



# GROWING UP IN G21

## 2021

G21 - GEELONG REGION ALLIANCE





## Foreword

On behalf of the Growing Up in G21 Steering Group, we are pleased to present to you *Growing up in G21 – The health and wellbeing of children 0–8 years in the G21 Region (2021)*. The report's focus on **early years** arose from *Growing up in G21 (2011)*, with a view to understand and analyse trends over time and reflect on how well our young people are going as a region. This document began with a range of strategic engagement with key regional early years staff, Department of Health and Human Services and the Department of Education and Training.

The Growing Up in G21 Steering Group led the development of this report. This involved reflecting on the last decade and examining how a regional

understanding of our children's health and wellbeing would contribute to broader planning and assist in developing service delivery. This report is a marker-in-time, providing a snapshot of our region's current vital statistics. It provides insight into the effects of the COVID-19 pandemic, as well as other key events and legislative reform that has had an impact on the way services are delivered to our children.

The health, development and safety of our children is fundamental to the overall wellbeing of our communities. This report is an opportunity as a region to understand some of the major challenges for our youngest children, from newborn to 8 years old, in growing up in our G21 communities, as well as to recognise

where their health, happiness and development is achieving desirable results. There are several indicators that suggest our children are doing well; however, there are other areas that raise some concern and present us with imperative actions for improvement. The report has intentionally focussed on the 0–8 years old age group as this aligns with international, national and state frameworks about Early Years.

It is hoped that it will also strengthen our collective resolve to provide the optimal conditions and supportive environments that contribute to having the healthiest, happiest and most engaged children living in our communities.

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## Thank you to

Growing Up in G21 Steering Group; Grant Boyd, CEO at Bethany Community Services, Rhona Pedretti, Manager Family Services at City of Greater Geelong, Lisa Letic, Director Community Services at Golden Plains Shire, James McDonald, Coordinator Environmental and Public Health at Borough of Queenscliffe, Ian Seuren, General Manager Development and Community Services at Colac Otway Shire, Jill Moodie, Manager Community Strengthening at Surf Coast Shire, Zoe Barnett, Director Health and Wellbeing at G21 – Geelong Region Alliance.

Frank Giggins, who compiled and prepared the final report for production.

Roger Hastrich, who undertook community consultation during the formative stages of the work.

Deakin University Health Promotion Students, who assisted in the preparation of data and information during the formative stages of the work.

*G21 acknowledges our region's Traditional Owners, the Wadawurrung and Eastern Maar people who have cared for this land for thousands of years. Sharing the beauty and joy of these lands and waterways is a privilege; we pay our respects to their Elders past, present and future.*



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## Executive Summary

*“A society that is good to children is one with the smallest possible inequalities for children, with the vast majority of them having the same opportunities from birth for health, education, inclusion and participation.”<sup>1</sup>*

The information contained in this publication provides a snapshot in time, based on available data which reflects the profile, progress and development of children and their families within the G21 region as measured against multiple indicators.

For the most part the information contained within *Growing up in G21 (2021)* demonstrates that outcomes for children throughout the region reflect positively and indicate children are doing well. However, there are some indicators and measures where there are significant variations and disparities, with results for children across different LGAs and communities which indicate poorer outcomes and little (if any) positive change over time.

There are a number of key themes that have emerged from an analysis of the data. These include:

### Disadvantage

Based on the 2016 ABS Census of Population and Housing over 1 in 3 (33.4%) children aged 0-9 years are living in communities that have an Index of Relative Socio-economic Disadvantage (IRSD)<sup>2</sup> score below the average for the G21 region. This equates to a population of 12,857 children living in the region's most disadvantaged communities.

Some of the regions' local communities are amongst the lowest in the country for outcomes on the Australian Early Development Census (AEDC), indicating a high level of vulnerability amongst young children at school entry based on the AEDC measures.

### Population Growth

The G21 region is increasingly attracting young families and is one of the fastest growing regions in Victoria. Since 2011, the number of young children aged 0-9 years has increased by 9,406 (26.5%<sup>></sup> based on population estimates at the year 2021) with a current population of 44,940 children across the G21 region.

Future population growth estimates predict the population of children aged 0-9 years will grow to 60,131 or 33.8% by the year 2036, an increase of 15,191 children on top of the current population. This will inevitably create the need to substantially increase the facilities and services available for young children and families in areas of key growth and development.

Workforce increases will also be required for new and additional services, including the challenges of training, recruitment, support and retention of staff who are working within an environment of growing service and regulatory requirements and dealing with complex child and family needs and issues.

As the service system grows, so will the need for effective planning and improved linkages across an increasing diverse range of stakeholders to deliver a more coordinated approach and integration, to enable families to effectively navigate extraordinarily complex health, education and community support service systems.

### Mental Health

The COVID pandemic has heightened the focus on the mental health of children and families. Current research indicates that nearly one in five Australian children have experienced disruptive behaviours, disturbed sleep, or symptoms of anxiety or depression amid the pandemic restrictions. Similarly, one in five parents also struggled with moderate to severe anxiety, depression, or stress symptoms. The good news is that 80% of Australian children aged 1 to 5 years are generally doing well and adapting to the various changes and showing positive mental health and still achieving their developmental milestones.<sup>3</sup>

Nevertheless, the data collated prior to the COVID outbreak from the 2019 School Entrant Health Questionnaire (SEHQ) completed by parents at school entry, indicates that 47% of parents across the G21 region thought their children were at high or moderate risk of developmental or behavioural problems. The same data also identified that 9.4% of families within the G21 region had experienced high or very high stress in the month prior to the survey, compared with an average of 8.3% for Victoria.

Research has identified that children whose mothers experienced moderate or high levels of psychological distress were more likely to be at an increased risk of social-emotional difficulties at every age. Children's social-emotional wellbeing is promoted when parents receive support to achieve and maintain good mental health and to implement warm and consistent parenting practices, especially during difficult circumstances.<sup>4</sup>

<sup>1</sup> Stanley, F., Richardson, S., & Prior, M. (2005). *Children of the lucky country? How Australian society has turned its back on children and why children matter*. Pan Macmillan Australia Pty Ltd.

<sup>2</sup> The Index of Relative Socio-economic Disadvantage (IRSD) is a general socio-economic index that summarises a range of information about the economic and social conditions of people and households within an area. Unlike the other indexes, this index includes only measures of relative disadvantage. A low score indicates relatively greater disadvantage in general.

For example, an area could have a low score if there are: many households with low income, many people with no qualifications, or many people in low skill occupations. 2033.0.55.001 - Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia, 2016

<sup>3</sup> <https://www.childrens.health.qld.gov.au/covid-19-unmasked>

<sup>4</sup> Children's social-emotional wellbeing. The role of parenting, parents' mental health and health behaviours. P. Rioseco, D. Warren, G. Daraganova. AIFS Working Paper – Mar 2020



## What does the data tell us?

Where available and applicable, data for specific LGAs, the G21 region and Victorian averages are provided for each indicator. Where local data has not been readily available, Victorian state-wide data has been included where this may add to the understanding of children’s health and wellbeing.

It is recommended that data from this report should be used in combination with other research, including consultation with local and regional service providers and community agencies.

Data for locations and population groups with smaller population numbers should be interpreted with caution. Numerous agencies, including the Australian Bureau of Statistics (ABS) either use random errors for small numbers to ensure privacy of individuals is protected or avoid publication of data, as is the case with the Australian Early Development

Census for areas with small populations of children. For this reason, small numbers (e.g. under 20) should be analysed carefully and where used, referred to only as an approximate and relative guide.

While data was correct and current at the time of writing, much of the information contained in this profile is subject to regular. When interpreting data, readers are urged to refer to the original source of the data where possible, rather than relying on the information published in this report.

There are a total of 68 indicator measures that have been included in the following data profile summary and the sections that follow. The trends column compares **current outcomes** with data from **previous reporting period**.

## Summary of outcome measures

Section	No.	Measure	VIC Avg	G21 Region Avg	Trend*
Population Demographics	1.	Children aged 0-4 years as proportion of population (2016)	6.3%	6.1%	▼
	2.	Children aged 5-9 years as proportion of population (2016)	6.2%	6.3%	-
	3.	Households with children (2016)	41.5%	39.0%	▼
	4.	Couple families with children (2016)	31.4%	28.6%	▼
	5.	Single parent families with children (2016)	41.4%	39.0%	▼
	6.	Proportion of children aged 0-4 years ATSI population (2016)	11.5%	12.0%	-
	7.	Proportion of children aged 5-9 years ATSI population (2016)	11.0%	12.0%	-
	8.	Proportion of children aged 0-4 years from a NESB (2016)	4.7%	5.7%	▲
	9.	Proportion of children aged 5-9 years from a NESB (2016)	5.2%	6.0%	▲
	10.	Children aged 0-4 years born overseas (2016)	4.5%	2.2%	-
	11.	Children aged 5-11 years born overseas (2016)	10.4%	5.3%	-
	12.	Families with children where both parents are not working (2016)	19.5%	23.4%	-
	13.	Proportion of mothers in the workforce	67.5%	70.6%	-
Early Childhood and Maternity	14.	Annual fertility rate (2019)	1.63%	1.98%	-
	15.	Teenage birth rate per 1,000 population (2019)	9.5%	5.58%	▼
	16.	Low birthweight births (2019)	6.9%	5.6%	-
	17.	Premature births (2019)	8.3%	7.5%	▼
	18.	Mothers smoking during pregnancy (2019)	7.7%	5.0%	▼
	19.	Children who are breastfed at 3 months (2017-18)	49.9%	60.1%	▲



	20.	Children who are breastfed at 6 months (2017-18)	22.0%	30.6%	▼
	21.	Proportion of mothers receiving a MCH home consultation (2017-18)	100.1%	92.2%	▲
	22.	Proportion of children receiving 3.5-year MCH consultation (2017-18)	64.2%	72.2%	▲
	23.	Proportion of Aboriginal mothers receiving a MCH home consultation (2017-18)	97.9%	86.3%	▲
	24.	Proportion of Aboriginal children receiving 3.5-year MCH consultation (2017-18)	61.1%	55.6%	▲
	25.	Proportion of children fully vaccinated at 1 year (12-15 months)	95.0%	95.3%	▲
	26.	Proportion of children fully vaccinated at 2 years (24-27 months)	92.2%	95.4%	▲
	27.	Proportion of children fully vaccinated at 5 years (60-63 months)	96.1%	96.6%	▲
<b>Children's Health and Wellbeing</b>	28.	Children reported to be in Excellent or Very Good Health (SEHQ 2019)	83.6%	88.2%	▼
	29.	Children reported to have Allergies (SEHQ 2019)	8.3%	8.5%	▼
	30.	Children reported to have been told by a doctor they have Asthma (SEHQ 2019)	10.6%	11.8%	▲
	31.	Children reported to have difficulties with Speech and/or Language (SEHQ 2019)	15.0%	14.6%	▲
	32.	Parents concerned about the Behaviour of Their Child (SEHQ 2019)	14.9%	15.8%	▼
	33.	Children at High Risk of Developmental or Behavioural Problems (SEHQ 2019)	22.2%	19.0%	▼
	34.	Children at Moderate Risk of Developmental or Behavioural Problems (SEHQ 2019)	28.0%	28.0%	▼
	35.	Families experiencing High or Very High Stress (SEHQ 2019)	9.0%	9.4%	▲
	36.	Children reported to have been seen by an Optometrist (SEHQ 2019)	16.9%	15.7%	▼
	37.	Children reported to have been seen by a Paediatrician (SEHQ 2019)	12.6	14.4%	▲
	38.	Children reported to have been seen by a Dentist (SEHQ 2019)	52.1%	62.7%	▼
	39.	Children reported to have been seen by an Audiologist/Hearing Specialist (SEHQ 2019)	7.7%	7.9%	▼
	40.	Proportion of children Vulnerable Physical Health and Wellbeing (AEDC 2018)	8.2%	8.4%	▼
	41.	Proportion of children Vulnerable Social Competence and Wellbeing (AEDC 2018)	8.8%	8.0%	-
	42.	Proportion of children Vulnerable Emotional Maturity (AEDC 2018)	8.1%	8.2%	▼
	43.	Proportion of children Vulnerable Language and Cognitive Skills (AEDC 2018)	6.4%	6.0%	▼
	44.	Proportion of children Vulnerable Communication and General Knowledge (AEDC 2018)	7.4%	5.0%	▲
	45.	Proportion of children Vulnerable on One or More Domains (AEDC 2018)	19.9%	18.8%	▼
	46.	Proportion of children Vulnerable on Two or More Domains (AEDC 2018)	10.1%	8.7%	▲
	47.	Potentially Preventable Hospitalisations for Dental Conditions Children 0-9 Years	9.0%	9.4%	▲
	48.	Parents concerned about their child's Oral Health (Teeth and Gums)	15.3%	13.3%	▲



Early Learning and Care	49.	Kindergarten participation rate (2019)	91.8%	100.3%	▲
	50.	Children who attended preschool year prior to school (AEDC) 2018	96.4%	97.9%	▲
	51.	National Quality Standard Rating (NQS) Proportion of ECEC Services Rated as 'Exceeding'	31.0%	44.4%	▲
	52.	Proportion of people providing Unpaid Child Care 2016 (based on Usual Residence)	27.4%	29.3%	▲
	53.	Proportion of Males Providing Unpaid Care to Their Own or Other Children (2016)	23.7%	25.5%	▲
Primary School Education	54.	Average percentage of primary school enrolments who are from ATSI background (2019)	2.9%	2.2%	n/a
	55.	Average percent of students who speak a language other than English (LBOTE) at home (2019)	24.4%	6.5%	n/a
	56.	Average number of Absence Days per (FTE) students in (Gov.) Primary Schools (2018)	15.3%	15.9%	▼
	57.	Children meeting National Standards in Literacy – Year 3 (2019)	96.6%	97.0%	▲
	58.	Children meeting National Standards in Numeracy – Year 3 (2019)	96.4%	96.6%	▼
Children Growing Up – Risks	59.	Children aged under 16 years living in low-income, welfare dependent families	19.3%	16.1%	▼
	60.	Children aged under 15 years living in a jobless family	10.5%	7.5%	▼
	61.	Low-income welfare dependent families with children	8.4%	6.9%	-
	62.	Jobless families with children aged less than 15 years	10.6	8.0%	▼
	63.	Children in Families where the mother has a Low Education Attainment	12.7%	11.5%	-
	64.	Children 15 or less in dwellings from which the Internet was not accessed (2016)	3.8%	3.8%	-
	65.	Proportion of children in Years 5 & 6 reported to have been bullied	15.9%	18.8%	▼
	66.	Percentage of single parent families in public rented dwellings	7.7%	4.3%	-
	67.	Proportion of Children Aged 0-4 Years with Need for Assistance	1.1%	1.2%	▲
	68.	Proportion of Children Aged 5-9 Years with Need for Assistance	3.2%	4.2%	▲

\* Trends compares **current outcomes** with data from **previous reporting period**.

Colour coding has been used throughout this document to indicate where outcome measures fall above; are similar to; or are below the average rate/outcome in the G21 region.

**Legend:**



Children in the G21 region on average are doing well and performing above the Victorian average.



Children in the G21 region on average are performing equal to or comparable with the Victorian average.



Children in the G21 region on average are performing more poorly and are below the Victorian average.



# Sectoral Development

## Changes in the early years sector

Between 2010 and 2020, there has been significant change in policy, planning and delivery of services for children and families across Victoria.

The following timeline maps some of those key changes:

### 2006

- ABS Census year that provided much of the data for the 2010 report

### 2008

- NAPLAN, the National Assessment Program — Literacy and Numeracy established

### 2009

- Maternal and Child Health Framework developed
- Victorian Early Years Development Framework released

### 2010

- Publication of Early Childhood Community Profiles by the state Education Department – these profiles, one for each local government area in Victoria, provided a comprehensive overview of available data relating to early years

### 2011

- ABS Census year
- Early Start Kindergarten program ensuring two years of kindergarten for priority groups commences

### 2012

- National Quality Standards – Universal Access established

### 2013

- Universal access to 15 hours of preschool for four-year-olds
- NDIS Act passed and Barwon trial commenced

### 2014

- Roadmap to Reform in Out of Home Care developed

### 2015

- Royal Commission into Family Violence completed, including 277 recommendations

### 2016

- Road Map to Reform, strong families, safe children published
- ABS Census year
- Introduction of No Jab- No Play policy
- NDIS Early Childhood Early Intervention (ECEI) program rolled out nationally

### 2017

- Child Safe Standards become operational
- Family Safety Victoria established and Orange Door opens in the region in 2018
- Supported Playgroups – policy and funding guidelines published
- Royal Commission into Institutional Responses to Child Abuse final report published
- Early Years Compact established between the Department of Education and Training, Department of Health and Human Services and local government represented by the Municipal Association of Victoria.
- Child and family violence Information Sharing Schemes established
- Multi-Agency Risk Assessment and Management Framework (MARAM) established
- Reportable Conduct Scheme established

### 2018

- Expansion of Enhanced Maternal & Child Health Program
- Changes to the reporting of crime statistics relating to family violence, to reflect the extent of family violence more accurately – this change has made historical data analysis problematic
- Most recent AEDC data collection period

### 2019

- Review of the Victorian Child Safe Standards completed, resulting in the aligning of Victoria's standards with the National Principles for Child Safe Organisations.
- School Readiness Funding program commences
- Inception of additional professional development opportunities (eg free TAFE courses / scholarships)

### 2020

- Funded three-year-old kinder commenced in some areas
- Commencement of Kindergarten Infrastructure Service Planning to identify the growing needs of the sector

This timeline highlights the dynamic nature of the early years sector. The drive to increase the quality of services, expand access and strengthen the workforce is evident both in the past and at present.

Recent initiatives to further strengthen the sector include COVID related funding initiatives that have impacted significantly on families, by reducing financial barriers in some circumstances. Longer term funding arrangements are still to be finalised.

This summary of initiatives highlights the shared objective to improve the lives of children and families across the region. It is hoped that this report contributes further to the sound planning and delivery of services to children and families in the G21 region.





## 1.0 CONTEXT



# 1.0 Context

*“It is now well established that what happens in the lives of children and young people has consequences – positive and negative – right throughout their life. These have significant impacts on their functioning and opportunities as adults. Society-wide problems such as crime, poor literacy, obesity, heart disease, chronic health problems and welfare dependency often have their origins in the circumstances and environments experienced by children and young people.”<sup>5</sup>*

## G21 - Geelong Region Alliance

The G21 - Geelong Region Alliance is the formal alliance of government, business and community organisations working together to improve the lives of people within a region of five municipalities: Colac Otway, Golden Plains, Greater Geelong, Queenscliff and Surf Coast.

More than 300 representatives of over 190 local organisations, agencies, government, business, community groups and service providers are actively involved in the various activities of G21.

The G21 Health and Wellbeing Pillar is one of the eight G21 Pillars with a specific focus on building strategic partnerships that facilitate real improvements to health and wellbeing in the G21 region. The Pillar is funded by the Department of Health and Human Services (DHHS) to auspice the region’s Primary Care Partnership (PCP). The PCP provides a collaborative platform for primary prevention planning and activity in the G21 region.

The G21 region has a population of around 340,616 (ABS 2019) people and is one of the fastest growing in Victoria, outside the Melbourne metropolitan area. The G21 region covers 8,972 square kms and includes five municipalities: Colac Otway, Golden Plains, Greater Geelong, Queenscliff and Surf Coast.

The overall geography of the G21 region includes a unique blend of coast, mountain, farmland, rainforest and urban landscapes.

The region is increasingly sought after by people seeking a ‘sea-change’ or ‘tree-change’ and is a popular tourist and holiday destination attracting over 6 million visitors.<sup>6</sup>

Communities on the Bellarine Peninsula and along the Surf Coast and Great Ocean Road grow significantly in population during the summer holiday season.

The natural beauty of the Great Ocean Road and the Otway Ranges rain forests attract a significant international tourist trade throughout the year. The G21 region is increasingly attracting young families looking for an ideal environment that provides good access to services, schools, supportive communities and opportunities to raise their children. Since 2011, the number of young children aged 0-9 years has increased by 9,406 (26.5%<sup>7</sup> based on population estimates at the year 2021) with a current population of 44,940 children across the G21 region.



<sup>5</sup> Prof Frank Oberklaid Director, Centre for Community Child Health

<sup>6</sup> City of Greater Geelong Annual Report 2019-20



## Background

Victorian local government has a long history of significant involvement, in the advocacy, planning and provision of services and facilities for young children and their families. All Victorian councils are committed to the aim of providing children in their municipality with the best possible start in life through effective planning, development and provision of services that improve the health, connectedness, education and care of children and their families.

The role of local government in the planning and provision of services for children and families is featured in the Municipal Early Years Plan and the statutory requirements of Municipal Health and Wellbeing Planning. Historical practice, legislative requirements and government policy directions have influenced the role of local government which has led to councils playing a significant and active role in the early childhood service system.<sup>7</sup>

In 2010, the G21 Health & Wellbeing Pillar determined that the health and wellbeing of children across the region was the highest priority for both planning and service provision.

Many parts of the region, particularly Greater Geelong, Surf Coast and Golden Plains were experiencing significant growth of families with young children and there was a concern that the demand for support services would soon be greater than could be provided.

A report was commissioned by the members of the G21 region Health and Wellbeing Pillar which comprised senior representatives from all Councils, the then Department of Education and Early Childhood Development and a range of service providers.

The resulting report – *Growing up in G21 (2011)*<sup>8</sup> provided a comprehensive collation and analysis of available and relevant demographic data as well as education, health and wellbeing data. The final report provided a framework for each of the five G21 municipalities involved to inform the further development of plans and priorities for early childhood services, supports and decisions regarding future needs.

The report also provided a regional planning and advocacy platform from which G21 was able to identify gaps and the G21 Health and Wellbeing Pillar was able to pursue more effective targeted strategies to assist its member agencies (both Councils and service providers).

Ten years later the G21 Health and Wellbeing Pillar have determined to review and update the *Growing up in G21* report and revisit the latest data available to identify what has changed in the intervening ten-year period and how young children are now faring across the G21 region compared with ten years ago.

## COVID-19 Pandemic

This review and update of the *Growing up in G21* profile was developed as Australia along with the rest of the world struggles through the unprecedented implications of the COVID-19 pandemic. It is expected that the economic, health and social impacts of the COVID-19 pandemic will be felt by our community for decades to come, especially amongst those who are the most vulnerable in our communities, including young children.

On 16 March 2020, the Victorian Government declared a State of Emergency in response to the COVID pandemic crisis and a number of times since, placed the State into lockdown, closing schools, restricting travel, gatherings and limiting contact between people to manage outbreaks of the virus and provide the health system with the best opportunity to handle the emergency.

Amongst the over 20,668 confirmed cases<sup>9</sup> of COVID across Victoria recorded to date between April 2020 and June 2021, 1,252 (6.1% of cases) children aged 0-9 years have contracted and recovered from the COVID-19 virus.<sup>10</sup> Across the G21 region there have been 539 confirmed cases to date at the time this publication was drafted.

Clearly the pandemic has significantly disrupted and/or changed the nature of engagement during several lockdown periods for a wide range of programs and service activities including maternal and child health, early childhood education programs, playgroups and school programs. The longer-term consequences of these disruptions are not yet known for children, families, staff, businesses and organisations.

Consultations conducted with children and young people by the Victorian Commission for Children and Young People indicate that while most have managed reasonably well, many children and young people consulted described a negative impact on their mental health and wellbeing.

Loneliness, isolation, disruption of routines and coping mechanisms are being coupled with the stress of remote learning, precarious future employment prospects and unstable housing. Children and young people are also distressed by news and social media, with many having fears for their future. Evidence also suggests that Victorian children and their families who experienced extended periods of lockdown have, perhaps unsurprisingly, been more heavily affected than those in other states and territories.

A recently published study by Curtin University has looked at the impact of COVID-19<sup>11</sup> on the experience of childbirth, found high levels of anxiety in both parents and medical practitioners. Almost a third of women in the study made changes to their plans for birthing because of COVID, with a third not being able to have the support people they wanted at their birth and almost 70% receiving no antenatal education. Women, partners and support persons described a great sense of 'missing out' on health professional and social support. The changes in service

<sup>7</sup> MAV Resource Guide to Municipal Early Years Planning. Municipal Association of Victoria. Nov. 2018

<sup>8</sup> <https://g21.com.au/resource/growing-up-in-g21-the-health-wellbeing-of-children-0-8-years-2011>

<sup>9</sup> A confirmed case is defined as a person who has a positive laboratory test for coronavirus (COVID-19)

<sup>10</sup> <https://www.dhhs.vic.gov.au/victorian-coronavirus-covid-19-data>

<sup>11</sup> Experiences of receiving and providing maternity care during the COVID-19 pandemic in Australia: A five-cohort cross-sectional comparison. Bradfield Z, Wynter K, Hauck Y, Vasilevski V, Kulikukas L, Wilson AN, Szabo RA, Homer CSE, Sweet L. School of Nursing, Midwifery and Paramedicine, Curtin University, Western Australia, Australia. Mar 2021



delivery have left many feeling isolated, anxious and despondent.

There are emerging suggestions from commentators within Australia that the significant levels of service redesign that have been necessary during the COVID-19 pandemic mean that there may be no 'return to normal'. The projection is that the socio-political changes that have occurred so rapidly will result in an altered landscape for the way core services such as health and education are delivered post-pandemic.<sup>12</sup>

## The importance of early childhood

*"Virtually every aspect of human development, from the brain's evolving circuitry to the child's capacity for empathy, is affected by the environments and experiences that are encountered in a cumulative fashion, beginning in the prenatal period and extending throughout the early childhood years".<sup>13</sup>*

Early childhood is a critical period of development and a foundation for health, wellbeing and productivity across the lifespan.<sup>14</sup> The early years influence life expectancy and long-term health, social and educational outcomes and offer an opportunity to address inequities. Early childhood services can play a crucial role in supporting child health and development and children from disadvantaged or vulnerable backgrounds have the most to gain from high quality service support.

The earliest stage of human development - the period from conception to the end of a child's second year - has become known as the first 1,000 days. Due to the significance of this period for future health and developmental outcomes, there has been a growing focus on the first 1,000 days across the early childhood service system.

This is a period of maximum developmental plasticity, when the foundations of optimum health, growth and neurodevelopment across the lifespan are established. While people have recognised the importance of childhood experiences on adult life for a long time, it is only recently that research has revealed the significance of this very early period. New research is rapidly advancing understanding of the biological processes and environmental characteristics that shape development during this time and the significance of this period for future health, wellbeing, learning and development outcomes.<sup>15</sup>

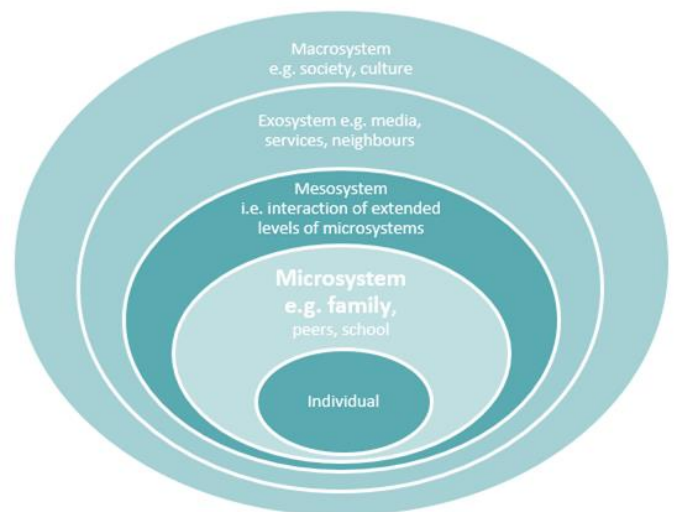
There are many interrelated factors which influence a child's overall development. Education, health, social status, access to quality health and social services, housing, access to stimulating early learning environments, adequate nutrition, clean water and a secure and nurturing parent-child relationship all play a role. Given the importance of the early years in shaping a child's brain development, every child has a right to an enriched and supportive environment in order to reach their full potential.

Bronfenbrenner's ecological systems theory is one of the most accepted explanations regarding the influence of social environments on children's and human development.

This theory argues that the environment you grow up in affects every facet of your life. Bronfenbrenner's ecological systems theory views child development as a complex system of relationships affected by multiple levels of the surrounding environment, from immediate settings of family and school to broad cultural values, laws and customs.

To study a child's development then and understand the influences on their health and wellbeing, it is important to look not only at the child and their immediate environment, but also at the interaction of the larger environment as well.

Figure 1.1: Bronfenbrenner's ecological systems model



Children's health, development and wellbeing can be compromised by many adverse experiences during the prenatal and postnatal periods. Adverse experiences known to be associated with later negative outcomes include sustained poverty; recurrent physical, emotional, or sexual abuse; emotional or physical neglect; parental alcohol or drug abuse; homelessness; parental depression or other mental illness; and family violence.

Cost benefit studies have shown that prevention and early intervention in the earliest possible stages of children's lives are the most cost-effective and provide significant social and economic dividends. James Heckman, a Nobel prize-winning economist, concludes that gaps in children's performance levels open up early and stay mostly constant after eight years of age – beyond that age, school environments can only play a small role in reducing these differences. Intervention for disadvantaged environments in the early years becomes progressively more costly (and less effective) as children grow older.

<sup>12</sup> Fortwengel J. Coronavirus: three ways the crisis may permanently change our lives. The Conversation. 2020.

<sup>13</sup> Shonkoff, J., Phillips, D. (Eds.) (2000) From Neurons to Neighbourhoods: The Science of Early Child Development. (National Academy Press; Washington DC, 2000)

<sup>14</sup> World Health Organisation, Early Childhood Development, World Health Organisation, Nurturing Care for Early Childhood Development.

<sup>15</sup> The First Thousand Days: An Evidence Paper – Summary. Prepared by: Dr. T. Moore, N. Arefadib, Dr. A. Deery, M. Keyes, S. West. Centre for Community Child Health. Sep 2017



The analysis of the evidence, led Heckman to conclude that ‘the most economically efficient way to remediate the disadvantage caused by adverse family environments is to invest in children when they are young’. *“The rate of return for investment in quality early childhood education is 7-10% per annum through better outcomes in education, health, sociability, economic productivity and reduced crime.”*<sup>16</sup> This is illustrated in Figure 1.2.

The development of this iteration of *Growing up in G21 (2021)* has been influenced by the ecological model and economic underpinning as referred to above. Data has been gathered from a broad range of sources that taken together provides a comprehensive picture of the health, wellbeing and development of young children across the G21 region and their families.

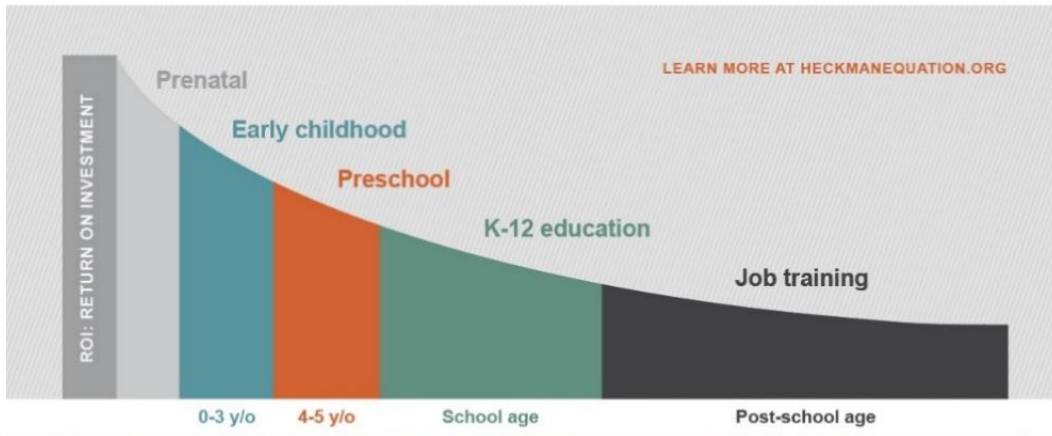


Figure 1.2 Rates of Return to Human Capital Investment (Heckman)

## Data framework

*“The role of data in shaping policy and establishing priorities for governments has never been more critical. Systematic monitoring of the health, development and wellbeing of children and adolescents both as a population and in particular, within more vulnerable populations, is fundamental to the capacity of the government to make sound choices.”*<sup>17</sup>

The selected data contained in *Growing up in G21 (2021)* is publicly available. The profile presents information relating to a broad range of selected demographic characteristics that are consistent with the ecological model referred to above and the Victorian Child and Adolescent Monitoring Framework as referred below.

In acknowledgement of the extensive body of data that is of potential value and interest to readers, Appendix 4 references a range of data sources that have been used and/or consulted in the preparation of this document and the information that has

been included. The Victorian Child and Adolescent Monitoring System (VCAMS) is a whole of government approach to monitoring and reporting how Victorian children are faring. VCAMS assists communities to make decisions by bringing together evidence and data to track progress in ensuring children reach their full potential.

The Victorian Child and Adolescent Outcomes Framework comprises 35 outcomes for Victoria’s children which are known to be of most importance to their present and future lives. The outcomes not only relate to the child but recognise the context in which a child lives is fundamental and it also measures the influence of the family, community and society. The VCAMS portal enables the user to view data at a Local Government Area (LGA) or regional area, where available and at state level.<sup>18</sup>

<sup>16</sup> Heckman, J.J. (2000). *Invest in the Very Young*. Chicago, Illinois: Ounce of Prevention Fund and the University of Chicago Harris School of Public Policy Analysis.

<sup>17</sup> Information for action: Developing the Victorian Child and Adolescent Monitoring System (VCAMS) Goldfeld, Sharon & Cleary, J.E. & Gabriel, S & D, Siemon. (2008). 15. 19-23.

<sup>18</sup> <https://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx>

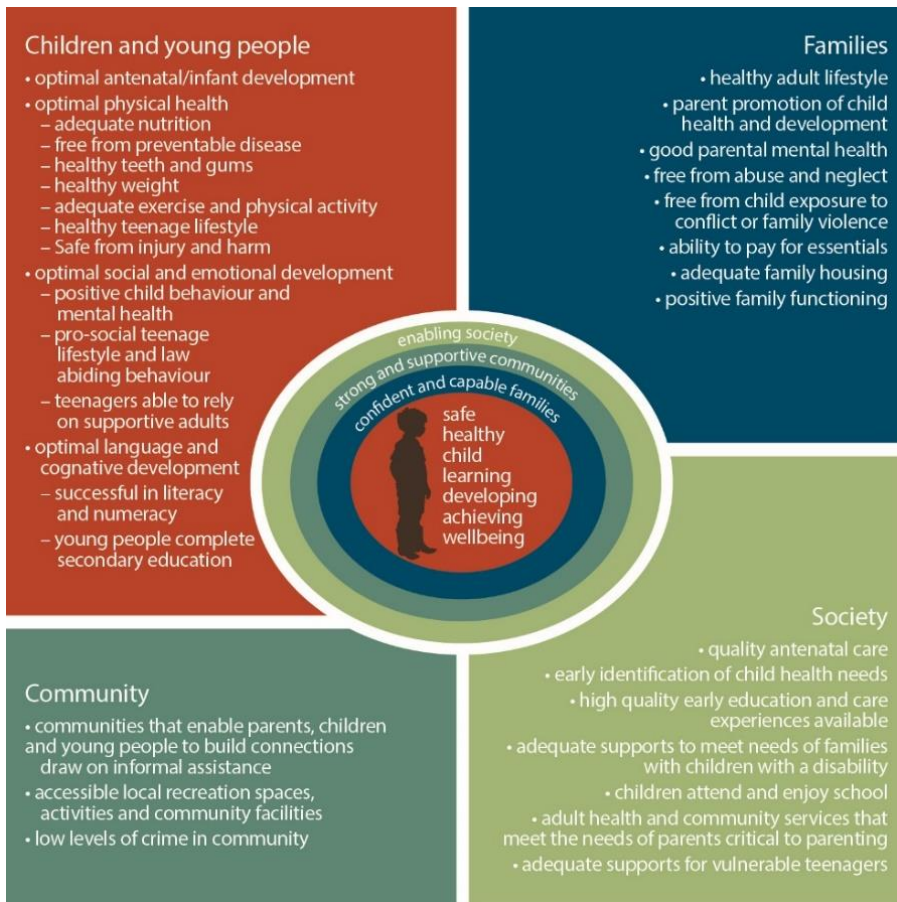


Figure 1.3 Victorian Child and Adolescent Monitoring System (VCAMS) Outcome Framework

In addition to the VCAMS Framework the Children’s Headline Indicators (CHI) are a set of 19 indicators endorsed by Australian governments in 2008 (first reported in 2009).<sup>19</sup>

They are high level, measurable indicators that identify the immediate environments as particularly important to children’s health, development and wellbeing and are designed to focus the policy attention of Governments on identified priority issues

for the health, development and wellbeing of children aged 0–12.

The indicators assist in guiding and evaluating policy development by measuring progress on areas that are potentially amenable to change over time through prevention or early intervention.

Table 1.4 Children’s Headline Indicators

Health	Early Learning and Care	Family and Community
1. Smoking during pregnancy	9. Early childhood education	14. Teenage births
2. Infant mortality	10. Transition to primary school	15. Family social network
3. Low birthweight	11. Attendance at primary school	16. Family economic situation
4. Breastfeeding	12. Literacy	17. Child abuse and neglect
5. Immunisation	13. Numeracy	18. Social and emotional wellbeing
6. Overweight and obesity		19. Shelter
8. Injury and deaths		

<sup>19</sup> <https://www.aihw.gov.au/reports/children-youth/childrens-headline-indicators/contents/overview>



## Legislation and policy context

Local government has a key legislated leadership role in working with stakeholders to plan for their municipality. Its planning role in the early years is recognised by both the Victorian and Australian Governments. Through Municipal Early Years Plans, local government provides a framework and strategies to guide Councils, in working with community partners for and with children and families from birth through to 8 years.

Municipal Early Years Planning supports a focus on encouraging a partnership approach, where all community partners can work towards shaping and focusing on the local needs and priorities for early childhood and develop strategic alignments across Council and communities to achieve optimal health, development and well-being for all children.

The work of and focus of local government in strengthening support for children and families occurs within the context of a broad range of legislative requirements and strategic government policy directions at state, national and international levels. These policies have been referenced in this document in Appendix 3 and provide an important backdrop to the objectives of strengthening the early development, health and wellbeing of children and families.

The *Victorian Early Childhood Reform Plan*<sup>20</sup> outlines the Victorian Government's vision for early childhood and the reforms to be undertaken in order to create a higher quality, more equitable and inclusive early childhood system. The reform plan has a particular focus on ensuring children are 'school ready' and will deliver additional supports where concerns about family violence or other significant challenges are identified.

A Compact Agreement between DET, DHHS and the MAV (representing local government) provides the basis for working together more collaboratively. The overall strategic priorities of the Compact are: driving better outcomes; a more coherent and empowering early years system; stronger place-based governance and planning; promoting early childhood; supporting service quality; and more inclusive services.

*Ending Family Violence: Victoria's Plan for Change*<sup>21</sup>, is the Victorian government's response to the Royal Commission into Family Violence. The plan sets out a long-term vision for addressing the significant impact that family violence has on the Victorian community, in particular women and children. Reforms as part of the plan range from legislative changes and new government agencies to increased investment in and new avenues to accessing services for affected families. The plan is a key instigator for child and family services system changes outlined in the Roadmap for Reform.

The *Roadmap for Reform: Strong Families, Safe Children*<sup>22</sup> outlines the vision for changing the Victorian child and family services system so that it provides earlier, more connected supports to those experiencing vulnerability and disadvantage, through a greater focus on the needs of individual families and

tailored approaches to delivering services. Its three key reform directions are: building supportive and culturally strong communities and improving access to universal services; supporting children, young people and families in need with integrated wraparound supports and targeted early interventions; strengthening home-based care and improving outcomes for children and young people in out-of-home care.

In an Australian-first, the Victorian Government is investing \$5 billion over the next decade to deliver two years of funded kindergarten for all Victorian children, with the roll-out of Three-Year-Old Kindergarten commencing this year. In conjunction with the new initiative the government has committed \$1.68 billion over 10 years to support the reform's required infrastructure expansion to meet the demand for three-year-old enrolments and population growth. Funded Three-Year-Old Kindergarten is being delivered over three stages with Colac Otway Shire targeted in the first stage with families now able to access up to 15 hours of funded kindergarten each week.

From 2022, three-year-old children across the rest of state will have access to 5 hours of a funded kindergarten program each week. The hours will then increase to 15 hours a week for 40 weeks of the year by 2029.

*Building Blocks* is the Victorian Government's planning and funding program to target delivery of early childhood infrastructure to meet the increasing and changing needs of the Victorian population. This includes strengthened partnerships with local councils and other kindergarten providers, delivering a grants program to assist with the costs of providing additional infrastructure and construction and delivery of new kindergartens on or next to school sites.

Every new Victorian primary school set to open from 2021 will have a kindergarten on-site or next door. Having kindergartens and schools on the same site also helps create a hub that benefits the whole community.

At a national level, the National Quality Framework (NQF)<sup>23</sup> provides a uniform approach to the regulation, assessment and quality improvement for all early childhood education and care and outside school hours care services across Australia. The NQF aims to improve the educational and developmental outcomes for children attending education and care services and promote continuous improvement in service quality.

The major benefits for parents and children include:

- improved educator to child ratios, ensuring children have greater individual care and attention,
- a more highly skilled workforce with educators,
- better support for children's learning and development through approved learning frameworks,
- consistent, transparent information on educators, providers and services in the national registers,
- improved accountability through routine assessment and reporting processes.

<sup>20</sup> <https://www.education.vic.gov.au/Documents/about/educationstate/ec-reform-plan.pdf>

<sup>21</sup> <https://www.vic.gov.au/ending-family-violence-victorias-10-year-plan-change>

<sup>22</sup> <https://www.dhhs.vic.gov.au/sites/default/files/documents/201905/Roadmap-for-Reform-children-and-families-May-2018.pdf>

<sup>23</sup> <https://www.acecqa.gov.au/national-quality-framework>



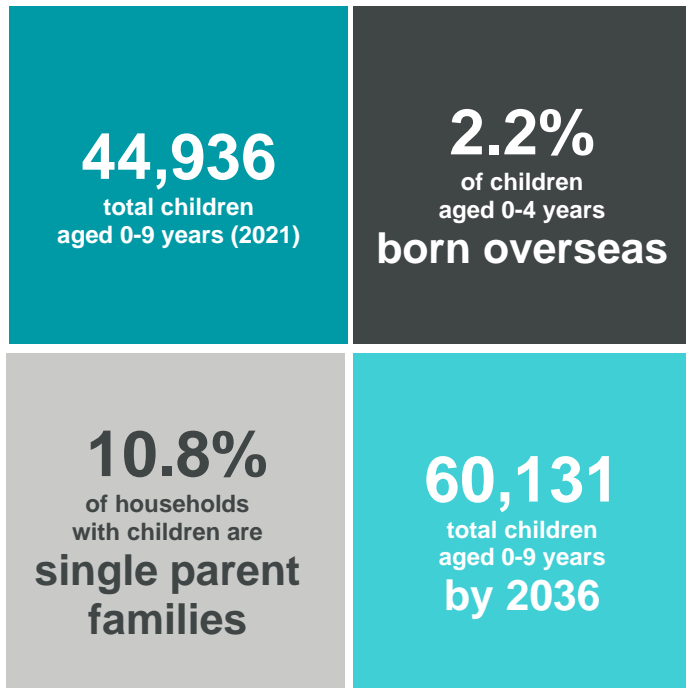
## 2.0 POPULATION DEMOGRAPHICS





## 2.0 Population Demographics

*“Children are one third of our population and all of our future.”<sup>24</sup>*



In the 12 months to 30 June 2019, Geelong grew faster than any of the top 20 largest (by population) 'significant urban areas' within Australia, at 2.8%. Increasingly, the G21 region is sought after as a place for families to raise children and for those people seeking a change from living in metropolitan environments and other regions.

The total population for the G21 region (based on usual residence count) at the time of the 2016 Census was 308,340, compared to 278,858 in 2011. This represents a population change of 29,482 persons, or an annualised rate of 2.03%.

Almost twenty years ago, the population of children aged 0-9 years across the G21 region was 33,059 (according to the 2001 ABS Census data – the G21 region had 15,658 children aged 0-4 years and 17,401 children aged 5-9 years).

In 2016, the population of children aged 0-9 years had risen by 5,392 children, or an increase of 16.3% to a population of 38,451 children (18,880 children aged 0-4 years and 19,571 children aged 5-9 years).

The number of children aged 0-9 years living in the G21 region in the current year 2021, is estimated to have grown further to a population of 43,620 children.

While the number of children aged 0-4 years and 5-9 years across most part of the G21 region has increased over the period since 2001, the population of children in Colac Otway Shire (<9.3%) and Borough of Queenscliffe (<39.1%) has declined over the period between 2001-2016.

Table 2.1 Number of Children Aged 0-4 and 5-9 Years by LGA and Census Period (2001-2016)

Census LGA	2001		2006		2011		2016	
	0-4	5-9	0-4	5-9	0-4	5-9	0-4	5-9
COS	1,286	1,539	1,203	1,357	1,229	1,289	1,166	1,267
GPS	999	1,236	1,120	1,367	1,297	1,504	1,429	1,747
CGG	11,868	12,934	11,922	12,619	13,067	12,755	14,347	14,320
BOQ	128	191	129	168	127	124	78	114
SCS	1,395	1,527	1,498	1,515	1,856	1,900	1,860	2,123
G21 Region	15,658	17,401	15,867	17,030	17,580	17,569	18,880	19,571

Source: ABS Census Population and Housing, Time Series Profile

Overall, the G21 region had a slightly smaller proportion of children in the 0-4 years age group (6.1%) compared with the Victorian average (6.3%) relative to total population. Amongst children aged 5-9 years, the G21 region had a slightly higher proportion (6.3%) compared with the Victorian average of (6.2%).

While the G21 region had a lower proportion of children aged 0 to 4 years, compared to Victoria, it is important to note that this varied across different municipalities.

Proportions ranged from a low of 2.7% in Borough of Queenscliffe to a high of 6.6% in Golden Plains Shire. Amongst children aged 5-9 years again proportions ranged from a high of 8.1% in the Golden Plains Shire to 4.0% in the Borough of Queenscliffe.

<sup>24</sup> Select Panel for the Promotion of Child Health, 1981



**Table 2.2 Proportion of Population Children 0-4 and 5-9 Years by LGA (2006-2016)**

LGA	0-4 Years			5-9 Years		
	2006	2011	2016	2006	2011	2016
COS	5.9	6.1	5.6	6.7	6.3	6.0
GPS	6.8	6.9	6.6	8.3	8.0	8.1
CGG	6.0	6.2	6.1	6.4	6.0	6.1
BOQ	4.2	4.1	2.7	5.6	4.1	4.0
SCS	6.9	7.2	6.3	7.0	7.3	7.2

Unsurprisingly, amongst the region’s children aged 0-9 years, the majority (74.6%) live within the City of Greater Geelong; followed by Surf Coast Shire (10.4%); Golden Plains Shire (8.3%); and Colac Otway Shire (6.3%).

Only 0.5% of the region young children lived within the Borough of Queenscliffe in 2016, or a total of 192 children aged 0-9 years.

Based on the 2016 ABS Census the most populated suburb for children aged 0-9 years in the G21 region was Highton with a total of 2,455 children, followed by Lara and Torquay.

The following Table 2.3 indicates the suburbs in the G21 region with the largest number of children aged between 0-9 years. Combined, these 14 suburbs account for almost 60% (56.9%) of the region’s total number of children aged between 0-9 years.

**Table 2.3 Suburbs with largest number of children aged 0-9 years (2016)**

Suburb	LGA	0–4-year-olds	5–9-year-olds	Total
Highton	CGG	1,191	1,264	2,455
Lara	CGG	1,111	1,094	2,205
Torquay	SCS	1,058	1,078	2,136
Ocean Grove	CGG	895	1,107	2,002
Corio	CGG	969	1,021	1,990
Leopold	CGG	943	793	1,736
Belmont	CGG	859	801	1,660
Grovedale	CGG	878	776	1,654
Newtown	CGG	587	656	1,243
Colac	COS	548	526	1,074
Norlane	CGG	502	478	980
Geelong West	CGG	513	421	934
Bannockburn	GPS	462	453	915
Armstrong Creek	CGG	556	351	907

Source: ABS Census Population and Housing, Community Profile 2016

## Gender mix of local children

In 2016, there were more male children (19,780 or 52.9%) aged between 0-9 years across the G21 region than female children (17,618 or 47.1%).

As a proportion of the total population, 5.8% of the G21 region's female population were aged between 0-4 years compared to 5.6% in Regional Victoria. The overall ratio of male and female children across the G21 region as a proportion of the total population was quite consistent with Victoria in general.

While the G21 region had a higher proportion of female children aged 0-4 years compared with Regional Victoria, it is important to note that this varied across different municipalities within the

area. Proportions ranged from a low of 2.9% in Borough of Queenscliffe to a high of 6.7% in Golden Plains Shire.

Similarly, the G21 region had a higher proportion of males aged between 0-4 years compared to regional Victoria. Again, while the G21 region had a higher proportion of male children aged 0 to 4 years, this varied across municipalities, with proportions ranging from a low of 2.3% in Borough of Queenscliffe to a high of 6.8% in Surf Coast Shire.

Whilst this document refers to data sets that reference gender as male and female, we wanted to widely acknowledge that this does not include data for our LGBTIQ community. We acknowledge that LGBTIQ people have always been part of



Victoria and they have not always been acknowledged or treated with respect. We have a responsibility to make Victoria a safer and more inclusive place for people from diverse backgrounds. Our policies, programs and services should be relevant, inclusive and accessible for all Victorians. This includes in data collection.

When we use LGBTIQ inclusive language, we demonstrate that we respect LGBTIQ people, we build trust with LGBTIQ communities and we start to address the prejudice and discrimination LGBTIQ people face. When we talk about gender, sex characteristics or sexuality, we're not talking about preferences or choices. We're just talking about how people

are. Inclusive language is a way of acknowledging and respecting the diversity of bodies, genders and relationships. People express their gender and sexuality in different ways.

People can have different biological sex characteristics. However, we acknowledge that the data collated for this document does not include LGBTIQ information collection and we hope this will be included into the future. Inclusive language ensures we don't leave people out of our conversations or our work. This includes both when we are communicating directly with someone and when describing someone who isn't present. Inclusive language acknowledges the diversity of people we work with and serve.

**Table 2.4 Number of Male and Female Children by LGA aged 0-4 and 5-9 years (2016)**

LGA	0-4		5-9		Total	
	Male	Female	Male	Female	Male	Female
COS	656	579	679	591	1,335	1,171
GPS	710	717	933	813	1,643	1,473
CGG	7,427	6,914	7,254	7,067	14,681	13,079
BOQ	31	45	61	58	92	98
SCS	990	875	1,092	1,027	2,082	1,813
G21 Region	9,761	9,114	10,019	9,556	19,780	17,618

Source: ABS Census Population and Housing, Time Series Profile

Considerable movement in and out of the G21 region amongst families with young children routinely occurs and contributes in part to the overall population growth and demographic changes that characterise the area.

In 2016, the age group with the highest net migration to the G21 region were persons aged 35 to 44 years. The age structure of people who move into and out of the G21 region is strongly influenced by the residential role and function of the area and

can influence demand for particular services. Rural areas tend to lose young people and gain older families and retirees.

Understanding the G21 region's attraction to different age groups helps to plan services for the community as well as advocating with other levels of government and private enterprise to provide infrastructure, employment opportunities and facilities which may help to retain age groups which are otherwise leaving the area.

**Table 2.5 In and Out Migration Summary Amongst Children Aged 5-11 Years G21 Region (2016)**

Age group	In migration	Out migration	Net migration
5 to 11 years	+3,274	-1,855	+1,419

## Future population – how many children will live in G21 region

Demographic and spatial consultants .id prepare population projections through to 2036 for all LGAs in the G21 region except the Borough of Queenscliffe.

A range of factors are closely considered and analysed when determining population projections. These include demographic changes such as births, deaths, migration and rate of urban development, etc. The combination of varied assumptions about these multiple factors result in forecast predictions being made about the future population.

The .id projections for the G21 region indicate that in percentage terms, average annual population growth is likely to be strongest in Surf Coast at 2.05% (15,272 people), followed by Golden Plains at 1.98%. (10,520 people).

The City of Greater Geelong continues to be the main focal point for overall population growth in the G21 region with an expected total population increase of 87,174 between 2016 and 2036. Continued development of greenfield residential areas in Armstrong Creek and the future Western and Northern growth fronts on the urban edges of Geelong are expected to support high rates of residential development and population growth in the municipality during the forecast period.<sup>25</sup>

Population forecasts for the Borough of Queenscliffe have been sourced from the Victoria in Future Data Series prepared by the Victorian Government. This data indicates minimal growth is expected for Queenscliffe at just 0.1% annual average growth rate.<sup>26</sup>

<sup>25</sup> G21 Region Profile, G21 Region Alliance, July 2019

<sup>26</sup> Victoria in Future 2019. Population Projections 2016 to 2056. Department of Environment, Land, Water and Planning 2019



The *G21 Regional Growth Plan* (2013) was designed to help guide a coordinated regional response to population growth and regional change over the next 30 years. The *G21 Regional Growth Plan* indicates that there will be more people living, working and visiting the region over the next 40 years with the region potentially reaching a population of 500,000 by 2050.<sup>27</sup>

The G21 region continues to experience strong population growth, driven in part by several significant urban development projects being delivered across the region, including:

- Armstrong Creek Urban Growth Area to accommodate 22,000 homes for 60,000 residents located to the south of Geelong.
- Northern Geelong Growth Area to accommodate 17,000 homes for 48,000 residents to the north of Geelong.
- Western Geelong Growth Area to accommodate 23,000 homes for 64,000 residents to the west of Geelong.
- Bannockburn Growth Area to accommodate approximately 6,500 homes in Bannockburn's south.

Additional growth in areas such as Torquay and Jan Juc are likely to result in an estimated population of 25,000 to 30,000 people by 2040 in the Surf Coast Shire.<sup>28</sup>

The *Colac 2050 Growth Plan* suggest an aspirational target to expand the township's population to 20,000 persons by 2050.

Given the extent of planned residential development across the G21 region it is not surprising that the population of young children will inevitably increase consistent with population growth. Additional infrastructure, services and supports will be required to meet the increased population demands.

Future population forecast projections suggest that the total population of young children aged 0-9 years across the G21 region will increase by approximately 15,195 children aged 0-9 years over the next 15 years between 2021 and 2036. This includes 7,736 children in the 0-4 years age group and 7,459 in the 5-9 years age group.

**Table 2.6 Future Population Projections Children aged 0-9 years (2021-2036)**

LGA	Estimated population								Rate of change		
	2021		2026		2031		2036		2021-2036		
	0-4	5-9	0-4	5-9	0-4	5-9	0-4	5-9	0-4	5-9	0-9 total
COS	1,291	1,346	1,337	1,406	1,397	1,473	1,476	1,554	185	208	393
GPS	1,615	1,904	1,726	2,008	2,096	2,336	2,608	2,836	993	932	1,925
CGG	16,872	17,220	18,846	18,854	20,911	20,958	22,782	22,875	5,910	5,655	11,565
BOQ	123	119	122	129	121	129	117	127	-6	8	2
SCS	2,142	2,304	2,329	2,492	2,559	2,713	2,796	2,960	654	656	1,310
G21 Region	22,043	22,893	24,360	24,889	27,084	27,609	29,779	30,352	7,736	7,459	15,195

Source: Population and household forecasts, 2016 to 2036, prepared by .id (informed decisions), June 2018.

Note: BOQ population forecast projections based on Victoria in Future 2019, published by Department of Environment, Land, Water and Planning

Most of the projected growth amongst young children is likely to occur in the City of Greater Geelong (76.1%), followed by Golden Plains Shire (12.7%) and Surf Coast Shire (8.6%).

The number of children in the Borough of Queenscliff is likely to remain quite stable and relatively unchanged, however population growth in neighbouring areas may still impact on demand for services within the locality (i.e. kindergarten, schools, support services, etc).

Across Australia, future population projections to the year 2041 suggest:

- There are projected to be between 9.2 million and 9.4 million families in Australia (up from 6.7 million in 2016).

## Family structure

Household and family structure is an important demographic indicator as it provides key insights into the level of demand for services and facilities, while also revealing the changing nature of families over time. In 2016, families with children across the G21 region accounted for 43.4% of all families, however, this was lower than the Victorian average of 47.0%. The proportion

- Couples with children are projected to make up 43% of all families in 2041; down slightly from 44% in 2016.
- Couples without children are projected to be the second most common family type, at 38% to 39% in 2041 (38% in 2016).
- Single-female-parent families are projected to make up 13% to 14% of all families in 2041 (compared to 13% in 2016).
- Single-male-parent families are projected to increase the fastest of any family type, increasing by between 44% to 65% by 2041.<sup>29</sup>

of families with children in the G21 region declined slightly when compared to 44.1% in 2006.

Remaining households in the G21 region in 2016 comprised couples with no children (39.4%; Vic: 36.0%), one-parent families (15.8%; Vic: 15.1%) and other families (1.4%; Vic: 1.9%). There are significant variations and differences across

<sup>27</sup> <https://g21.com.au/resource/g21-regional-growth-plan-2013>

<sup>28</sup> Sustainable Futures Plan Torquay – Jan Juc 2040

<sup>29</sup> Household and Family Projections, Australia. ABS, 2019



localities within the G21 region. Couples with children comprise 51.4% of families in Golden Plains, indicating Golden Plains is more heavily populated by younger families and lone-parent families were most prevalent in Greater Geelong (17.1%) and Colac Otway (15.6%).<sup>30</sup>

Over the ten years from the 2006 ABS Census to 2016 there has been little change in the structure of families across the G21 region and Victoria in general. However, within local municipalities the nature and structure of families is quite variable as follows and in Table 2.7.

- Amongst families in Colac Otway Shire, 38.8% were couples with children, 43.8% were couples without children and 15.8% were one parent families.  
There were 1,099 couples with young children in Colac Otway Shire in 2016, comprising 12.7% of households. Analysis of the families with children in Colac Otway Shire in 2016 compared to Victoria shows that there was a smaller proportion of couples with young children, as well as a smaller proportion of couples with older children.  
Overall, 12.7% of total households with children were couples with young children and 7.3% were couples with older children, compared with 17.0% and 10.2% respectively for Victoria. There were a similar proportion of single parent households with young children and a smaller proportion of single parent households with older children. Overall, the proportion of single parent households with young children was 3.5% compared to 3.4% in Victoria while the proportion of single parent households with older children was 4.7% compared to 5.5% in Victoria.
- Amongst the families in Golden Plains Shire, 50.7% were couples with children, 37.7% were couples without children and 10.8% were one parent families. There were 1,627 couples with young children in Golden Plains Shire in 2016, comprising 21.6% of households. Analysis of the families with children in Golden Plains Shire in 2016 compared to Victoria shows that there was a larger proportion of couples with young children, as well as a larger proportion of couples with older children.  
Overall, 21.6% of total households with children were couples with young children and 11.5% were couples with older children, compared with 17.0% and 10.2% respectively for Victoria. There were a similar proportion of single parent households with young children and a smaller proportion of single parent households with older children. Overall, the proportion of single parent households with young children was 3.0% compared to 3.4% in Victoria while the proportion of single parent households with older children was 4.1% compared to 5.5% in Victoria.
- Amongst the families in the City of Greater Geelong, 42.2% were couples with children, 39.1% were couples without children and 17.3% were one parent families. There were 14,002 couples with young children in the City of Greater Geelong in 2016, comprising 15.3% of

households. Analysis of the families with children in City of Greater Geelong in 2016 compared to Victoria shows that there was a smaller proportion of couples with young children, as well as a smaller proportion of couples with older children.

Overall, 15.3% of total households with children were couples with young children and 8.9% were couples with older children, compared with 17.0% and 10.2% respectively for Victoria. There were a larger proportion of single parent households with young children and a similar proportion of single parent households with older children. Overall, the proportion of single parent households with young children was 4.1% compared to 3.4% in Victoria while the proportion of single parent households with older children was 5.7% compared to 5.5% in Victoria.

- Amongst the families in the Borough of Queenscliffe, 28.9% were couples with children, 60.3% were couples without children and 9.9% were one parent families. There are 97 couples with young children in Borough of Queenscliffe in 2016, comprising 7.5% of households. Analysis of the families with children in Borough of Queenscliffe in 2016 compared to Victoria shows that there was a smaller proportion of couples with young children, as well as a smaller proportion of couples with older children.  
Overall, 7.5% of total households with children were couples with young children and 6.3% were couples with older children, compared with 17.0% and 10.2% respectively for Victoria. There were a smaller proportion of single parent households with young children and a smaller proportion of single parent households with older children. Overall, the proportion of single parent households with young children was 2.2% compared to 3.4% in Victoria while the proportion of single parent households with older children was 3.3% compared to 5.5% in Victoria.
- Amongst the families in the Surf Coast Shire, 47.2% were couples with children, 41.1% were couples without children and 10.8% were one parent families. There are 2,153 couples with young children in Surf Coast Shire in 2016, comprising 19.8% of households. Analysis of the families with children in Surf Coast Shire in 2016 compared to Victoria shows that there was a larger proportion of couples with young children and a smaller proportion of couples with older children.  
Overall, 19.8% of total households with children were couples with young children and 9.3% were couples with older children, compared with 17.0% and 10.2% respectively for Victoria. There were a smaller proportion of single parent households with young children and a smaller proportion of single parent households with older children. Overall, the proportion of single parent households with young children was 2.8% compared to 3.4% in Victoria while the proportion of single parent households with older children was 4.0% compared to 5.5% in Victoria.<sup>31</sup>

<sup>30</sup> G21 Region Profile, G21 Region Alliance, July 2019

<sup>31</sup> Source: Australian Bureau of Statistics, Census of Population and Housing 2011 and 2016. Compiled and presented by .id (informed decisions). <https://profile.id.com.au/g21-region>



**Table 2.7 Families with Children by Life Stage, G21 Region (2001-2016)**

Households with children	2011			2016			Change 2011 - 2016
	Number	%	Victoria %	Number	%	Victoria %	
Couples with children	31,919	29.3	31.8	34,345	28.6	31.4	+2,426
Couples with young children	17,272	15.8	16.8	18,978	15.8	17.0	+1,706
Couples with mixed-age children	4,554	4.2	4.5	4,600	3.8	4.2	+46
Couples with older children	10,093	9.3	10.4	10,767	9.0	10.2	+674
Single parents with children	11,765	10.8	10.5	12,511	10.4	10.1	+746
Single parents with young children	4,599	4.2	3.8	4,600	3.8	3.4	+1
Single parents with mixed-age children	1,487	1.4	1.3	1,501	1.2	1.2	+14
Single parents with older children	5,679	5.2	5.4	6,410	5.3	5.5	+731
Total households with children	43,684	40.1	42.3	46,856	39.0	41.5	+3,172

Source: ABS, Census of Population and Housing 2011 and 2016. Compiled and presented by .id

The most significant variation in family structures across the G21 region is amongst one parent families. Greater Geelong and Colac Otway both record a significantly higher proportion of single parent families than the remaining municipalities. In 2016

there were 12,846 lone parent families with children across the G21 region. Most of these families (10,592) were headed by a female parent (82.5%) compared with 2,254 lone parent families headed by a male parent.

**Table 2.8 Lone Parent Families by Parent Gender and LGA (2016)**

LGA	Male		Female		Total
	No.	%	No.	%	
COS	157	18.9	672	81.1	829
GPS	142	22.1	501	77.9	643
CGG	1,773	17	8,681	83	10,454
BOQ	11	14.5	65	85.5	76
SCS	171	20.3	673	79.7	844
G21 Region	2,254	17.5	10,592	82.5	12,846

Australian families have changed considerably in recent decades and many children are now born to unmarried parents and/or raised in families that do not consist of biological parents in nuclear form. One manifestation of this change is the increasing prevalence and visibility of same-sex parented families.

Same-sex parents and their children are still a relatively small minority of Australian children and families, however, the 2016 Census figures do indicate that cohabitating same-sex couples increased by 39% since the 2011 Census, accounting for a total of 33,700 same-sex couples across Australia. According to Census data there were 184 males and 291 females in same-sex couple relationships across the G21 region in 2016.

In 2017, Amendments to the Marriage Act 1961 came into effect, enabling same-sex couples to legally marry in Australia. Same-sex marriages were included in ABS vital statistics on marriages registered for the first time in 2018. In 2018, there were 6,538 same-sex marriages registered, with more female same-sex marriages than male same-sex marriages (58% vs 42%) (ABS, 2019). Same-sex marriages represented 5.5% of all marriages in 2018. A further amending Act was passed in 2015 in Victoria, to enable adoption of children by same-sex couples and people who do not identify with a specific sex or gender.

Across Australia, the proportion of same-sex couple families with children increased from 12% in 2011 to 15% in 2016. As was the case in 2011, female same-sex couples were more likely to have children than male same-sex couples. In 2016, one quarter (25%) of female same-sex couples had children, compared with 4.5% of male same-sex couples. Close to 55% of opposite-sex couples had children.

Same-sex couples with children, on average, had fewer children living with them than opposite-sex couples. Over half of male and female same-sex couples with children had only one child in the family (54% and 51% respectively), while one third had two children. In contrast, opposite-sex couples were less likely to have one child than two children in their family (36% compared with 42%).

In total, there were 10,500 children aged under 25 years living in same-sex couple families in 2016. Of these, 80% were children aged under 15 years of age, 12% were dependent students and 7.2% were non-dependent children aged 15-24 years. Children in same-sex couple families accounted for 0.2% of all dependent children in families.

Data from the 2016 Census indicate that people in same-sex couples are more likely to participate in the labour force and be employed, than opposite-sex couples. In 2016, 87% of people



in same-sex couples were participating in the labour force (either employed or unemployed), compared with 69% of opposite-sex couples. Male and female partners in same-sex couples participated in the labour force at similar rates (87% and 86%).<sup>32</sup>

Across the G21 region, most families had up to two children in the family, consistent with the average for Victoria. There were, however, larger proportions of families with two (19.2%) and

### Aboriginal and Torres Strait Islander children

*“While most Aboriginal children and young people in Victoria thrive in culturally rich and loving homes, many others are not experiencing the same positive outcomes from programs and services as other Victorians.”<sup>33</sup>*

The First Nations people of the G21 region are the Coladjin, Gadubanud, Gulidjan and Wadawurrung people. *“As First Nations peoples, the Koorie community holds a unique position within Victoria. Every single one of our children comes from the lineages of rich and unique heritage of this country and carries this forward into the future for generations of our people to come, as well as for all Australians.”<sup>34</sup>*

In the 2016 Census, approximately 3,060 in the G21 region identified as Aboriginal and Torres Strait Islander, representing approximately 1.0% of the region’s total population. This proportion is slightly higher than the Victorian average of 0.8% and slightly lower than for regional Victoria of 1.6%.

Approximately 80% of Aboriginal and Torres Strait Islander residents were living in Greater Geelong, while Colac Otway had the highest proportion of its population identifying as

three children (8.3%) in Golden Plains and Surf Coast Shires (16.9% 1 child families, 7.1% 2 child families), when compared for the G21 region (15.1% 1 child families and 14.6% 2 child families) and Victorian average (16.1% 1 child families and 15.7% 2 child families).

Conversely, there were smaller proportional rate of one and two child families in the Borough of Queenscliffe when compared with the average for the G21 region and Victoria.

Aboriginal and Torres Strait Islander (1.2%). Between 2011 and 2016, the G21 region experienced an increase of approximately 800 persons identifying as Aboriginal and Torres Strait Islander.

Compared to the total population, the age structure of the Aboriginal and Torres Strait Islander population is orientated towards younger age cohorts. In 2016, an estimated 54% of the Aboriginal and Torres Strait Islander population were aged between 0-24 years, significantly higher than the 31% for the total G21 population. This variation in age structure is consistent with trends across Victoria generally.

Amongst young children there were 710 Aboriginal and Torres Strait Islander children aged between 0-9 years recorded in the G21 region in 2016, an increase of 262 (58.5%>) over the number recorded in 2006. Most of these children (79.4%) were living in the City of Greater Geelong (564). Colac Otway Shire had a higher proportion of young Aboriginal and Torres Strait Islander children (4.2%) compared with other local municipalities and the Victorian average.

**Table 2.9 Number and Percentage of Aboriginal and Torres Strait Islander Children Aged 0-9 Years by Age Cohort and LGA (2016)**

LGA	COS		GPS		CGG		BOQ		SCS		G21		VIC
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	Pop. %
0-4	33	2.4	17	1.0	285	2.0	0	0.0	15	1.1	350	1.3	1.5
5-9	23	1.8	29	1.9	275	1.9	0	0.0	29	1.3	356	1.4	1.5
Total 0-9 Years	56	4.2	46	2.9	560	3.9	0	0.0	44	2.4	706	2.7	3.0

Source ABS 2016 Census of Population and Housing, LGA Time Series Profile

The main family structure amongst Aboriginal and Torres Strait Islander families across the G21 region according to the 2016 ABS Census data were couple families with children (32.5%) which was slightly higher than the average for Aboriginal and Torres Strait Islander couple families with children across Victoria (29.3%).

One parent families with children were the next most prevalent family type across the G21 region with 388 families (25.2%) with the proportion of one parent Aboriginal and Torres Strait Islander families consistent with the average for Victoria.

Based on a medium growth scenario, the ABS estimates that the number of Aboriginal and Torres Strait Islander children

aged 0-9 years across Victoria is likely to grow by 4,860 children or 35.0%> over the period from 2016 to the year 2031

Table 2.10 identifies the increase in government school enrolments amongst Aboriginal and Torres Strait Islander students over the past decade. Across the G21 region there has been an overall increase of 372 (72.1%>) Aboriginal and Torres Strait Islander students enrolled in local government schools from the year 2010 to 2019. Aboriginal and Torres Strait Islander enrolments in government schools in the G21 region account for approximately 6.2% of Aboriginal and Torres Strait Islander government school enrolments across Victoria (based on 2019 figures). Note the following table includes primary and secondary school enrolments.

<sup>32</sup> Same Sex Couples in Australia. ABS Census of Population and Housing, 2016

<sup>33</sup> Victorian Commission for Children and Young People. <https://ccyp.vic.gov.au/upholding-childrens-rights/aboriginal-communities>

<sup>34</sup> Protocols for Koorie education in Victorian primary and secondary schools (2016) Victorian Aboriginal Education Association Incorporated (VAEAI).



**Table 2.10 Aboriginal and Torres Strait Islander enrolments in Victorian Government Schools by LGA (2010-2019)**

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
COS	49	39	33.8	35	36	34	47.8	51	65.1	67.1
GPS	30	31	23	21	19	22	24	25	37	47
CGG	419.8	468.4	469.6	489	507	545	564	615.5	665	734
BOQ	-	1	-	1	-	-	-	3	4	2
SCS	16.8	11.9	22	20	34	41	44	28	33	36.9
G21 Region	515.6	551.3	548.4	566	596	642	679.8	722.5	804.1	887.0
VIC	8610.9	9201.4	9728.5	10391.9	11097.7	11819.6	12313.3	12791.2	13551.9	14400.4
G21 % VIC Total	6.0	6.0	5.6	5.4	5.4	5.4	5.5	5.6	5.9	6.2

Source: Department Education and Training Annual School Census, Government school Aboriginal and Torres Strait Islander enrolments by LGA. Last Updated 2020.

**Table 2.11 Aboriginal and Torres Strait Islander Children Attending Preschool and Primary School by LGA (2016)**

LGA	ATSI Enrolments in Preschool (2016)	% Total VIC ATSI Preschool Enrolment	ATSI Enrolments in Primary School (2016)	% Total VIC ATSI Primary School Enrolment
COS	7	0.5	40	0.6
GPS	4	0.3	45	0.7
CGG	80	5.8	352	5.1
BOQ	0	0.0	0	0.0
SCS	3	0.2	34	0.5
G21 Region	94	6.8	471	6.8
VIC	1,388	100.0	6,935	100.0

Source: ABS 4741.0 Education Statistics for Aboriginal and Torres Strait Islander Peoples, 2018-19

Indigenous Areas (IARE) are medium sized geographical units used by the ABS and designed to facilitate the release and analysis of more detailed statistics for Aboriginal and Torres Strait Islander Peoples. There are 430 Indigenous Areas used by the ABS across the country, two which cover the G21 region, including a number of neighbouring municipalities: Moyne, Corangamite, Ararat and Pyrenees LGAs. For a map visit: <https://dbr.abs.gov.au/absmaps/index.html>

The two IAREs that cover the G21 region are Geelong-Queenscliff and South West Central Victoria IARE.

In Geelong - Queenscliff (Indigenous Areas), the median age of Aboriginal and/or Torres Strait Islander people was 22 years. Of the Aboriginal and/or Torres Strait Islander people 34.3% were children aged 0 to 14 years; 15.4% were a couple family with no

children, 31.8% were a couple family with children and 28.3% were a one parent family.

In South-West Central Victoria (Indigenous Areas), the median age of Aboriginal and/or Torres Strait Islander people was 23 years. Of the Aboriginal and/or Torres Strait Islander people 35.8% were children aged 0 to 14 years; 22.9% were a couple family with no children, 36.9% were a couple family with children and 18.9% were a one parent family.

The following Table 2.12 includes comparative data for both these areas which has been compiled and published on the Aboriginal and Torres Strait Islander populations in both these areas based on the 2016 ABS Census and in some instances associated population estimates for later years (2018).<sup>35</sup>

<sup>35</sup> <https://phidu.torrens.edu.au/social-health-atlases/topic-atlas/indigenous-status-atlas#indigenous-status-comparison-social-health-atlas-of-australia-data-workbook>





**Table 2.12 Indigenous Status Comparison Data for Select Early Childhood and Family Indicators**

Indigenous Areas (IARE) Status Comparison	Indigenous				Non	
	Geelong-Queenscliff		SW Central Vic		VIC	Indig. VIC
	No.	%	No.	%	No.	%
Aboriginal population (incl. % of total local Aboriginal population)	2,408	5.0	1,302	2.7	47,787	334,194
Children aged 0-4 (2016)	289	12.0	196	12.7	11.5	6.4
Children aged 5-14 (2016)	543	22.5	192	12.7	21.8	6.2
Single parents (2016)	268	48.2	96	36.2	46.9	17.8
Low-income families (2016)	142	14.4	53	10.7	12.6	6.8
Children in jobless families (2016)	302	36.4	139	29.8	36.5	11.6
Children age <15 where mother has low education attainment (2016)	232	28.0	134	28.7	33.7	12.9
Low birth weight babies (2016-18)	16	8.3	6	5.3	10.6	6.5
Smoking during pregnancy (2016-2018)	42	35.3	24	37.5	40.6	8.0
Antenatal visits below recommended levels (2016-2018)	42	35.3	22	34.4	61.5	56.8
Enrolled in preschool program (2018)	80	57.3	49	63.1	1,388	
Primary school enrolments	352		222		6,935	
Children vulnerable on 1 or more domain AEDC 2018	29	38.2	8	20.5	42.4	
Children vulnerable on 2 or more domain AEDC 2018	15	19.7	8	20.5	26.8	
Children fully immunised at 1 year (2018)	84	95.5	27	87.1	92.8	94.3
Children fully immunised at 2 year (2018)	77	93.9	27	84.4	88.8	91.2
Children fully immunised at 5 year (2018)	67	95.7	30	88.2	96.7	95.5

Based on Public Health Information Development Unit (PHIDU) material from: Indigenous Status Comparison: Social Health Atlas of Australia Pub 2021

In 2020, a new national ‘Closing the Gap’ Agreement<sup>36</sup> was established. The objective of the National Agreement on Closing the Gap is to enable Aboriginal and Torres Strait Islander people and governments to work together to overcome the inequality experienced by First Nations people and achieve life outcomes equal to all Australians.

The National Agreement has 17 targets across the following outcome areas: education, employment, health and wellbeing, justice, safety, housing, land and waters and languages. Targets are specific and measurable goals to be monitored to show how progress is being made across each of the outcome areas. The National Agreement includes areas for data development actions. These are areas that are important for our understanding of First Nation outcomes but cannot be measured currently.

Implementation plans will be developed and delivered in partnership with First Nation communities and organisations.

The Productivity Commission will publish a dashboard comprising data and associated supporting materials on

progress towards the targets. In addition to the dashboard, the Productivity Commission will complete a comprehensive, independent review of progress every three years.

The Commonwealth, states, local governments and peak bodies share accountability for the implementation of the National Agreement and are jointly accountable for the outcomes and targets under the National Agreement.

In relation to young First Nations children and families the new targets include the following:

- By 2031, increase the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight to 91%.
- By 2025, increase the proportion of Aboriginal and Torres Strait Islander children enrolled in Year Before Fulltime Schooling (YBFS) early childhood education to 95%.
- By 2031, increase the proportion of Aboriginal and Torres Strait Islander children assessed as developmentally on track in all five domains of the Australian Early Development Census (AEDC) to 55%.

<sup>36</sup> National Agreement on Closing the Gap. July 2020. <https://www.closingthegap.gov.au/sites/default/files/files/national-agreement-ctg.pdf?q=0720>



- By 2031, increase the proportion of Aboriginal and Torres Strait Islander people living in appropriately sized (not overcrowded) housing to 88%.
- By 2031, reduce the rate of over-representation of Aboriginal and Torres Strait Islander children in out-of-home care by 45%.
- A significant and sustained reduction in violence and abuse against Aboriginal and Torres Strait Islander women and children towards zero.
- By 2031, there is a sustained increase in number and strength of Aboriginal and Torres Strait Islander languages being spoken.

In Victoria, the following form the basis of the state's strategic plans and priorities for First Nations children and families:

The *Victorian Aboriginal Affairs Framework 2018-2023* (the VAAF) is the Victorian Government's overarching framework for working with Aboriginal Victorians, organisations and the wider community to drive action and improve outcomes. It sets out whole of government agenda for working with Aboriginal people and communities and commits government to significant structural and systemic transformation to improve outcomes for Aboriginal in Victoria.<sup>37</sup>

*Marrung*, Victoria's *Aboriginal Education Plan 2016-2026* seeks to leverage existing universal early childhood and education platforms in recognition that all services have a responsibility to meet the learning and development needs of young Indigenous Victorians. *Marrung* also includes a focus on the importance of tailored program responses, including those led by the Aboriginal community, which can provide targeted effort to improving outcomes for Aboriginal children and enabling them to achieve their full potential and excellence.<sup>38</sup>

*Wungurilwil Gagapduir*, which means 'strong families' in Latji language, represents the formal commitment by the Victorian Government, Aboriginal communities and Aboriginal child and family services, to deliver a strategic action plan to improve the lives of all vulnerable Aboriginal children and young people in Victoria. The agreement builds on the commitments made in the *Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017-2027* to progress Aboriginal self-determination in child and family services.

The Victorian Government's *Korin Balit Djak Aboriginal Health and Wellbeing Strategy (2017-2027)* provides an overarching framework for action to improve the health, wellbeing and safety of Aboriginal Victorians over the next 10 years. The purpose of this strategy is to realise the Government's vision for 'Self-determining, healthy and safe Aboriginal people and communities in Victoria.'<sup>39</sup>

Despite these important plans and strategic initiatives, data indicates that Victorian First Nations children continue to be

overrepresented in the child protection system and fairing more poorly than non-Indigenous children across a range of health and early development measures. Data for the most recently available reporting period indicates that:

- Aboriginal and Torres Strait Islander children are 16.1 times more likely to be placed in Out-of-home care (OOHC) than non-Indigenous children. This is an increase from the 2017- 2018 rate of 15.1. Victoria has the second-highest rate of over-representation of Aboriginal and Torres Strait Islander children in OOHC in Australia.
- The number of Aboriginal and Torres Strait Islander children commencing intensive family support services has increased from 933 in 2017-18 to 1,450 in 2018-19 (growth of over 50%).
- Only 44% of Aboriginal and Torres Strait Islander children in care had a cultural plan as of April 2020.
- 20% of all children and young people in OOHC in Victoria are Aboriginal and Torres Strait Islander. This is a slight decrease from 21% in 2017-2018.
- The percentage of Aboriginal and Torres Strait Islander children placed with kin or other Aboriginal and Torres Strait Islander carers increased slightly from 78% in 2018 to 78.8% in 2019. Victoria is the only jurisdiction to have consistently increased the percentage of Indigenous children placed with kin or other Aboriginal and Torres Strait Islander carers since 2013.<sup>40</sup>

## Ethnicity and diversity

In 2016, 2.2% of children aged 0 to 4 years in the G21 region were born overseas and 5.3% of children aged 5-11 years. The G21 region is becoming increasingly diverse in a cultural sense, as illustrated by the decline in the share of persons born in Australia from 80.4% in 2011 to 78.5% in 2016.

Despite the fall, the share of Australian-born residents remains significantly above the Victorian average 64.9% in 2019.

After Australia, the second most common country of birth in the G21 region is the United Kingdom which accounted for 4.2% of residents in 2016.

In the G21 region, 7,288 people arrived in Australia within 5 years prior to 2016, with the largest age group being 25- to 29-year-olds. The age structure of recent arrivals provides an insight into when people move from overseas to settle in the local area. Generally, recent migrants across Australia are younger than the total population, being concentrated in their 20s, but particular areas may attract more families or older migrants.<sup>41</sup>

Analysis of recent overseas arrivals within the G21 region in 2016, compared to Victoria, shows that there was a higher proportion of people in the younger age groups with 20.6% of recent overseas arrivals aged between 0 and 14, compared with 15.1% for Victoria.

<sup>37</sup> <https://www.aboriginalvictoria.vic.gov.au/victorian-aboriginal-affairs-framework-2018-2023>

<sup>38</sup> *Marrung Aboriginal Education Plan 2016-2026*. Victorian Department Education and Training, 2016

<sup>39</sup> <https://www2.health.vic.gov.au/about/health-strategies/aboriginal-health/korin-balit-djak>

<sup>40</sup> *Reviewing Implementation of the Aboriginal and Torres Strait Islander Child Placement Principle Victoria 2020*. By SNAICC March 2021

<sup>41</sup> G21 Community profile compiled and presented by .id (informed decisions). <https://profile.id.com.au/g21-region>



**Table 2.13 Recent Arrivals within 5 Years of in the G21 Region by Age Group (2016)**

Age Group	Number	%	VIC
0 to 4	349	4.8	3.9
5 to 9	633	8.7	6.5

In 2016, there were 27,611 non-English speakers living in the G21 region, with the largest age group being 30- to 34-year-olds. The population of non-English speaking children and families provides important indicators as to the level of demand for age-based services and facilities and more specialised support to overcome potential access and cultural barriers.

Amongst young children aged 0-9 years in 2011 there were 1,964 children from non-English speaking backgrounds in the G21 region. In 2016 the number of children aged 0-9 years from non-English speaking backgrounds had risen to 2,864 - an overall increase of 900 children or 45.8% - with most of the increase in the number of young children from non-English speaking background being amongst children aged 0-4 years - an overall increase of 533 children in this age group.

**Table 2.14 G21 Region Children from NESB (2011-2016)**

G21 Region - Non-English speakers	2011			2016			Change 2011 to 2016
	Number	%	Victoria	Number	%	Victoria	
0 to 4	1,039	4.6	5.3	1,572	5.7	6.0	+533
5 to 9	925	4.1	4.9	1,292	4.7	5.2	+367
Total NESB people (all age groups)	22,438	100.0	100.0	27,611	100.0	100.0	+5,173

Source: ABS, Census of Population and Housing 2011 and 2016. Compiled and presented by .id (informed decisions).

In 2016, there were 45,438 overseas born people living in the G21 region. This included 420 children (2.2%) aged 0-4 years living in the G21 region who were born overseas. This represents an increase of 37 on the number of children in this age group who were born overseas compared to the number in 2011 but is about half the proportion of children aged 0-4 years (2.2%) compared with the Victorian average (4.5%).

Amongst children aged 5-11 years there were 1,446 children born overseas in 2016 - an increase of 309 children in this age group who were born overseas compared to 2011. Again, proportionally children aged 5-11 years born overseas (5.3%) were about half the Victorian average (10.4%).

**Table 2.15 G21 Region Birthplace Summary Children Aged 0-11 Years (2011-2016)**

Birthplace	Children 0-4 Years 2016			Change 2011-16	Children 5-11 Years 2016			Change 2011-16
	No.	%	VIC		No.	%	VIC	
Overseas born	420	2.2	4.5	+37	1,446	5.3	10.4	+309
Australia	17,582	93.1	90.1	+938	24,413	90.0	84.7	+1,687
Not stated	881	4.7	5.3	+303	1,271	4.7	4.9	+580
Total people	18,883	100.0	100.0	1,278	27,130	100.0	100.0	2,576

Source: ABS, Census of Population and Housing 2011 and 2016. Compiled and presented by .id (informed decisions).

Most children born overseas aged 0-4 years in the G21 region were from India and the United Kingdom (Table 2.16).

Amongst those children aged 5-11 years who were born overseas, most were from the United Kingdom, New Zealand, Thailand and India (Table 2.16).



**Table 2.16 G21 Region Birthplace of Children from Overseas Aged 0-4 Years (2011-2016)**

0 to 4 years Birthplace	2011			2016			Change 2011-16
	Number	%	% of G21	Number	%	% of G21	
India	24	0.1	0.4	64	0.3	0.8	+40
United Kingdom	91	0.5	4.7	60	0.3	4.2	-31
China (excludes SARs & Taiwan)	5	0.0	0.4	24	0.1	0.5	+19
New Zealand	15	0.1	0.9	23	0.1	1.0	+8
Iraq		0.0	0.0	21	0.1	0.1	
United States of America	22	0.1	0.2	21	0.1	0.3	-1
Thailand	35	0.2	0.1	16	0.1	0.2	-19
Philippines	7	0.0	0.4	14	0.1	0.5	+7
Canada	9	0.1	0.1	14	0.1	0.1	+5
Pakistan		0.0	0.0	13	0.1	0.1	
Afghanistan		0.0	0.0	10	0.1	0.2	

Source: ABS, Census of Population and Housing 2011 and 2016. Compiled and presented by .id (informed decisions).

## Refugee children

Victoria is a major focus for humanitarian settlement, for both people arriving as refugees and people seeking asylum. Over 51,000 people settled in Victoria under Australia’s Refugee and Humanitarian Program between 2009 and 2019, this includes 4,338 people in the last financial year alone.

Significant numbers of refugee background children and families are settling in Victoria, including within the G21 region – (although data on the exact number of refugee background and asylum children being settled locally is not readily available). In the last financial year, 13% of the total number of people arriving under the Refugee and Humanitarian program were aged 0-5 years old and 27% were aged 0-11 years old.

Of the 6,634 people on ‘Bridging Visa Es’<sup>42</sup> in Victoria as of 30 June 2019, 945 people were aged between 0-11 years.<sup>43</sup>

Refugee settlement is increasing in many rural and regional areas across Victoria. About 15% of humanitarian entrants over the past year have been settled in rural and regional Victorian communities. Prior to the COVID pandemic, the Commonwealth government had indicated further plans to continue to increase rural and regional settlement over coming years which is projected to increase to 15-19% of new arrivals.

Evidence clearly identifies that refugee background children and families and asylum seeker children, are likely to have experienced a range of traumatic events prior to settlement in Victoria; and face considerable barriers and difficulties to access services and supports once settled in a new community.

Various reports have identified that children and families from non-English speaking and culturally and linguistically diverse backgrounds may be accessing early childhood services at lower rates than the general population. Refugee background parents and families commonly are not aware of what health or early childhood services are available, or how to access these services, given that many refugee background children and families come from many countries or settings that do not have comparable health, early childhood and education services. Evidence also indicates that, compared to Australian-born women, immigrant and refugee women are at a greater risk of poor maternal and child health outcomes.<sup>44</sup>

The National Quality Framework for Early Childhood Education and Care services stipulates that “*collaborative relationships with families are fundamental to achieving quality outcomes for children and that community partnerships that are based on active communication, consultation and collaboration are also essential.*”<sup>45</sup> Establishing such collaborative relationships with families and communities of refugee backgrounds requires services and governments at all levels to understand the critical barriers that impact on the participation of children and families from non-English speaking and culturally and linguistically diverse backgrounds (including children and families from refugee backgrounds) and actively develop measures to address and improve engagement.

The Victorian Early Years Learning and Development Framework similarly recognises the need for early childhood services to be responsive to cultural and linguistic diversity of

<sup>42</sup> A BVE is a Temporary Visa that is held by Asylum seekers whilst they are awaiting the result of their claim for permanent protection in Australia. People on BVEs can remain lawfully within Australia.

<sup>43</sup> Submission to the Victorian Parliamentary Inquiry into Early Childhood Engagement of CALD Communities Victorian Foundation for Survivors of Torture. 21 Oct 2019

<sup>44</sup> 8 Jane Yelland Et Al., “How do Australian maternity and early childhood health services identify and respond to the settlement experience and social context of refugee background families?” *Pregnancy and Childbirth* 14, 348(2014), <http://www.biomedcentral.com/1471-2393/14/348>

<sup>45</sup> Australian Children’s Education and Care Quality Authority, Guide to the National Quality Framework (Australian Children’s Education and Care Quality Authority, 2018), <https://www.acecqa.gov.au/sites/default/files/2019-07/Guide-to-the-NQF.pdf>



children and families and recognises that experiences of trauma may pose additional barriers to engaging with services.<sup>46</sup>

*“Additionally, engagement in education, health and community services are commonly held as important means and markers*

*of integration. Participation in education allows children of refugee backgrounds to develop the necessary skills to fully participate in their host country society and is also likely to be the environment in which they have greatest opportunities for building social connections.”<sup>47</sup>*

## Family employment

Parent participation in the workforce is an important indicator of the strength of the local economy and the economic well-being of families, while also being a very important indicator for the targeting of services and facilities.

Across the G21 region most (24.9%) of couple families with children had one parent employed full time and one parent employed part time. Alarming, 23.4% of couples with children in the G21 region had both partners not working, compared with 19.5% for Victoria.

- In the Colac Otway Shire of couple families with children, 17.6% had both partners employed full-time, 5.9% had both employed part-time and 26.9% had one employed full-time and the other part-time.
- In the Golden Plains Shire of couple families with children, 18.6% had both partners employed full-time, 4.3% had

both employed part-time and 28.2% had one employed full-time and the other part-time.

- In the City of Greater Geelong of couple families with children, 17.3% had both partners employed full-time, 4.3% had both employed part-time and 25.0% had one employed full-time and the other part-time.
- In the Borough of Queenscliffe of couple families with children, 11.9% had both partners employed full-time, 6.9% had both employed part-time and 16.2% had one employed full-time and the other part-time.
- In the Surf Coast Shire of couple families with children, 17.2% had both partners employed full-time, 5.9% had both employed part-time and 28.0% had one employed full-time and the other part-time.

**Table 2.17 G21 Region Couple Families with Children Employment Status (percentage) (2016)**

	COS	GPS	CGG	BOQ	SCS	G21	VIC
Both employed, worked full time	17.6	18.6	17.3	11.9	17.2	16.5	20.9
Both employed, worked part time	5.9	4.3	4.3	6.9	5.9	5.5	4.2
One employed full time, one part time	26.9	28.2	25	16	28	24.9	23.0
One employed full time, other not working	10.8	14.6	13.7	6.6	11.9	11.5	15.6
One employed part time, other not working	6.6	6.2	6.4	7.2	6.4	6.6	6.1
Both not working	20.4	16	22.7	39.1	18.6	23.4	19.5
Other (includes away from work)	6.4	6.8	5.4	4.3	5.5	5.7	5.3
Not stated	5.4	5.3	5.2	7.7	6.5	6.0	5.5

The participation of mothers in the labour force is also a particularly important indicator and depends on a variety of factors such as the age of children; costs of living; availability of suitable employment; family support; access to services; amongst many other variables and factors.

In the G21 region in 2016, 31,609 women with dependent children were participating in the labour force (either employed or seeking work), accounting for 70.6% of women with dependent children. This percentage was higher compared with Victoria with 67.5%.

The number of mothers in the workforce in the G21 region increased considerably between 2011 and 2016 with 8,226 additional mothers in the workforce in 2016 compared with

2011 – however this is likely to be in part due to population growth amongst other factors.

- In the G21 region the percentage of mothers in the workforce ranged from a low of 69.4% in City of Greater Geelong to a high of 78.0% in Borough of Queenscliffe.
- In 2016, Elliminyt had the highest proportion of mothers in the workforce in Colac Otway Shire with 361 mothers in the workforce or 77.1%.
- In 2016, Ocean Grove had the highest proportion of mothers in the workforce in the City of Greater Geelong with 1,687 mothers in the workforce or 77.7%.
- In 2016, Aireys Inlet- Fairhaven area had the highest proportion of mothers in the workforce in Surf Coast Shire, with 108 mothers in the workforce or 88.3%.

<sup>46</sup> Department of Education and Training, Victorian Early Years Learning and Development Framework, (Melbourne: Department of Education and Training, 2016).

[https://www.education.vic.gov.au/Documents/childhood/providers/edcare/veyldfra\\_mework.pdf](https://www.education.vic.gov.au/Documents/childhood/providers/edcare/veyldfra_mework.pdf)

<sup>47</sup> Submission Victorian Foundation for Survivors of Torture as previously referred (2019)



**Table 2.18 Mothers in the Workforce (2011-2016)**

	2011			2016		
	No	Total mothers	%	No	Total mothers	%
COS	1,585	2p,219	71.4	1,935	2,689	72.0
GPS	1,782	2,478	71.9	2,520	3,488	72.2
CGG	17,338	24,748	70.1	23,575	33,986	69.4
BOQ	211	257	82.1	213	273	78.0
SCS	2,467	3,308	74.6	3,366	4,317	78.0
G21 Region	23,383	33,010	70.8	31,609	44,753	70.6
VIC	445,338	648,013	68.7	603,358	893,920	67.5

Source: ABS, Census of Population and Housing 2016. Compiled and presented in atlas.id by .id

However, within Australia generally Census data show that there has been relatively little change in the employment patterns of fathers over the last 25 years. In two-parent households, the majority of fathers worked full-time, with the percentage in part-time work increasing only slightly, from 6% in 1991 to 10% in 2016.

While the number of couple-with-children families featuring two working parents has increased, the allocation of Australian parents' time to paid and unpaid work has remained very gendered, with fathers usually in full-time paid employment and mothers often employed part-time or not in employment.

Only single fathers showed more diverse work patterns with higher proportions in part-time work (increasing from 8% of single fathers in 1991 to 15% in 2016). Compared to partnered fathers, it was more common for single fathers to be out of the labour force, with almost a quarter of single fathers in 2016 not employed or actively seeking work.

The COVID-19 pandemic has changed the nature of work in 2020-21 in many ways, including where parents work. In most cases those who were able to work from home found themselves doing so for several months, with a large proportion of the workforce still having not returned to their usual locations and patterns of work which were in place prior to the commencement of the COVID pandemic.

The ABS household impacts of COVID-19 survey found that nearly half (46%) of all Australians who were working in late

April to early May were working from home in 2020, with 17% increasing their number of hours working from home since COVID-19. The long-term impact of COVID-19 on where people work remains to be seen and it is likely that many workers will continue to do at least some work from home even after the pandemic is over.

For many people, working from home is a way to help balance work and family responsibilities. Even in the late 1980s and early 1990s, home-based work was more common for parents with dependent children than for other workers. For example, in 1989, females accounted for 74% of all workers who were employed at home, with 28% of those working from home saying they did so because of childcare responsibilities.

Data from the HILDA Survey shows that over the past 20 years, rates of home-based work were significantly higher among parents with children under 15, compared to other workers. In 2018, almost a third of employed parents with children under the age of 15 did some work from home, compared to 22% of men and 21.5% of women with no children under 15.

For men, the difference in home-based work, according to parental status, was almost entirely due to fathers doing some of their work at home, rather than working mainly from home. However, for women, both the percentage who did some work from home and the percentage who worked mainly from home was higher for mothers with children under 15 than for other women.<sup>48</sup>

<sup>48</sup> How we worked. D. Warren, L. Qu & J. Baxter. Published by the Australian Institute of Family Studies, August 2020

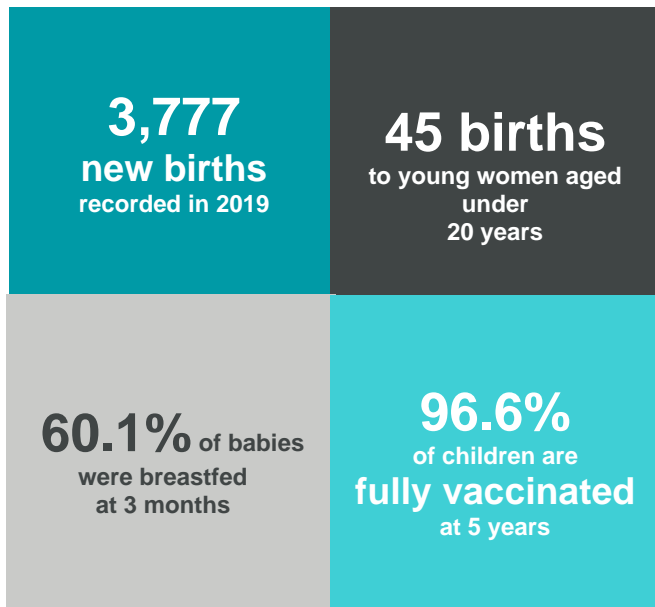
## 3.0 EARLY CHILDHOOD AND MATERNITY





### 3.0 Early Childhood and Maternity

*“The blueprint for a healthy life is largely determined by events which take place in the uterus before we are even born..”<sup>49</sup>*



More than 300,000 babies are born in Australia each year. The health of a baby at birth is a key determinant of their health and wellbeing throughout life. For mothers, maintaining a healthy lifestyle during pregnancy and attending routine antenatal care contributes to better outcomes for both mother and baby.<sup>50</sup>

The number of babies born in any place is one of the most important demographic indicators. Natural increase (excess of births over deaths) is the most fundamental way any human population grows – but in Australia it typically makes up only one-third of population growth, with the rest comprising overseas migration.

In 2019 there were 3,777 new births recorded across the G21 region, which was an increase of 12.4% (417 births) compared to the number of births in 2011. Despite a significant increase in overall population, in relative terms the annual birth rate has not substantially increased with a 22.3% compared with 2006.

The City of Greater Geelong recorded the highest number of births in the G21 region with 2,923 births in 2019 (an increase of 25.4% compared to births recorded in 2006). Surf Coast Shire recorded the second highest number of births in 2019, with 372 births (an increase of 35.3% compared to births in 2006). The lowest number of births in 2019 was recorded in the Borough of Queenscliff with 16 births.

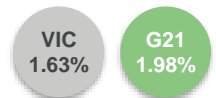
Across the country, ABS data has revealed that Australia’s fertility rate<sup>51</sup> hit a record low of 1.66 babies per woman in 2019 after steadily declining from 1.97 in 2009. This represents the lowest rate since the ABS began keeping records in 1935 and precedes the impact of COVID-19. There were 305,832 registered births across Australia in 2019, a decrease of 3.0% from 2018. In Victoria, the total number of births fell by 1,212 births (<1.5%) from the number recorded in 2018.

Australia’s total fertility rate is expected to drop from 1.69 babies per woman in 2019-20 to 1.58 in 2021-22 because of the impact of the COVID pandemic, but is anticipated to rise to 1.69 in 2023-24. Following this, it is assumed fertility rates across Australia will resume current trends, driven in part by families having children later in life and having fewer children when they do, with estimates suggesting the total fertility rate will continue to decline until it reaches 1.62 babies per woman in 2030-31.

Population projections depend on assumptions about the future fertility rate. The fertility rate itself is heavily influenced by changes in the timing and number of births within a woman’s lifetime. In the short term, families make decisions about when they have children. In the long term, families make decisions about how many children to have. Fertility rates in Australia have generally been in decline for 60 years since the last years of the Baby Boom. From 3.55 babies per woman on average in 1961, rates fell to around 1.74 babies per woman on average in 2018. This trend has been driven by a combination of short- and long-term factors; the age at which women have children has been increasing over time and the total number of children per family has been falling over time.<sup>52</sup>

#### Annual Fertility Rate G21 Region (2019)

G21 region trend 2006 = 1.99%  
Victorian trend 2006 = 1.74%



Source: ABS Births, Australia, Summary Local Government Areas 2012-2019

<sup>49</sup> <https://www.thewomens.org.au/research/research-centres/womens-pregnancy-research-centre>

<sup>50</sup> Health of mothers and babies. Snapshot AIHW. 2020. <https://www.aihw.gov.au/reports/australias-health/health-of-mothers-and-babies>

<sup>51</sup> Birth rate is calculated by the number of live births per 1,000 of the population. In 2019, the fertility rate across Australia (the number of live births per 1,000 women between the ages of 15-44 years) was 1.35, lower than the Victorian average of 1.63. This figure is below replacement level (2.1). i.e. the average number of babies born to a woman throughout her reproductive life is

insufficient to replace herself and her partner. Together with mortality and migration, fertility is an element of population growth, reflecting both the causes and effects of economic and social developments. The reasons for the dramatic decline in birth rates during the past few decades include postponed family formation and childbearing and a decrease in desired family sizes.

<sup>51</sup> Births, Australia. ABS 2019. <https://www.abs.gov.au/statistics/people/population/births-australia/2019#states-and-territories>

<sup>52</sup> McDonald, P 2020, 'A Projection of Australia's Future Fertility Rates', Centre for Population Research Paper, The Australian Government, Canberra.

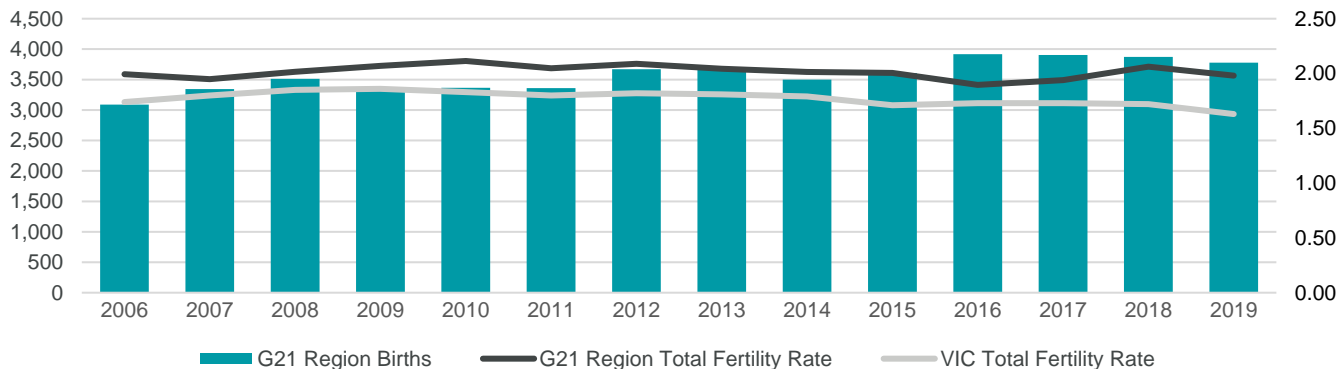




In the G21 region there were 96 less births in 2019 compared with 2018 and the fertility rate decreased from 2.06 in 2018 to a

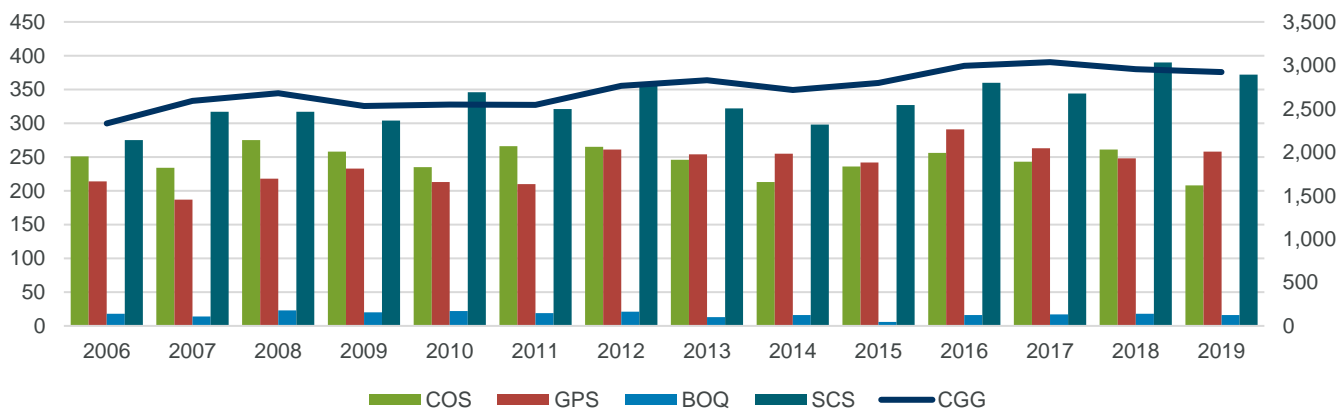
rate of 1.98 in 2019, which was still above the average fertility rate for Victoria of 1.63.

Figure 3.1 Annual Birth and Fertility Rate G21 Region 2006-2019



Source: ABS Births, Australia, Summary Local Government Areas 2012-2019

Figure 3.2 Annual Births by LGA in G21 Region 2006-2019



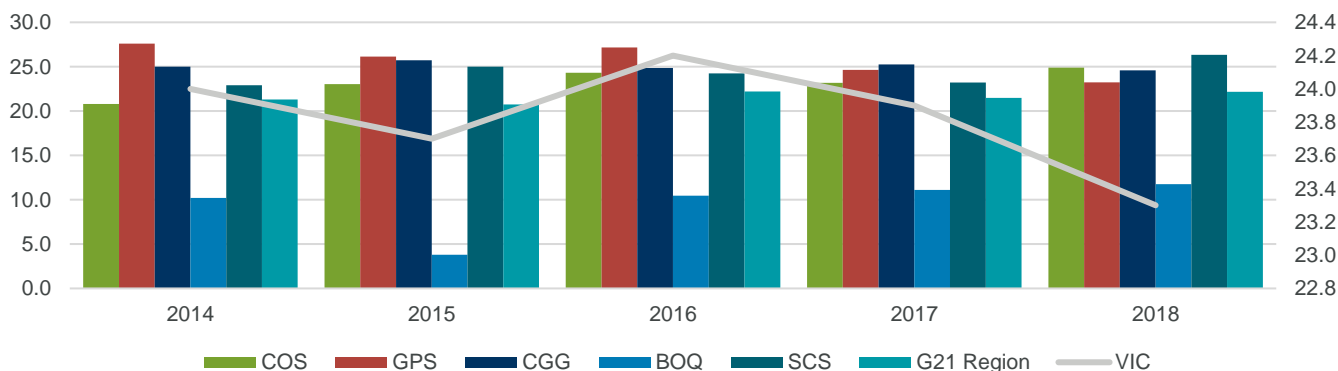
Source: ABS Births, Australia, Summary Local Government Areas 2012-2019

Note: Births for the City of Greater Geelong are shown on the right-hand axis given the significantly higher number of births in the municipality compared with other local government areas in the G21 region.

The birth rate equals the number of live births in 2018, per 1,000 women of the corresponding LGA. In most cases, apart

from the Borough of Queenscliffe, the crude birth rate across municipalities within the G21 region have generally been above the Victoria rate in most years between 2014 to 2018.

Figure 3.3 Birth Rate Per 1,000 Population G21 Region 2014-2018



Source: Women's Health Victoria Nov 2020. victorianwomenshealthatlas.net.au

Teenage pregnancy can adversely impact birth outcomes and lead to a range of long-term socio-economic implications. In Australia, the incidence of births in young women aged under

20 years has been falling over the past decade, dropping from 18.4 per 1,000 in 2008 to 9.5 per 1,000 in 2018. The teenage



fertility rate is defined as the number of births per 1,000 females aged 15–19 years.<sup>53</sup>

The rate of live births to women aged 13-19 years is aggregated over a two-year period for each year shown from 2014 - 2018 by LGA, per 1,000 women aged 13-19 residing in that LGA. Caution should be exercised when analysing or using this data given the low numbers, especially for the Borough of Queenscliffe.

The following figure does however indicate that rate of live births to women aged 13-19 years per 1,000 women is generally lower across the G21 region (5.5%) compared with

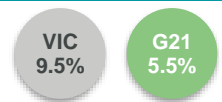
the average for Victoria (9.5) and has decreased from 11.6% in 2017 (Vic 10.6% in 2017).

According to the Consultative Council on Obstetric and Paediatric Mortality and Morbidity there were slightly over 45 births recorded in 2019 across the G21 region amongst young women aged 20 years or younger, with the majority living in the City of Greater Geelong. This reflects an overall decrease in the total number of births recorded amongst young women aged under 20 in 2017 across the G21 region.<sup>54</sup>

### Teenage Birth Rate Per 1,000 Population

**G21 region trend** 2014 = 14.4%

**Victorian trend** 2014 = 15.7%



Source: Women's Health Victoria Nov 2020. victorianwomenshealthatlas.net.au

Across Australia, the average age of all women who gave birth continues to rise. It was 30.7 in 2018, compared with 29.9 in 2008. The median age was slightly higher, at 31 years in 2018. The average age of first-time mothers also increased, from 28.2 in 2008 to 29.3 in 2018. The average age also increased for Aboriginal and Torres Strait Islander mothers, from 25.1 in 2008 to 26.2 in 2018, with a median of 26 years.<sup>55</sup>

In the G21 region most women giving birth in the years 2017 and 2019 were in the 20-34 age group (75.7% in 2017 and 64.6% in 2019). Women giving birth aged 35 years and above account for 22-24% in the G21 region, compared to 25.3% on average in Victoria in 2017.

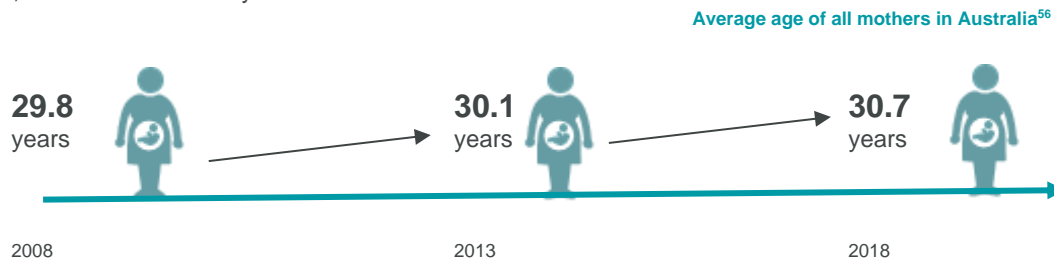
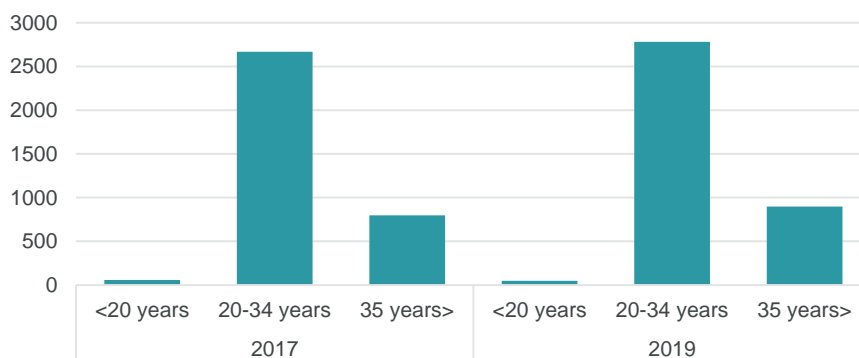


Figure 3.4 Age group of women giving birth G21 region 2017 & 2019



Source: Extracted from data published by the Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM)

<sup>53</sup> Teenage pregnancy Volume 49, Issue 6, June 2020. The Royal Australian College of General Practitioners. 2020

<sup>54</sup> Australian Institute of Health and Welfare 2020. Australia's mothers and babies 2018: in brief. Perinatal statistics series no. 36. Cat. no. PER 108. Canberra: AIHW

<sup>55</sup> ibid

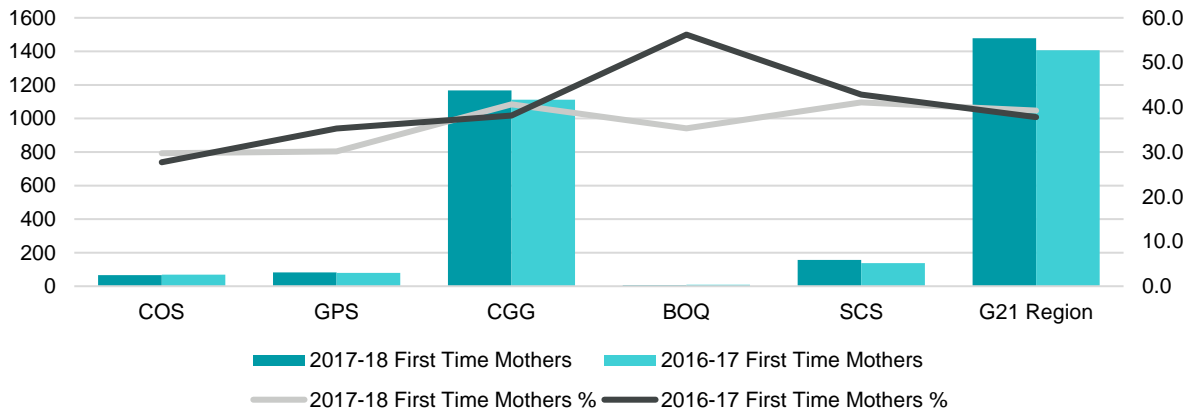
<sup>56</sup> Australian Mothers in Brief. AIHW, 2018



Maternal and Child Health Annual Reports for the period 2016-2018 indicate that there were 1,478 first time mothers or 39.3% of mothers recorded in 2017-18 – which was similar to the previous twelve-month period in 2016-17 where 1,407 births

were recorded to first time mothers or 37.2%. Proportionally first-time mothers ranged from a high of 41.1% in the Surf Coast Shire to 29.7% in the Colac Otway Shire based on 2017-18 data.

**Figure 3.5 Number and Percentage of First Time Mothers 2016-2018**



Source: Maternal & Child Health Annual Service Reports 2016-2017 & 2017-2018

### Low birth weight

Birthweight is a key indicator of infant health and a principal determinant of a baby’s chance of survival and good health. A birthweight below 2,500 grams is considered low and is a known risk factor for neurological and physical disabilities. Around 6% of babies born in Australia are low birthweight and there has been little change in recent years.<sup>57</sup>

Low birthweight babies—whose weight at birth is less than 2,500 grams—are at increased risk of illness in infancy. Long-term health effects can include poor cognitive development and increased risk of developing chronic diseases, such as diabetes and cardiovascular disease later in life. Children born with very-

low birthweight are especially at high risk of developmental difficulties, poor cognitive and motor skills.

Research from the Maternal Health Study conducted in Victoria found that women who experienced family violence were twice as likely to give birth to babies of low birthweight as women who did not experience violence.<sup>58</sup>

In 2019, there were 226 babies born in the G21 region classified as low birthweight or born weighing less than 2,500 grams. This number was 24 less than was recorded in 2017, although proportionally was slightly higher at 5.6% compared with 5.0% in 2017.

#### Low Birthweight Births

**G21 region trend 2017 = 5.0%**

**Victorian trend 2017 = 7.0%**

VIC  
6.9%

G21  
5.6%

Source: Extracted from data published by Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM)

**Table 3.6 Low Birthweight Babies G21 Region (under 2500g) (2017-2019)**

	2017		2018		2019	
	No.	%	No.	%	No.	%
COS	16	6.6	16	6.8	10	4.8
GPS	16	5.7	16	6.0	12	4.6
CGG	199	7.4	199	6.9	188	6.4
BOQ	0	0	0	0.0	<5	8.3
SCS	19	5.5	17	4.5	16	4.1
G21 Region	250	5.0	248	4.8	226	5.6
VIC	5,285	7.0			5,345	6.9

Source: Extracted from data published by Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM)

<sup>57</sup> Australian Institute of Health and Welfare 2020. Australia’s mothers and babies 2018. Canberra: AIHW

<sup>58</sup> Australian Institute of Health and Welfare 2020. Australia’s children. Cat. no. CWS 69. Canberra: AIHW.



## Premature babies

A premature birth is when a baby is born before 37 weeks. Exact gestational age is important because the more premature babies are, the less developed they are and therefore at greater risk to a range of adverse health conditions and early development implications and often requiring more medical support in the early stages following birth.

Common issues for premature babies include problems with breathing, heart, digestion, jaundice, anaemia, infections. Most premature babies will develop normally, however tend to be at

higher risk of developmental problems including language delays; growth and movement problems; vision or hearing issues; cognitive and learning difficulties; social and emotional problems.

Across the G21 region there were 307 infants classified as premature born in 2019 or 7.5%. This was 62 less than the total number of premature babies born across the region in 2018 and on average (7.5%) less than for Victoria at 8.3%.

### Premature Births

G21 region trend 2017 = 9.6%

Victorian trend 2017 = 8.5%

VIC  
8.3%

G21  
7.5%

Source: Extracted from data published by Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM)

Table 3.7 Premature Babies G21 Region (2017-19)

	2017		2018		2019	
	No.	%	No.	%	No.	%
COS	18	7.4	24	10.2	18	8.7
GPS	30	10.7	25	9.4	19	7.3
CGG	262	9.7	294	10.1	251	8.5
BOQ	1	11.1	1	5.9	<5	8.3
SCS	31	9.0	25	6.7	19	4.9
G21 Region	342	9.6	369	8.5	307	7.5
VIC	6,420	8.5		7.6	6,378	8.3

Source: Extracted from data published by Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM)

## Antenatal care

Accessing routine antenatal care, beginning in the first trimester (before 14 weeks gestational age), is known to contribute to better maternal health in pregnancy, fewer interventions in late pregnancy and positive child health outcomes.

The Australian Antenatal Guidelines recommend that the first antenatal visit occur within the first 10 weeks of pregnancy and that first-time mothers with an uncomplicated pregnancy have 10 antenatal visits (7 visits for subsequent uncomplicated pregnancies). Less than 50% of women attend their first antenatal visit within the first 10 weeks of pregnancy and while almost 90% of women attended 7 or more visits while pregnant, this drops to around 60% for 10 or more visits.<sup>59</sup>

Amongst women in the G21 region 39.3% of women did not attend antenatal care within the first 10 weeks based on aggregated data for the 2016-18 period. This compares favourably against the Victorian average of 56.8% of women who did not attend antenatal care within the first 10 weeks during the same period. The rate for women in the Colac Otway Shire was higher than for other municipalities within the G21 region for women who did not attend antenatal care within the first 10 weeks at 44.1% and lowest amongst women in the Golden Plains Shire at 26.6%.

<sup>59</sup> Australian Institute of Health and Welfare 2020. Australia's mothers and babies 2018. Canberra: AIHW



**Table 3.8 Women Who Did Not Attend Antenatal Visits within the First 10 Weeks (2016-2018)**

	Women who did not attend antenatal care within first 10 weeks	Women who gave birth	% Women who did not attend antenatal care within first 10 weeks
COS	314	714	44.1
GPS	230	898	25.6
CGG	2,551	8,319	30.7
BOQ	20	53	37.5
SCS	351	1,123	31.2
G21 Region	3,466	11,107	33.8
VIC	130,558	229,771	56.8

Source: Social Atlas of Australia, Victoria. Data by Local Government Area. Published February 2021 PHIDU

### Smoking during pregnancy

Tobacco smoking during pregnancy is the most common preventable risk factor for pregnancy complications. Evidence clearly indicates that babies of mothers who smoke during pregnancy are at increased risk of poor growth during pregnancy, with increased risks of sudden infant death syndrome, childhood diabetes and childhood obesity all linked to exposure to tobacco during fetal development.<sup>60</sup> Across Australia data indicates that approximately one in 10 mothers (9.6%) who gave birth in 2018 smoked at some time during their pregnancy – a decrease from 14.6% in 2009.

In 2018, proportions of mothers who smoked in the first 20 weeks of pregnancy were highest among those aged under 20 (almost one-third (31%) compared with 6.0% of mothers aged 35–39 and 6.3% aged 40+); those living in the lowest SES

areas (almost one-fifth (17%) compared with 2.7% in the highest SES areas); and Aboriginal and Torres Strait Islander mothers (43% of Aboriginal and Torres Strait Islander mothers compared with 11% of non-Indigenous mothers), among others.<sup>61</sup>

Across the G21 region approximately 5.0% of women reported smoking during their pregnancy in 2019. This compares favourably against an average of 7.7% across Victoria during the same period and is slightly less than the average reported in 2017 of 6.9% of women smoking during pregnancy in the G21 region. Higher proportional rates of women smoking during pregnancy are recorded in Colac Otway Shire (10.7%) and the City of Greater Geelong (7.7%); with rates being almost halved in the Golden Plains Shire from 8.9% in 2017 to 5.4% in 2019.

#### Mothers Smoking During Pregnancy

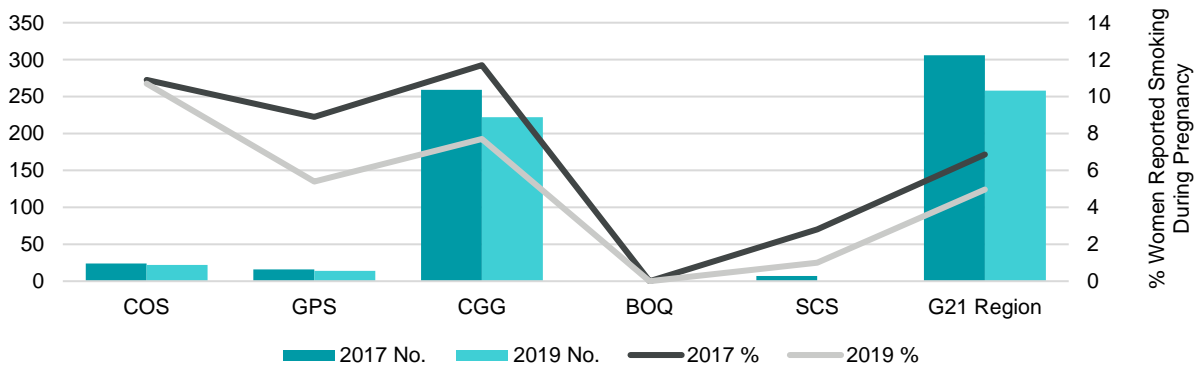
G21 region trend 2017 = 6.9%

Victorian trend 2017 = 8.6%



Source: Extracted from data published by Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM)

**Figure 3.9 Women Who Reported Smoking During Pregnancy 2017 and 2019**



The Victorian Child Health and Wellbeing Survey (VCHWS) also collects information from parents about how many people within their household are regular smokers. Results indicate that four-in-five Victorian children (81.9%) lived in a home where they were not exposed to smoke, consistent with

previous survey results. Children living in metropolitan areas, the least disadvantaged areas, in couple families and not listed as dependents on health care cards were more likely to live in smoke-free homes.

<sup>60</sup> Greenhalgh, EM, Bayly, M, Hanley-Jones, S. & Scollo, MS 1.10 Prevalence of smoking in other high-risk sub-groups of the population Tobacco in Australia: Facts and issues. Melbourne: Cancer Council Victoria; 2021.

<http://www.tobaccoinustralia.org.au/chapter-1-prevalence/1-10-prevalence-of-smoking-in-other-high-risk-sub->

<sup>61</sup> Australian Mothers in Brief. AIHW, 2018



**Table 3.10 Proportion of Victorian children living in a smoke-free home (2019)**

	2013	2017	2019
Victoria	81.5%	81.9%	81.9%
Metropolitan	82.1%	84.1%*	85.6%*
Rural	79.8%	75.4%*	77.6%*
Most disadvantaged	70.7%*	65.5%*	70.8%*
Least disadvantaged	89.9%*	91.4%*	91.1%*
Couple family	82.9%*	84.6%*	84.0%*
One-parent family	67.6%*	68.7%*	68.7%*
Child on a health care card	70.0%*	66.6%*	68.0%*
Child not on a health care card	85.2%*	87.0%*	86.2%*

Source: Victorian Child Health and Wellbeing Survey: Summary Results, Department Education and Training 2019  
 Note: \* indicates a significant difference between results for population groups for the respective survey year.

### Prenatal alcohol exposure

Evidence indicates that alcohol use in pregnancy may cause birth defects, growth failure, developmental delay and learning difficulties.<sup>62</sup> In 2019, consumption of alcohol during pregnancy was reported for the first time. Data presented in Victoria’s Mother and Children Report 2019 indicates that:

- 1.4% of women reported drinking alcohol during pregnancy (0.8% drank monthly or less often, 0.3% drank 2-4 times per month, 0.2% drank two to three times per week and 0.1% drank four or more times per week).

The 2019 Victorian Children’s Health and Wellbeing Survey also collected information from biological mothers (of children up to the age of one) whether they had drunk alcohol while pregnant (both before and after they knew they were pregnant). Results indicate that:

Approximately half (46.6%) of Victorian babies were exposed to alcohol in utero. This is the same result as found in previous surveys.

Mothers who did not have children listed on a health care card were more likely to have drunk while pregnant compared with mothers of children on a health care card.

**Table 3.11 Proportion of Victorian babies (aged 0-1) who were exposed to alcohol in utero.**

	2013	2017	2019
Victoria	46.7%	56.2%	46.6%
Metropolitan	44.8%	55.2%	44.3%
Rural	52.9%	59.1%	49.2%
Most disadvantaged (SEIFA IRSED quintile 1)	29.3%*	51.8%	42.8%
Least disadvantaged (SEIFA IRSED quintile 5)	57.5%*	61.3%	55.0%
Couple family	47.4%	57.6%	48.3%
One-parent family	36.2%	40.6%	21.2%
Child on a health care card	34.1%	48.3%	29.1%*
Child not on a health care card	49.9%	58.4%	49.9%*

Source: Victorian Child Health and Wellbeing Survey: Summary Results, Department Education and Training 2019  
 Note: \* indicates a significant difference between results for population groups for the respective survey year.

<sup>62</sup> Department of Health (2020) *Clinical Practice Guidelines: Pregnancy Care*. Part C. Lifestyle Considerations. 13 Alcohol. 2020 Edition. Canberra: Australian Government Department of Health.



## Stillbirths

Stillbirth is the term used for the death of a baby after 20 weeks of pregnancy and before or during birth. In Australia, one in every 135 pregnancies that reach 20 weeks will end with a stillborn child. For some women, including Aboriginal and Torres Strait Islander women and other disadvantaged groups, the risk of having a stillborn baby is higher.<sup>63</sup>

On average there have been 29.3 stillbirths recorded annually across the G21 region based on Maternal and Child Health Annual Report data. There appears to have been no change in the number of still births recorded over time, although the

number does not appear to have been affected by population growth either.

A *National Stillbirth Action and Implementation Plan* has been adopted by the Australian Government, through the Department of Health in 2020. The Plan supports a sustainable reduction in rates of preventable stillbirth after 28 weeks, with a primary goal of 20% or more reduction over five years. It also aims to ensure that, when stillbirth occurs, families receive respectful and supportive bereavement care.

**Table 3.12 Number of Stillbirths Recorded by LGA in G21 Region (2013-18)**

	2013-14	2016-17	2017-18
COS	0	4	0
GPS	2	1	3
CGG	27	22	23
BOQ	1	0	0
SCS	1	0	4
G21 Region	31	27	30

Source: Maternal Child Health Annual Service Reports 2013-2018

## Breastfeeding rates

Breast milk provides a valuable source of nutrition and immunological protection and is known to promote the healthy growth and development of infants and young children. In Australia, the National Health and Medical Research Council publishes infant feeding guidelines which state 'it is recommended that infants are exclusively breastfed until around 6 months of age when solid foods are introduced and that breastfeeding is continued until 12 months of age and beyond, for as long as the mother and child desire' (NHMRC 2012).<sup>64</sup>

Breastmilk contains all the requirements for a baby's development for the first 6 months of life and remains the most important part of a baby's diet, with the addition of family foods,

until around 12 months. Breastmilk continues to be a valuable source of nutrition and immunological protection for 2 years and beyond. Breastfeeding forms an important part of a mother's and her child's physical and emotional wellbeing for as long as the child breastfeeds.<sup>65</sup>

Data from the 2017–18 National Health Survey estimate that just under two-thirds (61%) of children aged 4–47 months were exclusively breastfed to at least 4 months of age (ABS 2019b). In the G21 region local data extracted from Annual Maternal and Child Health Services Reports indicate that in 2017-2018 60.1% of infants were being breastfed at 3 months and 30.6% were being breastfed at 6 months (compared with Victorian average of 30.6% at 3 months and 22.0% at 6 months).

### Children Who Are Breastfed at 3 Months (2017-18)

**G21 region trend 2007 = 61.1%**

**Victorian trend 2007 = 52.4%**

VIC  
49.9%

G21  
60.1%

Source: Maternal and Child Health Services Annual Reports and VCAMS Data

<sup>63</sup> Royal Women's Hospital, Melb. VIC. <https://www.thewomens.org.au/health-information/pregnancy-and-birth/a-healthy-pregnancy/reducing-the-risk-of-stillbirth>

<sup>64</sup> Australian Institute of Health and Welfare 2020. Children's Headline Indicators. Cat. no. CWS 64. Canberra: AIHW.

<sup>65</sup> Australian Breastfeeding Association. (2013). Position statement on breastfeeding. [https://www.breastfeeding.asn.au/system/files/content/POLStatement%20on%20Breastfeeding-V2.2-201311\\_1.pdf](https://www.breastfeeding.asn.au/system/files/content/POLStatement%20on%20Breastfeeding-V2.2-201311_1.pdf)



**Table 3.13 Breastfeeding Rates for Children Breastfed at 3 Months G21 Region (2007-2018)**

Year	COS	GPS	CGG	BOQ	SCS	G21 Region	VIC
2007-08	53.6	50.8	48.9	83.3	69.1	61.1	52.40
2008-09	56.6	50.7	49.5	65.7	64.6	57.4	51.40
2009-10	56.0	51.0	48.9	85.7	67.3	61.8	51.20
2010-11	56.8	48.7	51.4	56.3	67.3	56.1	51.80
2011-12	51.1	50.8	51.8	92.3	63.5	61.9	51.70
2012-13	52.2	55.0	52.4	74.3	71.7	61.1	51.00
2013-14	45.5	53.4	53.4	82.6	68.4	60.7	50.60
2014-15	47.4	53.7	53.3	56.5	70.6	56.3	51.40
2017-18	49.0	58.7	49.8	78.9	64.3	60.1	49.4

Source: Maternal & Child Health Services Annual Reports and VCAMS Data

**Children Breastfed at 6 Months (2017-18)**

**G21 region trend 2007 = 46.7%**

**Victorian trend 2007 = 38.9%**



Source: Maternal and Child Health Services Annual Reports and VCAMS Data

**Table 3.14 Breastfeeding Rates for Children Breastfed at 6 Months G21 region (2007-2018)**

Year	COS	GPS	CGG	BOQ	SCS	G21 Region	VIC
2007-08	40.1	41.6	36.5	61.1	54.0	46.7	38.90
2008-09	42.7	39.1	35.9	57.1	53.7	45.7	37.90
2009-10	41.9	34.5	36.1	57.1	52.8	44.5	36.90
2010-11	41.0	37.2	38.6	50.0	54.2	44.2	35.70
2011-12	35.6	36.2	39.4	82.1	51.8	49.0	34.80
2012-13	38.8	40.6	40.2	68.6	55.0	48.6	33.80
2013-14	33.9	40.5	42.4	65.2	54.4	47.3	33.90
2014-15	36.3	41.2	41.4	43.5	55.3	43.5	34.00
2017-18	34.3	44.4	17.4	21.1	35.9	30.6	22.0

Source: Maternal & Child Health Services Annual Reports and VCAMS Data

The Australian Health Ministers' Advisory Council (AHMAC) have developed a high-level strategy to incorporate recent research on effective strategies to support breastfeeding in the current environment. The *Australian National Breastfeeding Strategy: 2019* aims to support all mothers, fathers/partners and babies in Australia by providing support for mothers to breastfeed their infants.

The Strategy provides a framework for integrated, coordinated action to shape and inform Commonwealth, state, territory and local government policies and programs as they support mothers, fathers/partners and their babies throughout their

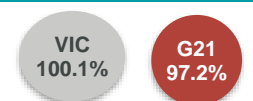
breastfeeding journeys. It sets out a vision, objectives, principles, priority areas and action areas to provide a supportive and enabling environment for breastfeeding.<sup>66</sup>

Rates for key Maternal and Child Health visits across the G21 region tend to be above the Victorian average with exceptions in specific LGAs. The average rate for home consultations is lowest in the Borough of Queenscliffe, Surf Coast Shire and City of Greater Geelong (all lower than the Victorian average of 100.1%). However, rates for the 3.5-year-old consultation are all above the Victorian average (64.2%) apart from Colac Otway Shire (52.4%) and the City of Greater Geelong (54.9%).

**Maternal and Child Health Home Consultations (2017-18)**

**G21 region trend 2013-14 = 95.8%**

**Victorian trend 2013-14 = 101.0%**



Source: Maternal and Child Health Services Annual Reports and VCAMS Data

Note: Data for some regions total above 100% as some families have multiple maternal and child health visits.

<sup>66</sup> The Australian National Breastfeeding Strategy: 2019 and Beyond. COAG Health Council. Department of Health 2019





**Table 3.15 Participation Rates for MCH Key Ages and Stages Consultations (Non Aboriginal and Torres Strait Islander) (percentage)**

	Home Consult	2 Week	4 Week	8 Week	4 Mths	8 Mths	12 Mths	18 Mths	2 Year	3.5 Year
COS	101.4	98.2	100.0	103.7	110.6	85.3	83.1	61.4	57.6	52.8
GPS	100.4	97.1	95.3	95.7	92.4	93.2	86.9	95.4	96.0	90.8
CGG	98.6	93.8	93.9	94.9	93.7	85.6	85.2	74.2	68.9	54.9
BOQ	90.0	90.0	90.0	75.0	90.0	102.6	92.3	105.0	100.0	92.7
SCS	95.5	91.5	88.6	89.9	83.1	75.5	75.2	70.8	69.8	72.8
G21 Region	97.2	94.1	93.6	91.8	94.0	88.4	84.5	81.4	78.5	72.8
VIC	100.1	96.7	97.1	95.9	94.1	85.8	83.4	74.2	70.6	64.2

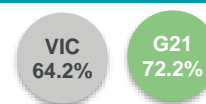
Source: Maternal & Child Health Services Annual Report 2017-2018

Note: Data for some municipalities total above 100% as some families have multiple maternal and child health visits

**Maternal and Child Health 3.5 Year Consultations (2017-18)**

**G21 region trend** 2013-14 = 60.0%

**Victorian trend** 2013-14=64.9%



Source: Maternal and Child Health Services Annual Reports and VCAMS Data

Participation rates for key Maternal and Child Health ages and stages consultations amongst the Aboriginal and Torres Strait Islander population within the G21 region tended in general to be lower than for the non- Aboriginal and Torres Strait Islander population. Rates for Maternal and Child Health ages and

stages consultations amongst the Aboriginal and Torres Strait Islander population were highest in the Colac Otway Shire for consultations up to 4 months and highest in Golden Plains Shire for later consultations from 8 weeks to 3.5-year consultation.

**Table 3.16 Participation Rates for MCH Key Ages and Stages Consultations (Aboriginal and Torres Strait Islander) (percentage)**

	Home Consult	2 Week	4 Week	8 Week	4 Month	8 Mth	12 Mth	18 Mths	2 Year	3.5 Year
COS	100.0	100.0	100.0	100.0	100.0	46.2	76.9	42.9	50.0	53.3
GPS	71.4	71.4	57.1	57.1	57.1	66.7	44.4	133.3	150.0	120.0
CGG	93.3	96.7	83.3	116.7	120.0	85.4	95.8	48.9	43.1	54.9
BOQ	100.0	100.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
SCS	66.7	66.7	50.0	50.0	100.0	66.7	66.7	111.1	100.0	50.0
G21 Region	86.3	87.0	78.1	64.8	75.4	53.0	56.8	67.2	68.6	55.6
VIC	97.9	89.9	88.9	83.9	80.4	70.6	67.5	60.7	62.1	61.1

Source: Maternal & Child Health Service Annual Report 2017-2018

Note: Data for some municipalities total above 100% as some families have multiple maternal and child health visits

The following Table 3.17 profiles the reasons for referral from mother or family members by Maternal and Child Health Services throughout the G21 region for the 2017-18 reporting period. The main reason for referral (52.1%) are emotional reasons followed by physical reasons. Although there is

significant variation in the actual referral numbers from year-to-year, the main referral reasons have remained relatively consistent when compared against past years (i.e. 2013-14 and 2016-17)

**Table 3.17 Reason for Referral (Mother or Family) Maternal and Child Health (2017-18)**

	Emotional	Physical	Social Interaction Impaired	Family Violence	Family Planning	Total
COS	53	33	6	15	1	108
GPS	26	12	2	1	0	41
CGG	62	45	16	4	1	128
BOQ	1	5	1	0	0	7
SCS	23	8	0	2	0	33
G21 Region	165	103	25	22	2	317
% Total Referrals	52.1	32.5	7.9	6.9	0.6	100.0

Source: Maternal and Child Health Annual Service Reports 2017-18



The following Table 3.18 profiles the reasons for referral from child health and wellbeing by Maternal and Child Health Services throughout the G21 region for the 2017-18 reporting period. The main reason for referral (39.2%) are reasons relation to potential disabling conditions followed by growth

(38.4%) and development (36.0%) concerns. There is some significant variation in the actual main reasons for referral of children from year-to-year when comparing annual reports from past years.

**Table 3.18 Reason for Referral (Child Health and Wellbeing) Maternal and Child Health (2017-18)**

	Visual	Auditory	Communication	DDH	Congenital Anomaly	Growth	Development	Potential Disabling Condition	Accident	Illness	Nutrition altered	Dental / Oral	Total
COS	17	16	33	40	34	33	67	62	4	40	117	19	235
GPS	5	9	71	10	33	64	71	72	0	21	97	4	334
CGG	12	25	138	65	33	354	251	125	3	46	372	60	667
BOQ	0	2	1	3	0	8	10	16	0	1	2	0	25
SCS	18	16	63	87	11	81	107	276	8	98	162	21	145
G21 Reg	52	68	306	205	111	540	506	551	15	206	750	104	1406
% Total	3.7	4.8	21.8	14.6	7.9	38.4	36.0	39.2	1.1	14.7	53.3	7.4	100.0

Source: Maternal and Child Health Annual Service Reports 2017-18

### Childhood immunisation rates

The Department of Health released the updated March 2019 data on childhood immunisation coverage by Primary Health Networks revealing Western Victoria PHN is leading the nation in childhood immunisation rates. Western Victoria PHN leads the nation for children aged 12 to 15 months and 24 to 27 months in the region being fully immunised and has also recorded the second highest rate in Australia of children fully immunised between the ages of 60 and 63 months.<sup>67</sup>

Immunisation is a simple and effective way of protecting children from serious diseases. It not only helps protect individuals, but it also protects the broader community by minimising the spread of disease.

The National Immunisation Program Schedule recommends certain vaccinations at certain times as children grow and develop – generally at 1-year-old (12-15 months); 2-years-old (24-27 months) and 5-years-old (60-63 months). These vaccines are available free of charge for all Australian children.

To increase childhood immunisation rates and to be eligible for the full rate of Family Tax Benefit Part A, children need to be immunised in accordance with the National Immunisation Program childhood vaccination Schedule. This is part of the Australian Government’s ‘No Jab No Pay’ legislation introduced in 2016.

Equally, by law, to finalise enrolment of a child in long day care, kindergarten, family day care or occasional care in Victoria, parents/carers are obliged to provide the service at the time of enrolment with a current Immunisation History Statement from the Australian Immunisation Register (AIR) that shows a child is up to date with all the immunisations that are due or they are able to receive for their age.

Similarly, by law, an Immunisation History Statement from the AIR must be provided to primary schools when children are being enrolled, even if it shows that the child has not received any vaccinations.

A review of the impact of the *No Jab No Play* legislation conducted in 2020 identified immunisation rates have in fact improved for Victorian children aged 1-, 2- and 5-years since the legislation was implemented in 2016 as follows:

The number of children age-appropriately vaccinated in the age groups 1-, 2- and 5-years increased from 92.5% (211,038 children) in 2015 to 94.2% (224,662 children) in 2020.

Victoria’s childhood immunisation rates steadily increased by 3.4% for 1-year-old children, 3.7% for 2-year-old children and 3.3% for 5-year-old children.

The 95% target in 2020 has been achieved and exceeded target for 1- and 5-year-old children at 96.4% and 96.2% respectively. Victoria was the first and only jurisdiction to exceed immunisation target for 5-year-old children in 2019.

The difference appears to be narrowing between the highest and lowest immunisation coverage across LGAs in Victoria, with 80% (12 out of 15 LGAs) lowest coverage areas prior to legislation meeting or exceeding immunisation targets in 2019.

Immunisation coverage in high socioeconomic areas within quintile 5 improved with eight out of 15 LGAs achieving 95% target.

<sup>67</sup> The Western Victoria Primary Health Network (PHN) Annual Report 2019



The review examined immunisation trends in 15 LGAs with the lowest immunisation coverage prior to the legislation in 2015. Although immunisation rates have fluctuated over the past four years, there has been improvement, with 80% (12 of the 15) of low coverage LGAs meeting or exceeding the 95% target immunisation for 5-year-old children.

This includes Colac Otway Shire where the No Jab No Play review identifies an 8.0% improvement in the rate of immunisation has been achieved between 2015-2019; and immunisation rates for 5-year-old children in the Colac Otway Shire were 98.3% in 2019.<sup>68</sup>

The review also identified positive changes in low immunisation coverage amongst 'high SEIFA LGAs' for 5-year-old children which included the local municipalities of Borough or Queenscliffe and Surf Coast Shire. The review indicates that both municipalities have achieved positive improvements with 2019 immunisations rates for 5-year-old children in Borough of Queenscliffe at 100.0% and Surf Coast Shire at 96.0%.

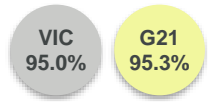
Figure 3.19 identifies the immunisation rates for children aged 1 to 5 years old for the G21 region compared with the Victorian average for the period 2009-2021. It is important to note when comparing this data that different reporting periods apply from 2016 onwards and therefore caution needs to be exercised when analysing and using this information. The information does however indicate a steady improvement over time in the immunisation rates, which are (in most cases) comparable with or more favourable when compared against the Victorian average.

As of the 30 March 2021 95.3% of children in the 12–15-month age cohort were fully vaccinated across the G21 region compared with 95.0% across Victoria; 95.4% of children in the 24–27-month age cohort were fully vaccinated compared with 92.2% across Victoria; and 96.6% of children in the 60–63-month age cohort were fully vaccinated compared with 96.1% across Victoria.

**Proportion of Children Fully Vaccinated 1 Year (2021)**

**G21 region trend** 2009 = 91.4%

**Victorian trend** 2009 = 92.1%

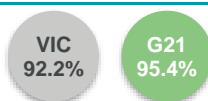


Source: Australian Immunisation Register - Coverage Report and VCAMS Data

**Proportion of Children Fully Vaccinated 2 Years (2021)**

**G21 region trend** 2009 = 94.3%

**Victorian trend** 2009 = 92.8%

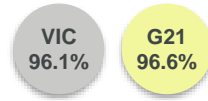


Source: Australian Immunisation Register - Coverage Report and VCAMS Data

**Proportion of Children Fully Vaccinated 5 Years (2021)**

**G21 region trend** 2009 = 87.2%

**Victorian trend** 2009 = 87.2%



Source: Australian Immunisation Register - Coverage Report and VCAMS Data

**Figure 3.19 Proportion of Children who are Fully Vaccinated by LGA 2019-2021**

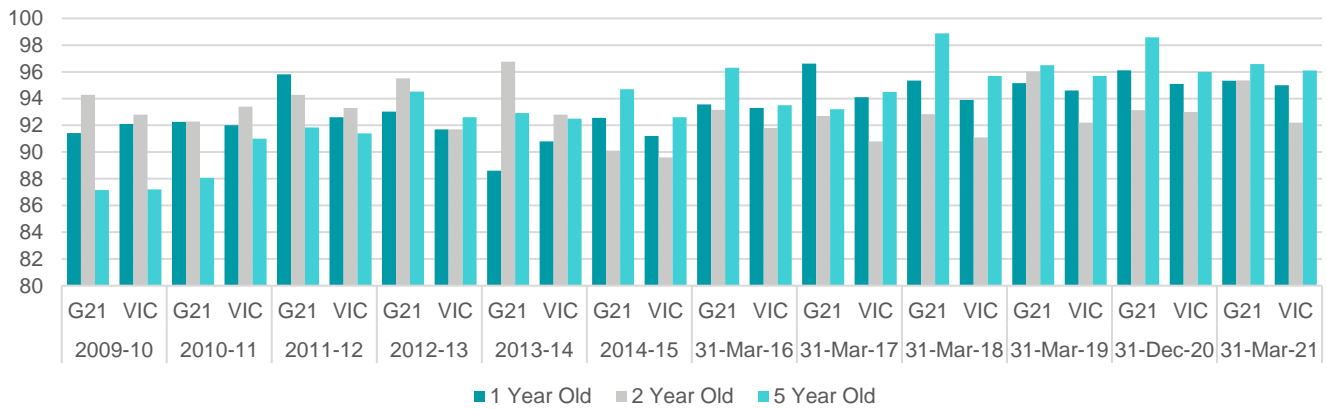


Source Australian Immunisation Register - Coverage Report and VCAMS

<sup>68</sup> No Jab No Play 2020 Review. Centre for Evaluation and Research Evidence. Department of Health and Human Services. Oct 2020



Figure 3.20 Proportion of Children Who Are Fully Vaccinated G21 Region 2009-2021



Source Australian Immunisation Register - Coverage Report and VCAMS

Within Victoria, the choice of vaccination provider by parents/carers is determined by what best suits family needs and circumstances. Vaccination services can be accessed through general practice (from both general practitioners and nurse immunisers), local council immunisation service providers, or other approved service providers, including community health services, Aboriginal medical services, some maternal and child health nurses, travel clinics and some pharmacists and hospitals.

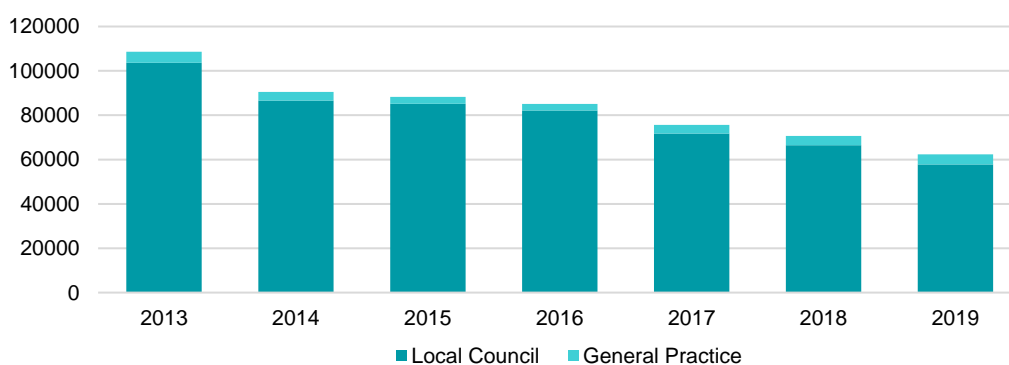
Regardless of how vaccination services are provided, immunisation is reported to the AIR by the service provider. A record is also documented by the service provider and, in the case of vaccination of a child, a copy is given to the parent/carer, usually in the My Health Learning and Development Record.

Most vaccinations are provided free of charge by local council immunisation services at a specified time and location, while general practices provide vaccines by appointment and (unless bulkbilling) may charge a consultation fee (while the vaccine itself remains free).

Data from the Australian Immunisation Register for the period 2013–19 indicates since 2013 there has been a gradual decline in vaccinations administered by local councils. In 2015, local councils provided 82,099 (96%) vaccinations to children aged 0–7 years and general practice immunisers provided 2,992 (4%) vaccinations.

In 2019, general practices provided 4,520 (8%) vaccinations and local council immunisers provided 57,820 (92%) (Figure 3.21). The data indicates a slight and steady year-on-year reduction in the number of vaccines provided by local council immunisation services.<sup>69</sup>

Figure 3.21 Vaccine provision by local Council & General Practice children aged 0-7yrs (Victoria) 2013-19



Source: No Jab No Play 2020 Review. Centre for Evaluation and Research Evidence. DHHS. Oct 2020

## Local Government Performance Reporting – Maternal Child Health

Mandatory performance reporting against the Local Government Performance Reporting Framework (LGPRF) measures became a requirement for local government in

Victoria from the 2014-15 local government annual budgeting and reporting cycle onwards.

A focus of the LGPRF annual reporting requirements are the 'self-reported' performance measures by each Council for the

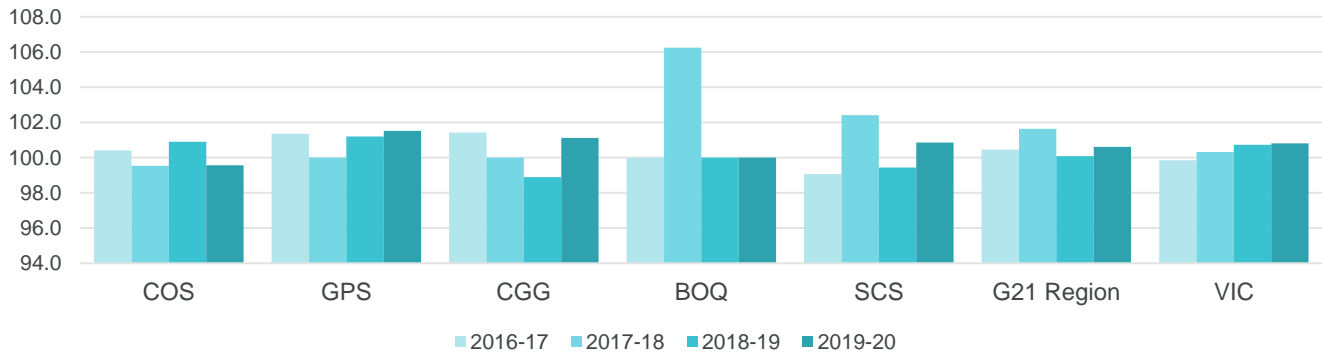
<sup>69</sup> No Jab No Play 2020 Review. Centre for Evaluation and Research Evidence. Department of Health and Human Services. Oct 2020



Maternal Child Health Service, which are then compared against similar Councils and the Victorian average for all LGAs. In relation to the percentage of infants enrolled in the Maternal Child Health Service (refer Figure 3.22), local Councils in the

G21 region are consistently performing either better than or comparable to the Victorian average. Caution needs to be exercised however when analysing this data for the Borough of Queenscliffe given the low numbers of children involved.

**Figure 3.22 Percentage of infants enrolled in the Maternal and Child Health Service by LGA 2016-2020**

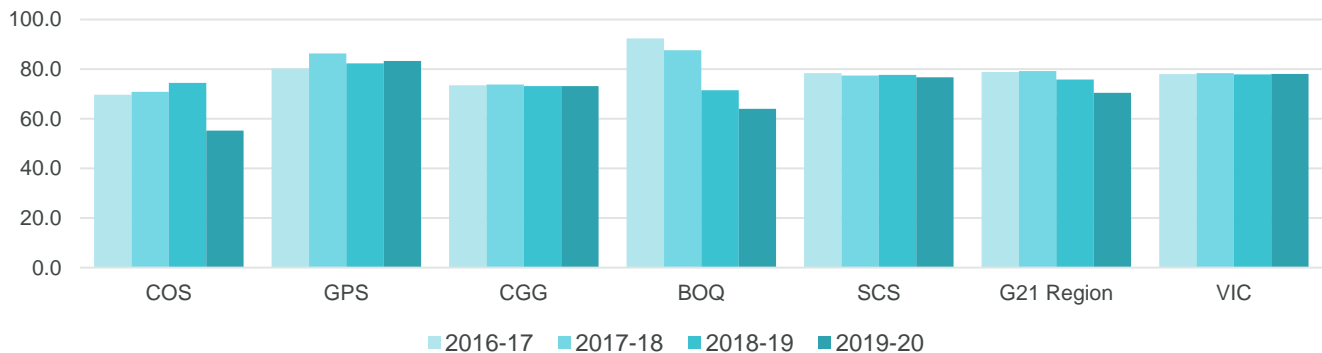


Source: Department of Environment, Land, Water and Planning, VIC. <https://knowyourcouncil.vic.gov.au>

Participation rates for children enrolled in Council Maternal and Child Health Services are defined as the percentage of children enrolled who participate in the MCH service. The following Figure 3.23 indicate results are slightly lower amongst most local municipalities than the Victorian average, apart for the

Borough of Queenscliffe and Golden Plains Shire, where results are consistently above the Victorian average each year – suggesting higher participation rates are being achieved in these areas.

**Figure 3.23 Percentage of children enrolled in the Maternal and Child Health Service by LGA 2016-2020**

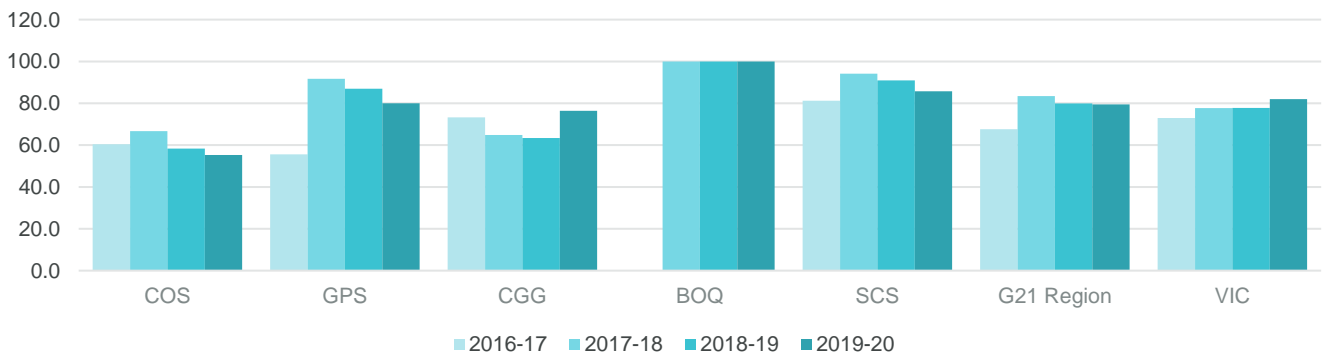


Source: Department of Environment, Land, Water and Planning, VIC. <https://knowyourcouncil.vic.gov.au>

The following data is defined as the percentage of Aboriginal and Torres Strait Islander children enrolled who participate in the MCH service. This self-reported information reflects variable performance results across local municipalities, however

generally lower participation results when compared against the Victorian average, apart from the Borough of Queenscliffe and Surf Coast Shire.

**Figure 3.24 Percentage of Aboriginal children enrolled in the Maternal and Child Health Service (2016-20)**



Source: Department of Environment, Land, Water and Planning, VIC. <https://knowyourcouncil.vic.gov.au>



The Universal Maternal and Child Health (UMCH) program is provided through a partnership between the Department of Education and Training (DET) and local government. Through agreement the Victorian state and local governments contribute equally (50:50) to the hourly price for the Universal MCH Service, which includes 10 Key Ages and Stages (KAS) consultations and capacity to provide groups, additional consultations and community development undertaken in consultation with local government.

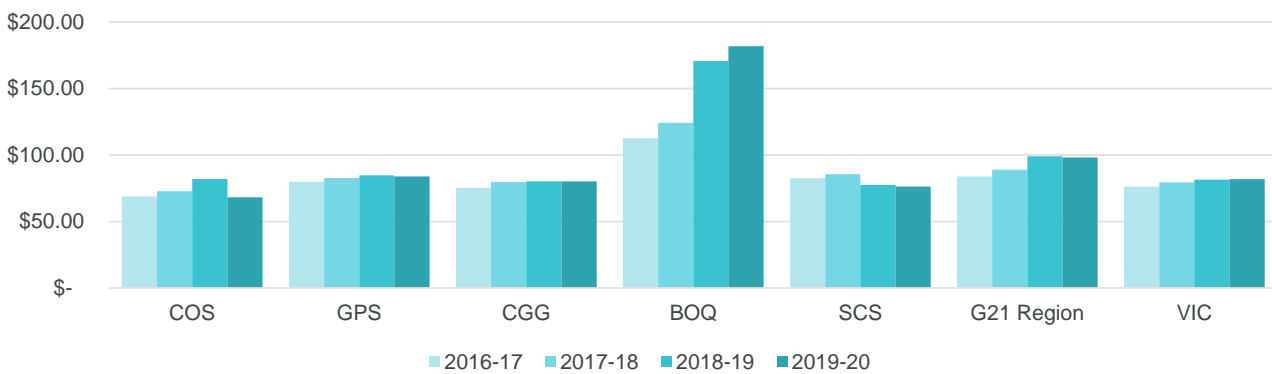
Funding for each municipality is calculated based on a funding formula that takes into account the number of children enrolled in the MCH Service in specific age cohorts, the socioeconomic situation of families and rurality.

The Universal MCH Service is funded for 100% participation in the 10 KAS consultations. Funding is also provided for families

who require support outside the standard 10 KAS consultations, including for the provision of additional consultations (via phone or face to face), first time parent groups and community development. Any additional universal consultations initiated by local government are to be fully funded by local government.

Local Government makes a major contribution to the cost of delivering Maternal and Child Health services, with costs per hour of service ranging from \$68.33 per hour to \$181.85 per hour across local Councils, compared to the Victorian average cost of \$81.81 (based on 2019-20 reporting period). The following Figure 3.25 indicates the relative self-reported costs per hour service delivered for each municipality in the G21 region over the last four years.

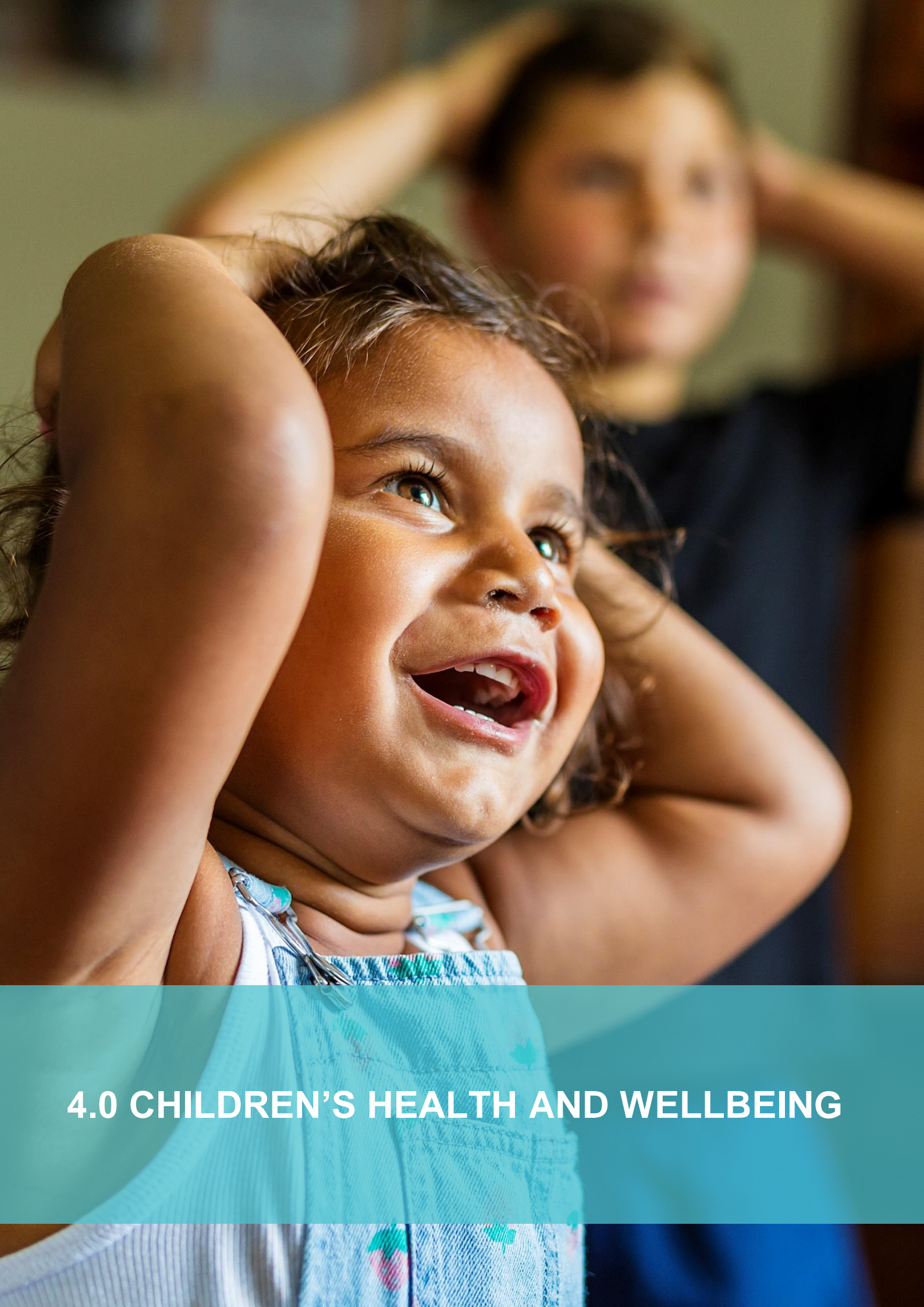
**Figure 3.25 Cost to Council of the MCH Service Per Hour of Service Delivered 2016-2020 by LGA,**



Source: Department of Environment, Land, Water and Planning, VIC. <https://knowyourcouncil.vic.gov.au>

**IN 2019 ACROSS VICTORIA:**

- ▶ 77,779 women gave birth to 78,954 babies (423 more women and 433 more babies than in 2018.)
- ▶ The birth rate decreased to 56.5 per 1,000 estimated female resident population (EFRP).
- ▶ Almost half of all women [giving birth] were overweight (26.9%) or obese (21.2%).
- ▶ 1,118 Aboriginal and Torres Strait Islander women gave birth to 1,133 babies (1.4% of all women and 1.4% of all babies born in Victoria). This is an increase from 376 women (0.6%) and 380 babies (0.6%) in 2000. 1,536 babies (1.9%) were themselves reported as being Aboriginal and/or Torres Strait Islander.
- ▶ 12.1% of babies born to Aboriginal and Torres Strait Islander women were born before 37 weeks' gestation, compared with 8.2% of those born to non-Aboriginal women.
- ▶ 12.0% of babies born to Aboriginal and Torres Strait Islander women had a birthweight below the 10th percentile compared with 8.5% of those born to non-Aboriginal women.
- ▶ The average (mean) age of women giving birth was 32 years. The average age of women having a first birth was 30.
- ▶ 77.5% of women gave birth under the care of a public maternity service, 22.3% gave birth in a private hospital.
- ▶ 39.9% of women giving birth were born outside of Australia.
- ▶ Multiple births included 2,299 twin births and 38 triplet births.
- ▶ 7.7% of women smoked at any time during their pregnancy, 175 fewer (<0.3%) than in 2018.
- ▶ Suicide was the most common cause of all maternal deaths (10) in the 2017–2019 period.
- ▶ Women and especially young women, aged 18-24 years, are more likely to experience domestic and family violence during pregnancy.



## 4.0 CHILDREN'S HEALTH AND WELLBEING



## 4.0 Children’s Health and Wellbeing

*“Good health influences how children feel and go about their everyday lives because health can affect participation in family life, schooling, social and sporting activities.... The foundations for good health start during the antenatal period and the first years of life.”<sup>70</sup>*



Chronic conditions that particularly affect children, such as asthma and diabetes, cancer, mental illness and disability have a substantial impact on a child’s overall quality of life. They can require considerable disease management and affect physical, social and emotional development, schooling attendance and education outcomes. There may also be an impact on family life, parental health and employment if time off work is needed for caring responsibilities, with a potential flow-on effect for household finance. This illustrates the inter-relationship of health with other domains of wellbeing.

Poor oral health is also associated with increased risk of chronic disease later in life, including stroke and cardiovascular disease. Children with poor oral health are also more likely to miss school and perform poorly in school.<sup>71</sup>

This section of the report includes information on a number of topics considered important to children’s health, development and/or overall wellbeing.

Victorian researchers are embarking on one of the largest health studies in the world, tracking a whole generation of Victorians to paint a complete picture of their health and wellbeing and to help provide answers to complex health issues like asthma, food allergies, obesity, autism and mental illness.

Over the next two years around 150,000 children born in Victoria and their parents will have the opportunity to take part in the Murdoch Children’s Research Institute’s Generation Victoria (GenV) project. The project will roll out to all Victorian birthing hospitals throughout 2021, providing families with a baby born between 2021 and 2023 with the opportunity to join the long-term study.

The first project of its kind in Australia, GenV will give Victoria’s research community access to a more complete picture of the health and wellbeing of a generation and will explore critical links between environment, genetics, physical characteristics and development milestones later in life.

GenV is a joint initiative between the Murdoch Children’s Research Institute, the Royal Children’s Hospital and the University of Melbourne.<sup>72</sup>

### Children’s general health

A child’s health has been shown to have an impact on their learning outcomes through affecting their energy and concentration levels and ability to learn.

The Victorian Child Health and Wellbeing Survey (VCHWS) asks parents to rate their child’s general health, from poor through to excellent. Results from the 2019 survey indicate that:

- Consistent with previous surveys, nearly all Victorian parents (97.9%) rated their child’s health as good or better.
- Children not listed as dependants on a health care card were more likely to be in better health than those on a health care card.

<sup>70</sup> Australia’s Children. Australian Institute of Health and Welfare 2020. Cat. no. CWS 69. Canberra: AIHW. <https://www.aihw.gov.au/reports/children-youth/australias-children/contents/health/breastfeeding-and-nutrition>

<sup>71</sup> Ibid

<sup>72</sup> <https://genv.org.au>





**Table 4.1 Proportion of Victorian children with good health or better (2019)**

	2013	2017	2019
Victoria	97.9%	97.3%	97.9%
Metropolitan	98.0%	97.4%	98.1%
Rural	97.7%	97.1%	97.8%
Most disadvantaged	96.5%	98.1%	97.9%
Least disadvantaged	98.0%	97.9%	98.0%
Couple family	98.0%	98.0%*	98.1%
One-parent family	96.7%	94.1%*	96.9%
Child on a health care card	95.3%*	95.4%*	95.0%*
Child not on a health care card	98.7%*	98.1%*	98.9%*

Source: Victorian Child Health and Wellbeing Survey: Summary Results, Department Education and Training 2019

## School Entrant Health Questionnaire (SEHQ) – Children’s health & wellbeing at school entry

The SEHQ is a parent<sup>73</sup> report instrument that records parent’s concerns and observations about their child’s health and wellbeing during their first year at primary school. The Victorian Primary School Nursing Program (PSNP)<sup>74</sup> has compiled the questionnaire since mid-1997. In 2019, there were 67,286 responses to the SEHQ across Victoria.

The questionnaire gathers information on parental perceptions and concerns to identify potential health and wellbeing issues that may impact a child’s capacity to learn. The information collected in the SEHQ is a foundation for school nurses to carry out further assessment of the child and family and determine appropriate intervention and/or referral as required. Analysis of the SEHQ data also informs planning and service delivery.<sup>75</sup> As a parental completed questionnaire the data does not report medical diagnoses or the opinions of health professionals. SEHQ data reports are based on the child’s residential postcode with allocation to LGA.<sup>76</sup>

Health and development outcomes for some children are noticeably different when compared with averages for Victorian children in general. Results from the 2019 SEHQ show this to be the case for Aboriginal and Torres Strait Islander children and children with a language background other than English (LBOTE). Aboriginal and Torres Strait Islander children are more likely than most to live in families experiencing stress and to have oral or visual health concerns. When compared to the state-wide average, lower proportions had visited a dentist, but higher proportions had seen an optometrist/eye doctor.

LBOTE children were also more likely to have concerns with their eyesight or oral health but were the least likely of all children to have seen a dentist or optometrist. They were also the least likely of all children to live in families with high levels of stress. Research has shown that difficulties accessing health services are significantly higher among families who speak a language other than English at home (1.3 times higher). This can be for a range of reasons, including lack of knowledge on how to access services, lack of information about the types of services available or other difficulties negotiating the health care system.<sup>77</sup>

The 2019 SEHQ Data collection was based on the following demographics for each LGA in the G21 region:

- Colac Otway Shire - 221 children (0.3% of the state total)
- Golden Plains Shire - 277 children (0.4% of the state total)
- City of Greater Geelong - 2,674 children (4.0% of the state total)
- Borough of Queenscliffe - 32 children (0.0% of the state total)
- Surf Coast Shire - 390 children (0.6% of the state total)

Across the G21 region more than 8 in 10 parents rated the general health of their children as being good or very good at school entry. This result is relatively consistent and compares favourably against the average rate across Victoria. Despite fluctuations, this indicator has remained consistently high.

### Children Reported to be in Excellent or Very Good Health

**G21 region trend** 2015 = 90.72%

**Victorian trend** 2015 = 86.4%

VIC  
83.6%

G21  
88.2%

Source: Department of Education and Training (2019 School Entry Health Questionnaire)

<sup>73</sup> In all cases 'parent' refers to the person completing the questionnaire on behalf of the child, i.e. a guardian, carer, grandparent, etc.

<sup>74</sup> Not all schools participate in the PSNP; only children in participating schools will have a SEHQ completed by a parent.

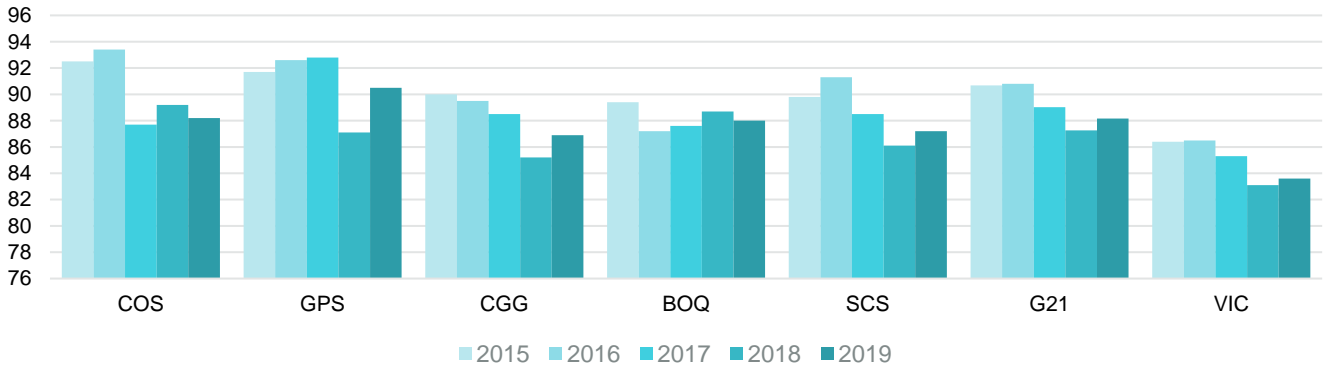
<sup>75</sup> A detailed overview of the questionnaire and components is provided in *Outcomes for Victorian children at school entry* (2011): <http://www.education.vic.gov.au/Documents/about/research/aedi-sehq-report.pdf>

<sup>76</sup> Further information on the SEHQ is available here: <https://www.education.vic.gov.au/about/research/Pages/reportdatahealth.aspx>

<sup>77</sup> Snapshot, School Entrant Health Questionnaire 2019, Nov 2020. Department Education and Training, Performance and Evaluation Division | Policy, Strategy and Performance Group. <https://www.education.vic.gov.au/Documents/about/research/SEHQ2019/sehq-2019-summary-snapshot.pdf>



**Figure 4.2 Children Reported to be in Excellent or Very Good Health**



Source: Department of Education and Training (2019 School Entry Health Questionnaire)

According to the 2019 SEHQ, approximately 8.5% of children across the G21 region on average have allergies. This is quite consistent with the average rate for children throughout Victoria. The trend in 2019 is slightly higher than compared with the rate in 2015 but has reduced from the previous year peak in 2018 at 10.2%.

Australian children have the highest prevalence of food allergy in the world. A Melbourne-based study showed that 40–50% of their population-based study participants experienced symptoms of an allergic disease in the first four years of their

life and other research indicating that 10% of children up to 1 year of age are being affected, according to the Australian Society of Clinical Immunology and Allergy.<sup>78</sup>

The Australian Institute of Health and Welfare (AIHW) reports for 2017–18, asthma, hayfever and allergic rhinitis, anxiety-related problems and psychological development problems were the 4 leading chronic conditions for children aged 0–14, based on self-reported proxy data from the ABS National Health Survey.<sup>79</sup>

**Children Reported to Have Allergies**

G21 region trend 2015 = 7.9%

Victorian trend 2015 = 10.0%

VIC  
8.3%

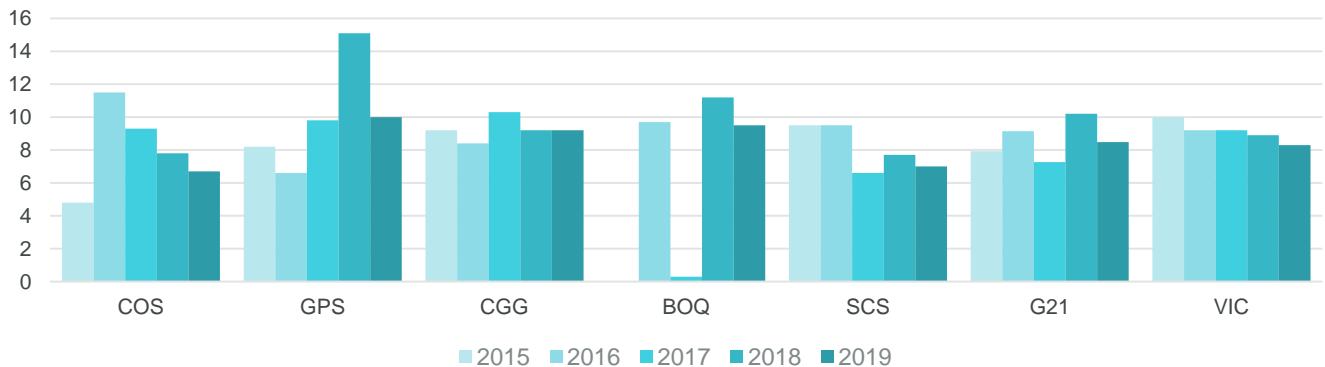
G21  
8.5%

Source: Department of Education and Training (2019 School Entry Health Questionnaire)

Colac Otway Shire have slightly lower rates of children with allergies (6.7%), according to the 2019 SEHQ data, however there are also comparatively lower actual numbers of children when compared with other municipalities, so caution needs to be exercised when interpreting this data.

Of those children with allergies, 37.8% have an action plan at school for children within the G21 region, which compares favourably against the average rate across Victoria. Again, the higher rates indicated for children within the Borough of Queenscliffe needs to be interpreted with caution given the low number of children.

**Figure 4.3 Children Reported to Have Allergies**



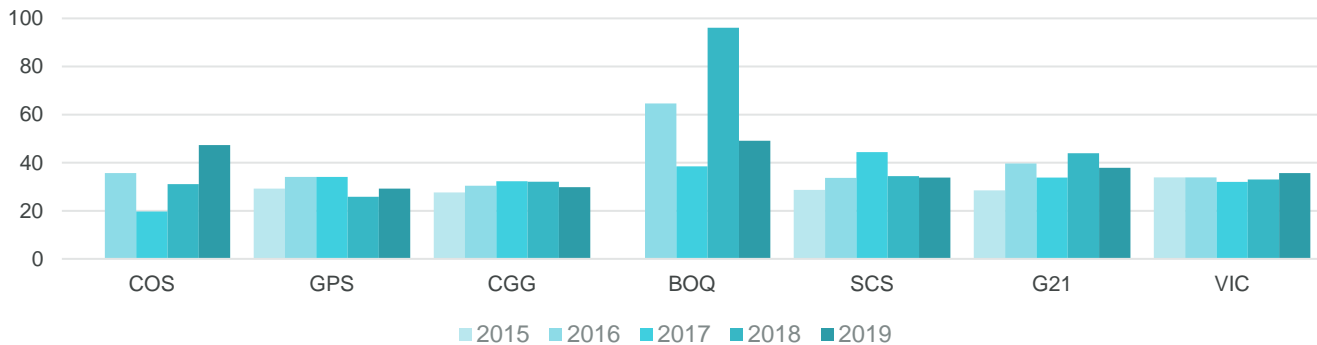
Source: Department of Education and Training (2019 School Entry Health Questionnaire)

<sup>78</sup> <https://www2.health.vic.gov.au/public-health/chief-health-officer/communications/your-health-report-2018/child-health/allergies>

<sup>79</sup> Australia's Children, Last Updated 2020. AIHW. <https://www.aihw.gov.au/reports/children-youth/australias-children/contents/health/chronic-conditions>



**Figure 4.4 Children With Allergies and an Action Plan at School**



Almost 12% (11.8%) of children on average across the G21 region are reported to have been told by a doctor that they have asthma, according to the 2019 SEHQ. While this reflects a slight decrease when compared with the rate in 2015 (12.2%) the current reported rate compares unfavourably against the Victorian average (10.6%).

Amongst those children who have been told by a doctor that they have asthma, the SEHQ data indicates that 70.9% have an action plan at school. This compares very favourably against

the Victorian average of 63.3% and is also a significant improvement from the rate of children with an asthma action plans in 2015, which was a low of 46.5% of children with asthma.

According to the AIHW, in 2017–18, an estimated 10% (around 460,000) of Australian children aged 0–14 had asthma as a long-term condition. Asthma was more common among boys aged 0–14 years (12%) compared with girls (7.9%). This pattern has been consistent since 2001.

**Children Reported to Have Been Told by a Doctor They Have Asthma**

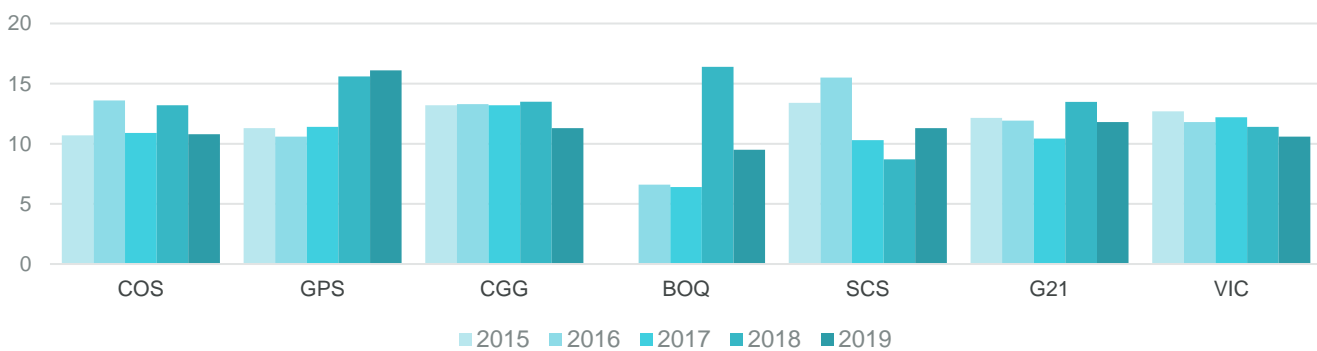
G21 region trend 2015 = 12.2%

Victorian trend 2015 = 12.7%

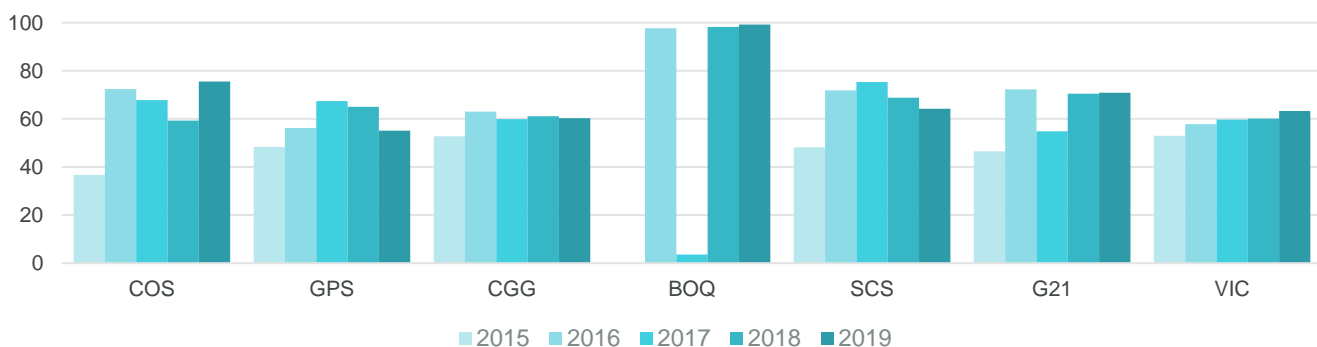


Source: Department of Education and Training (2019 School Entry Health Questionnaire)

**Figure 4.5 Children Reported to Have Been Told by a Doctor They Have Asthma**



**Figure 4.6 Children With Asthma and an Action Plan at School**



Sources: Department of Education and Training (2019 School Entry Health Questionnaire)



In relation to childhood asthma, results from the 2019 Victorian Child Health and Wellbeing Survey (VCHWS)<sup>80</sup> indicate:

- Around 11% (11.3%) of Victorian parents reported that their child had asthma, which is consistent with results from previous surveys.

- Children living in one-parent families and those listed as a dependant on a health care card were more likely to have asthma when compared with other cohorts.

**Table 4.7 Proportion of Victorian children (aged 1-12) with asthma (2019)**

	2013	2017	2019
Victoria	11.3%	12.1%	11.3%
Metropolitan	10.9%	11.1%	10.0%
Rural	12.6%	15.2%	12.8%
Most disadvantaged	10.4%	14.0%	13.5%
Least disadvantaged	10.8%	13.6%	9.2%
Couple family	11.0%	10.6%*	10.7%*
One-parent family	14.5%	19.1%*	15.3%*
Child on a health care card	13.5%*	16.6%*	15.3%*
Child not on a health care card	10.6%*	10.4%*	10.1%*

Source: Victorian Child Health and Wellbeing Survey: Summary Results, Department Education and Training 2019

Since 2009 the rate of children reported to have difficulties with speech and/or language has remained quite consistent and compares favourably against the average rate across Victoria (15.0%) – G21 region (14.6%). Slightly higher rates of difficulties with speech and/or language are reported within the Colac Otway (17.6%) and Golden Plains Shires (16.2%) in 2019 as indicated in Figure 4.8.

Children assessed as having speech and language difficulties are more than three times as likely to demonstrate social-emotional and behavioural issues as those without speech and language difficulties.<sup>81</sup>

Analysis of the data by the Department of Education and Training shows that on average, children who have speech and language difficulties at school entry have poorer educational

achievement in National Assessment Program – Literacy and Numeracy (NAPLAN) testing in Year 3.

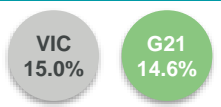
Amongst those children reported to be having difficulties with speech and/or language a relatively small proportion (29.5%) across the G21 region are seeing a speech pathologist – consistent with the average rate across Victoria (Refer Figure 4.9). The average rate in 2019 across G21 region varies significantly between municipalities and compares unfavourably with the rate in previous years. Further investigation needs to be conducted as to why the rate has changed so markedly from previous years.

In 2019, two-in-ten boys were reported to have a speech and language issue across Victoria, compared with just over one-in-ten girls.

**Children Reported to Have Difficulties with Speech and/or Language**

**G21 region trend 2009 = 15.9%**

**Victorian trend 2009 = 14.5%**



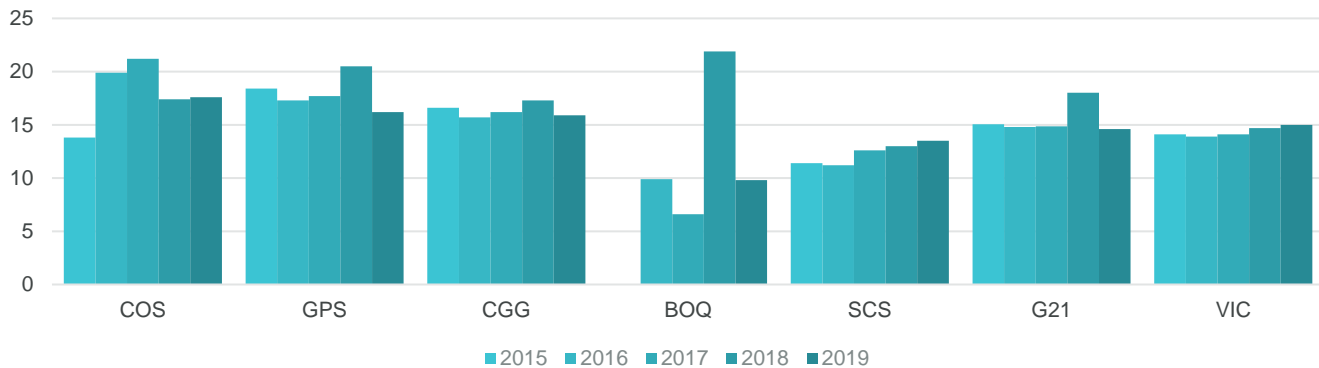
Source: Department of Education and Training (2019 School Entry Health Questionnaire)

<sup>80</sup> Victorian Child Health and Wellbeing Survey Latest Summary Findings 2019, Victorian Department Education and Training 2020. <https://www.education.vic.gov.au/about/research/Pages/newdatahealth.aspx>

<sup>81</sup> Family and Community Predictors of Comorbid Language, Socioemotional and Behaviour Problems at School Entry. N. Hughes, E. Sciberras, S. Goldfeld. Pub: July 5, 2016

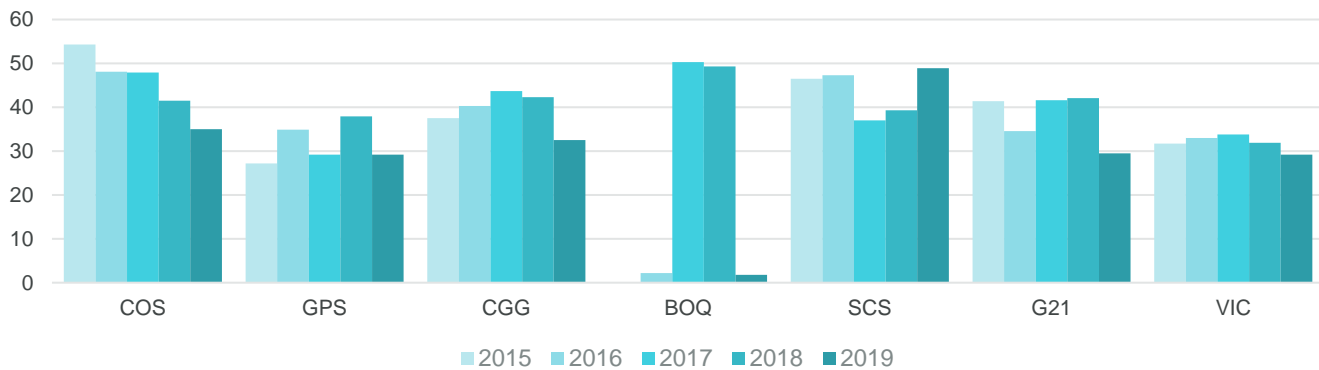


**Figure 4.8 SEHQ: Children Reported to Have Difficulties with Speech and/or Language**



Source: Department of Education and Training (2019 School Entry Health Questionnaire)

**Figure 4.9 SEHQ: Children with Speech/Language Difficulties Who Are Seeing a Speech Pathologist**



Source: Department of Education and Training (2019 School Entry Health Questionnaire)

## Emotional, developmental or behavioural problems

Beginning school with behavioural and emotional problems is an indicator of poorer academic achievement. Analysis has shown that higher proportions of children who started school at low risk of emotional and behavioural problems (than moderate to high-risk children) achieved in the top two bands in Year 3 NAPLAN Reading.<sup>82</sup>

The proportion of parents concerned about the behaviour of their children in 2019 (15.8%) has increased across the G21 region when rates are compared against the results in 2015 (13.9%). Higher rates compared with the Victorian and G21 region averages of parents concerned about the behaviour of their children are recorded in the City of Greater Geelong (17.8%) and Golden Plains Shire (16.1%).

### Parents Concerned About the Behaviour of Their Children

**G21 region trend 2009 = 13.9%**

**Victorian trend 2009 = 14.9%**

VIC  
14.9%

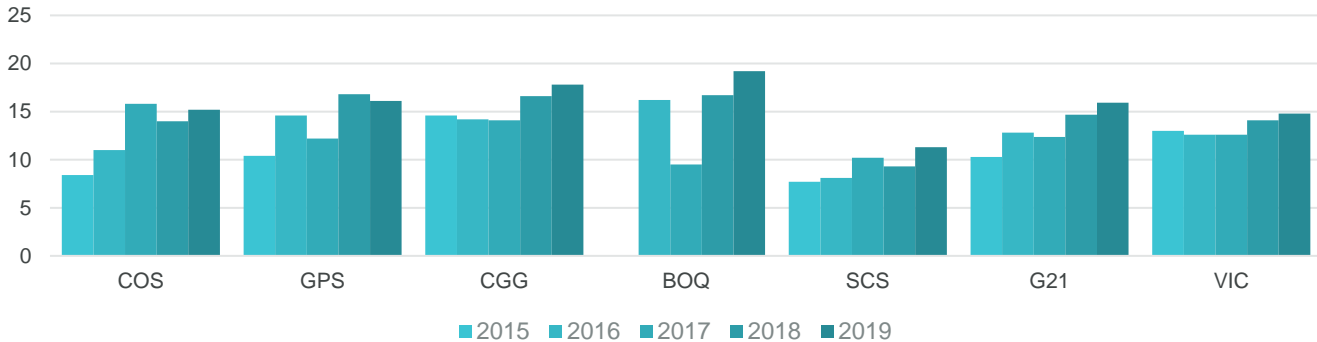
G21  
15.8%

Source: Department of Education and Training (2019 School Entry Health Questionnaire)

<sup>82</sup> 2017 State of Victoria's Children Report: A focus on health and wellbeing



Figure 4.10 SEHQ: Parents Concerned About the Behaviour of Their Child



Source: Department of Education and Training (2019 School Entry Health Questionnaire)

The Parents Evaluation of Developmental Status (PEDS) is embedded within the SEHQ and comprises a number of questions that elicit responses about specific domains of learning, development and behaviour. Certain groupings of concerns have been found to be significant predictors of developmental or behavioural problems.

The *Strengths and Difficulties Questionnaire (SDQ)* is embedded within the SEHQ and is used to assess different aspects of child behaviours at the beginning of primary school, including prosocial behaviour, hyperactivity, emotional symptoms, peer problems and conduct problems.

The *emotional* scale measures a range of negative emotions, such as sadness, fear and worries. The *conduct problem* scale measures tendencies to display negative behaviours when interacting with others. The *hyperactivity* scale measures a range of behaviours, including restlessness, impulsiveness and

concentration. The *peer problems* scale measures peer relationships, including not having friends, being picked on, playing by themselves or not being liked by other children. The *prosocial behaviour* scale measures positive social behaviours.

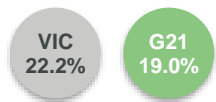
Across the G21 region high rates of children at risk of developmental or behavioural problems were recorded in the 2019 SEHQ compared with the rates in 2015, although remain lower than for the Victorian average. Higher rates consistent with the Victorian average, of children at risk of developmental or behavioural problems, were recorded in the City of Greater Geelong and Colac Otway Shire compared with other local municipalities.

The results from the 2019 SEHQ should be considered alongside other data sources including the Australian Early Development Census, etc.

**Children at High Risk of Developmental or Behavioural Problems**

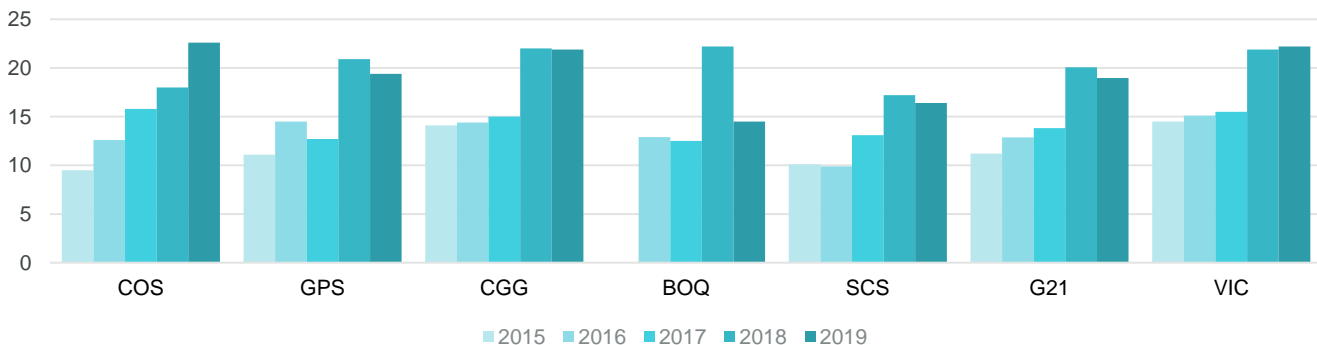
G21 region trend 2015 = 11.2%

Victorian trend 2015 = 14.5%



Source: Department of Education and Training (2019 School Entry Health Questionnaire)

Figure 4.11 Children at High Risk of Developmental or Behavioural Problems

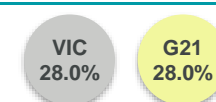


Source: Department of Education and Training (2019 School Entry Health Questionnaire)

**Children at Moderate Risk of Developmental or Behavioural Problems**

G21 region trend 2015 = 26.7%

Victorian trend 2015 = 27.0%



Source: Department of Education and Training (2019 School Entry Health Questionnaire)



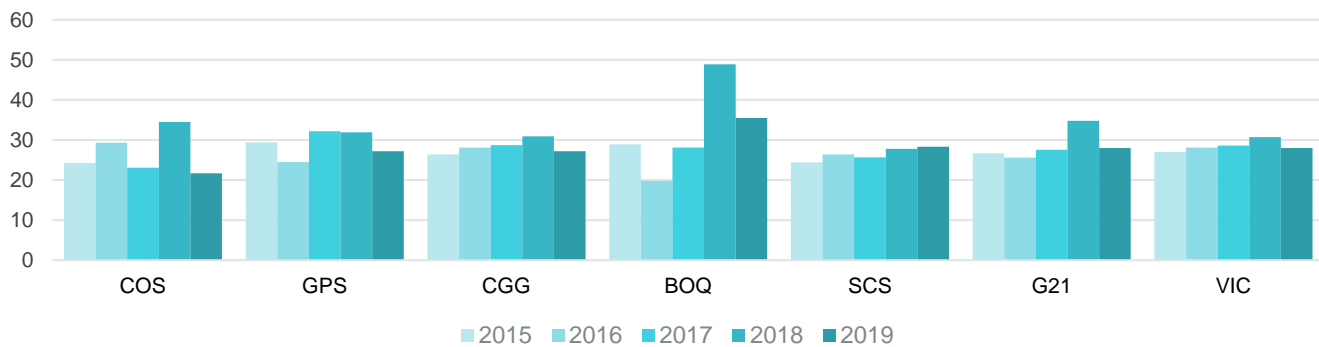
According to the 2019 Victorian Children’s Health and Wellbeing Survey more Victorian children are showing signs of developmental issues. Since 2013 there has been a significant increase in the proportion of Victorian children with development issues. This is particularly true for children living in rural areas, couple families and on a health care card.

In 2019, children on a health care card were nearly five times as likely as those not on a health care card to have emotional, developmental, or behavioural problems. Results also suggest

that where children live is also now having an impact. For the first time across the last three surveys, results show a significant difference in the proportion of children with behavioural difficulties according to whether they live in rural or metropolitan areas.

Around one-in-ten (10.6%) Victorian children had an emotional, developmental, or behavioural problem. This is comparable to the previous survey, however, is a **significant increase** on results recorded in 2013.<sup>83</sup>

Figure 4.12 SEHQ: Children at Moderate Risk of Developmental or Behavioural Problems



Source: Department of Education and Training (2019 School Entry Health Questionnaire)

The Victorian Child Health and Wellbeing Survey (VCHWS) asks parents if their child has any kind of emotional, developmental, or behavioural problem for which they need or get treatment or counselling for. In 2019:

- Around one-in-ten (10.6%) Victorian children had an emotional, developmental, or behavioural problem. This is comparable to the previous survey, however, is a significant increase on results for 2013.

- There were significant differences in the prevalence of emotional, developmental, or behavioural problems between all population groups in 2019. Higher proportions of children from one-parent families and children listed on a health care card were observed to have emotional, developmental, or behavioural problems than all other children.

Table 4.13 Proportion of Victorian children with emotional, developmental, or behavioural problems (2019)

	2013	2017	2019
Victoria	7.1%	10.1%	10.6%
Metropolitan	6.8%	9.6%	8.8%*
Rural	8.0%	11.9%	12.5%*
Most disadvantaged	7.2%	14.0%	14.3%*
Least disadvantaged	6.3%	7.4%	7.6%*
Couple family	5.7%*	7.7%*	8.9%*
One-parent family	20.3%*	22.2%*	21.1%*
Child on a health care card	18.7%*	24.0%*	25.6%*
Child not on a health care card	3.5%*	5.6%*	5.7%*

Source: Victorian Child Health and Wellbeing Survey: Summary Results, Department Education and Training 2019  
 Note: \* indicates a significant difference between results for population groups for the respective survey year.

The 2019 Victorian Child Health and Wellbeing Survey (VCHWS) also indicates that:

- Four-in-five (81.1%) Victorian children aged 4-to-12 years old were at low or no risk of behavioural difficulties, a result comparable to 2017 but significantly lower than the result in 2013.

- There were significant differences in the risk of behavioural difficulties between all population groups in 2019. Lower proportions of children from one-parent families and children listed on a health care card were observed to be at a lower risk of behavioural difficulties than all other children.

<sup>83</sup> Victorian Child Health and Wellbeing Survey, Summary Findings 2019. Department Education and Training, pages 27-28



**Table 4.14 Proportion of Victorian children (aged 4-12) at low or no risk of behavioural difficulties**

	2013	2017	2019
Victoria	86.4%	81.3%	81.1%
Metropolitan	86.8%	82.7%	83.7%*
Rural	85.3%	77.6%	78.3%*
Most disadvantaged	82.9%*	70.4%*	75.8%*
Least disadvantaged	90.5%*	84.2%*	86.9%*
Couple family	87.9%*	83.7%*	83.7%*
One-parent family	74.9%*	72.2%*	68.0%*
Child on a health care card	74.1%*	66.9%*	61.0%*
Child not on a health care card	90.7%*	87.0%*	88.4%*

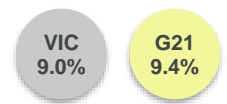
Source: Victorian Child Health and Wellbeing Survey: Summary Results, Department Education and Training 2019  
 Note: \* indicates a significant difference between results for population groups for the respective survey year.

The SEHQ asks parents to rate their family’s level of stress over the month prior to completing the questionnaire using a five-point Likert scale, from ‘little or no stress/pressure’ to ‘almost more than I can bear’.

The percentage of parents reporting the high or highest levels of family stress throughout the G21 region has marginally decreased over the last five years, from 10.5% in 2015 to 9.4% in 2019, consistent with the average trend throughout Victoria.

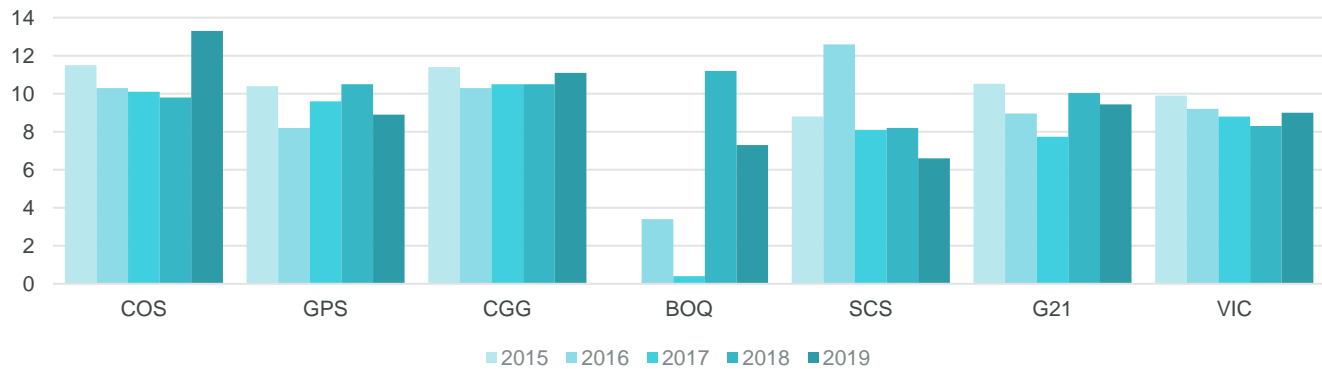
**Families Experiencing High or Very High Stress**

**G21 region trend** 2015 = 10.5%  
**Victorian trend** 2015 = 9.9%



Source: Department of Education and Training (2019 School Entry Health Questionnaire)

**Figure 4.15 SEHQ: Families Experiencing High or Very High Stress**



Source: Department of Education and Training (2019 School Entry Health Questionnaire)

The Victorian Child Health and Wellbeing Survey (VCHWS) collects information from parents about how family members interact (on a day-to-day basis and on an emotional level), make decisions and plan family activities.<sup>84</sup> Results from the 2019 survey indicate that:

- Around 7.2% of Victorian children lived in a home with unhealthy family functioning, which is a similar rate to previous surveys.
- Children living in the most disadvantaged areas, in one-parent families and listed as dependents on health care cards were more likely to live in families that showed signs of unhealthy family functioning when compared with other cohorts.

<sup>84</sup> The VCHWS uses the General Functioning Scale of the McMaster Family Assessment Device to assess family functioning.



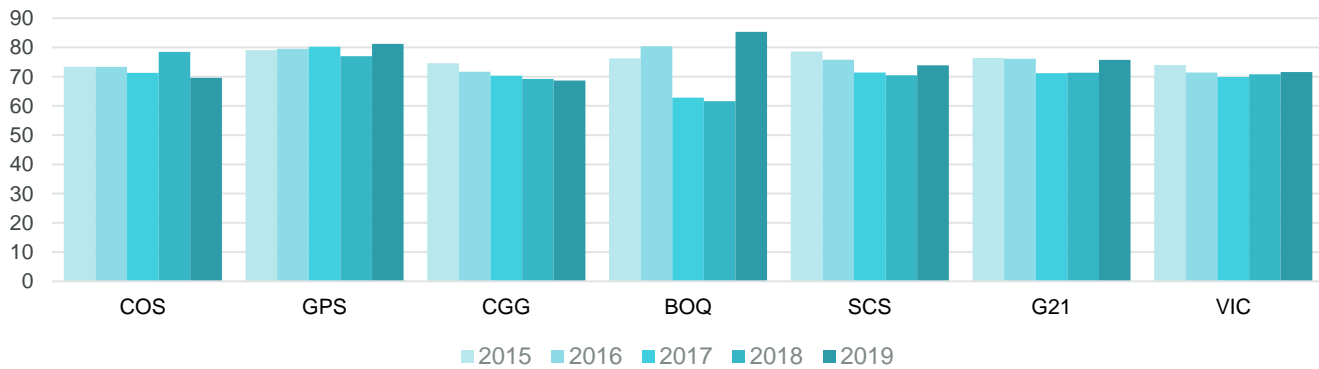


**Table 4.16 Proportion of Victorian children living in a family with unhealthy family functioning (2019)**

	2013	2017	2019
Victoria	7.6%	8.1%	7.2%
Metropolitan	8.2%*	8.1%	7.6%
Rural	6.0%*	8.2%	6.8%
Most disadvantaged	11.1%*	12.9%	10.4%*
Least disadvantaged	6.3%*	8.0%	4.7%*
Couple family	6.6%*	6.6%*	6.2%*
One-parent family	17.9%*	15.5%*	13.6%*
Child on a health care card	13.7%*	12.9%*	11.2%*
Child not on a health care card	5.6%*	6.4%*	5.6%*

Source: Victorian Child Health and Wellbeing Survey: Summary Results, Department Education and Training 2019  
 Note: \* indicates a significant difference between results for population groups for the respective survey year.

**Figure 4.17 SEHQ: Children Reported to have Attended a Maternal and Child Health Check**



Source: Department of Education and Training (2019 School Entry Health Questionnaire)

The following data reports of children who have seen a range of health professionals in the past year. This data needs to be carefully interpreted as a range of variables can impact on the reported incidence of engagement with health professionals including the actual number of children; availability and access to services; reason for engagement, etc. This data can also be interpreted as 'positive' i.e. meaning that engagement with a special health service is a positive and preventive means of early identification and intervention. Or alternatively, a negative

indicator, identifying the extent and early onset of potential problems in young children.

Amongst children who have seen an optometrist in the past year as reported in the 2019 SEHQ, the reported rate for children in the Golden Plains Shire was almost 30% higher than for the average across the G21 region – the reasons for the higher rate would however require further investigation and again should be interpreted with some caution.

**Children Reported to have been seen by an Optometrist.**

G21 region trend 2015 = 19.7%

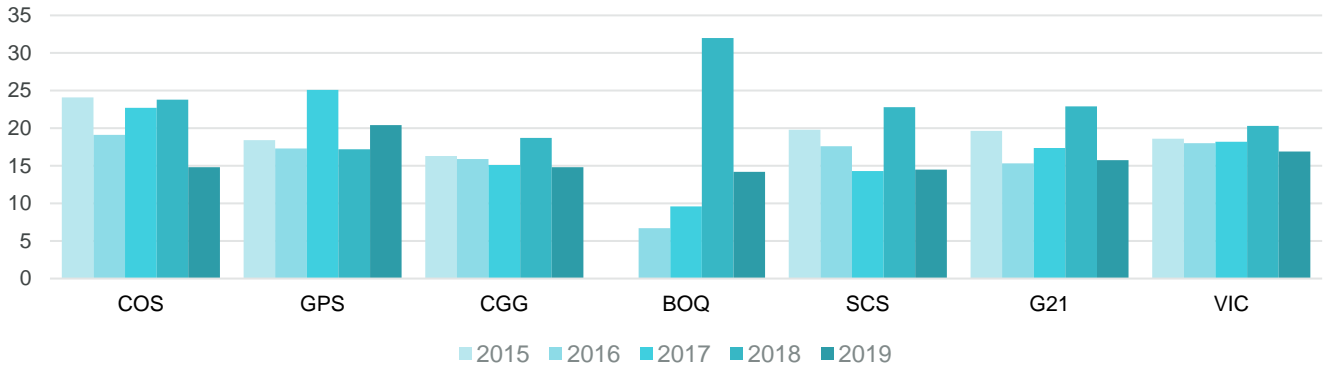
Victorian trend 2015 = 18.6%



Source: Department of Education and Training (2019 School Entry Health Questionnaire)



**Figure 4.18 SEHQ: Children reported to have been seen by an Optometrist in the past year**



Source: Department of Education and Training (2019 School Entry Health Questionnaire)

Anecdotally, timely access to paediatric services across the G21 region is problematic with growing waiting times being reported by parents. The rate of children reported to have been seen by a paediatrician across the G21 region remains however

above the Victorian average. The reported rate of children in Colac Otway Shire who have been seen by a paediatrician in the past year is over 25% higher than for the Victorian average.

**Children Reported to have been seen by a Paediatrician**

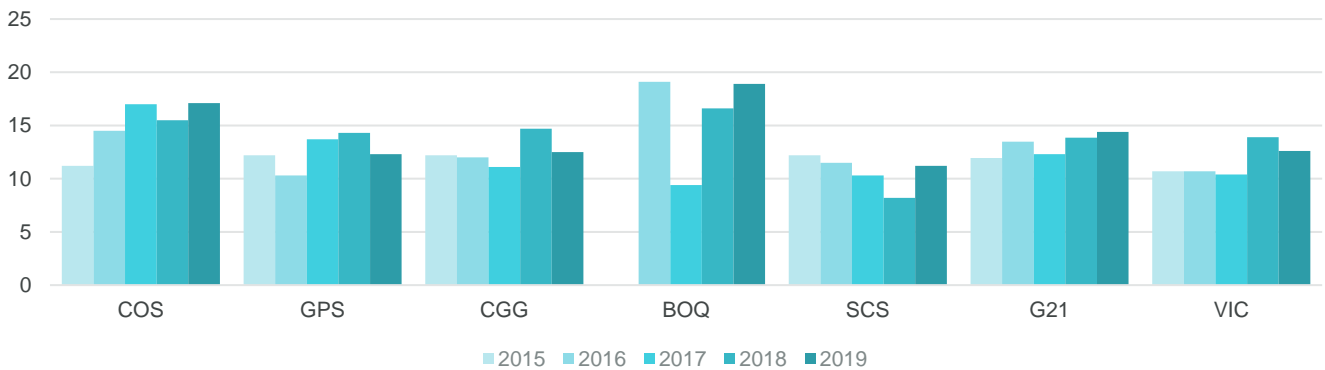
**G21 region trend 2015 = 12.0%**

**Victorian trend 2015 = 10.7%**



Source: Department of Education and Training (2019 School Entry Health Questionnaire)

**Figure 4.19 SEHQ: Children reported to have been seen by a Paediatrician in the past year**

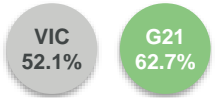


Source: Department of Education and Training (2019 School Entry Health Questionnaire)

**Children Reported to have been seen by a Dentist**

**G21 region trend 2015 = 66.7%**

**Victorian trend 2015 = 53.4%**



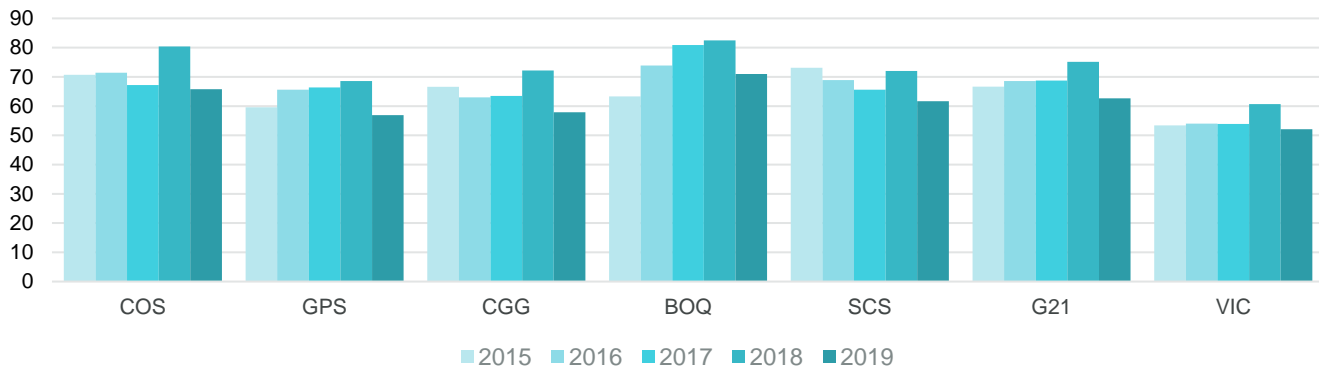
Source: Department of Education and Training (2019 School Entry Health Questionnaire)

Sections of this report detailing specific information about children’s dental health should also be consulted when considering this information. In general, however, the reported

rates of children who have seen a dentist in the past year across all local municipalities compare favourably against the Victorian average.



Figure 4.20 Children reported to have been seen by a Dentist in the past year



Source: Department of Education and Training (2019 School Entry Health Questionnaire)

Children Reported to have been seen by an Audiologist/Hearing Specialist in the past Year

G21 region trend 2015 = 9.9%

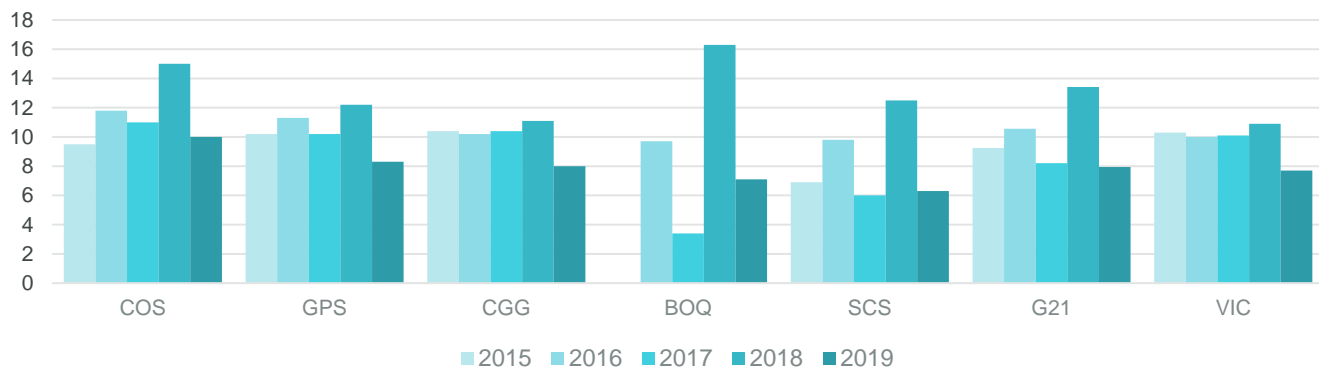
Victorian trend 2015 = 10.3%

VIC  
7.7%

G21  
7.9%

Source: Department of Education and Training (2019 School Entry Health Questionnaire)

Figure 4.21 Children reported to have seen an Audiologist/Hearing Specialist in the past year

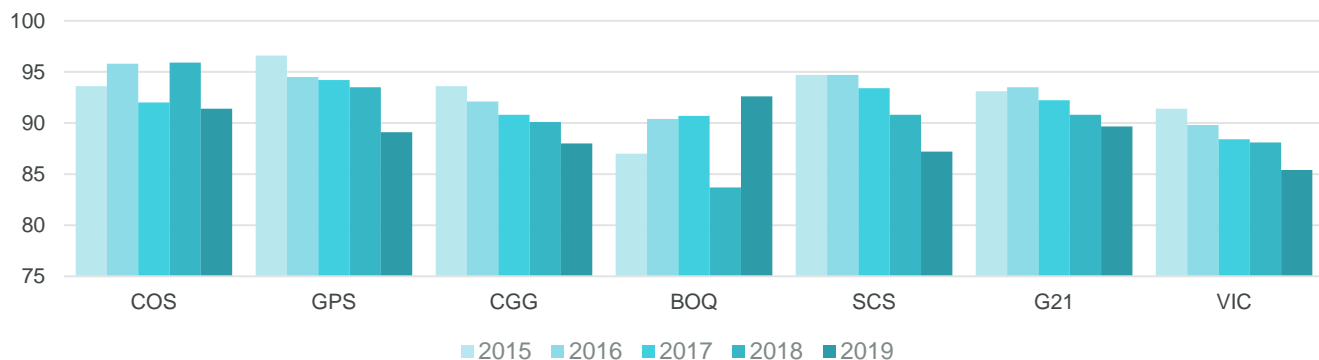


Source: Department of Education and Training (2019 School Entry Health Questionnaire)

The following kindergarten participation data is based on children reported by parents within the SEHQ to have participated in a kindergarten program led by a qualified early education teacher. This data demonstrates a relatively high level of engagement and participation, however, should be considered alongside more reliable data as reported in the

section of this report covering children Early Learning (Section 7). Again, the reported rates amongst local children who have participated in a kindergarten program led by a qualified early education teacher compares favourably against the Victorian average within all local municipalities and has remained relatively stable over each year.

Figure 4.22 Children reported to have participated in a Kindergarten Program



Source: Department of Education and Training (2019 School Entry Health Questionnaire)



## Australian Early Development Census - Results for children in G21 region<sup>85</sup>

The **Australian Early Development Census (AEDC)** is a nationwide data collection of early childhood development at the time children commence their first year of full-time school. The AEDC highlights what is working well and what needs to be improved or developed to support children and their families by providing evidence to support health, education and community policy and planning.

The AEDC is conducted every three years, with the most recent 2018 AEDC data collection being the fourth time the data has been collected nationally. The census involves teachers of children in their first year of full-time school completing a research tool that collects data relating to the following five key areas of early childhood development referred to as 'domains':

- Physical health and well-being
- Social competence

- Emotional maturity
- Language and cognitive skills (school-based)
- Communication skills and general knowledge

The AEDC results are reported at a local community, LGA, State and national level so that comparisons can be made between different communities and against local, State and national averages. The AEDC domains have been reliably shown to predict later health, well-being and academic success. Results from the AEDC vary considerably between communities and over different collection periods, however consistently demonstrated that most children are developmentally 'on track'. Children in the Surf Coast Shire tend to be consistently above the Victorian average across the AEDC domains, while children in other areas are either comparable to or slightly below the average for Victorian, based on 2018 AEDC data collection.

**Table 4.21 Proportion of Children Who Are Developmentally 'On Track' by LGA (2018)**

	COS	GPS	CGG	BOQ	SCS	G21 Region	VIC	Aust
Physical health and wellbeing	77.9	77.6	78.9	-	84.2	79.7	81.0	78.1
Social Competence	69.2	81.8	75.7	-	83.1	77.5	77.3	75.8
Emotional maturity	71.5	82.4	74.8	-	81.1	77.5	77.7	77.1
Language and Cognitive Skills	82.6	84.5	86.1	-	88.5	85.4	84.6	84.4
Communication Skills and General Knowledge	80.2	79.5	77.3	-	85.8	80.7	79.4	77.3

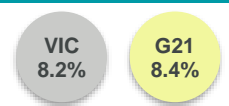
Source: Australian Early Development Census. Department of Education, Skills and Employment  
 Note: There were too few children in the Borough of Queenscliffe to report in this table. Colour coding compares results to VIC average.

While most children are performing well based on the AEDC measures, children within some local communities within the G21 region are amongst Victoria's most developmentally

vulnerable, while most are developmentally 'on track' and compare favourably against local, state and national averages.

### Proportion of Children Vulnerable on the Physical Health and Wellbeing Domain (AEDC 2018)

**G21 region trend** 2009 = 7.1%  
**Victorian trend** 2009 = 7.7%



Source: Commonwealth Department of Education, Skills and Employment. [www.aedc.gov.au](http://www.aedc.gov.au)

Higher rates of developmental vulnerability on the Physical and Wellbeing Domain appear in Colac Otway Shire compared with other local municipalities, however while there has been no significant change in most locations over time on this domain,

there has been a statistically significant increase in the rate of developmental vulnerability amongst children recorded in the City of Greater Geelong between 2009-2018 and Surf Coast Shire between 2015-2018 data collection periods.

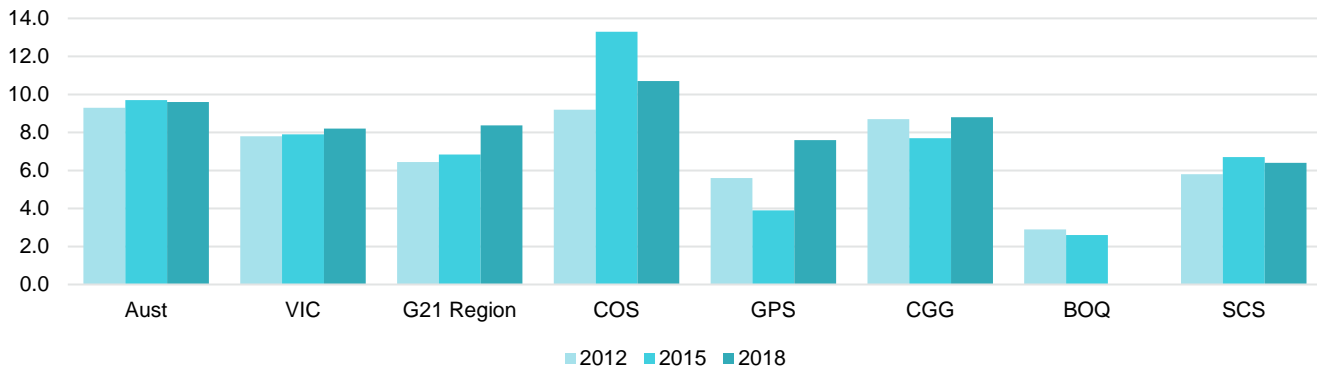
<sup>85</sup> The Australian Early Development Census (AEDC) is developed and owned by the Commonwealth of Australia as represented by the Department of Education, Skills and Employment. <https://www.aedc.gov.au>

The findings and views reported are those of the author and should not be attributed to the Department or the Australian Government.

This report uses data from the Australian Early Development Census (AEDC). The AEDC is funded by the Australian Government Department of Education,



Figure 4.24 Physical Health and Wellbeing Domain 2012-2018

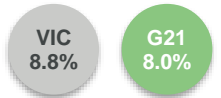


Source: Australian Early Development Census. Department of Education, Skills and Employment

**Proportion of Children Vulnerable on the Social Competence Domain (AEDC 2018)**

G21 region trend 2009 = 8.1%

Victorian trend 2009 = 8.4%

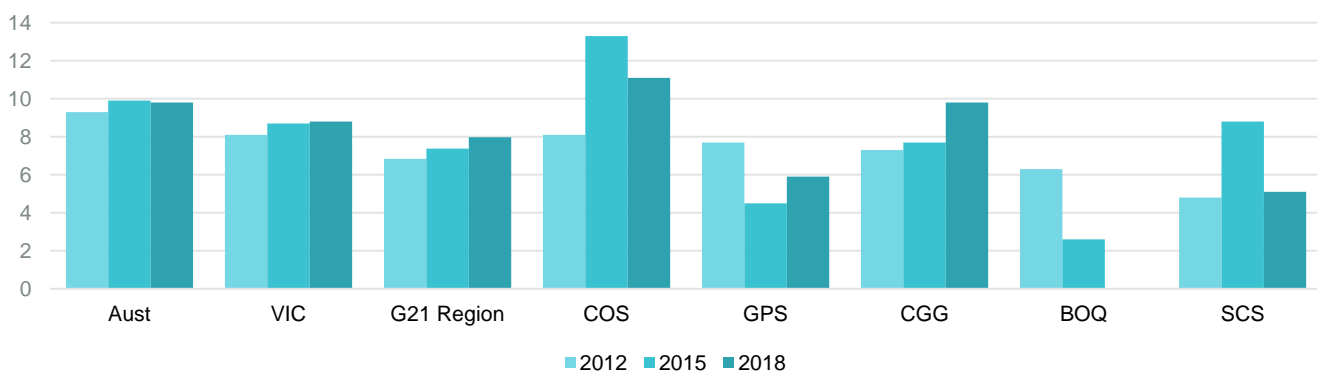


Source: Commonwealth Department of Education, Skills and Employment. www.aedc.gov.au

Again, higher rates of developmental vulnerability on the Social Competence Domain appear in Colac Otway Shire compared with other local municipalities. However, while there has been no significant change in most locations over time on this domain, there has been a statistically significant increase in the

rate of developmental vulnerability amongst children recorded in the City of Greater Geelong between 2009-2018 and 2015-2018 data collection periods and an encouraging decrease in the rate of developmental vulnerability in the Surf Coast Shire between 2015-2018 data collection periods.

Figure 4.25 Social Competence Domain 2012-2018

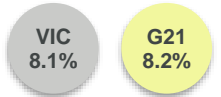


Source: Australian Early Development Census. Department of Education, Skills and Employment

**Proportion of Children Vulnerable on the Emotional Maturity Domain (AEDC 2018)**

G21 region trend 2009 = 7.0%

Victorian trend 2009 = 8.8%



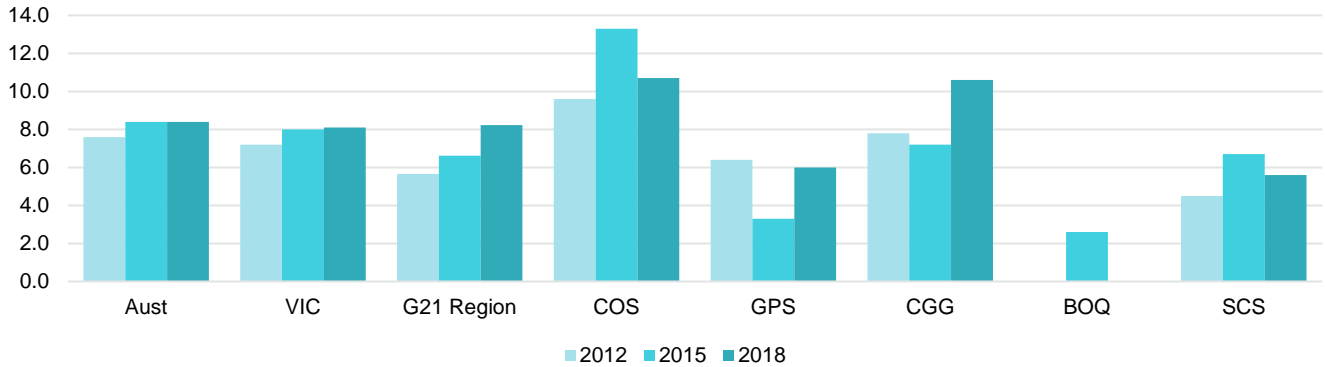
Source: Commonwealth Department of Education, Skills and Employment. www.aedc.gov.au

Statistically significant increase in the rate of developmental vulnerability on the Emotional Maturity Domain are reported for children in Colac Otway Shire for the period 2009-2018;

Golden Plains Shire (2015-2018); City of Greater Geelong (2009-2018 and 2015-2018); while there has been appreciable change in other municipalities.



**Figure 4.26 Emotional Maturity Domain 2012-2018**



Source: Australian Early Development Census. Department of Education, Skills and Employment

**Proportion of Children Vulnerable on the Language and Cognitive Skills (AEDC 2018)**

**G21 region trend** 2009 = 4.4%

**Victorian trend** 2009 = 6.1%

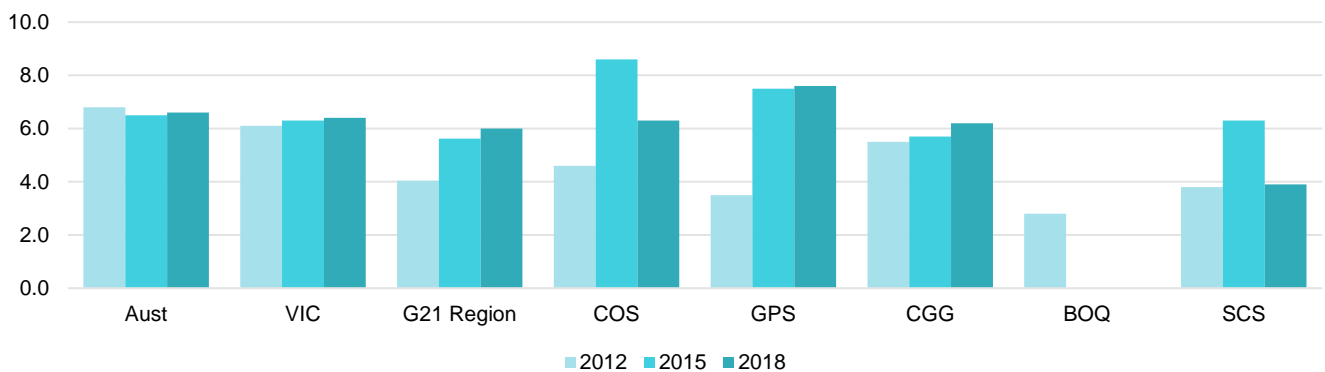


Source: Commonwealth Department of Education, Skills and Employment. [www.aedc.gov.au](http://www.aedc.gov.au)

While statistically significant increases were recorded for children in Colac Otway Shire and the City of Greater Geelong against this domain in the collection period 2009-2018, there has been no significant change in the rates across all local

municipalities in the data collection period 2015-2018 apart from the Surf Coast Shire where there has been a significant decrease in the rate of developmentally vulnerable children on this domain between 2015-2018.

**Figure 4.27 Language and Cognitive Skills Domain 2012-2018**

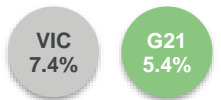


Source: Australian Early Development Census. Department of Education, Skills and Employment

**Proportion of Children Vulnerable on the Communication and General Knowledge Domain (AEDC 2018)**

**G21 region trend** 2009 = 7.5%

**Victorian trend** 2009 = 8.3%



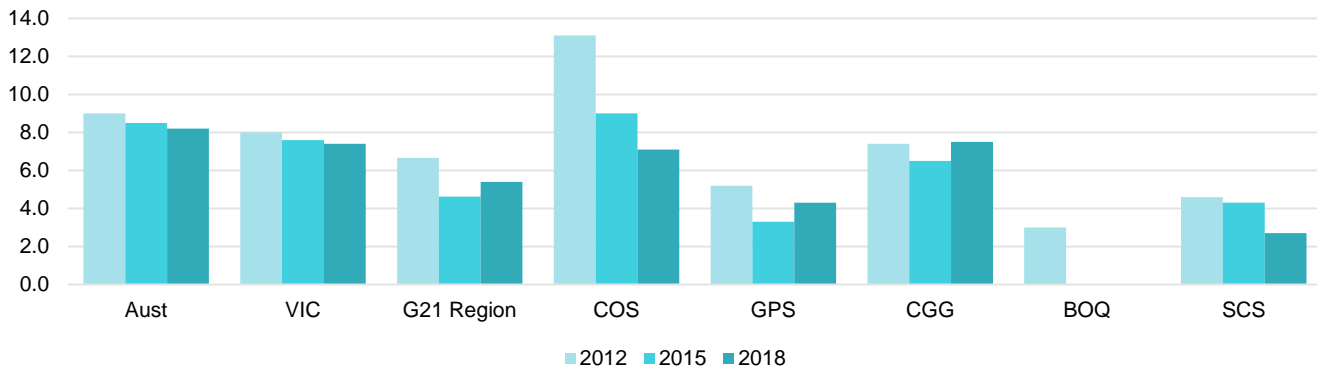
Source: Commonwealth Department of Education, Skills and Employment. [www.aedc.gov.au](http://www.aedc.gov.au)

Data recorded across municipalities in the G21 region against the Communication Skills and General Knowledge Domain indicate there was a statistically significant decrease in the rate of developmentally vulnerable children in Colac Otway Shire in

the period 2009-2018 and a contrasting increase in the rate of developmentally vulnerable children in the City of Greater Geelong in the period 2015-2018. There was no significant change amongst other municipalities recorded on this domain.



**Figure 4.28 Communication Skills and General Knowledge 2012-2018**

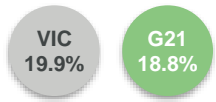


Source: Australian Early Development Census. Department of Education, Skills and Employment

**Proportion of Children Vulnerable on One or More Domains (AEDC 2018)**

G21 region trend 2009 = 17.9%

Victorian trend 2009 = 20.3%

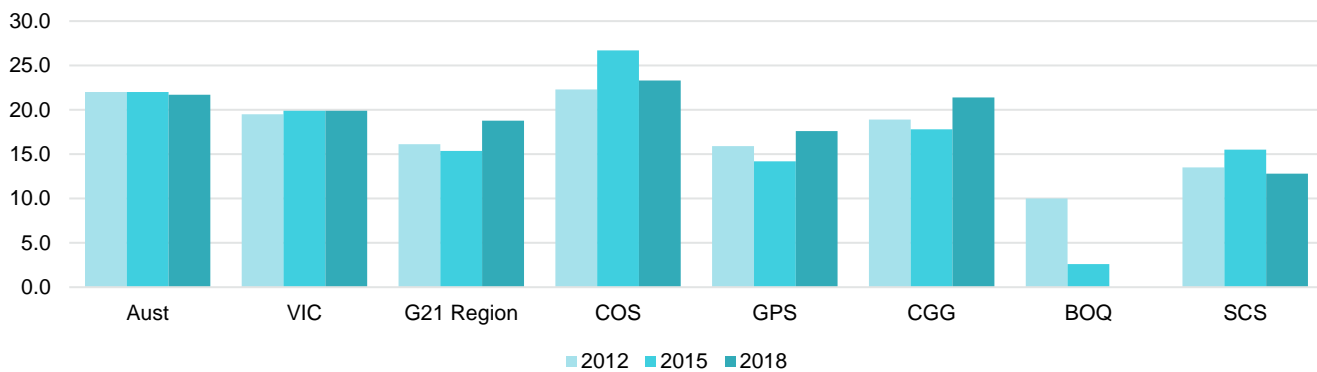


Source: Commonwealth Department of Education, Skills and Employment. www.aedc.gov.au

The G21 region on average compares favourably against the Victorian average amongst those children who are reported to be vulnerable on one or more domains of the AEDC, however higher rates are recorded for children in Colac Otway Shire and

a statistically significant increase in rates for children in the City of Greater Geelong between the 2009-2018 and 2015-2018 data collection periods.

**Figure 4.29 Vulnerable on One or More Domains 2012-2018**



Source: Australian Early Development Census. Department of Education, Skills and Employment

The following Table 4.30 records those local communities where the rate of children who are vulnerable on one or more domains of the AEDC is higher than for the local, Victorian and national averages as well as the trend over time. In some

cases, the result amongst children within some local communities reflects rates of vulnerability that are almost three times higher than the national average.



**Table 4.30 AEDC 2009-2018: Local Communities Vulnerable on One or More Domains Above Local, State, or National Average Scores**

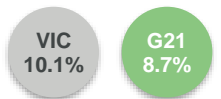
	2009	2012	2015	2018	Change between 2012-2015	Change Between 2015-2018
Australia	23.6	22.0	22.0	21.7		▼
Victoria	20.3	19.5	19.9	19.9	▼	
G21	19.6	22.2	27.0	18.8	▲	▼
Apollo Bay/Colac Otway South	13.9	34.4	36.7	21.4	▲	▼
Colac	29.4	28.6	28.7	22.5	▲	▼
Colac surrounds	25.0	11.9	21.4	19.0	▲	▼
Elliminyt	10.0	14.0	21.3	30.4	▲	▲
Dereel/Berringa/Rokewood	47.1	15.8	22.7	46.7	▲	▲
Linton/Scarsdale	*	26.7	36.8	33.3	▲	▼
Meredith/Lethbridge	26.3	10.5	19.5	13.3	▲	▼
Napoleans/Enfield	*	17.6	35.3	26.3	▲	▼
Teesdale	9.1	25.0	4.3	19.4	▼	▲
Anakie/Balliang	31.6	6.3	33.3		▲	
Bell Park	22.4	34.0	26.7	16.1	▼	▼
Bell Post Hill	32.6	29.4	27.0	23.1	▼	▼
Corio	30.7	32.8	31.8	37.6	▼	▲
Geelong	21.1	11.4	10.0	25.0	▼	▲
Geelong West	24.0	17.5	10.0	26.7	▼	▲
Lovely Banks	26.1	11.8	*	20.0		▲
Newcomb/Moolap	25.5	28.8	30.5	32.6	▲	▲
Norlane/North Shore	41.2	30.2	39.0	47.5	▲	▲
North Geelong/Drumcondra	12.0	35.3	18.8	26.2	▼	▲
Portarlington	0.0	13.8	15.2	32.4	▲	▲
South Geelong/Breakwater	11.1	39.3	37.8	24.3	▲	▼
St Albans Park	13.2	25.5	20.5	27.7	▼	▲
St Leonards/Indented Head	24.0	35.3	12.9	32.0	▼	▲
Wallington/Ocean Grove/Marcus Hill	15.6	13.7	8.5	21.6	▼	▲
Whittington	38.6	49.1	60.0	59.3	▲	▼
Anglesea/Aireys Inlet/Lorne	10.9	19.0	13.6	23.4	▼	▲
Jan Juc	10.0	12.9	23.8	3.0	▲	▼
Winchelsea/Deans Marsh	14.3	34.5	11.1	23.1	▼	▲

Source: Extracted from the Australian Early Development Census. Department of Education, Skills and Employment

**Proportion of Children Vulnerable on Two or More Domains (AEDC 2018)**

G21 region trend 2009 = 9.0%

Victorian trend 2009 = 10.0%



Source: Commonwealth Department of Education, Skills and Employment. www.aedc.gov.au

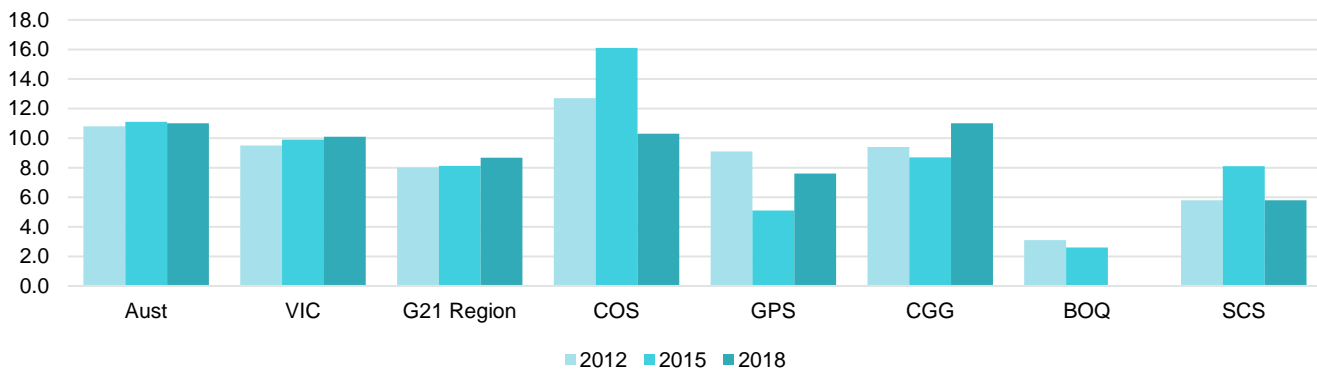




While there has been no significant change in the proportion of children vulnerable on two or more domains of the AEDC in most local municipalities over time, there has been a significant decrease in Colac Otway Shire in the 2015-2018 data collection period (despite higher average rates generally) and also in the Surf Coast Shire. There has been contrasting increase in the proportion of children vulnerable on two or more domains of the AEDC recorded in the City of Greater Geelong across the 2009-2018 and 2015-2018 reporting periods.

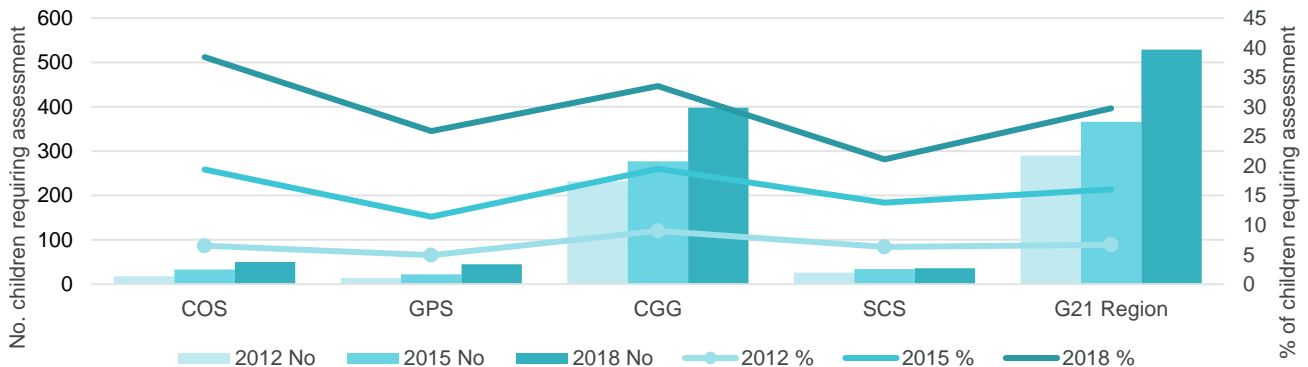
The number and overall proportion of children identified by teachers as requiring further assessment (e.g. medical and physical, behaviour management, emotional and cognitive development) at school entry has been steadily increasing over time. The following table indicates an overall increase of 82.4% across the G21 region in the number of children being identified by teachers as requiring further assessment at school entry, compared with rates recorded between 2012 and 2018.

**Figure 4.31 AEDC Vulnerable on Two or More Domains 2012-2018**



Source: Australian Early Development Census. Department of Education, Skills and Employment

**Figure 4.32 Children identified by teachers as requiring further assessment - AEDC 2012-2018**



Source: Australian Early Development Census. Department of Education, Skills and Employment  
For further detailed information on the AEDC results for local communities go to <https://www.aedc.gov.au/data>

## Dental health amongst children in the G21 region

Since the introduction of water fluoridation in Victoria in the 1960s, along with the widespread use of fluoridated toothpastes, the dental caries (tooth decay) experience of Victorian children has improved dramatically. Despite these advances, dental caries is one of the most prevalent diseases in Victorian children.

Dental conditions are the highest cause of all potentially preventable hospitalisations in children 0 to 9 years, predominantly due to dental caries. Dental caries, commonly known as dental decay, refers to the development of cavities (small holes) in the teeth that compromise the health and

structure of the tooth. It is the most prevalent oral disease among Australian children.<sup>86</sup>

Two key pieces of data illustrate the dental caries experience of Victorian children.

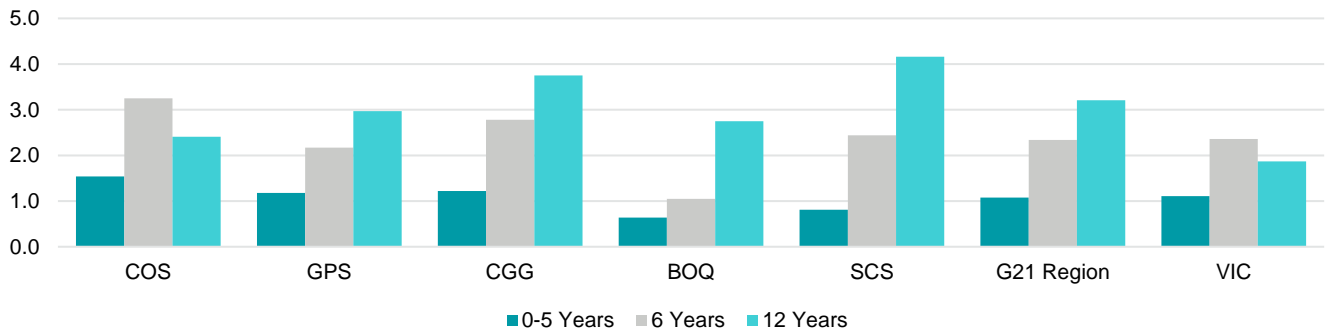
The first relates to the average number of decayed, missing or filled primary (baby) teeth (DMFT) and permanent (adult) teeth amongst young children. In 2017–19, children aged between 0-5 years in the G21 region attending a public dental service, had an average DMFT of 1.08, progressing to higher levels as children grew older (i.e. 2.34 for children aged 6 years; and 3.21 for children aged 12 years).<sup>87</sup>

<sup>86</sup> <https://www.aihw.gov.au/reports/children-youth/australias-children/contents/health/dental-health>

<sup>87</sup> <https://www.dhsv.org.au/oral-health-programs/LGA-oral-health-profiles>



**Figure 4.33 Average number of decayed, missing or filled teeth (public dental service 2017-19)**



Data Source: Dental Health Services Victoria, Oral Health Profile by LGA.

The second piece of data relates to the proportion of children with at least one DMFT primary (baby) or permanent (adult) tooth (public dental services). Data for children across the G21 region for the period 2017-18 indicates that in each age group, the proportion of children with at least one DMFT primary (baby) or permanent (adult) tooth attending a public dental service; was higher than for the Victorian average.

Access to public dental services is not universal. Eligibility criteria target individuals who are disadvantaged, including children up to the age of 12 and young people and adults with healthcare and pensioner concession cards. Specific population groups recognised as being at higher risk of poor oral health compared with the general population are given priority access, including children and young people, homeless people and Aboriginal and Torres Strait Islander people.

Consumption of sugar in foods and drinks remains the key dietary cause of dental caries. The Victorian Child Oral Health Survey identified that four in 10 Victorian children consume one or more sugary drinks on a usual day and almost half of Victorian children are eating four or more sugary foods/snacks on a usual day.<sup>88</sup>

Local government plays an important role in supporting the objectives of the Public Health and Wellbeing Act 2008. Councils can make an impact on their residents' oral health by creating environments that promote oral health. In partnership with DHHS, Dental Health Services Victoria (DHSV) developed oral health profiles for local government to become more involved in promoting oral health in the community. The 79 comprehensive profiles specific to each of the LGAs identified key indicators for oral health including: • the oral health status of children • potentially preventable dental hospitalisation rates • self-reported oral health and last dental visit.

DHSV and the DHHS are leading the development of a new dental initiative for children that will provide free, high quality dental care to all Victorian government school students. 'Smile Squad' will provide free examinations and treatment, including teeth cleaning, restorations, fluoride applications and fissure sealants to help improve the oral health of Victorian children and young people. Funding of \$321.9 million over four years for the program was announced by the Victorian Government in the 2019–20 State Budget.

**Potential Preventable Hospitalisations for Dental Conditions Amongst Children 0-9 Years**

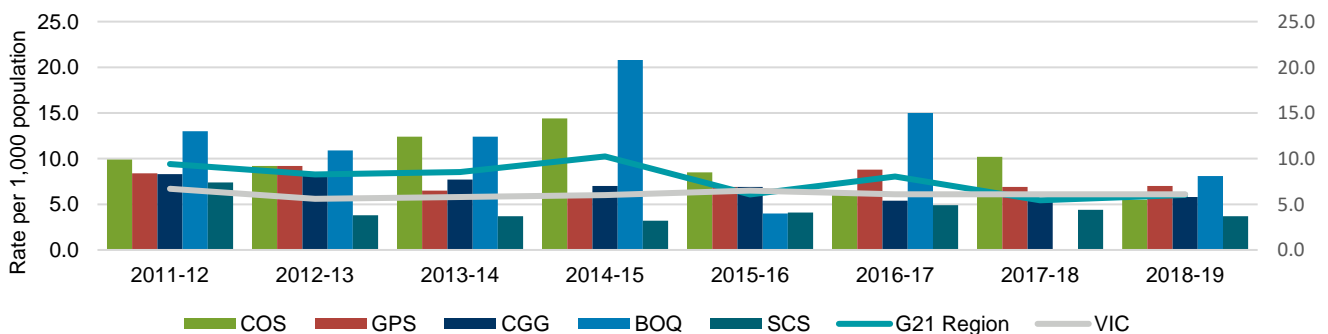
G21 region trend 2009-10 = 11.5%

Victorian trend 2009-10 = 7.03%



Source: Dental Health Services Victoria, Oral Health Profile by LGA 2018-19. <https://www.dhsv.org.au/oral-health-programs/LGA-oral-health-profiles>

**Figure 4.35 Potentially preventable hospitalisations for dental conditions children 0-9yrs 2011-19**



Data Source: Dental Health Services Victoria, Oral Health Profile by LGA

<sup>88</sup> <https://www2.health.vic.gov.au/public-health/chief-health-officer/cho-publications/your-health-report-2018/oral-health/child-oral-health>



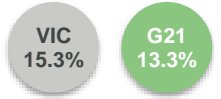
Those parents concerned about their children’s oral health at school entry account for approximately 13.3% across the G21 region. This compares favourably against the Victoria average of 15.3% of parents according to SEHQ data reports in 2019.

The rate of parents with concern about their children’s oral health has remained relatively consistent across the years and local municipal results.

**Parents Concerned About Their Children’s Oral Health (Teeth and Gums)**

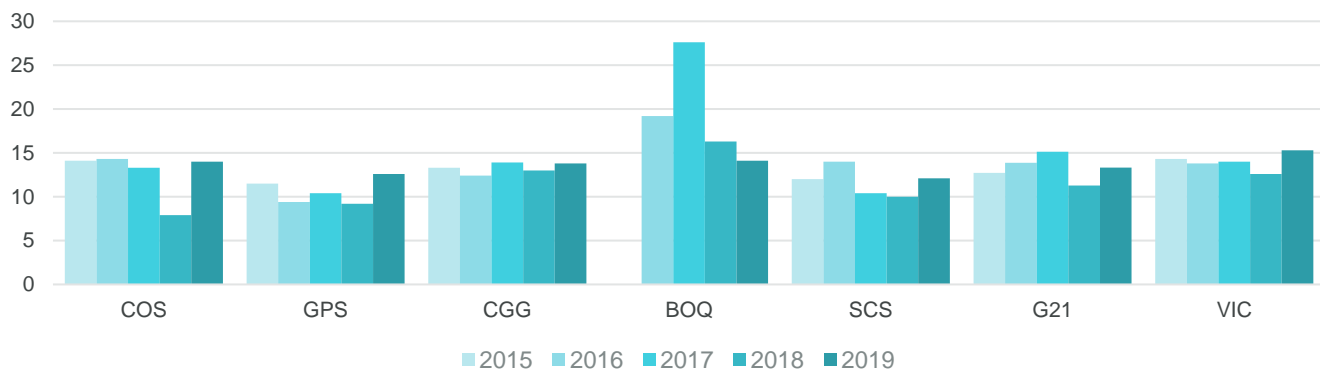
**G21 region trend 2015 = 12.7%**

**Victorian trend 2015 = 14.3%**



Source: Department of Education and Training (2019 School Entry Health Questionnaire)

**Figure 4.36 SEHQ: Parents Concerned About Their Child’s Oral Health (Teeth and Gums)**



Source: Department of Education and Training (2019 School Entry Health Questionnaire)

**Starting the day right – good nutrition**

In 2017–18, across Australia, around 7 in 10 (72%) children aged 5–14 met the recommended guidelines for fruit consumption. Only 1 in 25 children (4.4%) met the recommended guidelines for vegetable consumption and almost half (45%) of children aged 5–14 usually consumed sugar sweetened drinks or diet drinks at least once a week.<sup>89</sup>

Many primary schools across Australia have established school breakfast clubs as a means to address concerns about children arriving at school hungry and the subsequent impact on their learning. In 2015, the Victorian Government committed \$13.7 million to partner with Foodbank Victoria to establish breakfast clubs in 500 of Victoria’s most disadvantaged primary schools.

There are currently 55 School Breakfast Clubs operating from schools located in the G21 region (47 in local primary schools and 8 in secondary schools), or about 39% of local primary schools. In 2019, the School Breakfast Club Program was evaluated by Victoria University<sup>90</sup>, finding that:

- 85% of teachers noted a positive impact on the academic outcomes of students who attended breakfast club.
- 90% observed greater levels of engagement and focus for students who attend.
- 88% of teachers reported improvements in student’s social skills.
- 95% of teachers noted an improvement in student concentration; and

- 85% of teachers attributed increased student attendance and punctuality to participation in the program.

Recently, the Victorian Government announced that in 2021 1,000 schools will be a part of the School Breakfast Clubs program in 2021.

The following information is taken directly from the latest 2019 Victorian Children’s Health and Wellbeing Survey and published by the Department Education and Training.<sup>91</sup> Information specific to communities within the G21 region are not presently available, however are likely to be reflected and consistent with the information presented for Victorian children below.

**Food Insecurity**

Food insecurity can cause distress and often causes families to rely on unhealthy low-cost foods which has ramifications for children’s health. The latest results from the 2019 Victorian Child Health and Wellbeing Survey (VCHWS) asks parents if they had run out of food and could not afford to buy more in the previous 12 months.

Results in 2019 indicate that:

- Around 5.9% of Victorian parents stated that they had experienced food insecurity sometime in the past 12 months. While this is a decline when compared with

<sup>89</sup> Australia’s Children. Australian Institute of Health and Welfare 2020. Cat. no. CWS 69. Canberra: AIHW. <https://www.aihw.gov.au/reports/children-youth/australias-children/contents/health/breastfeeding-and-nutrition>

<sup>90</sup> Evaluation of the school breakfast clubs program F MacDonald. Victoria University, 2019 [https://www.vu.edu.au/sites/default/files/evaluation-school-breakfast-](https://www.vu.edu.au/sites/default/files/evaluation-school-breakfast-clubs.pdf?utm_source=miragenews&utm_medium=miragenews&utm_campaign=news)

[clubs.pdf?utm\\_source=miragenews&utm\\_medium=miragenews&utm\\_campaign=news](https://www.vu.edu.au/sites/default/files/evaluation-school-breakfast-clubs.pdf?utm_source=miragenews&utm_medium=miragenews&utm_campaign=news)

<sup>91</sup> Victorian Child Health and Wellbeing Survey Latest Summary Findings 2019, Victorian Department Education and Training 2020. <https://www.education.vic.gov.au/about/research/Pages/newdatahealth.aspx>



results from the previous survey, the change is not statistically significant.

- Children living in rural areas, in the most disadvantaged areas, in one-parent families and listed as dependents on

health care cards were more likely to live in families experiencing food insecurity.

**Table 4.37 Proportion of VIC children living in families that had experienced food insecurity in the previous 12 months**

	2013	2017	2019
Victoria	4.9%	7.1%	5.9%
Metropolitan	4.8%	6.2%*	4.4%*
Rural	5.4%	9.7%*	7.7%*
Most disadvantaged	9.6%*	13.5%*	8.9%*
Least disadvantaged	2.3%*	2.7%*	2.9%*
Couple family	3.5%*	4.2%*	3.7%*
One-parent family	18.7%*	21.3%*	20.1%*
Child on a health care card	13.8%*	18.7%*	16.4%*
Child not on a health care card	2.2%*	3.3%*	2.7%*

Source: Victorian Child Health and Wellbeing Survey: Summary Results, Department Education and Training 2019  
 Note: \* indicates a significant difference between results for population groups for the respective survey year.

**Fruit Intake**

The daily recommended fruit intake for children between the ages of two and 11 is between one to two serves per day (recommendations depend on the age of the child).<sup>92</sup>

The Victorian Child Health Survey (VCHWS) asks parents of children aged four to 12 years old how many serves of fruit (including dried fruit) their child eats daily. In 2019 survey results indicated that:

- Three-quarters (74.3%) of Victorian children were meeting the national minimum guidelines for fruit consumption. This is no different to previous survey results.
- Children living in the least disadvantaged areas, in couple families and aged four-to-eight years old were more likely to be meeting the guidelines when compared with other cohorts.

**Table 4.38 Proportion of Victorian children (aged 4-12) meeting fruit intake guidelines (2019)**

	2013	2017	2019
Victoria	73.2%	76.7%	74.3%
Metropolitan	72.0%*	77.0%	73.6%
Rural	76.2%*	75.9%	75.0%
Most disadvantaged	70.1%	72.6%	69.8%*
Least disadvantaged	73.5%	78.0%	79.0%*
Couple family	73.8%	78.0%	75.7%*
One-parent family	68.6%	72.1%	66.6%*
Child on a health care card	69.6%*	74.2%	71.2%
Child not on a health care card	74.5%*	77.9%	75.3%
Child aged 4 to 8 years	77.4%*	81.3%*	78.0%*
Child aged 9 to 12 years	67.5%*	70.7%*	69.6%*

Source: Victorian Child Health and Wellbeing Survey: Summary Results, Department Education and Training 2019  
 Note: \* indicates a significant difference between results for population groups for the respective survey year.

<sup>92</sup> A copy of the Australian dietary guidelines is available here: <https://www.eatforhealth.gov.au/guidelines>.



### Vegetable Intake

The daily recommended vegetable intake for children between the ages of 2 and 11 is between two-and-a-half and five serves per day (recommendations depend on the age of the child).<sup>93</sup>

The Victorian Child Health and Wellbeing Survey (VCHWS) asks parents of children aged 4 to 12 years old how many

serves of vegetables (including salad) their child eats daily. In 2019 survey results indicated that:

- Consistent with previous surveys, less than five per cent (2.4%) of Victorian children were meeting the national minimum guidelines for vegetable consumption.

**Table 4.39 Proportion of Victorian children (aged 4-12) meeting vegetable intake guidelines (2019)**

	2013	2017	2019
Victoria	2.9%	3.8%	2.4%
Metropolitan	2.8%	3.6%	2.4%
Rural	3.1%	4.3%	2.4%
Most disadvantaged	2.4%	3.5%	2.0%
Least disadvantaged	2.7%	2.7%	2.4%
Couple family	2.8%	3.2%	2.5%
One-parent family	3.8%	5.9%	1.2%
Child on a health care card	2.7%	4.5%	1.8%
Child not on a health care card	3.0%	3.4%	2.5%
Child aged 4 to 8 years	2.5%	3.8%	2.1%
Child aged 9 to 12 years	3.4%	3.7%	2.8%

Source: Victorian Child Health and Wellbeing Survey: Summary Results, Department Education and Training 2019  
 Note: \* indicates a significant difference between results for population groups for the respective survey year.

### Physical Activity

*“Physical activity and exercise promote healthy growth and development, maintain healthy weight and reduce the risk of disease. Studies have shown that exercise improves concentration and sleep and can alleviate the severity of mental health issues, such as depression and anxiety.”<sup>94</sup>*

The VCHWS asks parents of children aged 5 to 12 years old how often their child had been physically active for at least 60 minutes in the past week. In 2019 survey results indicated that:

- Around half (52.2%) of Victorian children were physically active for an hour a day. This statistically significant decline from 2017 (and 2013) occurs across most cohorts.

**Table 4.40 Proportion of Victorian children (aged 5-12) who are physically active for one hour a day (2019 VCHWS).**

	2013	2017	2019
Victoria	62.2%	59.4%	52.2%
Metropolitan	60.4%*	58.2%	51.4%
Rural	67.1%*	62.8%	53.0%
Most disadvantaged	62.8%	63.3%	53.5%
Least disadvantaged	60.3%	59.2%	49.9%
Couple family	62.3%	60.1%	51.7%
One-parent family	60.8%	56.4%	54.5%
Child on a health care card	62.9%	63.2%	53.4%
Child not on a health care card	61.9%	58.2%	52.2%

Source: Victorian Child Health and Wellbeing Survey: Summary Results, Department Education and Training 2019  
 Note: \* indicates a significant difference between results for population groups for the respective survey year.

<sup>93</sup> A copy of the Australian dietary guidelines is available here: <https://www.eatforhealth.gov.au/guidelines>.

<sup>94</sup> State of Victoria's Children Report: A focus on health and wellbeing (2017)



## Electronic media use

Recommendations for children’s screen use are less than two hours with electronic media each day.<sup>95</sup> Research suggests that excessive screen time is associated with developmental risks in children and young people (including sleep, obesity, executive functioning and aggression).<sup>96</sup>

Evidence suggests that television watched in the first 2 years of life may be connected with delays in language development.<sup>97</sup>

The Victorian Child Health and Wellbeing Survey (VCHWS) asks parents of children aged 5 to 12 years old how many hours per day their child uses electronic media, including non-

school related computer use, or watching television or DVDs. In 2019 results of the survey indicated that:

- Around one-in-five (20.2%) Victorian children were exceeding the recommended screen time. This is similar to previous surveys.
- Children in rural areas were more likely to exceed recommendations compared to those in metropolitan areas. Children listed on a health care card were also more likely to exceed recommendations compared to those not on a health care card.

**Table 4.41 Proportion of Victorian children (aged 5-12) who exceed recommended screen time (2019)**

	2013	2017	2019
Victoria	17.7%	18.2%	20.2%
Metropolitan	18.2%	17.9%	17.7%*
Rural	16.3%	19.1%	22.9%*
Most disadvantaged	24.1%*	25.7%	21.3%
Least disadvantaged	14.2%*	16.4%	17.6%
Couple family	16.7%*	16.5%	19.6%
One-parent family	25.1%*	23.6%	23.0%
Child on a health care card	24.5%*	24.6%*	27.6%*
Child not on a health care card	15.3%*	15.7%*	17.6%*

Source: Victorian Child Health and Wellbeing Survey: Summary Results, Department Education and Training 2019  
 Note: \* indicates a significant difference between results for population groups for the respective survey year.

The length of time children spend viewing digital screens has been exacerbated by the COVID pandemic and the associated increase in remote schooling and the means to maintaining social connections during periods of lockdown and isolation. Learning and working from home during the pandemic has made digital tools more essential among children and families and smartphones and laptops connected to the internet have been a lifeline for many families throughout the pandemic period.

## Injury and hospitalisation

The AIHW reports that injury is a leading cause of child deaths and a major cause of hospitalisation. Children are vulnerable to certain types of injuries depending on their age, reflecting their stage of development. Young children are particularly vulnerable to injury as they are not yet able to adequately assess the risks involved in new activities and avoid potential dangers. Injuries sustained among older children are increasingly influenced by risk-taking behaviour in addition to their physical and social environment.<sup>99</sup>

In 2017–18, there were around 65,000 hospitalised injury cases among children aged 0–14 across Australia, a rate of 1,400 per

At the same time however, research is demonstrating that families are suffering from the inevitable drawbacks associated with being dependent on digital media at home. Research conducted as part of the Royal Children’s Hospital’s National Child Health Poll, found half of Australian children had spent more time on digital screens for entertainment in June 2020 compared to the same period before the COVID-19 pandemic. And 42% of children spent less time being physically active.<sup>98</sup>

100,000 children. Of these cases the leading causes of injury recorded were:

- falls (45%)
- exposure to inanimate mechanical forces (such as being struck or cut by something other than another human or animal) (20%)
- land transport accidents (9.5%).

Overall, boys were 1.5 times as likely to sustain an injury that results in hospitalisation as girls (1,600 and 1,100 per 100,000

<sup>95</sup> <https://www1.health.gov.au/internet/main/publishing.nsf/Content/health-pubhlth-strateg-phys-act-guidelines>

<sup>96</sup> Radesky, J.S., Christakis, D.A., 2016. Increased Screen Time: Implications for Early Childhood Development and Behaviour. Paediatric Clinics of North America, Vol 63(5), pp. 826-839

<sup>97</sup> <https://www1.health.gov.au/internet/publications/publishing.nsf/Content/gug-indig-hb-inactivity>

<sup>98</sup> <https://www.rchpoll.org.au/polls/covid-19-pandemic-effects-on-the-lives-of-australian-children-and-families/>

<sup>99</sup> Australia’s Children. Lasted Update 2020. AIHW. <https://www.aihw.gov.au/reports/children-youth/australias-children/contents/health/injuries>



respectively). These differences varied by age—from 1.3 times for ages 0–4, to 1.7 times among 10–14-year-olds.

During 2016–2018, injuries contributed to 532 deaths of children aged 0–14, a rate of 3.8 per 100,000 children. The leading causes of injury deaths were land transport accidents (29%) (including road traffic deaths), accidental drowning (18%) and intentional self-harm (12%).

In 2017-18 there were 1,812 hospital emergency presentations for children aged 0-14 years across the G21 region, which represents approximately 6.4% of the total emergency presentations for this age group throughout Victoria.<sup>100</sup> According to data reported online in the Victorian Injury Atlas <https://vicinjuryatlas.org.au/unintentional/#> there were 98 sports related injuries amongst children aged 0-14 year across the G21 region and 75 transport related injuries.

**Table 4.42 Number of Unintentional Injury Hospitalisations by Age and LGA (2017-18)**

Admission Year 2017-18	COS		GPS		CGG		BOQ		SCS		G21	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Unintentional Injury Hospitalisations	87	12.4	179	21.4	1,525	15.5	12	7.6	220	19.7	498	15.3
Transport Injury Hospitalisations	26	26.0	21	14.7	121	8.1	<5	0.0	28	15.1	75	12.8
Sport Injury Hospitalisations	25	21.6	<5	0.0	369	23.3	6	27.3	67	25.9	98	19.6

Source - <https://vicinjuryatlas.org.au/unintentional/#> The total number of injury hospitalisations in each LGA is based on the place of residence of the injured person, not where the injury occurred.

In 2018-19, in total 15,038 children were admitted to Victorian hospitals and at least 97,056 presented to Victorian Hospital Emergency Departments (EDs) for unintentional injury. The annual rate of injury admissions among children aged 0-14 years increased statistically significantly by 4.3% per year over the 10-year period 2009-10 to 2018-19.

The annual rate of injury ED presentations among children aged 0-14 years increased statistically significantly by 1.7% per year over the 10-year period 2009-10 to 2018-19 throughout Victoria. In 2018-19 males were overrepresented, accounting for 60.7% of admissions and 57.2% of ED presentations. Falls were the leading cause of both injury admissions (46.9%) and ED presentations (44.1%). A quarter (25%) of hospital

admissions and almost half of ED presentations (47.3%) were for injuries that occurred in the home. Children were also commonly injured in schools and other educational institutions (13.2% of admissions and 13.3% of ED presentations) and sports and athletics areas (9.3% of admissions and 9.2% of ED presentations).<sup>101</sup>

The following Table 4.43 presents data for hospital presentations for children aged between 0-14 years for the period 2017-18 and each municipality across the G21 region. The table includes multiple health factors and conditions. In 2017-18 there were 1,455 hospital admissions reported across the G21 region for 'potentially preventable conditions' and 103 hospital admissions for 'total vaccine preventable conditions'.

**Table 4.43 Hospital Admissions by Cause/Condition - Children 0-14 Years (2017-18)<sup>102</sup>**

LGA Admission Year 2017-18	COS		GPS		CGG		BOQ		SCS		G21	VIC
	No.	SR	No.	SR	No.	SR	No.	SR	No.	SR	No.	%
Estimated number of children 2-17yrs who were overweight (but not obese) (modelled estimates)	725	105	949	100	8,462	106	124	185	1,239	107	11,499	5.7
Total admissions (excluding same-day admissions for renal dialysis) 0-14yrs (public hospitals)	456	104	624	111	6,921	131	88	238	767	106	8,856	6.6
Estimated number of children 2-17yrs who were obese (modelled estimates)	459	135	588	127	4,321	109	75	227	723	127	6,166	6.3
Total presentations for injury, poisoning and certain other consequences of external causes 0-14yrs	115	26	618	104	4,165	80	41	107	473	64	5,412	4.9
Total presentations for other diseases/ conditions 0-14yrs	87	25	367	83	3,563	87	29	100	340	60	4,386	4.8

Source: Data Extracted from Social Atlas of Australia, Data by Local Government Area, PHIDU. Pub 2021: May 2021. SR is the age-standardised rate for the population being studied.

<sup>100</sup> Refer to Table 4.42 which reports hospital admissions. There is significant discrepancy between the rate of hospital admissions in relation to unintentional injury depending on data source used. Caution should be exercised when referring and interpreting this data.

<sup>101</sup> Unintentional Hospital Treated Injury Victoria 2018/19 E-bulletin Edition 21 April 2020 Jane Hayman Janneke Berecki-Gisolf

[https://www.monash.edu/\\_data/assets/pdf\\_file/0009/2186748/E-Bulletin21.pdf](https://www.monash.edu/_data/assets/pdf_file/0009/2186748/E-Bulletin21.pdf)

<sup>102</sup> Data Extracted from Social Atlas of Australia, Data by Local Government Area, Published 2021: May 2021. <https://phidu.torrens.edu.au/social-health-atlases>



## Mental health

Mental health and many common mental illnesses are influenced by social, economic and physical environment factors. For children, loving, responsive and stable relationships with a caring adult help build secure attachment between child and caregiver. This is essential for healthy social and emotional development. Secure attachment to the primary caregiver in the early years helps to protect against anxiety and boosts the ability to cope with stressors. Mental health problems in childhood can have a substantial impact on wellbeing. In addition, there is strong evidence that mental disorders in childhood and adolescence predict mental illness in adulthood.

At the same time, childhood presents the greatest opportunity for intervention. Investing in prevention and early intervention gives children the best opportunity for good mental health and wellbeing. For high-risk groups, such as children affected by violence, abuse, maltreatment or poverty, early intervention can help reduce disparities between the mental health of these children and children in psychologically healthy environments.

Around 1 in 9 children have a mental health problem and that figure has not shifted in two decades despite increased investment in prevention, destigmatisation and treatment.<sup>103</sup> Specific populations of children are also over-represented with mental health issues. Children and young people in the child protection and out-of-home care systems experience high rates of developmental and mental health problems for complex reasons associated with insecure attachments and the cumulative effects of childhood maltreatment. While Aboriginal and Torres Strait Islander children are over-represented in out-of-home care in Victoria, a 2016 review found that more than one in five experienced mental health problems and 8% were under the age of 5 years.<sup>104</sup>

*“Not all Victorian children and young people with dangerous and debilitating mental health problems receive the services that they and their families need. This can lead to ongoing*

*health problems, increasing the risk that children and young people will disengage from education and employment and be more likely to be involved with human services and the justice system.”<sup>105</sup>*

Despite alarming statistics revealing the extent of mental health issues amongst young children, recently published Australian research<sup>106</sup> would suggest that ‘three-quarters of Australian children with mental health disorders aren’t getting the professional help they require’.

Girls, younger children and families from non-English-speaking backgrounds are the least likely to access mental health services. Fewer than one in four children identified as having a mental health problem saw a health professional in the 18 months after they were surveyed.

Younger children were less likely to access services than older children. Some 20-27% of children aged 12-13 years accessed services, compared to 9-15% of children aged eight to nine years. The study also found that girls were less likely to receive care than boys. While girls made up 50% of children with mental health problems in the study, they only accounted for just 30% of children who received support for emotional problems at ages eight to 11.

Table 4.45 provides data from the DHHS Child and Adolescent Mental Health Services (CAMHS) Key Performance Indicators Report for the second quarter of 2019–20. This data indicates that during this period on average clients aged under 12 years accounted for 26% of all clients seen by the three CAMHS services located within Ballarat, Geelong and Warrnambool. While 62% of cases result in a significant improvement at the time of closure (i.e measure clinically significant change as opposed to overall change) on average 14.3% of closed cases are re-referred within 6 months of being closed.

**Table 4.44 Prevalence of mental illness in the Western Victoria PHN region (2019)**

Classification	0-4 years	5-11 years	12-17 years	Children 0-17 % of all age
Mid mental illness	3,445	5,132	4,317	23.6
Moderate mental illness	1,722	2,569	2,204	23.6
Severe mental illness	861	1,289	1,186	18.0
Total mental illness	6,028	8,990	7,707	22.6

Source: Needs Assessment Report 2019, Western Victoria PHN<sup>107</sup>

<sup>103</sup> Sawyer MG, Reece CE, Sawyer AC, Johnson SE, Lawrence D. Has the Prevalence of Child and Adolescent Mental Disorders in Australia Changed Between 1998 and 2013 to 2014? *Journal of the American Academy of Child & Adolescent Psychiatry*. 2018;57(5):343-50. [e5.https://mspgh.unimelb.edu.au/news-and-events/spotlight-on-mental-health-children](https://mspgh.unimelb.edu.au/news-and-events/spotlight-on-mental-health-children)

<sup>104</sup> State of Victoria, Royal Commission into Victoria’s Mental Health System, Interim Report, Parl Paper No. 87 (2018–19). Published November 2019, page 44. [https://www.parliament.vic.gov.au/file\\_uploads/6183-RCVMHS-InterimReport\\_Web\\_Ready\\_R2\\_GKyv8v04.pdf](https://www.parliament.vic.gov.au/file_uploads/6183-RCVMHS-InterimReport_Web_Ready_R2_GKyv8v04.pdf)

<sup>105</sup> Child and Youth Mental Health, Victorian Auditor General’s Office, PP no 36, Session 2018–19, page 8. [https://www.audit.vic.gov.au/sites/default/files/2019-06/050619-Youth-Mental-Health\\_0.pdf](https://www.audit.vic.gov.au/sites/default/files/2019-06/050619-Youth-Mental-Health_0.pdf)

<sup>106</sup> Harriet Hiscock, Melissa Mulraney, Daryl Efron, Gary Freed, David Coghill, Emma Sciberras, Hayley Warren & Michael Sawyer (2020) Use and predictors of health services among Australian children with mental health problems: A national prospective study, *Australian Journal of Psychology*, 72:1, 31-40, DOI: [10.1111/ajpy.12256](https://doi.org/10.1111/ajpy.12256)

<sup>107</sup> <https://westvicphn.com.au/wp-content/uploads/2020/03/WVPHN-Needs-Assessment-2019.pdf>





**Table 4.45 Child and Adolescent Mental Health Services (2019-20)**

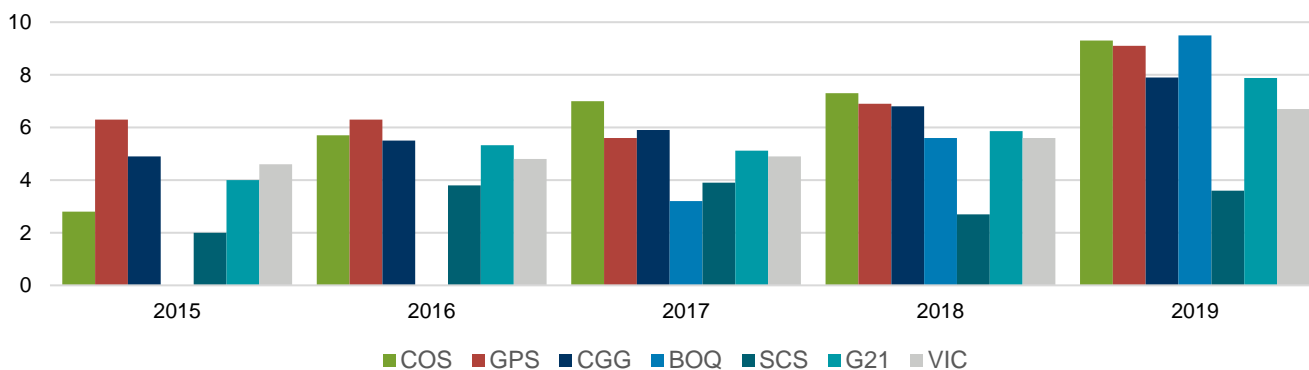
Provider	Ballarat Health (Ballarat)	Barwon Health (Geelong)	South West Health (Warrnambool)	VIC
Pre-admission contact rate %	94	69	86	63
Clients aged under 12 %	28	23	27	28
Average treatment (days)	5.4	4.4	2.8	4.8
Average length of case (days)	167.1	226.6	312	195
Post Discharge follow-up rate %	100	69	88	86
Closed cases re-referred within 6 months	21	4	18	14
Cases with significant improvement at closure	65	80	57	47

Source: Victorian DHHS Child and Adolescent Mental Health Services, Key Performance Indicators Report Quarter 2, 2019–20

According to the 2019 School Entry Health Questionnaire (SEHQ), approximately (7.9%) of children across the G21 region are rated at high risk of emotional and behavioural problems, i.e. total difficulties (score in the 'high risk' range),

compared with an average of 6.7% across Victoria. This represents an increase from 4.4% of children in the G21 region in 2010 and 4.3% across Victoria.

**Figure 4.46 SEHQ: Children at High Risk of Developmental or Behavioural Problems**



Source: Department of Education and Training (2019 School Entry Health Questionnaire)

In 2019, the Australian Government announced the development of the *'National Children's Mental Health and Wellbeing Strategy'* as part of the Government's Long-Term National Health Plan. The Strategy aims to outline the requirements for an effective system of care for children, seeking to create a new, shared understanding of the roles of families, communities, services and educators in promoting and supporting child mental health and wellbeing. It also provides a framework to guide the most critical investments in our children and families.

At the same time the Victorian Government established a Royal Commission into the Mental Health System, recognising the fact that the state's mental health system was failing to support those who needed it. The final report of the Royal Commission has set out an ambitious reform agenda to redesign Victoria's mental health and wellbeing system, including a range of recommendations addressing the needs of young children including:

- fund evidence-informed initiatives, including anti-stigma and anti-bullying programs, to assist schools in supporting students' mental health and wellbeing.
- develop a digital platform that contains a validated list of these initiatives.
- develop a fund, modelled on School Readiness Funding for kindergartens, to support schools, with priority given to

those in rural and regional areas, to select the most appropriate suite of initiatives for them.

- establish one responsive and integrated infant, child and youth mental health and wellbeing system to provide developmentally appropriate mental health and wellbeing treatment, care and support for newborns to 25-year-olds.
- by the end of 2022, establish a dedicated service stream for infants, children and their families, consisting of Infant, Child and Family Area Mental Health and Wellbeing Services, within the 13 Infant, Child and Youth Area Mental Health and Wellbeing Services (refer to recommendation 3(2)(c)) to:
- provide developmentally appropriate mental health and wellbeing treatment, care and support services for newborns to 11-year-olds and their families; and
- adapt and deliver the core functions of community mental health and wellbeing services, including through a range of delivery modes, ensuring services are accessible and responsive to the diversity of local communities.
- in partnership with the Commonwealth, establish three infant, child and family health and wellbeing multidisciplinary community-based hubs (by end of 2022).
- deliver evidence-informed online parenting programs and group-based parenting sessions.



- establish two state-wide subacute residential family admission centres located in the community.<sup>108</sup>

The development of a *National Children's Mental Health and Wellbeing Strategy* and reforms that have been recommended for Victoria's Mental Health System, could not be timelier, being delivered within the context of the COVID pandemic.

Recently released research is starting to provide an early picture of how the COVID pandemic has impacted young children. 'While Australian children as a group may have fared better than those in countries with much higher COVID-19 infection and death rates, social and emotional issues have been identified via an online Australia research survey 'COVID-19 Unmasked.'<sup>109</sup> Rather than the direct exposure to COVID-19, survey results suggest that the indirect impact of the pandemic due to disruptions and loss has had a strong negative effect on child wellbeing.

The 'COVID-19 Unmasked' survey looks at the pandemic's impact on young children, their parents, carers and broader family life. The online survey started in May 2020 in Australia and is periodically collecting data at three, six and 12 months following the first participation.

Survey results collected to date have showed that although most young children were resilient to the impact of the pandemic, 15-to-20% had mild to moderate emotional or behavioural difficulties including anxiety, irritability, depression and sleep disturbance. Survey results suggest that **80%** of children are experiencing good mental health during the pandemic, demonstrating sound emotional well-being, strong relationships and emotion regulation skills, however:

- 1 in 4 children are experiencing higher than average levels of anxiety symptoms.
- 5-10% of children may need specialised mental health support.
- 1 in 5 parents are struggling with moderate to severe anxiety, depression, or stress: and
- Young children are most affected by not seeing family and friends.

A Royal Children's Hospital National Child Health Poll published in August 2020 similarly found positive changes that have resulted in family functioning and connections that have emerged from the COVID lockdowns. These include:

- Almost half of parents (42%) say they are now more connected to their child, with most having spent more time reading (51%) and playing games (68%) together and 66% have developed new positive family habits.
- Children spent more time on screens for entertainment (51%), less time being physically active (42%) and ate more unhealthy food (25%) during the pandemic. In fact, only one in 10 children got enough exercise each day.

- However, positive habits were also reported, with the vast majority of children (78%) utilising digital media to stay connected with their friends and extended family. Three-quarters of parents (75%) said their child was able to learn well remotely using digital devices.<sup>110</sup>

The Institute of Family Studies<sup>111</sup> have also conducted preliminary research with results concluding that:

- The proportion of people always working from home rose from 7% before COVID-19 to 60% during.
- Before COVID-19, 30% of families used parent-only care. That increased to 64% of families during COVID-19.
- While parents worked from home, 40% always or often 'actively' cared for children during work.

Australia has generally taken a strong leadership approach to school-based mental health. The evolution of *MindMatters*, *KidsMatter Primary* and *KidsMatter Early Childhood* has resulted in robust frameworks and professional learning support for the promotion of mental health in Australian schools.

In Victoria, the DET has partnered with the Murdoch Children's Research Institute (MCRI) to deliver a pilot to provide more mental health support in primary schools. Participating schools receive funding to employ a Mental Health and Wellbeing Coordinator to promote a whole-school approach to mental health and wellbeing, including implementation of evidence-based training and resources to help build mental health capabilities of primary school staff to better identify and support students with mental health concerns and link with external services.

So far, the pilot has been implemented in 4 schools in the G21 region located in Ocean Grove, Barwon Heads and Wallington.

In the face of the impact of the COVID pandemic the Victorian DET has identified three key priorities as part of its 2021 Annual Implementation Plan:

1. **Learning Catch-up and Extension:** While some students have thrived in the remote and flexible learning environment, others have maintained their learning progress and some have fallen behind, despite their best efforts and those of their families and teachers. Both those who need to catch up and those who have thrived will contribute to be supported in their learning.
2. **Happy, Active and Healthy Kids:** Ensure the mental health of students and enable children to get back outdoors, get active and get creative. This means effectively mobilising available resources to support students, especially those who are most vulnerable.
3. **Connected Schools:** Build on the strong connections that schools have established with their families, carers and communities, to embed and spread improved ways of working to support students.

<sup>108</sup> State of Victoria, Royal Commission into Victoria's Mental Health System, Final Report, Summary and recommendations, Parl Paper No. 202, Session 2018-21 (document 1 of 6)

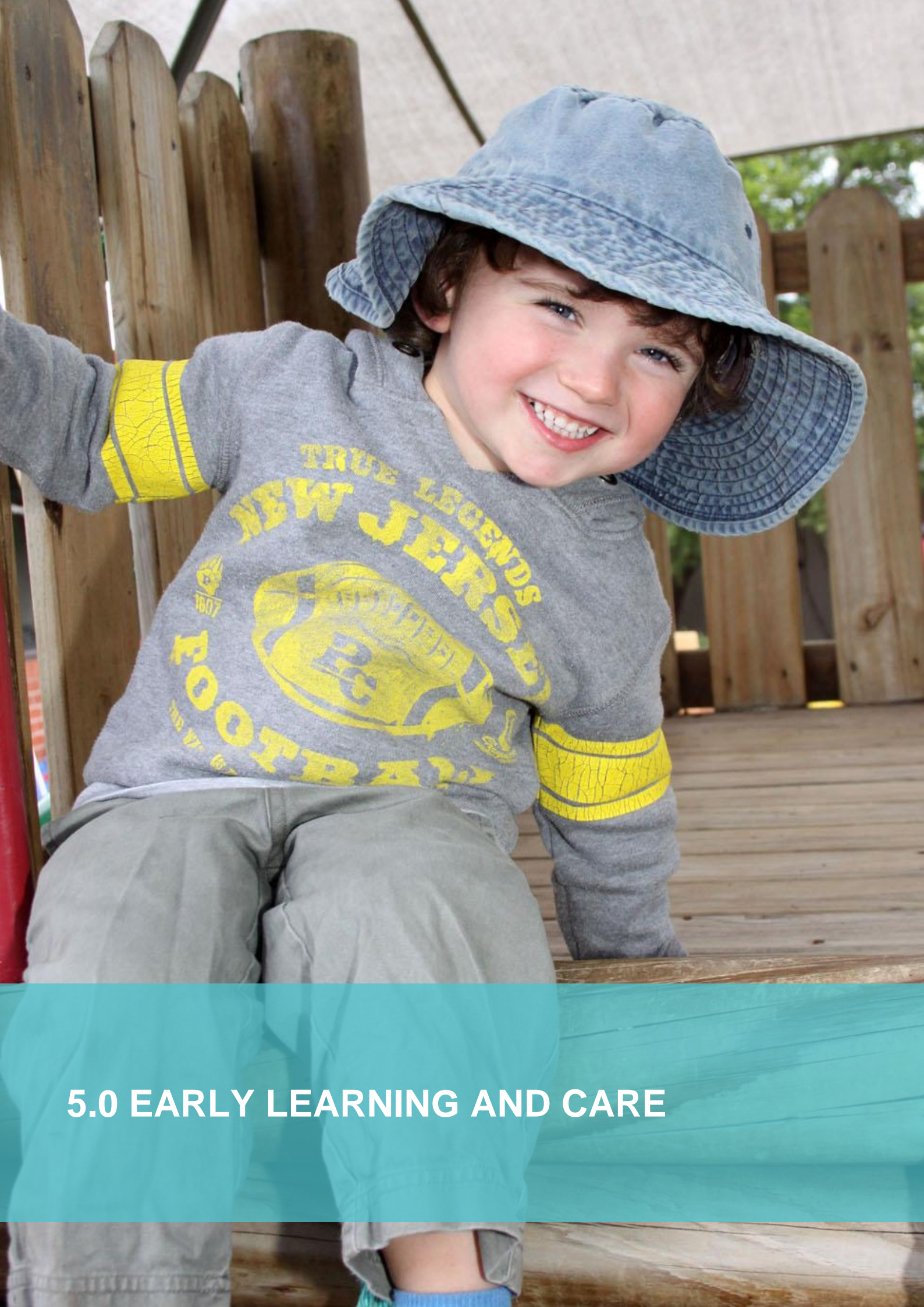
<sup>109</sup> <https://www.childrens.health.qld.gov.au/covid-19-unmasked> The survey is a joint project between the Queensland Centre for Perinatal and Infant Mental Health (lead partner), Griffith University, the University of Queensland, the University of Southern Queensland and the University of Melbourne. The research team also has a global collaboration with eight other sites who conducted the

survey in their countries (Cyprus and Greece, the Netherlands, Poland, Spain, Turkey, the UK and the USA).

<https://pursuit.unimelb.edu.au/articles/victorian-kids-mental-health-hit-hardest-during-2020>

<sup>110</sup> <https://www.rchpoll.org.au/polls/covid-19-pandemic-effects-on-the-lives-of-australian-children-and-families>

<sup>111</sup> <https://aifs.gov.au/projects/families-australia-survey-life-during-covid-19>

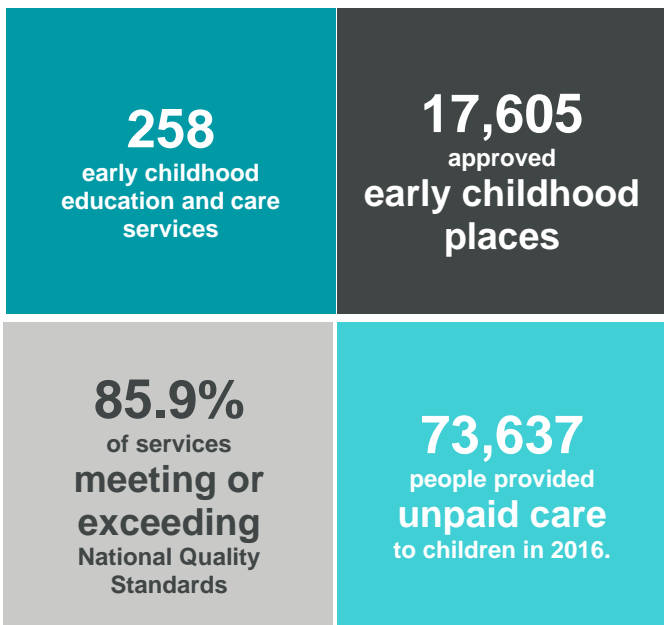


## 5.0 EARLY LEARNING AND CARE



## 5.0 Early Learning and Care

*“The benefits endure well beyond primary school. Higher levels of educational attainment, economic participation and family well-being have all been linked to moderate levels of participation in early childhood education.”<sup>112</sup>*



*“Early childhood care and education (ECCE) is more than preparation for primary school. It aims at the holistic development of a child’s social, emotional, cognitive and physical needs in order to build a solid and broad foundation for lifelong learning and wellbeing. ECCE has the possibility to nurture caring, capable and responsible future citizens. In this way ECCE is one of the best investments a country can make to promote human resource development, gender equality and social cohesion and to reduce the costs for later remedial programmes. For disadvantaged children, ECCE plays an important role in compensating for the disadvantages in the family and combating educational inequalities.”<sup>113</sup>*

Research shows that children who participate in a quality early childhood education program for at least 600 hours in the year before school are more likely to arrive at school equipped with the social, cognitive and emotional skills they need to engage in learning.

A child’s brain develops rapidly in the early years, with around 85 to 90% of brain development occurring in the first five years of life. A child’s environment, experiences and relationships in the first 1,000 days (from conception to age two) are particularly significant for brain development.<sup>114</sup>

There is a vast body of research evidence that conclusively demonstrates that engagement of children in quality early childhood education and care leads to better long-term health, education and employment outcomes.<sup>115</sup> Neuroscience confirms that children are born ready to learn and that they learn best through positive and nurturing relationships and being engaged in high quality and stimulating learning and developmental environments.<sup>116</sup>

As a child’s brain architecture and function develops rapidly during early childhood, this is the critical time to lay the foundations for establishing self-esteem, resilience and an aptitude for learning - all of which are vital to a child’s long-term wellbeing and development.

In Victoria, early learning programs are informed by a pedagogical framework - the Victorian Early Years Learning and Development Framework (VEYLDF).<sup>117</sup> The VEYLDF sets out outcomes and practices to guide early childhood professionals in their work with all families and their young children from birth. Supporting children to progress toward these outcomes, in conjunction with their families, is the core of the VEYLDF.

Early childhood learning programs encompass a broad range of early childhood education and care programs for children aged from birth until they enter the first year of formal schooling, generally around the age of 5-years-old.

In most cases early childhood education and care services and programs are formal, government regulated, non-compulsory programs provided and delivered by early childhood qualified educators.

In an Australian first, the Victorian Government has committed to implement three-year-old kindergarten for all children over a 10-year roll-out with a total investment of almost \$5 billion, including \$1.68 billion to support the infrastructure expansion required for the reform. This reform will add another year of universal funded kindergarten so that, by 2029, all children in

<sup>112</sup> *Lifting Our Game*, Report of the Review to Achieve Educational Excellence in Australian Schools through Early Childhood Interventions (2017)

<sup>113</sup> Early Childhood Care and Education, United Nations Educational, Scientific and Cultural Organization UNESCO) <https://en.unesco.org/themes/early-childhood-care-and-education>

<sup>114</sup> Moore, T.G., Arefadib, N., Deery, A., Keyes, M., & West, S. (2017). *The first thousand days: An evidence paper – summary*. Parkville, Victoria: Centre for Community Child Health, Murdoch Children’s Research Institute. Retrieved from <https://apo.org.au/node/108431>

<sup>115</sup> Elliott A. Australian Council for Educational Research, Early Childhood Education, Pathways to quality and equity for all children, Australian Education Review, Volume 50, 2006 (note Alison Elliot is a member of the ACECQA Board)

<sup>116</sup> Ministerial Council for Education, Early Childhood Development and Youth Affairs, Engaging families in the early childhood development story, (South Australia: 2010), Pages 15 - 23

<sup>117</sup> Victorian Early Years Learning and Development Framework (VEYLDF), State of Victoria (Department of Education and Training), 2016



Victoria will have access to two years of play-based learning through a funded kindergarten program.

Three-year-old kindergarten will require a large expansion across the state. The state government has invited all 79 LGAs to discuss and agree upon a Kindergarten Infrastructure and Services Plan (KISP) for their area.

Each KISP estimates the growth in demand for kindergarten within the LGA. The KISPs will help all kindergarten providers

meet demand and provide a clear picture of infrastructure need across the state.

As three-year-old kindergarten is rolled-out and Victoria's population grows, demand for both three and four-year-old kindergarten places will increase significantly. While additional capacity will be needed to meet this demand, this will vary across the state and over time, due to differences in the capacity of existing services, growth trends and sector composition.

## Kindergarten participation rates

*"The link between attendance at pre-school and Year 3 literacy and numeracy achievement is strong, even after controlling for various socio-demographic variables, indicating pre-school attendance has a significant impact on achievement outcomes in later years of compulsory schooling".<sup>118</sup>*

While kindergarten participation is not compulsory in Victoria, the strong expectation as part of the Education State agenda is that all children have access to and fully engage with, high-quality kindergarten as a core part of their education.

In Victoria, every child can access a subsidised, teacher-delivered kindergarten program for 15 hours a week (600 hours a year) in the year before school (four-year-old kindergarten).

Kindergarten has been shown to develop children's social, emotional, intellectual, physical and language abilities, encourage family involvement in learning and help prepare for the transition to school. In the long term it has been linked to improved literacy and numeracy, higher self-esteem, better employment prospects and improved health outcomes.

There is a growing recognition that while a significant proportion

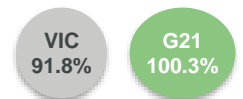
of the four-year-old Victorian population participates (is enrolled) in a kindergarten program, less is known about how often they attend. Unlike schools, attendance reporting in kindergarten programs is not a requirement, except during a single reference week in August each year. There is a growing recognition of the need to collect more regular attendance data as the basis for better understanding and responding to attendance patterns and the drivers of and barriers to consistent attendance.

Comparing the rate of kindergarten participation across the G21 region is challenging given changes that have occurred over time in methodology for calculating this indicator. Also, the data for some municipalities total above 100% due to the attribution of single year age population to LGAs. This is particularly evident in LGAs with small populations such as the Borough of Queenscliffe. Consequently, caution should be exercised when comparing this data over time. Also, the data does not indicate actual kindergarten attendance, but only enrolment in kindergarten.

### 2019 Kinder participation rate by LGA

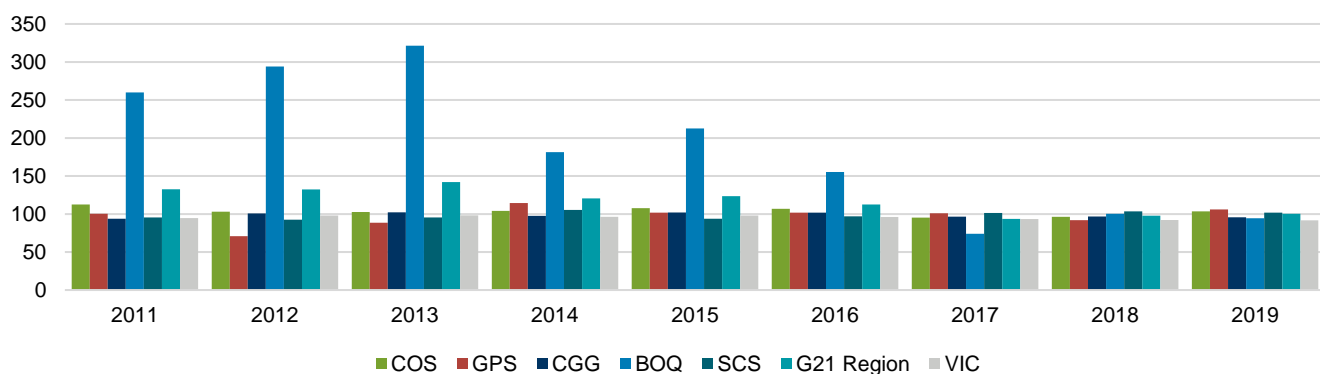
**G21 region trend 2011 = 132.4%**

**Victorian trend 2011 = 94.6%**



Source: Department of Education and Training

**Figure 5.1 Kindergarten Participation (Enrolment) Rate by Year and LGA**



Source: Department Education and Training, VCAMS.

According to data recorded by the Australian Early Development Census the proportion of children who attended a preschool

program in the year prior to commencing primary school is consistently above the Victorian and national averages across

<sup>118</sup> Warren, D., & Haisken-DeNew, J. P. (2013). Early Bird Catches the Worm: The Causal Impact of Pre-school Participation and Teacher Qualifications on Year 3 NAPLAN Outcomes – Summary Paper



the G21 region and in all individual municipalities each year since data started to be collected in 2009.

### Children Who Attended Preschool AEDC 2018

G21 region trend 2009 = 98.84%

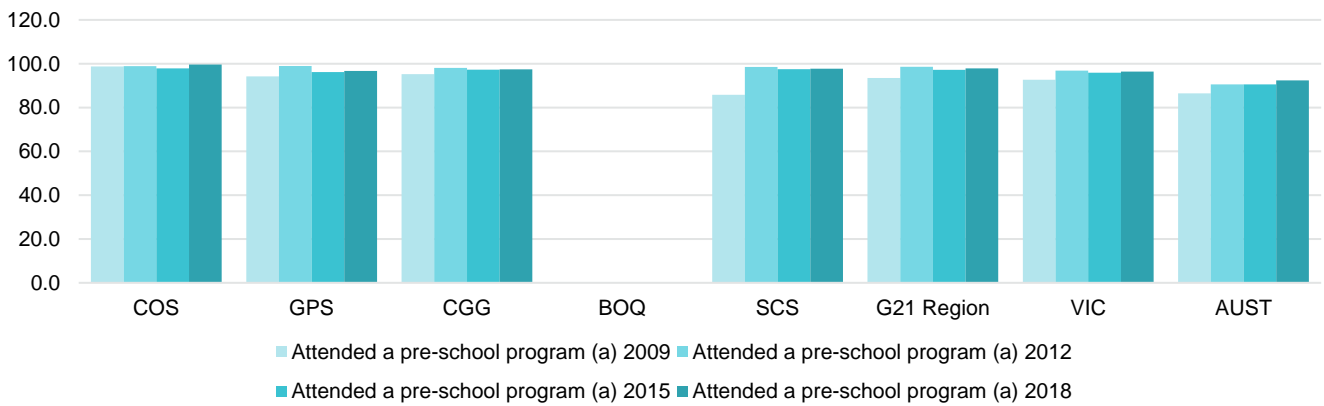
Victorian trend 2009 = 93.5%

VIC  
96.4%

G21  
97.9%

Source: AEDC Commonwealth Department of Education, Skills and Training

Figure 5.2 AEDC Data - Children Who Attended a Preschool Program 2009-2018



Across the G21 region on average approximately 6.5% of children are enrolled in a kindergarten within a local LGA who reside outside the LGA in which they are attending kindergarten.

On the other hand, approximately 5.3% of children who reside in a local LGA attend a kindergarten located within another LGA to the one in which they reside.

Table 5.3 Kindergarten Enrolments by Residential Location of Children and LGA (2017-2018)

LGA	COS		GPS		CGG		BOQ		SCS	
	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018
Number of children attending kindergarten in LGA who reside in LGA	272	251	225	224	3,050	3,085	9	25	400	421
Number of children attending kindergarten in LGA who reside outside the LGA	12	9	103	31	111	114	28	31	42	72
Total number of children attending kindergarten in this LGA	284	260	264	255	3,161	3,199	37	56	445	493
Number of children who reside in LGA attending kindergarten in another LGA	4	8	39	103	85	114	6	3	45	40

Source: Department Education and Training, LGA Early Learning Profiles.

The rate of children accessing 4-year-old kindergarten enrolments in long day care or integrated children's services settings across the G21 region, was on average almost four times higher in 2019 (30.1%) to what the rate was in the year 2011 (8.1%) based on the total population of four-year-old children attending kindergarten. However, the average local rate remains lower than the Victorian state average at 34.6% of 4-year-old kindergarten enrolments being provided within long day care or integrated children's services settings refer Figure 5.3.

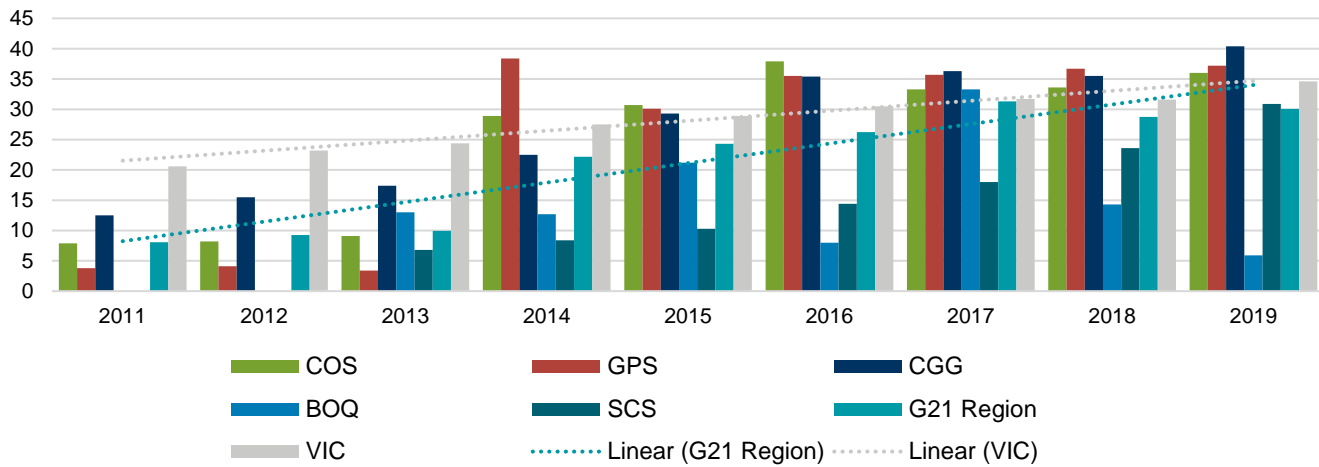
The rate of kindergarten participation in long day care and integrated children's centres in some municipalities is clearly higher than the average rate across Victoria, including City of Greater Geelong (40.4%), Golden Plains Shire (37.3%) and

Colac Otway Shire (36.0%). This can be accounted for at least in part of the larger number of long day care and integrated children's centres available in these areas. Conversely in the Borough of Queenscliffe with only one long day care centre available, the proportion of kindergarten participation is much lower (5.9%).

The trend over time indicates a clear shift in the market toward higher levels of kindergarten participation in long day care, also driven by changes to funding and regulations which have encouraged and enabled the participation of long day care centres in delivery of funded kindergarten programs and the employment of qualified kindergarten teachers.



**Figure 5.4 Proportion 4-year kinder enrolments in long daycare or integrated children's centres '11-19**



Source: Department Education and Training, VCAMS.

According to the latest Child Care in Australia report from the Commonwealth Department of Education, Skills and Training there were an estimated 13,230 families using childcare services across the G21 region in the March Quarter of 2020 and 13,050 children aged between 0-5 years (Refer Table 5.5). It is important to consider, that these figures are not inclusive of Golden Plains Shire and are based on SA3<sup>119</sup> geographical data rather than LGA locations. Also, the March Quarter 2020 falls within period of the COVID 19 pandemic, so caution needs to be exercised when using and/or comparing this data.

On average, children used Long Day Care services in Victoria for 30 hours per week in 2020 compared with 28.3 in 2016. The Childhood Education and Care Survey (ABS 2018), of children aged 0–12 conducted in 2017 indicated that across Australia:

- children from couple families were more likely to attend formal care (28%) than children from one-parent families

- (24%) and less likely to attend informal care (29% and 45%, respectively). Children from one-parent families were more likely to attend a combination of formal and informal care types (12%) than children from couple families (9%).
- 60% of children from couple families where both parents were employed usually attended care. Among them, 38% used informal care and 35% used formal care.
- 75% of children from one-parent families where the parent was employed usually attended care. Of these, 61% were in informal care, while 34% were in formal care.
- grandparents were the most common source of childcare for couple families (22%). For one-parent families, grandparents and the non-resident parent were an equal source of childcare (both 20%).
- 52% of children from couple families and 43% from one-parent families did not usually attend care.

**Table 5.5 Number of Children and Families using Long Day Child Care Services by SA3 (March Quarter 2020)**

SA3 code	SA3 name	Number of children - 0 to 5 years	Number of children - 6+ years	Number of children - Total	Number of families	Number of services
20301	Barwon - West	760	380	1,130	780	15
20302	Geelong	8,140	3,480	11,610	8,290	100
20303	Surf Coast - Bellarine Peninsula	3,170	1,510	4,680	3,320	47
21703	Colac - Corangamite	980	150	1,130	840	12
Total		13,050	5,520	18,550	13,230	174

Source: Child Care in Australia Mar Q 2020, Department of Education, Skills and Training

The March 2020 Quarter Report also indicates that the mean fee per hour charged across childcare services within the G21 region was slightly lower (\$10.39 average fee) than the Victorian average of \$10.75 average) – refer Table 5.6. Throughout the G21 region, the March Quarter 2020 reflects an average increase of 8.9% in fees compared with the March Quarter 2019, most significantly within the Barwon-West SA3

area. The hourly rate cap (children below school age) for Centre Based Day Care was \$11.98. All states and territories had average hourly fees below the hourly rate cap for Centre Based Day Care. Across care types, Outside School Hours Care had the lowest average hourly fee (\$7.45 per hour) while Family Day Care had the highest (\$10.55 per hour).

<sup>119</sup> Statistical Areas Level 3 (SA3) are geographical areas designed by the ABS to provide a regional breakdown of Australia. They generally have a population of

between 30,000 and 130,000 people. SA3s create a standard framework for the analysis of ABS data at the regional level through clustering groups of smaller areas that have similar regional characteristics.



**Table 5.6 Centre Based Day Care Fee per Hour Analysis by SA3 (March Quarter 2019 & March Quarter 2020)**

SA3 code	SA3 Name	Service count (Mar '20)	Mean fee per hour (Mar '20)	% growth in mean fee (2019-20)	Number of services above cap (Mar '20)	% services above cap (Mar '20)
20301	Barwon - West	7	\$9.95	21.7	1	14.3
20302	Geelong	49	\$10.51	4.3	1	2.0
20303	Surf Coast – Bellarine Peninsula	25	\$10.54	6.2	1	4.0
21703	Colac - Corangamite	9	\$10.55	3.6	2	22.2
	VIC		\$10.75			

Source: Child Care in Australia Mar Q 2020, Department of Education, Skills and Training

The Kindergarten Fee Subsidy enables eligible children to attend a funded kindergarten program for 15 hours free of charge. This funding is paid in addition to per capita grants to subsidise the cost of parent fees. Service providers can apply for each child in receipt of a per capita grant in any of the following circumstances:

- the child is identified by a parent, carer, or legal guardian as an Aboriginal and/or Torres Strait Islander (note: the parent, carer or legal guardian should not be asked to provide verification of this)
- the child is identified on their birth certificate as being a multiple birth child (triplets or more)
- the child individually holds, or has a parent or guardian who holds one of the following:
  - a Commonwealth Health Care Card
  - a Commonwealth Pensioner Concession Card
  - a Department of Veterans’ Affairs Gold Card or White Card
  - Refugee visa (subclass 200)
  - In-country Special Humanitarian visa (subclass 201)
  - Global Special Humanitarian visa (subclass 202)
  - Temporary Humanitarian Concern visa (subclass 786)
  - Protection visa (subclass 866)
  - Emergency Rescue visa (subclass 203)
  - Woman at risk visa (subclass 204)
  - Bridging visas A-E.

Across the G21 region the proportion of children attending kindergarten whose placement attracts a fee subsidy has on average declined annually in the period 2011 (28.7%) to 2019 (20.1%).

This may however reflect as much the migration toward increased participation in long day care-based kindergarten programs, rather than an actual decline in the number of eligible children. A child enrolled in a long day care service is not eligible for a Kindergarten Fee Subsidy where approved Child Care Benefit (a Commonwealth Government subsidy) is applied to the fee charged for the time spent in the kindergarten program.<sup>120</sup>

Aboriginal and Torres Strait Islander children, children known to Child Protection and children from a refugee or asylum seeker background are eligible for Early Start Kindergarten (ESK) grants. Funding is available to enable these children to attend kindergarten two years before school, to improve access and overcome barriers to participation. There are two types of ESK grants:

- Aboriginal Early Start Kindergarten Grant,
- Early Start Kindergarten for children known to Child Protection or from a refugee/asylum seeker background.

**Table 5.7 Number of Children Enrolled in Early Start Kindergarten (ESK) by LGA (2012-2019)**

LGA	Total ESK and AEL Kindergarten Enrolments							
	2012	2013	2014	2015	2016	2017	2018	2019
COS	9	<5	5	8	11	17	20	25
GPS	<5	<5	0	<5	<5	5	8	8
CGG	34	26	45	55	85	142	127	141
BOQ	<5	0	0	0	0	0	<5	0
SCS	0	<5	5	<5	7	<5	6	<5
G21 Region	<b>43</b>	<b>26</b>	<b>55</b>	<b>63</b>	<b>103</b>	<b>164</b>	<b>161</b>	<b>174</b>
VIC	571	524	791	1,006	1,328	1,667	2,048	2,571

Source: Department Education and Training, VCAMS.

<sup>120</sup> Victorian Kindergarten Funding Guide, Department of Education and Training, (2016), page 25.





Table 5.7 indicates a steady increase in the number of children eligible for Early Start and Aboriginal Early Start Kindergarten Grants throughout the period 2012 to 2019. Across the G21 region the number of ESK and Access to Early Learning (AEL) kindergarten enrolments increased by 131 (304.6%>) between the years 2012 to 2019. Most noticeable is the overall increases in eligible children in the Colac Otway Shire (177.8%>) and City of Greater Geelong (314.7%>). These results compare favourably and are consistent with the increases in ESK enrolments across Victoria.

The Victorian Government has committed to implement Three-Year-Old Kindergarten for all children over a 10-year roll-out with a total investment of almost \$5 billion, including \$1.68 billion to support the infrastructure expansion required for the reform. This reform will add another year of universal funded kindergarten so that, by 2029, all children in Victoria will have access to two years of play-based learning through a funded kindergarten program. This initiative is strongly supported by

research that concludes two years of kindergarten are better than one.<sup>121</sup>

Together with the State Government, Local Government Authorities (LGA) across the G21 region have developed Kindergarten Infrastructure Service Plans (KISP) which outline estimates of future kindergarten supply and demand for three and four-year-old kindergarten places and existing and expected enrolment capacity.<sup>122</sup>

The following table provides an extract from the Kindergarten Infrastructure Plans for each of the respective LGAs as shown (no information is available for Golden Plains Shire) indicating the estimated demand for three and four-year-old kindergarten places over the next eight years to 2029. Based on this information it is expected that there will be an overall increase across the G21 region of nearly 5,000 additional kindergarten places required.

**Table 5.8 Total estimated demand for kindergarten places (three and four-year-old children)**

Year	2021	2022	2023	2024	2025	2026	2027	2028	2029
CGG	3,456	4,418	4,812	5,308	5,737	6,407	6,819	7,241	7,767
COS	464	489	509	512	512	537	536	535	534
SCS	504	622	705	756	814	900	951	1,009	1,085
BOQ	49	57	59	63	66	71	74	77	81
GPS *	-	-	-	-	-	-	-	-	-
G21 Region	4,473	5,586	6,085	6,639	7,129	7,915	8,380	8,862	9,467

Source: Kindergarten Infrastructure and Services Plans (CGG, COS, BOQ, SCS), State of Victoria (Department of Education and Training) 2020

## Early childhood education and care services in the G21 region

In 2021, there was a total of 258 approved early childhood education and care (ECEC) services operating across the G21 region. Collectively, these services provided a total of 17,572 (FTE) licensed places, or the equivalent of 0.8 licensed ECEC place for every child aged between 0-4 years.

The largest number of approved services were Outside Schools Hours Care (OSHC) providing a total of 83 services (32.2% of total services) and 4,657 places (or 26.5% of total approved places). This compares with approximately 29% of OSHC services as an overall proportion of ECEC services across Victoria.

Most Outside Schools Hours Care services are delivered by commercial (for profit) providers (72.3%), followed by Schools (20.5%). Typically, 91.6% of the region's Outside Schools Hours Care services are delivered from school facilities, followed by commercially provided facilities (3.6%).

Long Day Care (LDC) comprises the next largest type of ECEC services available, with a total of 78 (30.2%) approved services operating across the region, collectively providing a total of 8,184 approved licensed places (46.5%), or 0.4 licensed place for every child aged between 0-4 years. Again, this compares

with approximately 39% of LDC services as an overall proportion of ECEC services across Victoria.

Again, most long day care services available across the G21 region are delivered through commercial providers (74.0% of total services available) and 74.8% of the total places available; followed by Not-For-Profit providers (19.5% of total services available) or 19.2% of the total number of places available.

Consistent with this profile, most long day childcare facilities are provided by commercial operators 76.4%, followed by Not-For-Profit providers (18.1%), with LGA's providing approximately 2.8% of long day care facilities (this does not however include long day care delivered from within an Integrated Children's Centre ICC).

Funded kindergarten programs are delivered for children aged 3 and 4 years from a range of settings including long day care centres (LDC); integrated children's centres (ICC), schools and standalone kindergarten (or preschool) centres. The following profile specifically relates to the provision of standalone kindergarten programs (including where kindergarten is delivered from within a school), rather than long day care and

<sup>121</sup> Preschool – Two Years are Better Than One: Developing a universal preschool program for Australian 3-year-olds – evidence, policy and implementation. Mitchell Report No. 03/2016. S, Fox & M. Geddes, Oct 2016. <https://www.vu.edu.au/sites/default/files/two-years-are-better-than-one-mitchell-institute.pdf>

<sup>122</sup> Kindergarten Infrastructure Plans: <https://www.education.vic.gov.au/childhood/providers/funding/Pages/capitalprogram.aspx#link3>

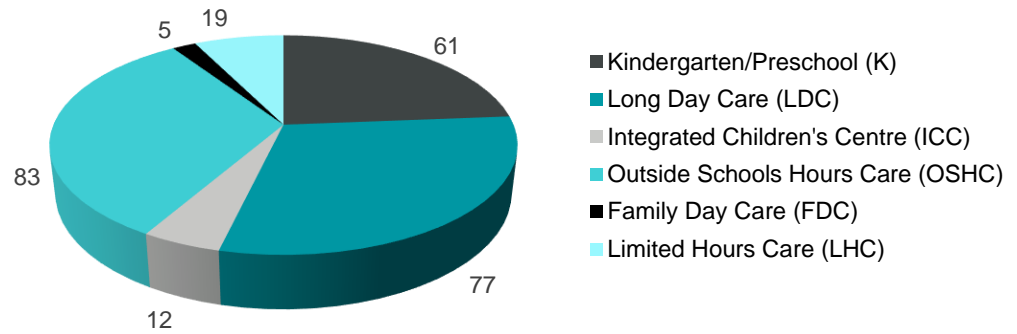


integrated children’s centres - where the kindergarten program is one of a range of services provided.

Across the G21 region in 2021, there were a total of 61 kindergartens, representing 23.7% of the total approved ECEC

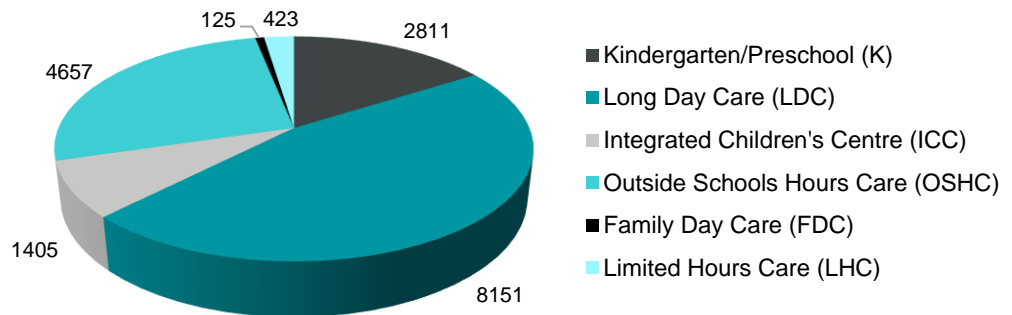
services (compared with 29% across VIC); and providing 2,811 licensed places or 16.0% of the total approved licensed ECEC places available locally.

**Figure 5.9 G21 Region Approved ECEC Services by Type**



Source: Australian Children’s Education & Care Quality Authority, National Register

**Figure 5.10 G21 Region Approved ECEC Places by Service Type**



Source: Australian Children’s Education & Care Quality Authority, National Register

There are four Family Day Care services operating across the G21 region (essentially one in each municipality), however operators registered in other localities also have educators providing family day care services in local municipalities, contributing to a more diverse spread of operators.

There are 12 Integrated Children’s Centres or multi-service hubs operating within the G21 region, which account for approximately 4.7% of local ECEC services and about 8.0% of approved ECEC services. The total number of existing Integrated Children’s Centres are provided and operated by in the main local government and/or not-for-profit organisations.

While most early childhood education and care services are regulated under the NQF, a small number of services continue to operate under the Victorian children’s services legislation. These include Occasional and Limited Hours Child Care Services. The distinguishing feature of these services is that most children attend for short periods of time - no more than five hours a day and up to 15 hours per week - on an occasional basis.

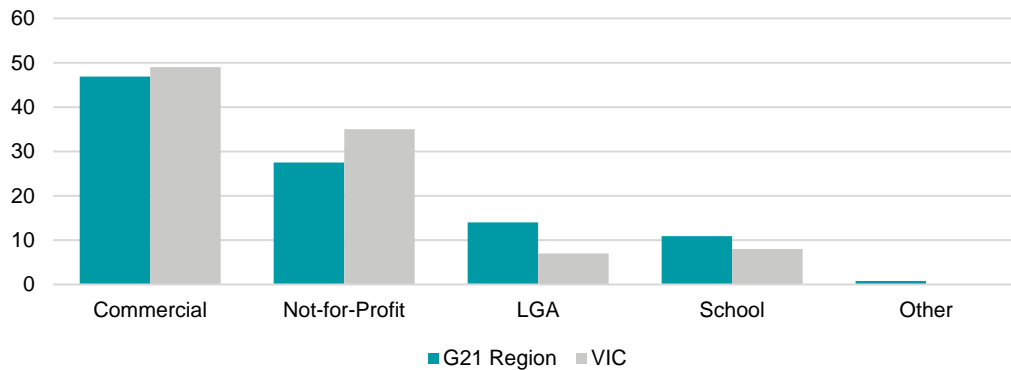
The Victorian Government is progressing children’s services law reform by aligning the Victorian children’s services legislation with the National Quality Framework. There are currently 19 Limited Hours services operating across the G21 region, providing a collective total of 423 approved places. This represents approximately 7.4% of the total number of ECEC services available across the G21 region and 2.4% of approved places.

Commercial providers represent the largest sector of ECEC services delivered across the G21 region. This is in part due to the largest number and investment in Long Day Care (LDC) and Outside School Hours Care (OSHC) services.

Responsibility and investment in Kindergarten, Family Day Care and Integrated Children’s Centre based services on the other hand, overwhelmingly reflect investment and participation by Local Government and Not-for-Profit/Community Managed organisations and especially when compared against the average for Victoria.

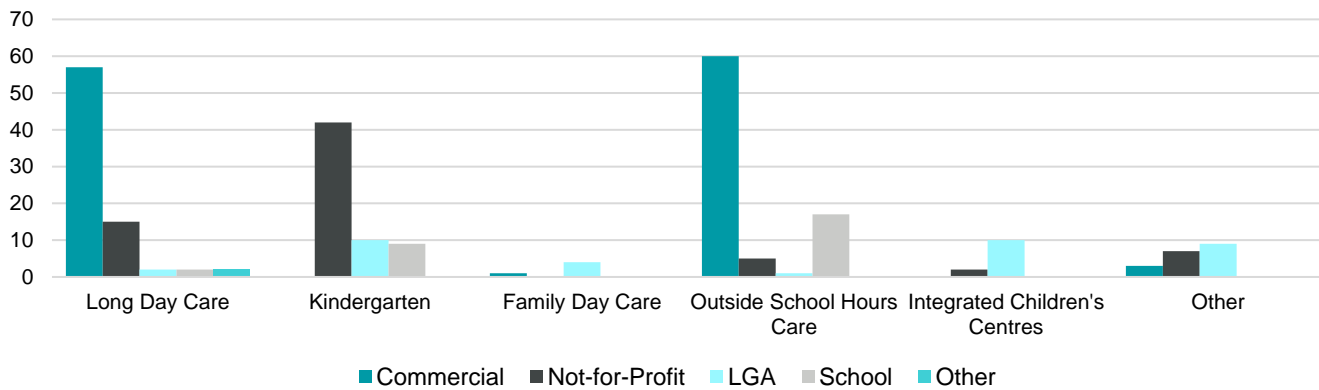


**Figure 5.11 G21 Region ECEC Services by Operator Sector**



Source: Australian Children’s Education & Care Quality Authority, National Register

**Figure 5.12 G21 Region Service Operator by Sector and Type of Service**



Source: Australian Children’s Education & Care Quality Authority, National Register

Note: reference to the provision of kindergarten in the diagram above does not include kindergarten provided within a long day care or integrated children’s centre.

## National Quality Rating Framework – Service Quality Assessment

In 2012, each state and territory throughout Australia introduced laws creating a national system regulating education and care services catering for children aged from birth to 13 years, including long day care, family day care, preschool/kindergarten and outside school hours care.

This national system is called the National Quality Framework (NQF) and is underpinned by the nationally applied Education and Care Services National Law (the National Law) and Education and Care Services National Regulations 2011 (National Regulations).

Through the National Law and Regulations, the NQF aims to improve the quality of education and care services for all children across Australia. The National Quality Standard (NQS)

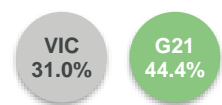
is a key aspect of the NQF. It sets a national benchmark for the quality of education and care and care services. To ensure children enjoy the best possible educational and developmental outcomes, the NQS promotes continuous improvement in quality.

The latest quarterly National Quality Framework Snapshot<sup>123</sup> released by the Australian Children’s Education and Care Quality Authority (ACECQA) finds 84% of services are rated Meeting NQS, or Exceeding NQS – a substantial increase from 57% in 2013 when quality ratings were first published.

### National Quality Standard Rating (NQS) Proportion of ECEC Services Rated as ‘Exceeding’

G21 region trend N/A

Victorian trend N/A



Source: Australian Children’s Education and Care Quality Authority (ACECQA)

<sup>123</sup> NQS Snapshot, Q4 2020: A quarterly report from the Australian Children’s Education and Care Quality Authority, February 2021.

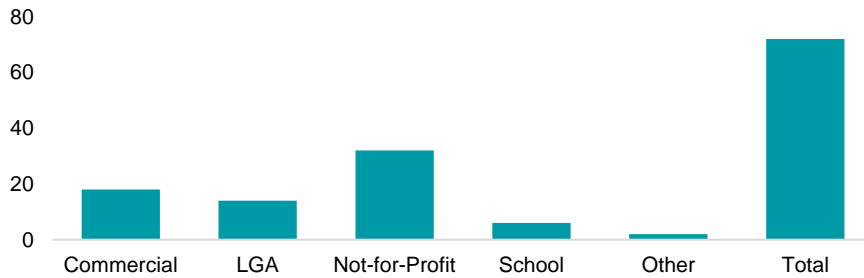
[https://www.acecqa.gov.au/sites/default/files/2021-02/NQSSnapshot\\_Q4Dec2020\\_0.pdf](https://www.acecqa.gov.au/sites/default/files/2021-02/NQSSnapshot_Q4Dec2020_0.pdf)



In the G21 region, data collected from the ACECQA indicates that 85.9% of services with an NQS rating are rated as Meeting NQS or Exceeding NQS. The majority (44.4%) of services within the G21 region rated as 'Exceeding' NQS are delivered

by Not-for-Profit providers, followed by Commercial providers (25.0%) and Local Government (19.4%) as indicated in Figure 5.13.

**Figure 5.13 G21 Region Early Childhood Education and Care Services 'Exceeding NQS Rating by Provider**



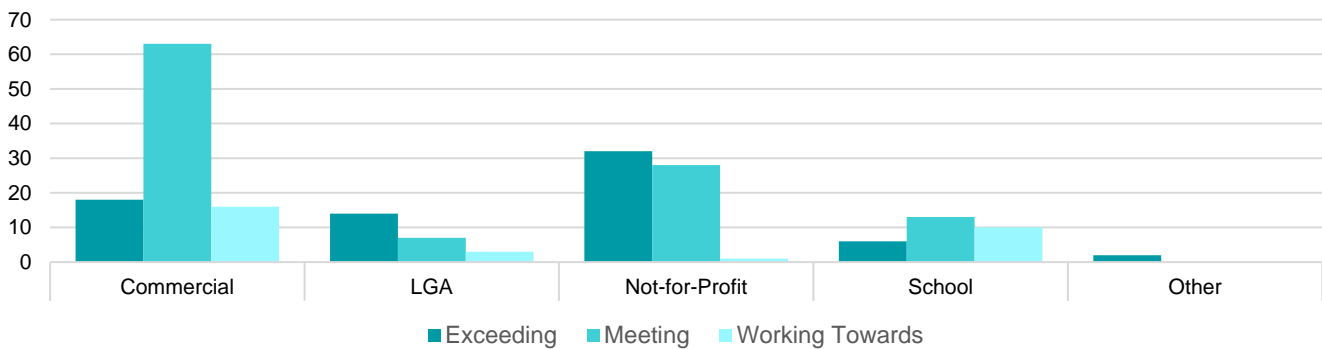
Source: Australian Children's Education & Care Quality Authority, National Register

Just over half of all early childhood education and care services across the G21 region are rated as Meeting NQS, while 14.1% of all services are rated as Working Towards NQS.

A rating of Working Towards NQS is not a 'failure', not least of all because the assessment and rating system is not designed

as a pass-fail system. Many services rated Working Towards NQS are close to being rated Meeting NQS. For example, 41% of services rated Working Towards NQS across Australia received that rating due to not meeting only one or two of the seven quality areas of the NQS.

**Figure 5.14 G21 Region Early Childhood Education and Care NQS Rating by Service Providers**



Source: Australian Children's Education & Care Quality Authority, National Register

## Unpaid child care

This indicator records whether a person spent any time caring for a child or children (under 15 years) without pay, in the two weeks prior to Census Night.

A 2017 study by PwC – Understanding the Unpaid Economy<sup>124</sup>, quantifies the value of unpaid childcare across Australia of more than \$345bn (what it would cost to pay someone to do it), which effectively makes it Australia's largest industry - larger than any in the formal economy.

Unsurprisingly, because of traditional role allocation, women do 76% of childcare and 72% of unpaid work overall.

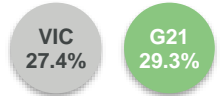
Since the start of 2020, it is likely that the COVID pandemic has increased the rate of unpaid childcare. With school closures, childcare shutdowns, self-quarantines and caregivers staying away when showing symptoms – these factors will all inevitably combine and contribute to keeping more children at home.

In the G21 region 73,637 people (29.3% of people aged 15+) provided unpaid care to children in 2016, compared with 27.4% for Victoria. Of these, 23,425 people were caring for children other than their own. The number of people who provided unpaid childcare for their own and/or other people's children in G21 region increased by 7,690 between 2011 and 2016.

### Provided Unpaid Child Care 2016 (Data based on Usual Residence)

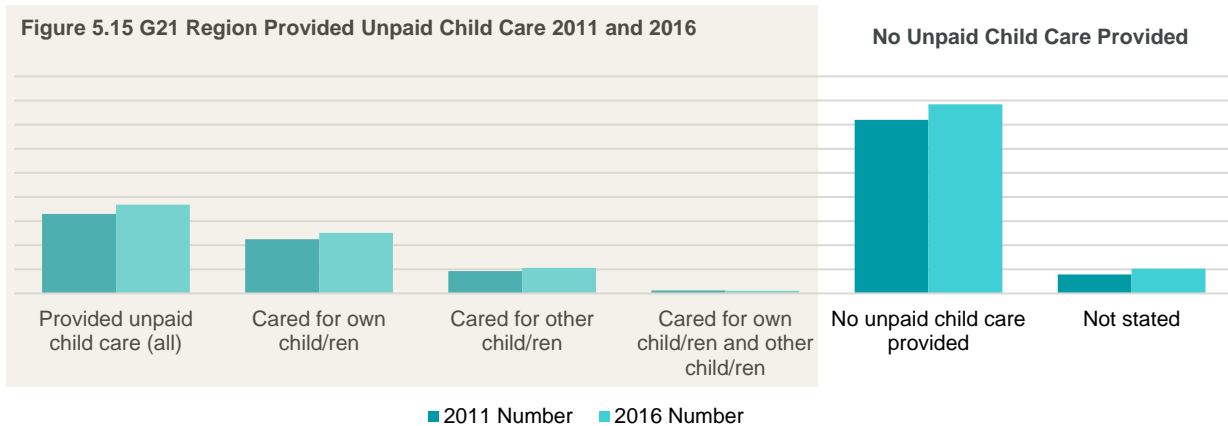
G21 region trend 2011 = 29.2%

Victorian trend 2011 = 27.3%



Source: ABS, Census of Population and Housing 2016, (Usual Residence) compiled and presented in atlas by .id

<sup>124</sup> Understanding the Unpaid Economy, Economics and Policy, PwC Australia (2017). <https://www.pwc.com/au/australia-in-transition/publications/understanding-the-unpaid-economy-mar17.pdf>



Source: Australian Bureau of Statistics, Census of Population and Housing 2011 and 2016. Compiled and presented by .id

The number of females who provided unpaid childcare for their own and/or other people's children in G21 region increased by 4,201 between 2011 and 2016. Overall, 32.9% of the female population provided unpaid childcare across the G21 region in 2016, compared with 30.9% for Victoria.

Analysis of the unpaid childcare provided by the female population in the G21 region in 2016 compared to Victoria shows that there was a higher proportion of females who provided unpaid childcare either to their own or to other children. The major differences between the share of the female population providing unpaid childcare in the G21 region and Victoria were:

- A larger percentage who provided unpaid childcare for other child/ren (10.9% compared to 8.9%)
- A smaller percentage who did not provide care for children (59.4% compared to 61.4%)

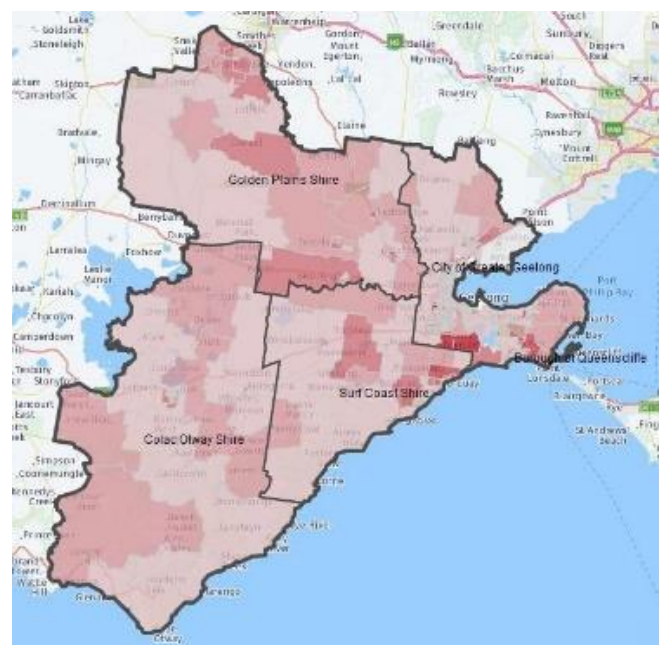
The number of males who provided unpaid childcare for their own and/or other people's children in G21 region increased by 3,464 between 2011 and 2016. Overall, 25.5% of the male population provided unpaid childcare, compared with 23.7% for Victoria.

Analysis of the unpaid childcare provided by the male population in the G21 region in 2016 compared to Victoria shows that there was a higher proportion of males who provided unpaid childcare either to their own or to other children.

The major differences between the share of the male population providing unpaid childcare in the G21 region and Victoria were:

- A larger percentage who provided unpaid childcare for other child/ren (5.9% compared to 4.7%)
- A smaller percentage who did not provide care for children (65.8% compared to 68.1%)<sup>125</sup>

**Figure 5.16 Unpaid child carers in the G21 region (2016)**



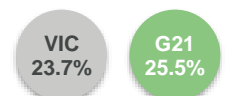
Source: ABS, Census of Population and Housing 2016, (Enumerated data) compiled and presented in atlas by .id

0 people	Lightest shade
16-81 people	Light shade
82-130 people	Medium-light shade
131-241 people	Medium shade
242-482 people	Dark shade
483-923 people	Darkest shade

**Proportion of Males Providing Unpaid Care to Their Own or Other Children (2016)**

**G21 region trend 2011 = 25.2%**

**Victorian trend 2011 = 23.3%**

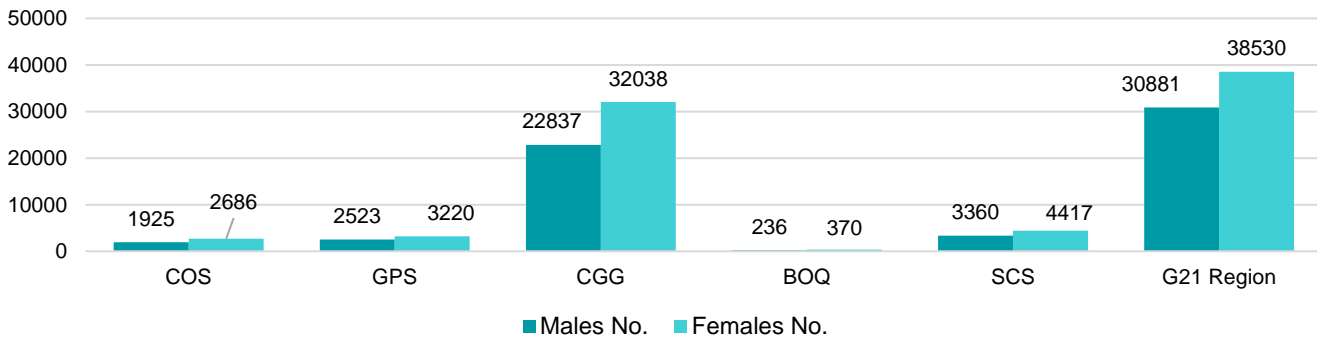


Source: ABS, Census of Population and Housing 2016, (Usual Residence) compiled and presented in atlas by .id

<sup>125</sup> Australian Bureau of Statistics, Census of Population and Housing 2016, (Usual Residence) compiled and presented in atlas by .id



**Figure 5.17 Gender of Unpaid Child Carers by Number and LGA 2016**



Source: Australian Bureau of Statistics, Census of Population and Housing 2011 and 2016. Compiled and presented by .id

### Reading to children

Reading to children can have a significant positive effect on their reading and cognitive skills and later schooling outcomes regardless of family background. Children who are read to more frequently are more likely to perform better than those children who are read to less often.<sup>126</sup>

Results from the 2019 Victorian Child Health and Wellbeing Survey indicate that in families with children aged under five:

- Over two-thirds (68.6%) of Victorian children were read to by a family member each day.

- Children living in the most disadvantaged areas were less likely to be read to than those in the least disadvantaged areas. Children listed on a health care card were also less likely to be read to than children not on a health care card.

The Australian Early Development Census similarly considers the importance of the home environment in supporting children's reading. Teachers' response to the question: *'Would you say that this child is regularly read to/encouraged in his/her reading at home'*, indicate that across local municipalities 95.5% of children are read to or encouraged to read at home.

**Table 5.18 Proportion of Victorian children (under five years old) read to everyday by a family member (2019)**

	2013	2017	2019
Victoria	69.6%	68.9%	68.6%
Metropolitan	68.4%	66.8%*	66.3%
Rural	73.1%	75.8%*	71.4%
Most disadvantaged	61.2%*	59.4%	59.9%*
Least disadvantaged	77.9%*	72.2%	75.0%*
Couple family	70.2%	69.3%	69.0%
One-parent family	61.3%	65.3%	64.5%
Child on a health care card	64.7%	61.9%	61.8%*
Child not on a health care card	71.1%	70.5%	70.5%*

Source: 2019 Victorian Child Health and Wellbeing Survey, Summary Results, Department of Education and Training.

Note: \* indicates a significant difference between results for population groups for the respective survey year

**Table 5.19 Teachers' response: 'Would you say that this child is regularly read to?' (2018)**

LGA	True	Not True	Unknown
COS	95.5	4.5	0.0
GPS	97.8	1.6	<1
BOQ	Np	Np	np
CGG	91.6	7.2	1.2
SCS	97.0	1.6	1.4

Source: 2018 AEDC Community Profile

<sup>126</sup> Kalb, G. & van Ours, J.C., 2013. Reading to Young Children: A Head-Start in Life? Melbourne Institute of Applied Economic and Social Research. Working Paper No. 17/13.



## Current and future trends

The COVID-19 pandemic created an enormous and unprecedented disruption for the ECEC industry when the demand for childcare throughout Australia was reduced in early 2020 as parents removed their children from care.

In response the Australian Government introduced the *Early Childhood Education and Care Relief Package* to ensure the continued viability of the sector and to avoid mass closures and staff layoffs, while continuing to provide support for families and essential workers through significant social and economic disruption.

Further reform and budget measures will contribute to strengthening the provision of childcare and affordability for families in the post COVID climate and encourage parents back into the workforce to stimulate broader economic recovery. This combined with continuing cost of living pressures (e.g. higher property prices) is likely to accelerate the need for increased female labour force participation rates and the demand for childcare places.

Long day care has become a significant social service, as an essential means to both support labour force participation and providing important early learning and education opportunities for young children.

Provision of long day care has seen dramatic growth over recent years, especially amongst commercial service provision, driven by investment returns and property development.

At a local level there appears to generally be sufficient childcare available and supply is largely meeting present demand. However, it is important to note that there are some significant local and regional variations to this situation, with supply exceeding demand in some areas and demand not being met by existing levels of supply in others. Additionally, the supply of places for younger age groups including babies and toddlers under the age of two is typically more restricted in most local markets.

However, the statistics indicate that while there has been a major growth in supply of childcare, there has been only a relatively moderate increase in demand, resulting in an overall decline in the ratio of children per place – a trend that does vary somewhat between localities and regions.

Oversupply has become a growing issue in Australia's early learning sector. With few barriers to entry for new or existing providers to set up new centres, the saturation of long day care services in certain geographic areas has led to many services experiencing lower occupancy rates, impacting the level of quality provided and the affordability for families. A 2018 report, commissioned by the Australian Childcare Alliance (ACA), the Early Learning and Care Council of Australia (ELACCA) and Australian Community Children's Services (ACCS) revealed that the net increase in long day care centres in 2017 was roughly 2-3 times the estimated number of new centres needed per annum to meet future demand. In terms of occupancy rates,

the report also indicated that while there is diversity across regions, significantly, around 20% regional and remote centres across all states demonstrated occupancy rates of less than 60%.<sup>127</sup>

As the market has grown, the size of centres being built has also increased. Since 2011, the average size of long day care centres has increased by around 24 places, from 63 places to 87, with many new centres constructed in the past 5 years exceeding 100 places. This increase in the average centre size indicates a growing preference for a larger built form and responds to economic imperatives for the viability of centres.

'There is also a strong trend toward quality with new purpose-built centres raising the benchmark in quality and style. Developers have also sought to create a point of difference by making their centres unique, cutting-edge and saleable. This has been achieved through innovative architectural design, the use of all natural and high-quality materials, imaginative play spaces and the provision of extra services, such as educational programs. Another notable trend is a more strategic approach to the location of centres. Operators have identified locations near schools, employment precincts and transport nodes as critical to their long-term viability.'<sup>128</sup>

Whilst continued government support and supportive economic conditions have ensured strong industry growth, the industry remains subject to a range of challenges, including high competition within the market, workforce availability, wage growth pressures and regulatory requirements, amongst many others.

Reports of increasing childcare centres staff shortages and recruitment difficulties are becoming more evident and consistent – potentially exacerbated further by the COVID crisis. Significant numbers of early childhood educators across Australia withdrew from the industry when parents started removing their children out of childcare due to the COVID pandemic, especially, amongst casual staff who were not eligible for government benefits and assistance.

However, the current situation is not new and past industry surveys of early childhood educators have consistently revealed that at least one in five early childhood educators indicated that they planned to leave their job within the next twelve months. The reasons commonly cited include low pay, feeling undervalued and increasing administration pressures and requirements.

A survey conducted in 2019 indicated that up to two in three early childhood educators in Victoria were considering leaving their role. High staff turnover of up to 30%<sup>129</sup> is an enduring problem in many early childhood services.<sup>130</sup>

<sup>127</sup> 'Occupancy and Performance Appraisal': Early Childhood Education and Care Sector. Prepared on behalf of the Australian Childcare Alliance, Australian Community Children's Services, ELACCA, by: K. Meulman; J. de Wet & C. Ezimah, Urban Economics, Dec 2018.

<sup>128</sup> Market Intelligence for the Childcare Industry: Business Geographics. <http://childcareconcepts.com.au/market-intelligence-for-the-childcare-industry>

<sup>129</sup> Low pay but still we stay: Retention in early childhood education and care. P. McDonald, K. Thorpe, S. Irvine. First Published Oct 18, 2018. Research Article <https://journals.sagepub.com/doi/full/10.1177/0022185618800351>

<sup>130</sup> Fears of early educator shortage risk 3yo kinder rollout. Herald Sun Newspaper Article, 7 Sept 2020 <https://www.heraldsun.com.au/education/early-years/fears-of-early-educator-shortage-risk-3yo-kinder-rollout/news-story/d2e54b7ebbb83051d2ccb38f2bd1>



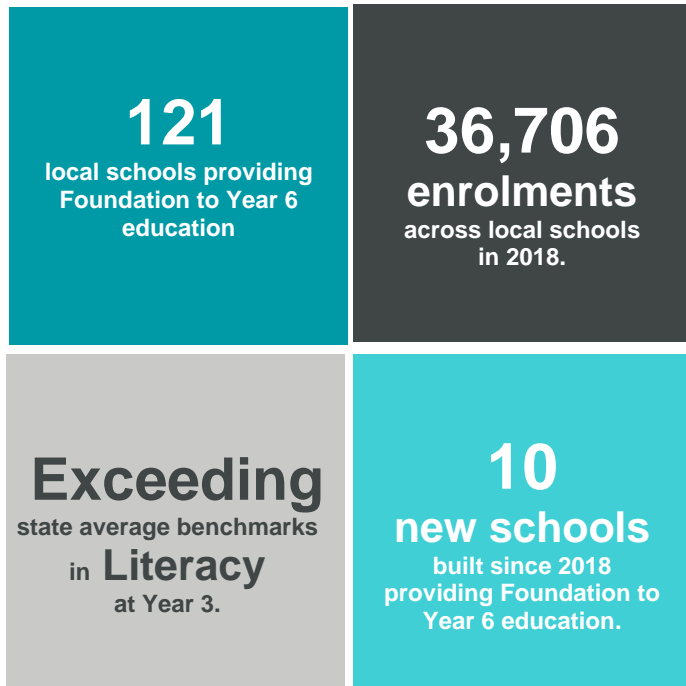
## 6.0 STARTING PRIMARY SCHOOL





## 6.0 Starting School - Primary School Education

*“Research findings from the past decade unequivocally agree that the first years of life are a critical period of intense learning for children; these years provide the foundation for later academic and social success.”<sup>131</sup>*



There are many excellent schools located throughout the G21 region providing a range of educational options that include Government, Catholic and Independent schools. Our local schools have a reputation for providing high quality education and reflect some of the most renowned education provision for children and young people available in the State of Victoria.

Our schools offer a broad curriculum across all key learning areas to provide children with a well-rounded education and to ensure all students at every age and stage can engage with and enjoy a stimulating and diverse learning environment. However, schools do far more than just educate students. They actively prepare children for life and to meet the challenges with the skills and capabilities that will be required in a rapidly changing world.

Learning plays a central role in developmental transitions through life, from infancy through early childhood to adolescence and beyond. In primary school, children are supported to develop both personal and foundational academic skills that are critical to leading a productive and engaged life and to personal health and well-being.

Conversely, poor engagement with school, low school attainment and lack of community participation and connections are symptomatic of disadvantage and social exclusion (AIHW 2012; DSS 2014; Hancock et al. 2013).

School education is compulsory in Victoria between the ages of six and seventeen.

Starting school is a key milestone in a child’s life, which can be exciting and challenging. The transition to primary school requires a significant adjustment to a new environment, with less personalised relationships, a different education and care model and more children of many different ages. How well children are prepared for this transition is important, as it affects their long-term outcomes.<sup>132</sup>

### Primary school age children in the G21 region

As of 2021, there are an estimated 31,800 children of primary school age (5-11 years) residing within the G21 Region. This represents an overall increase of an estimated 7,235 children on the level of population amongst children aged 5-11 years recorded in 2011.<sup>133</sup>

Future population forecast projections across the G21 region for children aged 5-11 years predict further increases consistent with continuing population growth, that will likely result in an estimated 10,409 additional children aged 5-11 by the year 2036 (32.7%>). Most of the predicted growth is expected to occur within Golden Plains Shire (46.6%>), the City of Greater Geelong (33.6%>) and Surf Coast Shire (27.7%>).<sup>134</sup>

<sup>131</sup> AIHW. (2015). Literature review of the impact of early childhood education and care on learning and development – Working paper. Cat. no. CWS 53. Canberra: Australian Institute of Health and Welfare. Retrieved from <https://www.aihw.gov.au/getmedia/321201fc-ca0c-4c20-9582-7c3dc5c9d1b9/19438.pdf.aspx?inline=true>

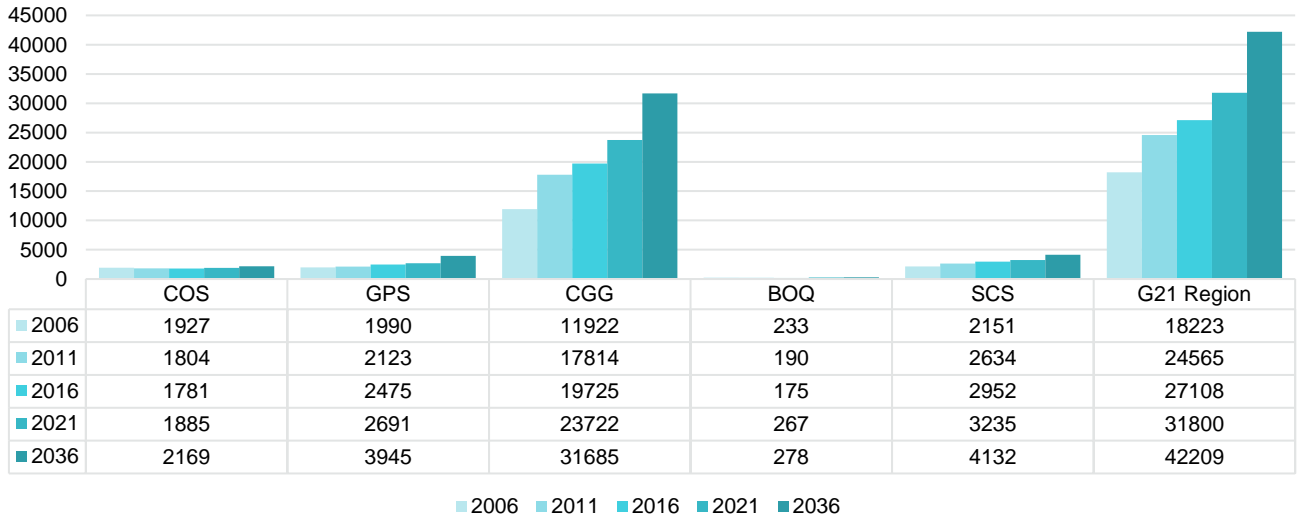
<sup>132</sup> CCCH (Centre for Community Child Health) 2008. Policy brief: rethinking school readiness. Policy brief no. 10. Melbourne: CCCH.

<sup>133</sup> <https://profile.id.com.au/g21-region>

<sup>134</sup> [https://profile.id.com.au/s\\_g21/population-growth](https://profile.id.com.au/s_g21/population-growth)



**Figure 6.1 Children Aged 5-11 Years by LGA (Service Age Group - Primary School 2006-2036)**



Source: G21 Community Profile compiled and presented by id

### Primary (Foundation to Year 6) school enrolments

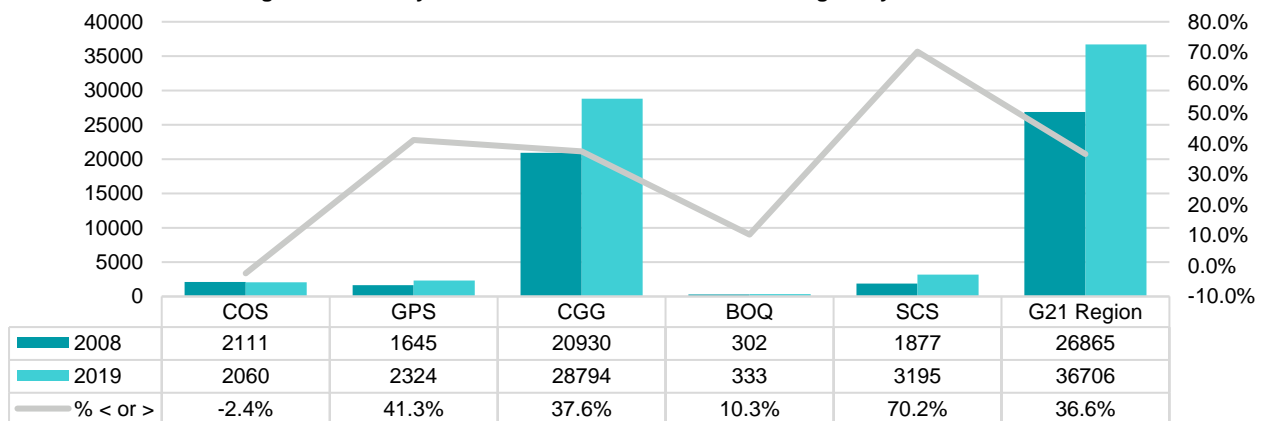
The Australian Curriculum Assessment and Reporting Authority figures are the most up to date enrolment numbers that include all state and private schools nationally. An analysis of enrolments data for local schools from the Myschool website reveals where student numbers have risen the most over the past decade from the year 2008 to 2019.

The following Figure 6.2 indicates that the largest overall growth in primary school enrolments within the G21 region has occurred in the Surf Coast Shire (70.2%>), followed by Golden Plains Shire (41.3%>) and City of Greater Geelong (37.6%>).

The combined results for the five municipalities reflect overall growth across the G21 region in primary school enrolments of approximately 36.6% (note that these figures also include some secondary school enrolments where there are Combined School campuses and primary school data alone is not available).

In the year 2008 there were a total of 26,865 children recorded as being enrolments in schools providing primary level education across the G21 region. Eleven years later there are a total of 36,706 children recorded or an overall increase in the primary school level population of 9,841 children.

**Figure 6.2 Primary School Enrolments 2008-2019 G21 Region by LGA**



Source: Myschool Extracted 2021, Australian Curriculum, Assessment and Reporting Authority



Those schools with the largest enrolment increases include:

School	Inc	% Inc
Bannockburn P-12 College	367	89.7%>
Torquay P-6 College	300	41.2%>
Covenant College Geelong (Bell Post Hill)	343	101.5%>
Lara Lake Primary School	270	55.0%>
Kardinia International College (Bell Post Hill)	261	17.0%>
Bellbrae Primary School	256	115.8%>
Mount Duneed Regional Primary School	245	295.2%>

While enrolments in some municipalities and schools increased, in other areas and schools there was an overall decline in enrolments. Figure 6.2 reflects an overall decrease in primary school enrolments in the Colac Otway Shire of 51 enrolments (2.4%<) between the years 2008 and 2019.

School	Dec	% Dec
Colac South West Primary School	-255	-67.1%<
Geelong East Primary School	-168	-39.0%<
Mandama Primary School (Grovedale)	-133	-25.5%<
Oberon South Primary School (Belmont)	-112	-72.3%<
Shelford Primary School	-11	-52.4%<
Carlisle River Primary School	-5	-41.7%<
Point Lonsdale Primary School	-58	-31.5%<

Based on data recorded by the Australian Curriculum Assessment and Reporting Authority (ACARA) for schools within the G21 region in 2019, the average percentage of

students enrolled in local schools who are of Aboriginal and/or Torres Strait Islander descent; or identify themselves as such and are accepted as such by the community in which they live is approximately 2.2%.

This compares with a Victorian average for all schools providing primary level education of 2.9%. Colac Otway Shire had the largest average percentage of Aboriginal and Torres Strait Islander students with 3.0%, followed by the City of Greater Geelong 2.7% (Refer Figure 6.3).

Schools with the largest average percentage of Aboriginal and Torres Strait Islander student **enrolments** in 2019:

School	Ave %
Lavers Hill K-12 College	15%
MacKillop Specialist School (Whittington)	13%
Whittington Primary School	12%
Oberon South Primary School	9%
St Thomas Aquinas Catholic Primary School (Norlane)	9%

Schools with the largest average percentage of Aboriginal and Torres Strait Islander **students**:

School	Ave %
Freshwater Creek Steiner School	39%
Holy Family Catholic Primary School (Bell Park)	38%
Bell Park North Primary School	34%
St Francis Xavier Catholic Primary School (Corio)	36%
Northern Bay P-12 College (Corio)	34%

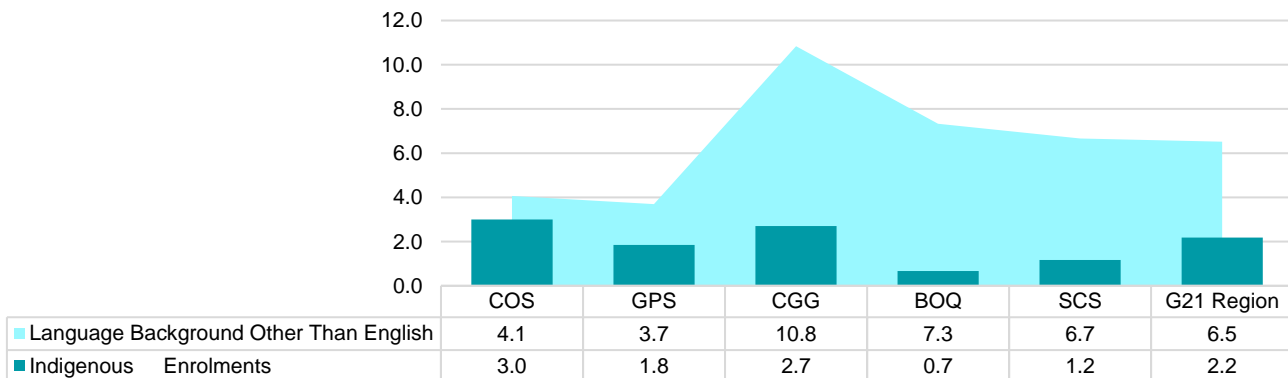
### Average percentage of enrolments who are of Aboriginal and/or Torres Strait Islander descent (2019)

G21 region trend N/A  
Victorian trend N/A



Source: Australian Curriculum, Assessment and Reporting Authority (ACARA) Extracted for 2008-2019 - <https://www.myschool.edu.au>

Figure 6.3 Proportion of Indigenous and CALD Primary School Enrolments G21 Region Schools 2019



Source: Myschool Extracted 2021, Australian Curriculum, Assessment and Reporting Authority

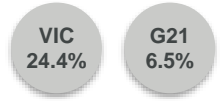
Amongst local schools across the G21 region, the average percentage of students who speak another language other than English at home was approximately 6.5%, compared with a Victorian state-wide average of 24.4%. Of the five municipalities

within the G21 region, the City of Greater Geelong recorded the largest average percentage of students who speak another language other than English at home with 10.8%, followed by the Borough of Queenscliffe with 7.3% (Refer Figure 6.3).



Average percentage of enrolments who speak a language other than English (LBOTE) at home (2019)

G21 region trend N/A  
Victorian trend N/A



Source: Australian Curriculum, Assessment and Reporting Authority (ACARA) Extracted for 2008-2019 - <https://www.myschool.edu.au>

### Primary Schools in the G21 region

In 2019, the G21 region boasted a total of 121 schools providing primary education from foundation to year 6. Many schools include provision for other year levels ('Combined' - Primary and Secondary) or focus on Special Education for children and young people with additional needs.

Around 72.5% of all schools providing primary education across the G21 region are government schools. There are 74 government primary schools (this represents 5.77% of the total number of government primary schools across Victoria). Additionally, the region has nine combined government schools (primary and secondary, including one combined primary and special education school) and four government special education schools.

Catholic primary school provision throughout the G21 region includes 22 primary schools and one special education school

(total of 23 schools or 19% of the total primary school provision within the G21 region); while Independent schools provision includes three primary schools and eight combined (primary and secondary) schools – total of 11 schools within the G21 region (9.1%).

There have been a number of new primary schools built within the last 3 years across the G21 region in response to continuing population growth, while other schools have been extensively restructured, refurbished and/or expanded where necessary to accommodate changing community needs and educational requirements.

The following are new schools constructed or substantially rebuilt within the G21 region since 2018:

School	Suburb	Year Opened
Armstrong Creek Primary School	Armstrong Creek	2018
Lisieux Catholic Primary School	Torquay	2018
Christian College Surf Coast Campus	Torquay	2018
Hamlyn Views Special Education School	Hamlyn Heights	2018
Bannockburn P-12 College	Bannockburn	2018
St Mary McKillop Catholic Primary School	Bannockburn	2018
Torquay Coast Primary School	Torquay	2018
Portarlinton Primary School *	Portarlinton	2018
Whittington Primary School *	Whittington	2019
Mirriopoa Primary School	Mount Duneed	2020
St Catherine of Sienna Catholic Primary	Armstrong Creek	2020
Oberon South Primary School*	Belmont	2021

\* Note: Existing schools that have been upgraded and rebuilt.

Table 6.4 indicates the number and proportion of schools located within each municipality and also the sector of provision i.e. Government, Catholic and Independent. The majority of primary level school provision across the G21 region is via Government schools (87 schools or 72.5%), followed by Catholic schools (23 schools or 19.2%) and Independent Schools (10 schools or 8.3%). The proportion of Government schools across G21 region is slightly higher than for the

Victorian average, whereas the proportional provision of Catholic and Independent Schools (Primary, Combined and Special Education only – Secondary Schools have not been included in this analysis) are slightly lower than for the Victorian average. Three municipalities have no Independent Schools that provide primary education at all – being Colac Otway Shire, Golden Plains Shire and Borough of Queenscliffe.



**Table 6.4 Primary School Education Provision by LGA, School Sector and Campus Type G21 Region 2019**

LGA	Government			Catholic			Independent		
	Primary	Combined	Special	Primary	Combined	Special	Primary	Combined	Special
COS	9	2	1	3	0	0	0	0	0
GPS	13	1	0	1	0	0	0	0	0
CGG	40	5	3	15	0	1	1	8	0
BOQ	2	0	0	1	0	0	0	0	0
SCS	10	1	0	2	0	0	1	0	0
G21 Region	74	9	4	22	0	1	2	8	0
G21 %	61.7	7.5	3.3	18.3	0.0	0.8	1.7	6.7	0.0
VIC %	58.9	4.4	4.2	20.6	0.7	0.3	2.0	7.6	1.1

Source: Myschool Extracted 2021, Australian Curriculum, Assessment and Reporting Authority

## G21 schools – How they rate on the Index of Community Socio-Educational Advantage

Evidence shows the educational performance of students, among many other things, is related to certain characteristics of their family (parental education, parental non-school education and occupation) and school (location and socio-economic background of the students it serves).

The Index of Community Socio-educational Advantage (ICSEA) is a scale of socio-educational advantage that is computed for each school. The ICSEA Index allows meaningful comparisons to be made between schools of the students' performance in literacy and numeracy as estimated by the National Assessment Program- Literacy and Numeracy (NAPLAN) based on the level of educational advantage or disadvantage that students bring to their academic studies.<sup>135</sup>

ICSEA values are calculated on a scale which has a median of 1,000 and a standard deviation of 100. ICSEA values typically range from approximately 500 (representing schools with extremely disadvantaged student backgrounds) to about 1300 (representing schools with extremely advantaged student backgrounds). Each school's ICSEA value appears on the School profile page, displayed in the Student background section on the Myschool website at <https://www.myschool.edu.au>

In addition to the school ICSEA value, the distribution of students across four Socio-Educational Advantage (SEA) quarters are also recorded. These represent a scale of relative disadvantage ('bottom quarter') through to relative advantage ('top quarter'). SEA quarters provide further contextual

information about the socio-educational composition of the students in the school.

Across schools providing primary level education within the G21 region, 38 schools (or an average of 31.7% of schools) were recorded as having have an ICSEA score in 2019, below the national average (median) score of 1,000, with a total of 17 schools rated as being in the bottom 33<sup>rd</sup> percentile – which means that these schools in general are 'more educationally advantaged than 33% of schools in Australia and more educationally disadvantaged than 67% of schools in Australia'.

This compares with an average of 36.6% of schools across Victoria in general. Of the local schools with ICSEA scores below the national average – 55.3% are located within the City of Greater Geelong, followed by 26.3% within the Colac Otway Shire.

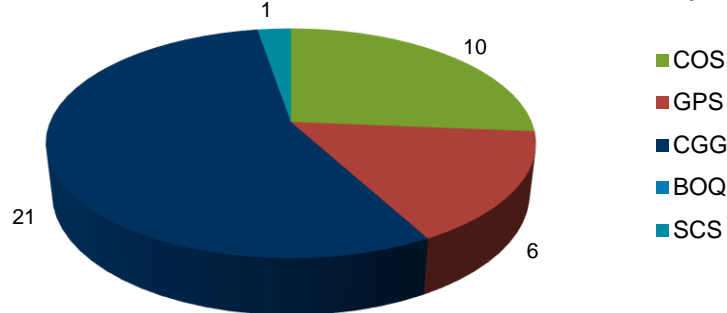
The school ICSEA percentile is also reported to identify and understand where each school is placed on the Australian scale of ICSEA. Amongst local schools within the G21 region there are 45 schools recorded as having more than 25% of students within the Bottom Quarter of the Socio-Educational Advantage (SEA) compared with the national Australian average.

In 2019, there were 3,379 teaching staff recorded as working within local schools providing primary level education across the G21 region. This represents approximately 5.6% of teachers working in schools that provide primary education throughout Victoria.

<sup>135</sup> Guide to understanding the Index of Community Socio-educational Advantage (ICSEA), published by Australian Curriculum and Assessment Reporting Authority (ACARA) 2020.



**Figure 6.5 G21 Region Schools with an ICSEA Score below the National Medium Score by LGA (2019)**



Source: Myschool Extracted 2021, Australian Curriculum, Assessment and Reporting Authority

### Primary school attendance

*“Every day counts and there is no ‘safe’ threshold for absences”<sup>136</sup>*

Student attendance rates refer to the number of days school attended as a percentage of the total number of possible school days.

Primary school is the first compulsory educational experience for Australian children. Attendance at school, especially primary school, gives children opportunities to develop the basic building blocks for learning and educational attainment, as well as social and emotional skills such as good communication, resilience and teamwork. Attendance patterns have been found to be established early in school life and disparities in attendance tend to be carried into and become greater in, secondary school.<sup>137</sup>

This is compounded by socioeconomic circumstances. Students experiencing disadvantage were more likely to be chronically absent in the early years of compulsory schooling compared to less disadvantaged students.<sup>138</sup> Furthermore, research conducted in the US showed a strong relationship between chronic absences in pre-school, particularly absences exceeding 18 days and declines in achievement later at the Year 1 level across reading and mathematics.<sup>139</sup>

School attendance data collected across government primary schools in the G21 region reflect a relatively stable rate of absenteeism remaining largely unchanged between the years 2013-2018, with only a marginal increase in the average number of days and an average rate that is slightly higher than for Victoria.

### Average number of absent days government Primary School students Foundation – Year 6 (2018)

**G21 region trend** 15.0% (2013)

**Victorian trend** 14.4% (2013)

VIC  
15.3%

G21  
15.9%

Source: Department Education & Training, <https://discover.data.vic.gov.au/dataset/vcams>

Trend: Between the years 2013 to 2018 there has been a marginal increase in the overall average number of absent days across most year levels for children enrolled in government schools within the G21 region.

This increase is consistent with the trend across Victoria in general. Victoria 14.4% (2013) G21 Region 15.0% (2013). Slightly higher rates of absenteeism are also recorded in the latter primary school years than for the first three years of school, however in general, the numbers do not alter significantly from year to year and there is no significant discernible trend. Note: numbers recorded for the Borough of

Queenscliffe need to be considered with caution, given low number of students and schools.

Across the G21 region slightly higher average rates of absenteeism across all primary school year levels appear in some LGAs than others - Colac Otway Shire, Borough of Queenscliffe and Surf Coast Shire. Slightly lower rates appear in Golden Plains Shire compared with other municipalities in the G21 region based on 2018 data and as indicated in Figure 6.6. The Victorian Department of Education and Training have made concerted efforts to campaign and promote the importance of regular school attendance. There is no safe number of days for missing school. Each day a student misses puts them behind.

<sup>136</sup> Hancock, K. J., Shepherd, C. C. J., Lawrence, D., & Zubrick, S. R. (2013). Student attendance and educational outcomes: Every day counts. Report for the Department of Education, Employment and Workplace Relations, Canberra. <https://apo.org.au/node/35141>

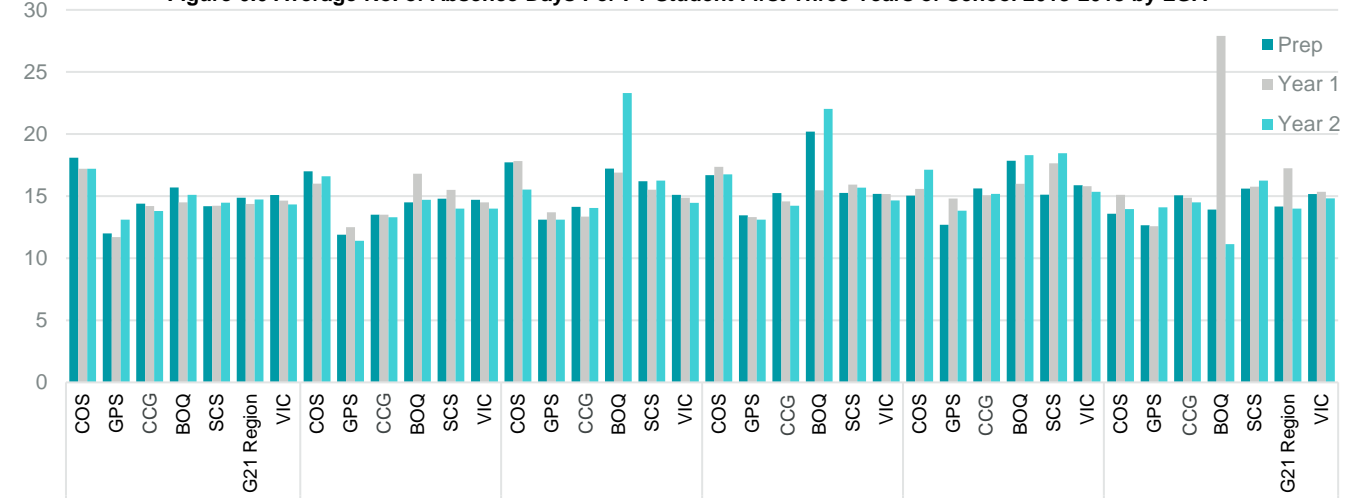
<sup>137</sup> Ibid

<sup>138</sup> Ehrlich, S. B., Gwynne, J. A., Pareja, A. S., Allensworth, E. M., Moore, P., Jagesic, S., & Sorice, E. (2014). Preschool Attendance in Chicago Public Schools Relationships with Learning Outcomes and Reasons for Absences. Research Report, Chicago: University of Chicago Consortium on Chicago School Research.

<sup>139</sup> Gottfried, M. A. (2014). Chronic Absenteeism and Its Effects on Students' Academic and Socioemotional Outcomes. *Journal of Education for Students Placed at Risk*, 19(2), 53–75. <https://doi.org/10.1080/10824669.2014.962696>



**Figure 6.6 Average No. of Absence Days Per FT Student First Three Years of School 2013-2018 by LGA**



Source: Department Education and Training and VCAM

### National Assessment Program—Literacy and Numeracy (NAPLAN)<sup>140</sup>

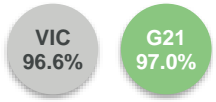
The National Assessment Program—Literacy and Numeracy (NAPLAN) tests are conducted in May for all students across Australia in Years 3, 5, 7 and 9. Each year, over one million students nationally sit the NAPLAN tests. The students are assessed in the assessment domains of reading, writing, language conventions (spelling, grammar and punctuation) and numeracy. NAPLAN data provide parents, schools, governments and the non-government school sectors with important information about whether young Australians are reaching important educational milestones.

Comparisons over time NAPLAN tests are equated so that the 2019 results can be compared with those from previous years and reported on the same achievement scale. However, in 2019, 50% of schools completed NAPLAN testing for the first time online, with all schools due to make the online transition from 2020 onwards. As with all statistical calculations, the NAPLAN statistics in this report include some degree of uncertainty and this should be considered when interpreting any differences.<sup>141</sup>

#### Children meeting National Standards in Literacy – Year 3 (2019)

G21 region trend 94.5% (2011)

Victorian trend 95.3% (2011)

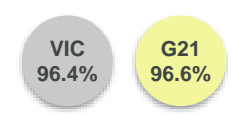


Source: Department Education & Training, <https://discover.data.vic.gov.au/dataset/vcams>

#### Children meeting National Standards in Numeracy – Year 3 (2019)

G21 region trend 96.7% (2011)

Victorian trend 96.2% (2011)



Source: Department Education & Training, <https://discover.data.vic.gov.au/dataset/vcams>

Between 2011 and 2019 there has been an overall improvement in the average rates of Year 3 Literacy across the G21 region - Victoria 95.3% (2011) G21 Region 94.5% (2011). Average results for Year 3 Numeracy have however remained relatively stable with no discernible improvement between the results in 2011 compared with 2019: Victoria 96.2% (2011), G21 Region 96.7% (2011) and no substantial difference between the results for Victoria and the G21 region.

The Year 3 NAPLAN results for each municipality are presented in Figures 6.7 and 6.8. Overall, this data reflects higher average results for students in the Borough of Queenscliffe and Surf Coast Shire, however the results recorded for the Borough of Queenscliffe need to again be considered with caution, given low number of students and schools.

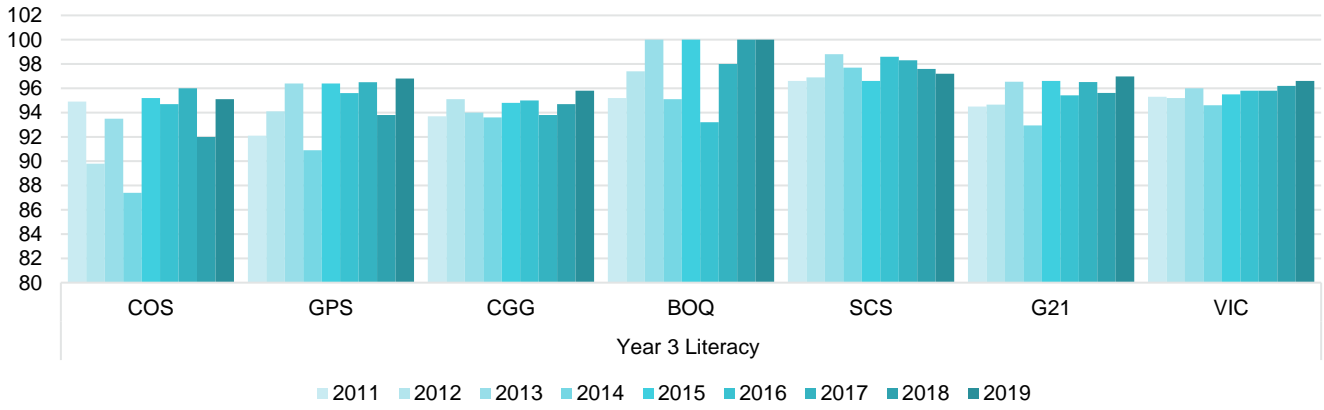
<sup>140</sup> State-wide figures are obtained from the National Assessment Program Literacy and Numeracy National Report. State-wide data in this report uses plausible data to derive the state figures. Website location: <http://www.nap.edu.au/results-and-reports/national-reports>. LGA figures available in this worksheet are provisioned by the Victorian Curriculum and Assessment Authority (VCAA) annually. The method to produce the annual NAPLAN file by LGA for Government and Non-Government sectors is the

same method used to report to schools. Victorian Curriculum and Assessment Authority.

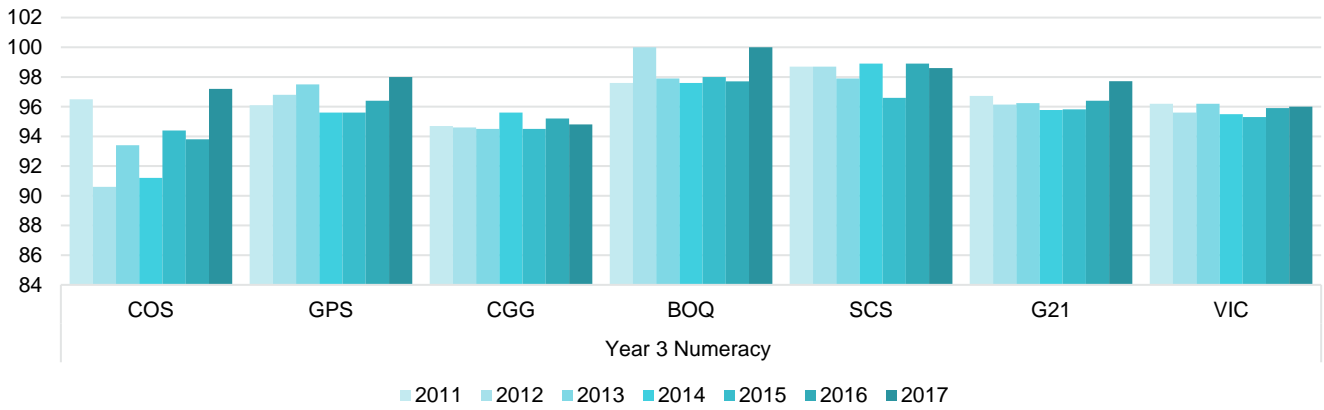
<sup>141</sup> National Assessment Program Literacy and Numeracy Achievement in Reading, Writing, Language Conventions and Numeracy National Report for 2019 Australian Curriculum, Assessment and Reporting Authority (ACARA) 2019,



**Figure 6.7 NAPLAN Year 3 Literacy G21 Region by Year and LGA**



**Figure 6.8 NAPLAN Year 3 Numeracy G21 Region by Year and LGA**



Source: Department Education and Training and VCAMS





## 7.0 CHILDREN GROWING UP – RISK FACTORS



## 7.0 Children Growing Up - Risk Factors

*“All children and young people need to feel that their world is a safe place where people will care about them, where their needs for support, respect and friendship will be met and where they will be able to get help to work out any problems.”<sup>142</sup>*



A risk factor is usually defined as a variable that increases the probability of future negative outcomes. There are multiple risk factors that contribute to negative outcomes for children and it is usually the accumulation of factors rather than a single risk factor that affects outcomes. However, risk factors are not predictive, as many children and young people exposed to multiple risk factors do not suffer poor outcomes due to the presence of protective factors, such as good parent-child relationships and attachment and social support networks.

Durlak lists eight poor outcomes for children, including: physical abuse; behavioural problems; school failure; poor physical health; physical injury.<sup>143</sup>

A risk factor is usually defined as a factor that increases the likelihood of a future negative outcome for a child – however, while risk factors increase the ‘probability’ of a particular outcome, they do not ‘determine’ it and remain subject to a wide range of variables. On the other hand, a protective factor is a variable that decreases such a probability and acts as a buffer against the effects of risk factors.

The evidence clearly demonstrates that children and families thrive most when the nature and extent of protective factors in the lives of children are robust, dynamic and sustained over time. In contrast, the evidence suggests that the effects of children’s exposure to risk factors is cumulative - the more risk factors in a child’s life, the greater the chance that they will experience adverse consequences.

*“Risk factors are cumulative; therefore, their impact on children and families depends on the child’s age and length of exposure. The younger the child, the more vulnerable they are to risk factors. The longer the child is exposed to risk factors, the greater the likelihood of less-favourable outcomes later in life.*

*Single risk factors on their own are not usually sufficient to explain adverse developmental outcomes in children. Outcomes are often determined by more than one risk or protective factor. Being aware of children’s development and protective and risk factors can help the early childhood sector plan for the needs of children, supporting them on their journey through early years and school.”<sup>144</sup>*

Risk and protective factors can be broadly grouped as follows using the ecological model referred to previously:

<sup>142</sup> Kids Matter, Belonging. Accessed January 2019. <https://www.kidsmatter.edu.au/mental-healthmatters/belonging>

<sup>143</sup> Report of the Protecting Victoria’s Vulnerable Children Inquiry Volume 2, page 34

<sup>144</sup> Value for early childhood educators. <https://www.aedc.gov.au/early-childhood/working-with-communities>



**Table 4.1 Protective and Risk Factors in Early Childhood**

Ecological level	Protective factors	Risk factors
Child	Social skills Attachment to family Independence Ability to regulate behaviour	Delayed development Difficult temperament Multiple impairments Poor social-emotional skills or ability to regulate own behaviour Learning difficulties
Immediate family and household	Competent and stable care Breastfeeding Adequate family income and housing	Lack of warmth and affection Physical or mental illness Family instability, conflict, or violence
Kinship and internal networks	Positive supportive relationships with extended family, friends and neighbours Cultural and faith-based networks	Isolation Absence of peer and social supports
Community environments, networks and formal services	Positive supportive relationships with teachers and community professionals Participation in community activities Access/availability of community services Freedom from discrimination	Inadequate housing Socio-economic disadvantage
Broader economic, policy, political, social and environmental influences	Child and family friendly public policies High quality universal programs	Environmental conditions Unstable economic conditions

The ABS uses the Index of Relative Socio-economic Disadvantage (IRSD) as a general socio-economic measure that summarises a range of information about the economic and social conditions of people and households within an area. Unlike the other indexes, this index includes only measures of relative disadvantage. A low score indicates relatively greater disadvantage in general. A high score indicates a relative lack of disadvantage in general.

Across the G21 region, 1 in every 3 children aged between 0-9 years, were living in a community (suburb) rated as being below the IRSD score for the G21 region according to the 2016 Census of Population and Housing and the average IRSD score for the G21 region of 1003.

This equates to a total of 12,857 children in the 0-9 age group, living in a total of 78 communities (suburbs) where the local

IRSD score is rated below the IRSD score for the G21 region based on the 2016 ABS Census.

The most populated of these communities are Corio and Belmont within the City of Greater Geelong with 1,990 children aged between 0-9 years (Corio); and 1,660 children aged between 0-9 years (Belmont), followed by Colac (Colac Otway Shire) with 1,074 children aged between 0-9 years. According to the ABS, four local communities within the G21 region are ranked within the top 30 communities in Victoria with the lowest IRSD scores (i.e. most disadvantaged). Collectively, there are a total population of 3,447 children aged between 0-9 years who live in these communities (Colac East ranked 2<sup>nd</sup>; Norlane ranked 3<sup>rd</sup>; Whittington ranked 18<sup>th</sup>; and Corio ranked 26<sup>th</sup>).

**Table 7.2 Suburbs and Children in the G21 Region where the IRSD Index falls below the G21 average (2016)**

Suburb	LGA	IRSD Score 2016	Children 0-4 years	Children 5-9 years	Total
Colac East	Colac Otway Shire	657	6	7	13
Norlane	City of Greater Geelong	723	502	478	980
Whittington	City of Greater Geelong	821	209	255	464
Corio	City of Greater Geelong	832	969	1,021	1,990
Thomson	City of Greater Geelong	874	90	74	164
Breakwater	City of Greater Geelong	875	71	39	110
Colac	Colac Otway Shire	906	548	526	1,074
Berringa	Golden Plains Shire	907	6	13	19
Cape Clear	Golden Plains Shire	907	3	9	12



Illabarook	Golden Plains Shire	907	5	S0	5
Piggoreet	Golden Plains Shire	907	0	3	3
Springdallah	Golden Plains Shire	907	0	3	3
Staffordshire Reef	Golden Plains Shire	907	0	0	0
Newcomb	City of Greater Geelong	915	242	208	450
North Shore	City of Greater Geelong	919	14	17	31
Bell Park	City of Greater Geelong	925	288	268	556
Linton	Golden Plains Shire	928	22	28	50
Beeac	Colac Otway Shire	943	18	22	40
Nalangil	Colac Otway Shire	945	0	4	4
North Geelong	City of Greater Geelong	946	184	165	349
St Leonards	City of Greater Geelong	946	81	107	188
Balintore	Colac Otway Shire	948	8	10	18
Cororooke	Colac Otway Shire	948	26	28	54
Bell Post Hill	City of Greater Geelong	948	294	254	548
Winchelsea	Surf Coast Shire	948	114	94	208
Happy Valley	Golden Plains Shire	949	0	9	9
Herne Hill	City of Greater Geelong	954	237	158	395
Ondit	Colac Otway Shire	957	3	6	9
Warrion	Colac Otway Shire	957	17	14	31
Pirron Yallock	Colac Otway Shire	958	4	4	8
Dereel	Golden Plains Shire	961	27	35	62
Mount Mercer	Golden Plains Shire	961	3	7	10
Portarlington	City of Greater Geelong	962	132	149	281
Beech Forest	Colac Otway Shire	963	0	0	0
Carlisle River	Colac Otway Shire	963	5	3	8
Ferguson	Colac Otway Shire	963	0	0	0
Lavers Hill	Colac Otway Shire	963	0	4	4
Weeaproinah	Colac Otway Shire	963	0	0	0
Wyelangta	Colac Otway Shire	963	0	0	0
Yuulong	Colac Otway Shire	963	0	3	3
Newtown	Golden Plains Shire	963	11	8	19
St Albans Park	City of Greater Geelong	963	235	261	496
Alvie	Colac Otway Shire	965	5	11	16
Dreeite	Colac Otway Shire	965	5	0	5
Dreeite South	Colac Otway Shire	965	0	0	0
Wool	Colac Otway Shire	965	3	0	3
Barunah Park	Golden Plains Shire	965	0	0	0
Corindhap	Golden Plains Shire	965	0	3	3
Rokewood	Golden Plains Shire	965	11	16	27
Rokewood Junction	Golden Plains Shire	965	0	0	0
Gellibrand	Colac Otway Shire	967	3	8	11
Kawarren	Colac Otway Shire	967	3	8	11



Chapple Vale	Colac Otway Shire	968	0	0	0
Forrest	Colac Otway Shire	968	4	4	8
Meredith	Golden Plains Shire	970	42	58	100
Scarsdale	Golden Plains Shire	971	45	59	104
Cundare	Colac Otway Shire	982	4	0	4
Eurack	Colac Otway Shire	982	0	5	5
Weering	Colac Otway Shire	982	5	0	5
Cressy	Colac Otway Shire	983	8	14	22
Cressy	Golden Plains Shire	983	8	14	22
Morrison's	Golden Plains Shire	983	3	4	7
Pittong	Golden Plains Shire	984	0	0	0
Jancourt	Colac Otway Shire	985	0	0	0
Moolap	City of Greater Geelong	991	50	61	111
Apollo Bay	Colac Otway Shire	993	68	74	142
Colac West	Colac Otway Shire	995	7	0	7
Clifton Springs	City of Greater Geelong	997	384	476	860
Belmont	City of Greater Geelong	998	859	801	1,660
Indented Head	City of Greater Geelong	998	55	67	122
Cape Otway	Colac Otway Shire	999	0	0	0
Glenaire	Colac Otway Shire	999	0	0	0
Hordern Vale	Colac Otway Shire	999	3	3	6
Johanna	Colac Otway Shire	999	0	0	0
Staughton Vale	City of Greater Geelong	1,001	0	4	4
Grenville	Golden Plains Shire	1,002	8	13	21
Hamlyn Heights	City of Greater Geelong	1,002	355	340	695
Sub-total of Children in communities with low IRSD scores			6,426	6,431	12,857
Total Age Group Population – All Children in Age Group			18,880	19,571	38,451
% of Total Age Group Population			34.0	32.9	33.4

Source: Extracted from Australian Bureau of Statistics, Census of Population and Housing 2016

Table 7.3 demonstrates the number of suburbs within each municipality with low IRSD scores (i.e. below the G21 region score of 1003), along with the total number of children aged 0-4 years and 5-9 years in the suburbs with low IRSD scores.

Proportionally, Colac Otway had a higher rate of children (70.7%) in low IRSD communities than other municipalities across the G21 region, followed by the City of Greater Geelong (36.5%).

**Table 7.3 Suburbs IRSD Scores Lower than G21 Region IRSD by LGA and Number/Proportion of Children**

LGA	No. Suburbs with low IRSD Scores	0-4 Y/old	5-9 Y/old	Total Children 0-9 years	% of Sub-Total	LGA Age Group Pop. 0-9 yrs	% LGA Age Group Pop.
COS	35	867	852	1,719	13.4	2,433	70.7
GPS	21	194	282	476	3.7	3,176	15.0
CGG	20	5,251	5,203	10,454	81.3	28,667	36.5
BOQ	0	0	0	0	0.0	192	0.0
SCS	1	114	94	208	1.6	3,983	5.2

Source: Australian Bureau of Statistics, Census of Population and Housing 2016



While there may be concentrations of disadvantage amongst populations in specific communities across the G21 region, other data sources clearly identify that socio-economic disadvantage exists in all communities, contributing to inequality and impacting on the lives of children and families. Consequently, considering area level socio-economic data alone, can potentially obscure the wide-spread nature of disadvantage and inequality that exists throughout all communities.

According to 2016 ABS Census data, there were 7,325 children aged between 0-9 years in low-income households living in the G21 region – low-income households being defined as households falling into approximately the bottom 20% of equivalised incomes across Australia.

For 2016, this includes the range of households under \$500 per week, while for comparison in 2011, the cut off of \$400 per week has been used.

**Table 7.4 Children in Low-income Households G21 Region (2011 & 2016)**

G21 Region – Low-income households Five-year age groups (years)	2016			2011			Change 2011 to 2016
	Number	%	VIC	Number	%	VIC	
0 to 4	3,434	6.0	6.5	2,738	5.9	6.6	+696
5 to 9	3,891	6.8	7.1	3,237	7.0	7.0	+654

Source: ABS Census of Population and Housing, 2016 (Enumerated data) compiled and presented by .id.

The information provided Table 7.4 is supported by a range of other indicators and data from other sources. Based on data published in the Social Health Atlas of Australia, Local Government Area Profile, in June 2009 there were 11,636 children aged under 16 years living in the G21 region in low-income, welfare dependent families.

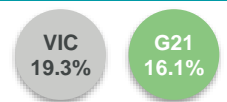
By 2017, this population of children in low income, welfare dependent families had increased to a population of 13,275 children aged under 16 years living in low-income welfare dependent families – or an overall increase of 14.1%

(compared with a similar overall increase across Victoria of 14.7% during the same period).

On average 16.1% of children under the age of 16 years across the G21 region are living in low-income, welfare dependent families, which compares favourably with the Victorian average of 19.3%. However, the averages for children aged under 16 years in low-income, welfare dependent families in both Colac Otway Shire (22.8%) and the City of Greater Geelong (22.8%) are significantly higher than the average for G21 region (Refer Figure 7.5).

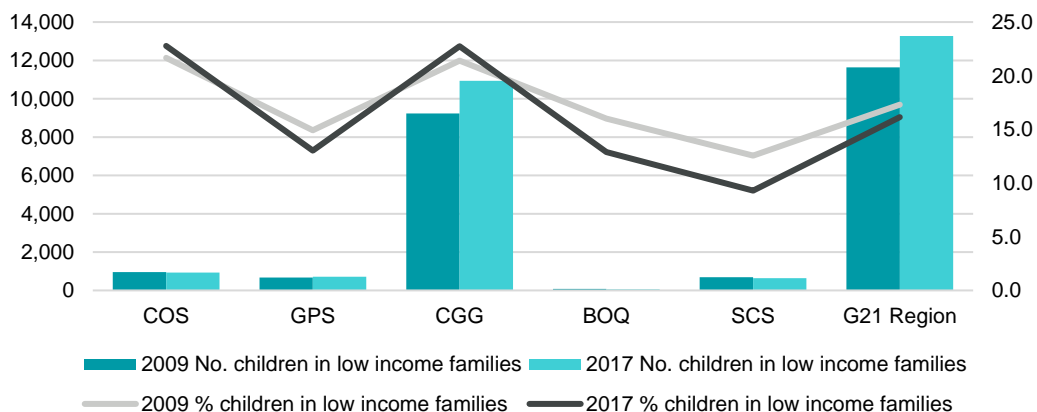
### Children Aged Under 16 Years Living in Low-Income Welfare Dependent Families

G21 region trend 2009 = 17.3%  
Victorian trend 2009 = 19.6%



Source: Source: Social Health Atlas of Australia. Local Government Areas. Public Health Information Development Unit (PHIDU), 2021

**Figure 7.5 Children under 16 years in low income welfare dependent families**



Source: Social Atlas of Australia, Victoria. Data by Local Government Area. Pub 2021 and 2011© 2016 PHIDU

In 2006, data within the Social Health Atlas of Australia indicate there were a total of 6,934 children aged under 15 years living in jobless families across the G21 region (based on compiling the data recorded for individual municipalities within the G21 region). Ten years later in 2016, the total population of children living in jobless families had decreased slightly to a total of

5,799 (16.4%<). The proportion of children aged under 15 years living in a jobless family had decreased from an average of 10.9% in the year 2006 to an average across the G21 region of 7.5% in 2016 –comparing favourably against the Victorian average of 10.5%.



### Children Aged Under 15 Years Living in a Jobless Family

G21 region trend 2006 = 10.9%

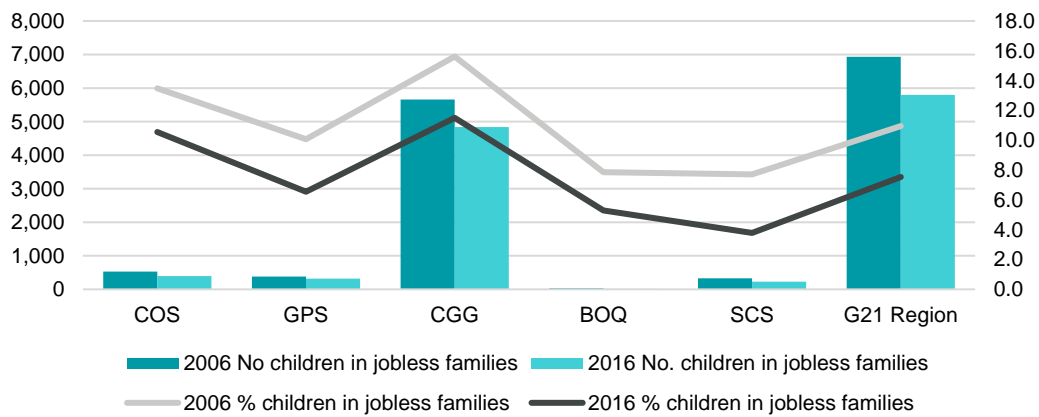
Victorian trend 2006 = 13.8%

VIC  
10.5%

G21  
7.5%

Source: Social Health Atlas of Australia. Local Government Areas. Public Health Information Development Unit (PHIDU), 2021

Figure 7.6 Children Aged Less Than 15 Years in Jobless Families 2006-2016



Source: Social Atlas of Australia, Victoria. Data by Local Government Area. Pub 2021 and 2011© 2016 PHIDU

In 2017, there was a total of 7,311 (6.9%) low-income welfare dependent families with children across the G21 region. Overall, most of these families (6,041) were living in the City of

Greater Geelong, due to the larger population base and other demographic factors.

### Proportion of Low-Income Welfare Dependent Families with Children (2017)

G21 region trend n/a

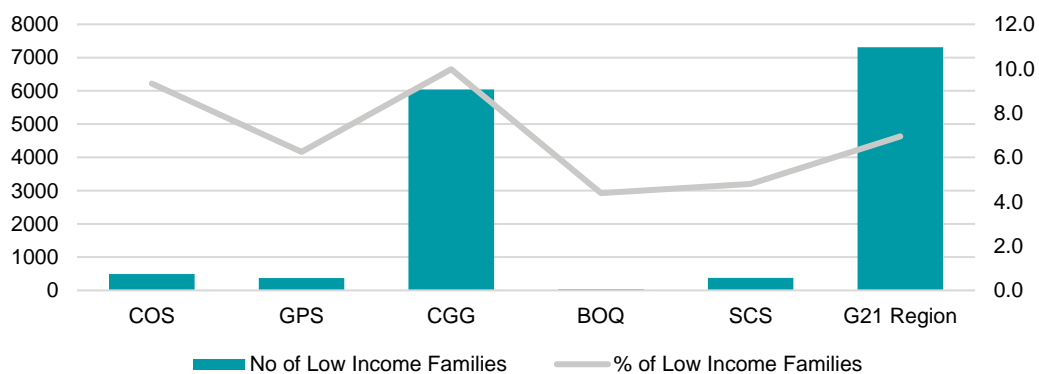
Victorian trend n/a

VIC  
8.4%

G21  
6.9%

Source: Source: Social Health Atlas of Australia. Local Government Areas. Public Health Information Development Unit (PHIDU), 2021

Figure 7.7 Low Income Welfare Dependent Families With Children 2017



Source: Social Atlas of Australia, Victoria. Data by Local Government Area. Pub 2021 and 2011© 2016 PHIDU

In 2006, there were 3,852 jobless families (or 10.6% of all families with children aged under 15 years) with children aged 15 years or younger across the G21 region. This population

decreased slightly to a total of 3,328 (8.0% of families with children aged 15 years or younger) across the G21 region in 2016 – an overall decrease of 13.6%.



**Proportion of Jobless Families with Children Aged 15 Years or Less (2016)**

**G21 region trend 2006 = 10.6%**  
**Victorian trend 2006 = 13.7%**

**VIC**  
11.0%

**G21**  
8.0%

Source: Source: Social Health Atlas of Australia. Local Government Areas. Public Health Information Development Unit (PHIDU), 2021

Australian families with children are entitled to a range of income taxation benefits which are managed through the Australian Government’s taxation system. These include a range of payments to assist families with the cost of raising children, including specific payments for single parent families (based on meeting eligibility criteria and income thresholds) - the income and assets eligibility criterion varies across the benefits and payment amounts generally decrease as income level per family increases.

Family Tax Benefit Part B provides extra assistance to single-parent families, non-parent carers and some families that only have one main income. It recognises that you may not be able to work due to your circumstances or the age of the child. To receive Family Tax Benefit Part B:

- You must have a Family Tax Benefit child (FTB child) in your care who is under the age of 13.

- If you are a single parent, grandparent or non-parent carer, the child must be under 18 and must meet study requirements if they are aged 16 to 18.
- The family must care for the child at least 35% of the time.
- The family must meet Australian residency requirements. If you leave Australia for more than 6 weeks, the payment may be affected.
- If you are a single parent, your income must be \$100,000 per year or less.

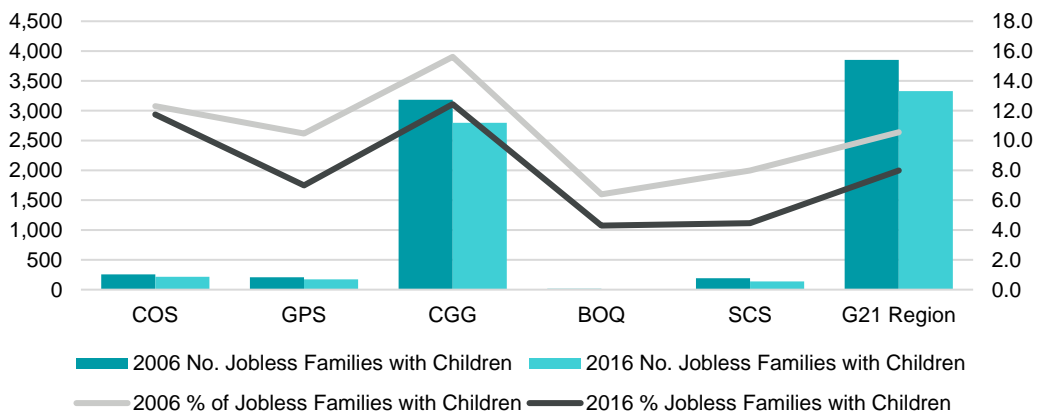
Table 7.8 reveals that in 2021 there were 14,574 recipients of Family Tax Benefit B across the G21 region – which represents a decrease in the number of Family Tax Benefit B recipients compared with 2014. Further, there were 3,136 families received a single parenting payment in 2021 - being relatively consistent with the number in receipt of the same payment in 2014.

**Table 7.8 Taxation Benefit Payments by LGA (2014 & 2021)**

LGA	Mar-14				Mar-21			
	Family Tax Benefit Part A	Family Tax Benefit Part B	Parenting Payment Partnered	Parenting Payment Single	Family Tax Benefit A	Family Tax Benefit B	Parenting Payment Partnered	Parenting Payment Single
COS	1,695	1,310	94	233	1,304	1,004	55	236
GPS	1,658	1,327	65	153	1,327	969	52	152
CGG	16,095	13,848	894	2,765	14,248	11,571	748	2,576
BOQ	134	107	<20	21	78	55	5	10
SCS	1,668	1,363	74	189	1,289	975	47	162
G21 Region	21,250	17,955	1,127	3,361	18,246	14,574	907	3,136

Source: Department of Social Services, DSS Payment Demographics March 2021

**Figure 7.9 Jobless Families with Children Aged Less Than 15 Years 2006-2016**



Source: Social Atlas of Australia, Victoria. Data by Local Government Area. Pub 2021 and 2011© 2016 PHIDU

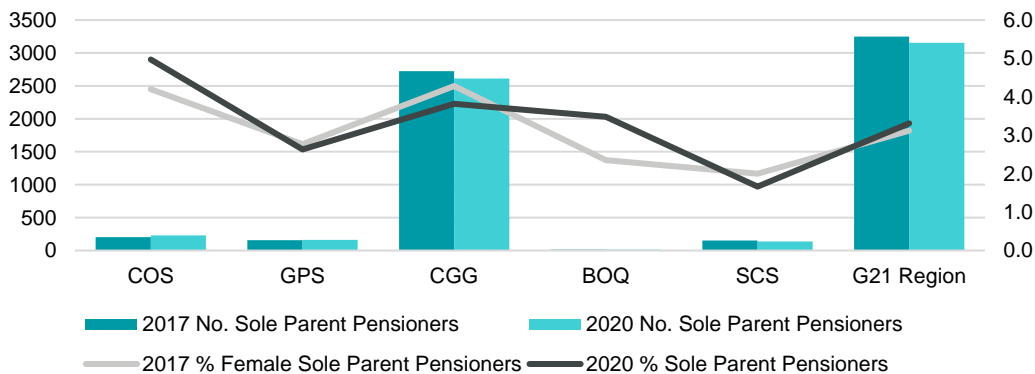




In June 2017 there were 3,249 female sole parent pensioners recorded across the G21 region. This number reduced slightly by June 2020 to 3,153 which proportionally (3.3%) was slightly

higher than the average across Victoria (2.7%) and a marginal increase on the average proportion of sole female parent pensioners in 2017 (3.1%).

Figure 7.10 Female Sole Parent Pensioners 2017-2020



Source: Social Atlas of Australia, Victoria. Data by Local Government Area. Pub 2021 and 2011© 2016 PHIDU

Parental educational level is an important predictor of children’s educational and behavioural outcomes. Across the G21 region in 2016 there were 7,802 children in families where the mother has low educational attainment.

The overall average proportion of children in the G21 region (11.5% shown as a proportion of all children aged <15 years) where a mother has a low level of education attainment was slightly lower than the average rate for Victoria (12.7%).

The data presented are of children aged less than 15 years living in families where the female parent’s highest level of

### Family violence

The 2016 Final Report of the Royal Commission into Family Violence (RCFV)<sup>145</sup> identified that the experiences of children and young people were commonly a key data gap in relation to family violence in Victoria.

The RCFV heard that children and young people are often ‘silent victims’ of family violence because the primary concern of many services focussed on the safety and wellbeing of women within the context of intimate partner violence. Consequently, the particular and unique needs and experiences of children and young people were not specifically identified and recorded, including those of unborn children who can also be impacted by family violence.<sup>146</sup> As a result, information collected on children and young people impacted by family violence is limited.<sup>147</sup>

There is an overwhelming body of evidence which indicates that chronic neglect, abuse and family violence are harmful and have a cumulative and detrimental effect on children’s wellbeing and development. However, not all children and young people exposed to family violence are affected in the same way. For some, the effects of family violence may be chronic and debilitating, whereas others may have less adverse

schooling was year 10 or below, or where the female parent did not attend school, expressed as a proportion of all children aged less than 15 years.

An internet connection is now an important utility for most households in Australia. It is increasingly required for accessing essential information and taking part in the digital economy. Throughout the COVID pandemic access to online learning and working from home for parents required access to the internet and digital technology.

outcomes. A range of positive and negative factors may impact a child or young person’s resilience or vulnerability to family violence.<sup>148</sup>

However, the RCFV noted that family violence has the potential to cause serious and profound adverse impact on the health and wellbeing of infants, children and young people. Some of the effects of violence against children and young people include (but are not limited to): impaired cognitive functioning, complex trauma issues, mental illness, attachment and interpersonal relationship problems, reduced academic outcomes, behavioural and social issues, learning difficulties, low self-esteem and increased risks of intergenerational transmission of abuse and neglect, etc. Impact on unborn children may also include risk of premature birth, low birth weight, foetal injury and foetal death.

Research and evidence presented to the RCFV suggested that while children and younger people experience similar types of abuse as intimate partner violence, including physical and sexual violence,<sup>149</sup> they can also witness or be exposed to the aftermath of violence against other family members. Section

<sup>145</sup> <http://rcfv.archive.royalcommission.vic.gov.au/Home.html>

<sup>146</sup> The Children Youth and Families Act 2005 (Vic) acknowledges the impact of child abuse and neglect on unborn children. Within the act, a person may make a report if there is significant concern for the wellbeing of an unborn child.

<sup>147</sup> RCFV 2016, Volume 2 Report and recommendations, p.102.

<sup>148</sup> AIFS 2014, Effects of child abuse and neglect for children and adolescents, viewed 13 June 2018, <https://aifs.gov.au/cfca/publications/effects-child-abuse-and-neglect-children-and-adolescents>

<sup>149</sup> RCFV 2016, Volume 2 Report and recommendations, p.112.



1(b) of the Family Violence Protection Act 2008 (Vic) (FVPA)<sup>150</sup> describes an incident may also constitute family violence if “behaviour by a person... causes a child to hear or witness, or otherwise be exposed to the effects of” family violence (including physical, sexual or emotional abuse). These experiences are typically referred to as ‘secondary’ or ‘indirect’ family violence victimisation and the FVPA clearly articulates such experiences as a distinct type of family violence affecting children and young people. Children may therefore be exposed to a multitude of experiences of family violence outside the types of behaviour which are often associated with it.

During the COVID pandemic the incidence of family violence as reported, increased markedly. Victorian Crime Statistics Agency data released recently showed children’s presence at police-reported family violence incidents increased by 29.4% in Victoria between April and June 2020, compared with the same period in 2019. Between October and December 2020, Victorian Police family violence incidents reports involving a victim survivor aged 17 years or younger increased by 16.5%, compared with the same period in 2019.

Victorian Police data indicates that by December 2020, 1 in every 43 children (42,031 children) in Victoria were on a family violence protection order – an increase of 8.9% compared to the same period in 2019. Family violence incidents which involved child witnesses increased 10.1% in the fourth quarter of 2020 compared to the same period in 2019. Parents were the most common primary aggressor in family violence incidents involving a young victim-survivor. In incidents taking place between 1 October and 31 December 2020, 61% involved a parent aggressor.<sup>151</sup>

In the G21 region, data from the Crime Statistics Agency indicates that in 2020 there were a total of 5,206 family violence incidents reported by Victoria Police, with 417 affected family members aged between 0-17 years. This represents an overall increase of 29.0% on the number of family violence incidents recorded in 2020 compared with 2016 and a 22.7% increase in the number of affected family members aged between 0-17 years.

**Table 7.11 G21 Region Family Violence Incidents and Affected Family Members Aged 0-17 Years (2016-2020)<sup>152</sup>**

LGA	Total Family Violence Incidents					Affected Family Members Aged 0-17 Years				
	2016	2017	2018	2019	2020	2016	2017	2018	2019	2020
COS	357	315	353	404	405	39	42	51	34	21
GPS	146	161	141	136	187	21	20	19	19	27
CGG	3,329	3,204	3,318	3,751	4,283	271	226	321	312	354
BOQ	19	18	19	9	15	0	0	0	0	0
SCS	186	179	196	243	316	9	15	16	19	15
G21 Region	4,037	3,877	4,027	4,543	5,206	340	303	407	384	417

Source: Crime Statistics Agency: Crime by Location - <https://www.crimestatistics.vic.gov.au/crime-statistics/latest-crime-data-by-area>

The rate of family violence incidents per 1,000 population across the G21 region compares favourably against the Victorian average, although increased significantly in 2020 compared with previous years. Higher rates of family violence

per 1,000 of population are recorded in Colac Otway Shire and the City of Greater Geelong compared with the Victorian and G21 region averages.

**Table 7.12 Family Violence Incident Rate per 1,000 Population by LGA (2016-2020)**

LGA	2016	2017	2018	2019	2020
COS	1,671.2	1,469.9	1,641.7	1,873.5	1,875.8
GPS	663.2	713.4	609.9	573.3	771.5
CGG	1,389.8	1,303.9	1,315.5	1,448.6	1,617.7
BOQ	648.7	608.3	637.2	306.1	507.2
SCS	610.5	571.0	607.7	726.3	921.7
G21 Region	996.7	933.3	962.4	985.6	1,138.8
VIC	1,273.4	1,186.9	1,227.7	1,281.7	1,379.1

Source: Crime Statistics Agency: Crime by Location - <https://www.crimestatistics.vic.gov.au/crime-statistics/latest-crime-data-by-area>

The figures in the following table are based on finalised Family Violence Intervention Order (FVIO) applications heard in the

Children’s Court between July 2015 to June 2020. The figures are based on the rate per 100,000 population of ‘Affected

<sup>150</sup> Family Violence Protection Act 2008 (Vic) <https://www.legislation.vic.gov.au/in-force/acts/family-violence-protection-act-2008/053>

<sup>152</sup> Crime Statistics Agency: Crime by Location - <https://www.crimestatistics.vic.gov.au/crime-statistics/latest-crime-data-by-area>

<sup>151</sup> Children and Young People: Key Findings, Family Violence Database, Crime Statistics Agency, Extracted May 2021.



Family Members' (AFM) recorded as part of FVIO applications heard by the Children's Court from 2015-16 to 2019-20. Across the G21 region on average these figures indicate a 57.1% increase in the rate of AFM recorded through the Children's Court between 2015-16 and 2019-20, with the highest rates

again in the Colac Otway Shire and City of Greater Geelong. The average rate per 100,000 population across the G21 region (66.6) in 2020 compares unfavourably against the Victorian average rate (42.4).

**Table 7.13 Children's Court AFM rate per 100,000 population by LGA (July 2015 to June 2020)**

LGA	2015-16	2016-17	2017-18	2018-19	2019-20
COS	74.9	98.0	27.9	51.0	106.5
GPS	59.0	8.9	8.7	46.4	49.5
CGG	65.1	72.4	74.5	101.2	77.0
BOQ	0.0	0.0	0.0	68.0	67.7
SCS	13.1	6.4	15.5	20.9	32.1
G21 Region	42.4	37.1	25.3	57.5	66.6
VIC	48.1	47.1	42.9	43.0	42.4

Source: Crime Statistics Agency: Crime by Location - <https://www.crimestatistics.vic.gov.au/crime-statistics/latest-crime-data-by-area>

The data contained within the following table presents family violence victims assisted at family violence specialist agencies

for women and children (Specialist FV service clients) – specific data for the number of children involved is not available.

**Table 7.14 Number of family violence specialist service clients by LGA (July 2015 to June 2020)**

LGA	2015-16	2016-17	2017-18	2018-19	2019-20
COS	58	82	96	67	115
GPS	69	71	42	50	41
CGG	1,120	1,147	1,257	773	1,028
BOQ	9	10	≤5	≤5	≤5
SCS	55	61	64	35	54
G21 Region	1,311	1,371	1,459	925	1,238
VIC	26,861	28,495	29,808	30,418	30,768

Source: Crime Statistics Agency: Crime by Location - <https://www.crimestatistics.vic.gov.au/crime-statistics/latest-crime-data-by-area>

The following table contains data from Ambulance Victoria, which presents information detailing ambulance dispatch and paramedic interventions in response to family violence incidents. In June 2016, Ambulance Victoria began capturing information about family, domestic or sexual violence as part of the administrative data collected by paramedics who have

attended an event. The data included in these data tables concerns all records where family, domestic or sexual violence had been identified and recorded by attending paramedics. The rate per 100,000 population tends to be lower across the G21 region when compared against the average for Victoria.

**Table 7.15 Ambulance Victoria Rate per 100,000 by LGA of Domestic/Family/Sexual Violence Event (June 16 to June 20)**

LGA	Rate per 100,000
COS	102.2
GPS	51.3
CGG	107.7
BOQ	-
SCS	70.0
G21 Region	82.8
VIC	103.1

Source: Crime Statistics Agency: Crime by Location - <https://www.crimestatistics.vic.gov.au/crime-statistics/latest-crime-data-by-area>



## Child protection

Total recurrent expenditure on child protection intervention, care services (out-of-home care and other supported placements), family support services and intensive family support services was \$6.9 billion nationally in 2019-20 — a real increase of 4.7% from 2018-19.<sup>153</sup>

All children and young people have the right to be safe, receive loving care and have access to the services and support that will give them the opportunity to achieve their potential. Some families may not always have the capacity or resources available to provide a stable and caring home environment. This can prevent vulnerable children and young people from receiving the protection, safety and support they need and deserve.

*“Some children are unable to live safely at home as they may be at risk of being abused or neglected, or their parents may be unable to provide adequate care or protection. In Australia, state and territory governments assist these vulnerable children. Where suspected child abuse and neglect is reported, child protection services may investigate. This could result in the provision of support services to keep children with their families, children being placed on a protective court order, or being placed in out-of-home care, such as with a relative or foster carer.”<sup>154</sup>*

In 2017, the Victorian Department of Education and Training (DET), the Victorian DHHS and local government, represented by the Municipal Association of Victoria (MAV), entered a ‘Compact’ (joint agreement) designed to strengthen the collaborative relationship between the State Government Departments and local government, in the planning, development and provision of early childhood services. This Compact demonstrates a shared focus on improving and sustaining outcomes for children and families across all Victorian communities.<sup>155</sup> The ‘Compact’ formalized a commitment by the parties involved for the first time to work together at the local level to integrate planning, coordination and information sharing across the early years sector in Victoria:

- Using a system- and placed-based approach to deliver well-connected, inclusive and high-quality services tailored to local communities, with a particular focus on vulnerable children and families.
- Systemic sharing and analysis of information, data and evidence.

Despite this, there remains a lack of aggregated statistical data available for LGAs in relation to child protection and information regarding some of our most vulnerable children within Victoria. The last available information on the numbers of children in Out

of Home Care, Child Protection Orders and Child Abuse rates for LGAs was published in 2011. This is despite these critical indicators also being key measures as referred within the Victorian Government’s Child and Adolescent Monitoring System (VCAMS). Consequently, data remains only available at relatively high levels for either the whole State and/or DHHS Regions (these tend to be large geographic catchment areas that do not provide details at a more localised level.

The lack of available, coherent and consistent data at a local level makes adequate planning for the delivery of necessary supports and services for vulnerable children and families with complex needs extremely difficult. There is also a deficit of information available on the outcomes for children at a local level in relation to the supports and services provided and any remaining gaps that maybe required.

Victoria’s child protection system is governed by the *Children, Youth and Families Act 2005* (CYFA). The CYFA mandates that the State act to protect children in certain circumstances, including on the grounds of a significant risk of harm to a child. The CYFA makes clear that the legislation provides a framework not only for protecting children but providing community services to support children and families.

There have been numerous inquiries and reports adopted over the years to examine and address the needs of Victoria’s most vulnerable children. The ‘*Cummins Inquiry*’ (2012)<sup>156</sup> (*Protecting Victoria’s Vulnerable Children Inquiry*) contained 20 findings and 90 recommendations. A number of the recommendations contained in this report have subsequently been implemented. Since release of the Cummins Inquiry report, there have been a range of other reports, including (but not limited to):

- two from the Office of the Public Advocate<sup>157</sup>
- the ‘... as a good parent would ...’ report by the Victorian Commissioner for Children and Young People into the adequacy of the provision of residential care services to Victorian children and young people who have been subject to sexual abuse or sexual exploitation whilst residing in residential care<sup>158</sup>
- the Royal Commission into Family Violence (RCFV)<sup>159</sup>
- the Residential Care Services for Children, March 2014<sup>160</sup> and Early Intervention Services for Vulnerable Children and Families, May 2015<sup>161</sup> reports by the Victorian Auditor-General.
- Royal Commission into Institutional Responses to Child Sexual Abuse.<sup>162</sup>

All have made recommendations designed to improve the child protection system and tend to highlight the need for renewed

<sup>153</sup> Aust Government, Productivity Commission, Report on Government Services 2021. 16 Child Protection Services.

<sup>154</sup> Child protection in the time of COVID-19. AIHW, pub Jan 2021

<sup>155</sup> Supporting Children and Families in the Early Years A Compact between DET, DHHS and Local Government (represented by MAV) 2017-2027 <https://www.education.vic.gov.au/about/educationstate/Pages/theearlyyearscompact.aspx>

<sup>156</sup> Final Report: Protecting Victoria’s Vulnerable Children Inquiry. Melbourne, Victoria: Department of Premier and Cabinet. <https://www.parliament.vic.gov.au/papers/govpub/VPARL2010-14No112Vol2P1-126.pdf>

<sup>157</sup> Office of the Public Advocate, *Whatever happened to the village, the removal of children from parents with a disability (2013) and Rebuilding the village: Supporting families where a parent has a disability (2015)*

<sup>158</sup> Commission for Children and Young People, “...as a good parent would...” (2015)

<sup>159</sup> Royal Commission into Family Violence: Final Report (2016)

<sup>160</sup> <https://www.audit.vic.gov.au/sites/default/files/20140326-Residential-Care.pdf>

<sup>161</sup> <https://www.audit.vic.gov.au/sites/default/files/20150527-Early-Intervention.pdf>

<sup>162</sup> <https://www.childabuseroyalcommission.gov.au>



focus and efforts on prevention, earlier intervention and reducing the number of children in care.

In 2016, the Victorian Government announced the *Roadmap for Reform: Strong Families, Safe Children*.<sup>163</sup> This strategy included initiatives to improve monitoring and oversight frameworks, strengthen home-based care options and introduce more robust planning and service delivery mechanisms through stronger local alliances:

*“Increased use of existing data is a focus of the 2019-20 Alliance Planning tools and advice. Alliances should reflect on their data culture.*

*Place based planning identifies and prioritises local needs through the collaboration of local stakeholders. This approach builds a collective knowledge of local issues to be targeted, improves articulation of local needs and supports development of shared localised strategies to address them.*

*Outcomes oriented planning driven by evidence and data.*

*Local planning uses robust evidence, information and analysis to foster a shared understanding of service demand, identification of service gaps and mutual motivation to drive improvements in the lives of vulnerable children, young people and their families. Data sharing at*

*the local level empowers local areas to develop appropriate strategies to deal with identified problems and to be accountable for implementing them.*

*To improve outcomes for vulnerable children, young people and their families, a range of partnerships, a mutual understanding of each other’s business, trust and a shared purpose and responsibility are necessary.*

*The analysis of local area data, combined with Alliance member’s knowledge of the area assists Alliances to identify priorities, develop strategic objectives and inform action plans in an approach tailored to the local area.*<sup>164</sup>

Also, the Australian Commonwealth and State Governments, through the *National Framework for Protecting Australia’s Children 2009–2020*, have committed to work together to better protect vulnerable children, acknowledging that ‘protecting Australia’s children is everyone’s responsibility’<sup>165</sup>.

Commonwealth and State Governments, through the *National Plan to Reduce Violence against Women and their Children 2010–2022*, have similarly committed to work together to reduce violence against women and their children because ‘reducing violence is everyone’s business’.<sup>166</sup>

## Housing

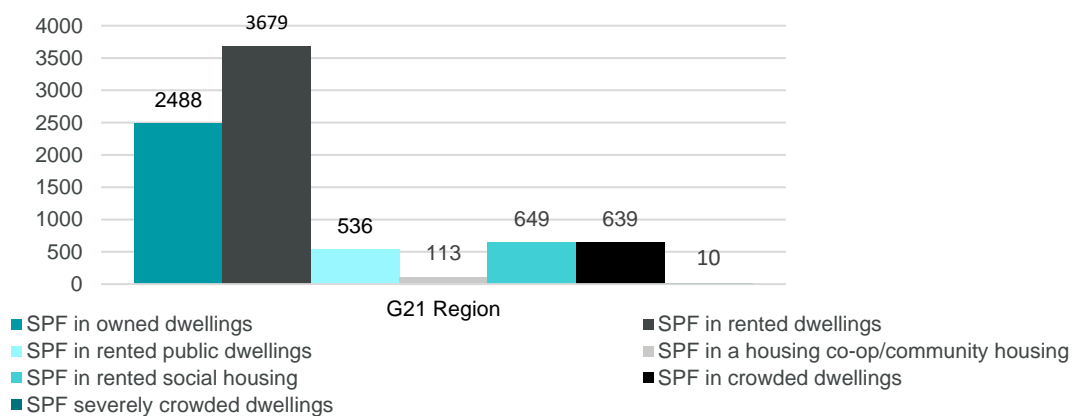
Across the G21 region in 2016 there was 4,977 single parent families with children living in rented accommodation (66.7%). The remaining 2,488 (33.3%) were living in owned accommodation. There were 639 single parent families with children aged 15 years or less living in ‘crowded dwellings’ in and 10 single parent families in ‘severely crowded’ dwellings.

Most single parent families with children aged 15 years or less, were living in rented public dwellings (3,679 or 49.8% of all

single parent families and 37.2% of all families) across the G21 region.

Of families with children aged 15 years or less across the G21 region the majority were living in owned dwellings in 2016. Just over a quarter (25.9%) of families with children aged less than 15 years were living in rented dwellings with 684 families living in rented public dwellings.

**Figure 7.16 Number of single parent families (SPF) with children aged less than 15 by housing type (2016)**



Source: Social Health Atlas of Australia. Child and Youth. Public Health Information Development Unit (PHIDU), Published 2021

<sup>163</sup> <http://www.dhs.vic.gov.au/about-the-department/plans,-programs-and-projects/projects-and-initiatives/roadmap-for-reform-strong-families,-safe-children>

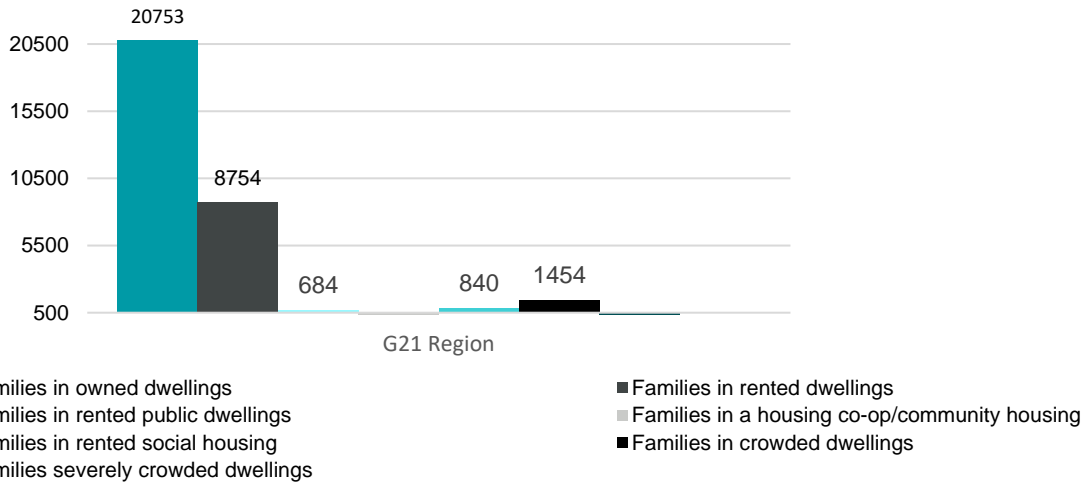
<sup>164</sup> Alliance planning and oversight policy for Child and Family Alliances, DHHS, Nov 2019.

<sup>165</sup> National Framework for Protecting Australia’s Children 2009-2020, Foreword. <https://www.dss.gov.au/our-responsibilities/families-and-children/publications-articles/protecting-children-is-everyones-business>

<sup>166</sup> National Plan to Reduce Violence against Women and their Children 2010-2022, Foreword. <https://www.dss.gov.au/our-responsibilities/women/programs-services/reducing-violence/the-national-plan-to-reduce-violence-against-women-and-their-children-2010-2022>



**Table 7.17 Families with Children Aged Less than 15 Years by Housing Type G21 Region (2016)**



Source: Social Health Atlas of Australia. Child and Youth. Public Health Information Development Unit (PHIDU), Published 2021

According to the Centre for Excellence in Child and Family Welfare:

- 1 in 4 people assisted by Victorian homelessness services in 2018-19 were children.
- 26,918 children had contact with Victorian homelessness services in 2018-19
- 22% of people experiencing homelessness in Victoria are children.
- Between 2011-12 to 2016-17, the number of children accessing Victorian homelessness services increased by 56%

- Over 1 in 5 children live in households experiencing housing stress.
- Family violence is the leading cause of homelessness for children and women in Victoria<sup>167</sup>

However, it is important to note that current data sources are likely to underestimate the number of children who are homeless or who are in unstable accommodation as this data largely relies on self-reporting and/or the use of specialist homelessness services to gather and report on the data available.

## Bullying amongst children in years 5 & 6

There is a nationally agreed definition of bullying used within all Australian schools:

*“Bullying is an ongoing and deliberate misuse of power in relationships through repeated verbal, physical and/or social behaviour that intends to cause physical, social and/or psychological harm. It can involve an individual or a group misusing their power, or perceived power, over one or more persons who feel unable to stop it from happening.*

*Bullying can happen in person or online, via various digital platforms and devices and it can be obvious (overt) or hidden (covert). Bullying behaviour is repeated, or has the*

*potential to be repeated, over time (for example, through sharing of digital records).*

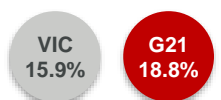
*Bullying of any form or for any reason can have immediate, medium and long-term effects on those involved, including bystanders. Single incidents and conflict or fights between equals, whether in person or online, are not defined as bullying.”<sup>168</sup>*

Amongst children in Years 5 and 6 at primary school, approximately 18.2% across the G21 region report having been bullied in 2018, with the highest rates in the Colac Otway (25.0%) and Golden Plains Shires (20.7%).

### Proportion of Children Reported being Bullied in Years 5 & 6 (2018)

G21 region trend 2017 = 20.7%

Victorian trend 2017 = 19.5%



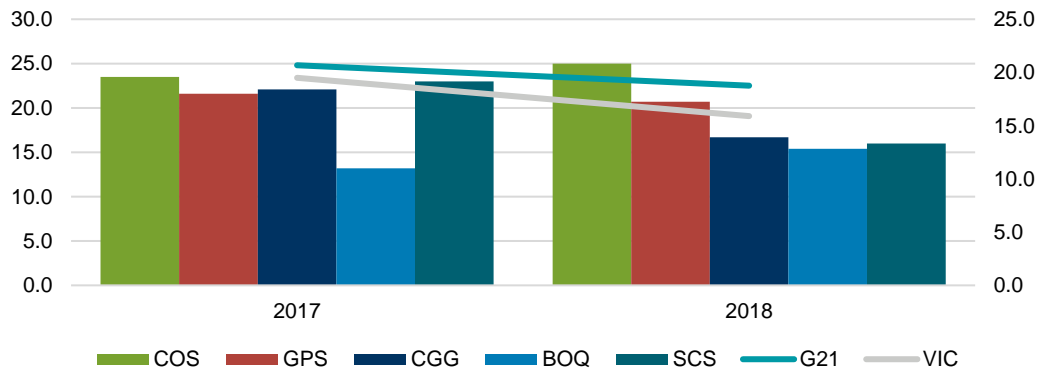
Source: Attitudes to School Survey. Department of Education and Training

<sup>167</sup> <https://www.cfecfw.asn.au/ending-homelessness-victoria-children-families>

<sup>168</sup> <https://www.education.vic.gov.au/about/programs/bullystoppers/Pages/what.aspx>



**Figure 7.18 Proportion of children in years 5 & 6 who report being bullied by LGA**



Source: Department Education and Training. Attitudes to School Survey. <https://www.education.vic.gov.au/about/research/Pages/vcamsindicator.aspx>

## Disabilities

*“Disability is more than the presence or absence of mental and physical health conditions; it relates to a person’s ability to participate in a range of activities. Disability may limit what a person can do in their daily life. It is typically measured in terms of the level of difficulty (also expressed as a need for assistance) a person experiences when performing the core activities of daily living: self-care, mobility and communication, as well as difficulties in other activities such as schooling and work.*

*Children with disability are an especially vulnerable population. Australian research suggests that children with intellectual disability and mental and behavioural problems have a greater risk of experiencing maltreatment than children without disability.”<sup>169</sup>*

According to the ABS 2018 Survey of Disability, Ageing and Carers, it was estimated that around 7.7% (or 357,000) of Australian children aged 0–14 had disability. More boys (9.6%) than girls (5.7%) were affected by disability.

Around 1 in 20 (4.5%, or 211,000) children had a severe or profound core activity limitation and 5.2% (241,000) of children aged 5–14 had a schooling restriction.

In the 2018 ABS Survey of Disability, Ageing and Carers (SDAC), 4% of 0–4-year-olds, 10% of 5–19-year-olds and 13% of 15-64-year-olds were reported as having a disability.

According to the National Disability Insurance Scheme (NDIS), there are 3,409 participants in the Barwon service district aged between 0 to 14 years receiving assistance through the NDIS (31 December 2020). Amongst children aged 0-6 years the largest single disability group/condition was developmental delay (68.1%); while amongst children aged 7-14 years the largest single disability group/condition was autism (60.7%) – keeping in mind that children will often have multiple conditions and be in receipt of NDIS assistance across a range of disability groups.

ABS Census data indicates a significant increase in the number of children aged 0-4 years with a need for assistance between 2006 and 2016. Across the G21 region the number of children has increased by 69 (41.8%>), with the majority being within the City of Greater Geelong. The proportion of children aged 0-4 years with a need for assistance has changed little over the three census periods on average across the G21 region (1.2%) and aligns generally with the Victorian average (1.1%). However the proportion of children in 2016, aged 0-4 years requiring assistance in Colac Otway Shire is almost three times that of the G21 region and Victorian average and in contrast to other local municipalities.

### Proportion of Children Aged 0-4 Years with Need for Assistance

**G21 region trend 2006 = 1.0%**

**Victorian trend 2006 = 0.9%**

VIC  
1.1%

G21  
1.2%

Source: ABS, Census of Population and Housing, 2011 and 2016 (Usual residence data).

Note: A person's need for help or assistance in one or more of the three core activity areas of self-care, mobility and communication, because of a disability, long term health condition (lasting six months or more) or old age.

<sup>169</sup> Australia’s Children Report. Last Update 2020. AIHW <https://www.aihw.gov.au/reports/children-youth/australias-children/contents/health/children-with-disability>



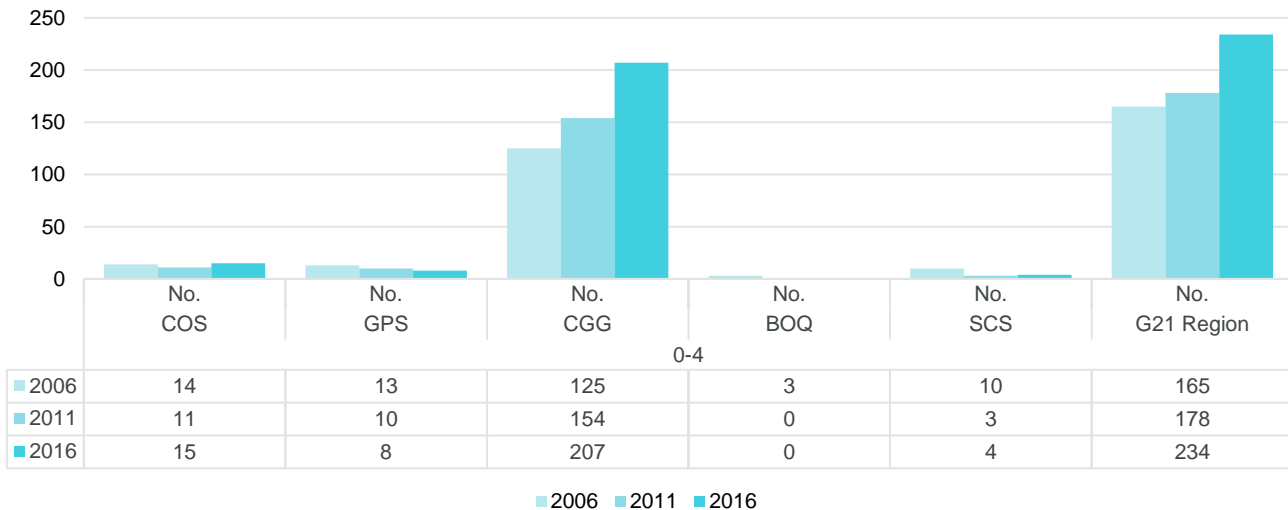
**Table 7.19 Number of Children Aged 0-14 Years by NDIS Disability Group, Barwon Region (Dec 2020)**

	0-6 years	7-14 years
Acquired Brain Injury	11	11
Autism	170	1312
Cerebral Palsy	22	46
Developmental delay	849	142
Global developmental delay	74	42
Hearing Impairment	40	40
Intellectual Disability	57	437
Other	11	11
Other Neurological	13	34
Other Physical	11	21
Other Sensory/Speech	11	47
Psychosocial disability		12
Spinal Cord Injury		11
Stroke	11	11
Visual Impairment	11	12
<b>Total</b>	<b>1247</b>	<b>2162</b>

Source: National Disability Insurance Scheme (NDIS) <https://data.ndis.gov.au/explore-data> Data extracted May 2021

Note: Discrepancies in totals in the table above may be a result of some children being noted in more than one category. Data is provided on a regional level and the figures provided relate to the Barwon Region only, which excludes children in the Golden Plains Shire.

**Figure 7.20 Need For Assistance by Children Age 0-4 Years by LGA 2006-2016**



Source: ABS, Census of Population and Housing, 2011 and 2016 (Usual residence data). Compiled and presented in profile.id by .id





**Table 7.21 Proportion (%) of Children with Need for Assistance Aged 0-4 and 5-9 Years by LGA (2006-2016)**

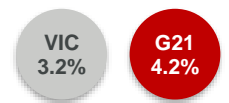
Age Group	0-4							5-9							
	LGA	COS	GPS	CGG	BOQ	SCS	G21 Reg	VIC	COS	GPS	CGG	BOQ	SCS	G21 Reg	VIC
2006		1.2	1.2	1.0	2.4	0.7	1.0	0.9	1.8	2.5	2.6	1.8	2.2	2.5	2.1
2011		0.9	0.8	1.2	0.0	0.2	1.0	1.0	2.8	3.1	3.1	3.1	1.2	3.1	2.7
2016		3.1	0.6	1.4	0.0	0.2	1.2	1.1	3.6	3.8	4.6	0	2	4.2	3.2
Change 2006-16		1.9	-0.6	0.4	-2.4	-0.5	0.2	0.2	1.8	1.3	2	-1.8	-0.2	1.7	1.1
Change 2011-16		2.2	-0.2	0.2	0	0	0.2	0.1	0.8	0.7	1.5	-3.1	0.8	1.1	0.5

Source: ABS, Census of Population and Housing, 2011 and 2016 (Usual residence data). Compiled and presented in profile.id by.id

**Proportion of Children Aged 5-9 Years with Need for Assistance**

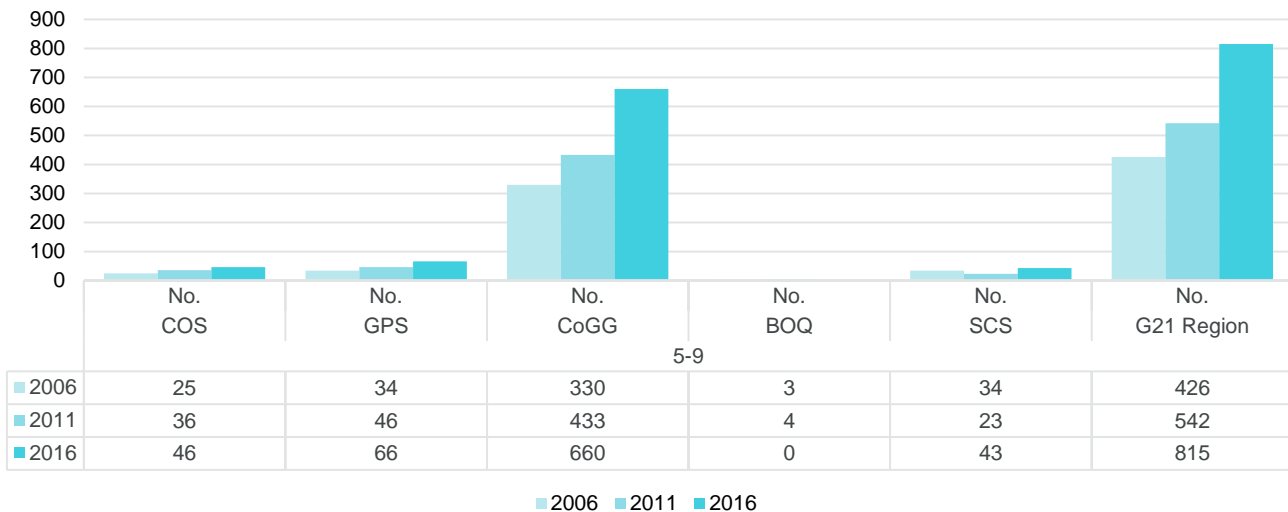
G21 region trend 2006 = 2.5%

Victorian trend 2006 = 2.1%



Source: ABS, Census of Population and Housing, 2011 and 2016 (Usual residence data).

**Figure 7.22 Need For Assistance by Children Age 5-9 Years and LGA 2006-2016**



Source: ABS, Census of Population and Housing, 2011 and 2016 (Usual residence data). Compiled and presented in profile.id by.id

There has been a higher rate of increase in the number of children aged 5-9 years with a need for assistance across the G21 region between 2006 and 2016, with an increase of 1,241

children or 91.3%. Most noticeable is the 100% increase in the number of children aged 5-9 years with a need for assistance in the City of Greater Geelong, followed by a 94.1% increase in the number of children in Golden Plains Shire.

**Crisis support**

The Victorian Child Health and Wellbeing Survey (VCHWS) considers if parents have relatives or friends to care for them or their children in times of an emergency. Results from the 2019 VCHWS indicate that:

- Most Victorian parents (93.5%) had someone to care for them or their children in case of an emergency. This is similar to previous surveys.

- Children who were listed as dependants on health care cards were more likely to live in families without crisis support than those not on a health care card.
- There has been a significant increase in the proportion of children living in families with access to crisis support for children living in areas of most disadvantage between 2017 – 2019 surveys.



**Table 7.23 Proportion of Victorian children living in families with crisis support in times of an emergency**

	2013	2017	2019
Victoria	93.8%	93.9%	93.5%
Metropolitan	93.6%	93.7%	92.7%
Rural	94.4%	94.3%	94.5%
Most disadvantaged	92.7%	87.2%*	93.6%
Least disadvantaged	94.6%	95.0%*	93.9%
Couple family	94.1%*	94.6%*	93.8%
One-parent family	90.3%*	90.3%*	91.7%
Child on a health care card	91.6%*	90.5%*	89.8%*
Child not on a health care card	94.7%*	95.2%*	94.7%*

Source: Victorian Child Health and Wellbeing Survey: Summary Results, Department Education and Training 2019  
 Note: \* indicates a significant difference between results for population groups for the respective survey year.

## Financial insecurity

Financial hardship and associated social isolation can impact any parent’s ability to provide a healthy and stimulating family environment. This in turn may cause psychological distress for parents and impact on their caregiving capacity. The Victorian Child Health and Wellbeing Survey (VCHWS) assesses the level of financial security experienced by parents as not being able to raise \$2,000 in an emergency. Results from the 2019 VCHWS indicate that:

- 10.6% of Victorian parents stated that they would not be able to raise \$2000 in an emergency, which is consistent with previous survey results.
- Children living in the most disadvantaged areas, in one-parent families and those listed as dependents on health care cards were more likely to live in families that had experienced financial insecurity when compared with other cohorts.

**Table 7.23 Proportion of Victorian children living in families that would face financial insecurity in an emergency**

	2013	2017	2019
Victoria	12.3%	11.5%	10.6%
Metropolitan	12.5%	9.9%*	10.0%
Rural	11.6%	16.2%*	11.2%
Most disadvantaged	19.6%*	25.6%*	20.5%*
Least disadvantaged	6.5%*	4.2%*	4.3%*
Couple family	10.2%*	8.7%*	8.2%*
One-parent family	32.5%*	25.2%*	25.9%*
Child on a health care card	27.9%*	25.2%*	24.8%*
Child not on a health care card	7.2%*	7.0%*	6.2%*

Source: Victorian Child Health and Wellbeing Survey: Summary Results, Department Education and Training 2019  
 Note: \* indicates a significant difference between results for population groups for the respective survey year.

## Child Safe Standards

All organisations in Victoria that provide services or facilities for children are required to comply with Child Safe Standards, to ensure that the safety of children is promoted, child abuse is prevented and allegations of child abuse are properly responded to.

The Child Safe Standards form part of the Victorian Government’s response to the Betrayal of Trust Inquiry (the 2013 Parliamentary Inquiry into the Handling of Child Abuse by Religious and Other Non-Government Organisations).

The Betrayal of Trust report found that while most children are safe in organisations, there are inadequate and inconsistent approaches to child safety in organisations across Victoria. It

provided 15 recommendations, including the introduction of child safe standards in Victoria to ensure child safe environments in organisations that work with children.

Victoria’s Child Safe Standards are comprised of three overarching principles and seven broad standards. These have been designed to drive cultural change in organisations, so that protecting children from abuse is embedded in the everyday thinking and practice of leaders, staff and volunteers.

## 8.0 SERVICES AND SUPPORT





## 8.0 Services and Supports

*“Children flourish when they connect to their communities where positive relationships strengthen their development and learning.”<sup>170</sup>*

<p><b>41</b> Maternal Child &amp; Health centres.</p>	<p><b>60</b> Sessional Kindergartens for 3 &amp; 4 year-old children</p>
<p><b>95%</b> Victorian parents agree their neighbourhood is safe</p>	<p><b>New</b> Women’s and Children’s Hospital coming to Geelong</p>

*“When children engage with their community, it creates a sense of belonging to something bigger than themselves. Community connections also promote a positive sense of identity through the interactions they have with others while developing social and other skills.*

*From a very young age, children seek out connections with their families, communities, culture and place. These connections help your child to build resilience, broaden their understandings of the world and allow them to be present, engaged and their authentic selves.”<sup>171</sup>*

Services for families and children, such as maternal and child health, early education and care services, schools, health, community, recreation and sporting clubs all play a critical part in supporting parents and families to care for children and enabling their best possible wellbeing and early development.

Participation in a wide range of community activities, services and supports provide positive benefits for children, depending upon the type and quality of services available.

Research demonstrates that in Australia families with young children (3-19 months) from low socioeconomic backgrounds are much less likely than families from a higher socioeconomic background to have used health services for their children.<sup>172</sup>

This service access paradox, where those families who most need services are also the least likely to access them, is related to a range of barriers, including service level (structural) barriers, such as inaccessible locations and service costs and barriers specific to children, parents and their situation, such as a lack of trust in services and low English literacy levels.<sup>173</sup>

Similarly, research has also demonstrated that mothers who are socially isolated are at an increased risk of depression and as a result, children with mothers who suffer from depression can also experience a range of adverse outcomes - including an increased risk of behavioural problems and poorer cognitive development. Amongst disadvantaged families, social isolation has also been associated with child abuse and neglect.<sup>174</sup>

Having strong and supportive social connections are vitally important for young children and their families. Friendships with other children is commonly associated with higher levels of self-esteem and can positively moderate the effects of other stressors in children’s lives. Support from friends for children with chronic illness has been shown to protect children from some of the negative impacts of strained parental relationships.

*“Children who have a sense of belonging in their community have been shown to improve in school performance, prosocial development and wellbeing. Supportive neighbours, for example, can assist children’s development by providing positive role models. Within neighbourhoods where adults report positive social ties, children demonstrate fewer problem behaviours.*

*Furthermore, social capital - that is, the extent of supportive networks within a neighbourhood, levels of civic involvement and the level of trust and security felt by members of a community - can also impact upon the mental health of those caring for children; especially when they are not working outside the home.”<sup>175</sup>*

<sup>170</sup><sup>170</sup> <https://www.petitjourney.com.au>

<sup>171</sup> Ibid.

<sup>172</sup> What role can child and family services play in enhancing opportunities for parents and families. Exploring the concepts of social exclusion and social inclusion. M. McDonald. CAFCA Practice Sheet, May 2011

<sup>173</sup> Ibid, 5

<sup>174</sup> Ibid, 5

<sup>175</sup> Ibid, 5



The NQF upholds children's right to live in a safe family and community environment. The NQF also outlines long-term strategies to achieve positive outcomes for all children; and acknowledges the need for a unified approach across all levels of government, encouraging an integrated response that includes various service sectors, to achieve the best outcomes for children and achieve the following outcomes:

1. Children live in safe and supportive families and communities.
2. Children and families access adequate support to promote safety and intervene early.
3. Risk factors for child abuse and neglect are addressed.
4. Children who have been abused or neglected receive the support and care they need for their safety and wellbeing.
5. Indigenous children are supported and safe in their families and communities.
6. Child sexual abuse and exploitation is prevented and survivors receive adequate support.

The importance of collaborative partnerships with families and communities to deliver quality practice and outcomes for children is reflected in National Quality Standards (NQS) for early childhood education and care services. The aim of Quality Area 6 under the NQS is to recognise that collaborative relationships with families are fundamental to achieving quality outcomes for children and that community partnerships that are based on active communication, consultation and collaboration are also essential.<sup>176</sup>

There is also growing recognition of the links between the built environment and the community's health and wellbeing – urban design, transport, architecture, planning, developers and land development all play a fundamental role in shaping the built environment and making communities more receptive to and accommodating of the needs of children and families.

*"The built environment forms the stage on which the lives of our children are played out. It is the physical framework within which our children learn about society and its values. We are compelled to create an environment which fosters social interaction, spontaneous learning, sustainable responsibility, community worth and physical activity. Our cities, towns and neighbourhoods can be enriched as places that embrace our children.... Our buildings, places and spaces have an indelible impact on the wellbeing of the young people of our society. We must shape the built environment with children and youth at the very heart of our considerations."* Steve Woodland, Government Architect, WA (2011)<sup>177</sup>

Available literature and research material describes and defines a community or city as being 'family-centred' or 'child and family friendly' based on a range of factors that commonly include:

- physical attributes (built and natural)
- service availability
- sense of community or social capital
- outcomes indicators.

Collaboration and integrated program planning and delivery between various service sectors, such as education, health, employment and other community services, can be an efficient and cost-effective way to achieve the best possible outcomes for families and communities.<sup>178</sup> However, the number and breadth of services, businesses, organisations, funders and regulatory bodies involved makes this task enormously challenging.

The following Table 8.1 summaries the level of service provision for children and families across the G21 region based on available information. This table does not however include all the services and supports available for young children and families and there is a myriad of additional service providers, community groups and agencies that provide invaluable support and assistance throughout each and every community.

<sup>176</sup> <https://www.acecqa.gov.au/nqf/national-quality-standard/quality-area-6-collaborative-partnership-with-families-and-communities>

<sup>177</sup> *Building Spaces and Places for Children and Young People*. Caring for the future growing up today. Commissioner for Children and Young People WA. July 2011

<sup>178</sup> *Safe and supportive families and communities for children: A synopsis and critique of Australian research*. L. Nair CFCA Paper No. 1 – Mar. 2012



**Table 8.1 Child and Family Support Services by LGA G21 Region**

	COS	GPS	CGG	BOQ	SCS	G21
Number of Maternal Child Health Centres (2021)	8	6	20	1	6	41
Number of Sessional Kindergartens (2021)	7	6	39	1	7	60
Number of Approved Kindergarten Places (2021)	239	181	1,932	33	426	2,811
Ratio of children aged 0-4 years to available Kindergarten places (2021)	5.4	8.9	8.7	3.7	5.0	6.4
Number of Long Day Child Care Centres	6	4	57	1	11	79
Number of Approved Long Day Child Care Places	330	418	6,402	69	965	8,184
Ratio of children aged 0-4 years to available Long Day Care places	3.9	3.9	2.6	1.8	2.2	2.9
Number of Integrated Children's Centres	0	1	10	0	1	12
Number of Approved Integrated Children's Centre Places	0	50	1,260	0	95	1,405
Number of Family Day Care Services	1	2	1	0	1	5
Number of Approved Family Day Care Places	25	50	25	0	25	125
Number of Outside School Hours Care Services	1	7	65	1	9	83
Number of Outside School Hours Care Places	108	358	3,739	40	412	4,657
Number of Limited Hours Child Care Services	1	6	8	0	4	19
Number of Approved Limited Hours Child Care Places	18	137	191	0	77	423
Number of Primary Schools (2021)	15	15	73	3	15	121
Government	12	14	48	2	11	87
Catholic	3	1	16	1	2	23
Independent	0	0	9	0	2	11
Number of Toy Libraries (2021)	1	0	7	0	4	12
Number of Playgroups (2021)	15	9	62	1	5	92
Public Libraries	2	1	14	1	1	19
Number of Hospitals with Maternity Services (2021)	1	0	3	0	0	4
Number of Hospitals with Special Care Nursery Facilities (2021)	0	0	3	0	0	3
Child and Adolescent Mental Health Services (CAMHS)	0	0	1	0	0	1
Community Health Centres (2021)	3	2	7	1	3	16
General Practitioners (FTE) (2018)	27.9	11.3	271.8	8.1	29.1	69.6
General Practices (2018)	7	7	67	1	11	93
General Practitioners per 1,000 Population (2015)	1.2	0.5	1.2	3.3	1.1	1.5
General Practitioner clinics per 1,000 Population (2015)	0.3	0.2	0.3	n/a	0.4	0.3
Paediatricians (2021)	1	0	10	0	0	11
Paediatric Practices (2021)	1	0	4	0	0	5
Dental services sites per 1,000 population (2015)	0.2	0.0	0.3	n/a	0.1	0.2
Dentist by Practice Location (2021)	5	1	69	1	6	82
Public dental clinics (2021)	1	0	4	1	0	6
Allied health sites per 1,000 population (2015)	1.0	0.7	1.1	np	1.2	1.0
Retail Pharmacies (2021)	5	5	54	2	5	71
Pharmacies per 1,000 population (2015)	0.2	0.1	0.3	0.3	0.2	0.2

Source: Various – refer to Appendix 4: Data Sources

As the population across the G21 region grows, so does the need for access to additional services and facilities. Planning is well underway for a new specific purpose women's and

children's hospital in conjunction with Barwon Health with funding from the Victorian and Australian governments already committed.



The Women’s and Children’s facility complements a new paediatric emergency department in the Geelong University Hospital, the development of a new Community Hospital in Torquay and a new Early Parenting Centre for Geelong and the surrounding region to be completed by 2022.

The Early Parenting Centres will provide specialist support for local families with children 0-4 years old, including the delivery of flexible, targeted services that aim to enhance the parent-child relationship and support parents with strategies for achieving their parenting goals, often in areas such as sleep

### Access to services

Results from the 2019 Victorian Child Health and Wellbeing Survey (VCHWS)<sup>179</sup> indicated that access to basic services can have a substantial impact on an individual’s health and wellbeing. Families that are unable to access basic health services may find that this has significant consequences for their health and wellbeing.

Most Victorian parents (90.4%) agreed that there was access to basic health services in their neighbourhood. This is a small but

and settling, child behaviour and parent and child health and wellbeing.

The centre to be operated in partnership between *Barwon Health* and *Tweedle Child and Family Health Service* will also provide:

- Residential: 24-hour multi-day centre-based intensive early parenting programs
- Day stay: centre-based day programs
- Group-based programs designed to improve parent-child relationships and interaction.

statistically significant decrease when compared with results from previous surveys.

Children living in metropolitan areas, the least disadvantaged areas and those listed as dependents on health care cards were more likely to live in families that reported access to these services when compared with other cohorts.

**Table 8.2 Proportion of Victorian children living in families that have access to basic health services in their neighbourhood.**

	2013	2017	2019
Victoria	92.6%	93.3%	90.4%
Metropolitan	95.3%*	95.8%*	95.7%*
Rural	85.1%*	85.6%*	84.4%*
Most disadvantaged	91.1%	91.8%	87.6%*
Least disadvantaged	94.4%	95.2%	94.2%*
Couple family	92.8%	93.8%	90.7%
One-parent family	90.2%	90.8%	88.8%
Child on a health care card	90.1%*	91.8%	91.7%*
Child not on a health care card	93.4%*	93.8%	86.8%*

Source: Victorian Child Health and Wellbeing Survey Summary Results 2019

Note: \* Indicates a significant difference between results for population groups for the respective survey year

### Safe neighbourhoods

Children who feel unsafe and report witnessing fights and crime in their community are more likely than others to have lower levels of resilience and engage in risky health behaviours like smoking and trying illegal drugs. The 2019 VCHWS indicates that:

- Nearly all (95.0%) Victorian parents agreed that their neighbourhood is safe. This is a slight but statistically

significant increase when compared with results from 2017.

- Children living in rural areas, the least disadvantaged areas, in couple families and not listed as dependents on health care cards were more likely to live in safe neighbourhoods.

<sup>179</sup>Victorian Child Health and Wellbeing Survey 2019: Summary Findings. Victorian Department Education and Training. <https://www.education.vic.gov.au/about/research/Pages/newdatahealth.aspx>



**Table 8.3 Proportion of Victorian children living in families that live in a safe neighbourhood.**

	2013	2017	2019
Victoria	95.8%	92.4%	95.0%
Metropolitan	95.3%*	92.0%	93.8%*
Rural	97.1%*	93.9%	96.4%*
Most disadvantaged	87.5%*	80.8%	89.0%*
Least disadvantaged	99.2%*	97.7%	98.2%*
Couple family	96.2%*	93.3%*	95.5%*
One-parent family	91.5%*	88.0%*	92.1%*
Child on a health care card	93.6%*	86.5%*	91.4%*
Child not on a health care card	96.5%*	94.4%*	96.2%*

Source: Victorian Child Health and Wellbeing Survey Summary Results 2019  
 Note: \* Indicates a significant difference between results for population groups for the respective survey year

### Outdoor spaces

Evidence shows that high quality public spaces enhance people’s health and sense of wellbeing and as such are valuable assets for the community.

Our built environment needs public spaces that invite and inspire children and young people, including ‘sensory rich experiences in outdoor and natural environments, domestic open spaces such as community gardens and neighbourhood

open spaces such as parks, playgrounds, playing fields, sports’ grounds, streets, city farms and natural green spaces’.<sup>180</sup>

*“Providing the physical infrastructure that children need is another vital ingredient to an inclusive and enabling community. When children have good access to parks and playgrounds, it offers them better opportunities for physical activity”.*<sup>181</sup>

**Table 8.4 Proportion of Victorian children who live in a neighbourhood with good parks, playgrounds and play spaces.**

	2013	2017	2019
Victoria	87.9%	89.2%	86.7%
Metropolitan	91.0%*	92.7%*	93.0%*
Rural	79.4%*	78.6%*	79.6%*
Most disadvantaged	77.4%*	75.7%*	80.7%*
Least disadvantaged	93.7%*	96.2%*	93.9%*
Couple family	88.3%*	90.0%*	87.0%
One-parent family	84.4%*	85.0%*	84.9%
Child on a health care card	84.0%*	84.1%*	82.7%*
Child not on a health care card	89.2%*	90.8%*	88.1%*

Source: Victorian Child Health and Wellbeing Survey Summary Results 2019  
 Note: \* Indicates a significant difference between results for population groups for the respective survey year

There is insufficient current local information available in reference to the indicators for access to services, open space

and neighbourhood safety as it pertains to young children and families.

<sup>180</sup> Woolcock, G. & Steele, W. 2008, Child-friendly community indicators: A Literature Review, based on a report prepared by Urban Research Program for

the New South Wales Commission for Children and Young People, Griffith University, New South Wales, p. 23.

<sup>181</sup> 2017 State of Victoria’s Children Report: A focus on health and wellbeing





## Appendix 1: Acronyms and Abbreviations

<b>AAS</b>	Approved Associated Service (Vic. Children's Services Act 1996)	<b>DH</b>	Department Health (Vic)	<b>MSI</b>	Multiple Strengths Indicator (Sub-Set of the AEDC)
<b>ABA</b>	Australian Breastfeeding Association	<b>DHHS</b>	Department Health and Human Services	<b>MTOP</b>	My Time, Our Place: Framework for School Age Care (Aust.)
<b>ABS</b>	Australian Bureau of Statistics	<b>DHSV</b>	Dental Health Services Victoria	<b>NAPLAN</b>	National Assessment Program - Literacy and Numeracy
<b>ACARA</b>	Australian Curriculum, Assessment and Reporting Authority	<b>DJRP</b>	Department of Jobs, Precincts and Regions	<b>NDIS</b>	National Disability Insurance Scheme
<b>ACCHO</b>	Aboriginal Community Controlled Health Organisation	<b>DMFT</b>	Decayed, Missing, Filled Teeth	<b>NESB</b>	Non-English-Speaking Background
<b>ACIR</b>	Australian Childhood Immunisation Register	<b>DSS</b>	Department of Social Services (Aust.)	<b>NFP</b>	Not-For-Profit (Organisation)
<b>ADHD</b>	Attention Deficit Hyperactivity Disorder	<b>ECEC</b>	Early Childhood Education and Care	<b>NGO</b>	Non-Government Organisation
<b>AECQA</b>	Australian Education & Care Quality Authority	<b>EMCH</b>	Enhanced Maternal and Child Health	<b>NIP</b>	National Immunisation Program
<b>AEDC</b>	Australian Early Development Census	<b>ERP</b>	Estimated Resident Population	<b>NJNP</b>	No Jab No Play
<b>AFM</b>	Affected Family Member	<b>ESK</b>	Early Start Kindergarten	<b>NQF</b>	National Quality Framework
<b>AIFS</b>	Australian Institute of Family Studies	<b>ESL</b>	English As a Second Language	<b>NQS</b>	National Quality Standards
<b>AIHW</b>	Australian Institute of Health and Welfare	<b>EY</b>	Early Years	<b>OCC</b>	Occasional Child Care
<b>ARACY</b>	Australian Research Alliance for Children and Youth	<b>EYLF</b>	Early Years Learning Framework (Aust.)	<b>OOHC</b>	Out-Of-Home Care
<b>ATSI</b>	Aboriginal and Torres Strait Islander	<b>EYM</b>	Early Years Management	<b>OSHC</b>	Outside School Hours Child Care
<b>Aust.</b>	Australia	<b>FaPMI</b>	Families Where a Parent Has a Mental Illness	<b>PASDS</b>	Parenting Assessment and Skill Development Services
<b>BOD</b>	Burden of Disease	<b>FDC</b>	Family Day Care	<b>PC</b>	Productivity Commission (Aust)
<b>BOQ</b>	Borough of Queenscliffe	<b>FSV</b>	Family Safety Victoria	<b>PEDS</b>	Parents' Evaluation of Developmental Status
<b>CALD</b>	Culturally and Linguistically Diverse Background	<b>FTB</b>	Family Tax Benefit	<b>PHIDU</b>	Public Health Information Development Unit, Torrens University, SA
<b>CAMHS</b>	Child And Adolescent Mental Health Service	<b>FTE</b>	Full Time Equivalent	<b>PHN</b>	Primary Health Networks
<b>CCCF</b>	Community Child Care Fund	<b>FV</b>	Family Violence	<b>PS</b>	Primary School
<b>CCOPMM</b>	Consultative Council on Obstetric and Paediatric Mortality and Morbidity	<b>FVDB</b>	Victorian Family Violence Database	<b>RCFV</b>	Royal Commission into Family Violence
<b>CCS</b>	Child Care Subsidy	<b>FVPA</b>	Family Violence Protection Act 2008 (Vic)	<b>RCIRCSA</b>	Royal Commission into Institutional Responses to Child Sexual Abuse
<b>CCYPV</b>	Commission for Children and Young People Victoria	<b>GP</b>	General Practitioner or General Practice	<b>SA1</b>	Area Level 1 (the smallest geography for which census data is available)
<b>CECFW</b>	Centre For Excellence in Child and Family Welfare	<b>GPS</b>	Golden Plains Shire	<b>SCS</b>	Surf Coast Shire
<b>CECV</b>	Catholic Education Commission of Victoria	<b>HRI</b>	High Risk Infant	<b>SEHQ</b>	School Entrant Health Questionnaire
<b>CFCA</b>	Child Family Community Australia	<b>ICC</b>	Integrated Children's Centre	<b>SEIFA</b>	Socio-Economic Indexes for Areas
<b>CGG</b>	City of Greater Geelong	<b>IRIS</b>	Integrated Reports and Information System	<b>SIDS</b>	Sudden Infant Death Syndrome
<b>CHWS</b>	Child Health and Wellbeing Survey (Vic)	<b>IRSD</b>	Index for Relative Socio-Economic Disadvantage	<b>SLA</b>	Statistical Local Area (a statistical area 'usually' smaller than an LGA)
<b>COAG</b>	Council of Australian Governments	<b>K</b>	Kindergarten (Preschool)	<b>TFR</b>	Total Fertility Rate
<b>COS</b>	Colac Otway Shire	<b>KAS</b>	Key Ages and Stages (Maternal and Child Health Consultation Schedule)	<b>UAECE</b>	Universal Access to Early Childhood Education
<b>COVID19</b>	Coronavirus Pandemic	<b>KFS</b>	Kindergarten Fee Subsidy	<b>UN</b>	United Nations
<b>CP</b>	Child Protection	<b>KISP</b>	Kindergarten Infrastructure Service Plan	<b>UNICEF</b>	United Nations Children's Fund
<b>CROC</b>	Convention on The Rights of The Child	<b>KMS</b>	Koori Maternity Service	<b>UPR</b>	Usual Place of Residence
<b>CSA</b>	Crime Statistics Agency	<b>LDC</b>	Long Day Child Care	<b>VAGO</b>	Victorian Auditor-General's Office
<b>CTG</b>	Closing the Gap	<b>LGA</b>	Local Government Area	<b>VCAA</b>	Victorian Curriculum and Assessment Authority
<b>CYFA</b>	Children, Youth and Families Act 2005.	<b>LGBTI</b>	Lesbian, Gay, Bisexual, Transgender and Intersex	<b>VCAMS</b>	Victorian Child and Adolescent Monitoring System
<b>DEEWR</b>	Department of Education, Employment and Workplace Relations	<b>LGPRF</b>	Local Government Performance Reporting Framework	<b>VCHWS</b>	Victorian Child Health and Wellbeing Survey
<b>DELWP</b>	Department of Environment, Land, Water and Planning	<b>LH</b>	Limited Hours Service (Vic. Children's Services Act 1996)	<b>VEYLDF</b>	Victorian Early Years Learning and Development Framework
<b>DET</b>	Department Education and Training (Vic)	<b>LSAC</b>	Longitudinal Study of Australian Children	<b>VIC</b>	State of Victoria
<b>DFFH</b>	Department of Families, Fairness and Housing	<b>MAV</b>	Municipal Association of Victoria	<b>VPDC</b>	Victorian Perinatal Data Collection
		<b>MCH</b>	Maternal and Child Health	<b>WWCC</b>	Working with Children Check
		<b>MCSIP</b>	Municipal Children's Services Infrastructure Plan		
		<b>MEYP</b>	Municipal Early Years Plan		



## Appendix 2: Local Government Area Data Profile

The following table summarises a range of available data sources and outcome measures for each municipality in the G21 region.

Indicator	COS	GPS	CGG	BOQ	SCS	G21 Region
Population density - persons per hectare	0.06	0.09	2.11	3.51	0.22	0.39
Land area km <sup>2</sup>	3,433	2,702	1,252	9	1,552	8,944
<b>Population &amp; Demographics</b>						
Total Population - Usual Resident Population (2016)	20,972	21,688	233,429	2,853	29,397	308,339
Average number of children for families with children (2016)	1.9	2.0	1.8	1.8	1.9	1.9
Average number children all families (2016)	0.7	0.9	0.7	0.4	0.8	0.7
Children aged 0-4 years (2016)	1,166	1,429	14,347	78	1,860	18,880
Children aged 0-4 year as % of total population (2016)	5.6	6.6	6.1	2.7	6.3	6.1
Change in the number of children 0-4 years since 2011	-63	132	1,280	-49	0	1,300
Male children aged 0-4 years (2016)	656	710	7,427	31	990	9,814
Female children aged 0-4 years (2016)	579	717	6,914	45	875	9,130
Children aged 5-9 years (2016)	1,267	1,747	14,320	114	2,123	19,571
Children aged 5-9 years as % of total population (2016)	6.0	8.1	6.1	4.0	7.2	6.3
Change in the number of children 5-9 years since 2011	-22	243	1,565	-10	226	2,002
Male children aged 5-9 years (2016)	679	933	7,254	61	1,092	10,019
Female children aged 5-9 years (2016)	591	813	7,067	58	1,027	9,556
Forecast number of children aged 0-4 years (2021)	1,291	1,615	16,872	123	2,142	22,043
Forecast number of children aged 0-4 years (2036)	1,476	2,608	22,782	117	2,796	29,779
Forecast number of children aged 5-9 years (2021)	1,346	1,904	17,220	119	2,304	22,893
Forecast number of children aged 5-9 years (2036)	1,554	2,836	22,875	127	2,960	30,352
ATSI children aged 0-4 years (2016)	28	14	289	0	21	352
ATSI children aged 0-4 as % of ATSI population (2016)	10.8	6.7	12.0	np	11.4	10.2
ATSI children aged 5-9 years (2016)	23	33	275	0	27	358
Children aged 0-4 years born overseas (2016)	13	10	345	3	40	411
Children aged 5-9 years born overseas (2016)	34	32	811	12	96	985
Couple families with young children (2016)	1,099	1,627	14,002	97	2,153	34,523
Couple families with young children as % of total families (2016)	12.7	21.6	15.3	7.5	19.8	15.4
Change in the number of couple families with young children since 2011	-61	218	1,401	-35	183	1,706
One parent families with young children (2016)	302	228	3,741	28	301	4,600
One parent families with young children as % of total families (2016)	3.5	3.0	4.1	2.2	2.8	3.8
Change in the number of one parent families with young children since 2011	-16	11	44	-1	-37	1.0
Lone parent family headed by male parent (2016)	157	142	1,773	11	171	2,254
Lone parent family headed by male parent % (2016)	18.9	22.1	17.0	14.5	20.3	17.5
Lone parent family headed by female parent (2016)	672	501	8,681	65	673	10,592
Lone parent family headed by female parent % (2016)	81.1	77.9	83.0	85.5	79.7	82.5
Couple families with children where both parents not working (2016)	887	842	11,157	265	1,283	14,434
Both parents not working as % of all couple families with children in the labour force (2016)	20.4	16.0	22.7	39.1	18.6	23.4



Indicator	COS	GPS	CGG	BOQ	SCS	G21
<b>Early Childhood &amp; Maternity</b>						
Number of births recorded (2019)	208	258	2,923	16	372	3,777
Total fertility rate - TFR (2019)	2.2	2.1	1.8	np	1.9	2.0
Birth Rate (per 1,000) population (2018)	24.9	23.2	24.6	11.8	26.3	22.2
Teenage Births per 1,000 population aged 13-19 (based on an aggregated 2-year rate) (2018)	13.8	2.5	9.1	0.0	2.1	5.5
Rate of MCH home consultations (non ATSI population) (2017-18)	101.4	100.4	98.6	90.0	95.5	97.2
Rate of MCH home consultations (ATSI population) (2017-18)	100.0	71.4	93.3	100.0	66.7	86.3
Rate of 3.5-year-old MCH consultation (non ATSI population) (2017-18)	52.8	90.8	54.9	92.7	72.8	72.8
Rate of 3.5-year-old MCH consultation (ATSI population) (2017-18)	53.3	120.0	54.9	np	50.0	69.6
Breastfeeding rates at 3 months (2017-18)	49.0	58.7	49.8	78.9	64.3	60.1
Breastfeeding rates at 6 months (2017-18)	34.3	44.4	17.4	21.1	35.9	30.6
Women giving birth who smoked during pregnancy (2019)	10.7	5.4	7.7	0.0	1.0	5.0
Rate of low birthweight <2500g infants (2019)	4.8	4.6	6.4	8.3	4.1	5.6
Rate of premature births - infants born before 37 weeks' gestation (2019)	8.7	7.3	8.5	8.3	4.9	7.5
Number of stillbirths (2019)	0	3	23	0	4	30
Women who didn't attend antenatal care in first 10 weeks %	44.1	25.6	30.7	37.5	31.2	33.8
Children fully immunised at 1 year (12-15 months) % (Mar-21)	93.9	98.4	96.6	100.0	87.8	95.3
Children fully immunised at 2 years (24-27 months) % (Mar-21)	97.2	92.8	94.4	100.0	92.5	95.4
Children fully immunised at 5 years (60-63 months) % (Mar-21)	98.2	100.0	95.6	94.1	95.1	96.6
LGPRF - MCH - % enrolments (2019-20)	99.6	101.5	101.1	100.0	100.9	100.6
LGPRF - MCH - cost per hour service (2019-20)	\$68.33	\$83.90	\$80.18	\$181.85	\$76.36	\$98.12
LGPRF - MCH - % enrolments who participate in MCH (2019-20)	55.2	83.3	73.1	64.0	76.7	70.5
LGPRF - MCH - % Aboriginal enrolments who participate (2019-20)	55.3	80.0	76.4	100.0	85.7	79.5
<b>Children's Health &amp; Wellbeing</b>						
Children reported to be in excellent or very good health (SEHQ 2019)	88.2	90.5	86.9	88.0	87.2	88.2
Children reported to have allergies (SEHQ 2019)	6.7	10.0	9.2	9.5	7.0	8.5
Children reported to have been told by a doctor they have Asthma (2019)	10.8	16.1	11.3	9.5	11.3	11.8
Parents concerned about their child's oral health (teeth & gums etc)	14.0	12.6	13.8	14.1	12.1	13.3
Children reported to have difficulties with speech and/or language (2019)	17.6	16.2	15.9	9.8	13.5	14.6
Parents concerned about the behaviour of their child (SEHQ 2019)	15.2	16.1	17.8	19.2	11.3	15.9
Children at high risk of developmental or behavioural problems (2019)	22.6	19.4	21.9	14.5	16.4	19.0
Children at moderate risk of developmental or behavioural problems (2019)	21.7	27.2	27.2	35.5	28.3	28.0
Families experiencing high or very high stress (SEHQ 2019)	13.3	8.9	11.1	7.3	6.6	9.4
Children reported to have been seen by an optometrist (SEHQ 2019)	14.8	20.4	14.8	14.2	14.5	15.7
Children reported to have been seen by a Paediatrician (SEHQ 2019)	17.1	12.3	12.5	18.9	11.2	14.4
Children reported to have been seen by a Dentist (SEHQ 2019)	65.8	56.9	57.9	71.0	61.7	62.7
Children reported to have been seen by an Audiologist/Hearing Specialist (SEHQ 2019)	10.0	8.3	8.0	7.1	6.3	7.9
Proportion of children vulnerable physical health & wellbeing (2018)	10.7	7.6	8.8	np	6.4	8.4
Proportion of children vulnerable social competence & wellbeing (2018)	11.1	5.9	9.8	np	5.1	8.0
Proportion of children vulnerable emotional maturity (AEDC 2018)	10.7	6.0	10.6	np	5.6	8.2



Indicator	COS	GPS	CGG	BOQ	SCS	G21
Proportion of children vulnerable language & cognitive skills (2018)	6.3	7.6	6.2	np	3.9	6.0
Proportion of children vulnerable communication & general knowledge (2018)	7.1	4.3	7.5	np	2.7	5.4
Proportion of children vulnerable on one or more domains (AEDC 2018)	23.3	17.6	21.4	np	12.8	18.8
Proportion of children vulnerable on two or more domains (AEDC 2018)	10.3	7.6	11.0	np	5.8	8.7
Proportion of children rated as 'highly developed on 'Multiple Strengths Indicator' (AEDC 2018)	56.1	63.2	60.4	np	70.4	62.5
Potentially preventable hospitalisations for dental conditions children 0-9 years rate per 1,000 (2018-19)	5.5	7.0	5.8	8.1	3.7	6.0
Proportion of children aged 0-5 years with at least one decayed, missing or filled tooth (public) (2017-18)	37.0	35.0	31.0	20.0	26.0	29.8
Proportion of children aged 6 years with at least one decayed, missing or filled tooth (public) (2017-18)	68.0	53.0	59.0	29.0	58.0	53.4
Admissions for acute dental conditions children aged 0-14 years (public) (2017-18)	27	10	99	0	0	136
School Breakfast Clubs operating in local primary schools (2021)	7	10	25	0	5	47
Primary schools operating school breakfast clubs % (2021)	46.7	66.7	34.3	0.0	33.3	36.2
<b>Early Learning &amp; Care</b>						
Kindergarten participation (enrolment) rate (2019)	103.4	106.0	95.8	94.4	101.8	100.3
Children attending kindergarten in LGA who reside in LGA (2018)	251	224	3,085	25	421	4,006
Children attending kindergarten in LGA who reside outside the LGA (2018)	9	31	114	31	72	257
Proportion of children attending kindergarten in LGA who reside outside the LGA (2018)	4.2	12.2	3.6	55.4	14.6	18.0
Children attending kindergarten in this LGA (2018)	284	255	3,199	56	493	4,287
Children who reside in LGA attending kindergarten in another LGA (2018)	4	103	114	3	40	264
Proportion of children who reside in LGA attending kindergarten in another LGA (2018)	1.4	40.4	3.6	5.4	8.1	11.8
Proportion of 4-year-old kindergarten enrolments in long day care or integrated children's centres (2019)	36.0	37.2	40.4	5.9	30.9	30.1
Proportion of children attending kindergarten whose placement attracts a fee subsidy	27.2	15.9	21.9	23.5	12.0	20.1
Children in Early Start Kindergarten - Total ESK & AEL enrolments (2019)	25	8	141	0	<5	174
Estimated demand for kindergarten places (3- & 4-year-old's) by 2029	534	np	7,767	81	1,085	9,467
Children who attended preschool in the year prior to commencing school (AEDC 2018)	99.6	96.7	97.5	-	97.7	97.9
National Quality Standard rating (NQS) proportion of ECEC services rated as 'exceeding' (2021)	57.1	6.3	30.1	100.0	51.9	49.1
Provided unpaid childcare (2016)	4,615	4,615	54,884	606	7,775	73,637
Provided unpaid childcare (all) % (2016)	26.7	34.3	28.7	24.0	33.3	29.3
Proportion of males providing unpaid care to own or other children (2016)	22.6	29.7	25.0	20.5	29.4	25.5



Indicator	COS	GPS	CGG	BOQ	SCS	G21
<b>Primary School Education</b>						
Primary education institutions	15	15	73	3	15	121
Government primary schools (including combined primary/secondary campuses)	11	14	44	2	11	82
Catholic primary schools (including combined primary/secondary campuses)	3	1	16	1	2	23
Independent schools (including combined primary/secondary campuses)	0	0	9	0	2	11
Special education schools (including combined campuses)	1	0	4	0	0	5
Primary school enrolments (including combined campuses) (2019)	2,060	2,324	28,794	333	3,195	36,706
Average % primary school enrolments from ATSI descent (2019)	3.0	1.8	2.7	0.7	1.2	2.2
Average % primary students who speak a language other than English (LBOTE) at home (2019)	4.1	3.7	10.8	7.3	6.7	6.5
Average number of absence days per (FTE) student grades F-6 in government primary schools (2018)	15.5	14.1	15.5	17.4	16.9	15.9
Children meeting national standards in literacy at Year 3 (NAPLAN 2019)	95.1	96.8	95.8	100.0	97.2	97.0
Children meeting national standards in numeracy at Year 3 (NAPLAN 2019)	94.2	95.6	96.1	100.0	97.0	96.6
<b>Children growing up – risk factors</b>						
Children aged 0-9 years living in suburbs with low IRSD (2016)	1,719	476	10,454	0	208	12,857
Total population of children aged 0-9 years living in low IRSD suburbs %	70.7	15.0	36.5	0.0	5.2	25.5
Female sole parent pensioners (2020)	230	161	2,611	13	138	3,153
Females aged 15-54 who are sole parent pensioners % (2020)	5.0	2.6	3.8	3.5	1.7	3.3
Low income, welfare-dependent families with children (2017)	492	371	6,041	33	374	7,311
Families with children who are low income, welfare-dependent % (2017)	9.3	6.2	10.0	4.4	4.8	6.9
Number of children in low income, welfare-dependent families (2017)	931	715	10,936	55	638	13,275
Total population of children aged < 16 years in low income, welfare-dependent families %	22.8	13.0	22.8	12.9	9.3	16.1
Single parent families with children aged < 15 years (2016)	419	326	5,159	33	403	6,340
Families with children aged < 15 years who are single parent families %	22.9	13.3	22.9	19.5	13.1	18.4
Jobless families with children aged < 15 years (2016)	215	172	2,797	7	137	3,328
Families with children aged < 15 years who are jobless % (2016)	11.7	7.0	12.4	4.3	4.5	8.0
Children aged < 15 years in jobless families (2016)	396	321	4,836	17	229	5,799
Children aged < 15 years who are in a jobless family % (2016)	10.6	6.6	11.5	5.3	3.8	7.5
Children aged < 15 years in families where mother's highest level of schooling was year 10 or below/female parent did not attend school (2016)	654	629	6,135	21	363	7,802
Children aged <15 years in families where the mother has low educational attainment % (2016)	17.4	12.8	14.6	6.5	6.0	11.5
Children aged < 15 years living in dwellings from which Internet was not accessed (2016)	224	152	1,733	4	123	2,236
Children aged <15 years living in dwellings from which Internet was not accessed % (2016)	6.3	3.2	4.3	1.3	2.1	3.5
DSS payment recipients of Family Tax Benefit B (2021)	1,004	969	11,571	55	975	14,574
DSS payment recipients of Parenting Payment (partnered) (2021)	55	52	748	5	47	907
DSS payment recipients of Parenting Payment (single) (2021)	236	152	2,576	10	162	3,136
Children aged 0-4 years with a core need for assistance (2016)	15	8	207	0	4	234
Children aged 0-4 years with a core need for assistance % (2016)	3.1	0.6	1.4	0.0	0.2	1.1
Children aged 5-9 years with a core need for assistance (2016)	46	66	660	0	43	815



Indicator	COS	GPS	CGG	BOQ	SCS	G21
Children aged 5-9 years with a core need for assistance % (2016)	3.6	3.8	4.6	0.0	2.0	2.8
Children identified by teachers as requiring further assessment (AEDC 2018)	50	45	398	np	36	529
Children identified by teachers as requiring further assessment % (2018)	19.0	14.5	14.0	np	7.3	13.7
Children with special need status requiring assistance in classroom (2018)	15	13	168	np	13	209
Children with special needs status % (AEDC 2018)	5.6	4.1	5.8	np	2.6	4.5
Proportion of children in Years 5 & 6 who report being bullied (2018)	25.0	20.7	16.7	15.4	16.0	18.8
Admissions for potentially preventable conditions, children aged 0-14 years (all hospitals) (2017-18)	94	110	1,144	0	107	1,455
Admissions for total vaccine-preventable conditions, children aged 0-14 years (2017-18)	9	9	77	0	8	103
Presentations for injury, poisoning & other consequences of external causes, 0-14 years (2017-18)	115	618	4,165	41	473	5,412
Hospital admissions for transport crash injury, children aged 0-14 years (public) (2017-18)	6	16	68	0	16	106
Hospital admissions due to falls, children aged 0-14 years (public) (2017-18)	22	43	432	7	61	565
Hospital admissions for acute ear, nose & throat infections, 0-14 years (public) (2017-18)	16	21	308	0	24	369
Hospital admissions for total acute conditions, children aged 0-14 years (public) (2017-18)	57	54	692	7	44	854
Hospital admissions for chronic asthma, children aged 0-14 years (public) (2017-18)	14	14	162	0	21	211
Number of family violence incidents (2020)	405	187	4,283	15	316	5,206
Children aged 0-17 years affected family member (victim) family violence incident (2020)	21	27	354	0	15	417
Children's court affected family member rate per 100,000 pop. (2015-20)	106.5	49.5	77.0	67.7	32.1	66.6
Ambulance Victoria: rate per 100,000 by domestic/family/sexual violence event (2016-20)	102.2	51.3	107.7	0.0	70.0	66.2
Family violence incident rate per 1,000 population (2020)	1,875.8	771.5	1,617.7	507.2	921.7	1,138.8
Families with children aged <15 years living in rented dwellings (2016)	519	248	7,164	69	754	8,754
Families with children aged <15 years living in rented dwellings %	28.3	10.1	31.9	34.8	24.5	25.9
Families with children aged <15 years living in public rented dwellings (2016)	58	0	617	0	9	684
Families with children aged <15 years living in public rented dwellings %	3.2	0.0	2.7	0.0	0.3	1.2
Families with children aged <15 years living in crowded dwellings (2016)	98	106	1,162	6	82	1,454
Families with children aged <15 years living in crowd dwellings %	5.3	4.3	5.2	3.0	2.7	4.1
Single parent families with children living in owned dwellings (2016)	176	215	1,886	16	195	2,488
Percentage of single parent families with children in owned dwellings, as a % of total single parent families with children (2016)	41.5	65.2	36.6	41.5	48.2	46.6
Single parent families with children living in rented dwellings (2016)	239	98	3,135	22	185	3,679
Percentage of single parent families with children in rented dwellings, as a % of total single parent families with children (2016)	56.4	29.7	60.8	56.6	45.8	49.8
Single parent families with children living in public rented dwellings (2016)	42	0	485	0	9	536
Percentage of single parent families with children living in public rented dwellings, as a % of total single parent families with children (2016)	9.9	0.0	9.4	0.0	2.2	4.3
Single parent families with children living in crowded dwellings (2016)	36	37	543	2	21	639
Percentage of single parent families with children living in crowded dwellings, as a % of total single parent families with children (2016)	8.5	11.2	10.5	5.7	5.3	8.2
Child protection investigations completed per 1,000 eligible population (2015)	26.8	7.9	23.0	n/a	8.8	16.6



Indicator	COS	GPS	CGG	BOQ	SCS	G21
Child protection substantiations per 1,000 pop. eligible population (2015)	16.8	3.9	14.4	n/a	3.3	9.6
Child FIRST assessments per 1,000 eligible population (2015)	35.8	9.6	16.6	n/a	3.2	16.3
<b>Services &amp; Support</b>						
Maternal and child health centres (2021)	8	6	20	1	6	41
Sessional kindergartens (2021)	7	6	39	1	7	60
Approved kindergarten places (2021)	239	181	1,932	33	426	2,811
Ratio of children aged 0-4 years to available kindergarten places (2021)	5.4	8.9	8.7	3.7	5.0	6.4
Long day childcare centres	6	4	57	1	11	79
Approved long day childcare places	330	418	6,402	69	965	8,184
Ratio of children aged 0-4 years to available long day care places	3.9	3.9	2.6	1.8	2.2	2.9
Integrated children's centres	0	1	10	0	1	12
Approved integrated children's centre places	0	50	1,260	0	95	1,405
Family day care services	1	2	1	0	1	5
Approved family day care places	25	50	25	0	25	125
Outside school hours care services	1	7	65	1	9	83
Outside school hours care places	108	358	3,739	40	412	4,657
Limited hours childcare services	1	6	8	0	4	19
Approved limited hours childcare places	18	137	191	0	77	423
Primary schools (2021)	15	15	73	3	15	121
Government	12	14	48	2	11	87
Catholic	3	1	16	1	2	23
Independent	0	0	9	0	2	11
Toy libraries (2021)	1	0	7	0	4	12
Playgroups (2021)	15	9	62	1	5	92
Public libraries	2	1	14	1	1	19
Hospitals with maternity services (2021)	1	0	3	0	0	4
Hospitals with special care nursery facilities (2021)	0	0	3	0	0	3
Child & adolescent mental health services (CAMHS)	0	0	1	0	0	1
Community health centres (2021)	3	2	7	1	4	17
General Practitioners (FTE) (2018)	27.9	11.3	271.8	8.1	29.1	69.6
General practices (2018)	7	7	67	1	11	93
General Practitioners per 1,000 population (2015)	1.2	0.5	1.2	3.3	1.1	1.5
General Practitioner clinics per 1,000 population (2015)	0.3	0.2	0.3	n/a	0.4	0.3
Paediatricians (2021)	1	0	10	0	0	11
Paediatric practices (2021)	1	0	4	0	0	5
Dental services sites per 1,000 population (2015)	0.2	0.0	0.3	n/a	0.1	0.2
Dentist by practice location (2021)	5	1	69	1	6	82
Public dental clinics (2021)	1	0	4	1	0	6
Allied health sites per 1,000 population (2015)	1.0	0.7	1.1	np	1.2	1.0
Retail pharmacies (2021)	5	5	54	2	5	71
Pharmacies per 1,000 population (2015)	0.2	0.1	0.3	0.3	0.2	0.2



## Appendix 3: Legislation, Policies, Strategic Plans

The following is not intended to be an exhaustive list of all applicable legislation, policies and strategic plans. Further investigation is required to ensure these references are up to date as changes and amendments are quite common.

### International

United Nations Convention on the Rights of the Child 1989

### Australian

Australian National Breastfeeding Strategy: 2019

Belonging, Being & Becoming – The Early Years Framework 2009

Disability Discrimination Act 1992

Disability Standards for Education 2005 (under review)

Education and Care Services National Law Act 2010

Education and Care Services National Regulations 2011

My Time, Our Place – Framework for School Age Care

National Action Plan for the Health of Children and Young People 2020-2030

National Children's Mental Health and Wellbeing Strategy 2021

National Framework for Neonatal Hearing Screening 2013

National Framework for Protecting Australia's Children 2009–2020

National Immunisation Program Schedule 2020

National Plan to Reduce Violence against Women and their Children 2010–2022

National Principles for Child Safe Organisations 2019

National Quality Framework for Early Childhood Education and Care 2012

National Standards for Out-of-Home Care 2011

National Stillbirth Action and Implementation Plan 2020

### Victorian

Aboriginal and Torres Strait Islander Cultural Safety Framework 2019

Balit Murrup: Aboriginal Social and Emotional Wellbeing Framework 2017-2027

Charter of Human Rights and Responsibilities Act 2006

Child Employment Act 2003

Child Wellbeing and Safety Act 2005

Children, Youth and Families Act 2005

Commission for Children and Young People Act 2012

Early Childhood Agreement for Children in Out-of-Home Care 2019

Education and Training Reform Act 2006

Education State Early Childhood Reform Plan 2017

Ending Family Violence: Victoria's Plan for Change 2016

Enhanced Maternal and Child Health Program Guidelines (reissued) 2019

Family Violence Protection Act 2008

Health Services Act 1988

Korin Balit-Djak: Aboriginal Health, Wellbeing and Safety Strategic Plan 2017–2027

Maternal and Child Health Program Standards (reissued) 2019

Maternal and Child Health Service Guidelines (reissued) 2019

Maternal and Child Health Service Practice Guidelines (reissued) 2019

Municipal Early Years Planning (MAV) 2018

Partnership Agreement between the DET and the MAV 2018–2023

Partnership Agreement between the DHHS and the MAV 2018–2023

Public Health and Wellbeing Act 2008

Roadmap for Reform, Strong Families, Safe Children 2016

Strong Carers, Stronger Children (Kinship, Foster and Permanent Care) 2019

The Early Years Compact 2017-2027 (A Compact between DET, DHHS and Local Government)

Victorian Autism Plan 2019

Victorian Children and Young Persons Act 1989

Victorian Children's Services Act 1996

Victorian Children's Services Regulations 2020

Victorian Early Years Learning and Development Framework 2009

Victorian Equal Opportunity Act 2010

Victorian Food Act 1984

Victorian Health Records Act 2001

Victorian Local Government Act 1989

Victorian Local Government Act 2020

Victorian Worker Screening Act 2020

Victoria's 10 Year Mental Health Plan 2015

Wungurilwil Gaggapduir: Aboriginal Children and Families Agreement and Strategic Action Plan 2018





## Appendix 4: Data Sources

The following data sources (amongst others) were used in the preparation of this document and the information provided and provide a good reference for those wishing to undertake further research.

Australian Bureau of Statistics (ABS), [www.abs.gov.au](http://www.abs.gov.au)

Australian Institute of Health and Welfare (AIHW), [www.aihw.gov.au](http://www.aihw.gov.au)

.id Informed Decisions, <https://profile.id.com.au/g21-region>

Australian Children's Education and Care Quality Authority (ACECQA), [www.acecqa.gov.au](http://www.acecqa.gov.au)

Australian Department of Health: Childhood Immunisation Coverage Data, [www.health.gov.au/health-topics/immunisation/childhood-immunisation-coverage/immunisation-coverage-rates-for-all-children](http://www.health.gov.au/health-topics/immunisation/childhood-immunisation-coverage/immunisation-coverage-rates-for-all-children)

Australian Early Development Census (AEDC), [www.aedc.gov.au](http://www.aedc.gov.au)

Australian Government Data Portal, <https://data.gov.au/data>

Australian Institute of Family Studies: Child Family Community Australia (CFCA), <https://aifs.gov.au/cfca>

Australian Social Atlas - Child and Family by LGA, Public Health Information Development Unit (PHIDU), <http://phidu.torrens.edu.au/>

Barwon Infant Needs Study (BIS), [www.barwoninfantstudy.org.au](http://www.barwoninfantstudy.org.au)

Centre for Community Child Health (CCCH), <https://www.rch.org.au/ccch>

Child Care in Australia Quarterly Reports: Aust. Department Education Skills and Employment, [www.dese.gov.au/resources/key-official-documents-about-early-childhood](http://www.dese.gov.au/resources/key-official-documents-about-early-childhood)

Crime Statistics (Victoria Police), [www.crimestatistics.vic.gov.au](http://www.crimestatistics.vic.gov.au)

Data for Victorian Communities, <https://www.greaterdandenong.vic.gov.au/about-us/statistics-and-data>

Dental Health Services Victoria: Oral Health Profiles by Region and LGA, [www.dhsv.org.au/oral-health-programs/LGA-oral-health-profiles](http://www.dhsv.org.au/oral-health-programs/LGA-oral-health-profiles)

Family Violence Data Portal, <https://www.crimestatistics.vic.gov.au/family-violence-data-portal>

G21 Region Profile, <https://g21.com.au/resource/g21-region-profile-2019>

Household, Income and Labour Dynamics in Australia (HILDA) Survey Data, <https://melbourneinstitute.unimelb.edu.au/hilda/publications/hilda-statistical-reports>

Knowledge Bank: Victoria's Health and Human Services Workforce Information Portal, <https://vicknowledgebank.net.au>

Know Your Council: Department of Jobs, Precincts and Regions, <https://knowyourcouncil.vic.gov.au>

Longitudinal Study of Australian Children (LSAC), [www.aifs.gov.au/growingup](http://www.aifs.gov.au/growingup)

Maternal Child and Health Service Annual Reports, [www2.health.vic.gov.au/primary-and-community-health/maternal-child-health/reporting-data-mch](http://www2.health.vic.gov.au/primary-and-community-health/maternal-child-health/reporting-data-mch)

Myschool: Australian Curriculum, Assessment and Reporting Authority (ACARA), [www.myschool.edu.au](http://www.myschool.edu.au)

National Disability Insurance Scheme Data Explorer, <https://data.ndis.gov.au/explore-data>

Playgroup Victoria: Find a Play-group [www.playgroup.org.au/find](http://www.playgroup.org.au/find)

Population Diversity in Victoria: 2016 Census Local Government Areas, [www.vic.gov.au/local-government-areas-report-population-diversity](http://www.vic.gov.au/local-government-areas-report-population-diversity)

Regional Australia Institute's Insight Portal, <http://insight.regionalaustralia.org.au>

REMPPLAN, [www.remplan.com.au](http://www.remplan.com.au)

School Entrant Health Questionnaire (SEHQ), [www.education.vic.gov.au/about/research/Pages/reportdatahealth.aspx](http://www.education.vic.gov.au/about/research/Pages/reportdatahealth.aspx)

State of Victoria's Children Report, [www.education.vic.gov.au/about/research/Pages/reportdatachildren.aspx](http://www.education.vic.gov.au/about/research/Pages/reportdatachildren.aspx)

Turning Point Victorian Alcohol Statistics Series and Victorian Drug Statistics, <https://aodstats.org.au>

UNICEF Data Portal, <https://data.unicef.org/resources/resource-type/datasets>

Victoria in Future (DELWP), [www.planning.vic.gov.au/land-use-and-population-research/victoria-in-future](http://www.planning.vic.gov.au/land-use-and-population-research/victoria-in-future)

Victorian Agency for Health Information: Perinatal Data Collection Safer Care Victoria (VAHI), [www.bettersafecare.vic.gov.au](http://www.bettersafecare.vic.gov.au)

Victorian Child and Adolescent Monitoring System (VCAMS), [www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx](http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx)

Victorian Child Health and Wellbeing Survey (VCHWS), [www.education.vic.gov.au/about/research/Pages/newdatahealth.aspx](http://www.education.vic.gov.au/about/research/Pages/newdatahealth.aspx)

Victorian Government Data Directory, [www.data.vic.gov.au](http://www.data.vic.gov.au)

Victorian Student Health and Well-being Survey (VSHWS), [www.education.vic.gov.au/about/research/Pages/studenthealthsurvey.aspx](http://www.education.vic.gov.au/about/research/Pages/studenthealthsurvey.aspx)

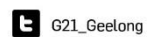
Victorian Women's Health Atlas, <https://victorianwomenshealthatlas.net.au>

Western Victoria Primary Health Network (WVPHN) Needs Assessments, <https://westvicphn.com.au>



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