

The State Of Victoria's Children Report | 2015

Tipping the Scales
for Children's
Positive Development



VICTORIA
State
Government

Education
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Ruth, 5 years

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MINISTER'S FOREWORD

This year's State of Victoria's Children Report explores opposites. Its theme—tipping the scales for children's positive development—contrasts protective factors and risk factors in the lives of children and young people.

The great majority of young Victorians fare well. They are loved, they thrive, they learn and grow to sound adulthood. But too many fall behind in infancy and never recover. Some encounter in childhood a range of situations, mainly relating to disadvantage, that tip the scales against good health, wellbeing and achievement. Others struggle with the perils of adolescence and its heightened risks of depression, uncertain identity and disengagement from school and community.

A child or young person cut off from learning at any stage of their development is in danger of missing the fullness of life's opportunities. Education is not only an engine of social progress and economic prosperity. It is a great enabler of personal growth and intellectual, emotional and social maturity. It is fundamental to forming stable relationships and acquiring rewarding work.

We know that the experiences of the first five years last a lifetime. That's why it is pleasing to see this report note high levels of participation in Maternal and Child Health services and in Early Childhood Education and Care. More four-year-olds are attending more hours of kindergarten than ever before. Progress is being made in providing these crucial services to all children, especially those in vulnerable cohorts—those who have the most to gain. The picture, as always, is not simple. More needs to be done to reach some groups of children and to improve the educational quality of care for all. This is a repeated theme of the report: there is much to celebrate and much to build.

The value of this report to all who work with young people and families is that it is grounded in data and research. It offers informed evidence of where targeted government interventions are most likely to lessen the risks and encourage positive development.

It does so in the context of the Government's reform priorities for addressing family violence, strengthening lifelong learning and supporting better mental health.

Australia's first Royal Commission into Family Violence delivered its final report in March 2016. It painted a dark picture of the prevalence of family violence and its appalling effects, so often leaving children vulnerable and adrift. But it also shone a light. It provided practical recommendations to prevent and address family violence. All have been accepted by the Government and, in a first step, informed the release in April 2016 of the *Roadmap for Reform: Strong Families, Safe Children*.

The Roadmap provides services that are coordinated and work together to meet the needs of children, young people and families experiencing vulnerability. It emphasises prevention and early intervention, the importance of which is made clear in this report.

Our next step is to release the *Education State Early Childhood Development Reform Plan*. The plan will outline this Government's vision for transforming Victoria's early childhood services. Investment in the early years is an investment in a brighter future for us all. We will be strengthening our system to make sure every Victorian child has the best possible start to life.

The ambitious agenda of Education State is also validated by the analysis presented here of the drivers of student achievement. Among these are attendance, ambition and positive self-belief. In order to promote greater academic achievement across the curriculum by students of all ages, the Education State agenda emphasises strengthening the resilience of students. Resilience is a foil against setbacks and especially helpful in the transition from primary to secondary school.

Parents will always be the greatest influence on their children but not all parents have the capacity to be positive role models or provide the care children need. Well-focused programs can address this by building parental confidence and encouraging social connection, particularly through engagement with a school community. As described in this report children are especially affected by the mental health of the adults in their lives.

Nearly one in two Victorians will experience mental illness at some time and parents with unmanaged mental health issues battle to maintain a nurturing home. To address the great range of mental health issues that arise from infancy to old age the Government released *Victoria's 10-Year Mental Health Plan* in late 2015. I am confident that it will make children safer and their lives more secure.

By heeding the evidence in this report and by working to make government services more responsive, consistent and joined up, we can do a great deal to tip the scales towards positive development for all Victorian children.



Hon. Jenny Mikakos, MP
Minister for Families and Children
Minister for Youth Affairs



Samya, 8 years

EXECUTIVE SUMMARY

The annual State of Victoria's Children report series considers a range of evidence to gauge the wellbeing of Victorian children and young people.

This year's report takes the idea of *tipping the scales for children's positive development*. In doing so it considers the balance between the protective and risk factors in children's lives. It asks what promotes good? What causes harm? Underlying these is a further question: where best can government policy and programs tip the scales towards personal and community benefit?

The great majority of Victorian children are cherished and nurtured. They thrive and grow, secure in loving families. But too many face challenges from the start. They fall behind and sometimes never catch up.

This report contains three sections:

- Lifelong learning and success
- Safe and healthy children
- Strong families and confident parents.

Each of these themes is presented in terms of salient risk and protective factors. The purpose is to examine how these factors interact to affect children and the family environment. Better understanding this evidence will inform and foster discussion on the role of services in tipping the scales towards children's positive development.

Throughout this year's report attention is drawn to significant and recent Victorian Government priorities for strengthening services for children and families. Although the impact of some activities is yet to be felt, these are major social policies with long-term goals. They warrant attention for their potential to significantly improve how Victoria's children and young people fare.

The first is the Education State agenda, which recognises the primacy of life-long education in giving Victorians the opportunity to succeed in life, regardless of background, place or circumstance. The Education State in Schools reform agenda includes significant new funding for supporting disadvantaged students, alongside greater support for schools.

The agenda has also set ambitious long-term targets for all Victorian students that aim for academic excellence but also other important aspects for success in life and work, including critical and creative thinking, student resilience, physical activity and engagement in education. Much reform work is continuing on the development and design of policies and services that will feature in future State of Victoria's Children reports. The upcoming Education State Early Childhood Development Reform Plan will set out how the Government will better support children and families during the early years.

Another concerns family violence, of which women and children are disproportionately victims. In March 2016 the Royal Commission into Family Violence delivered its seven-volume report, a searching examination of the causes of family violence, its effects on survivors and best practice approaches to its prevention. The Victorian Government has committed to implementing the Commission's 227 recommendations. The response most immediately relevant to this report is the *Roadmap for Reform: Strong Families, Safe Children*, including a commitment of almost \$170 million for the next two years with greater focus on early intervention and prevention. It is a coordinated approach to meeting the needs of children and families at risk. In particular, *Roadmap for Reform: Strong Families, Safe Children* proposes to increase capacity of universal health and education services to manage low-level risks for children.

Mental health is another factor intimately tied to positive development of children and young people. As this report notes, normal cognitive development and good mental health are not only fundamental to individual wellbeing of the child but children are especially affected by the mental health of the adults in their lives. Parents with unmanaged mental health issues may not maintain the stable, nurturing environments in which children grow best. This situation can have a cyclical effect, leading to more children in out-of-home care, which in turn increases the risk of those children developing diagnosed mental health issues.

This is a widespread issue: nearly one in two Victorians will experience mental illness in their lifetime. To address this, the Government released Victoria's *10-Year Mental Health Plan* in late 2015. It includes a whole-of-government suicide prevention framework, an Aboriginal social and emotional wellbeing framework, a mental health workforce strategy, and a strategy for diversion from the criminal justice system. The plan will make children safer and their lives more secure.

Lifelong learning and success

The early years are vital. Early experiences have a long-term effect on a child's neurological development, physical and mental health, learning and behaviour. Depending on circumstances, children can get off to a great start or they can begin to fall behind from a very early age. Some who fall behind early will never catch up.

Children who attend early childhood education and care gain many benefits, including better intellectual development and higher levels of concentration, sociability and independence.

Quality is important. Children who participate in high-quality childcare generally perform better academically than their peers. According to the Australian Institute of Health and Welfare (AIHW), poor quality care can *produce* deficits in language and cognitive development. Victoria rates well on quality measures in this regard and in December 2015 close to 80 per cent of the Victorian services assessed met or exceeded national quality standards. There are, however, some issues: Australia is ranked in the bottom half of OECD countries on early childhood care and there is evidence that standards are lower and access more difficult in lower socio-economic areas. Children from such areas may be missing out. This is particularly unfortunate because socially disadvantaged children, whose home environment may be less conducive to good development than they experience at a childcare centre, show the greatest benefit.

Kindergarten helps children develop social, mental and physical skills in preparation for school. The Australian Early Development Census (AEDC), a three-yearly compilation of teacher observations of children in their first year of school, reports on child development in five domains (physical, social competence, emotional maturity, language and cognition, and communication and general knowledge). The 2015 AEDC data indicate that children who do not attend kinder are three times more likely to be developmentally vulnerable on any two of these domains.

Participation rates are high: 98.1 per cent of Victorian children attended kindergarten in 2015. The children most likely to not attend were Aboriginal children, those with special needs, those with a language background other than English and those living in the most disadvantaged communities (categories that are not mutually exclusive). However, there are positive signs: the gap in participation rates between these cohorts and the statewide rate decreased markedly between 2012 and 2015.

A strong home learning environment tips the scales towards positive development, eases transition to school and assists children through their school years. Vulnerability in the first year of schooling, particularly in the language and cognition domain, predicts lower reading achievement at Year 3. Children identified as 'on track' in this domain are five times more likely to score in the top two bands in reading at Year 3 in the National Assessment Program—Literacy and Numeracy (NAPLAN).

Parental expectations and the level of parental support influence young people's confidence in their ability to succeed in learning, a factor that is in turn strongly linked to academic achievement. The proportion of students with a positive perception of their abilities declines from 61 per cent in Years 5–6 to 36 per cent in Years 10–12 and is accompanied by weaker NAPLAN performance. The proportion of students in the top two NAPLAN reading bands declines from 37 per cent in Year 5 to 23 per cent in Year 9.

Aboriginal students often have low confidence in their ability to succeed. This is one of many issues being addressed in *Marrung: Aboriginal Education Plan 2016–26*. Among the goals of this 10-year plan are an education system that from the early years views Aboriginal culture as an asset that supports Aboriginal learners to be confident in their culture and identity. Its actions include expanding the Koorie Academy of Excellence from one to four locations across Victoria to provide a range of leadership, cultural and social activities that will help 340 students a year complete Year 12 and pursue their chosen tertiary pathway.

Frequent changes of school particularly affect children in out-of-home care and tip the scales against achievement. So do even small absences. Absences from school begin to increase from Year 5 and peak in Years 8 and 9. Unapproved absences by Aboriginal children are generally more than twice the statewide rate.

Absences from school have multiple contributors, including stress and bullying at school, poor family functioning and children feeling that they do not have a trusted adult in their life for support. Disengagement inhibits achievement and worsens with age. Year 9 students below NAPLAN's national minimum standards are at high risk of dropping out of school and entering an uncertain employment market.

Safe and healthy children

Good health is a major contributor to a child's quality of life. Children who are healthy and well cared for prosper and become resilient. Physical and psychological health are strong determinants of cognitive development and of a child's clarity of focus and academic achievement.

While the majority of Victorian children are safe and healthy, some health and wellbeing concerns are more prevalent among Aboriginal and disadvantaged children.

The differences between children begin prenatally when poor maternal health and risky behaviours tip the scales towards vulnerability. Around 6.3 per cent of babies born in Victoria between 2009 and 2011 were of low birth weight, a risk factor for physical and neurological disabilities and proneness to illness. The early identification and referral role of Maternal and Child Health (MCH) services is especially important in such cases.

Statewide participation rates for MCH visits have generally remained stable over the past three years but most recently there has been an increase in participation in Key Ages and Stages (KAS) consultations, especially at the two-year and 3.5-year visit. Families less likely to attend MCH services are

those who are Health Care Card holders, Aboriginal families, one-parent families and those in which parental education is low. Attendance by Aboriginal families increased in 2014–15 to more than 50 per cent for the two-year and 3.5-year visits. Participation in low socio-economic status (low SES) areas is similar to state levels for the initial home consultation and the 3.5-year consultation, although slightly lower for the 12-month and two-year visits.

Family violence, child abuse or neglect tip the scales towards vulnerability. More children are being reported as being exposed to family violence and are entering the child protection system. Factors thought to contribute to this trend include existing system challenges, heightened public awareness of child abuse, the increased capacity of child protection workers to investigate reports and a change in the definition of abuse to include emotional harm and neglect.

The number of family violence incidents reported by Victoria Police increased by 75 per cent to 72,000 cases a year over the four years to 2014–15. Over that period the child protection substantiation rate almost doubled to 10 per 1,000 children. Family violence affects the physical, emotional and mental health of children and can lead to depression, anxiety, low self-esteem, impaired cognitive function and mood problems. For adolescents, family violence can disrupt schooling, reduce their ability to make friends or to get and keep a job, and cause homelessness. In 2013–14, 15 per cent of young people seeking assistance from a homelessness service identified family violence as the main reason for their situation. Evidence also shows that young people who have been exposed to family violence are more likely to become involved with the youth justice system.

Aboriginal children are five times more likely than average to have witnessed family violence and are greatly over-represented in child protection substantiation rates. As at 30 June 2015, about 8,600 children and young people were in out-of-home care, a rate of 6.6 per 1,000 of all children and 71.5 per 1,000 for Aboriginal children, about 1,500 of whom were in care. The Royal Commission into Family Violence heard that family violence is one of the main reasons Aboriginal children are removed from their homes and placed in out-of-home care. These children and their families can face many challenges when seeking support. This may be due to a number of factors, including a lack of appropriate support systems or a reluctance to seek assistance, particularly from mainstream agencies.

Iman, 7 years



Research provided to the Royal Commission shows that children recover from family violence, although it takes time. At least one-third of children who have experienced family violence go on to do just as well as children who have not, provided they receive support and appropriate care and services.

The ability to overcome adversity is a hallmark of resilience, an important protective element in promoting the health, wellbeing, learning and development of children and young people.

Most students in Victoria have a high level of psychological resilience, which varies little by gender or year level. Through its Education State school targets the Victorian Government has committed to increasing resilience in students over the next 10 years.

Poor physical health in children can lead to decreased performance in school. The majority of Victorian parents rate their children as being in excellent or very good health. This is confirmed by teacher assessments of Prep grade children reported by the AEDC. In 2015 these showed that nationally 77.3 per cent of children were 'on track' in the domain of physical health and wellbeing. The Victorian figure was 80.9 per cent. Nevertheless, one in seven children in Australia arrives at school without having eaten breakfast, which can affect their progress. Research suggests that eating breakfast daily can increase academic progress between Years 5 and 7 and improve Year 7 NAPLAN reading scores.

Vaccination is one of the most effective public health controls and tips the scales towards positive personal and community wellbeing. It is estimated that around 90 per cent of the population needs to be immunised to stop the spread of disease (95 per cent for highly infectious diseases like measles). The Victorian immunisation rate for one-year-olds (91.2 per cent) is slightly behind the national rate (92.5 per cent) and lags the OECD average (94.6 per cent).

The risk to public health posed by unvaccinated children led governments to implement incentives in 2015 aimed at increasing immunisation rates. The Australian Government announced it would remove eligibility for childcare subsidies for families whose children are not fully immunised. The Victorian Government introduced 'No Jab, No Play' laws (effective 1 January 2016), banning unvaccinated children from attending childcare or kindergarten.

Strong families and confident parents

The actions and behaviours of parents may act as either protective factors or risk factors in the development of their child. Parents who feel at home in their community and confident in their parenting role are happiest and healthiest.

Parents' actions and behaviours exert an early, strong and lasting effect on children's outcomes in terms of learning and development, social and emotional functioning and health. Supported and supportive families tip the scales towards positive adolescent health and wellbeing.

A 2016 report from the Parenting Research Centre revealed a gap between the popular perception of parenting as an innate skill and expert opinion that parenting is a conscious, skill-based practice that can be improved. The public believes parenting skills have declined and are not likely to improve. By contrast, experts believe that progress can be made through public policies that help parents scaffold children's development. The authors argue that resolving the gap between the two positions is to a large extent a matter of better public communications about parenting.

Most Victorian families have healthy family functioning. Only around one in 12 (eight per cent) Victorian families with young children showed signs of unhealthy family functioning in 2013. This rate is consistent with data collected in 2006 and 2009. Children in families with unhealthy family functioning are significantly more likely to have behavioural difficulties such as conduct problems, hyperactivity, problems with peers or emotional symptoms.

Parental mental health and wellbeing issues tip the scales towards vulnerability. In 2015, seven per cent of respondents to the School Entrant Health Questionnaire (SEHQ) indicated a history of parental mental illness. This was more common in one-parent families, with one in six parents (17 per cent) identifying this issue as affecting their family. The next most common family risk for children entering school was a history of drug or alcohol problems in the family (3.6 per cent).

Children's development is improved when parents are supported. Child and family health systems provide a mechanism to help early identification of issues and provide support to parents to handle any concerns. Enhanced MCH services are available for families with children up to 12 months of age in circumstances where there are multiple risk factors such as drug and alcohol issues, mental health problems and family violence. In 2014–15, there were 12,500 enhanced MCH cases, including 570 assisting Aboriginal families.

There is growing evidence for the benefit supported playgroups can have in families experiencing disadvantage. Supported playgroups are facilitated by a qualified worker and help struggling families to improve parenting capability and child outcomes.



Hugo, 4 years

It is important that parents can access support when they need it most. Qualified counsellors at Parentline Victoria provide advice to parents and carers on how to improve relationships with family members. Around 20 per cent of its calls in 2014–15 related to parental confidence or capacity.

For parents of school-aged children, the school community also plays a part in tipping the scales towards positive development. The literature suggests that the level of parental engagement can be influenced by the relationship they have with a school—engagement is greater when parents have an opportunity to be involved.

The majority of Victorian families have a good informal support system; having someone to turn to for advice or support (Victorian Child Health and Wellbeing Survey, 2013). However this is not true for all families. A small number of Victorian parents report that they are unable to get support or have no one to turn to in a time of crisis. Such social exclusion can have a major impact on the outcomes of children. A recent study by the AIHW found that children living in areas with a high risk of social exclusion (based on factors including socio-economic circumstances, education, connectedness, housing and health service access) have worse health outcomes than other children. The study found that areas with a relatively high risk of child social exclusion also had relatively high average rates of potentially preventable hospitalisation.

Strong communities can tip the scales towards positive development. While the majority of parents, families, children and young people have social supports and feel connected to others or to their community, there is an important role for early childhood services and schools in identifying those at risk of falling through the cracks, and ensuring they are connected to effective support.

INTRODUCTION

The Children's Services Coordination Board, which reports to the Minister for Families and Children, provides an annual report on outcomes in relation to children, with a focus on children who are most vulnerable.

Since 2006, the annual *State of Victoria's Children Report* has presented up-to-date evidence related to one central question: how are Victoria's children and young people faring? There is never one answer. Most children thrive. They are safe, happy, healthy and loved. They grow strong enough to withstand adversity. Others encounter persistent disadvantages. They struggle.

This year's report frames its discussion of these different outcomes by considering what tips the scales one way or the other for children's positive development. What protective factors give children and young people the best chance of success? What risk factors hold back development and lessen the likelihood that a child will grow to sound adulthood?

These questions are approached this year in the context of three themes—lifelong learning and success; safe and happy children; and strong families and confident parents—because of how profoundly these elements influence developmental outcomes. Health, good parenting and high-quality education, especially early education, do not guarantee that children prosper. But they certainly help tip the scales. How each of these factors is expressed in the context of the Victorian social and economic landscape, and as a priority of government policy, is the focus of this report.

The report presents the case for prioritising these major policy areas and describes how Victorian children and young people are faring against learning, health, development, family and community outcomes. While outcomes are positive for most, there are many challenges.

Children must be engaged early in learning to be confident and creative learners for positive outcomes as adults

The first five years are critical and set children up for the rest of their lives.

Participation in high-quality early childhood education and care (ECEC) tips the scales. It is linked to improved cognitive, linguistic and social development. Children who have attended kindergarten demonstrate better outcomes through lower rates of developmental vulnerability when they start school. Kindergarten attendance has also been linked (causally) to improved achievement in testing under NAPLAN.

Kindergarten participation rates in Victoria are high and last year increased among children from disadvantaged areas to 96.4 per cent, approaching the statewide rate of 98.1 per cent. Participation by Aboriginal children has increased since 2012 but, with participation at 82.2 per cent, almost one in five Aboriginal children is missing out on four-year-old kindergarten.



Holly, 7 years

Kindergarten quality is important. Recent research has found that services that rate well against National Quality Standards (NQS) contribute to better outcomes for children. The performance of Victorian early childhood education and care services is the best in Australia: almost 80 per cent of services meet or exceed NQS standards. There is, however, a socio-economic divide. Services in low socio-economic areas tend to be of lower quality and harder for parents to get to.

Children spend 12 to 13 years of their lives at school and doing well at school leads to greater employment opportunities. Evidence shows that students' perception of their own ability, as well as regular attendance and feeling connected to school, tips the scales towards positive wellbeing and achievement outcomes.

High levels of absenteeism and disengagement from education leads to poor outcomes for young people, including poorer mental health and reduced capacity to thrive into adulthood. Even small absences are associated with lower NAPLAN test scores.

The School Focused Youth Service (SFYS) is one of a continuum of programs and services available to support young people to stay engaged in education. Through the SFYS, schools and community organisations work together to support students aged 10–18 years who are attending government, Catholic or independent schools but are vulnerable to disengagement. Providers work with schools and partners to identify the needs of young people within the target group and work with families (where appropriate) with the understanding that engaging, supporting and upskilling families is often critical to a young person's successful engagement in education.

Re-engaging young people who are chronically disengaged or disconnected from education is the focus of the Navigator pilot program, an Education State initiative designed to support secondary school students back into education and fulfil their educational potential. LOOKOUT Education Support Centres, announced by the Government in September 2015, are being established to address the particular education needs of all school aged students in out-of-home care and to help sustain their engagement in education through to completion of Year 12.

Absences among Aboriginal children are generally more than twice the statewide rate and are similarly high among children in out-of-home care who, as a result of disruptions to living arrangements, are more likely to miss school and subsequently become disengaged. The 10-year *Marrung: Aboriginal Education Plan* provides for Koorie Children's Court liaison officers to support Aboriginal children and young people who appear before the Koorie Children's Court to remain engaged in or re-engage with education.

Children must be safe, cared for, healthy and resilient

Good physical and mental health begins before birth when the growing foetus is dependent on the health and wellbeing choices of the mother. Low birth weight babies face a range of developmental and health concerns that can last through life. Many health services, including MCH services, play a part in identifying and addressing these and other issues early.

Immunisation protects children against disease and, if immunisation rates are above 90 per cent, protects the wider community. The Australian and Victorian Governments have acted to bolster immunisation rates, which have declined in recent years, particularly in areas of higher SES.

Family violence, child abuse or neglect decisively tip the scales towards making children vulnerable. The rate of children becoming known to protection services has risen in recent years, as has the rate of family violence reported to Victoria Police. In its initial response to recommendations made by the Royal Commission into Family Violence, the Victorian Government allocated significant resources designed especially to protect and assist women and children in violent circumstances. The *Roadmap for Reform: Strong Families, Safe Children* focuses on prevention, early intervention and creating services that are coordinated and work together to meet the needs of children, young people and families who are experiencing vulnerability. Initiatives will be implemented through a collaborative whole-of-government approach, some starting in 2016 and others over a longer timeframe.

Research shows that children who are safe and well cared for are more resilient. They are better able to build positive relationships, deal with daily problems and recover from trauma. Schools play an important role in helping children build these capacities in a safe and supportive environment. Among the Education State school targets is the aim to increase the proportion of students who report high resilience over the next 10 years by 20 per cent

Families must feel well supported by the community and confident in their parenting role

Children have the best outcomes when the home provides a safe and stimulating environment and parents aspire to good health and education for their children. Not all parents have this capacity. Children whose parents experience challenges such as financial disadvantage, family violence, mental health and substance abuse issues are more likely to need extra support and assistance to reach their full potential.

A positive relationship between parents and teachers tips the scales towards helping a child be a confident learner. The children of parents who are engaged with the child's school have stronger belief in their ability to learn and higher rates of participation. Schools, MCH services and other health services play an important role in identifying issues and providing counselling and referrals for children and families who are struggling. Better integrating support services is a key focus of the *Roadmap for Reform* and early childhood development initiatives.

Victoria's children, young people and families in context

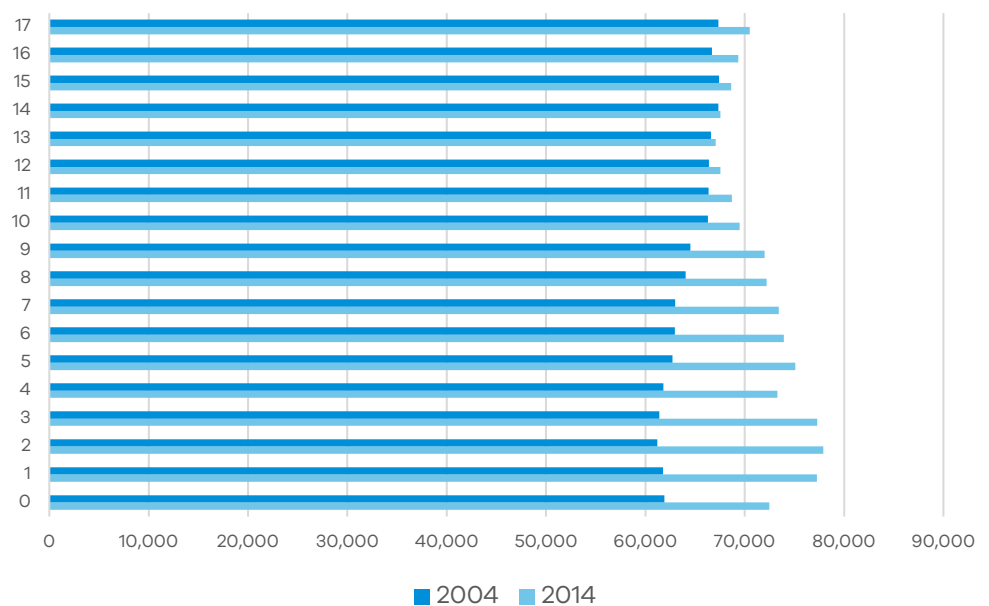
This report discusses tipping the scales for positive development for all Victorian children, but focuses particularly on disadvantaged population groups more likely to be at risk.

Disadvantage affects a number of families, children and young people, through economic insecurity, living in areas of socio-economic disadvantage, having a disability or having a change in circumstance, such as a significant health issue or death in the family. However, disadvantage and developmental issues do not always go hand in hand. The AEDC, a measure of early childhood development of children commencing school, for example, finds that children from all levels of social and economic advantage face vulnerabilities in their development.

The most vulnerable families, children and young people in Victoria are exposed to greater risks, often in a combination of factors, and have fewer positive tipping factors working for them. This includes children who are Aboriginal, come from low socio-economic areas, have a disability, are refugees or have recently arrived in Australia.

The most recently available population data estimates Victoria to have 1,293,700 children between 0 and 17 years of age (see Figure 1). These children make up 22.8 per cent of the total Victorian population. Around three-quarters of Victorian children and young people (74 per cent) live in metropolitan areas while 26 per cent live in rural and regional areas.

Figure 1: Number of children living in Victoria, by age, 2014



Source: ABS, 2015



Lorenzo, 4 years

The 2014 population profile shows a greater number of younger children from one to nine years, compared with older ages. This contrasts with the age profile in 2004 when there was a greater proportion of children of older ages (10 to 17). This in part reflects the higher birth rate over the decade to 2014 compared with the previous decade.

The ABS Survey of Disability, Ageing and Carers 2012 found that 3.1 per cent of Victorian children aged four years and 8.3 per cent of those aged five to 14 years had a disability. Around two-thirds of these children had a profound or severe core activity limitation.

Victoria is home to nearly 16,000 Aboriginal children and young people

In the 2011 ABS Census of Population and Housing, 15,900 Victorian children and young people were identified as Aboriginal. Aboriginal children and young people make up around 1.2 per cent of the population aged 0 to 17 years and 41.7 per cent of the overall Aboriginal population in Victoria. This is a much larger proportion of young people when compared to the non-Aboriginal population.

These figures were slightly higher in absolute and percentage terms from the 2006 census when around 13,000 children and young people identified as Aboriginal, comprising around 1.1 per cent of the total Victorian population.

While this report includes information specifically on outcomes for Aboriginal children, some of these children are also likely to be represented in other reported cohort groups.

Aboriginal children and young people may face greater challenges than their peers. The *Victorian Aboriginal Affairs Framework* (VAAF), released in 2012, brings together government and Aboriginal community commitments and efforts to create a better future for Victoria's Aboriginal population. The VAAF focuses effort and resources on six strategic action areas:

- maternal and early childhood health and development
- education and training
- economic participation
- health, housing and wellbeing
- safe families and communities and equitable justice
- strong culture, engaged people and confident communities.

These are central to closing the gap in Aboriginal disadvantage through: building prosperity through economic participation; protecting and supporting children, young people and families who are experiencing vulnerability; and ensuring access to services that meet the needs of Aboriginal people across Victoria.

In December 2015 the first *Victorian Government Aboriginal Affairs Report 2014–15* was tabled in Parliament. While the report showed positive results in education, early childhood, and youth justice, there is still more to be done in closing the gap in outcomes in these and other areas. The release of the *Marrung: Aboriginal Education Plan* furthers this goal as part of the Education State agenda (see p. 46).

Children in out-of-home care

In 2015, there were 8,567 Victorian children in out-of-home care, an increase in the number of children (from 5,469 in 2010) and in the proportion of all children aged 0–17 years from previous years (see Figure 2).

Figure 2: Trends in children aged 0–17 years in out-of-home care, June 2010 to June 2015.



Source: *Report on Government Services 2016*, Table 15A.18

Aboriginal children continue to be over-represented nationally in out-of-home care, with 52.5 Aboriginal children per 1,000 in out-of-home care in 2015, compared with 5.5 non-Aboriginal children. The rate is much higher in Victoria, with 71.5 Aboriginal children per 1,000 in out-of-home care.

Regardless of background, children in out-of-home care are significantly less likely than their peers to attend school and engage with education. These young people have relatively poor health outcomes. Children in out-of-home care tend to move between care settings and schools and are at high risk of chronic absences or dropping out. In September 2015 the Government announced Education State funding of \$13.2 million over four years and \$4.2 million annually ongoing to establish four LOOKOUT Education Support Centres. These will work in partnership with schools to enrol young people, monitor and evaluate educational progress, and coordinate staff, resources and activities to support the child's education at school and at home. This is designed to improve school attendance, engagement and achievement and have a positive impact on the education experience and outcomes for children and young people in out-of-home care.

Centres will be established in each of the North Western, North Eastern, South Western and South Eastern Victoria regions by 2017. LOOKOUT Centre staff will be based in the Department of Education and Training regional offices. They will work as part of a multidisciplinary service response, building on the expertise and professional practice of the department's staff and local relationships with the Department of Health and Human Services. Led by a principal and comprising education experts, professional practitioners, a Koorie cultural advisor and data and administrative support, the LOOKOUT Centre team will monitor and evaluate students' progress at school, setting educational outcome targets and helping carers and social workers better support each child's needs.

Disadvantaged circumstances tip the scales

Victorian children live in diverse households, most of which provide an atmosphere of safety and stability, incomes adequate to meet needs, and access to support services, health care and quality education. Other family circumstances, mainly related to disadvantage, hold back timely development. No one factor or combination of factors is deterministic yet aspects of disadvantage commonly co-occur in, for example, the interrelationship between education, employment and income.

Parents with limited education are more likely to be unemployed or lower paid. They are more likely to head one-parent households. As multiple disadvantages combine, positive child development outcomes become less likely.

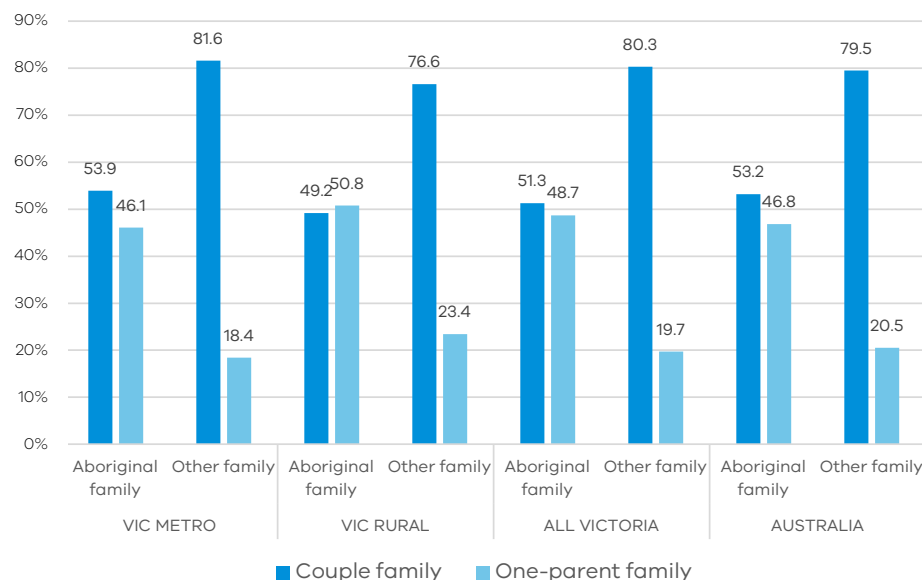
One in five Victorian children live in one-parent families

Victoria's population includes a broad range of family types including married, cohabiting, step, blended and one-parent families.

Most Victorian families with at least one child aged 0 to 17 years in 2011 were couple families—489,600 (around 80 per cent) compared with 123,500 one-parent families (around 20 per cent). Figure 3 indicates that couple families are more common in metropolitan areas and in non-Aboriginal families. While one in five children lives in a one-parent family, this is the case for almost half of Aboriginal children.

One-parent families are more likely to be socio-economically disadvantaged than couple families, and to experience lower income and greater financial stress.

Figure 3: Families who have at least one child aged 0 to 17 years, proportion of couple families and one-parent families, Victoria and Australia, 2011



Source: ABS Census of Population and Housing, 2011

Education levels of parents vary by family structure

Parental education is linked to employment and household income and becomes a tipping factor in the health and education outcomes of children.

Parents in couple families with children aged 0 to 17 years in Victoria have higher levels of education, with 53.4 per cent holding Diploma level or higher qualifications. Parents in one-parent families are more likely to have Year 11 (35.8 per cent) or Year 12 (36.4 per cent) as their highest level of educational attainment.

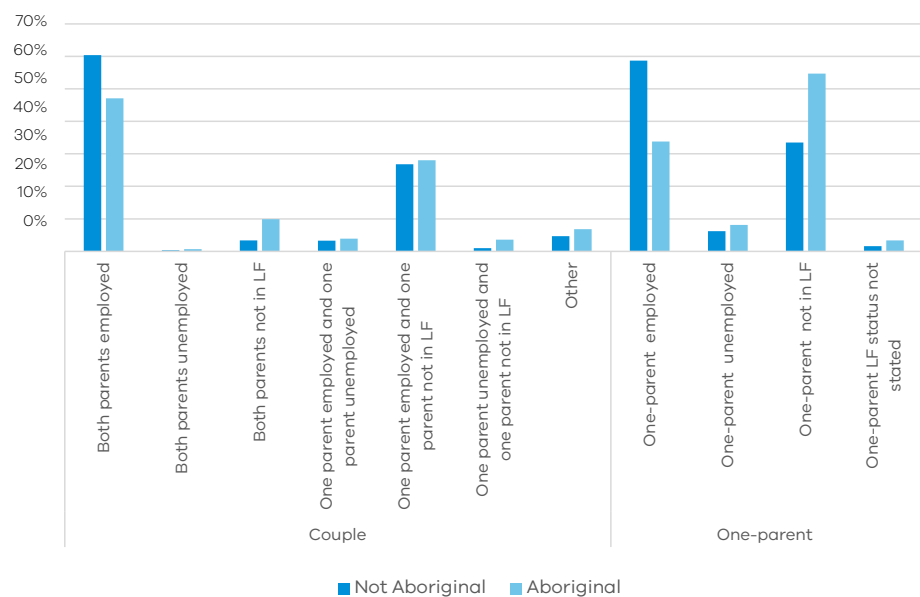
Education levels are lower for Aboriginal parents, particularly those in one-parent families where only 12.4 per cent have achieved a Diploma or higher qualification. Aboriginal parents in couple families have comparatively higher levels of educational attainment, with 20.5 per cent having achieved a Diploma or higher and 37.4 per cent having achieved Year 12 or equivalent.

Most Victorian parents are employed

The majority of children in Victoria live in a household with a working parent. In 2011, more than half of all Victorian parents were employed, with little difference between couple families (60.4 per cent) and one-parent families (58.7 per cent). Employment was lower for Aboriginal parents.

Just over 50 per cent of Aboriginal parents and one-third of non-Aboriginal parents are not in the labour force. Unemployment affects 8.1 per cent of Aboriginal parents and 6.2 per cent of non-Aboriginal parents from one-parent families. One-parent families may be more likely to be out of the workforce due to parental responsibilities and a lack of childcare options.

Figure 4: Parental labour force status of families with at least one child aged 0–17 years, Victoria, 2011



Source: ABS Census of Population and Housing, 2011 (simplified)





01

Lifelong learning and success

Jamal, 6 years

LIFELONG LEARNING AND SUCCESS

Children must be engaged early in learning to be confident and creative learners for positive outcomes as adults.

Education sits at the heart of Victoria's future social and economic success. A quality education has lifelong positive effects on individual prosperity, health and wellbeing, along with a range of benefits for society and the economy.

The Education State agenda is underpinned by a vision for lifting the educational outcomes of all Victorian children. In addition the *Roadmap for Reform* focuses on prevention, early intervention, and creating services that are coordinated and work together to meet the needs of children, young people and families who are experiencing vulnerability. This includes providing for earlier intervention in order to advance children's health, education and development. Its holistic approach includes family mentoring, trauma-informed care, behavioural intervention and practical support.

Children who are confident and creative learners are likely to achieve the best health, wellbeing and success for themselves, and the maximum participation and civic engagement for the benefit of society. These outcomes are strongly influenced by what happens in a child's early years.

This section focuses on:

- learning from birth
- participation in early childhood education
- quality of early childhood education and care (ECEC)
- student achievement and engagement.

Early engagement with high-quality ECEC tips the scales towards positive development and has lasting impacts on learning and achievement.¹ Attending kindergarten is associated with positive achievement, and strong engagement in school is a protective factor in student achievement and wellbeing outcomes.

Factors such as health and disability, social disadvantage, family violence, limited parenting capability and an insecure home environment affect the foundation established for children. The evidence presented in this section demonstrates that most Victorian children engage early in learning through the home environment and kindergarten, and have access to high-quality services. This translates into positive development into the school years, with the majority of students demonstrating strong engagement and achievement above national minimum standards.

Aboriginal children, children from socially disadvantaged backgrounds, children with disability, and children living in out-of-home care tend to have poorer outcomes in learning and development. These challenges continue into the school years where they manifest as lower achievement, high levels of absence from school and less likelihood of completing Year 12.

EARLY LEARNING AND DEVELOPMENT

Recent research in the field of neuroscience has highlighted the fundamental importance of early experiences on the developing brain. Brain development in infancy is more extensive than was previously thought. Development is affected by environmental influences and these influences have a more lasting impact than previous research showed.²

Early learning and neurological development sets children up for life

The early years are vital to neurological development, with early experiences having a long-term effect on physical and mental health, learning and behaviour. Early experiences either enhance or diminish innate potential, laying a strong or a fragile foundation on which development and learning are built.³ Research on brain development in early childhood indicates that:

- children are born ready to learn
- good nutrition, health and exercise are critical
- the best learning happens in nurturing relationships
- the brain develops through use
- children's wellbeing is critical to brain development and learning
- children learn through being engaged and doing
- children learn from watching and copying
- children's self-control is critical for learning, responsibility and relationships
- children learn language by listening to it and using it
- children are born ready to use and learn mathematics
- the experiences of the first five years last a lifetime⁴
- the human brain is most plastic or flexible in early life, making children especially vulnerable to persistent negative influences during their early years⁵
- a child who is exposed repeatedly to toxic stress is likely to develop different neural pathways to a child with positive experiences.

Programs that enhance children's experiences at an early age play a strong role in their future development. They are particularly important for vulnerable children, who may have less exposure to new experiences than their peers.

A strong home learning environment tips the scales towards positive development

The modifiable aspects of the home learning environment include parents and children engaging in educational interactions, stimulating activities, outings and having learning materials such as books available in the home. How parents see the role they play in their child's education and the aspirations they have for them are good predictors of learning outcomes.

Of all factors in the home learning environment, parent encouragement and expectations for their child's educational achievement contribute most to student achievement.⁶ A recent Victorian study demonstrated that while children from lower SES families were more likely to have poorer educational outcomes than children from more affluent backgrounds, these effects can be mediated through features of the home learning environment.⁷ The study found that for reading and numeracy (measured by Year 3 NAPLAN scores), improved performance was positively linked with:

- the number of days a week that parents had read to the child at age four
- preschool attendance
- the setting and consistent application of age-appropriate rules and expectations at age four
- going to the library at age six.

For numeracy, additional aspects of the home learning environment that had a positive impact included:

- attendance at kindergym, music or singing classes at age four
- attending school, cultural or community events at age four
- being well adjusted at school at age six
- parents' involvement at school at age six.

This demonstrates that the home learning environment can play a big part in tipping the scales towards positive development. It is not about how parents teach their children about specific subjects and content but more about how they *guide and encourage* their children in learning.

The Programme for International Student Assessment (PISA) tells us that improved educational outcomes can result from the genuine interest and active engagement of parents. It is not necessary that parents invest significant time or acquire specialised knowledge. By reading with their children and talking about school and activities, parents can contribute to their child's learning outcomes.⁸

Participation in early childhood services is linked to improved cognitive, linguistic and social development, which facilitates improved engagement at school

When looking at longer-term impacts, children who had attended ECEC settings outperformed their peers, on average, by the equivalent of almost one full year of schooling at age 15.⁹

The literature suggests the benefit of participation in ECEC programs for children from birth to three years depends on the relative quality of the home environment and the childcare centre. Where the quality of the home environment is lower than would be found at a childcare centre, the child is most likely to benefit from participating in childcare.¹⁰ The benefits of participation in ECEC are particularly evident for disadvantaged children.

While the majority of Victorian children participate in kindergarten, some still miss out, particularly those who need it most. Barriers for vulnerable and disadvantaged families include the lack of responsiveness to individual family and child needs and the cost and location of services.¹¹ The Victorian Government's *Roadmap for Reform* includes a strong emphasis on the importance of engagement in universal services for children experiencing vulnerability or disadvantage.

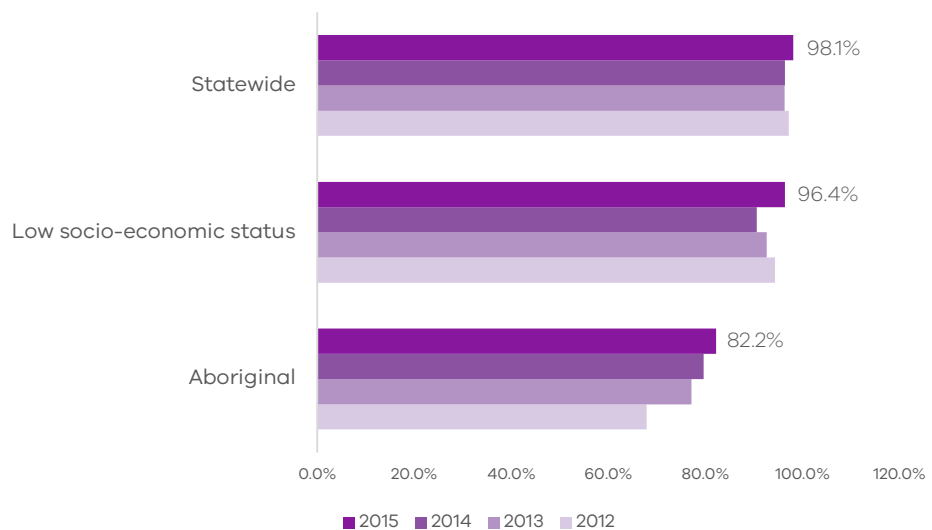
For children three years and older, evidence suggests that attendance at preschool programs improves performance in standardised tests in the early years of primary school.¹²

The Victorian kindergarten program is a one- to two-year preschool program for children before they enter primary school. Kindergarten, which is not compulsory in Victoria, helps children develop social, mental and physical skills in preparation for school.

In 2015, 98.1 per cent of Victorian children attended kindergarten (see Figure 5). The participation rate for children from low SES areas, which declined in 2013 and 2014, rebounded strongly in 2015 to 96.4 per cent. While kindergarten participation rates for children in low SES areas can fluctuate from year to year, this appears to be a positive development.

For Aboriginal children, kindergarten participation has increased since 2012 but, at 82.2 per cent, remains below statewide participation rates. One in five Aboriginal children is not participating in four-year-old kindergarten.

Figure 5: Kindergarten participation rates, 2012–15



Source: DET, 2015



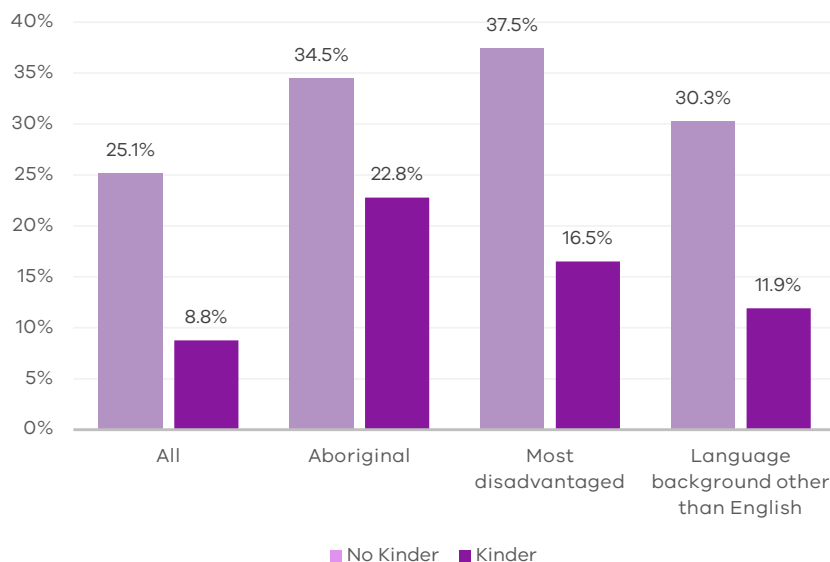
Lulu, 8 years

Findings from a recent study by the University of Melbourne confirmed the benefit of attending kindergarten by looking at the relationship between attendance at preschool in the year before school and a student's Year 3 NAPLAN results. The study identified a causal impact for preschool attendance and NAPLAN achievement, with children who attended some form of preschool program in their year before school being 15 to 20 weeks ahead of those who didn't attend a preschool program (in the NAPLAN results).¹³

The benefits of attending kindergarten are also demonstrated by children's developmental progress when they start school, as measured by the AEDC. The five domains of the AEDC are physical health and wellbeing; social competence; emotional maturity; language and cognitive skills (school-based); and communication skills/general knowledge.

The proportion of children developmentally vulnerable on two or more AEDC domains is shown in Figure 6 by kindergarten attendance and by Aboriginality, disadvantage and language background. For all these cohorts, children are less likely to be developmentally vulnerable if they attended kindergarten. Indeed, children attending kindergarten were much less likely to be vulnerable in two or more domains by the time they reach school.

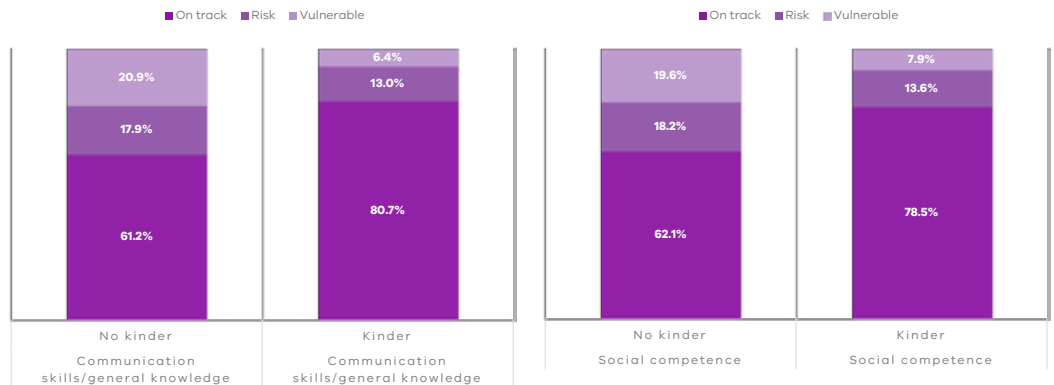
Figure 6: Proportion of Victorian children developmentally vulnerable on two or more AEDC domains, 2015, by kindergarten attendance



Source: AEDC, 2015, DET analysis

Of the five AEDC domains, communication and social competence demonstrate the most difference in vulnerability between children who did, and did not, attend kindergarten (see Figure 7).

Figure 7: Vulnerability of Victorian children in the communication and social competence domains, 2015



Source: AEDC, 2015

In the communication domain, children who did not attend kindergarten were 3.3 times as likely to be vulnerable. They were more likely to be 'at risk' and less likely to be assessed as 'on track'. In the social competence domain, children who did not attend kindergarten were 2.5 times as likely to be vulnerable. They were more likely to be 'at risk' and less likely to be assessed as 'on track'.

Vulnerability at school entry can have a significant impact on children's achievement outcomes in school. Figure 8 shows that children who were vulnerable on any of the five AEDC domains in Prep are much less likely to achieve in the top two bands in NAPLAN reading by the time they reach Year 3. This is particularly noticeable when looking at children who are vulnerable in the language and cognition domain. These children are almost five times less likely to achieve in the top two bands in NAPLAN.

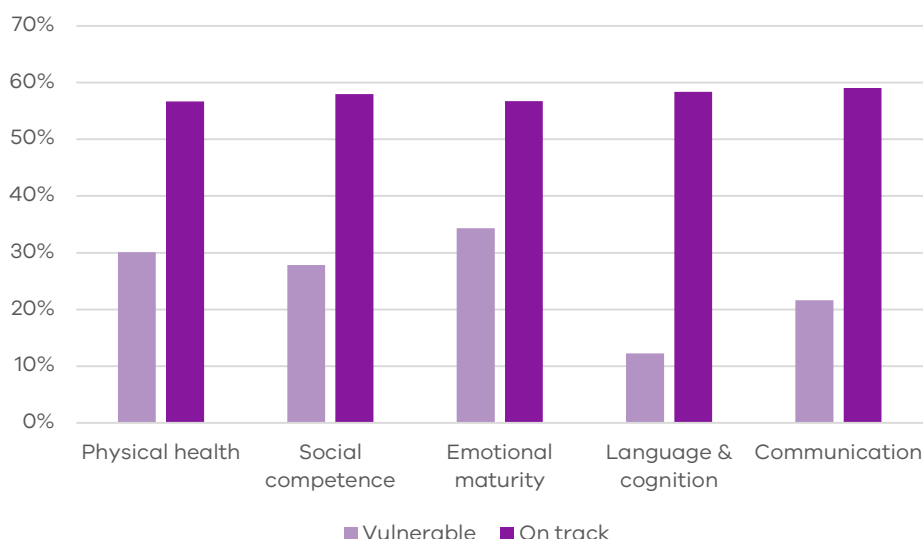
Koorie Kids Shine at Kindergarten

The Koorie Kids Shine at Kindergarten program was launched in 2015 with a clear message for Aboriginal families—it's not too late to enrol your child, even if you miss the start of the kinder year.

Kindergartens, schools and support services across the state are talking to Aboriginal families about the benefits of kinder and encouraging them to get their children involved. For Aboriginal children, three- and four-year-old kindergarten is free.

Kindergartens are supported to provide quality, culturally aware programs that nurture Aboriginal children's cultural identity. The campaign includes direct engagement with local government and support services in areas with higher numbers of Aboriginal families.

Figure 8: Proportion achieving in top two bands for Year 3 NAPLAN (reading) by vulnerability domain (AEDC), Victoria, 2012



Source: DET analysis based on linked dataset combining 2009 Australian Early Development Census (AEDC) and 2012 NAPLAN data

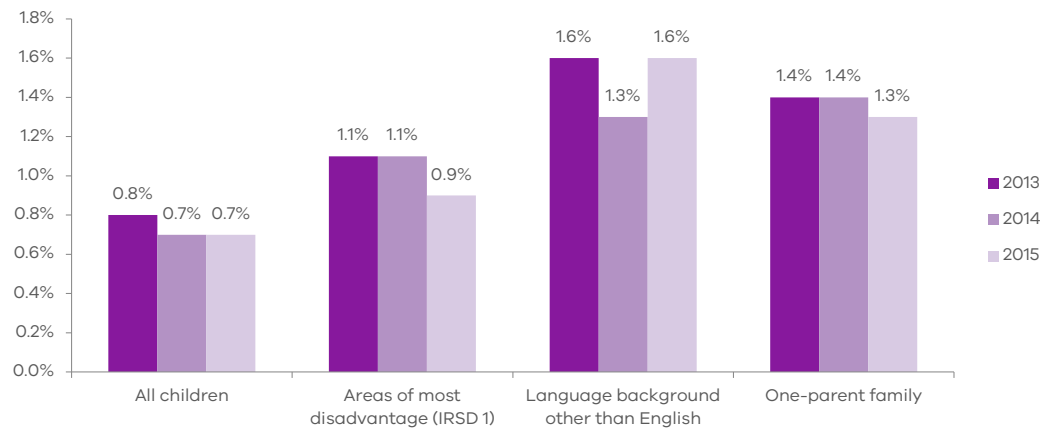
Health issues or disability tip the scales towards vulnerability

Testing for health issues at the time children start school is important to ensure they receive the right interventions at the right time. It is important to identify health issues at a younger pre-school age, including through early access to general practice and maternal child health services for infants and children. Early identification of health and developmental delays is associated with improved achievement and wellbeing outcomes later in life.

In 2015 teacher assessments of Prep grade children reported by the AEDC showed that nationally 77.3 per cent of children were 'on track' in the domain of physical health and wellbeing. The Victorian figure was 80.9 per cent.

Results from the 2015 SEHQ show that although the vast majority of children appear to be in good health (as assessed by their parents), children in disadvantaged areas, with a language background other than English or in one-parent families are less likely to experience good health (see Figure 9).

Figure 9: Proportion of parents rating their child's health as fair/poor, Victoria, 2013–15



Source: DET; School Entrant Health Questionnaire (2013–15)

Children and young people generally report continued good health into primary and secondary school, although the proportion of students in good health tends to drop off later in the secondary years. This is a phenomenon recognised by the World Health Organisation (WHO) in its *Health for the World's Adolescents* report.¹⁴ WHO noted that the period from 10 to 19 years is a period of unique development during which some health conditions are more likely to appear and adolescents are at increased risk of injuries, substance use disorders and mental disorders (it is estimated that half of all lifetime mental disorders appear to start by age 14). Adolescence is also a time when detrimental behaviours such as unhealthy diets and physical inactivity start or are reinforced.

Doctors in Secondary Schools program

Through the Doctors in Secondary Schools program the Victorian Government aims to ensure that young people are getting the health support, advice and treatment they need to reach their full potential.

The \$43.8 million program will fund purpose-built consultation rooms and general practitioners (GPs) to attend 100 Victorian government secondary schools up to one day a week to provide medical advice and health care to students most in need. The program is expected to start with 20 Victorian Government secondary schools in Term 1, 2017. A further 40 will roll out from Term 3, 2017 with the remaining 40 secondary schools to be delivered from Term 1, 2018.

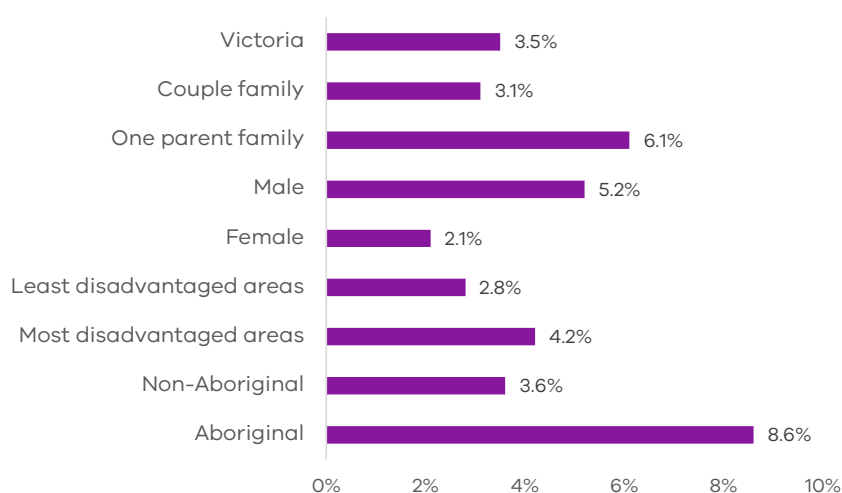
Disability

Children and young people with disabilities may struggle to achieve their health, wellbeing, learning and quality of life potential. Research suggests they are at greater risk of abuse and neglect and are more likely to be the target of bullying and social exclusion.

The ABS Survey of Disability, Ageing and Carers 2012 found that 3.1 per cent of Victorian children aged 0 to four years and 8.3 per cent of those aged five to 14 years had a disability. Around two-thirds of these children had a profound or severe core activity limitation (2.2 per cent of 0 to four-year-olds and 5.1 per cent of five to 14-year-olds).¹⁵

Some 3.5 per cent of parents of children entering primary school report that they have been told their child has an intellectual disability, learning disability or developmental delay (see Figure 10). This is consistent with the number of Victorian government school students receiving assistance from the Program for Students with Disabilities. Aboriginal children (8.6 per cent), children from one-parent families (6.1 per cent), males (5.2 per cent) and children from the most disadvantaged areas (4.2 per cent) were more likely to have an intellectual disability, learning disability or developmental delay.

Figure 10: Proportion of children entering school with an intellectual disability, learning disability or developmental delay, 2015



Source: DET; School Entrant Health Questionnaire (2015)

Speech and language difficulties

Children who have speech and language difficulties at school entry are more likely than other children to also be at high risk of emotional or behavioural problems (see Figure 11).[†] Around one in five children (19.3 per cent) starting school with speech and language difficulties demonstrate hyperactive behaviours of concern, and a similar proportion (18.9 per cent) have problems relating to peers.

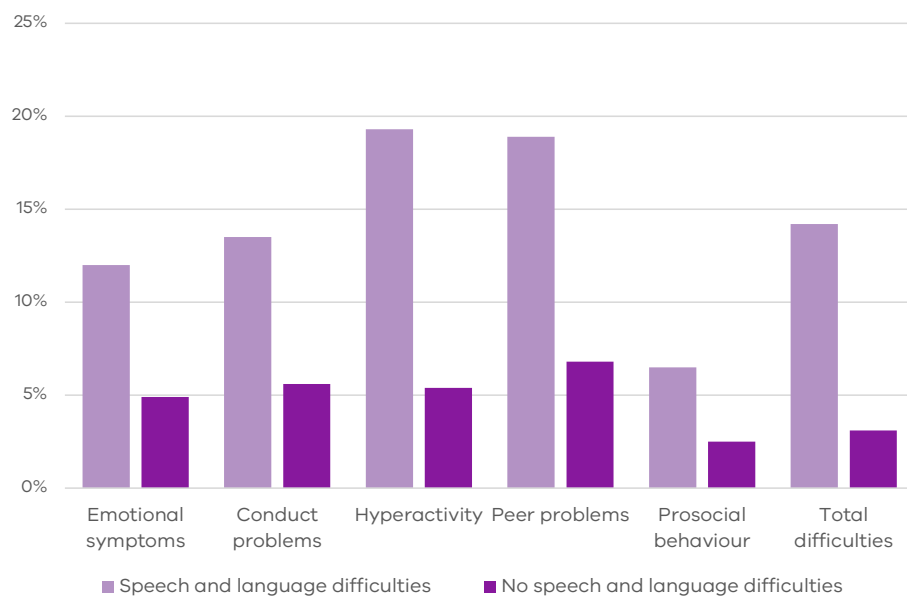
[†] As measured by the Strengths and Difficulties Questionnaire (SDQ) within the SEHQ. The category reported here is the 'high risk of significant clinical problems related to behaviour or emotional wellbeing'. The risk category is derived from the total score resulting from answers to 25 questions relating to the child's behaviours and feelings.

While children with speech and language difficulties are three to four times more likely to be at high risk of behavioural/emotional issues, there are notable differences between those who did and did not attend kindergarten. Of all children with speech and language difficulties in 2015, 18 per cent of those who did not attend kindergarten were at high risk of behavioural/emotional difficulties, compared with 14 per cent who had attended kindergarten.

Recent research in Victoria has found that children with speech and language difficulties at school entry have poorer educational outcomes on NAPLAN in Year 3. The results suggested that having a speech difficulty negatively affects reading scores more than numeracy scores, while having a hearing impairment appeared to have a bigger impact in numeracy than in reading.

Emotional and behavioural problems at school entry were also significantly associated with poorer NAPLAN outcomes in Year 3.¹⁶

Figure 11: Proportion of children at high risk of significant clinical problems related to behaviour and emotional wellbeing, by whether or not they also have speech and language difficulties, 2015



Source: School Entrant Health Questionnaire, 2015

Sabina, 6 years

Every Toddler Talking

Every Toddler Talking is a research trial investigating effective ways to give children from birth to three a strong foundation in language and communication. It involves early childhood educators and speech pathologists as 'paired professionals' working together to improve children's language and communication skills.

The project, funded by the Department of Education and Training, is being conducted at 21 early childhood education and care services in collaboration with seven community health services.

'Dosage'—how much kindergarten is optimal?

Although there is no clear threshold for optimal hours of kindergarten participation, research suggests that the benefits of kindergarten increase for children as hours of attendance increase.¹⁷ This research showed strong associations between more kindergarten hours (for three- and four-year-olds) and family advantage factors. Attendance was higher for children where both parents were working, lived in an area of high SES (as measured by the Socio-Economic Indexes for Areas (SEIFA)), had high Home Learning Environment scores[†] and where parents were not renting the family home.

Evidence suggests that more disadvantaged children should receive access to high-quality early learning programs in the years before school. However, these findings are based on data collected in 2010, since which time Victoria has increased funded hours for four-year-olds to 15 hours per week. Funded three-year-old kindergarten continues to target a very small proportion of the population, but certainly those in the greatest need; Early Start Kindergarten is offered to three-year-old Aboriginal children and children known to child protection.

Extensive research has demonstrated that the period from birth through to age three is critical to a child's development. Depending on circumstances, children can begin with a great start, or they can begin to fall behind, and some of the children who fall behind early will never catch up. Early investment can help all children to get off to a great start. An extensive research base demonstrates that early investment is far more effective at improving outcomes for at-risk children than later remediation.¹⁸

Children who start preschool by age three have been shown by a variety of national studies to achieve higher scores in vocabulary, reading and maths. Other studies suggest that these benefits are heavily contingent on the quality of the programs delivered, and that poor quality programs can actually have negative effects.

Getting early gains among at-risk children is considered especially important because studies show that children from low-income families, or from adverse situations, or with parents of low-educational attainment lag behind their peers by the time they enter kindergarten, gaps that typically grow in later grades.¹⁹

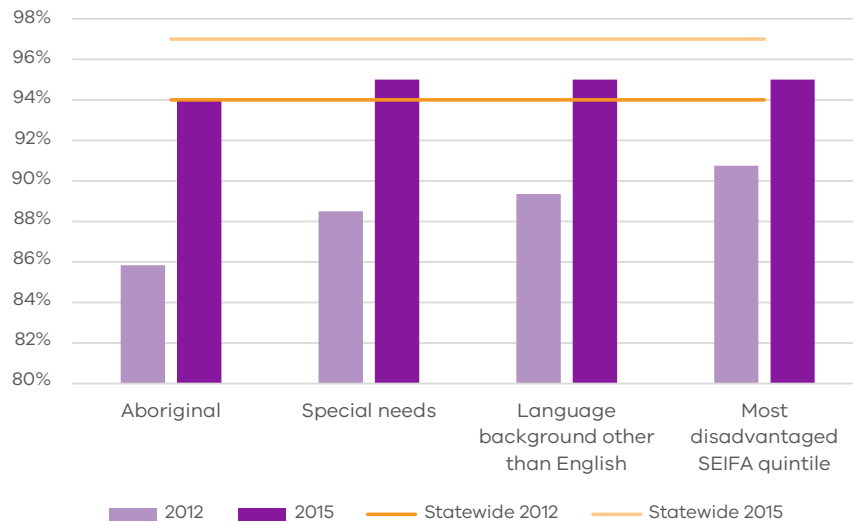
Who is missing out?

Teacher-reported kindergarten attendance within the AEDC provides insight into the demographic characteristics of children who do not attend kindergarten (see Figure 12).[§] Most likely to miss out on kindergarten are Aboriginal children, those with special needs, those with language background other than English and those living in the most disadvantaged communities (these categories are not mutually exclusive). However, the gap in participation rates for these cohorts and the statewide rate decreased markedly between 2012 and 2015.

[†] Home Learning Environment scores were derived from measures of home activities, out-of-home activities, the number of books in the home and the regularity of reading to the child.

[§] While the overall participation rate is lower than the 'official' Victorian participation rate for 2012, differences can be accounted for through factors such as the use of an estimated resident population as denominator in the official rate, whereas Figure 12 uses only children counted in the AEDC. The relativities between the population groups are valid.

Figure 12: Proportion of Victorian children (in sub-populations) who attended kindergarten, 2012 and 2015



Source: AEDC, 2012 and 2015

Note: changes to questions on kindergarten attendance in the 2015 AEDC which emphasised differences between preschool and kindergarten programs could have also contributed to the differences in results across years.

Low participation in kindergarten by Aboriginal children has long been recognised as a risk factor for development and learning outcomes. A number of programs are aimed at providing early educational opportunities for Aboriginal children.

Targeted Victorian Government services in early childhood include Early Start Kindergarten for eligible three-year-olds and supported playgroups. The Early Start Kindergarten program recognises the importance of starting earlier and spending more time in kindergarten, particularly for vulnerable populations.

Uptake of Early Start Kindergarten has increased following extensive work to improve access. However, there is more to be done to reach all eligible children. It is estimated that only 37 per cent of three-year-old Aboriginal children and 15 per cent of three-year-olds known to child protection accessed the program in 2014 (see Figure 13 in which, to avoid double counting, where children are eligible as both Aboriginal and known to child protection, the grant is applied as an Aboriginal Early Start Kindergarten grant and counted once).

Additional early years programs and services for Aboriginal children and families

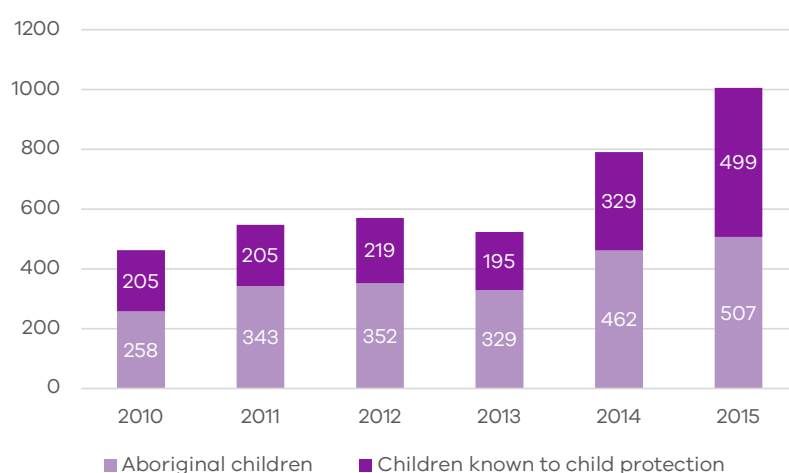
Supporting children and their families in the early years of development and learning is a key strategy to ensuring successful future outcomes for all children.

Programs include:

- Koorie Maternity Service
- Aboriginal Best Start
- Aboriginal Cradle to Kindergarten
- In-home support and home-based learning
- Early Start Kindergarten
- Koorie Preschool Assistants.

Additional supports are also available to improve access and participation in early learning for children with disabilities and/or complex medical needs, including Kindergarten Inclusion Support Packages and the Preschool Field Officer Program.

Figure 13: Number of children enrolled in Early Start Kindergarten, Victoria, 2010–15



Source: DET, 2015

QUALITY OF EARLY CHILDHOOD EDUCATION AND CARE

As part of its Education State school reform agenda, the Government has set ambitious targets for all Victorian school students in academic achievement, as well as resilience, critical and creative thinking, physical activity and engagement in education. The early childhood system will play a part in contributing to meeting these aims over the long term.

It is widely accepted that children who attend preschool programs experience many benefits, including better intellectual development and higher levels of concentration, sociability and independence. Evidence suggests that the quality of ECEC programs are critical to their impact. A recent report by the AIHW indicates the quality of childcare is key to performance, with poor quality care producing deficits in language and cognitive development. Children who participate in high-quality childcare generally perform better academically than their peers, with socially disadvantaged children showing most benefit.²⁰

Good quality ECEC is linked to strong outcomes for children's wellbeing and learning.

Some studies also indicate that children who receive a quality early childhood education will demonstrate higher levels of achievement, not only throughout their school years but also into adulthood.²¹

Although Victoria's early childhood development system is good by national standards, international comparisons consistently rank Australia in the bottom half of OECD countries for our early childhood system.

The National Quality Standards (NQS) are part of a national framework designed to improve education and care in long day care, family day care, preschool/ kindergarten and outside school hours care. It sets a national benchmark for these services and promotes continuous improvement in quality.⁸

Recent studies by the University of Melbourne found that services with higher average NQS ratings across quality areas were more likely to achieve higher average scores when assessed through the Classroom Assessment Scoring System (CLASS)^{**} tool.²²

As at December 2015, close to 80 per cent of the services assessed in Victoria were either meeting or exceeding NQS standards. While one in five Victorian services are rated as 'working towards NQS', Victoria has the highest proportion of all states and territories of services that meet or exceed the standards. Just over two-thirds (68 per cent) of ECEC centres assessed across Australia met or exceeded the national quality standards. Victoria and Queensland (73 per cent) are the only states above the national average, with South Australia (67 per cent) very close behind it. At the other end of the scales, only one in five centres in the Northern Territory and just over half those in the Australian Capital Territory are meeting or exceeding the standards.^{††}

In Victoria there are differences in ratings based on the level of disadvantage of the service location. December 2015 figures indicate that 37 per cent of early childhood services in high SES areas were exceeding national quality standards compared with 29 per cent in low socio-economic status areas. However, when factoring in those services that meet or exceed service standards, the difference between low SES area services and those from high SES areas is not as great (see Figure 14).

⁸ <http://www.acecqa.gov.au/national-quality-framework/introducing-the-national-quality-framework>

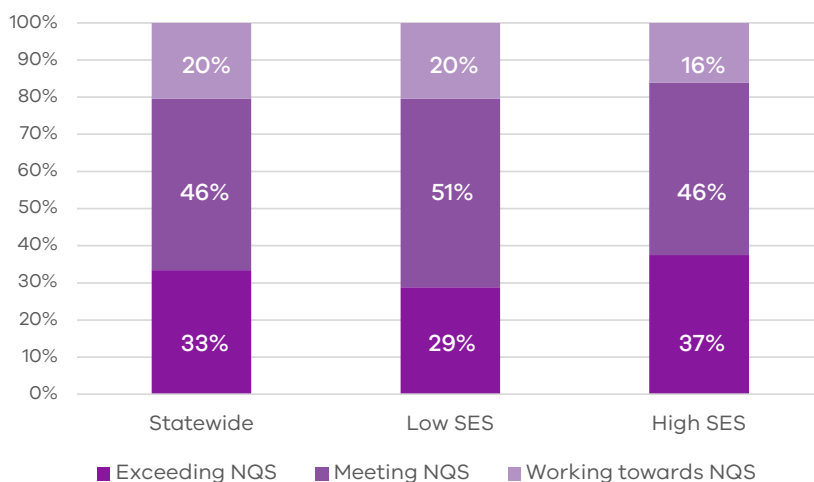
^{**} The Classroom Assessment Scoring System (CLASS) measures aspects of the quality of early childhood education and care environments based on the interactions between children and adults.

^{††} Based on figures in NQS Snapshot Q3 2015.

Billie, 6 years



Figure 14: Overall quality rating achieved by Victorian early childhood services, as at 31 December 2015



Source: NQS data, December 2015

Families tend to travel short distances to ECEC programs, with research identifying the median distance travelled as 2.9 kilometres. Research from the University of Melbourne, however, suggests that ECEC is less accessible and of lower quality in low SES areas in Australia. Families in low SES areas can therefore be limited in the programs they can choose or face higher time and financial costs of travel than those in more advantaged neighbourhoods.

The current state of play for Victorian students, in terms of their achievement and engagement, is explored in the following section. Resilience, health and wellbeing are explored in the 'Safe and healthy children' section.

Sabina, 6 years

The Victorian Early Years Learning and Development Framework

The *Victorian Early Years Learning and Development Framework* aims to advance all children's learning and development from birth to eight years of age.

It does this by providing early childhood professionals with a common language for describing outcomes for children, and describes practice principles to allow early childhood professionals to work collaboratively with families to achieve the best outcomes for children.

STUDENT ACHIEVEMENT AND ENGAGEMENT

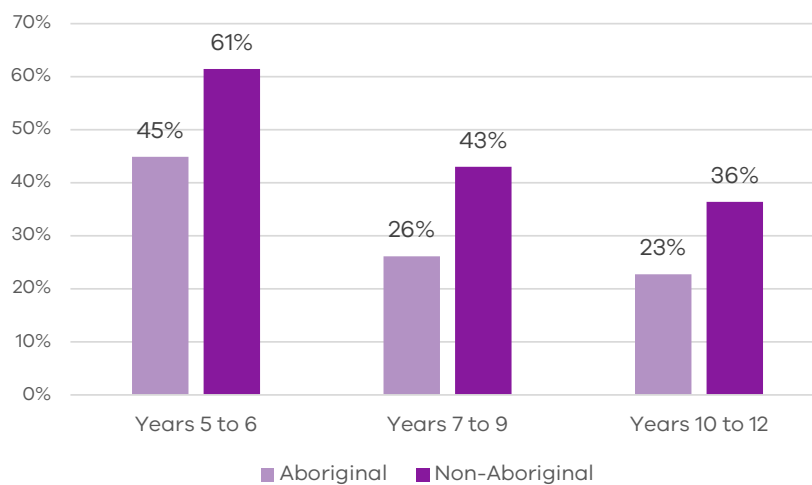
Learning confidence plays a major role in student learning and achievement

Neurological research demonstrates that people learn more effectively when they are happy and confident.²³ Students who are more confident in their own abilities are more motivated and more likely to achieve better results.²⁴

Younger students show generally higher levels of positivity about their own abilities. However, self-reported perceptions from the student Attitudes to School Survey (AtoSS) indicate that less than half of secondary students have confidence in their academic ability.

Less than one-third of Aboriginal students in Years 5 to 12 have a positive perception of their ability as a student. They rate themselves lower than non-Aboriginal students across all year levels and, as with the general student population, their perception of their ability declines as they get older (see Figure 15). This is concerning given the major impact that learning confidence has on academic achievement.

Figure 15: Proportion of students who have a positive perception of their ability as a student, Victorian government schools, 2015



Source: DET, Attitude to School Survey, 2015

Children and young people who are actively engaged with their educators and the classroom environment have higher levels of academic achievement

A recent Victorian study investigated the relationship between student and staff attitudes, from the AtoSS and the School Staff Survey (SSS), and government school Australian Tertiary Admissions Ranks (ATAR) performance. The study found links between positive ATAR outcomes and student motivation, connectedness to peers,

a stimulating learning environment, and class behaviour (as perceived by students).²⁵

One factor that can affect the ability of students to engage actively with teachers and peers is frequent changes of school. This particularly affects children who are in out-of-home care. One in five children and young people in care (21 per cent) had changed schools within the past 12 months.²⁶

School attendance and engagement tips the scales towards positive achievement outcomes

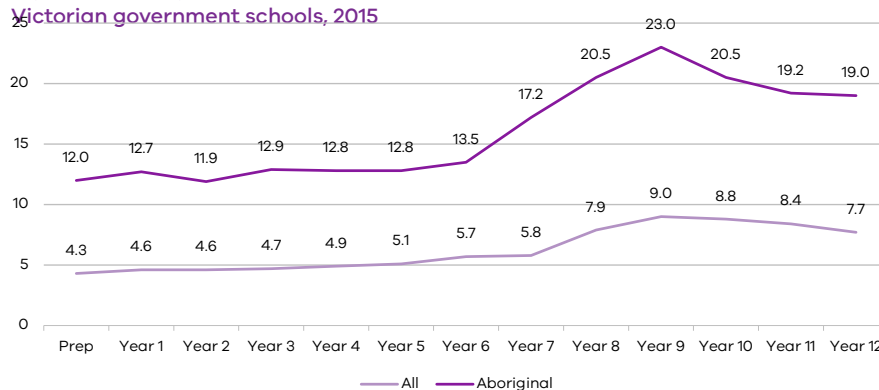
Student attendance and participation are important factors in engagement: there is a strong correlation between student attendance and student learning outcomes.

Repeated absences can have negative impacts on children in later life. Students who are absent from school are at the greatest risk of dropping out of school early, becoming long-term unemployed, being caught in the poverty trap, depending on welfare and being involved in the justice system.²⁷

Absences have also been linked to poor performance. A study in Western Australia in 2013 found that even small amounts of unauthorised absence were associated with substantially lower NAPLAN test scores, with disadvantaged students being more adversely affected.²⁸ The study also found that disparities in attendance rates were noticeable from Year 1 and are carried into, and become greater, in secondary school.

Across Victoria, students have fewer absences in primary school.^{**} Absences begin to increase from Year 5 and peak in Years 8 and 9. This pattern holds for both approved and unapproved absences, the latter making up around 50 per cent of all absences in the later years. Average unapproved absences for Aboriginal students are generally more than twice the statewide average (see Figure 16).

Figure 16: Average number of absence days per student (unapproved absences), Victorian government schools, 2015



^{**} Absences reflect all non-curriculum absences such as extended family holidays, illness and parent choice. Unapproved absences are those that do not have parent approval, or have been approved by a parent but not the school.

Source: DET, Government Schools Absence data, 2015

Many factors may contribute to a child being absent from school, including stress at school, poor family functioning and not having a trusted adult in their life for support. Findings from the *About You* survey, conducted in 2014, show that 30.7 per cent of students being bullied skipped at least one day of school, compared with 24.9 per cent of students who were not bullied. Students without a trusted adult in their life were also more likely to skip school, with 33.4 per cent skipping school compared with 25.9 per cent of students who had a trusted adult to turn to.

Absences are an issue for children in out-of-home care. Based on 2015 government school absences data, these children have:

- more days absent than their peers from Year 5 onwards (around 30 days compared with 17 days)—including almost twice as many as their peers in Years 8, 9 and 10
- higher rates of unapproved absence, particularly in Years 8 to 11 (around 21 days compared with eight days)
- higher rates of absenteeism from NAPLAN—with children in out-of-home care being more than three times more likely to be absent, withdrawn or exempt from NAPLAN than their peers.

The high absence rates for these students are likely to hinder their ability to improve their academic achievement and their overall health and wellbeing. Flow-on effects are seen in high rates of disengagement and dropping out of school. According to Anglicare's *Children in Care* report card 2015, only 80 per cent of school-aged children in care are attending school full-time, compared with close to 100 per cent of the five to 17-year-old population (99.6 per cent).²⁹ The Victorian Government has established regional LOOKOUT education support centres, as part of the Education State agenda, specifically to address this problem. In a similar vein, the 10-year *Marrung: Aboriginal Education Plan* provides for Koorie Children's Court liaison officers to support Aboriginal children and young people who appear before the Koorie Children's Court to remain engaged, or re-engage, with education.

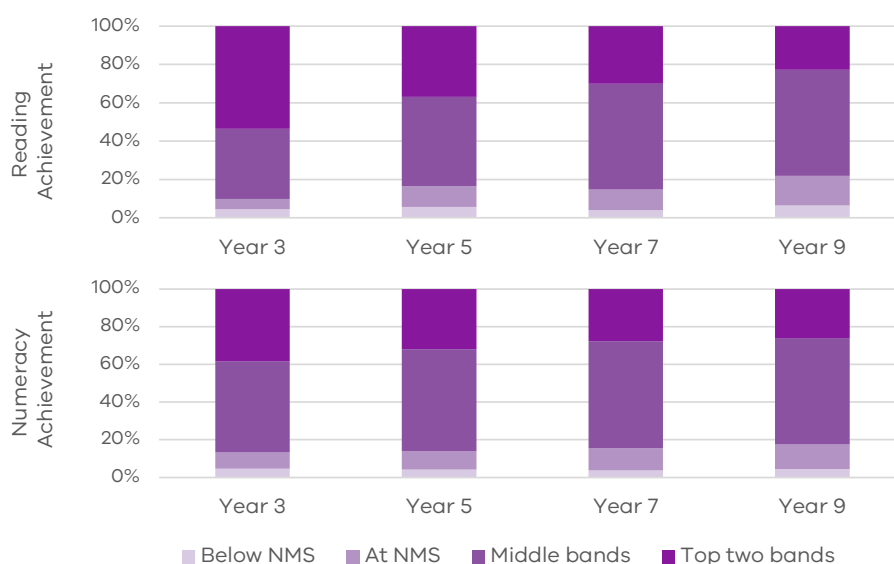
Findings from the *About You* survey in 2014 show that students from families with issues relating to roles and boundary definitions, discipline and supervision are almost twice as likely to skip school as students from other families.

NAPLAN performance highlights the relationship between absences and student achievement

Disengagement from school in the later years also appears to have an influence on achievement. NAPLAN results show that performance tends to drop in the middle secondary school years, which is also the period of highest rates of school absence.

Levels of achievement at Year 9 are much lower than levels of achievement at Year 3, particularly in terms of the proportion of students who achieve in the top two bands for reading and numeracy (see Figure 17). In 2015, more than half of all students in Year 3 were achieving in the top two bands for reading, compared with approximately one in five Year 9 students. A similar trend exists for numeracy results, although with smaller differences.

Figure 17: Reading and numeracy achievement by bands, all school sectors, 2015



Source: NAPLAN 2015, VCAA

This fall-off in achievement from Year 3 to Year 9, including at the higher bands, is consistent with previously seen trends. Victorian students' overall performance in NAPLAN testing has changed little in recent years.

Education State targets for Victorian school students announced in September 2015 reflect the Government's ambition to bring Victoria into line with the highest levels of achievement and quality in teaching and learning. This ambition includes targets for more students to reach the highest levels of achievement in reading, mathematics and scientific literacy over the next 10 years. The relationship between absences and students' academic performance indicates that a broad focus, including reducing absences, will contribute to meeting these targets.

NAPLAN outcomes for Aboriginal students and students in out-of-home care are consistently below the state average across all NAPLAN year levels. Victorian Aboriginal students do, however, continue to perform above the national average for Aboriginal students.

The gap between Aboriginal and non-Aboriginal children appears by Year 3 and grows over time. Aboriginal students in Year 9 are at least three times less likely to achieve in the top two bands for reading. They are also more than three times as likely to not reach national minimum standards (see Figure 18).

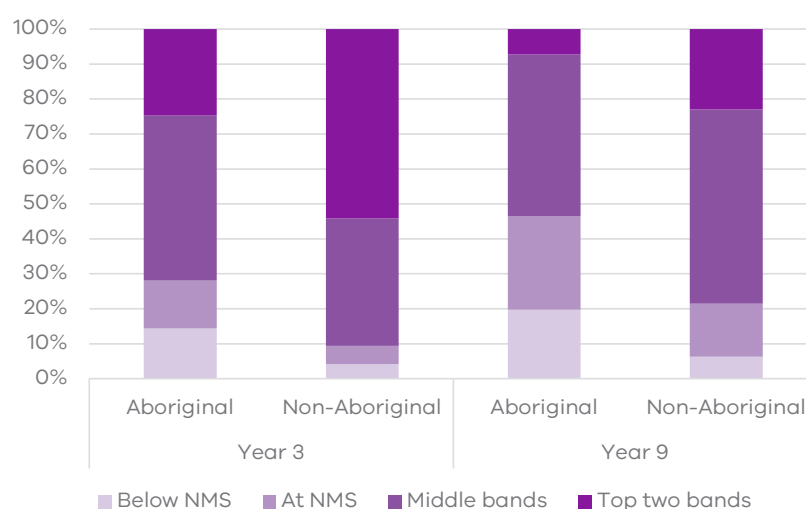
Framework for Improving Student Outcomes

The Victorian Government's *Framework for Improving Student Outcomes* uses the latest research on student learning and global best practice to help schools to focus their efforts on key areas that are known to have the greatest impact on school improvement.

One of the Framework's four priority areas is 'creating a positive climate for learning'.

A positive school climate is one where students' physical needs are met, and their self-management, awareness, empathy and relationship skills are developed. Supportive and inclusive schools deliberately promote healthy relationships and foster engagement and school connectedness. They reduce disengagement from education, and target those at risk of dropping out of school.

Figure 18: Reading achievement by Aboriginal status, all school sectors, 2015



Source: NAPLAN 2015, VCAA

A similar gap is evident in NAPLAN results for children in out-of-home care. The proportion of children performing at or above national minimum standards is substantially lower compared with the statewide proportion and the gap widens as these children progress through school (see Figure 19).

Sonia, 13 years

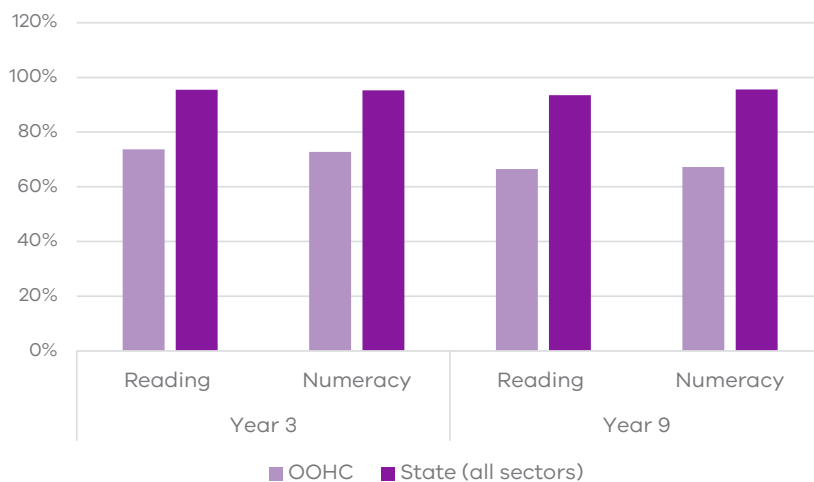


Early Years Koorie Literacy and Numeracy Program

Through the Koorie Early Years Literacy and Numeracy Program the Department of Education and Training provides \$2 million a year for schools to provide additional support for Koorie students in Prep to Year 3 in literacy and numeracy.

The program is assisting schools to address the gap that emerges in the early years of schooling in educational outcomes between Aboriginal and non-Aboriginal students.

Figure 19: Proportion of children at or above national minimum standards, Victoria, 2015



Source: NAPLAN 2015, VCAA. Note: Figures for children in out-of-home care are based on those identified through the government school enrolment system and do not capture all children in out-of-home care.

A 10-year Aboriginal Education Plan

In 2016 the Victorian Government released *Marrung: Aboriginal Education Plan 2016–26*. The 10-year plan, developed in partnership with the Aboriginal community, aspires to improve participation and outcomes for Aboriginal children and learners across early childhood, schools, skills and higher education. Among its goals are an education system that from the early years views Aboriginal culture as an asset that supports Aboriginal learners to be confident in their culture and identity.

The Victorian Government has committed \$12.7 million over four years and \$4.8 million ongoing to support a number of Marrung actions in school education including:

- a cultural understanding and safety program to build the capacity of all government schools to better support Aboriginal learners to engage and succeed at school
- extending the Early Years Koorie Literacy and Numeracy Program to provide an additional two years of support for students in Years 4 and 5 who have not met national minimum standards in Year 3 NAPLAN

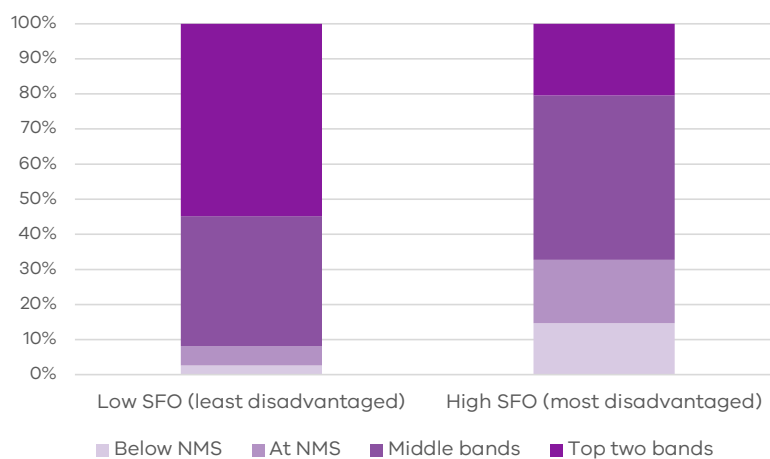
- expanding the Koorie Academy of Excellence from one to four locations across Victoria. Members of the virtual academy will participate in a broad range of leadership, cultural and social activities that are designed to get them thinking about what they are good at, what they enjoy and what they aspire to. The four academies will encourage more Aboriginal students to complete Year 12 and pursue their chosen tertiary pathway
- providing Koorie Children's Court Liaison Officers to support Koorie children and young people who appear before the Koorie Children's Court to remain engaged, or re-engage, with education.

These actions are expected to have a strong impact on the learning outcomes of Aboriginal students. As well as contributing to Education State targets, Marrung will contribute to Council of Australian Governments and VAAF targets, complement the Victorian Aboriginal Economic Strategy 2013–20 and align with the *Roadmap for Reform: Strong Families, Safe Children*.

Socio-economic differences

Stark differences in achievement are evident between students of different socioeconomic backgrounds. Only 20 per cent of students in the most disadvantaged schools achieved in the top two bands for reading, compared with 55 per cent of students in the least disadvantaged schools. Disadvantaged students are also five times more likely to achieve below national minimum standards (see Figure 20).^{§§}

Figure 20: Reading achievement by bands (all year levels) by SES status (based on school Student Family Occupation (SFO) percentile), Victorian government schools, 2015.



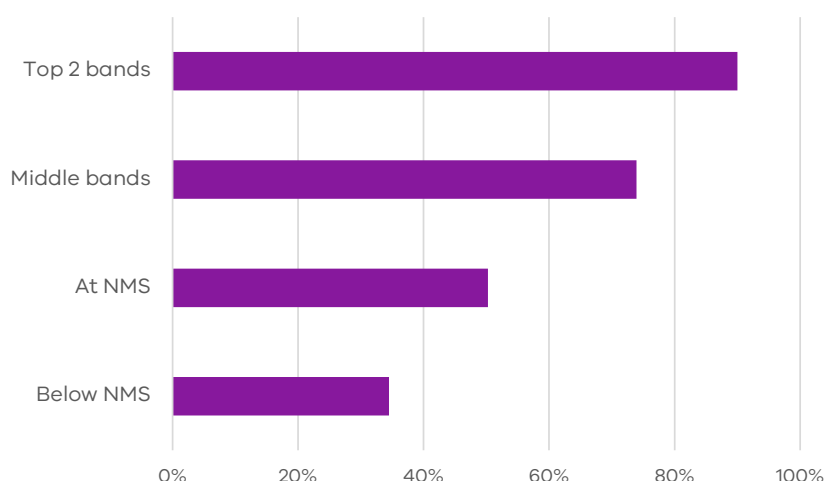
Source: NAPLAN 2015 (Victorian government schools only), DET analysis

Education State reforms such as increased needs-based funding address the poor outcomes among the most disadvantaged children, with the aim of breaking the link between disadvantage and student achievement over the next 10 years.

Achievement outcomes have an effect on later success. NAPLAN outcomes are a strong predictor of senior secondary completion. Figure 21 shows that only one-third of students who achieve below NMS go on to complete Year 12, compared with 90 per cent of those who achieve in the top two bands. In addition, only half of Aboriginal students in Year 10 go on to complete Year 12. This reduces their likelihood of attaining a qualification in the higher education and skills sector, thereby reducing their employability and earning capacity.

^{§§} Based on NAPLAN 2015 results for Victorian government schools only.

Figure 21: Senior secondary completion rates (2012) by Year 9 NAPLAN reading achievement (2008)



Source: VCAA analysis, 2012

Students who are not engaged are much more likely to drop out before completing a qualification

Students who are engaged with their schooling perform better academically, have higher rates of school completion and find better jobs.³⁰

Research using data from the Longitudinal Surveys of Australian Youth (LSAY) found that respondents who were highly engaged with school in Year 9 completed Year 12 at a rate of 90.5 per cent, compared with 70.6 per cent among disengaged students.³¹ Highly engaged students were also found to fare considerably better at age 25 in terms of Year 12 completion, labour force status, occupational status and general life satisfaction.

A number of factors can influence the level of engagement a child has with education, including academic ability, social factors such as family and SES, connection to and safety at school, and positive respectful relationships with teachers and other professionals.³²

Academic ability (actual and self-perceived) shapes the way young people feel about education. Research indicates that those that do well in tests are more engaged in school. Young people who believe in their own academic abilities are also likely to report higher levels of engagement.³³

The expectations of parents play a role in shaping young people's self-perceived ability, as does the support parents provide to children with their education. Family support influences student motivation, with research finding that family difficulties can contribute to disengagement.³⁴

A study by the National Centre for Vocational Education Research (NCVER) of LSAY respondents found that students who intend to complete Year 12 and those who are foreign-born are more emotionally and cognitively engaged at age 15 years, while students with low self-concept of their ability have low levels of engagement.³⁵

Other individual factors that influence school engagement include academic achievement, SES, Aboriginal status, speaking a language other than English at home, family structure and the number of work hours outside school.³⁶

Low parental educational achievement, low SES background, and spending time in out-of-home care all increase the likelihood that young people will leave school before completing Year 12.³⁷

Findings from the On Track survey, conducted in 2015, found that 32 per cent of the early school leavers who were surveyed lived in areas ranked in the lowest SES quartile, compared with 17 per cent of early school leavers who lived in the highest SES quartile.³⁸

In a report by the Youth Affairs Council of Victoria, a survey of young people on their experiences with school identified greater levels of engagement with education when young people were able to form relationships with teachers in which they felt respected, supported and heard. Young people reported feeling more confident in their learning, enjoyed school more and were more likely to cooperate with teachers when there was a positive relationship. Negative experiences with teachers appeared to increase the risk of disengagement.³⁹

In the 2015 On Track survey the two main reasons early school leavers gave for leaving were work reasons (21 per cent of responses) or because they didn't like the school or teachers and were not interested in attending (16 per cent).⁴⁰

Research has shown that the schools that are most successful in reducing disengagement are those that adopt the principles of early and sustained engagement. In September 2015 the Government announced \$8.6 million in new investment to fill the gap of there being no state or Australian Government funding to deliver direct support to young people at risk of disengagement or those facing difficulty after leaving school early without entering a job or training.

The Navigator program is an Education State initiative, overseen by the Department of Education and Training, being piloted in eight areas across Victoria. The program seeks to actively work with disengaged 12- to 17-year-old learners, providing wrap-around supports required for them to remain in or successfully return to education. Because engagement and re-engagement strategies should reflect the particular circumstances of the student, the school and the local community, Navigator is delivered through eight lead community agencies including Mission Australia, Berry Street, Anglicare Victoria and Jesuit Social Services. These work in conjunction with key local partners such as Local Learning and Employment Networks to tailor re-engagement strategies to vulnerable students.

Where it is not practical for a learner to return to their school of origin, providers work with the learner to identify a school, flexible learning program, TAFE or other Registered Training Organisation (RTO) that can meet their needs. An important aspect of the program is increasing the resilience and social and emotional capability of disaffected young people in order to strengthen their ability to manage the re-engagement process.

SUMMARY



The early years are vital for neurological development and physical and mental health.



The benefits of early childhood education and care (ECEC) include better intellectual development and greater independence.



The quality of service providers is important; services in more disadvantaged areas may be lower in quality and harder to access.



Children in low SES areas and disadvantaged cohorts are more likely to miss out on the benefits of kindergarten.



The home environment and parental expectations have a great effect on children’s academic outcomes.



Outcomes are in part a reflection of confidence, constancy and application; absences from school and frequent changes of school tip the scale away from achievement.



Bullying at school leads to stress and disengagement.



Depression and mental illness increase in the teenage years.





02

Safe and
healthy children

Lulu, 8 years

SAFE AND HEALTHY CHILDREN

Children must be safe, cared for, healthy and resilient

Good health is a major contributor to a child's quality of life, influencing many aspects from schooling to participation and interest in extracurricular activities. The early years are essential in establishing healthy behaviours and attitudes that provide a child with the best chance of optimal health and wellbeing.

This section discusses:

- physical health
- wellbeing and resilience
- keeping children safe from harm.

The mental and physiological benefits of being physically active throughout life are widely accepted. Because such habits are best ingrained early in life, the Victorian Government has committed to increasing physical activity among school students over the next 10 years as one of its key Education State school targets.

Psychological resilience helps protect and promote children and young people's health, wellbeing, learning and development. Victoria's Education State agenda has a focus on building resilience in children, recognising that resilience equips children and young people to deal with adversity. Parents play a fundamental role in promoting the health and development of their children in infancy, childhood, and through to adolescence. The actions and behaviours of parents may act as protective factors or risk factors to the positive health and wellbeing development of their child. The WHO recognises that many mental disorders start during childhood or adolescence (although diagnosis and treatment may be delayed for years) and health-related issues that arise from age 10 to 19 can shape an individual throughout life.³⁹

Under the Government's *10-Year Mental Health Plan* all Victorians should have good mental health, regardless of age. In this context, the early years are particularly important; the significant impact of mental health in infancy in later life is widely accepted. In this vein, a key outcome of the Plan is to support infants, children, young people and their families to develop the essential life skills and abilities to manage their own mental health.

The *Mental Health Plan* is complemented by the *Roadmap for Reform*, which recognises that some children experience their own challenges with mental health while others may be impacted through mental health problems within their own family or immediate environment. Parental mental health is often a contributing factor to poor outcomes for children, another being family violence.

Providing greater supports for children and parents who are the victims of family violence is one of the key intentions of the *Roadmap for Reform*. Keeping children safe from harm is essential. Experiencing family violence can have a major impact on the health, wellbeing and development of a child or young person and may lead to behavioural problems.⁴⁰ Evidence also shows that young people who have been exposed to family violence are more likely to become involved with the youth justice system.⁴¹

Early identification and intervention give children the best chance of positive health and wellbeing outcomes. Most children and young people in Victoria are able to access a range of health professionals including general practitioners, dentists and mental health practitioners. Maternal and Child Health (MCH) services play a key role in identifying and addressing children's health and development needs and ensuring families get access to support services. At school, students need access to effective health and wellbeing services, and to feel safe from bullying and violence.

Children who do not have their needs identified early carry a disadvantage into school and adulthood. Feeling excluded or experiencing bullying or family violence tips the scales towards vulnerability.

The evidence presented in this section demonstrates that most families are accessing MCH services. Most children are immunised and start school with good health. Most Victorian students have high levels of resilience and are safe from bullying and violence. However, this is not the case for all children. There continue to be challenges for Aboriginal children, children from socially disadvantaged backgrounds, one-parent families and those on Health Care Cards, who have poorer outcomes in the health and wellbeing domains.

PHYSICAL HEALTH

The majority of Victorian children are rated by their parents as being in excellent or very good health (based on SEHQ responses). In 2015, 86 per cent of parents reported that their child's health was either excellent or very good. Children from a language background other than English, and children living in the most disadvantaged areas were less likely to be rated as having excellent or very good health (83 and 85 per cent, respectively).

Most Victorian Year 5, 8 and 11 students in the About You Survey reported their health as good, very good or excellent (88 per cent). Students living in one-parent families were less likely to rate their health positively (85 per cent) than their peers from couple families (90 per cent). Young people from language backgrounds other than English were also less likely to report good, very good or excellent health (85 per cent).

Poor maternal health and risky health behaviours tip the scales towards vulnerability

The health and wellbeing of children and adolescents is influenced by what happens in their early years, and before conception—a woman's health before she becomes pregnant can affect the pregnancy and birth outcomes.⁴² The likelihood of poor outcomes is increased by factors including a mother's intake of alcohol, tobacco or other drugs during pregnancy. These can increase the risk of premature birth, low birth weight, childhood obesity and asthma.

Alcohol

Alcohol consumption during pregnancy can cause birth defects and developmental disabilities collectively known as foetal alcohol spectrum disorders (FASDs). It can also cause other pregnancy problems, such as miscarriage, stillbirth, prematurity and low birth weight.⁴³

In 2013, around half (46.7 per cent) of Victorian mothers of children aged under two years recalled drinking alcohol at some point during pregnancy, however most had done so in moderation. This was a significant drop from 2009, where 59.8 per cent of mothers reported drinking alcohol during pregnancy. Consumption of alcohol tended to occur early in the pregnancy, and was less common once women were aware of their pregnancy.

Around one in five mothers with infants aged under two years (18.3 per cent) recalled binge drinking during their pregnancy (having four or more standard drinks), usually before they knew they were pregnant. Women from higher SES areas were almost twice as likely to drink in pregnancy (57.5 per cent in the least disadvantaged SEIFA quintile compared with 29.3 per cent in the most disadvantaged).

Smoking

Smoking during pregnancy reduces the growth and health of the foetus and increases the risk of a number of complications and illnesses for both the mother and baby. International research shows that babies born to women who smoke during pregnancy have a greater chance of premature birth, low birth weight, stillbirth and infant mortality.⁴⁴ Smoking during pregnancy can also affect the development of babies' lungs, which increases the risk for many health problems.⁴⁵ Just over one in 10 (10.4 per cent) Victorian mothers smoked during pregnancy in 2011–13.

Low birth weight

Low birth weight babies are those born weighing less than 2,500 grams. Low birth weight babies are more likely to show neurological and physical disabilities and may also be more vulnerable to illness throughout childhood and into adulthood. Risk factors include maternal smoking, the weight and age of the mother, the number of babies previously born to the mother, the mother's nutritional status, excessive alcohol consumption, poor antenatal care, illness during pregnancy, multiple births and the duration of pregnancy.^{46 47 48}

Evidence indicates that low birth weight is associated with an increased risk of type 2 diabetes and high blood pressure,⁴⁹ higher mortality from cardiovascular and renal diseases in adulthood⁵⁰ and from pulmonary causes in childhood and adulthood.⁵¹ A recent American study found that lower birth weight newborns perform worse academically in the early years of schooling.⁵²

Around one in 15 babies (6.3 per cent) born in Victoria between 2009 and 2011 had low birth weight. Babies of Aboriginal mothers were significantly more likely to be born at a low birth weight compared with non-Aboriginal mothers.

The percentage of Aboriginal babies born at a low birth weight has decreased in recent years and, despite fluctuating, shows a positive longer-term trend.⁵³ Fourteen Koorie Maternity Service programs located across the state in public hospitals and Aboriginal community-controlled health organisations provide a wide range of complementary health and social services, pre- and postnatal, to Aboriginal women and their families.

Data shows that an increasing number of women are using these services each year, with 40 per cent of Aboriginal women who gave birth in 2014 accessing the program. Engagement in prenatal care in the early stages of pregnancy is a factor in reducing the incidence of low birth weight.⁵⁴

Good maternal nutrition, health and exercise are critical for children's developing brains and low birth weight and breastfeeding are some of the important markers of longer-term health outcomes. Identifying health and development issues early in a child's life and supporting families with parenting are key roles of Victoria's MCH services.

The early identification and referral role of MCH services tip the scales towards positive child development

Victoria's MCH services provide a universal primary health service to families with children up to six years of age, focusing on health promotion, early intervention and parenting support.

Ten Key Ages and Stages (KAS) consultations are part of the universal MCH services offered. These include a home visit and then consultations at two, four and eight weeks; four, eight, 12 and 18 months; and two and three-and-a-half years of age.

There are many benefits associated with using MCH services, in conjunction with other health providers such as a regular general practitioner. Participation in MCH services is associated with earlier identification of and intervention in health and developmental delays. This in turn is associated with improved achievement and wellbeing outcomes later in life. The services can also help identify other circumstances that may affect a child's development, such as family violence. The valued role of MCH nurses in identifying and responding to family violence was recognised by the Royal Commission into Family Violence.⁵⁵

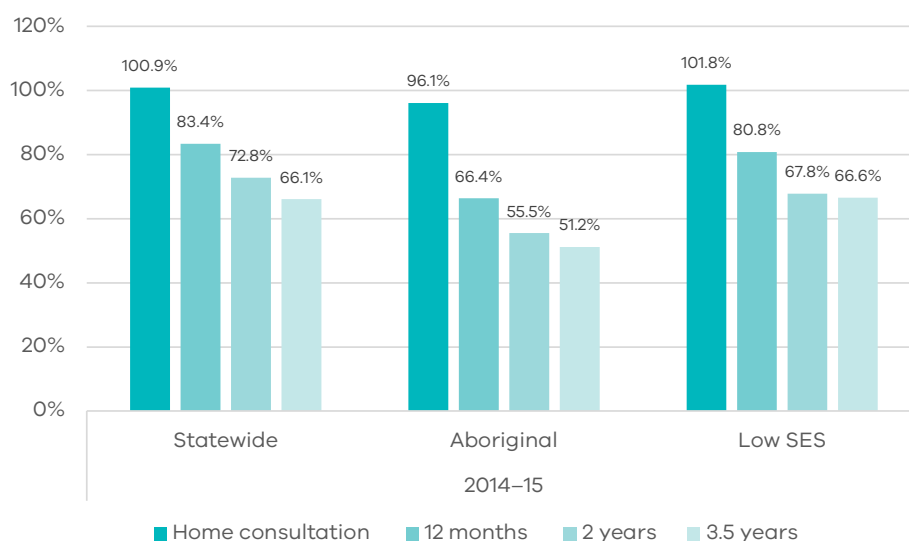
Statewide participation rates for MCH visits have generally remained stable over the past three years alongside a growing birth rate. Over the past year there has been an increase in participation at age group visits, most noticeably in the two- and three-and-a-half-year-visits. Compared with statewide participation rates, fewer Aboriginal children attend KAS visits but an increase in rates in 2014–15 is encouraging. This is particularly notable in the later years, with more than half of Aboriginal children attending their visits at two and three-and-a-half years (see Figure 22).

Other families less likely to attend MCH Services are those who are Health Care Card holders, one-parent families and those in which parental education is low.



Orlando, 8 years

Figure 22: Participation rate at selected Key Ages and Stages (KAS) visits, 2014–15



Source: DET Maternal and Child Health Services, 2014–15. Note: The percentage of home visits reported may exceed 100 per cent as the number of completed home visits (according to key age and stage criteria) can be greater than the number of active child records for the same financial year (due to delays in registering with a centre or movement interstate). Active child records refer to the child having attended the MCH service at least once during the reporting financial year.

Participation rates in KAS visits in low SES areas are similar to the statewide levels for the initial home consultation and the three-and-a-half-year consultation. However, rates are slightly lower in low SES areas for the 12-month and two-year visits.

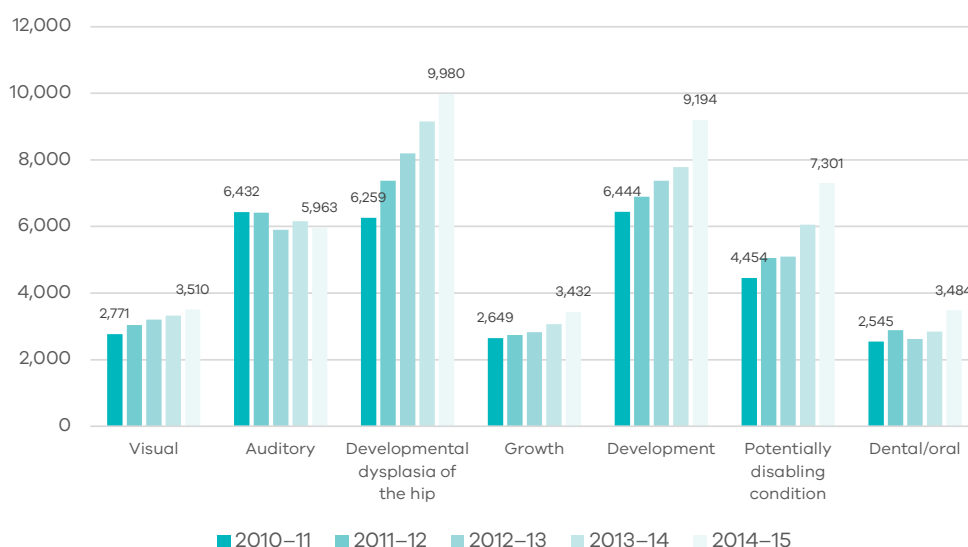
Counselling is provided as part of the MCH service to assist with parent concerns; it supports the planning of further actions and referrals to appropriate services, where necessary. Concern with child development has been the most common reason for counselling over the past few years, accounting for nearly one-quarter (23.5 per cent) of counselling instances in 2014–15. Concerns with child growth are the next most common.

MCH nurses also made just over 55,000 referrals in relation to child health and wellbeing issues in 2014–15, an increase of 11 per cent from the previous year. The largest percentage increase over this period was in referrals relating to development and potentially disabling conditions (see Figure 23).^{****}

^{****} Australian Institute of Health and Welfare website;
<http://www.aihw.gov.au/child-health/system-performance/#immunisation>

Recent increases in referrals for developmental dysplasia of the hip (DDH) can be attributed to increased statewide education and training around effective screening, along with the formalisation of the *Key Ages and Stages Framework* which provided practice guidelines in 2009 for MCH nurses outlining the checks to be conducted at each KAS visit.

Figure 23: Count of reasons for referral (Child Health and Wellbeing), 2010–11 to 2014–15



Source: Maternal and Child Health Services, 2014–15

Vaccination, or immunisation, is one of the most effective public health measure controls

Immunisation involves protecting a person against an illness or disease through the injection of a vaccine into the body to help build resistance to a disease. It is estimated that around 90 per cent of the population needs to be immunised to stop the spread of disease (95 per cent for highly infectious diseases such as measles).⁵⁶ The Australian immunisation rate for one-year-olds (92.5 per cent) is slightly behind the OECD average (94.6 per cent).⁵⁷

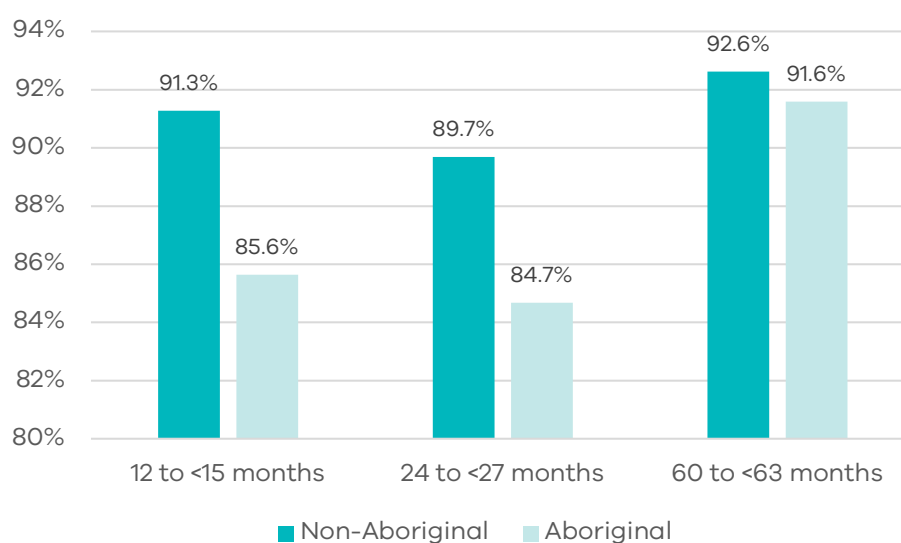
The risk to public health posed by unvaccinated children led governments to implement incentives in 2015 aimed at increasing immunisation rates. The Government announced it would remove eligibility for childcare subsidies for families whose children are not fully immunised. The Victorian Government introduced No Jab, No Play laws (effective 1 January 2016), banning unvaccinated children from attending childcare or kindergarten.

In Victoria in 2014–15, 91.2 per cent of one-year-olds, 89.6 per cent of two-year-olds^{***} and 92.6 per cent of five-year-olds were fully immunised (see Figure 24). For one-year-olds, the rate has decreased from a high of 92.6 per cent in 2011–12. For five-year-olds, the rate has remained stable for the past three years. Changes to the immunisation schedule for two-year-olds means that the current rate is not comparable with earlier years.

^{***} In the December 2014 quarter the definition of 'fully vaccinated' changed for children aged 24–27 months, with the inclusion of varicella (chickenpox) and a change to the timeframe for administration of dose two of measles/mumps/rubella (now required before the second birthday). The rate for two-year-olds is lower than previous years due to these changes.

Aboriginal children are less likely to be fully immunised in the early years. However, by five years old, the gap between Aboriginal and non-Aboriginal children declines to one per cent. This is a positive outcome for Aboriginal children. The gain made in the immunisation rates for five-year-old Aboriginal children is significant, having increased by 6.9 percentage points to 91.6 per cent in the four years to 2014–15.

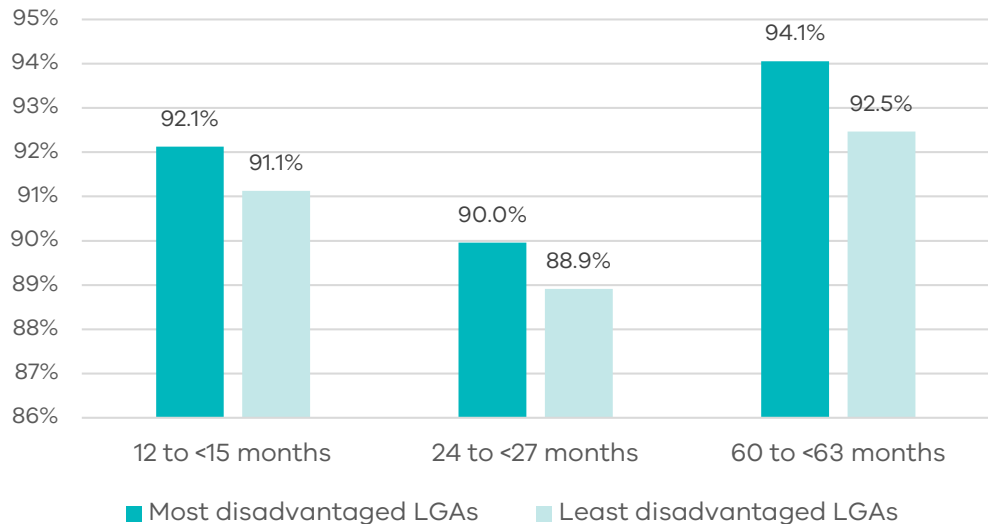
Figure 24: Proportion of Victorian children who were fully immunised, by Aboriginal status, 2014–15



Source: Australian Childhood Immunisation Register, 2014–15 (DHHS)

Immunisation rates differ by area (see Figure 25). In relation to fully immunised five-year-olds, the most advantaged local government areas (LGAs) lag the most disadvantaged areas by 1.6 percentage points.

Figure 25: Proportion of Victorian children who were fully immunised, by most/least disadvantaged LGAs (top and bottom quintile), 2014–15



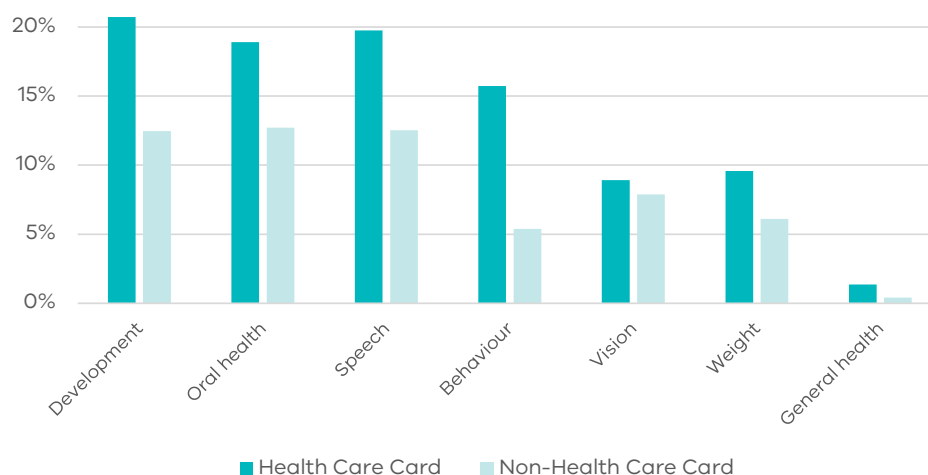
Source: Australian Childhood Immunisation Register, 2014–15 (DET analysis)

Regular monitoring of children's health and development is important for early identification and intervention where there are problems

The Primary School Nursing Program provides a universal service to all children attending primary schools and English Language Centre schools in Victoria. Primary school nurses visit schools throughout the year to provide children with the opportunity to have their health checked, provide information and advice about healthy behaviours and link children and families to community-based health and wellbeing services. As part of this service, parents of children starting school at Prep complete the SEHQ. The questionnaire captures parents' concerns about health, wellbeing and development issues as children start school and is used by the Primary School Nursing Program to assess children's needs.

In 2015, the top three concerns identified by parents were development, speech and oral health (see Figure 26). Children of parents holding Health Care Cards were more frequently the subject of concern regarding all conditions.

Figure 26: Proportion of parents, by Health Care Card status, who expressed concerns about their child's health or development, 2015



Source: School Entrant Health Questionnaire, 2015

Development is assessed using the Parental Evaluation of Developmental Status (PEDS) questionnaire for detecting developmental and behavioural problems in children from birth to eight years of age. The PEDS can be used as a developmental screening test or as an informal means to elicit and respond to parent concerns.

In 2015, one in seven children was at high risk of developmental and behavioural problems, according to the PEDS (see Figure 27). Aboriginal children, children listed on a Health Care Card, and children from one-parent families were more likely to be categorised as high risk.

This is an area where gender makes a difference, with boys more likely to be categorised as high risk (18.8 per cent, compared with 11.7 per cent of girls).

Jacob, 4 years

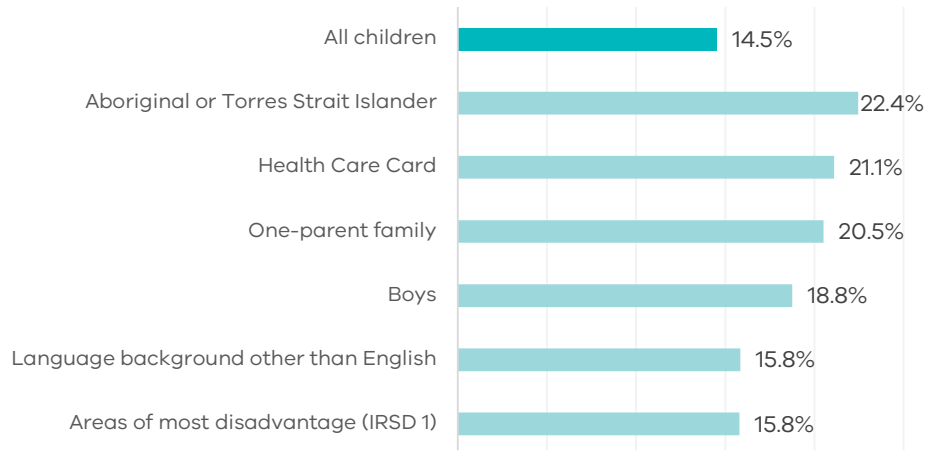
Glasses for Kids

To improve the eye health of children the Victorian Government has created the Glasses for Kids initiative in partnership with State Schools' Relief.

The initiative will see Prep to Year 3 students in 250 of the most disadvantaged schools given eye tests and free glasses, where necessary.

Through this initiative vision problems will be identified and treated early, before they affect a child's education.

Figure 27: Proportion of children assessed as being at high risk (PEDS Pathway A) of developmental and/or behavioural problems, for the highest risk populations, 2015



Source: School Entrant Health Questionnaire, 2015

Parents of around one in seven Prep children (14.3 per cent) reported concerns with their child's oral health in 2015, with parents of Aboriginal children, children from language backgrounds other than English, one-parent families and those living in areas of most disadvantage more likely to report this concern. Of the children whose parents were concerned, around one in three (34.1 per cent) had not seen a dentist in the previous 12 months.

Poor dental hygiene and care is a major problem. A 2015 study noted a strong relationship between poor oral health and socio-economic disadvantage. Across the Australian population dental conditions are the fourth most common cause of potentially avoidable hospitalisations. In children under 15 years they are the leading cause, accounting for 24 per cent of admissions.⁵⁸

Parents of a smaller proportion of children (7.6 per cent) reported concerns with their child's vision. More than one-third of these children (36.0 per cent) had not seen an optometrist or eye doctor in the previous 12 months.

Physical health, in addition to psychological health, is a strong determinant of cognitive development, increased clarity of focus, and academic achievement

Poor physical health in children can lead to decreased performance in school. Research shows that one in seven children in Australia arrives at school without eating breakfast, which can affect their learning and attendance.⁵⁹ A recent study conducted by the South Australian Government, using the Middle Years Development Instrument (MDI), indicates that eating breakfast daily is one of the MDI wellbeing factors most strongly related to a student's achievement in school. The findings suggest that eating breakfast daily can positively affect Year 7 NAPLAN reading scores and can lead to increased academic progress between Years 5 and 7.⁶⁰

Good physical health tips the scales towards positive wellbeing and adult outcomes

Children and young people generally report continued good health into primary and secondary school. Most Victorian students in the About You survey (2014) described their health as good, very good or excellent (88 per cent). The proportion of students in good health, however, tended to decline as students aged:

- younger students were more likely to rate their health positively (90 per cent in Year 5 compared with 87 per cent in Year 8 and 80 per cent in Year 11)
- one in three Year 5 students reported that they participated in at least 60 minutes of physical activity every day. This declined to one in five Year 8 students and one in eight Year 11 students.

More than one in four (27 per cent) Victorian students in Years 5, 8 and 11 were overweight or obese in 2014, consistent with national rates and reflecting a growing problem for the developed world.

The Victorian Government has committed to increasing physical activity among school students over the next 10 years as a key Education State target for schools. In addition, the *Victorian Public Health and Wellbeing Plan 2015–19* outlines the government's key priorities for improving the health and wellbeing of all Victorians, particularly the most disadvantaged. This aims to promote healthier eating and active living, reduce the harm caused by smoking, alcohol and drug use, improve mental health, prevent violence and injury and improve sexual and reproductive health.

While physical activity protects against overweight, obesity and other health issues, there are also wider benefits for young people, including boosting self-esteem, generating opportunities for positive social interactions and reducing the symptoms of mental health disorders such as depression. Findings from the second Australian Child and Adolescent Survey of Mental Health and Wellbeing (Young Minds Matter) found that nationally almost 14 per cent of four to 17-year-olds were assessed as having had a mental disorder in the previous 12 months (equivalent to 560,000 Australian children and adolescents).⁶¹

Mental disorders in young people can disrupt their growth and development, affecting self-confidence, independence, family and social relationships, and education and employment outcomes.⁶² The Young Minds Matter survey found that the severity of most mental disorders was mild. However, the severity of the impact appears to increase with age (see Figure 28), with adolescents three times more likely than four to 11-year-olds to experience a severe mental disorder.⁶³

Isabella, 7 years

School breakfast clubs

The Victorian Government has committed funding of \$13.7 million from 2016 to 2019 to create the School Breakfast Clubs Program for 500 of the most disadvantaged government primary schools in Victoria. The program establishes breakfast clubs in disadvantaged primary schools to offer a healthy breakfast for students who may otherwise begin the school day hungry.

Given the link between eating breakfast regularly and achievement, this initiative is expected to tip the scales towards stronger outcomes for disadvantaged students.

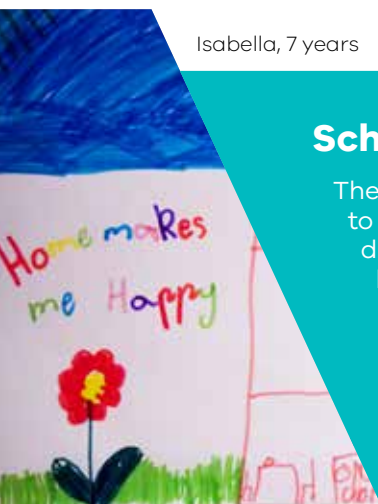
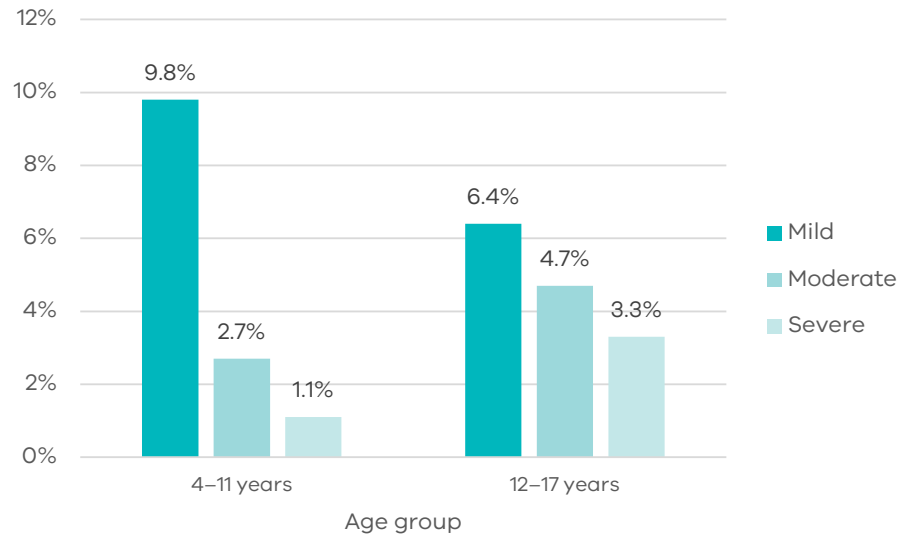


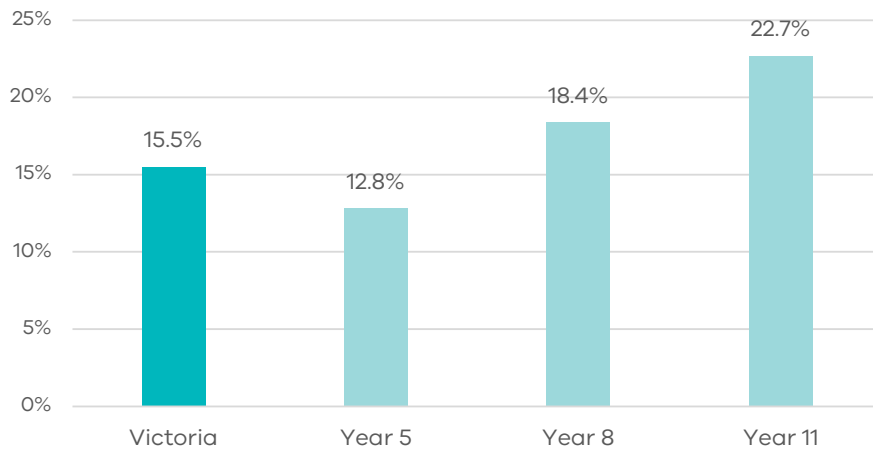
Figure 28: Severity of mental disorders experienced by 4 to 17-year-olds in the past 12 months by age group



Source: Young Minds Matter: the second Australian Child and Adolescent Survey of Mental Health and Wellbeing, 2013-14

In Victoria, the About You survey (2014) indicated that 12.8 per cent of Year 5 students showed high levels of depressive symptoms, rising to 22.7 per cent at Year 11 (see Figure 29).

Figure 29: Proportion of young people who showed high levels of depressive symptoms



Source: DET, About You survey, 2014

Mental illness can affect people through all stages of life. While there are some common factors that influence mental health regardless of age, some are distinctly unique to the life cycle. For example, the risks and needs of infants and children are different to those of adolescents and adults. The Victorian Government's **10-Year Mental Health Plan** recognises this and is modelled to promote the best mental health for all ages and stages of life. Actions to improve mental health in the early years include:

- working closely with existing school-based programs to build resilience and influence attitudes that support mental wellbeing of children and young people
- strengthening collaboration between public specialist mental health services for children and young people and other health, social and community services.

With nearly half of Victorians experiencing mental illness in their lifetime, the plan focuses on prevention.⁶⁴ Its strategies include a whole-of-government suicide prevention framework; an Aboriginal social and emotional wellbeing framework; a mental health workforce strategy; and a comprehensive strategy to divert people with mental illness from the criminal justice system by strengthening pathways to early community treatment and support.

Adolescent risk-taking

Adolescence can be characterised by increased risk-taking, where young people are inclined to experiment and take risks that may affect their own health and wellbeing and that of others. According to the About You survey (2014), among students in Years 8 and 11:

- around one in six reported having had sex (six per cent in Year 8 and 32 per cent in Year 11). Of those who were sexually active, only one in four (27 per cent) reported always using a condom when having sex
- almost half of Year 8 students (49 per cent) and 75 per cent of Year 11 students had consumed more than a few sips of alcohol at least once
- around one in eight had tried marijuana or other illegal drugs on at least one occasion (five per cent of Year 8 students and 24 per cent of Year 11 students).



Catilin, 9 years

WELLBEING AND RESILIENCE

A strong sense of wellbeing enables children to engage positively and confidently with their environment and take full advantage of learning opportunities

Social and emotional wellbeing are important aspects of the overall health, development and wellbeing of a child or young person. There are also established links between schooling and health, with a strong correlation between health and academic achievement.⁶⁵

Social and emotional wellbeing broadly encompasses the way a child or young person thinks and feels about themselves and others. Although it is difficult to define all aspects of an individual's social and emotional wellbeing conclusively, it involves:

- positive health outcomes
- a sense of being able to adapt and cope with change (particularly in adverse or challenging circumstances)
- the ability to form healthy and productive relationships with others.⁶⁶

Wellbeing is developed through the interactions a child has in a range of environments, including the home, school and community, as well as their individual and relationship characteristics. Factors that influence the wellbeing of a child or young person can, therefore, be at the individual, family or community level.

A strong sense of wellbeing tips the scales towards positive outcomes

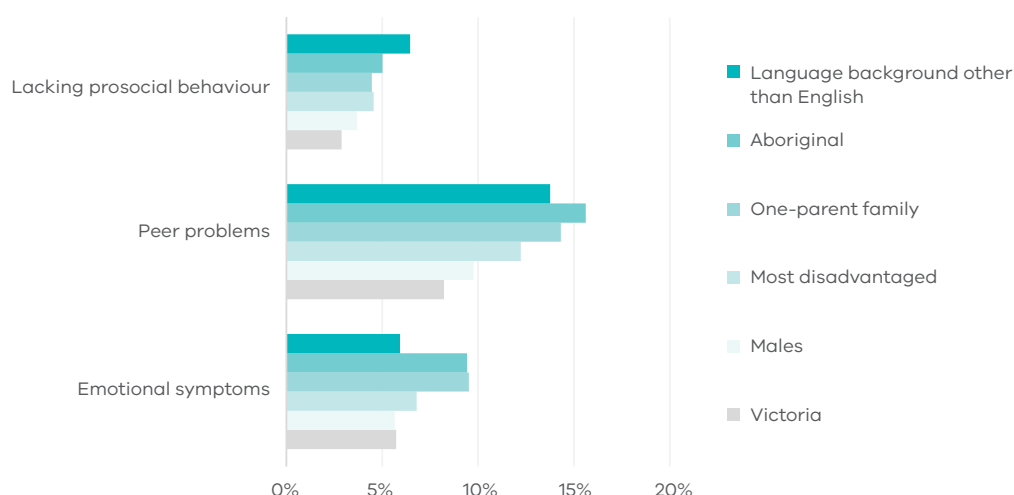
The family and community level factors that affect children's resilience are discussed further in the *Strong Families and Confident Parents* section.

At an individual level, a child who has developed a strong sense of wellbeing (both socially and emotionally) is likely to have developed prosocial behaviours, be able to build positive relationships, cope effectively with daily problems and have confidence in their ability to master new things.⁶⁷

For children and young people, low levels of social and emotional wellbeing can be reflected in difficulties at home or with their friends, negative emotions and behaviours (such as depression, stress and bullying) and disengagement from learning.

As Figure 30 shows, Aboriginal children, children from areas of most socio-economic disadvantage, and children from one-parent families are more likely than Victorian children in general to experience problems with emotional development, peer interactions and prosocial behaviour. Boys and children from a language background other than English are more likely than other children to experience issues with peers and prosocial behaviour.

Figure 30: Proportion of children with emotional or behavioural difficulties at school entry, 2015



Source: School Entrant Health Questionnaire, 2015***

Resilient children have protective skills and a supportive environment that helps them cope with difficult situations

Resilience is an important element in protecting and promoting children and young people's health, wellbeing, learning and development. The Victorian Government is committed through the Education State targets to improve levels of resilience in students over the next 10 years.

Through resilience, children and young people have a skill set that enables them to cope with challenges that arise in everyday life. A child who displays a high level of resilience will demonstrate:

- personal strengths and a capacity to withstand adversity
- coping mechanisms, despite multiple and ongoing negative circumstances
- a capacity to recover from trauma.⁶⁸

Social competence is a key component of resilience and is associated with multiple positive outcomes for children.

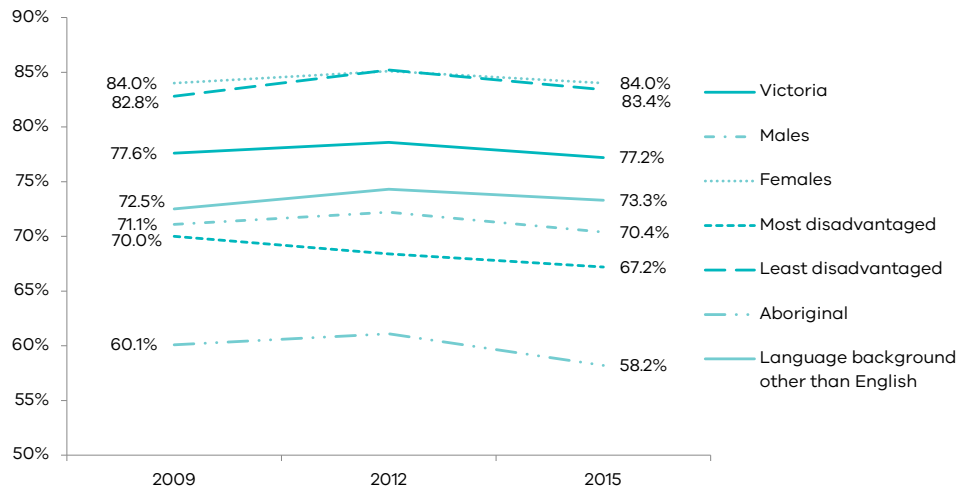
Around three-quarters of Victorian children (77.2 per cent) start school on track in terms of social competence (see Figure 31). Significantly more girls are on track with social competence at school entry (84.0 per cent) compared with boys (70.4 per cent).

Children from socio-economically disadvantaged areas are less likely to be on track than other children, and this proportion has declined in recent years (from 70.0 per cent in 2009 to 67.2 per cent in 2015).

Less than two-thirds of Aboriginal children are on track with social competence and the rate has declined slightly (60.1 per cent in 2009, and 58.2 per cent in 2015).

*** Questions about emotional symptoms identify children who are worried, nervous, tearful or clingy or who often complain of headache, stomach ache or sickness. Peer problems cluster around being a loner, preferring adult company or having difficulty making friends. Prosocial children are characterised by being kind, considering the feelings of others, sharing and volunteering to help.

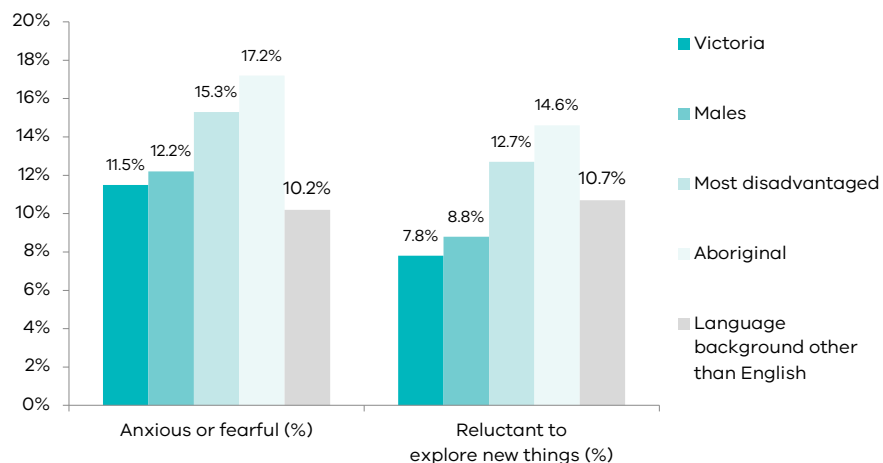
Figure 31: Proportions of children on track on social competence



Source: AEDC, 2015

Aboriginal children and children from areas of most socio-economic disadvantage are more likely to show signs of low resilience in their first year of school, including anxious and fearful behaviour, and reluctance to try new things, compared with other children (see Figure 32). Children from a language background other than English are less likely to be anxious and fearful compared to other children but more likely to be reluctant to try new things.

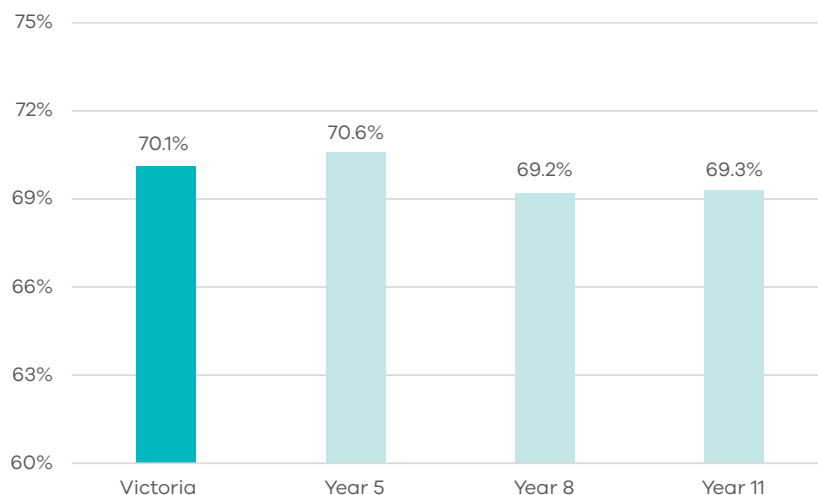
Figure 32: Proportion of children vulnerable, Victoria 2015



Source: AEDC (subdomains), 2015

Findings from the About You survey (2014) indicate that most students in Victoria showed a high level of psychological resilience, which varied little by gender or year level (See Figure 33).

Figure 33: Proportion of students with a high level of resilience, 2014



Source: DET, About You survey, 2014

Research indicates that some of the key factors that promote resilience in all phases of the lifecycle are:

- strong social support networks
- the presence of at least one unconditionally supportive parent or parent substitute
- a positive school experience
- belief that one's own efforts can make a difference
- participation in a range of extracurricular activities
- a capacity to re-frame adversities so that the beneficial as well as the damaging effects are recognised
- not being excessively sheltered from challenging situations that provide opportunities to develop coping skills.⁶⁹

The About You survey (2014) showed that students with a high level of psychological resilience were more likely to report enjoying school (72 per cent, compared with 41 per cent of students with a low level of resilience). Resilient students were also less likely to have truanted from school in the past month (25 per cent) compared with students with a low level of resilience (36 per cent).

Cultural affiliation builds resilience

Cultural affiliation and engagement by Aboriginal people is positively associated with resilience and wellbeing. For Aboriginal children and families, links to a community that is strong in culture are a key aspect of wellbeing.

Where a community has maintained cultural practices and knowledge, and where the community is cohesive, there is a lower risk of substance abuse in general, emotional or behavioural difficulties among children and of suicide or suicide ideation among young people.⁷⁰

The 2013 CREATE Report Card on the experiences of children and young people in out-of-home care in Australia reports that 30 per cent of Aboriginal respondents reported little connection with their cultural community.⁷¹



Students were more likely to be highly resilient if they:

- had a trusted adult in their lives (77 per cent were resilient compared with 57 per cent of students who did not have a trusted adult)
- had someone to turn to for advice when having problems (72 per cent compared with 21 per cent)
- were in the healthy weight range (73 per cent compared with 64 per cent of overweight or obese students).

Being bullied tips the scales towards vulnerability

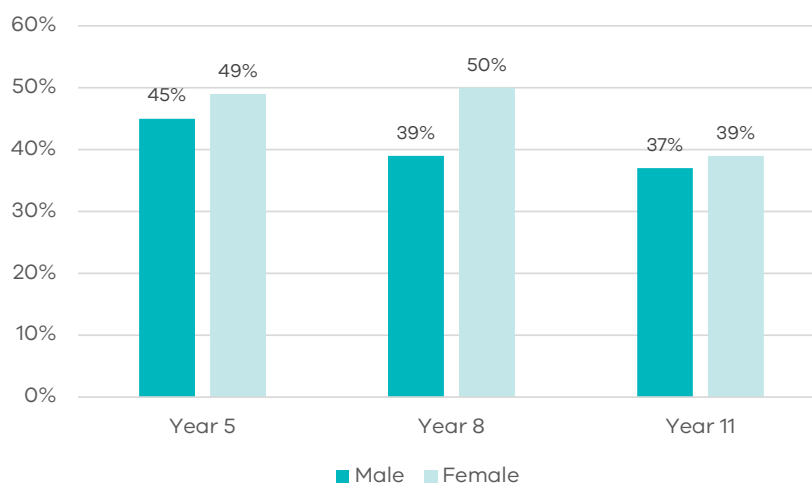
Bullying involves repeated verbal, physical or social behaviour directed towards another person by one or more individuals.⁷² In recent years there has been an increase in instances of cyberbullying. Research shows that bullying in schools can have a negative effect on a student's academic performance and self-esteem, and increase the chances of anxiety and unhappiness.⁷³

Australian research suggests that up to one in four students has experienced some level of bullying. Statistics also show that nearly half of Australian secondary school students report being bullied in some form over the past 12 months.⁷⁴

Children's experience of bullying tends to peak in the middle primary school years and the first year of high school. Findings in relation to gender across Australia have generally been inconclusive.⁷⁵ In Victoria, however, girls were more likely to experience bullying than boys and, overall, bullying tended to decline with year level (see Figure 34).

Students from one-parent families are more likely to have experienced recent bullying compared with students from couple families.

Figure 34: Proportion of Victorian students who have recently experienced bullying, by year level and gender, 2014



Source: DET; About You survey, 2014

Children and young people who are bullied are generally more likely to:

- feel disconnected from, and not like, school
- have poorer academic outcomes, including lower attendance and completion rates
- lack quality friendships at school
- display high levels of emotions that indicate vulnerability and low levels of resilience
- be less well accepted by peers, avoid conflict and be socially withdrawn
- have low self-esteem
- have depression, anxiety, feelings of loneliness and isolation
- have nightmares
- feel wary or suspicious of others
- have an increased risk of depression and substance abuse
- in extreme cases, have a higher risk of suicide, however, the reasons why a person may be at risk of suicide involve many factors.^{§§§}

KEEPING CHILDREN SAFE FROM HARM

Family violence, child abuse or neglect, tip the scales towards vulnerability

Experiencing family violence, which can include being subjected to violence or witnessing it, can have a major impact on the health, wellbeing and development of a child or young person. These impacts are not the same for everyone; the effects of family violence on a child or young person can change depending on a range of factors, including age, gender and their social support networks (or lack thereof).⁷⁶

Impact of family violence for children and young people

Evidence suggests an increased risk of family violence during pregnancy and after birth. Infants' cognitive, emotional and behavioural development can be affected when they are exposed to family violence as they are highly sensitive to prolonged periods of stress at this age.⁷⁷

Family violence can have an effect on the bond between a child and mother. Evidence provided to the Royal Commission into Family Violence identified that women who experience family violence during pregnancy were more likely to develop depression after the birth of their child. This in turn can impact on children; maternal perinatal depression has been linked to a number of psychological and developmental disorders in children.⁷⁸

^{§§§} <http://www.education.vic.gov.au/school/parents/health/pages/bully.aspx>

As a result of family violence, children can suffer a variety of physical, emotional and mental health effects including depression, anxiety, low self-esteem, impaired cognitive function and mood problems.⁷⁹ Research provided to the Royal Commission shows that children's recovery from family violence improves the longer they are free from violence. At least one-third of children who experience family violence do just as well as children who have not experienced it.⁸⁰ The lives of adolescents who experience family violence can be disrupted in many ways, including in their schooling, their ability to get and keep a job and their ability to make friends. It heightens their vulnerability to mental health problems and increases social isolation.

Family violence can also lead to homelessness. The AIHW reported that 15 per cent of young people who sought the assistance of a homelessness service in 2013–14 identified family violence as the main reason for seeking assistance.⁸¹

Links between young people who experience family violence and their contact with the youth justice system and adult criminal conduct have been identified. An analysis by Youth Support and Advocacy Service found that 55 per cent of a sample of 301 clients who had had recent contact with Victoria Police reported that family conflict had occurred in their home either often or very often.⁸²

Factors in family violence

Many factors increase the risk of family violence. Analysis of police data over the past 10 years of recorded family violence recidivism (re-offending within two years) revealed certain factors that may make it more likely for a perpetrator to offend again. These include unemployment, depression and mental health issues, a recent escalation in violent behaviour, pregnancy of a partner, the recent birth of a child and the presence of children.⁸³

In 2015 UN Women released *A Framework to Underpin Action to Prevent Violence Against Women*. In this framework, gender inequality is identified as a 'root cause' of violence against women.⁸⁴

The Government's *10-Year Mental Health Plan* recognises the importance of addressing the needs of people with mental health problems who become involved with the justice system. Family violence has been recognised as one of the many complex drivers of offending and reoffending. The *Mental Health Plan* forms the platform for a whole-of-community approach to prevent risk factors for poor mental health and to promote the conditions in which good mental health can thrive. The Plan has a strong focus on children due to the importance of early childhood development for longer-term mental health outcomes.

Incidents of family violence in Victoria

In the year ending 30 September 2015, Victoria Police submitted reports for 72,400 family incidents, an increase of 9.6 per cent on the previous year. This puts the family incident rate at 1,216.2 per 100,000 people in Victoria, a rate that has risen steadily over the past few years. The report of the Royal Commission into Family Violence reflects that in 2013–14, around one in 10 of all affected family members recorded were 17 years or younger. Of these, 62 per cent were female.⁸⁵

The number of incidents at which children were present has also risen over the past few years to 24,800 in the 12 months to September 2015. This represents more than one-third of family violence incidents (see Table 1). Parent-reported data from the SEHQ also indicates that the rate of children having a history of witnessing violence is five times higher for Aboriginal children and more than four times higher for children in one-parent families compared with the statewide rate (see p. 88).

Table 1: Victoria Police Family Incidents, Oct 2010–Sept 2011 to Oct 2014–Sept 2015

Year (Oct to Sept)	Number of reported family incidents	Family Incident rate per 100,000	Percentage of family incidents where charges laid	Number of family incidents where children were present	Percentage of family incidents where children were present
2010–11	41,384	747.3	27.2	14,817	35.8
2011–12	53,619	952.0	31.2	19,340	36.1
2012–13	62,425	1,087.7	40.4	19,135	30.7
2013–14	66,011	1,130.0	43.0	22,820	34.6
2014–15	72,376	1,216.2	38.4	24,755	34.2

Source: Law Enforcement Assessment Program, Victoria Police, extracted on 18 October 2015 and subject to variation and crime statistics from Crime Statistics Agency.

Children may not only witness family violence in the home, they may also be victims. Data provided to the Royal Commission showed that of all family violence incidents recorded by Victoria Police in 2013–14, 3,341 had children listed as victims. Victims were more likely to be female (56 per cent) and aged between 12 and 17.

There are a range of actions available to Victoria Police to protect the affected family member and any children from risks and criminal behaviour at the time of the incident. One of these is notifying child protection services.

Children as perpetrators

While incidents of family violence perpetrated by people aged under 18 are relatively small, this is still an area of concern. Data for 2013–14 provided to the Royal Commission showed that over the previous five years, 11,861 family violence incidents were recorded by police with child perpetrators and adult parent victims. Perpetrators in 64 per cent of these incidents were male. In addition, 72 intervention order applications to the Magistrate's Court listed perpetrators under 18 in 2013–14.⁸⁶

Analysis by the Royal Commission revealed that recidivist perpetrators were more likely to be younger at the time of their first incident.

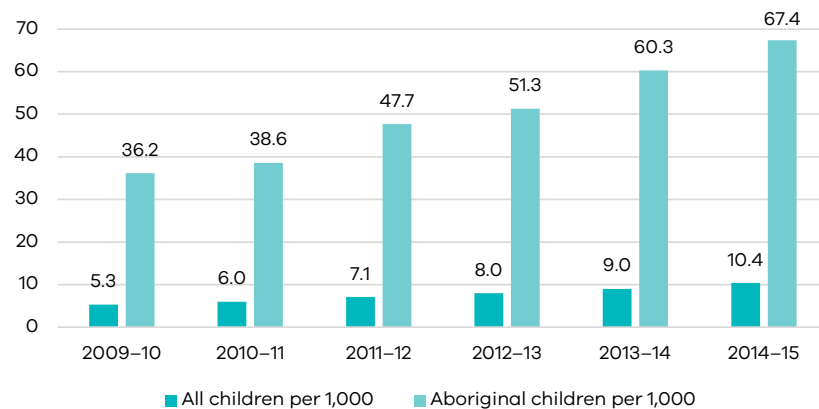
Child protection reports in Victoria are on the rise

There has been a steady increase in child protection reports in recent years (to 106,909 in 2015–16). This is likely due to changes mandating the notification of instances of family violence in which children were present, as well as increasing awareness of the impact of abuse and neglect on children.

Crime Statistics Agency (2015). Family Incidents, Victorian Government, Victoria, extracted on 18 October 2015 <http://www.crimestatistics.vic.gov.au/home/crime+statistics/year+ending+september+2015/family+incidents>

This increase in reporting is also reflected in an increase in substantiations (circumstances judged to be of real risk). These rose from 5.3 per 1,000 children in 2009–10 to 10.4 per 1,000 children in 2014–15. Among Aboriginal children the rate rose from 36.2 per 1,000 Aboriginal children in 2009–10 to 67.4 per 1,000 Aboriginal children in 2014–15 (see Figure 35).

Figure 35: Child protection substantiation rates, children aged 0–17 years, Victoria, 2009–10 to 2014–15



Source: *Report on Government Services 2016*, Table 15A.8

Improving outcomes of Aboriginal children in care

As at 30 June 2015, 8,567 children and young people were in out-of-home care, a rate of 6.6 per 1,000 of all children and 71.5 per 1,000 or 1,511 Aboriginal children (see Table 2).

Table 2: Number and rates of children aged 0–17 years in out-of-home care, Victoria, as at 30 June each year, 2009–10 to 2014–15

	2009–10	2010–11	2011–12	2012–13	2013–14	2014–15
Number of children (all)	5,469	5,678	6,207	6,399	7,710	8,567
Number of Aboriginal children	816	877	1,028	922	1,308	1,511
Rate per 1,000 for all children	4.5	4.6	5.0	5.1	6.1	6.6
Rate per 1,000 for Aboriginal children	41.3	43.8	50.5	44.9	62.7	71.5

Source: *Report on Government Services 2016*, Table 15A.18

Note: Due to revised population estimates, particularly for Aboriginal children, the rate per 1,000 is different from that published in previous years.

Since September 2013, the Commissioner for Aboriginal Children and Young People and the Department of Health and Human Services have been working together on an initiative to review the circumstances of around 1,000 Aboriginal children in out-of-home care. Taskforce 1000 seeks to improve outcomes for Aboriginal children in out-of-home care and consists of:

- a steering committee of senior officers from government, Aboriginal community-controlled organisations and community service organisations
- desktop audits to gather information about children in out-of-home care
- area panels that review the circumstances of each Aboriginal child in out-of-home care using a process of open enquiry.

Taskforce 1000 survey data identified the most common factors contributing to Aboriginal children being placed in out-of-home care as:

- parental alcohol and/or substance misuse (present for 92 per cent)
- exposure to family violence (89 per cent)
- compromised parenting capacity (70 per cent)
- parental mental illness (61 per cent).

Area panels reviewed the circumstances of around 1,000 Aboriginal children in out-of-home care in a de-identified manner between July 2014 and December 2015. They are working on actions to assist Aboriginal children to remain in the care of their families or community and to improve outcomes for children who have entered out-of-home care.

The steering committee will work on a number of statewide actions, including ensuring that services for Aboriginal children and families are safe and accessible and improving cultural awareness and training of non-Aboriginal carers of Aboriginal children.

The Commissioner for Aboriginal Children and Young People incorporated information gathered by Taskforce 1000 in the *Always Was, Always Will Be Koori Children* report which was tabled in Parliament in 2016.

Strengthening child protection

The Department of Health and Human Services forecasts that reporting rates will continue to increase without reform. Nearly all these reports raise credible concerns that a child is experiencing harm but child protection is not an appropriate gateway to services and support for many of these children and families. Three-quarters of all child protection reports are closed at the initial point of screening because it is concluded that the risk or evidence of harm is not sufficiently high for intervention. This represents an additional cost that could be avoided if an initial service, or the service to which families are referred after their first report, addressed issues more effectively.

The *Roadmap for Reform* has a key focus on increasing the capacity of the foster and kinship care system, with the aim of reducing the system's reliance on residential programs. This includes investing in specialist services to help children and young people address severe trauma and services designed to reduce the number of children removed from their families, even for short periods.

Investments over the next two years include:

- \$34.2 million to increase the number of foster and kinship carers
- \$35.9 million to increase the supervision and safety of children in residential care
- \$11.7 million to upgrade residential care facilities across the state.

As part of a broader reform package, the Victorian Government is investing \$122 million over the next two years to keep children safe from harm and give them the best start in life—one of the Government's responses to recommendations from the Royal Commission into Family Violence. The package includes funding to develop a new intensive support service that will deliver in-home support for families experiencing vulnerability during the early years. The government will also increase family services and counselling and continue reform of the child protection system.

Thirty-five of the commission's recommendations address the need for reforms of family violence services provided to affected children in the legal, community or health sector. Examples include the need to prioritise investment in therapeutic interventions and counselling, including age-appropriate group work; strengthening child protection practice guidelines; and improving risk assessments relating to children.

There are also recommendations for better refuge services for disabled women and children affected by family violence and for the better protection and care of Aboriginal children affected by family violence. Another recommendation is for the establishment of a statutory youth diversion scheme subject to a successful evaluation of the youth diversion program pilot.

SUMMARY



The chance of a child being healthy from the start of life is influenced before birth by the mother's health and the course of the pregnancy.



Around 6.3 per cent of Victorian babies are of low birth weight.



MCH services have a vital role in early detection of infant health problems.



Use of MCH services is generally stable alongside a growing birth-rate; there are encouraging signs of greater use of services by Aboriginal families.



Vaccination is crucial to preserving individual and public health; governments are addressing declining vaccination rates.



Reports of family violence and child protection reports have increased.



Being exposed to violence and subsequent family breakdown greatly predisposes children to developmental difficulties.



Resilient children more easily overcome everyday setbacks.





03

Strong families and confident parents

Lola, 11 months

STRONG FAMILIES AND CONFIDENT PARENTS

Families must feel well supported by their community and confident in their parenting role

Children have the best outcomes when families provide a safe, caring home environment that supports children with positive learning, health and wellbeing. Families need to feel supported, including by a strong community, and parents need to feel confident in their parenting role. Strong communities support families by providing services and support when needed.

Children are at risk when parents do not have the resources or skills to provide a nurturing environment and children may be exposed to violence and poor health behaviours.

Current Government reforms recognise this. Both the *10-Year Mental Health Plan* and the *Roadmap for Reform* emphasise the need for inclusive, family-centric practices. This is not to diminish the role of a strong support network; social networks and connections within the community are fundamental supports to families, particularly those who are vulnerable or disadvantaged.

This section focuses on:

- parenting capability and confidence
- strong families
- formal and informal supports.

At a family level, parent–child relationships and parenting style are strongly related to children’s social and emotional wellbeing. Parenting practices characterised by effective, supportive and warm parenting are associated with more positive outcomes for children in the areas of social and emotional competence, behaviour and academic performance.⁸⁷

At a community level, a child’s access to a rich social network can improve their mental health and behaviour outcomes, reduce school drop-out rates and increase the likelihood of meaningful employment later in life. Communities can provide a child with a sense of belonging and positive role models, which have been shown to improve school performance, behaviour and wellbeing.⁸⁸

PARENTING CAPABILITY AND CONFIDENCE

Parents’ actions and behaviours exert an early, strong and lasting effect on children’s outcomes in terms of learning and development, wellbeing, social and emotional functioning and health.

The life experiences of a parent can influence their decisions about the level of involvement in their child’s learning and development. Even in the years before school, Australian children’s level of ability is correlated with family circumstance, and family circumstances have a large influence on the type and quality of both home and out-of-home experiences that families choose. The four elements that have been described in research as influencing parents’ decisions are their knowledge, skills, time and energy.⁸⁹

A report commissioned by the Parenting Research Centre identified many gaps between public perception and expert opinion about the fundamental nature of parenting. The public see parenting as an innate skill that comes naturally to ‘good’ people (provided that they as children experienced good parenting). They believe the role of parenting is to create happy children. By contrast, experts characterise parenting as something that does not come naturally. It is a skill that can be taught and learnt and the role of parents is to scaffold children’s development in order to cultivate physical, emotional, mental, linguistic and social capacities. When the public think about parenting they imagine the needs of older children—an effect the authors term ‘ageing up’—and disregard the earliest years of development, those that experts see as most formative. The public are fatalistic, believing parenting skills have declined and are not likely to improve. Experts are more optimistic, believing progress can be made through public policy strategies in which governments provide parents with supports that bring private and social benefit.

In a public policy context, the report authors recommend a number of communication approaches for shifting the cultural model of parenting towards one in which parenting is represented as a conscious, skill-based practice that can be improved and to build consensus in messages about effective parenting.⁹⁰

A parent’s confidence and belief in their ability to help their children is central to their level of engagement—whether they perceive themselves as being able to make a meaningful contribution to their child’s education.⁹¹

Research indicates that a parent’s level of engagement declines as children progress through the grades and as the subject matter studied begins to move beyond a parent’s own level of knowledge.⁹²

Research suggests that while a parent may have limited understanding of the subject matter they may still have positive engagement if they have a support network in place where they can ask others for help. The Home Instruction Program for Preschool Youngsters (HIPPY), managed by the Brotherhood of St Laurence, builds the skills of parents and carers to create a positive learning environment in preparing their child for school. An evaluation of the program with four- and five-year-olds found that Victorian parents with low levels of education became more confident and engaged with their child’s school education. Parents with fewer family resources may experience difficulty engaging in their child’s education.⁹³

Time and energy, particularly in relation to work and other family responsibilities, can limit the capacity of parents to be involved. A parent who holds down a job with an inflexible schedule or more than one job may not be able to be as involved as they wish, compared with a parent with a flexible work schedule.⁹⁴ The Parenting Research Centre research notes that chronic stress, including financial and workplace stress detracts from parenting ability while parental confidence, self-awareness and self-regulation are positive factors, and can be assisted by paid parental leave and flexible work policies.⁹⁵

Supported playgroups can make a difference for families experiencing disadvantage

There is growing evidence of the positive impact supported playgroups can have on families experiencing disadvantage. Supported playgroups are facilitated by a qualified worker and help families experiencing disadvantage to improve parenting capability and child outcomes.

From 2009 to 2012, the Early Home Learning Study (EHLS) looked at how best to support parents experiencing difficult or challenging circumstances to improve the early learning and developmental foundations of their young children (aged six to 36 months) within the existing Victorian service system (that is, parent groups and supported playgroups). The result of the study is *smalltalk*, an evidence-based parenting intervention. *Smalltalk* has been expanded to 35 sites and all facilitators have been trained and have received coaching.

The section on 'Lifelong learning and success' highlighted the importance of a strong home learning environment for children's learning and development. Parent encouragement and expectations contribute the most to a child's educational achievement.

Parent aspirations affect educational performance

Parents' aspirations for their children have an impact on a child's performance. Research shows that students' expectations about what they can achieve are supported by their parents having high expectations of them.⁹⁶ Parents with high aspirations expect their child to excel at and complete school, and will often discuss careers and university attendance. This conveys to the child that education and academic achievement are valuable and useful.

Victorian parents generally have high expectations of their children's academic achievement, with higher academic expectations associated with higher SES.⁹⁷ Almost all Victorian parents expect their children to complete secondary schooling, and most have expectations for their child to attend university. It appears that all parents of preschool children have high hopes and aspirations for their children but those from higher incomes backgrounds are more likely than those on low incomes to report multiple expectations and more likely to believe that these expectations would be fulfilled.⁹⁸

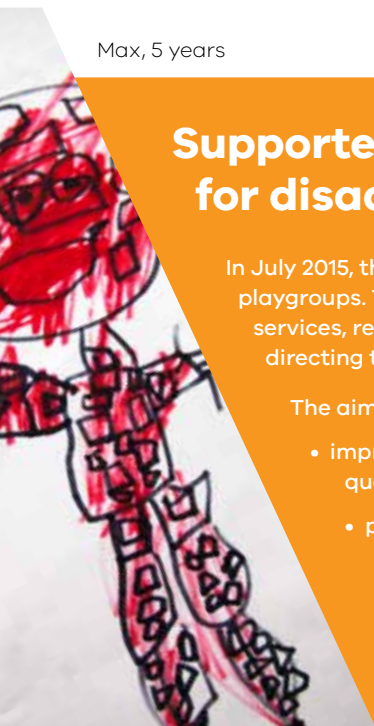
Max, 5 years

Supported playgroups—improving outcomes for disadvantaged children

In July 2015, the Department of Education and Training began a major reform of supported playgroups. The reforms include incorporating the parenting intervention *smalltalk* across all services, requiring facilitators of supported playgroups to be diploma-qualified and better directing the services to ensure families experiencing disadvantage have priority access.

The aims of the new supported playgroup model are to:

- improve disadvantaged children's wellbeing and learning outcomes by improving the quality of parent-child interactions to support change in the home learning environment
- provide a professionally supported environment for parents in which they can develop their parenting skills and confidence and establish social and community connections
- support transitions into other forms of ECEC and other more intensive or targeted services.



Positive parental attitudes and behaviours tip the scales towards positive adolescent health and wellbeing

Just as parent expectations contribute to student achievement, parent attitudes and behaviours can influence the health and wellbeing of their children. Parents' approval or disapproval of certain behaviours can have an impact on how their child perceives these behaviours and whether or not they take them up. A recent study of high school students (Years 7, 9 and 11) in Victoria found that adolescents in urban areas had a lower risk of alcohol use compared with those in regional Victoria. This difference was in part attributed to parental disapproval of alcohol use.⁹⁹

Parental attitude is associated with whether or not an adolescent tries smoking. The About You (2014) survey showed that most students in Years 8 and 11 thought their parents would consider it wrong or very wrong for them to smoke cigarettes (91 per cent of Year 8 and 85 per cent of Year 11 students). Of these students, only a minority had smoked cigarettes (17 per cent). More than half (55 per cent) of those who thought their parents would consider it only 'a little bit wrong' or 'not wrong at all' for them to smoke cigarettes had tried smoking.

Year 11 students whose parents had negative attitudes to their children smoking were half as likely to have smoked, and Year 8 students whose parents had negative attitudes were four times less likely to smoke.

Parental mental health and wellbeing issues tip the scales towards vulnerability

The 2015 SEHQ found that seven per cent of respondents indicated a history of parental mental illness. This was more common in one-parent families, with one in six parents (17 per cent) identifying mental illness as affecting their family.

The Victorian Child Health and Wellbeing Survey (VCHWS) measures parents 'at risk of mental health issues', using the Kessler 6, a tool designed specifically for this purpose. A small proportion (3.1 per cent) of Victorian children aged 0 to 12 years had parents at risk of mental health issues in 2013.

Children in one-parent families, children listed on Health Care Cards and those living in disadvantaged areas were more likely than other children to have a parent at risk of mental health issues. Parents who had no one they trusted to turn to for advice when having problems were much more likely to be at risk of mental health issues (see Figure 36).

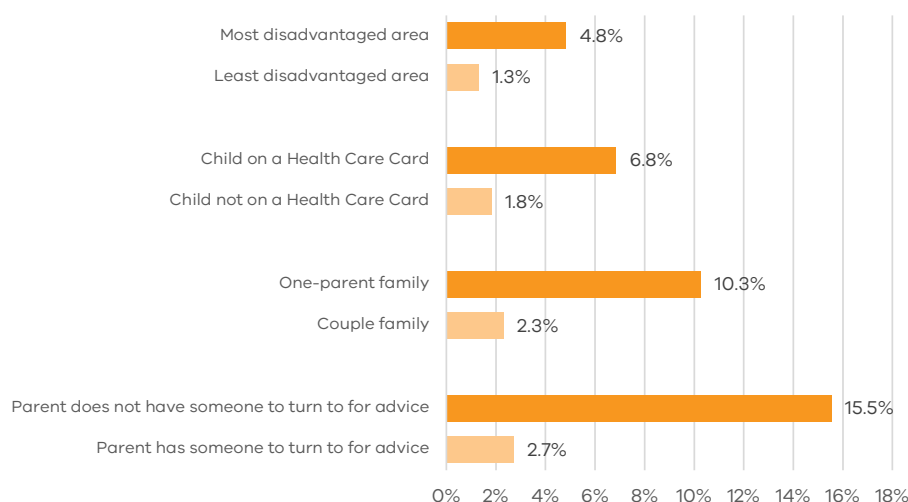
Family-inclusive approaches to mental health services, that respect and support the role and needs of family, kinship community, and carers of people with mental illness, is a key outcome of the *10-Year Mental Health Plan*.

Funding of \$9.6 million (over four years) was delivered in the 2016-17 Victorian Budget to expand the Family where a Parent has a Mental Illness (FaPMI) program across the state.

The FaPMI program aims to reduce the impact of parental mental illness on family members, particularly dependent children, by:

- Building the capability of the specialist clinical mental health workforce to deliver evidence-based family inclusive practice
- Ensuring parents with a mental illness are more routinely identified, and they and their families are offered early, appropriate mental health treatment, including fast-tracked access to acute mental health treatment if required
- Working collaboratively with the health, welfare and social support services, particularly infant and early childhood and family services, family violence support and Child Protection services to deliver comprehensive treatment and support.

Figure 36: Proportion of children aged 0–12 with a parent at risk of mental health issues (Kessler 6), by selected characteristics, 2013



Source: DET, Victorian Child Health and Wellbeing Survey (VCHWS) 2013

STRONG FAMILIES

A supportive home and family environment contributes to improving children's long-term wellbeing and academic achievement.

Healthy families promote the emotional, physical and social welfare of individual family members. Among the many factors that contribute to this process are a family's internal strengths and the security of the family unit. Healthy families are able to provide the close emotional support needed to produce confident and well-adjusted children and adults. Likewise, families that function in a healthy manner are well equipped to deal with the many normal changes and unexpected crises that confront them throughout their lifetime.

The McMaster model is used to assess family functioning in the VCHWS. According to this model, the dimensions of family functioning include:

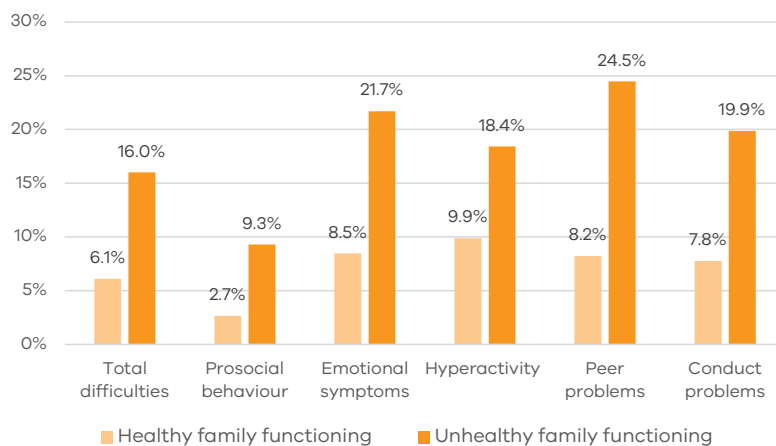
- problem-solving: a family's ability to solve logistical problems that they confront in everyday life, as well as problems related to feelings and emotional experience
- communication: how information is exchanged within a family, for both instrumental and emotional purposes
- roles: the recurrent patterns of behaviour by which individuals fulfil family functions, including routine family tasks such as cooking and taking out the rubbish, as well as the emotional and supportive roles of family members
- affective responsiveness: the ability of the family to respond to a range of stimuli with the appropriate quality and quantity of feelings
- affective involvement: the degree to which the family as a whole shows interest in and values the activities and interests of individual family members
- behaviour control: the pattern a family adopts for handling behaviour in a range of situations with family members and with people outside the family.

Healthy family functioning tips the scales towards positive development

Only around one in 12 (8.0 per cent) Victorian families with young children showed signs of unhealthy family functioning, according to data collected in the VCHWS in 2013. This rate is consistent with measures in 2006 and 2009.

Children in families with healthy family functioning are significantly less likely to have behavioural difficulties (see Figure 37), as identified by parents on the Strengths and Difficulties Questionnaire (SDQ), a part of the VCHWS.

Figure 37: Proportion of Victorian children aged four to 12 years with behavioural difficulties, in families with healthy and unhealthy family functioning, 2013



Source: DET. Victorian Child Health and Wellbeing Survey (VCHWS) 2013

On the prosocial and peer problem domains, children from families with unhealthy functioning were three times more likely to exhibit difficulties, compared with children from families with healthy functioning.

Children from one-parent families were far more likely to experience unhealthy family functioning (17.9 per cent) compared with children from couple families (6.6 per cent). Children living in areas of most socio-economic disadvantage were also significantly more likely to experience unhealthy family functioning than children in the least disadvantaged areas (11.1 per cent and 6.3 per cent respectively).

Literature suggests that families have an important role in providing children with a secure base and a sense of connection or togetherness. A study by the Australian Institute of Family Studies into the links between family environment and child outcomes found that children's social and emotional wellbeing was strongly linked to their family environment.¹⁰⁰ The study, using data from *Growing Up Australia: the Longitudinal Study of Australian Children*, reported that children with warm, highly involved parents had higher social and emotional wellbeing. Those children with less involved parents, and who experienced higher parental conflict, had significantly lower levels of prosocial behaviour and higher levels of problem behaviour.

Where a family environment becomes warmer and more involved, with less anger and conflict, a child will demonstrate increased prosocial behaviour and decreased problem behaviour. The reverse is also the true; where anger and conflict increase and there was less parental warmth or involvement, a child will exhibit an increase in problem behaviour.¹⁰¹

Family violence tips the scales towards vulnerability

At the other end of the scales to families with healthy family functioning are those experiencing family violence. Parent-reported data from the SEHQ shows that some Victorian families with young children have a history of negative experiences and behaviours. The most common family risk experience for children entering school is a history of parental mental illness (affecting 7.2 per cent of children), followed by a history of drug or alcohol problems in the family (3.6 per cent).

These risks are more common among Aboriginal children and children from one-parent families (see Table 4). Based on 2015 SEHQ responses:

- Aboriginal children have:
 - five times the statewide rate of witnessing violence
 - more than four times the statewide rate of history of alcohol- or drug-related problems in the family
- family violence, often a cause of parents separating, is also an issue in one-parent families where:
 - a history of abuse to a parent occurred at 4.5 times the statewide rate
 - a history of the child witnessing violence occurred at 4.4 times the statewide rate.

In response to recommendations made by the Royal Commission into Family Violence, the Victorian Government is investing \$25.7 million to support Aboriginal Victorians at risk of family violence. Actions include new and early intervention programs, increasing support for Aboriginal children and young people and expanding the Koorie women's diversion program. These reforms will be community-led in partnership with Aboriginal people to help children recover from abuse, neglect and family violence.

Table 4: Family risk history of children at school entry, by selected demographics, 2015

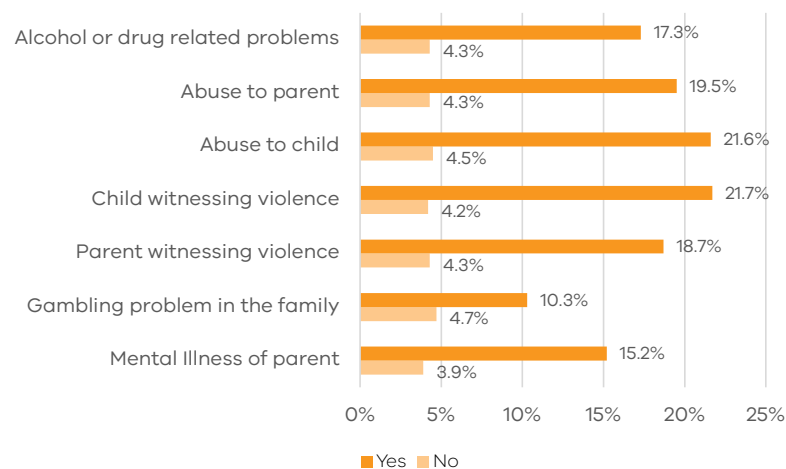
	History of abuse to child (%)	History of abuse to parent (%)	History of alcohol or drug related problems in family (%)	History of child witnessing violence (%)	History of gambling problems in family (%)	History of mental illness of parent (%)	History of parent witnessing violence (%)
All children	1.4	3.4	3.6	3.4	1.1	7.2	3.2
Language background other than English	1.2	1.8	1.5	2.1	1.1	1.9	2.1
Aboriginal	5.5	16.1	16.1	16.9	2.7	17.1	14.0
Areas of most disadvantage (IRSD 1)	1.7	4.5	4.4	4.8	1.3	7.8	4.2
Areas of least disadvantage (IRSD 5)	1.0	2.2	2.4	2.0	1.0	5.9	2.2
One-parent family	4.7	15.3	13.3	15.0	3.1	17.0	11.6

Source: School Entrant Health Questionnaire, 2015

These family experiences affect children. They are far more likely to show emotional and behavioural problems of concern at school entry (see Figure 38)—at least four times as likely in most cases compared with children who have not experienced these risks.

Children who do not experience adverse family events exhibit behavioural/emotional issues at a rate of around four per cent. In families where abuse and violence affect the child, the child is five times more likely to have behavioural or emotional issues.

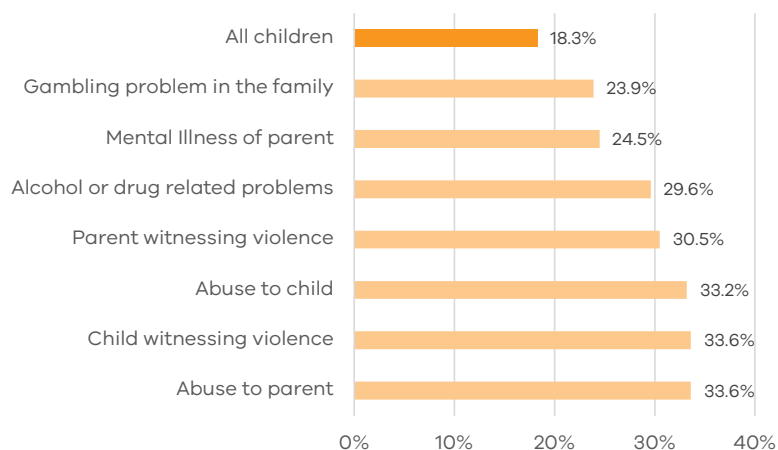
Figure 38: Family risk history, by proportion of children with behavioural or emotional problems at school entry, 2015



Source: School Entrant Health Questionnaire, 2015

Analysis of linked datasets combining family history data from SEHQ and teacher assessment of child vulnerability in the first year of school from the AEDC shows that children with a history of family risk are far more likely to be assessed by their teacher as vulnerable on one or more domains. Figure 39 shows 18.3 per cent of all children are vulnerable on at least one domain; among those exposed to violence the rate is almost twice as high.

Figure 39: Proportion of children assessed as vulnerable on at least one domain (AEDC), by family risk history (SEHQ) 2012



Source: based on linked dataset, combining 2012 Australian Early Development Census (AEDC) and 2012 School Entrant Health Questionnaire (SEHQ) data.

Recent research by the Melbourne Institute of Applied Economic and Social Research found that children who entered school with emotional and behavioural difficulties (including conduct, emotional problems, peer interaction, hyperactivity and poor prosocial skills) had poorer educational outcomes on NAPLAN in Year 3.¹⁰²

FORMAL AND INFORMAL SUPPORTS

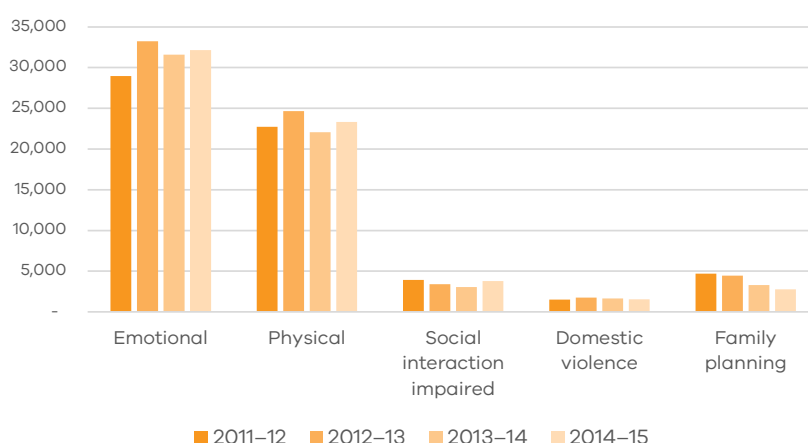
Children's development is improved when parents are supported. Child and family health systems provide a mechanism to help early identification of issues and provide the necessary support to parents to understand and address concerns about a child's development.

Most Victorian families report good access to informal supports. Survey findings from the VCHWS (2013) reveal that 97 per cent of parents have someone to turn to for advice when having problems. In addition, 94 per cent of parents are able to get support from family or friends to look after them or their children in a time of crisis. These proportions have been stable since 2009.

Parents in couple families were slightly more likely to have this support person (97 per cent) than single parents (94 per cent). Families living in areas of most socio-economic disadvantage were slightly less likely to be able to get support from family or friends in a time of crisis (93 per cent) than were those in the least disadvantaged areas (95 per cent).

The range and uptake of Maternal and Child Health (MCH) services and the benefits of its early interventions were introduced on p. 57. Counselling is one of the important supports MCH services provide to parents. In the 2014–15 period, just over half of the 63,600 incidents of counselling were for emotional reasons and 37 per cent for physical reasons. The instances of counselling for domestic violence is small compared with other reasons but has increased in recent years (see Figure 40). Around 25 per cent of these cases are referred to other services.¹⁰³

Figure 40: Count of reasons for counselling (mother or family), 2011–12 to 2014–15

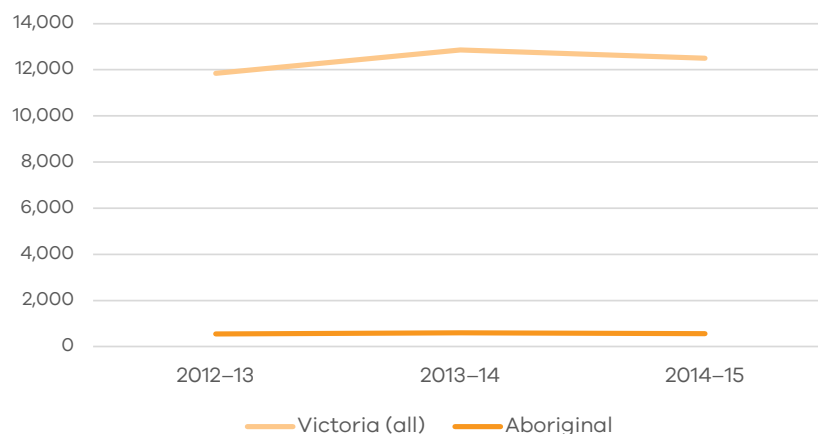


Source: Maternal and Child Health Services, 2014–15

Enhanced MCH services are available to assist families with children up to one year of age who are most in need. The service specifically responds to the needs of children and families at risk of poor outcomes, in particular where there are multiple risk factors such as drug and alcohol issues, mental health issues and family violence. The services are provided in addition to the suite of services offered through the universal MCH service. They provide a more intensive level of support, including short-term case management. Support may be provided in a variety of settings, such as the family home, the MCH centre or other locations within the community. Such supports include mental health plans supervised by general practitioners, parenting programs and drug, alcohol, and family violence counselling.

In 2014–15, close to 12,500 enhanced MCH cases were being managed with 570 of these cases for Aboriginal families, a slight decrease from the number of cases in 2013–14 (see Figure 41). The top issues in 2014–15 for Victorian families related to isolation, stress and parenting support.

Figure 41: Total enhanced MCH cases, Victoria, 2012–13 to 2014–15



Source: *Enhanced Maternal and Child Health Report, 2014–15*

Other programs to support parents include Cradle to Kinder and Aboriginal Cradle to Kinder programs. Cradle to Kinder is an intensive ante and postnatal support service that provides longer term, intensive family and early parenting support for vulnerable young mothers and their families. It begins in pregnancy and continues until the child reaches four years of age.

Reforms are underway

The Government has announced \$168.2 million in funding for the next two years to progress the first steps in the *Roadmap for Reform* initiatives. This includes \$86.4 million for initiatives announced as part of the family violence package, to respond to urgent recommendations of the Royal Commission into Family Violence to help meet demand for family services, establish a new in-home early childhood support service, support foster carers, improve maternal and child health services for Aboriginal families, and boost the child protection workforce.

Mental health

As identified in the *Safe and Healthy Children* section, children and young people can experience some form of mental health issue. Parents have a role in supporting these children to receive the help they need because early intervention is critical in supporting people with a mental health problem.

Access to mental health services has been improving. A number of services are available to support parents when their child is experiencing emotional and behavioural problems or a specific mental disorder. These include health services, school services, telephone counselling and online services.

According to the Mental Health of Children and Adolescents Survey (conducted over 2013–14), almost 79 per cent of parents and carers of children and adolescents with mental disorders said their child had in the previous 12 months needed help with emotional and behavioural problems. One-quarter of this need for counselling went unmet.¹⁰⁴

A number of barriers can exist for parents or carers seeking help for children with a mental disorder. Commonly identified reasons given by parents for not seeking or receiving help was they were not sure where to get help (39.6 per cent), were not able to afford help (37.0 per cent) or preferred to handle the problem by themselves or with help from family and friends (31.1 per cent).¹⁰⁵

A key focus area of the *10-Year Mental Health Plan* is that Victorians promote mental health for all ages and stages of life. Two key outcomes of this focus area are universal access to public services and access to specialist mental health services. This would mean that:

- people with mental illness and their families and carers have access to high-quality, integrated services according to their needs and preferences (universal).
- people with mental illness, their carers and families have access to the public treatment and support services they need and choose, appropriate to their age and other circumstances, where and when they need them most (specialist).

Parental confidence and access to a support network can make a difference to a child's learning outcomes

Parents can face a number of challenges in raising their children and it is important that they are able to access support when they need it most. A report by the Parenting Research Centre has indicated a gap between popular and expert opinion about whether parenting is an inherent or learned skill; the evidence suggests the importance of informed communications in executing public education strategies around parenting and articulating public policy (see p. 83).¹⁰⁶

Parentline Victoria is a confidential telephone counselling service that provides information on a range of parenting issues to parents and carers of children aged from birth to 18 years. The service allows parents and carers to seek advice from qualified counsellors on how to improve relationships between children and family members. In 2014–15, around 20 per cent of calls related to parental confidence or capacity.

The MCH Line provides a 24-hour, seven-day-a-week telephone support service to Victorian families with children from birth to school age. The service offers guidance and support on a number of issues including breastfeeding, child health and development, and parenting skills. In 2014–15, more than 94,400 calls were made to the MCH line.

A strong emphasis on individualised and family-centred care achieves better outcomes

The needs of families, particularly disadvantaged families, are better supported when there are strong linkages between services. When services work together pathways between services can open up for families and people may be more willing to engage in services that are co-located or integrated. Community health centres, which are both co-located and integrated, are a good example of the advantages of such a model.

For parents of school-aged children, the school community can play a part in tipping the scales

The literature suggests that the level of parental engagement can be influenced by the relationship they have with a school—engagement depends on the opportunity parents have to be involved.

A positive relationship between parents and teachers builds parents' level of engagement in their child's learning. Increasing connections between the school and the home can further facilitate increased aspirations among students, ultimately improving engagement and participation in schooling and further study.¹⁰⁷

The latest data from DET's Parent Opinion Survey (2015) indicates that parents across all school types are positive about their interactions with schools. Over three quarters (78 per cent) of parents surveyed agreed that there was good two way communication between them and staff at their child's school. Levels of parent engagement with schools also appear to be high, with 74 per cent of parents agreeing that their school encourages them to get involved and have a say in school planning.

Elsie, 7 years



Child Protection Flexible Response initiative

To better support children, young people and families who are experiencing vulnerability the Victorian Government Child Protection Flexible Response initiative brings together child protection practitioners and family violence workers under the same roof.

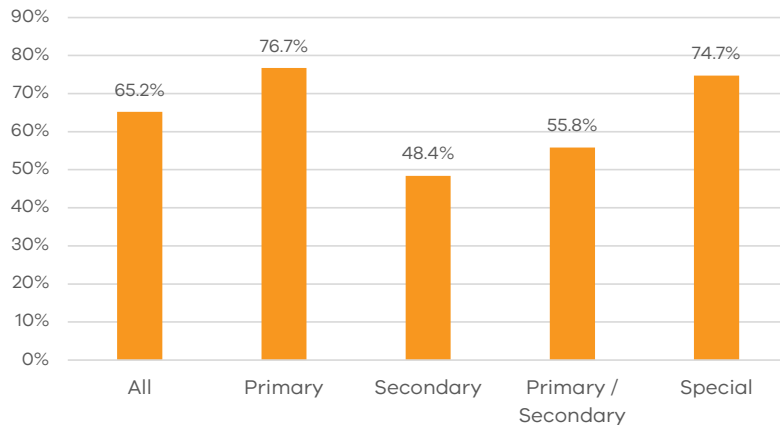
Parents of primary school students in Victorian government schools were more positive about opportunities to be involved in school planning than parents of secondary school students.

Responses from staff in Victorian government schools to the 2015 School Staff Survey show that parent and community involvement in schools varies. Around three-quarters of staff at primary schools and special schools agree or strongly agree that parents and the wider community are involved with the school. Slightly less than half of secondary school staff shared this view (see Figure 42).

Evidence suggests that principals and school teachers feel that initial training in how to engage effectively with parents is not adequately preparing teachers:

- a 2009 national survey of 1,545 beginning teachers found that 86 per cent of respondents 'did not think their training adequately prepared them for dealing with difficult parents and colleagues'¹⁰⁸
- a 2013 survey found that 26 per cent of early-career primary teachers and 34 per cent of early-career secondary teachers reported that their course was not helpful in preparing them to involve parents or guardians in the educative process¹⁰⁹
- principals rated only 18 per cent of recent primary graduates and 27 per cent of recent secondary graduates as being 'well prepared' or 'very well prepared' to work with parents and guardians¹¹⁰
- an Australian Institute for Teaching and School Leadership (AITSL) pilot program evaluation found that teachers commonly believe that graduate teachers are 'more reactive to situations, students and parents, rather than pro-active' and are 'sometimes fearful of parents and uncertain how to engage and communicate with them'.¹¹¹

Figure 42: Proportion of school staff who feel that parents and community are involved with their school by school type, 2015



Source: DET, School Staff Survey, 2015

Experiencing social exclusion tips the scales towards vulnerability

Social exclusion is a broad concept used to describe social disadvantage and lack of resources, opportunity, participation and skills.¹¹² A feeling of disconnection from the broader community forms part of the concept of social exclusion.

As noted above, most parents report having good access to informal supports (VCHWS, 2013). However, a small proportion of Victorian parents report that they do not have someone to turn to or that they are unable to get support in a time of crisis. Social exclusion can have a major impact on the outcomes of children. A recent study by the AIHW found that children living in areas with a high risk of social exclusion (based on factors including socio-economic circumstances, education, connectedness, housing and health service access) have worse health outcomes than other children.¹¹³ The study found that areas with a relatively high risk of child social exclusion also had relatively high average rates of potentially preventable hospitalisations (PPHs). This was the case in both remote and non-remote areas.

Sophie, 7 years





The broader factors related to social exclusion include lack of resources and a feeling of disconnection from the community. Available data provides insights into some aspects of social exclusion, such as:

- 20.5 per cent of young people reported going to school or bed hungry because there was not enough food in the house (About You, 2014)
- 45.4 per cent of Year 7–9 students reported not feeling socially connected or not getting along with their peers (AtoSS, 2015)
- 58.4 per cent of young people did not think they could access mental health services if they needed them (About You, 2014).

Other evidence is more positive. The 2014 About You survey found that most young people (93 per cent) reported feeling connected to their peers. Connectedness to peers increased with year level, from 91 per cent in Year 5, to 94 per cent in Year 8 and 97 per cent in Year 11.

This sense of connection is an important protective factor for learning, development and wellbeing. Peer acceptance can reduce the negative impact of disadvantage, household conflict and violence and harsh discipline.

Almost all girls had at least one close female friend (97 per cent) and 82 per cent had at least one close male friend. Boys were slightly less likely to have close friends, but most had at least one close male friend (94 per cent) and 78 per cent had at least one close female friend.

Strong communities can tip the scales towards positive development. While the majority of parents, families, children and young people have social supports and feel connected to others, or to their community, early childhood services and schools have an important role to play in identifying the small numbers who are at risk of falling through the cracks and ensuring they are connected to effective support.

SUMMARY



Parents have a strong and long-lasting influence on their children.



Parenting is a skill that can be taught and learnt and it should focus on developing a child's capacity to meet developmental goals—it is about more than being happy.



There is a role for public policy in building parental skill and confidence.



Confident parents engage with their children's education and set expectations



A healthy family environment of warmth and involvement instils prosocial behaviour in children; anger and conflict promote problem behaviour.



Parental mental health and wellbeing issues tip the scales towards vulnerability.



Supported playgroups can restore balance in disadvantaged families.



Connection to a school community makes families stronger.



Counselling can assist parents through periods of uncertainty and difficulty.



Social inclusion is a protective factor; for some parents involvement with their child's school promotes connection.



Early childhood services and school have an important role in identifying children at risk.

CONCLUSION

The *State of Victoria's Children Report* presents an evidence base about how Victoria's children and young people are faring. As measured against government objectives, most are doing well. But there are significant challenges. The evidence presented here shows that many complex factors, mainly relating to disadvantage, tip the scales against good health, wellbeing and achievement.

Much of what is presented here is not new. We know that quality early education and care sets children up for stronger lifelong development, and while the majority of Victorian children benefit from this, some continue to miss out. We also know that these are often the children who need it the most, and who go on to present at school with developmental vulnerabilities.

We know how important a supported and supportive family can be to a child or adolescent's health and wellbeing, and how important parental mental health and wellbeing is for a child living at home. We also know the negative impacts for children living in an unhealthy family environment or a family which experiences social exclusion, and how important early childhood services, other health services and schools are in identifying those at risk of falling through the cracks, and connecting them to effective supports. We know that family violence, child abuse or neglect tip the scales towards vulnerability, and that more Victorian children are being affected by family violence and entering the child protection system. We also know that children can, and do, recover.

This report supports the view that there are areas that might be sensibly prioritised by targeted government interventions likely to mitigate risk factors and encourage positive development. Through the Education State agenda and the ***Roadmap for Reform***, Victoria is aiming to improve outcomes for all children, with a particular focus on early intervention and addressing vulnerability and disadvantage.

Early childhood development is at the heart of the Victorian Government's vision for the Education State. Consultations during 2015 highlighted the importance of increasing community understanding of early childhood, giving parents and carers more support with parenting, prioritising early intervention for families and children experiencing vulnerability and disadvantage, earlier and increased engagement in learning, and investing in workforces and quality facilities.

The ***Roadmap for Reform*** will change the way children, young people and families who are experiencing vulnerability are supported, including children in child protection and out-of-home care. It will provide more timely and effective interventions. This reform is responding to an identified need to extend and strengthen the universal platforms that underpin a good start in life, including MCH care, early childhood education and care and parenting programs.

These two reform platforms will be complemented by the ***10-Year Mental Health Plan***. This plan will guide effort and resources into promoting positive mental health for all Victorians and improving the health and wellbeing of those living with a mental illness, their families and carers.

The Government's response to and implementation of the Royal Commission into Family Violence will also be critical for the health, wellbeing and achievement of children and young people.

Together this suite of reforms will provide much needed additional support to children, young people and families who are experiencing vulnerability, and begin to tip the scales in the right direction.

ACRONYMS

ABS	Australian Bureau of Statistics	LSAY	Longitudinal Surveys of Australian Youth
AEDC	Australian Early Development Census	MCH	Maternal Child Health
AIFS	Australian Institute of Family Studies	MDI	Middle Years Development Instrument
AIHW	Australian Institute of Health and Welfare	NAPLAN	National Assessment Program—Literacy and Numeracy
AITSL	Australian Institute for Teaching and School Leadership	NCVER	National Centre for Vocational Education Research
ATAR	Australian Tertiary Admissions Rank	NMS	National Minimum Standard (for NAPLAN)
AToSS	Student Attitude to School survey	NQS	National Quality Standards
CALD	Culturally and Linguistically Diverse	OECD	Organisation for Economic Cooperation and Development
CHS	Community Health Services	OOHC	Out-of-Home Care
CLASS	Classroom Assessment Scoring System	PEDS	Parental Evaluation of Developmental Status
COAG	Council of Australian Governments	PISA	Programme for International Student Assessment
DDH	developmental dysplasia of the hip	RTO	Registered Training Organisation
DET	Department of Education and Training	SDQ	Strengths and Difficulties Questionnaire
DHHS	Department of Health and Human Services	SEHQ	School Entrant Health Questionnaire
ECEC	early childhood education and care (services)	SEIFA	Socio-Economic Indexes for Areas
ECIS	Early Childhood Intervention Service	SES	Socio-economic status
EHLS	Early Home Learning Study	SOVC	The State of Victoria's Children
FASDs	foetal alcohol spectrum disorders	VAAF	Victorian Aboriginal Affairs Framework
HCC	Health Care Card	VCAMS	Victorian Child and Adolescent Monitoring System
HIPPY	Home Instruction Program for Preschool Youngsters	VCHWS	Victorian Child Health and Wellbeing Survey
IRSD	Index of Relative Socio-economic Disadvantage	VPHS	Victorian Population Health Survey
LBOTE	Language Background other than English		
LGAs	Local Government Areas		

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Back cover: Leo, 20 months

Daisy, 4 years



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