students drinking at risk of short-term harm, among 12–15-year-olds and 16–17-year-olds, Victoria, 1984 to 2005



Source: DHS 2006b, in DEECD 2008



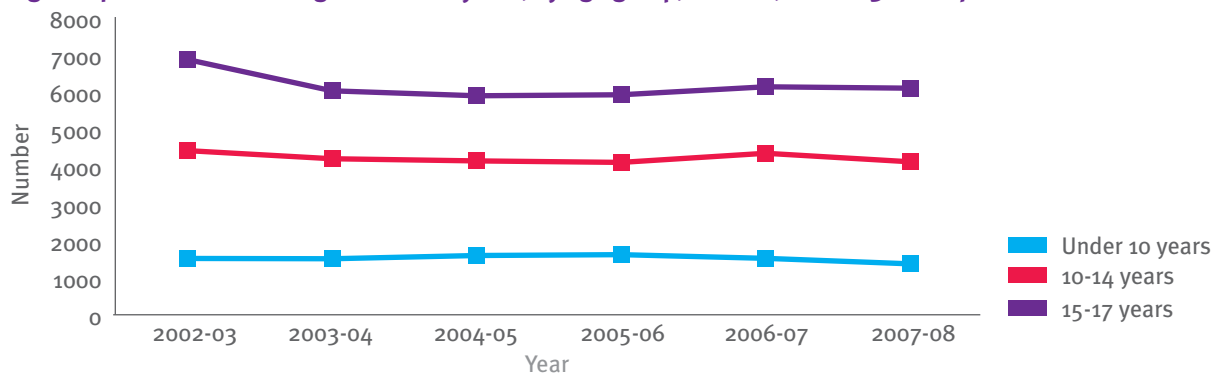
Figure 13: Yearly trend in the rate (per 100,000) of child injury and poisoning deaths, Victoria, 1994–95 to 2004–05



Selection criteria: (1) An ICD9 cause of death code in the range 800–928, 930–958, 960–968, 970–978, 990–998 or an ICD10 cause of death code in the range V00–Y84. (2) Deaths resulting from medical causes (adverse events and medical misadventure) were then excluded for final analysis (an ICD9 external cause code in the range 870–879 or an ICD10 code in the range Y40–Y84).

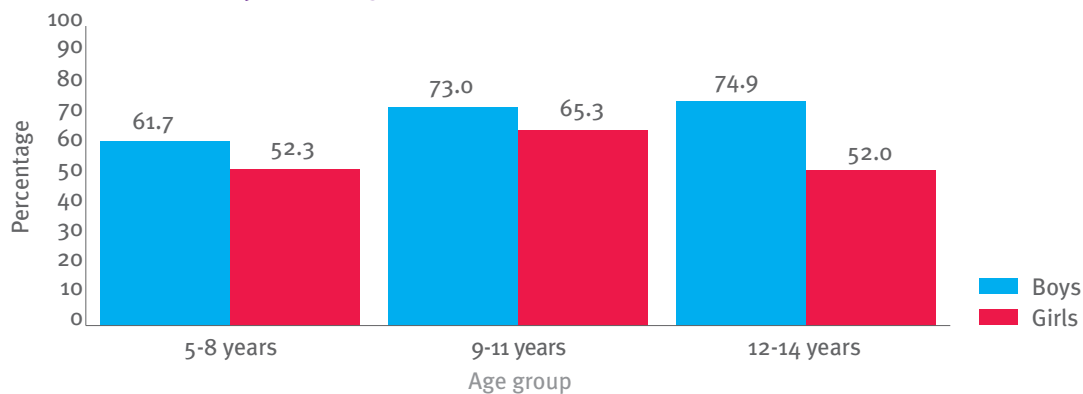
Source: Australian Bureau of Statistics Death Unit Record File (ABS-DURF) July 1994 to June 2005, data supplied by Monash University Accident Research Centre

Figure 14: Victims of crime aged under 18 years, by age group, Victoria, 2002–03 to 2007–08



Source: Victoria Police Crime Statistics 2007–08

Figure 15: Percentage of children who participated at least once in the previous 12 months in a sporting activity out of school hours, by sex and age, Victoria, 2006



Source: ABS 2006

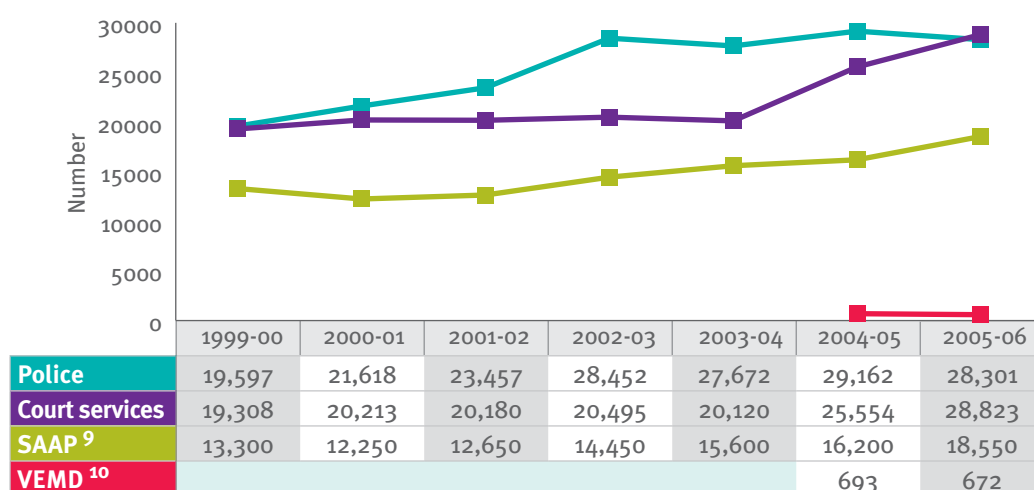


Figure 16: Percentage of infants fully breastfed at 3 and 6 months, Victoria, 2000–01 to 2006–07



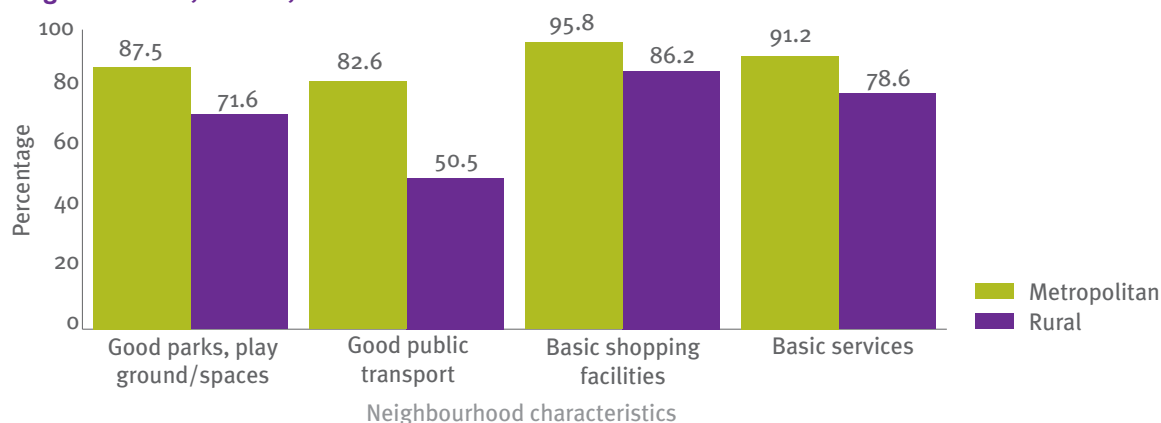
Source: DHS Maternal and Child Health Service Database

Figure 17: Number of family violence incidents recorded by the police, court services, SAAP and VEMD, Victoria, 1999–00 to 2005–06



Source: Department of Justice 2008

Figure 18: Rating by parents of children aged 0–12 years of access to local facilities and services in their neighbourhoods, Victoria, 2006



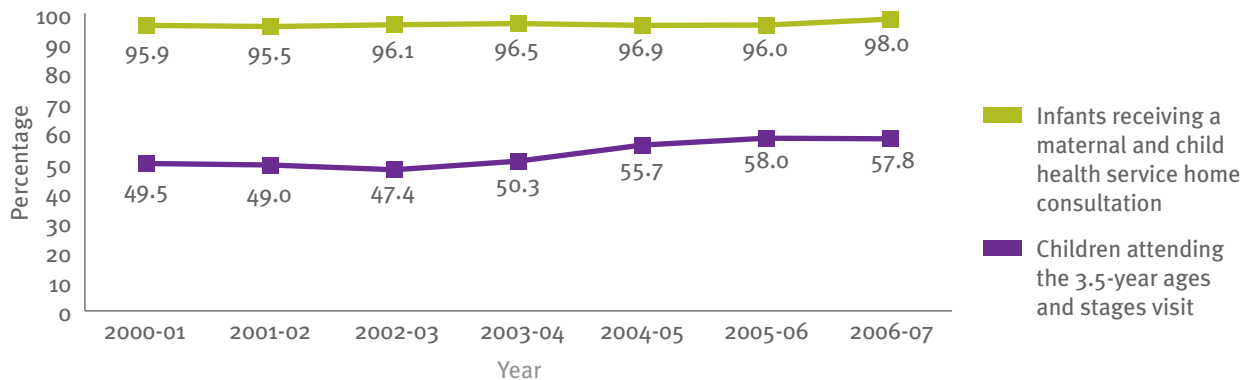
Source: VCHWS 2006, in DHS 2006b

⁹ Supported Accommodation Assistance Program (SAAP).

¹⁰ Victorian Emergency Minimum Dataset (VEMD).



Figure 19: Participation in key ages and stages maternal health care visits, Victoria, 2000–01 to 2006–07



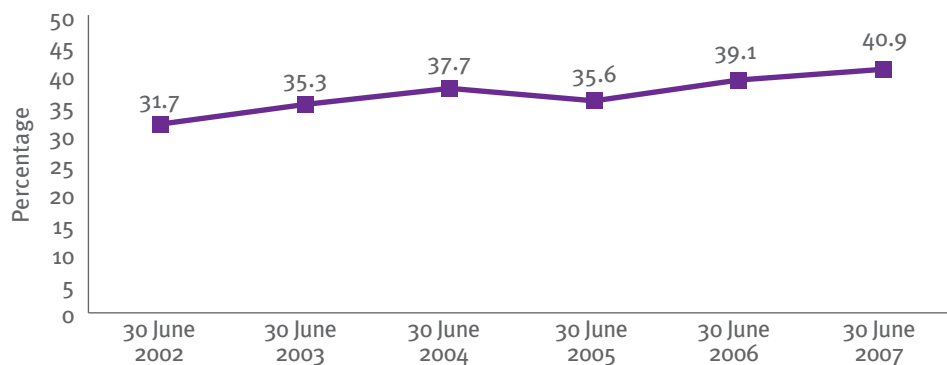
Source: DHS Maternal and Child Health Service Database and DHS Maternal and Child Health Services Annual Report 2006–07

Figure 20: Percentage of children on a care and protection order exiting care who had three or more placements, among children aged 0-17 years, Victoria, 2001–02 to 2006–07



Source: Data supplied by DHS

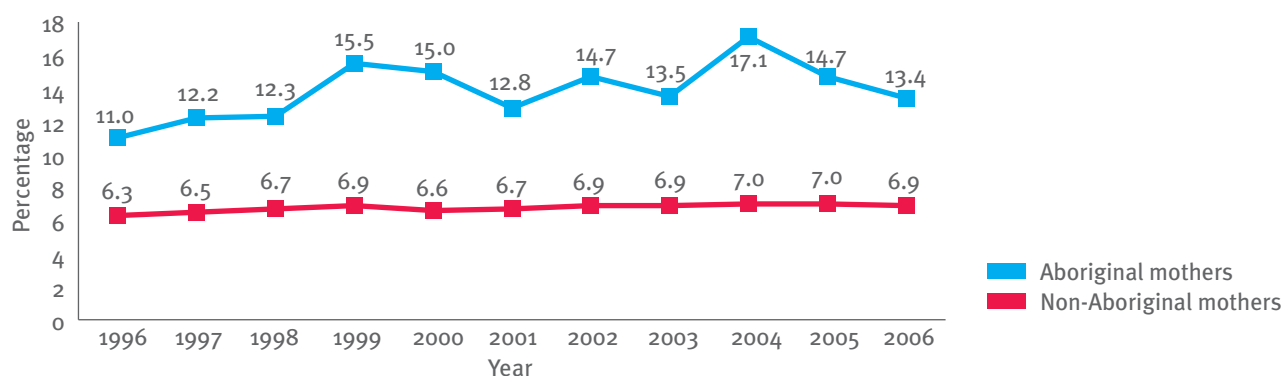
Figure 21: Percentage of children under 12 years in out-of-home care who are placed with relatives/kin, Victoria, 30 June 2002 to 30 June 2007



Source: Data supplied by DHS



Figure 22: Percentage of babies with low birth weight, born to Aboriginal and non-Aboriginal mothers, Victoria, 1996 to 2006



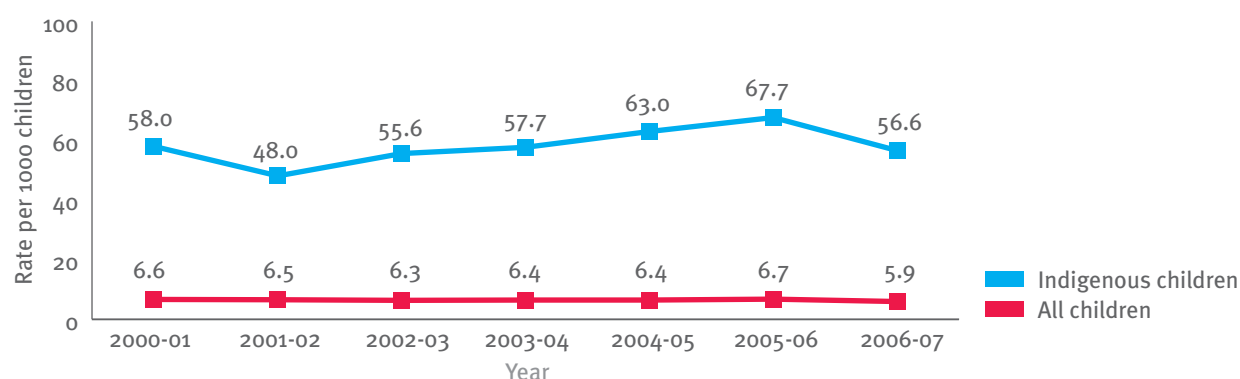
Source: DHS 2008

Figure 23: Percentage of Year 3, Year 5 and Year 7 Indigenous students achieving the national benchmarks for reading, writing and numeracy, Victoria, 2001 to 2007



Source: MCEETYA National Report on Schooling in Australia, 2001, 2002, 2003, 2004, 2005, 2006 and 2007

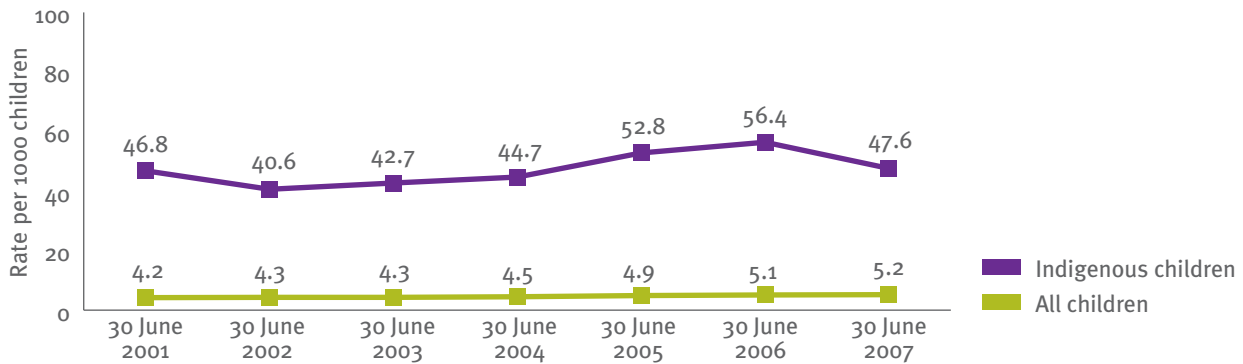
Figure 24: Rate (per 1,000) of children aged 0–16 years who were the subject of substantiations, Indigenous and other children, Victoria, 2000–01 to 2006–07



Source: AIHW 2002, 2003, 2004, 2005, 2006a, 2007 and 2008a



Figure 25: Rate (per 1000) of children aged 0–17 years on a care and protection order, Victoria, 30 June 2001 to 30 June 2007



Source: AIHW 2002, 2003, 2004, 2005, 2006a, 2007 and 2008a

Figure 26: Rate (percentage) of child protection re-reports among children aged 0–17 years, Victoria, 2001–02 to 2006–07



Source: DEECD calculations, based on DHS, CRIS database

Figure 27: Rate (percentage) of child protection re-substantiations among children aged 0–17 years, Victoria, 2002–03 to 2006–07

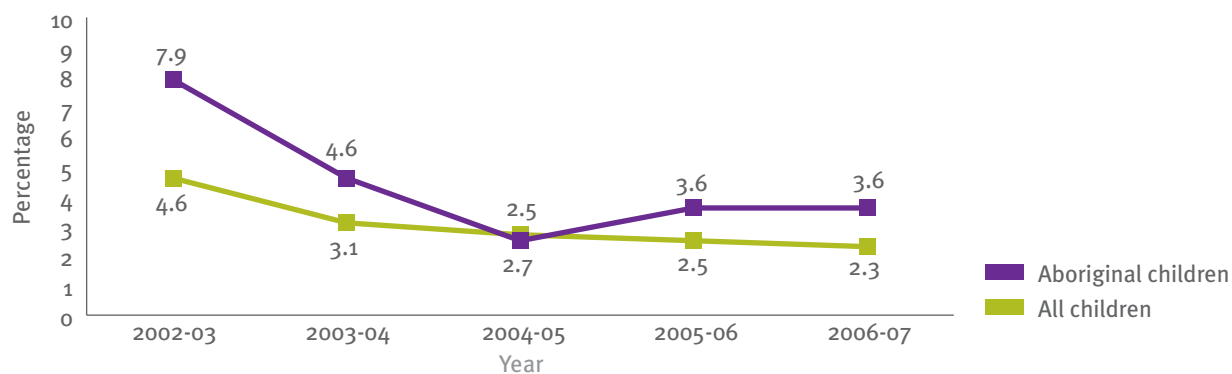


Source: DEECD calculations, based on DHS, CRIS database

Note: This data differs from data published by AIHW owing to the use of different methodologies/counting rules

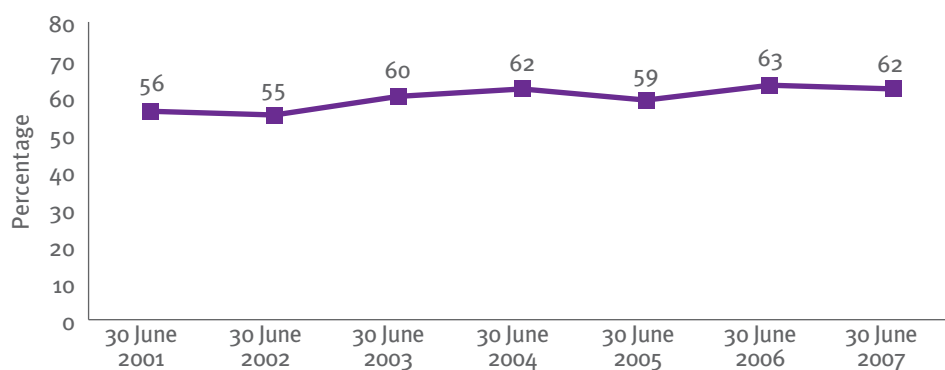


Figure 28: Percentage of child protection substantiations following decision not to substantiate among children aged 0–17 years, Victoria, 2002–03 to 2006–07



Source: DEECD calculations; based on DHS, CRIS database

Figure 29: Percentage of Aboriginal children and young people, aged 0–17 years, who are placed in out-of-home care in compliance with the ACPP, Victoria, 30 June 2001 to 30 June 2007



Source: Department of Human Services 2008



Tables



Table 1: Number and percentage of children aged 0–17 years, states and territories, 2006

State or territory	Number of 0–17-year-olds	Percentage of state population (0–17 years)	Percentage of Australia's children
Victoria	1,181,483	23.0	24.1
New South Wales	1,610,112	23.6	32.8
Queensland	1,007,003	24.6	20.5
South Australia	349,923	22.3	7.1
Western Australia	498,037	24.2	10.2
Tasmania	117,353	24.0	2.4
Northern Territory	61,152	29.0	1.2
Australian Capital Territory	76,515	22.9	1.6
Australia *	4,902,206	23.7	100.0

Population at 30 June 2006

Source: ABS 2008a–i *Total for Australia includes other territories

Table 2: Number, percentage and distribution of children aged 0–17 years, Victoria, 2006

Region	Number of 0–17 year-olds	Percentage (0–17 years)	Distribution across regions
Eastern Metro	222,582	22.3	18.8
Northern Metro	181,874	22.3	15.4
Southern Metro	274,709	22.5	23.3
Western Metro	159,545	22.4	13.5
Metropolitan Victoria	838,710	22.4	71.0
Barwon-South Western	85,745	24.1	7.3
Gippsland	60,167	24.3	5.1
Grampians	52,985	24.7	4.5
Hume	66,263	25.4	5.6
Loddon Mallee	77,360	25.4	6.5
Rural Victoria	342,520	24.8	29.0
Unincorporated Vic	108	14.1	0.0
Victoria	1,181,338	23.0	100.0

Population at 30 June 2006

Source: DEECD calculations based on ABS 2008 (data available on request)

Note: Regional data differ from the statewide data presented in table 1, as the final 2006 estimated resident population below state level had not been released at the time of publication



Table 3: Family composition, Victoria and Australia, 2006

Family composition	Victoria		Australia	
	Number	Per cent	Number	Per cent
Intact	414,491	71.9	1,621,483	69.1
Step	22,228	3.9	103,424	4.4
Blended	19,484	3.4	91,454	3.9
Total two-parent families*	457,820	79.4	1,825,952	77.8
Lone mother	104,074	18.0	450,679	19.2
Lone father	14,828	2.6	69,495	3.0
Total one-parent families	118,902	20.6	520,174	22.2
Total	576,722	100.0	2,346,126	100.0

Source: ABS 2006 Census of Population and Housing

*Includes 'other' couple families that are not classified as intact, step or blended.

Note: A small proportion of intact, step and blended families may also have 'other' children present, who are otherwise related; unrelated, such as foster children; or grandchildren being raised by their grandparents

Table 4: Comparison of Victorian infant mortality rates (per 1000 population) with selected OECD countries, 2000 to 2006¹¹

	2000	2001	2002	2003	2004	2005	2006 ¹²
Victoria	3.8	4.2	4.4	4.1	3.9	4.4	3.9
Australia	5.2	5.0	4.8	4.8	4.7	5.0	—
New Zealand	6.1	5.3	5.6	4.9	5.6	5.1	—
Canada	5.3	5.2	5.4	5.3	5.3	—	—
United Kingdom	5.6	5.5	5.2	5.3	5.0	5.1	—

Source: The Consultative Council on Obstetric and Paediatric Mortality and Morbidity 2008

Table 5: Adjusted perinatal mortality rates (per 1000 population),¹³ Victoria, 2000 to 2006

	2000	2001	2002	2003	2004	2005	2006
Number of stillbirths	394	399	385	418	413	421	457
Rate per 1000	6.3	6.4	6.1	6.6	6.5	6.3	6.6
Number of neonatal deaths	182	204	227	237	207	245	227
Rate per 1000	2.9	3.3	3.6	3.8	3.3	3.7	3.3
Number of perinatal deaths	576	603	612	655	620	666	684
Rate per 1000	9.2	9.7	9.8	10.3	9.8	10.0	9.8

Source: The Consultative Council on Obstetric and Paediatric Mortality and Morbidity 2008

¹¹ Adjusted to exclude termination for psychosocial reasons.

¹² For Victorian data, neonatal deaths that were the result of termination of pregnancy have been excluded from the calculations.

¹³ Adjusted to exclude terminations for psychosocial indications.



Table 6: Rate of young people aged 10–17 years under youth justice supervision, per 1000, by sex, states and territories, 2006–07

Sex	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aus
Number of young people									
Male	2593	1293	1961	1495	762	289	167	239	8799
Female	451	248	477	391	163	73	50	17	1870
Total	3044	1541	2438	1892	925	362	217	256	10,675
Rate per 1000 young people									
Male	7.2	4.9	8.6	13.2	9.5	10.8	9.7	18.7	8.0
Female	1.2	0.9	2.0	3.2	1.9	2.6	2.8	1.2	1.6
Total	4.1	2.8	5.2	8.1	5.6	6.6	6.2	9.6	4.7

Note: Total includes young people of unknown sex.

Age was calculated as at date of entry to first period of supervision during 2006–07

Source: AIHW 2008c

Table 7: Government schools' assessment of reading: Percentage¹⁴ of Prep to Year 2 students reading text with 90–100 per cent accuracy, 1999 to 2007

	Level	1999 (%)	2000 (%)	2001 (%)	2002 (%)	2003 (%)	2004 (%)	2005 (%)	2006 (%)	2007 (%)	% change 1999 to 2007
Prep	5	66.2	70.6	74.1	75.9	77.9	79.0	79.7	80.3	80.4	+ 14.2% points
Year 1	15	76.4	79.9	83.1	84.5	85.7	87.0	86.3	86.9	86.7	+ 10.3% points
Year 2	20	90.3	92.9	93.5	94.6	94.5	94.8	94.8	94.9	94.8	+ 4.5% points

Source: School Performance Data, Data and Evaluation Division, Office for Planning Strategy & Coordination, DEECD

Table 8: Percentage of Year 3, 5, 7 and 9 students achieving at or above the national minimum standard in reading, states and territories, 2008

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Year 3	95.1±0.3	95.2±0.2	87.0±0.7	89.5±0.9	91.5±1.0	92.8±1.0	94.4±1.5	63.1±6.6	92.1±0.3
Year 5	93.5±0.4	93.7±0.3	86.7±0.8	89.2±0.9	89.9±1.1	89.7±1.4	94.8±1.2	62.6±6.6	90.9±0.3
Year 7	95.4±0.4	95.8±0.3	92.7±0.6	92.8±0.7	93.4±0.8	93.9±1.5	96.3±1.4	67.8±9.4	94.2±0.3
Year 9	94.4±0.5	94.7±0.4	90.4±0.9	92.2±1.1	91.7±1.8	93.0±1.7	96.6±1.3	70.8±8.3	92.9±0.3

Source: MCEETYA 2008

Table 9: Percentage of Year 3, 5, 7 and 9 students achieving at or above the national minimum standard in writing, states and territories, 2008

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Year 3	97.5±0.2	96.2±0.2	92.5±0.6	94.9±0.6	95.0±0.8	97.1±0.5	96.3±1.2	73.6±6.3	95.4±0.2
Year 5	95.1±0.3	93.9±0.3	89.5±0.6	91.0±0.8	91.7±0.9	92.6±1.1	94.9±1.3	65.5±6.5	92.5±0.2
Year 7	93.5±0.5	93.4±0.5	89.9±0.6	90.2±0.9	92.4±0.8	90.0±2.0	93.4±2.1	64.1±9.4	91.8±0.3
Year 9	88.9±0.7	90.1±0.7	83.6±1.2	85.6±1.6	87.2±2.0	84.1±2.8	88.9±3.2	63.5±8.0	87.2±0.5

Source: MCEETYA 2008

¹⁴ The percentage is calculated based on all students, which includes students who are not deemed to be capable.



Table 10: Percentage of Year 3, 5, 7 and 9 students achieving at or above the national minimum standard in spelling, states and territories, 2008

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Year 3	96.1±0.2	95.4±0.2	87.1±0.7	89.4±0.8	91.1±1.0	92.4±1.0	93.7±1.5	61.1±6.6	92.4±0.3
Year 5	94.5±0.3	94.1±0.3	88.0±0.6	89.6±0.8	90.1±1.0	89.9±1.4	92.8±1.3	62.3±6.3	91.7±0.2
Year 7	94.2±0.4	94.2±0.4	90.1±0.6	90.7±0.8	92.4±0.8	91.3±1.5	94.8±1.6	64.2±8.8	92.4±0.3
Year 9	92.2±0.5	90.9±0.6	87.3±0.9	87.8±1.3	88.2±1.8	87.2±1.9	94.1±1.4	65.3±8.1	89.7±0.4

Source: MCEETYA 2008

Table 11: Percentage of Year 3, 5, 7 and 9 students achieving at or above the national minimum standard in grammar and punctuation, states and territories, 2008

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Year 3	95.2±0.3	95.3±0.2	86.3±0.8	87.8±0.9	90.8±1.0	91.7±1.0	93.6±1.4	59.8±6.9	91.7±0.3
Year 5	93.9±0.4	94.7±0.2	88.6±0.7	89.3±0.9	91.1±1.0	91.4±1.2	95.5±1.1	61.1±6.7	91.9±0.3
Year 7	93.4±0.5	93.6±0.5	90.0±0.7	88.3±1.0	91.2±1.0	91.3±1.9	94.0±1.8	60.7±9.6	91.6±0.3
Year 9	91.4±0.6	91.8±0.6	88.1±1.1	87.7±1.5	88.8±2.0	87.7±2.4	94.6±1.7	64.6±8.6	89.9±0.4

Source: MCEETYA 2008

Table 12: Percentage of Year 3, 5, 7 and 9 students achieving at or above the national minimum standard in numeracy, states and territories, 2008

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Year 3	96.9±0.2	96.5±0.2	91.9±0.6	94.7±0.6	93.8±0.9	96.7±0.6	96.4±1.2	77.3±5.6	95.0±0.2
Year 5	94.4±0.3	94.6±0.3	90.2±0.7	91.2±0.8	90.5±1.0	92.1±1.2	94.9±1.2	69.3±5.8	92.6±0.2
Year 7	96.0±0.4	96.5±0.3	94.6±0.5	94.8±0.6	94.5±0.8	95.2±1.3	97.1±1.2	76.8±7.1	95.4±0.2
Year 9	94.7±0.4	95.2±0.4	92.1±0.8	92.7±1.0	92.0±1.8	92.3±1.8	96.6±1.2	75.0±7.4	93.6±0.3

Source: MCEETYA 2008

Table 13: Average student attendance rates (percentages)¹⁵ by year level for primary, primary to secondary and secondary government schools, Victoria, 2002 to 2007

	Prep	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	Yr 8	Yr 9	Yr 10	Yr 11	Yr 12
2002	93.2	93.4	93.7	93.9	93.8	93.6	93.4	92.5	90.7	89.6	87.9	90.1	91.4
2003	93.3	93.6	93.8	94.0	93.8	93.7	93.3	92.2	90.6	89.9	88.6	90.3	91.5
2004	93.3	93.6	93.8	94.0	94.0	93.8	93.5	92.6	91.2	90.3	88.8	90.8	91.8
2005	93.0	93.3	93.5	93.6	93.6	93.6	93.3	92.3	90.7	90.0	88.9	90.3	92.0
2006	93.3	93.7	93.9	93.9	93.9	93.8	93.5	92.8	91.2	90.4	90.9	92.8	94.1
2007	92.6	93.0	93.3	93.4	93.4	93.4	93.2	92.4	90.7	89.7	90.2	92.6	93.9

Source: School Management Benchmarks 2006, <http://www.education.vic.gov.au/management/schoolimprovement/performance/data/publications.htm>; 2007 – School Performance Data, Data and Evaluation Division, Office for Planning Strategy & Coordination, DEECD

¹⁵ Measured using student headcount.



Table 14: Destinations of early school leavers by cohort year, percentages, Victoria, 2002 to 2007

	2002	2003	2004	2005	2006	2007	Change 2002 to 2007
In Education and Training	57.1	51.2	57.6	57.2	53.1	55.1	-2.0 % points
VET	23.0	22.4	19.8	14.6	15.8	14.6	-8.4 % points
Apprentice	28.7	23.5	29.8	35.5	30.2	33.2	+4.5 % points
Trainee	5.4	5.3	8.0	7.1	7.1	7.3	+1.9 % points
Employed (Full or Part-time)	25.9	29.6	27.0	27.9	31.5	30.9	+5.0 % points
Unemployed	17.1	19.2	15.4	14.8	15.4	14.0	-3.1 % points

Source: The destinations of school leavers in Victoria, On Track 2007, 2008 On Track Early Leaver Survey, DEECD

Table 15: Percentage of children aged 11–13 years who did volunteer work during the past 12 months, Victoria, 2006

	Age			Total (%)
	11 (%)	12 (%)	13 (%)	
Never	32.6	32.9	35.2	33.4
Once	23.6	27.3	28.0	26.4
Twice	19.4	19.2	19.0	19.2
3 or 4 times	12.9	12.0	11.1	12.0
5 or more times	11.5	8.6	6.8	9.0

Source: Williams 2007 in DEECD 2008

Table 16: Reported percentage of alcohol use in pregnancy, women with children under 2 years of age, Victoria, 2006

Aware of pregnancy?	Drank alcohol (%)	Binge drank once or more (%)	Binge drank at least weekly (%)
No	60.8	21.0	8.0
Yes (early stages)	33.7	3.5	1.0
Yes (later stages)	30.7	3.9	1.3

Source: VCHWS 2006

Table 17: Percentage of children who had a parent that answered ‘yes’ when asked whether one of their relatives or friends could care for them or their children in an emergency, Victoria, 2006

All parents	94.4
Two-parent families with dependent children	95.1
One-parent families with dependent children	90.5

Source: VCHWS 2006

Table 18: Percentage of children who had a parent that agreed or strongly agreed there is someone they trust who they could turn to for advice in an emergency, Victoria, 2006

All parents	96.8
Two-parent families with dependent children	97.5
One-parent families with dependent children	93.2

Source: VCHWS 2006



Table 19: Caries in children aged 6–8 years and aged 12–17 years attending Victorian public dental services, by Indigenous status, Victoria, 2007

	6–8-year-old dfmt	% dfmt = 0	12–17-year-old DMFT	% DFMT=0
ATSI	5.05	17.2	2.73	36.4
Non-ATSI	2.82	38.0	1.77	48.5

Source: Dental Health Services Victoria Clinical Analysis & Evaluation Unit

Table 20: Rate of young people aged 10–17 years under youth justice supervision, per 1000, by Indigenous status, states and territories, 2006–07

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aus
Number of young people									
Indigenous	1027	182	1162	1165	279	79	41	228	4163
Non-Indigenous	1792	1152	1275	709	596	251	176	27	5978
Unknown	225	207	1	18	50	32	0	1	534
Total	3044	1541	2438	1892	925	362	217	256	10,675
Rate per 1000 young people									
Indigenous	31.8	26.2	38.1	79.8	49.7	20.5	42.1	20.3	39.3
Non-Indigenous	2.6	2.1	2.9	3.2	3.8	4.9	5.2	1.8	2.8
Total	4.1	2.8	5.2	8.1	5.6	6.6	6.2	9.6	4.7

Note: Calculation of rates excludes unknown.

Age was calculated as at date of entry to first period of supervision during 2006–07

Source: AIHW 2008c



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