



2020

The State of Buloke's Children & Young People Report



ACKNOWLEDGEMENT OF COUNTRY

The North Central Local Learning and Employment Network (NCLLEN) and the Buloke Shire Council acknowledge the traditional custodians of the land on which we operate, and we pay our respects to their Elders, past, present and emerging.

A child wearing a striped knit hat with a pom-pom and a pink and white striped shirt is seen from behind, holding a green kite string. A colorful kite with a rainbow pattern and long streamers is flying in a bright blue sky with scattered white clouds. The child is standing in a grassy field with a wire fence in the foreground.

“

“Children are important. They bring their own value and influence to the world, as well as being shaped by the world around them ...Children are also important for their future contribution to society, as the next generation of leaders, workers, parents, consumers and members of communities ... in a global society.”

COAG, National Early Childhood Development Strategy, 2009, p. 7

”

TABLE OF CONTENTS

1	ACKNOWLEDGEMENT OF COUNTRY
4	FOREWORD
5	EXECUTIVE SUMMARY
6	HOW BULOKE'S CHILDREN & YOUNG PEOPLE ARE FARING
7	TIME TRENDS
8	DATA GAPS
9	INTRODUCTION
10	OUR COMMUNITY
11	DISADVANTAGE
12	OUR CHILDREN & YOUNG PEOPLE
14	DOMAIN 1: SAFE & SECURE
20	DOMAIN 2: RESOURCED
25	DOMAIN 3: HEALTHY
40	DOMAIN 4: LEARNING & PARTICIPATING
53	REFERENCES

Prepared by Lisa McCoy
Local Logic Place
September 2020

www.locallogicplace.com.au

FOREWORD

The State of Buloke's Children and Young People Report delivers in-depth and insightful information from a large variety of respected sources to assist everyone who supports and engages with children and young people in the Buloke Shire.

We all know good planning requires good data. Data can help us to plan our efforts and resources, advocate for our needs, and help us to measure our progress over time.

This report presents a broad range of data related to the key indicators of health, educational attainment and community wellbeing of Buloke children & young people (0-18 years of age). It highlights both the areas in which Buloke children and young people are doing well and those which must be addressed for all of our children and young people to thrive and succeed in adulthood. The report prompts reflection on what factors are contributing to healthy development, and where effort and advocacy needs to be focussed.

However data is only the first part of the story and is intended to be complemented and built on by a series of local discussion and community conversations.

It is hoped these conversations will include highlighting the success of local service activities and examples of what is working well, pose questions for further discussion and provide additional interpretation of some data. We hope it will evoke a sense of pride in what has been achieved and stimulate collective responsibility for areas that necessitate improvement.

A series of 'snapshots' and summaries have been created using data from this report to facilitate further conversations, reflection and discussion. It takes a village to raise a child/young person and it is hoped that these conversations will empower families and communities to be actively involved in ensuring all of Buloke's children and young people thrive.

Jane Hosking
Executive Officer



Anthony Tudd
Chief Executive Officer





EXECUTIVE SUMMARY

A child's health, family relationships, where and how they live, the quality of parenting they receive, how they perform at school, their social interactions, and whether they are safe from harm are among a multitude of factors that can have lifelong effects (AIHW).

The early, middle and youth years are a critical time. There is clear and enduring evidence from both Australia and worldwide that the early years of a child's life have a profound impact on their future health, development, learning and wellbeing. Research shows investing in resources to support children in their early years of life brings long-term benefits to them and the whole community. Early childhood development outcomes are important markers of the welfare of children and can predict future health and human capital (CCCH, 2013).

Research also highlights the substantial changes that occur during the middle years and into adolescence and the crucial transitions to adulthood during this time. It also confirms that successes or difficulties experienced during the transition from school to either education or training are linked to outcomes beyond education and employment, including health outcomes and lifetime earnings (Youth Action and Western Sydney Regional Information and Research Service (WESTIR) 2018).

The development of the **State of Buloke's Children and Young People Report** has been a combined effort of the North Central Local Learning and Employment Network (NCLLEN) and the Buloke Shire Council. This joint partnership work endeavoured to gain a better community understanding of where Buloke's children and young people (and their families) are faring well, what community strengths can be built on and the areas that require targeted approaches for improvement.

Continued access to timely, accurate and clear data is vital for monitoring the progress of how Buloke's children and young people are faring and for informing the design of appropriate local place-based responses and approaches.

It is hoped that the **State of Buloke's Children and Young People Report** will widely inform resourcing, planning, data gaps and advocacy efforts to improve outcomes for children, young people and their families living in the Buloke Shire.

How Are Buloke's Children & Young People Faring?

The State of Buloke's Children and Young People Report presents data related to key indicators of health, learning and community wellbeing of Buloke Shire's children and young people aged 0-24 years of age. The report highlights positive improvements for Buloke's children and young people as well as areas where attention is needed.



WHERE WE ARE DOING WELL

Compared to the Victorian average, fewer children/young people in the Buloke Shire are:

- experiencing family violence
- living in single parent families
- experiencing high levels of family stress in the month before entering school
- experiencing child protection substantiations
- involved in crime as a victim or perpetrator
- being bullied in years 5-9
- living in homes with no motor vehicle
- born at a lower weight
- less parents are concerned about their child's oral health on school entry
- absent from school in years 3,6,7,9,11 & 12

More children/young people in the Buloke Shire compared to Victoria are:

- learning or earning
- attending the 3.5 year maternal and child health ages and stages visit
- fully immunised at one and five years of age
- fully breastfed at 3 months and 6 months of age
- reported to be in excellent or very good health at school entry
- attending kindergarten
- adapting to their learning environment
- achieving national standards in literacy in year 3 and year 7
- achieving national standards in numeracy in years 7 and 9
- engaged in secondary school at age 16
- attaining year 12 or equivalent education
- participating in volunteer work (age 15 years and over)

AREAS FOR IMPROVEMENT

Compared to the Victorian average, more children/young people in the Buloke Shire are:

- being placed in Out of Home Care
- living in families where the mother has low educational attainment
- living in jobless families
- living in low income, welfare dependant families (children under 16 years)
- living in homes without internet access
- receiving an unemployment benefit (youth aged 16-24)
- developmentally vulnerable on one or more AEDC domains
- developmentally vulnerable on two or more AEDC domains
- reported to have difficulties with speech and/or language on school entry
- experiencing their mother smoking during pregnancy
- attracting a kindergarten fee subsidy

Compared to the Victorian average, LESS children/young people in the Buloke Shire are developmentally on track in:

- physical health and wellbeing domain
- social competence domain
- emotional maturity domain
- communication skills and general knowledge domain

Compared to the Victorian average, LESS children/young people in the Buloke Shire:

- are receiving a maternal and child health service home consultation
- are regularly read to/encouraged in their reading at home
- have parents/caregivers who are actively engaged with their school to support their learning
- are achieving national minimum standards in literacy in year 5 and year 9
- are early school leavers participating in higher education

"Perhaps the greatest opportunity to get ahead of disadvantage right now is using integrated data sets and data analytics to identify those most at risk of experiencing deep disadvantage and to alter their life course by building capacity and resilience early through the provision of integrated programs and support for the child and household" (CEDA 2019).



TIME TRENDS

Time trends for the Buloke Shire have highlighted areas where despite doing worse than or the same as Victoria, the data is improving and areas where the Buloke Shire is doing better than or the same as Victoria yet time trends are worsening.

Buloke Shire is faring worse than Victoria, but time trends are improving:

- Proportion of infants receiving a maternal and health service home consultation (2013-2017)
- Health Care Card Holders (percentage of all holders aged 0-64 years) 2006-2016
- Internet not accessed from dwelling 2006-2016
- Developmentally on track physical health and wellbeing domain (AEDC) 2009-2018
- Developmentally on track language and cognitive skills domain (AEDC) 2009-2018
- Developmentally on track communication skills and general knowledge domain (AEDC) 2009-2018
- Proportion of students who achieve national minimum standards in literacy (Year 5) 2013-2017

Buloke Shire is faring comparably to Victoria, but time trends are improving:

- Average number of days absent per FTE student-prep (2014-2018)
- Proportion of students who achieve national minimum standards in numeracy (year 5) 2013-2017

Middle Years Development Index (MDI):

'The Middle Years Development Instrument (MDI) is a self-report questionnaire that asks children in Year 4 to Year 9 about their thoughts, feelings and experiences in school and in the community' (MDI, Buloke 2019)

The MDI uses a strengths-based approach to assess five areas of development linked to children's well-being, health and academic achievement. Below are some stand out trends for Buloke (the MDI is not being used state wide so Victorian comparisons cannot be made).

Time trends are improving MDI (2017-2019):

- Year 7-9 students in the high wellbeing category for health
- Year 7-9 students in the 'high well-being' category for good sleep
- Year 4-6 and year 7-9 students in the high wellbeing category for optimism
- Year 7-9 students in the high wellbeing category for happiness with their lives
- Year 4-6 and year 7-9 students in the high wellbeing category for 'absence of worries'
- Year 4-6 and year 7-9 students in the high wellbeing category for school belonging
- Year 4-6 and year 7-9 students who reported not doing any organised after school activities in the past week
- Year 4-9 students who had safe community places where they felt comfortable to hang out with friends

Time trends are worsening MDI (2017-2019):

- Year 4-6 students in the high wellbeing category for health
- Year 4-6 in the 'high well-being' category for good sleep
- Year 7-9 students were not playing sport or exercising for fun after school

Buloke Shire is faring better than Victoria, but time trends are worsening:

- Family violence incident rate per 100,000 population (2014-2019)
- Child protection substantiations per 1000 children aged 0-17 years (2015-2019)
- Crime where the victim was a child or young person aged between 0-17 years-rate per 1000 children (2012/2013-2014/2015)
- Children reported to be in excellent or very good health at school entry (2016-2018)
- Average number of days absent per FTE student year 7 (2014-2018)
- Average number of days absent per FTE student year 11 (2014-2018)
- Average number of days absent per FTE student year 12 (2014-2018)
- Proportion of young people at aged 19 who have attained year 12 or equivalent (2010-2014)
- People aged 15 years and over who participated in voluntary work (2006-2016)

Buloke Shire is faring comparably to Victoria, but time trends are worsening:

- Estimated number of people aged 18 and over with high or very high psychological distress (modelled) 2007/2008-2015/2016
- Registered mental health clients per 1,000 population (2013-2015)
- Proportion of students who achieve national minimum standards in numeracy (year 3) 2013-2017

DATA GAPS

Buloke Shire specific data could not be sourced for some indicators of this report. Data that could not be sourced was unavailable for a range of reasons, most frequently:

- data was not available at a local level
- data was unavailable due to confidentiality implications / small numbers recorded; and
- data is not systematically collected.

Adding to this gap, the challenge of **the available data not being current** has also been noted for some indicator areas. Details of data gap areas are listed below; this list is not exhaustive, however details data that would have been useful for the State of Buloke's Children and Young People Report.

Data sourced from **the Middle Years Development Instrument (MDI) has been invaluable** for providing local and up to date data relating to mental health and wellbeing and health and community involvement for children/young people in years 4-9. Without this local data there would have been a significant number of additional data gaps for the Buloke Shire.

DATA WAS UNAVAILABLE DUE TO CONFIDENTIALITY IMPLICATIONS/ SMALL NUMBERS RECORDED

- Rate of STI's in young people (no data available due to smaller numbers)
- Teenage fertility rate (no data available due to smaller numbers)

DATA IS NOT SYSTEMATICALLY COLLECTED

- Parents/caregivers attending parent education programs
- Parents/caregivers/children attending playgroups

AVAILABLE DATA IS NOT CURRENT

- Families accessing Family and Community Support Services
- Teenage fertility rate; available data up until 2012 only



DATA NOT AVAILABLE AT A LOCAL LEVEL

- Young people who have ever used drugs or alcohol (data at region level only)
- Young people who have someone to turn to for advice when having problems (data at region level only)
- Proportion of young people who report having a trusted adult in their lives (data at region level only)
- Young people who are satisfied with the quality of their life (data at region level only)
- Proportion of young people who have a high level of emotional wellbeing (data at region level only)
- Proportion of young people with the highest level of psychological distress (data at region level only)
- Proportion of young people who report bullying recently (data at region level only)
- Young people who are experiencing cyber bullying (data at region level only)
- Young people who are bullied most days (data at region level only)
- Children who feel safe (data at region level only)
- Young people who feel safe (data at region level only)
- Proportion of young people who have used marijuana or other illegal drugs (data at region level only)
- Proportion of young people who drink alcohol (data at region level only)
- Proportion of young people who have ever smoked cigarettes (data at region level only)
- Children/young people who do the recommended amount of physical activity every day (region level only)
- Young people who can access dental health services when needed (data at region level only)
- Proportion of young people who access mental health services when needed (data at region level only)
- Proportion of young people who access physical health services when needed (data at region level only)



INTRODUCTION



The ***State of Buloke's Children and Young People Report*** draws on both the DEECD The State of Victoria's Children 2012 Report and The State of Bendigo's Children Report in framing a snapshot of data for children and young people aged 0-24 years residing in the Buloke Shire.

Data is a vital ingredient for understanding how children and young people in the Buloke Shire are faring. Access to quality (and the most recent) data is central for evaluating the effectiveness of programs, understanding local trends and patterns and shaping new approaches and advocacy efforts.

The four key domain areas of this report have been informed by ARACY's Nest wellbeing framework:

1. **Safe and Secure**
2. **Resourced**
3. **Healthy**
4. **Learning and Participating**

*'The Nest is the wellbeing framework that underlies the work of ARACY. It is composed of five domains that cover the areas in which a child or young person needs to be supported in order to be happy, healthy and thriving. The domains were formed through consultations with children and young people. The domain of 'Having a positive sense of identity and culture', however, was a later addition following further stakeholder consultations'.
-ARACY-*

Report Format

Where available, data is provided for Buloke Shire Council at the Local Government Area (LGA) level and for Victorian State averages for each indicator. The data for Buloke Shire is provided in a shaded circle alongside the Victoria rate (where the Victorian rate is available). Where possible the Buloke **'time trend'** is also included with the words shaded either **green** (doing better over time), **yellow** (largely no change) or **red** (doing worse over time).

All data that is available in this report is available publicly.

A circle shaded green, yellow or red in this report indicates:

'Buloke Shire community is 'doing well' comparative to our Victorian peers'.

'Largely no change or comparable to state average'.

'Areas that need improvement' comparative to our Victorian peers'.

OUR COMMUNITY

At the time of the 2016 Census the Buloke Shire had a total population of 6,201 with a population density of 0.8 persons per km². Slightly more of the population were males (50.6%) than females (49.4%) and the LGA had a median age of 51 years (compared to a state and national median of 37 years).

In 2016 there were 1533 residents aged 0-24 and 533 0-8 year olds living in the Buloke Shire. According to Victoria in Future modelling, Buloke Shire's population is predicted to steadily decline between 2020 and 2036.

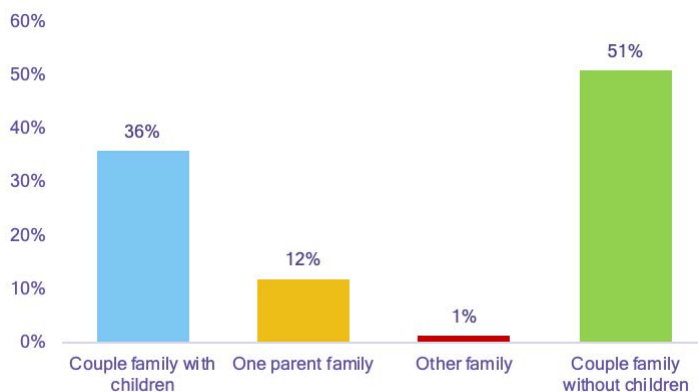


Aboriginal and/or Torres Strait Islander Peoples

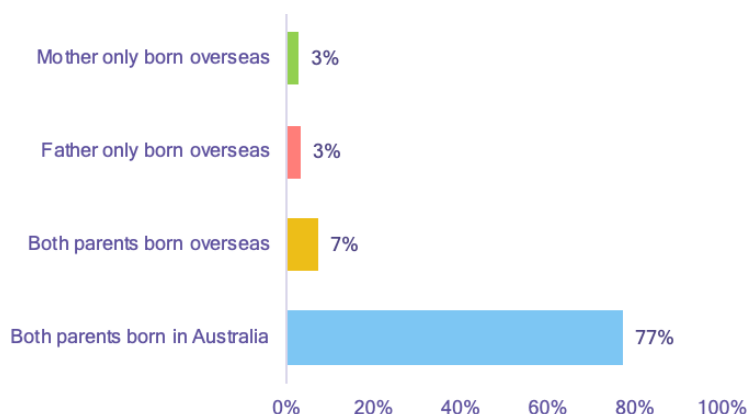
A total of 1.1% of the LGA population identified as Aboriginal and / or Torres Strait Islander at the time of the 2016 Census; this had almost doubled since the 2011 Census (0.6%).

In 2016 there were 561 (36%) couple families with children; 185 (12%) one parent families, 21 (1.3%) 'other' families and 794 (51%) couple family without children in Buloke. In total 20.4% of lone parents were male and 79.6% were females. Buloke had a slightly higher number of male 'lone parents' compared to Victoria (17.8%).

Family Composition



Country of Birth



In Buloke (S) (Local Government Area), 76.9% of people had both parents born in Australia, 7% of people had both parents born overseas, 3% had their father only born overseas and 2.6% had their mother only born overseas.

DISADVANTAGE

SEIFA

SEIFA is a measure of Australian socio-economic wellbeing and is designed to compare the socio-economic status of areas at a given point in time. The SEIFA Index of Relative Social-Economic Disadvantage is derived from Census variable data such as low income, unemployment, low educational attainment and dwellings without motor vehicles. A low SEIFA score indicates that an area is relatively disadvantaged compared to an area with a higher score.

Index of Relative Socio-Economic Disadvantage							
Area	LGA measure 2006	Rank among LGAs	LGA measure 2011	Rank among LGAs	LGA measure 2016	Rank among LGAs	Victoria measure
Buloke Shire	917	8	951	22	967	24	1010

Source: 2006 data - ABS SEIFA Data Cube 2006, Table 2

Source: 2011 data - ABS SEIFA Data Cube 2011, Table 2

Source: 2016 data - Mallee Area Profile (2019) DHHS & ABS SEIFA Data Cube 2016, Table 2

How does Buloke rank?

2016 ranking places **the Buloke LGA 24th amongst all Victorian LGAs** (79). A 'rank' between 1 and 79 is given to each LGA; where the LGA with the lowest SEIFA score (highest levels of disadvantage) is scored 1. Ranking provides a 'relative score' so care should be applied.

Buloke's SEIFA measure and ranking are increasing between 2006 and 2016 – therefore are improving 'relative' to all other Victorian LGAs. 'On the ground' the perception and evidence of disadvantage may look very different to people and especially so given recent consecutive drought years and the present and future impacts of COVID-19.

The available evidence highlights that living in a disadvantaged neighbourhood, compared to living in a less disadvantaged neighbourhood, has been linked to:

-poorer outcomes for children, including poorer learning and behavioural outcomes, poorer physical health and higher rates of child maltreatment (Coulton, Crampton, Irwin, Spilsbury, & Korbin, 2007; Edwards, 2005; Leventhal & Brooks-Gunn, 2000);

-poorer health in adults, as evidenced by higher rates of infectious diseases, asthma, smoking and depression, and poorer diet and self-rated health (Kawachi & Berkman, 2003); and

-reduced job and educational prospects for youth (Andrews, Green & Mangan, 2004; Galster, Marcotte, Mandell, Wolman & Augustine, 2007).





OUR CHILDREN & YOUNG PEOPLE

Buloke LGA shows a **declining 0-24 years population** across all age cohorts between 2021 and 2036. ABS Census data shows this trend of decline has been in place for some time with each Census period (2006, 2001 and 2016) also showing consistent decline with the exception of the 20-24 age cohort which showed some reversal of this trend between 2006 and 2016.

Buloke Shire Population aged 0-24 years

Age	2006	2011	2016	2021	2026	2031	2036
0-4 years	379	339	253	279	232	195	173
5-9 years	452	392	357	306	291	244	206
10-14	535	437	383	368	293	279	230
15-19	414	402	345	357	335	267	257
20-24	185	221	195	209	220	211	158

Source: ABS Census 2006, 2011, 2016 and Victoria in Future 2019

DID YOU KNOW?

Birthing services are NOT available in the Buloke Shire and over the past three years the captured data highlights that mothers have birthed in fifteen different hospitals in ten different locations:

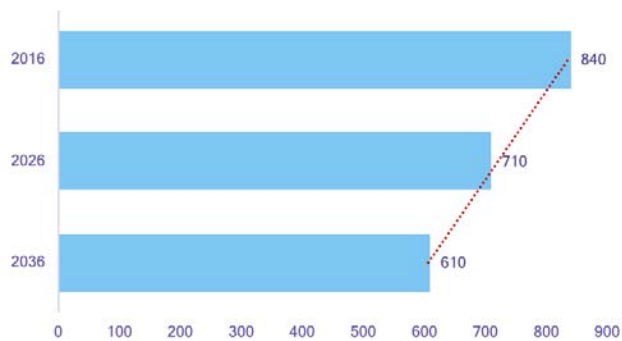
Bendigo, Swan Hill, Wimmera, Melbourne, Ballarat, Mildura, Cohuna, Echuca, Shepparton and Castlemaine.

Main Population Centres by Age (State Suburb, 2016 ABS Census)

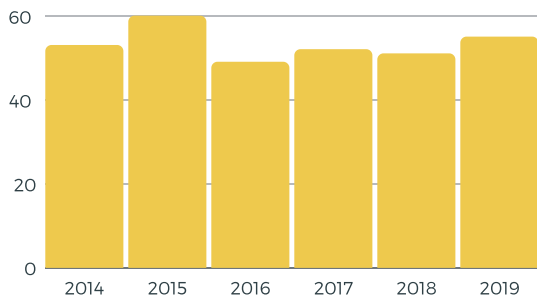
Buloke Population Centres	0-4	5-9	10-14	15-19	20-24
Birchip	37	46	39	44	30
Charlton	52	48	48	52	32
Donald	59	94	74	89	54
Sea Lake	21	35	45	24	16
Wycheproof	19	36	32	30	15

Source: https://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/SSC22862?opendocument

Families with Children Households



Births



During the 2014-2019 calendar years birth rates remained fairly consistent for the Buloke Shire; peaking in 2015 at 60 births and the most recent calendar year data from 2019 indicating 55 births.

In 2016 there were 840 family households with children in Buloke; Victoria in Future modelling projects a continued decline over time with projections suggesting 230 fewer families with children in Buloke in 2036- a projected decline of 27%.

“

*...promoting ‘optimal conditions’ in early life is the best hope we have of hardwiring ‘healthy’ physiological, structural, immune and metabolic and behavioural-response patterns.
(Moore, T.G., Arefadib, N., Deery, A., Keyes, M. & West, S. 2017)*

[Adolescence is] what some are calling a SECOND or catch up window. This is a window that provides an opportunity to redress gaps in exposures and vulnerabilities experienced in early childhood.

(Banati, P and Camilletti, E 2018)

”



INDICATOR OF CHILD WELLBEING

1 SAFE & SECURE

For most children, their family offers them love, support and a sense of belonging. While what constitutes a family can vary widely, the benefits of being part of a strong and positive family unit are more universal.

A strong and positive family unit can:

- help children form social networks
- provide children with resources, care and a safe place to learn and explore
- teach children about the world and the rules that govern it (Scott 2013; Pezzullo et al. 2010).

Positive health and developmental outcomes for children depend on caregiving that is responsive, warm and consistent; unresponsive and harsh or punitive parenting in the early days is likely to result in adverse health and developmental outcomes throughout the life course (WHO, 2011; Hertzman & Boyce, 2010; Hart & Rubia, 2012; McLaughlin, Sheridan & Lamber, 2014).

When children do not feel safe, calm or protected, the child's brain places an emphasis on developing neuronal pathways that are associated with survival, before those that are essential to future learning and growth (Moore, T.G., Arefadib, N., Deery, A., Keyes, M. & West, S. 2017).

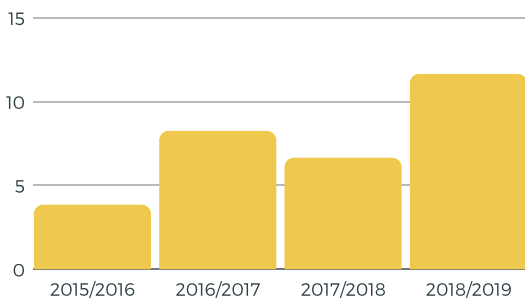
CHILDREN AND YOUNG PEOPLE ARE SAFE IN THEIR OWN HOMES



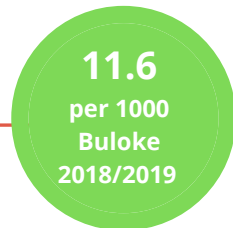
In Australia, state and territory governments are responsible for statutory child protection. Each responsible department assists vulnerable children who have been or are at risk of being abused, neglected, or otherwise harmed, or whose parents are unable to provide adequate care or protection (AIHW).

Child protection policies and practices are under continual development across jurisdictions. In recent years, there has been an increasing national focus on early intervention and family support services, to help prevent families entering or re-entering the child protection system, and to help minimise the need for more intrusive interventions (AIFS: Bromfield & Holzer 2008).

Child protection substantiations* per 1,000 eligible population, aged 0-17 years 2015-2019



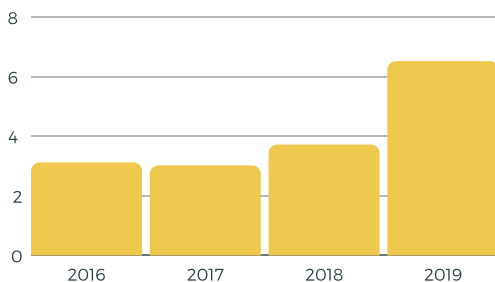
Time Trend: Buloke LGA - increasing rates of child protection substantiations between 2015-2019.



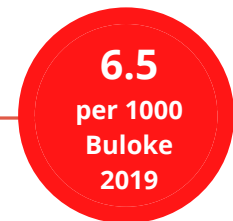
Source: DHHS CRIS (Client Relationship Information System), ABS 2016 Census-Estimated Resident Population *as at May 2020
Source: Australian Institute of Health and Welfare 2020. Child protection Australia 2018–19.

*A substantiation means there is sufficient reason (after an investigation) to believe the child has been, is being, or is likely to be abused, neglected or otherwise harmed.

Children in out of home care as at June 30 * per 1000 children aged 0-17 years 2016-2019



Time Trend: Buloke LGA - increasing rates of children and young people in out of home care between 2016-2019.



Source: DHHS CRIS (Client Relationship Information System), ABS 2016 Census-Estimated Resident Population *as at May 2020
Source: Australian Institute of Health and Welfare 2020. Child protection Australia 2018–19.

*Care type includes kinship care, part of home-based care, home based care, other home-based care, facility-based care and independent.



Exposure to family violence alone does not mean a child will necessarily experience negative outcomes. With the right support, children exposed to family violence may have increased resilience later in life (Alaggia & Donohue 2018; Campo 2015; Jaffe et al. 2012).

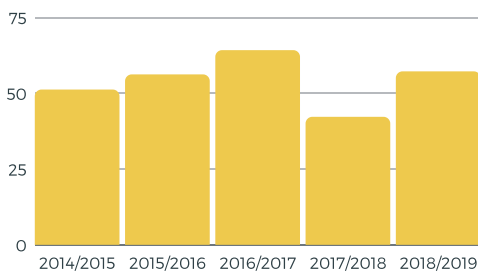
FAMILY VIOLENCE

Being exposed to family violence can have a wide range of detrimental impacts on a child’s development, mental and physical health, housing situation and general wellbeing (AIHW 2019; ANROWS 2018; WHO 2016). More specifically, research has found exposure to family violence is associated with a range of outcomes, including:

- diminished educational attainment
- reduced social participation in early adulthood
- physical and psychological disorders
- suicidal ideation
- behavioural difficulties
- homelessness
- future victimisation and/or violent offending

(AIHW 2018; Bland & Shallcross 2015; Campo 2015; De Maio et al. 2013; Holt et al. 2008; Jaffe et al. 2012; Knight 2015).

Recorded family violence incidents in the Buloke LGA 2014-2019

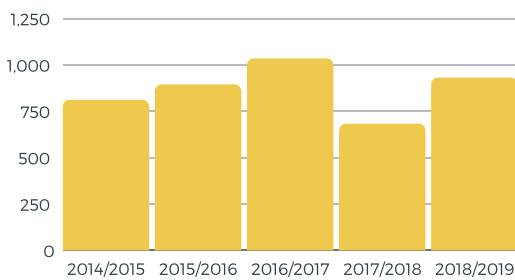


Time Trend: Buloke LGA - increase in recorded family violence incidents between 2014 and 2019.



Source: <https://www.crimestatistics.vic.gov.au/family-violence-data-portal/family-violence-data-dashboard/victoria-police> accessed 08/03/2020.

Family violence incident rate per 100,000 population 2014-2019

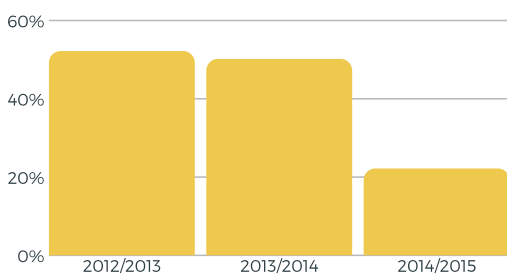


Time Trend: Buloke LGA - increasing rates of family violence incidents per 100,000 people between 2014 and 2019.

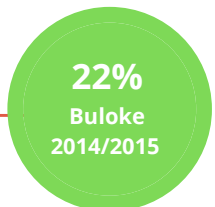


Source: <https://www.crimestatistics.vic.gov.au/family-violence-data-portal/family-violence-data-dashboard/victoria-police> accessed 08/03/2020.

Proportion of family violence incidents where children and young people aged 0-17 years are involved as other parties 2012-2015



Time Trend: Buloke LGA - decreasing rates of proportion of family violence incidents where children and young people aged 0-17 are involved as other parties between 2012-2015.



Source: Law Enforcement Assistance Program (LEAP), Victoria Police <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 11/03/2020.



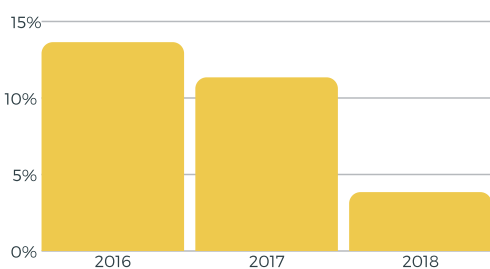
FAMILY STRESS

Family cohesion refers to the quality time family members spend together that can lead to developing emotional bonds, boundaries, coalitions, shared interests and ability to make decisions together (Olson 1993; Redmond et al 2016).

Strong family cohesion is associated with increased ability to cope with difficult situations, while lack of family cohesion is associated with: decreased ability to cope with problems, increased social withdrawal, anxiety, depression, delinquency and aggressive behaviour (Altiere & von Kluge 2009; Hosseinkhanzadeh 2013; Joh et al. 2013).

Conflict between family members can be exacerbated by factors including: stressful life events, family member with poor health or disability, money troubles and conflicting priorities outside the house (Hartley et al. 2017; Schermerhorn et al. 2017).

Proportion of children at school entry whose parents report high levels* of family stress in the past month 2016-2018



Time Trend: Buloke LGA - decreasing rates between 2016 and 2018 of proportion of children at school entry whose parents report high levels of family stress in the past month.



(Source: School Entrant Health Questionnaire (SEHQ)**, Department of Education and Early Childhood Development <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 07/03/2020).

*Number of children at school entry whose parents report high levels of family stress in the past month (based on the question 'Sometimes, families have times when there is more stress/pressure than usual. Overall, how would you rate your own family's stress level over the last month?' Answers are on a 5 point scale and this indicator counts responses in the highest two categories). Examples of 'stressors' include: separation and divorce of parents, death of friend or relative, move to new house, parent(s) change of job, parents loss of job, new baby in house, remarriage of parent(s), serious illness of parent(s), serious illness of sibling(s), history of abuse to parent, history of abuse to child(ren), alcohol or drug related problem in family, history of mental illness of parent, child witness to violence, parent witness to violence, gambling problem in family.

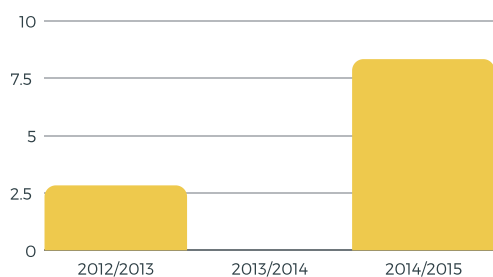
** The SEHQ is a critical source of information relating to the types of stressors experienced by children in the 12 months prior to the questionnaire being completed. Children were more likely to have been affected by a stressful event or family issue in the twelve months prior to the SEHQ if they were from a one parent family, Aboriginal family, from the most socioeconomically disadvantaged areas or from a rural/regional area.

CHILDREN AND YOUNG PEOPLE ARE SAFE IN THEIR COMMUNITY

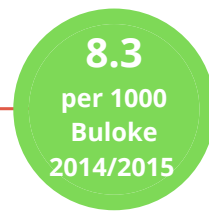
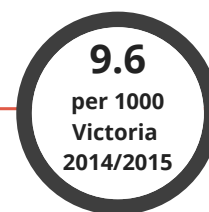
In addition to loving caregivers, **children need safe communities, secure housing, access to green parklands, environments free from toxins, and access to affordable, nutritious foods.** Many of these needs are beyond the control of individual families. This means children can only develop as well as their families, community and our broader society enable them to (Moore, T.G., Arefadib, N., Deery, A., Keyes, M. & West, S. 2017).



Crime* where the victim was a child or young person aged between 0-17 (rate per 1,000 children) 2012-2015



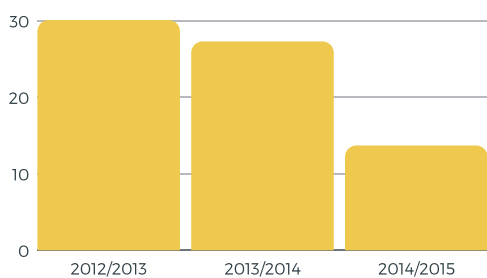
Time Trend: Buloke LGA - increasing rates of Crime* where the victim was a child or young person aged between 0-17 between 2012 and 2015.



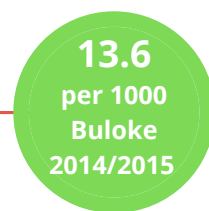
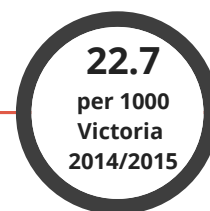
Source: Law Enforcement Assistance Program, Victoria Police <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 07/03/2020

* Includes crimes against property, crimes against the person and other offences.

Crime* where the offender was a child or young person aged between 0-17 (rate per 1,000 children) 2012-2015



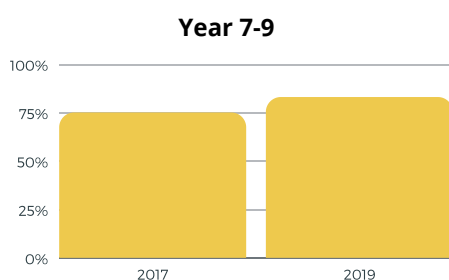
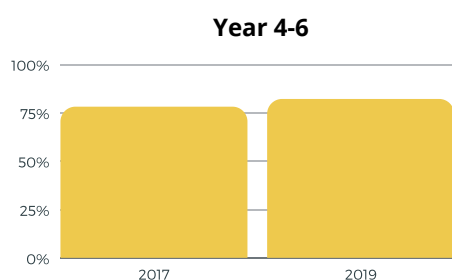
Time Trend: Buloke LGA - decreasing rates of Crime* where the offender was a child or young person aged between 0-17 between 2012 and 2015.



Source: Law Enforcement Assistance Program, Victoria Police <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 07/03/2020

* Includes crimes against property, crimes against the person, drug offences and other offences.

Proportion of children/young people in Buloke (years 4-9) who had safe neighbourhood / community places where they felt comfortable to hang out with friends - MDI 'Yes Responses' (2017 & 2019)



Time Trend: An increase in children/young people in year 4-6 and 7-9 who had safe neighbourhood places where they felt comfortable to hang out with friends.

MDI Victoria Wide Comparison is NOT available.

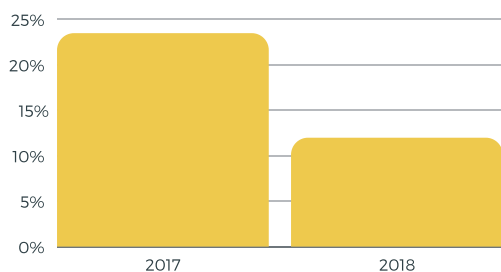
Source: Middle Years Development Instrument (MDI) primary & secondary school district reports Buloke (2017 & 2019)



CHILDREN AND YOUNG PEOPLE ARE SECURE AT SCHOOL

Children who are bullied are more likely to feel disconnected from school, and have lower academic outcomes, including lower attendance and completion rates. Socially, these children have a greater tendency to be withdrawn, lack quality friendships at school, experience lower acceptance by peers, avoid conflict and display high levels of emotion that indicate vulnerability and low levels of resilience. They are also more likely to suffer from low self-esteem, depression, anxiety, feelings of loneliness, isolation and suspicion. Children who are bullied are also at greater risk of developing substance abuse behaviours in later years (DEECD, 2013).

Proportion of children who are bullied (Year 5 & 6 combined) 2017-2018



Time Trend: Buloke LGA - decreasing rates of being bullied reported in years 5 and 6 between 2017-2018.

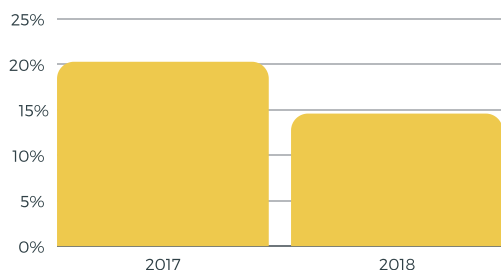
15.9%
Victoria
2018

11.9%
Buloke
2018

Source: Student Attitudes to School Survey <https://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 08/03/2020.

**Due to revision of the Attitudes to School Survey instrument data from 2017 onwards is no longer comparable with previous years data.*

Proportion of children who are bullied (Year 7-9) 2017-2018



Time Trend: Buloke LGA - decreasing rates of being bullied reported between years 7-9 in 2017-2018.

17.5%
Victoria
2018

14.5%
Buloke
2018

Source: Student Attitudes to School Survey <https://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 08/03/2020.

**Due to revision of the Attitudes to School Survey instrument data from 2017 onwards is no longer comparable with previous years data.*



INDICATOR OF CHILD WELLBEING

2 RESOURCED

Low family income can adversely affect the health, education and self-esteem of children. Decades of research have provided evidence that low family income unfavourably affects children's outcomes (Duncan et al. 2013).

Children living in households without sufficient income are at a greater risk of poor health and educational outcomes, both in the short and long term (Ryan et al. 2012). Low income affects a child's diet and access to medical care, the safety of their environment, level of stress in the family, quality and stability of their care and provision of appropriate housing, heating and clothing (AIHW 2011; AIHW 2012).

Research shows that children who experience poverty are less likely to live in cognitively stimulating environments, have less access to books, fewer age-appropriate toys, fewer informal learning settings, fewer educational materials, and spent more time in front of the television (Bradley & Corwyn, 2002; Evans, 2006; Duncan, Ziol-Guest & Kalil, 2010).

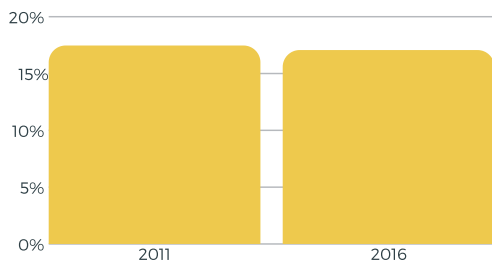
Children in monetary poverty (that is children living below the poverty line) suffered effects far wider than just their material basics. For example, they are more than 1.7 times more likely to face food insecurity, nearly twice as likely to lack good relationships with friends and almost two and a half times more likely to be missing out on learning at home (Sollis, 2019).

Studies have also shown that children from low-income families are more prone to psychological or social difficulties, behaviour problems, lower self-regulation and elevated physiological markers of stress (Barnett 2008).

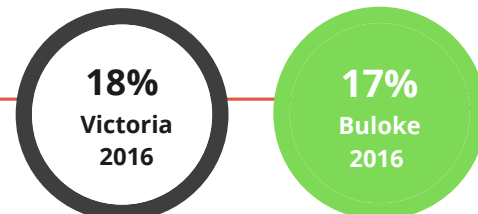


FAMILIES ARE FINANCIALLY SECURE

Single parent families with children less than 15 years* 2011-2016



Time Trend: Buloke LGA - largely no change in single parent families with children less than 15 years between 2011-2016.

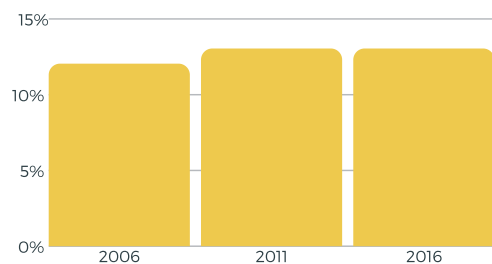


Source: Compiled by PHIDU from ABS Census 2011 & 2016 <http://phidu.torrens.edu.au/social-health-atlases> accessed 10/03/2020

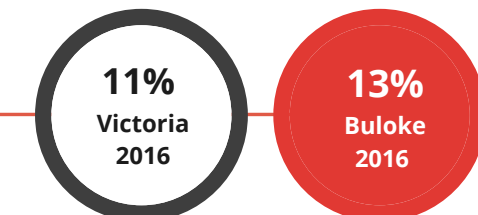
* as a percentage of all families with children aged less than 15 years

NOTE: Time Trends could not be reliably offered prior to 2006 because the denominator for this indicator has changed from the data PHIDU published from the 2006 ABS Census of Population and Housing. The denominator is now 'Total families with children under 15 years', not simply 'Total families'.

Jobless families with children less than 15 years* 2006-2016



Time Trend: Buloke LGA - slight increase in rates of jobless families with children less than 15 years between 2006-2016.



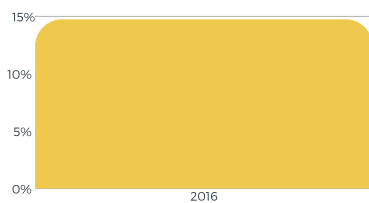
Source: Compiled by PHIDU from ABS Census 2011 & 2016 <http://phidu.torrens.edu.au/social-health-atlases> accessed 10/03/2020

* as a percentage of all families with children aged less than 15 years



FAMILIES ARE FINANCIALLY SECURE

Children* in families where the mother has low educational attainment-2016



Time Trend: Not available

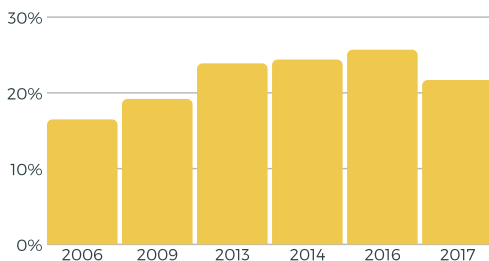
12.7%
Victoria
2016

14.7%
Buloke
2016

Source: Compiled by PHIDU based on the ABS Census of Population and Housing, 2016 <http://phidu.torrens.edu.au/social-health-atlases> accessed 10/03/2020.

*Children aged less than 15 years living in families where the female parent's highest level of schooling was year 10 or below/female parent did not attend school.

*Percentage of children in low income, welfare-dependent families 2006-2017



Time Trend: Buloke LGA - Increasing numbers of children in low income, welfare-dependant families between 2006 and 2017.

19.3%
Victoria
2017

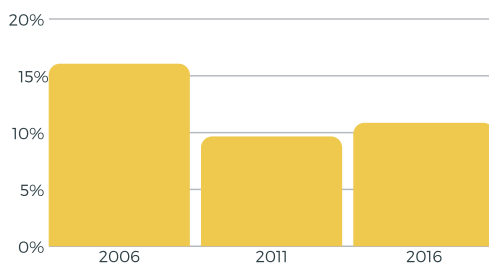
21.6%
Buloke
2017

Source: Compiled by PHIDU based on the ABS Census of Population and Housing, 2016 <http://phidu.torrens.edu.au/social-health-atlases> accessed 10/03/2020.

*Families included are those with children under 16 years

*From 2016 children under 16 years in families – with incomes under \$37,378 p.a. in receipt of the Family Tax Benefit (A) (whether receiving income support payments or not).

Health Care Card Holders* 2006-2016



Time Trend: Buloke LGA decreasing proportions of Health Care Card Holders between 2006-2016.

7.9%
Victoria
2016

10.8%
Buloke
2016

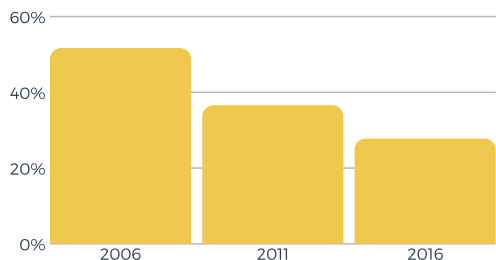
Source: Compiled by PHIDU based on the ABS Census of Population and Housing, 2016 <http://phidu.torrens.edu.au/social-health-atlases> accessed 10/03/2020.

*As a percentage of all people aged 0-64 years

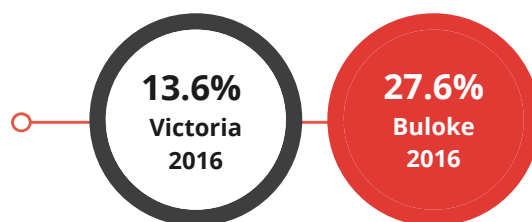


FAMILIES ARE FINANCIALLY SECURE

Internet not accessed from dwelling 2006-2016

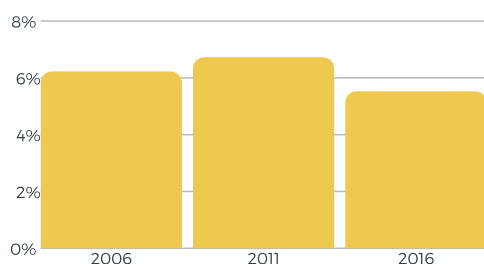


Time Trend: Buloke LGA decreasing number of dwellings where internet could not be accessed.

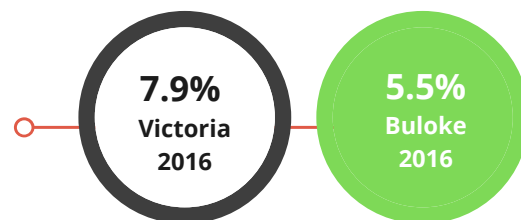


Source: Compiled by PHIDU from ABS Census <http://phidu.torrens.edu.au/social-health-atlases> accessed 07/04/2020

No motor vehicle 2006-2016



Time Trend: Buloke LGA slight decrease in private dwellings with no motor vehicle between 2006-2016.

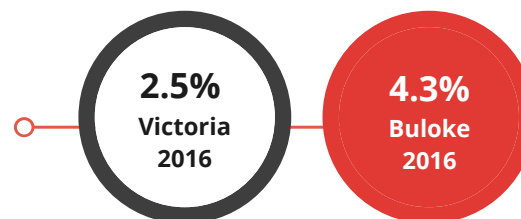


Source: Compiled by PHIDU from ABS Census <http://phidu.torrens.edu.au/social-health-atlases> accessed 07/04/2020

Young people aged 16 to 24 receiving an unemployment benefit (2016)

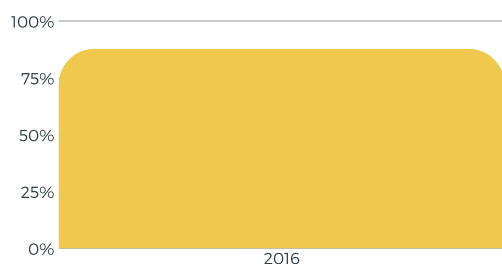


Time Trend: unavailable- In 2006 and 2011 Census the age range was 15-24 so comparisons could not be made.

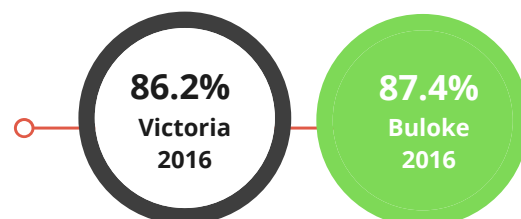


Source: Compiled by PHIDU from ABS Census <http://phidu.torrens.edu.au/social-health-atlases> accessed 07/04/2020

Learning or Earning at ages 15 to 24* (2016)



Time Trend: unavailable- In 2006 and 2011 Census the age range was 15-19 so comparisons could not be made.



Source: Compiled by PHIDU from ABS Census <http://phidu.torrens.edu.au/social-health-atlases> accessed 07/04/2020

*This data comprise the number of 15 to 24-year-old people who were engaged in school, work or further education/training, expressed as a proportion of all those aged 15 to 24 years.

LIVING RURALLY

“

According to the Productivity Commission (2013) those in small country towns and rural areas face the highest rates of economic exclusion, compared to their inner city counterparts.

(McLachlan, Gilfillan & Gordon, 2013)

“

The cost of health care (including associated travel and accommodation) also increases with increasing remoteness. In some states, energy costs are also higher in rural and remote areas than metropolitan areas.

(National Rural Health Alliance, 2015)

“

Those who are disproportionately more vulnerable to poverty are sole parents, unemployed people, families relying on social security, Indigenous people and people living with a disability. There is a higher proportion of all of these population groups in rural and remote areas than in major cities.

(National Rural Health Alliance, 2015)



INDICATOR OF CHILD WELLBEING

3 HEALTHY

Early childhood has a major role in shaping health in later life (Dyson et al., 2010). The foundations of adult health are laid in-utero and during the perinatal and early childhood periods (Lynch & Smith 2005).

The different domains of early childhood development—physical, social/emotional and language/cognitive—strongly influence learning, school success, economic participation, social citizenry and health (CSDH 2008). Healthy physical development and emotional support during the first years of life provide building blocks for future social, emotional, cognitive and physical wellbeing.

Research shows that the lower one's social standing in life (e.g. persistent unemployment or chronic homelessness), the worse the long-term health and wellbeing outcomes are likely to be (Adler & Stewart, 2010; WHO, 2010). A significant body of evidence highlights the strong correlation between poverty in the first 1000 days and adverse health and wellbeing outcomes in later life (Goldfeld & West, 2014; Kruk, 2013; Hertzman et al., 2010; Marmot Review, 2010; Khanam et al., 2009).



CHILDREN ARE DEVELOPING WELL BY AGE SIX

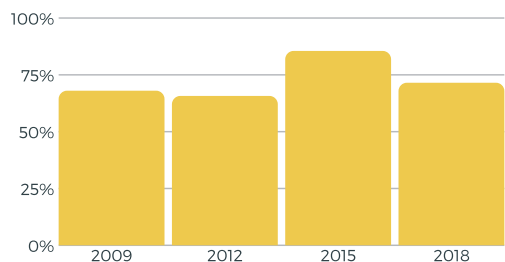
The Australian Early Development Census (AEDC) is a population measure of children’s development as they enter school. A population measure places the focus on all children in the community, recognising that moving the focus of effort from the individual child to all children in the community can make a greater difference in supporting efforts to create optimal early childhood development (CCCH, 2013).

The AEDC measures five domains of early childhood development: social competence, emotional maturity, language and cognitive skills, communication skills and general knowledge, and physical health and wellbeing. These five domains are closely linked to the predictors of good adult health, education and social outcomes. Teachers complete AEDC Checklists for children in their first year of formal schooling where their development is rated as being on track, at risk or vulnerable (DEECD, 2013).

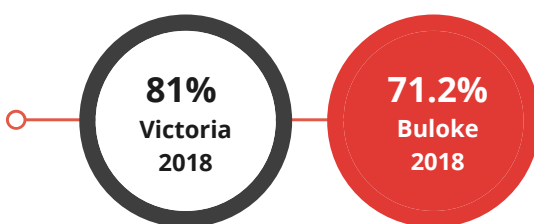
Children are considered:

- Developmentally ‘on track’ if they score above the 25th percentile (in the top 75%) of the national population.
- Developmentally ‘at risk’ if they score between the 10th and the 25th percentile of the national.
- Developmentally ‘vulnerable’ if they score below the 10th percentile (in the lowest 10%) of the national population (CCCH, 2013).

Developmentally on Track PHYSICAL HEALTH AND WELLBEING DOMAIN AEDC 2009-2018

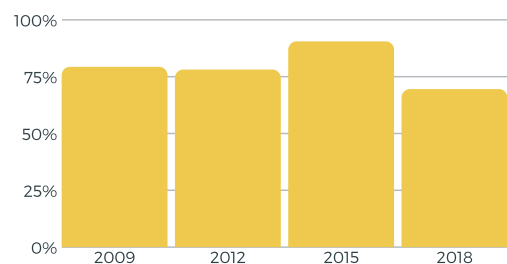


Time Trend: Buloke LGA increase in children who are developmentally on track children (physical health and wellbeing) between 2009-2018.

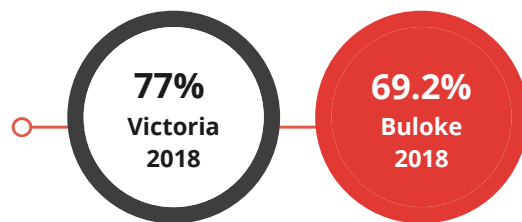


Source: AEDC 2009-2018 <https://www.aedc.gov.au/data/data-explorer?id=135264>

Developmentally on Track SOCIAL COMPETANCE DOMAIN AEDC 2009-2018



Time Trend: Buloke LGA - decrease in developmentally on track children (social competence) between 2009-2018.



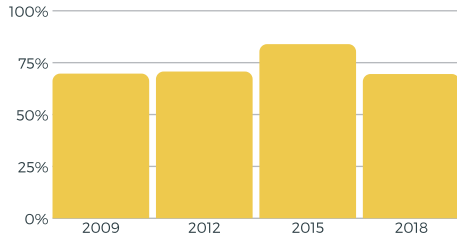
Source: AEDC 2009-2018 <https://www.aedc.gov.au/data/data-explorer?id=135264>

Note: Small cohort sizes can make data integrity a challenge as proportional changes can be heavily influenced by one child.



CHILDREN ARE DEVELOPING WELL BY AGE SIX

Developmentally on Track EMOTIONAL MATURITY DOMAIN AEDC 2009-2018

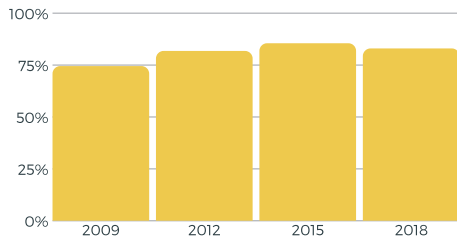


Source: AEDC 2009-2018 <https://www.aedc.gov.au/data/data-explorer?id=135264>

Time Trend: Buloke LGA - no change in developmentally on track children (emotional maturity) between 2009-2018.



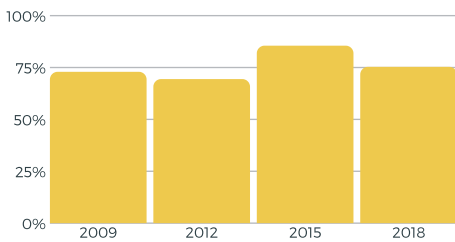
Developmentally on Track LANGUAGE AND COGNITIVE SKILLS DOMAIN AEDC 2009-2018



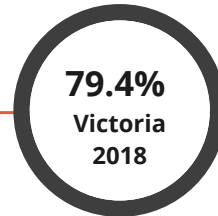
Time Trend: Buloke LGA - Increase in developmentally on track children (language and cognitive skills-school based) between 2009-2018.



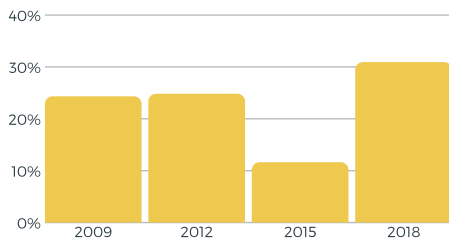
Developmentally on Track COMMUNICATION SKILLS AND GENERAL KNOWLEDGE DOMAIN AEDC 2009-2018



Time Trend: Buloke LGA - Increase in developmentally on track children (communication skills and general knowledge domain) between 2009-2018.

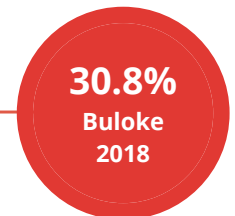


Developmentally on Track VULNERABLE ON ONE OR MORE DOMAINS AEDC 2009-2018

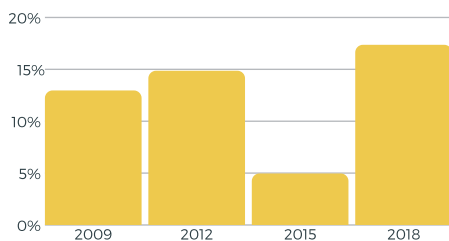


Source: AEDC 2009-2018 <https://www.aedc.gov.au/data/data-explorer?id=135264>

Time Trend: Buloke LGA - Increase in developmentally vulnerable children (on ONE or more domains) between 2009-2018.



Developmentally on Track VULNERABLE ON TWO OR MORE DOMAINS AEDC 2009-2018



Source: AEDC 2009-2018 <https://www.aedc.gov.au/data/data-explorer?id=135264>

Time Trend: Buloke LGA - Increase in developmentally vulnerable children (on TWO or more domains) between 2009-2018.





“

Participation in quality early childhood services (including early intervention programs, childcare and preschool) is important for all children, but even more so for children and families experiencing vulnerabilities with those most in need the least likely to access early childhood programs.

(Centre for Community Child Health (CCCH) 2010)

“

Vulnerable families are also more likely to experience barriers to participation, including structural barriers (cost, availability), family barriers (low income, lack of transport, health issues), and interpersonal values.

(CCCH, 2010).



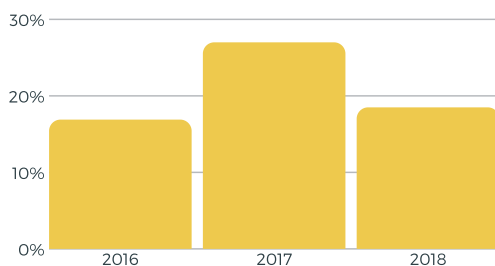
CHILDREN ARE DEVELOPING WELL BY AGE SIX

“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” (AIHW, 2015).

The early childhood years are a time when children begin to learn to communicate and get along with others, as well as adapt their behaviour, emotions and attention (CDCHU 2014). These developmental skills play an important role when a child transitions to primary school, and establish the foundations for academic and life success (Pascoe & Brennan 2017).

Early childhood education and care programs also assist parents with their caring responsibilities. These programs can support the economic and social participation of parents, while helping to ease the transition to full-time school (Warren et al. 2016).

Children reported to have difficulties with speech and/or language 2016-2018



Time Trend: Buloke LGA - increase in the number of children reported to have difficulties with speech and/or language between 2016-2018 with a notable spike in 2017.

14.7%
Victoria
2018

18.4%
Buloke
2018

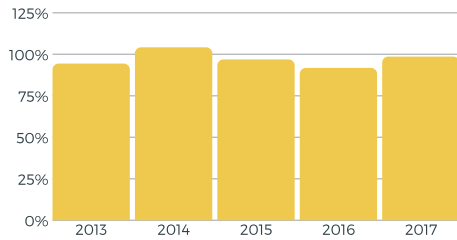
(Source: School Entrant Health Questionnaire (SEHQ)**, Department of Education and Early Childhood Development <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 07/03/2020).

It's all about the brain: the first 1,000 days of life is a time of rapid cognitive, linguistic, social, emotional, and motor development. Along with loving relationships, children need safe communities, secure housing, access to green spaces, environments free from toxins, and access to affordable, nutritious foods. This requires whole-of-society efforts and appropriate investment (Oberklaid, 2017).



CHILDREN VISIT A MATERNAL AND CHILD HEALTH NURSE

Proportion of infants receiving a maternal and health service home consultation 2013-2017

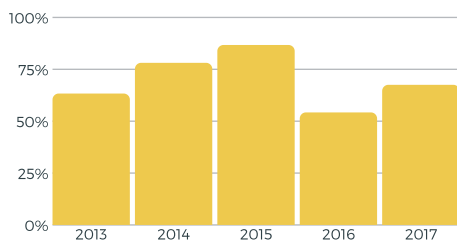


Time Trend: Buloke LGA - increase in proportion of infants receiving a maternal and child health service home consultation between 2013-2017.

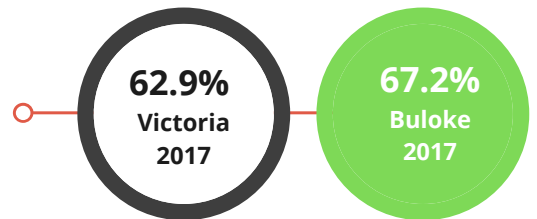


Source: Maternal & Child Health <https://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx>

Proportion of children attending the 3.5 year ages and stages visit 2013-2017



Time Trend: Buloke LGA - increase in proportion of children attending the 3.5 year ages and stages visit between 2013-2017.



Source: Maternal & Child Health <https://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx>

Assessment of the physical health of infants and toddlers is an important component of the Maternal and Child Health Nurses' role. The universal Key Ages and Stages (KAS) consultations provide opportunities for assessment, reassurance to parents or early intervention if findings indicate this course.

The ten Key Ages and Stages (KAS) visits occur at:

- Home visit (after discharge from hospital)
- 2 weeks
- 4 weeks
- 8 weeks
- 4 months
- 8 months
- 12 months
- 18 months
- 2 years
- 3.5 years

Such opportunities for sequential health monitoring and surveillance outside the Maternal and Child Health (MCH) Service have been reduced in the past decade for many families by factors such as early discharge from maternity hospitals, non-universal take-up of the medical postnatal check at six weeks, and children born overseas without access to primary care services.

(Maternal and Child Health Service practice Guidelines 2009 (Reissued June 2019))

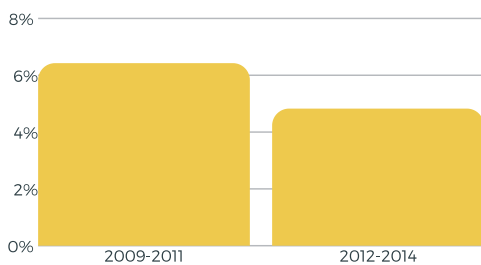


CHILDREN AND YOUNG PEOPLE ARE HEALTHY

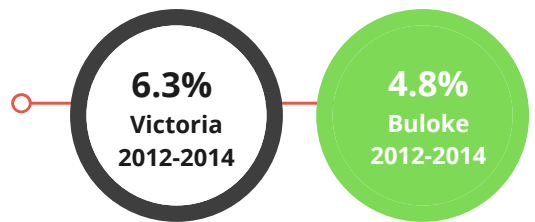
There is clear evidence that health and illness are not distributed equally within the Australian population. Variations in health status generally follow a gradient, with overall health tending to improve with improvements in socioeconomic position (Kawachi et al. 2002).

Physical Health

Low birth weight babies 2009-2014

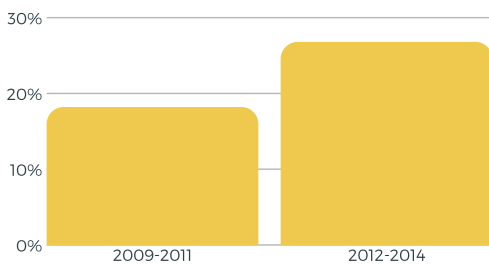


Time Trend: Buloke LGA decrease in the number of low birth weight babies between 2009-2014.

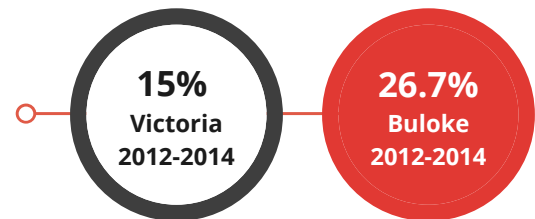


Source: Compiled by PHIDU from ABS Census 2006, 2011 & 2016 <http://phidu.torrens.edu.au/social-health-atlases> accessed 20/03/2020

Smoking during pregnancy 2009-2014



Time Trend: Buloke LGA increase in the number of mothers smoking during pregnancy between 2009-2014.



Source: Compiled by PHIDU from ABS Census 2006, 2011 & 2016 <http://phidu.torrens.edu.au/social-health-atlases> accessed 20/03/2020

Quitting before conception or in the first trimester results in similar rates of adverse pregnancy outcomes, compared with non-smokers, and quitting at any time during pregnancy produces health benefits.

(Lumley JI, Chamberlain C, Dowswell T, Oliver S, Oakley L, Watson L. 2009).



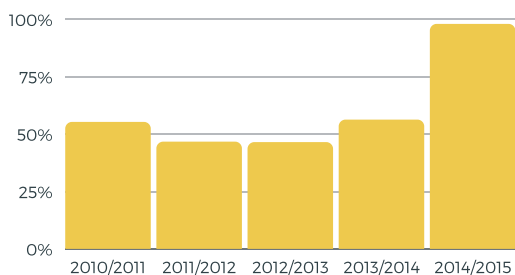
CHILDREN AND YOUNG PEOPLE ARE HEALTHY

Breastfeeding

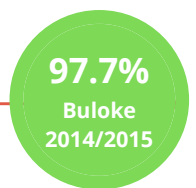
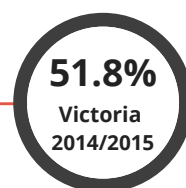
Breastfeeding is known to provide nutrition and strengthen the immune system, resulting in benefits for both mothers and babies. Breastfeeding until at least six months of age has been recommended by both the World Health Organisation (WHO) and in Australia by the National Health and Medical Research Council (NHMRC). Early childhood nutrition is important for an infant's survival, growth and development, and to enhance health throughout the lifecycle. For infants, it provides many health benefits, including reducing the risk of infection, asthma, allergies and sudden infant death syndrome (SIDS). It also helps to improve cognitive development and offers protection against obesity and chronic diseases in later life.

Breastfeeding may assist with bonding and attachment between the mother and the baby. For mothers, it provides many positive health effects, such as reducing the risk of some cancers and osteoporosis (AIHW, 2012 and DEECD, 2013).

Proportion of infants fully breastfed at 3 months of age 2010-2015

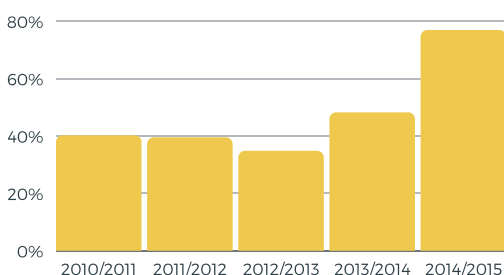


Time Trend: Increasing rates of fully breastfed infants at 3 months of age between 2010-2015.

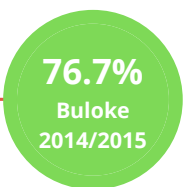
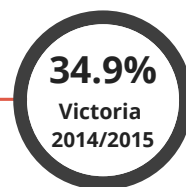


Source: Maternal & Child Health <https://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx>

Proportion of infants fully breastfed at 6 months of age 2010-2015



Time Trend: Increasing rates of fully breastfed infants at 6 months of age between 2010-2015.



Source: Maternal & Child Health <https://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx>

Calculation: Numerator: Number of infants reported as fully breastfed at 3 and 6 months of age during the financial year.
Denominator: Number of infants aged 3 and 6 months attending MCH services during the financial year.



“

Most women understand the importance of breastfeeding and want to breastfeed, but they need high-quality accessible support to overcome societal, family and health service barriers".

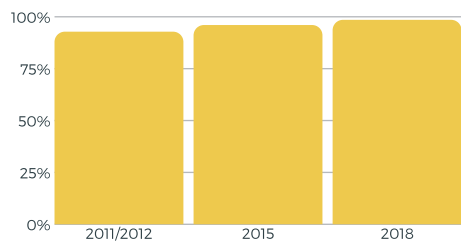
Weng SF, Redsell SA, Swift JA, Yang M & Glazebrook CP (2012)

Stephenson J, Heslehurst N, Hall J, Schoenaker DAJM, Hutchinson J, Cade JE, et al. (2018)

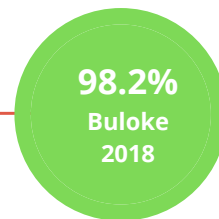


CHILDREN AND YOUNG PEOPLE ARE HEALTHY

Children Fully Immunised at 1 Year of Age 2011-2018

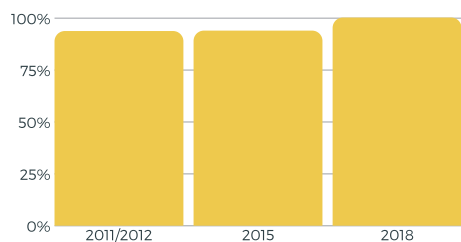


Time Trend: Buloke LGA - increase in the number of children who were fully immunised at 1 year of age between 2011-2018.



Source: Compiled by PHIDU from ABS Census 2011 & 2016 <http://phidu.torrens.edu.au/social-health-atlases> accessed 20/03/2020

Children Fully Immunised at 5 Years of Age 2011-2018

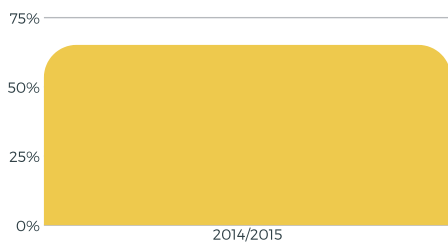


Time Trend: Buloke LGA - increase in the number of children who were fully immunised at 5 years of age between 2011-2018.

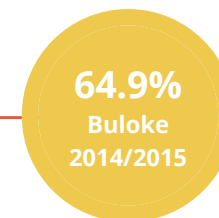
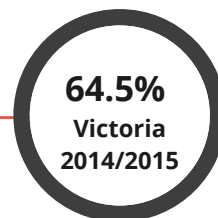


Source: AEDC 2009-2018 <https://www.aedc.gov.au/data/data-explorer?id=135264>

Estimated number of people aged 4-17 years with adequate fruit intake, 2014/15

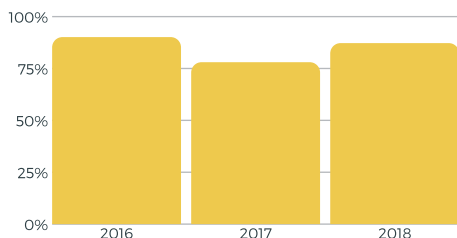


Time Trend: Buloke LGA - Not available; previous data calculated on 5-17-year old group so comparison over time cannot be done.

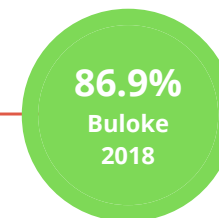
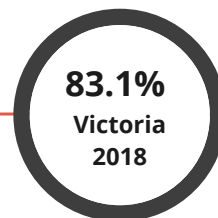


Source: AEDC 2009-2018 <https://www.aedc.gov.au/data/data-explorer?id=135264>

Children reported to be in excellent or very good health 2016-2018

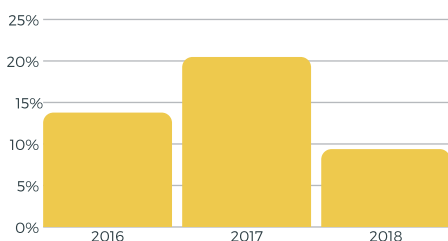


Time Trend: Buloke LGA - decrease in the number of children at school entry whose parents report them to be in excellent or very good health between 2016-2018.

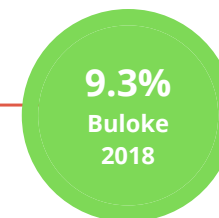
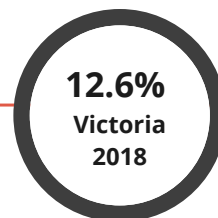


Source: School Entrant Health Questionnaire (SEHQ)

Parents concerned about their child's oral health (e.g. teeth, gums, etc) 2016-2018



Time Trend: Buloke LGA - decrease in parents concerned about their child's oral health between 2016-2018 with a notable spike in concern in 2017.



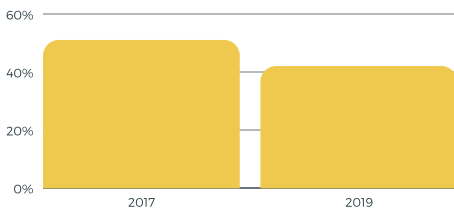
Source: AEDC 2009-2018 <https://www.aedc.gov.au/data/data-explorer?id=135264>



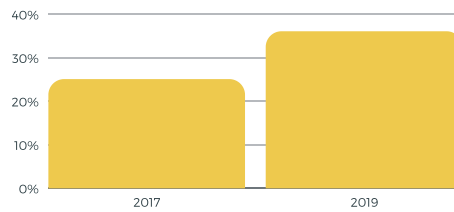
CHILDREN AND YOUNG PEOPLE ARE HEALTHY

General Health MDI Children were asked: "In general, how would you describe your health?" HIGH WELL-BEING (2017 & 2019)

Year 4-6



Year 7-9



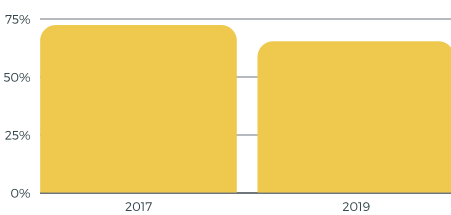
Source: Middle Years Development Instrument (MDI) primary & secondary school district reports Buloke (2017 & 2019)

Time Trend: Decreasing number of students in year 4-6 in the high wellbeing category for health and increasing number of year 7-9 students in the high wellbeing category for health.

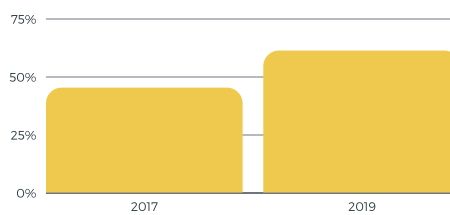
MDI Victoria Wide Comparison is NOT available.

Frequency of Good Sleep MDI Children were asked: "How often do you get a good night's sleep?" HIGH WELL-BEING (2017 & 2019)

Year 4-6



Year 7-9



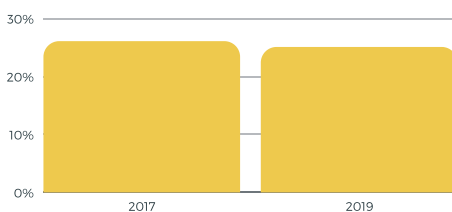
Source: Middle Years Development Instrument (MDI) primary & secondary school district reports Buloke (2017 & 2019)

Time Trend: Decreasing number of students in year 4-6 in the 'high well-being' category for good sleep and increasing number of year 7-9 students in the 'high well-being' category for good sleep.

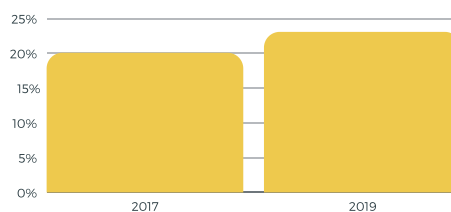
MDI Victoria Wide Comparison is NOT available.

Healthy Eating MDI Children were asked: "How often do you eat food like soft drink, lollies, potato chips or something else?" 5+ TIMES/WEEK Responses (2017 & 2019)

Year 4-6



Year 7-9



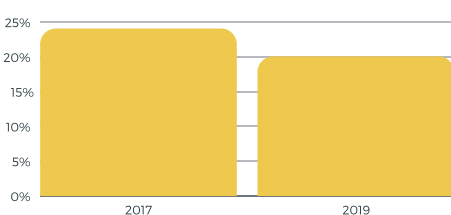
Source: Middle Years Development Instrument (MDI) primary & secondary school district reports Buloke (2017 & 2019)

Time Trend: Slightly less students in year 4-6 were eating foods like potato chips, lollies, soft drinks etc 5+ times/week and increasing number of year 7-9 students were eating foods like potato chips, lollies, soft drinks 5+ times/week.

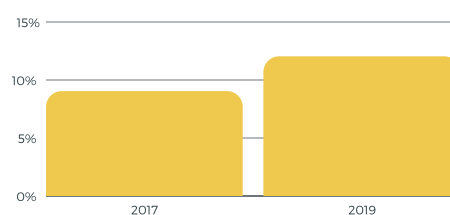
MDI Victoria Wide Comparison is NOT available.

Sports/Exercise for Fun after school MDI (unstructured) 'Not at All' in the last week (2017 & 2019)

Year 4-6



Year 7-9



Source: Middle Years Development Instrument (MDI) primary & secondary school district reports Buloke (2017 & 2019)

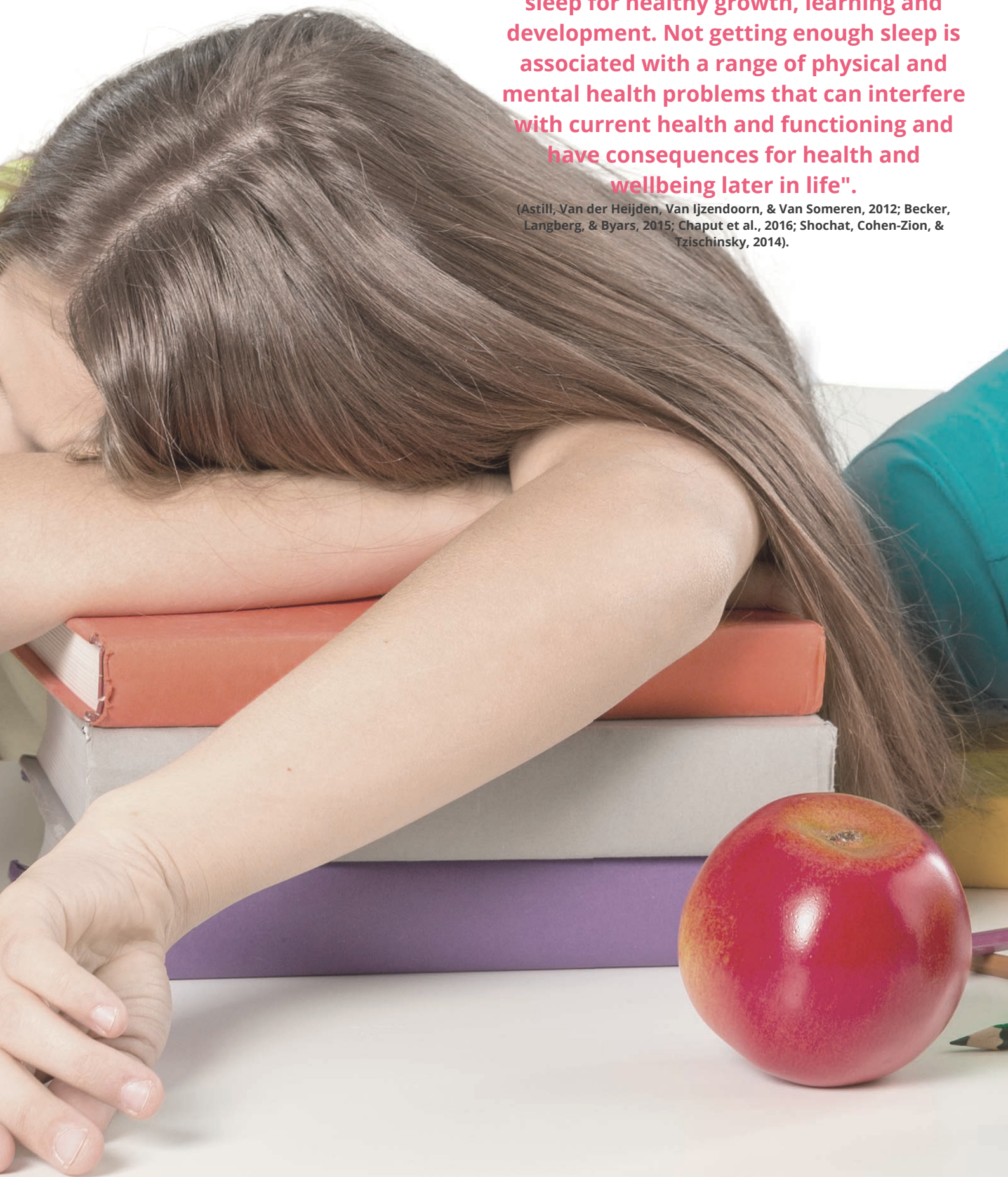
Time Trend: Decreasing number of students in year 4-6 were not playing sport or exercising for fun after school and increasing number of year 7-9 students were not playing sport or exercising for fun after school.

MDI Victoria Wide Comparison is NOT available.



Children and adolescents need adequate sleep for healthy growth, learning and development. Not getting enough sleep is associated with a range of physical and mental health problems that can interfere with current health and functioning and have consequences for health and wellbeing later in life".

(Astill, Van der Heijden, Van Ijzendoorn, & Van Someren, 2012; Becker, Langberg, & Byars, 2015; Chaput et al., 2016; Shochat, Cohen-Zion, & Tzischinsky, 2014).





Children and young people have good mental health and wellbeing

According to the World Health Organisation mental health is a state of well-being in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. In this positive sense, mental health is the foundation for individual well-being and the effective functioning of a community (WHO, 2001).

Children with common emotional or behavioural problems, not necessarily at clinical levels, have shown lower academic achievement in the primary school years compared with those without these difficulties, particularly among boys (Mundy et al., 2017). Furthermore, a higher proportion of children who experience mental health problems in childhood also experience these difficulties in adolescence (O'Connor, Romaniuk, Gray, & Daraganova).

“Skills that children need to develop in order to succeed at school, and in life in general... the ability to identify and understand one’s feelings, accurately read and comprehend emotional states in others, manage strong emotions and their expression, regulate one’s behaviour, develop empathy for others, and establish and sustain relationships...”(AIHW, 2009, p.60).

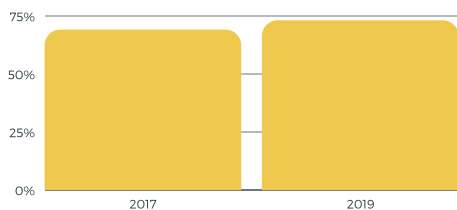
Positive wellbeing is associated with being comfortable, happy or healthy (Oxford University Press 2019). Social and emotional wellbeing focuses on the individual social and emotional strengths of children, rather than simply the absence of mental ill health. A key feature is the focus on the strengths of families, schools and communities and the influence that these environments have on children’s social and emotional wellbeing (Hamilton & Redmond 2010).



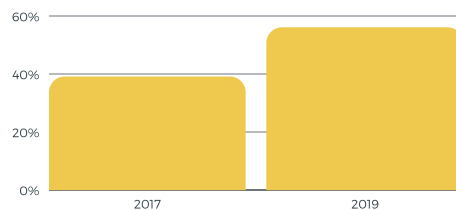
CHILDREN AND YOUNG PEOPLE HAVE GOOD MENTAL HEALTH AND WELLBEING

Optimism-MDI (HIGH WELL-BEING): Optimism refers to the mindset of having positive expectations for the future (2017 & 2019)

Year 4-6



Year 7-9



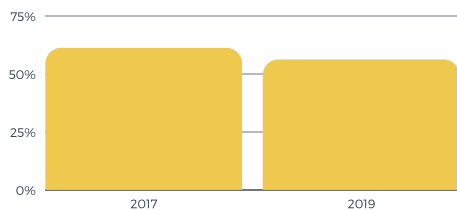
Time Trend: Increasing number of students in year 4-6 and year 7-9 in the high wellbeing category for optimism.

MDI Victoria Wide Comparison is NOT available.

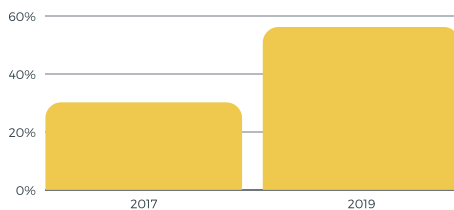
Source: Middle Years Development Instrument (MDI) primary & secondary school district reports Buloke (2017 & 2019)

Happiness-MDI (HIGH WELL-BEING): Happiness refers to how content or satisfied children are with their lives (2017 & 2019)

Year 4-6



Year 7-9



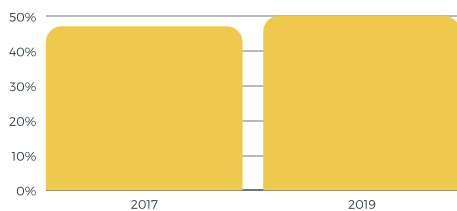
Time Trend: Decreasing number of students in year 4-6 in the high wellbeing category for happiness with their life and increasing number of year 7-9 students in the high wellbeing category for happiness with their lives.

MDI Victoria Wide Comparison is NOT available.

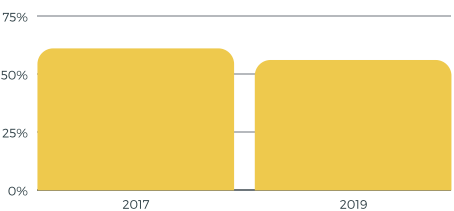
Source: Middle Years Development Instrument (MDI) primary & secondary school district reports Buloke (2017 & 2019)

Absence of Sadness-MDI (HIGH WELL-BEING): Absence of sadness measures symptoms of depression (2017 & 2019)

Year 4-6



Year 7-9



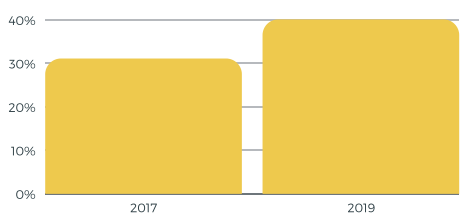
Time Trend: Increasing number of students in year 4-6 in the high wellbeing category for 'absence of sadness' and decreasing number of year 7-9 students in the high wellbeing category for 'absence of sadness'.

MDI Victoria Wide Comparison is NOT available.

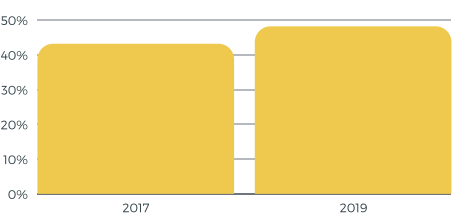
Source: Middle Years Development Instrument (MDI) primary & secondary school district reports Buloke (2017 & 2019)

Absence of Worries-MDI (HIGH WELL-BEING): Absence of worries measures the beginning of symptoms of anxiety (2017 & 2019)

Year 4-6



Year 7-9



Time Trend: Increasing number of students in year 4-6 and year 7-9 in the high wellbeing category for 'absence of worries'.

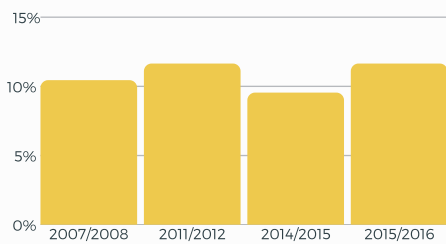
MDI Victoria Wide Comparison is NOT available.

Source: Middle Years Development Instrument (MDI) primary & secondary school district reports Buloke (2017 & 2019)

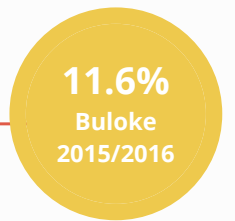


CHILDREN AND YOUNG PEOPLE HAVE GOOD MENTAL HEALTH AND WELLBEING

Estimated number of people aged 18 years and over with high or very high psychological distress, based on the Kessler 10 Scale (K10) (modelled estimates) 2007-2016

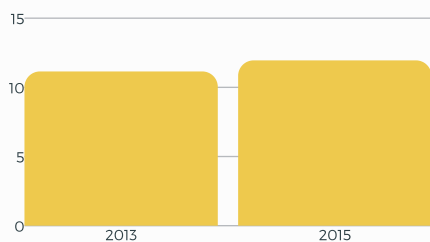


Time Trend: Buloke LGA -increase in the number of people aged 18 years and over with high or very high psychological distress, based on the Kessler 10 Scale (K10) (modelled estimates).

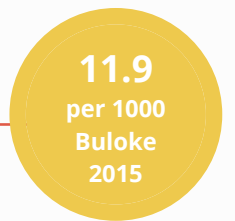
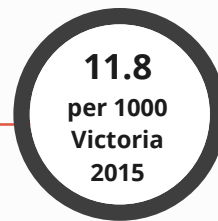


Source: Compiled by PHIDU from ABS Census 2016 <http://phidu.torrens.edu.au/social-health-atlases> accessed 23/03/2020

Registered mental health clients per 1,000 population 2013-2015



Time Trend: Buloke LGA -largely no change in registered mental health clients per 1,000 population between 2013 and 2015.



Source: <https://www2.health.vic.gov.au/about/reporting-planning-data/gis-and-planning-products/geographical-profiles> accessed 7/04/2020



INDICATOR OF CHILD WELLBEING

4 LEARNING & PARTICIPATING

By the time children reach school, there are significant differences between the cognitive, non-cognitive and social skills of those from advantaged and disadvantaged backgrounds (Reardon, 2011; Moore, McDonald & McHugh-Dillon, 2015).

Family involvement, in the form of support with homework and academic progress, active monitoring of attendance and participation in the school community, can increase a student's engagement and achievement at school. Correspondingly, a lack of such parental involvement can have negative effects on student attendance (Thornton et al., 2013). Instability and conflict in the home also predict students' non-attendance (Demir & Karabeyoglu, 2016; London et al., 2016; Thornton et al., 2013).

School is a central part of a student's life, and students who feel part of, and accepted by their school community are not only more likely to participate in school activities, both academically and nonacademically, but will be actively engaged in these activities (OECD, 2017).

Non-attendance has a variety of effects on students, both academically and socially. Absenteeism can increase social isolation, including alienation and lack of engagement with the school community and peers, leading to emotional and behavioural difficulties (Carroll, 2013; Gottfried, 2014). It is also associated with an increased likelihood of drop-out (Keppens & Spruyt, 2017; London, Sanchez, Castrechini, & Castrechini, 2016).

The effects of non-attendance on achievement are greater for disadvantaged students. "Declines in achievement due to absence are steeper, and arguably more consequential, for disadvantaged students" (Zubrick, 2014). Students in more advantaged schools typically have higher levels of attendance and achievement (Hancock et al., 2013).

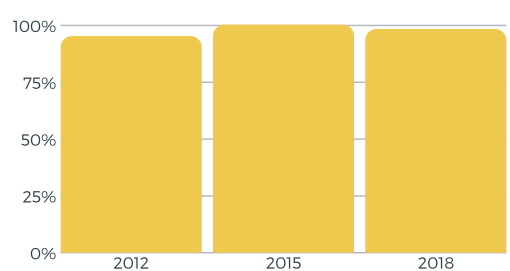
Acceptance from peers and others at school has also been found to have a direct positive relationship with self-esteem and motivation (Strudwicke, 2000).



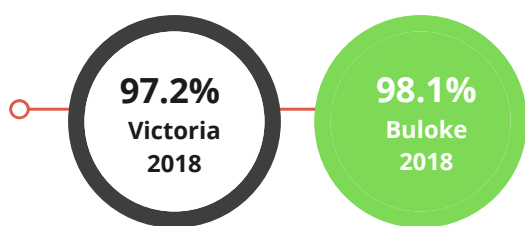
FAMILIES ARE SUPPORTIVE OF THEIR CHILDREN'S LEARNING

The Australian Early Development Census (AEDC) draws on teachers' measures of 'School Transition' noting that beginning school is one of the key transitions undertaken during childhood, where a smooth transition between a child's before-school setting and the school environment increases the likelihood of continuous learning. The AEDC report offers three enablers of a positive school transition for which the following **Buloke LGA and Victorian results are reported below for 'true' responses.**

Child is making good progress in adapting to the structure and learning environment of the school 2012-2018

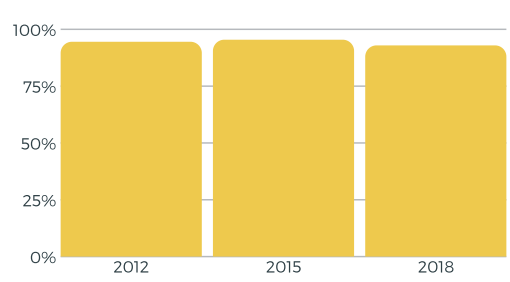


Time Trend: Buloke LGA increase in number of children making good progress in adapting to the structure and learning environment of the school.



Source: Australian Early Development Census <https://www.aedc.gov.au/data/data-explorer?id=135264> accessed 23/03/2020

Children whose parent(s)/caregiver(s) are actively engaged with the school in supporting their child's learning 2012-2018

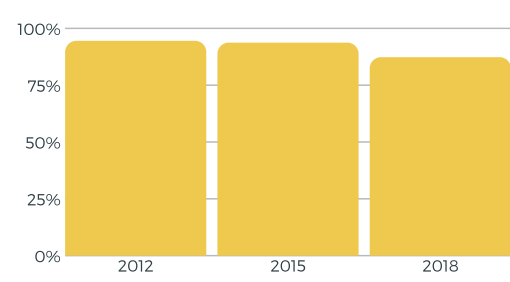


Time Trend: Buloke LGA slight decrease in number of children whose parent(s)/Caregiver(s) are actively engaged with the school in supporting their children's learning.

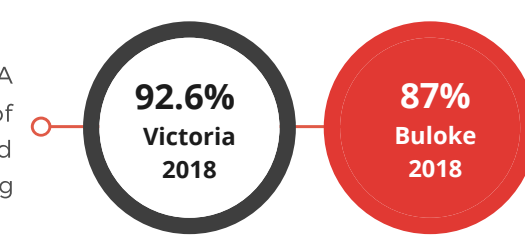


Source: Australian Early Development Census <https://www.aedc.gov.au/data/data-explorer?id=135264> accessed 23/03/2020

Children who are regularly read to/encouraged in their reading at home 2012-2018



Time Trend: Buloke LGA decrease in number of children who are regularly read to/encouraged in their reading at home.



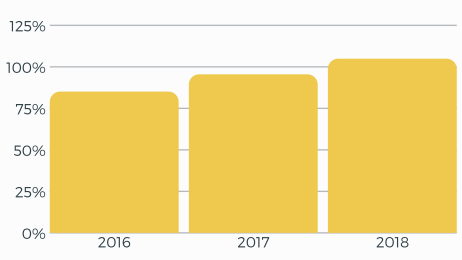
Source: Australian Early Development Census <https://www.aedc.gov.au/data/data-explorer?id=135264> accessed 23/03/2020

*"The major opportunity for preventing poor attendance is at the point of entry to preschool, pre-primary and Year 1...setting the expectation and pattern about attendance early may offer the best longterm sustainable approach to addressing poor attendance... Beyond this, individual treatment and targeting will need to be tailored to circumstances".
(Zubrick, 2014)*

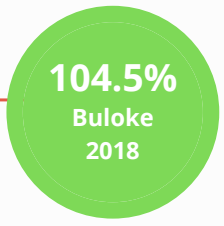


CHILDREN ATTEND KINDERGARTEN

Kindergarten participation rate 2016-2018

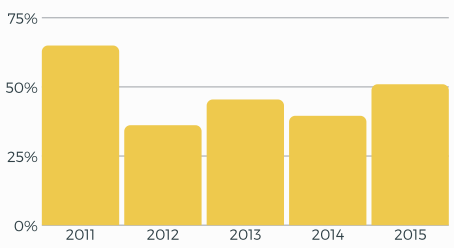


Time Trend: Buloke LGA -increase in the kindergarten participation rate between 2016 and 2018.

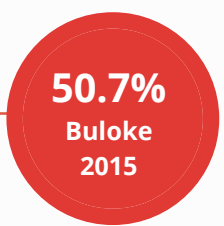
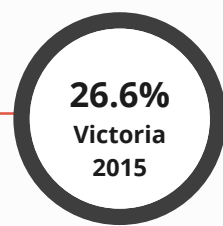


Source: Children's Services On Line (CHISOL), DET <https://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> 21/03/2020

Proportion of children attending kinder whose placement attracts a kindergarten fee subsidy 2011-2015



Time Trend: Buloke LGA -decrease in proportion of children attending kindergarten whose placement attracts a kindergarten fee between 2011 and 2015.



Source: Children's Services On Line (CHISOL), DET <https://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> 21/03/2020

*An improvement in kindergarten data collection from 2014 onwards led to a change in methodology for calculating this indicator. The impact of this change is minor and does not prevent the values being compared over time, when it is understood that an improvement in the quality of the indicator drives part of the difference between values in 2013 and 2014. The data quality improvements were around:

- Identifying duplicate enrolments
- Changing the LGA breakdowns to relate to the child's residence rather than the location of the kindergarten service.

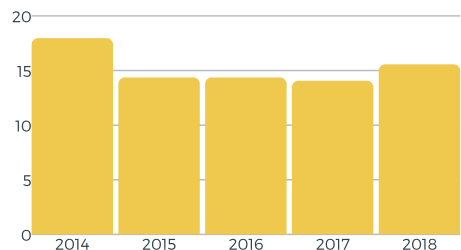


International research demonstrates that chronic absenteeism in pre-school and Year 1 predicts patterns of non-attendance in later years (Attridge, 2016; Connolly & Olson, 2012; Dubay & Holla, 2016).

CHILDREN AND YOUNG PEOPLE ATTEND SCHOOL

Average number of days absent per full-time equivalent (FTE) student government primary and secondary schools (including Special)

Average number of days absent per FTE Student-PREP (2014-2018)

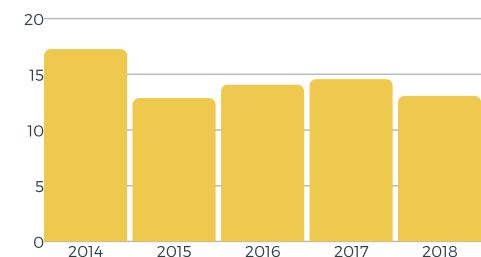


Source: Cases21, DET <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 21/3/2020

Time Trend: Buloke LGA - decrease in average number of days prep students were absent between 2014 and 2018.



Average number of days absent per FTE Student-YEAR 3 (2014-2018)

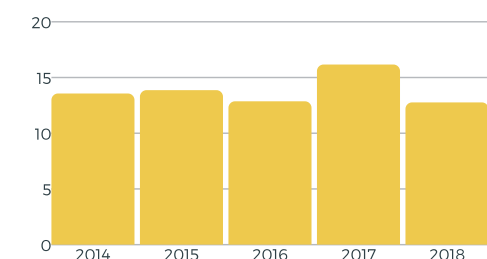


Source: Cases21, DET <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 21/3/2020

Time Trend: Buloke LGA - decrease in average number of days year 6 students were absent between 2014 and 2018 with a spike in 2017.



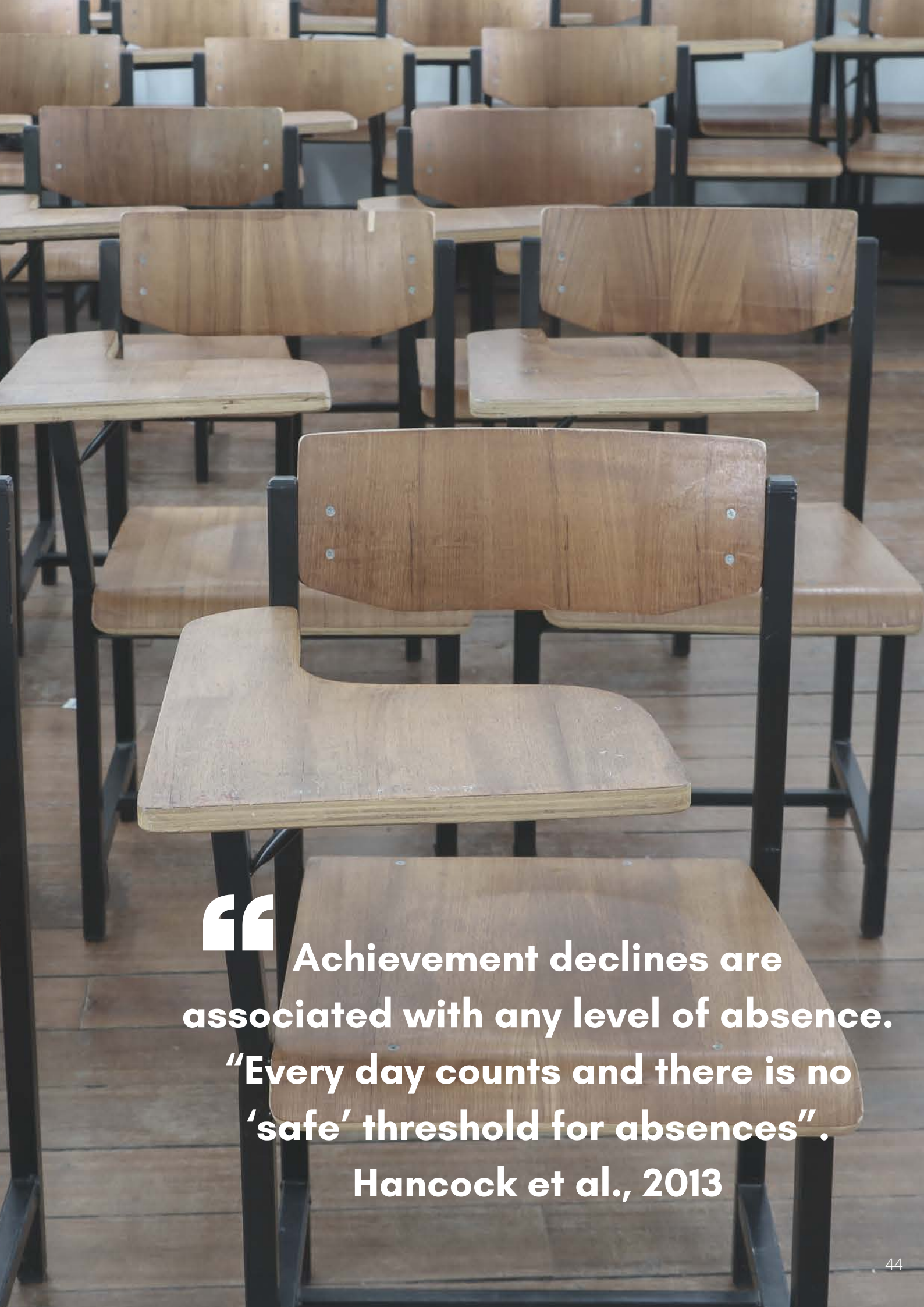
Average number of days absent per FTE Student-YEAR 6 (2014-2018)



Source: Cases21, DET <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 21/3/2020

Time Trend: Buloke LGA - decrease in average number of days year 6 students were absent between 2014 and 2018.





“ Achievement declines are associated with any level of absence. “Every day counts and there is no ‘safe’ threshold for absences”. Hancock et al., 2013

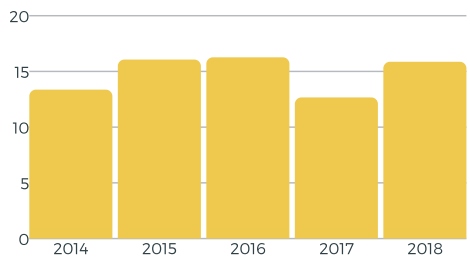


“
Encourage parental awareness of the importance of attending school.
Hancock et al., 2013

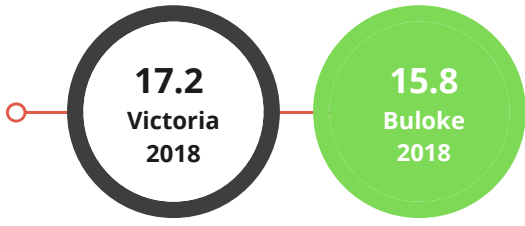
CHILDREN AND YOUNG PEOPLE ATTEND SCHOOL

Average number of days absent per full-time equivalent (FTE) student government primary and secondary schools (including Special)

Average number of days absent per FTE Student-YEAR 7 (2014-2018)

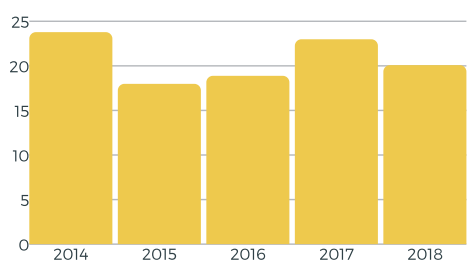


Time Trend: Buloke LGA - increase in average number of days year 7 students were absent between 2014 and 2018.



Source: Cases21, DET <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 21/3/2020

Average number of days absent per FTE Student-YEAR 9 (2014-2018)

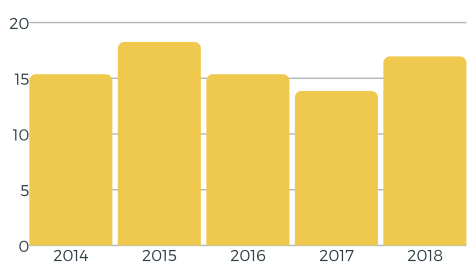


Time Trend: Buloke LGA - decrease in average number of days year 9 students were absent between 2014 and 2018.

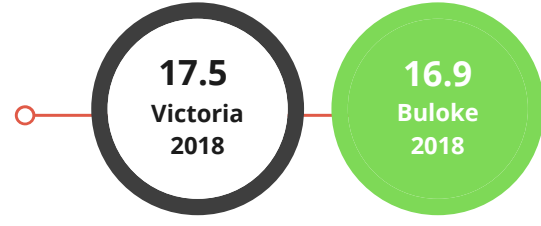


Source: Cases21, DET <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 21/3/2020

Average number of days absent per FTE Student-YEAR 11 (2014-2018)

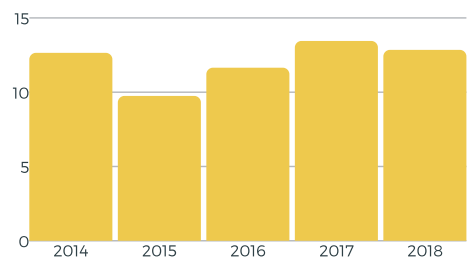


Time Trend: Buloke LGA - increase in average number of days year 11 students were absent between 2014 and 2018.

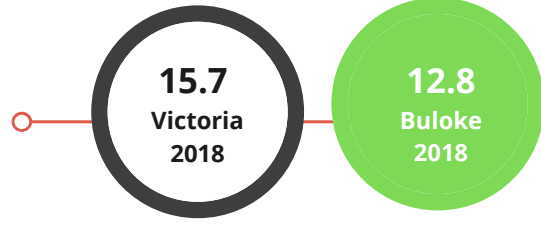


Source: Cases21, DET <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 21/3/2020

Average number of days absent per FTE Student-YEAR 12 (2014-2018)



Time Trend: Buloke LGA - a slight increase in the average number of days year 12 students were absent between 2014 and 2018.



Source: Cases21, DET <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 21/3/2020

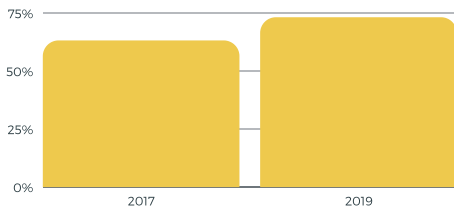


Sense of belonging 'has to do with feelings of being accepted and valued by their peers, and by others at their school' (Willms, 2003)

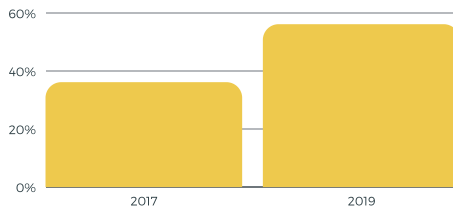
CHILDREN AND YOUNG PEOPLE FEEL CONNECTED TO SCHOOL

School belonging years 4-9 (MDI)- High Wellbeing (2017 & 2019)

Year 4-6



Year 7-9

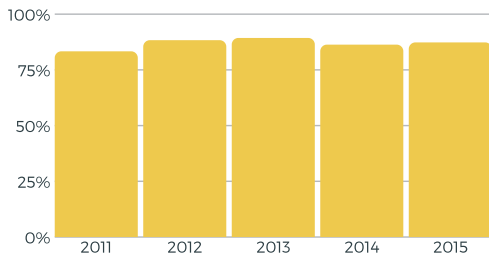


Time Trend: Increasing number of students in year 4-6 and year 7-9 in the high wellbeing category for school belonging.

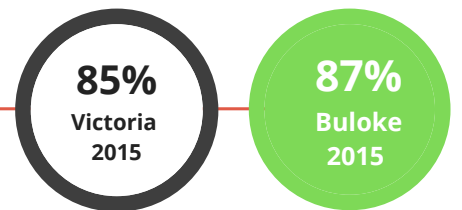
MDI Victoria Wide Comparison is NOT available.

Source: Middle Years Development Instrument (MDI) primary & secondary school district reports Buloke (2017 & 2019)

Proportion of students who report feeling connected with their school year 5 & 6 combined (2011-2015)

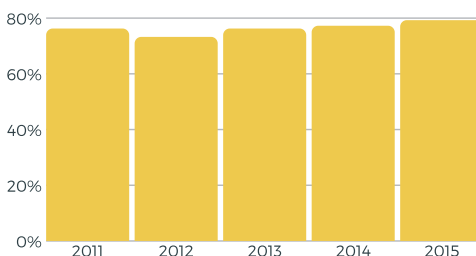


Time Trend: Buloke LGA - increasing rates of students who report feeling connected with their school year 5 & 6 combined between 2011 and 2015.

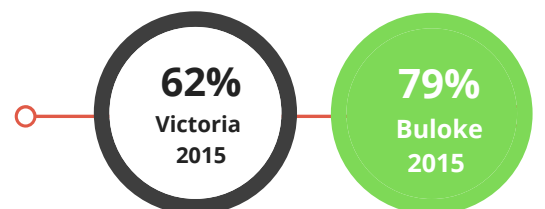


Source: Student Attitudes to School Survey Source: Student Attitudes to School Survey <https://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 09/03/2020.

Proportion of students who report feeling connected with their school year 7-9 (2011-2015)

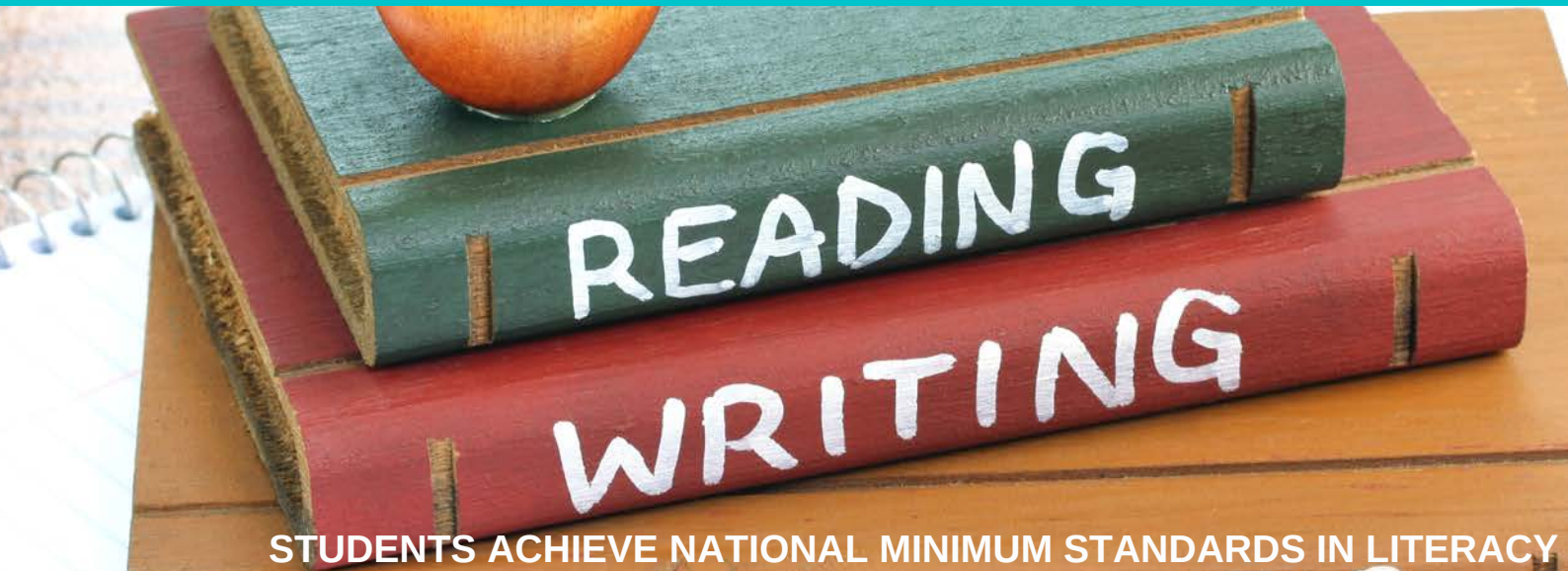


Time Trend: Buloke LGA - increasing rates of students who report feeling connected with their school year 7-9 between 2011 and 2015.



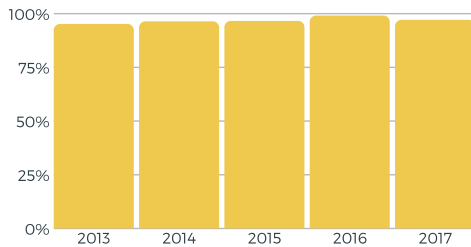
Source: Student Attitudes to School Survey Source: Student Attitudes to School Survey <https://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 09/03/2020.

CHILDREN AND YOUNG PEOPLE ARE ACHIEVING AT SCHOOL



STUDENTS ACHIEVE NATIONAL MINIMUM STANDARDS IN LITERACY

Proportion of students who achieve national minimum standards in literacy (YEAR 3) 2013-2017

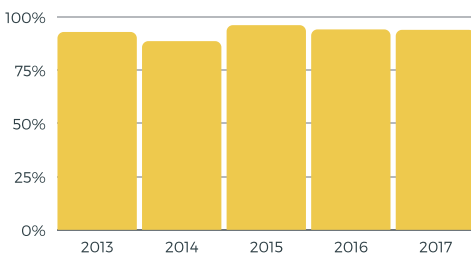


Time Trend: Buloke LGA - increasing rates of year 3 students who achieved national minimum standards in literacy between 2013 and 2017.



Source: NAPLAN <https://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 24/03/2020.

Proportion of students who achieve national minimum standards in literacy (YEAR 5) 2013-2017

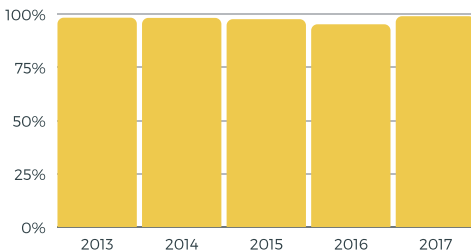


Time Trend: Buloke LGA - increasing rates of year 3 students who achieved national minimum standards in literacy between 2013 and 2017.



Source: NAPLAN <https://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 24/03/2020.

Proportion of students who achieve national minimum standards in literacy (YEAR 7) 2013-2017

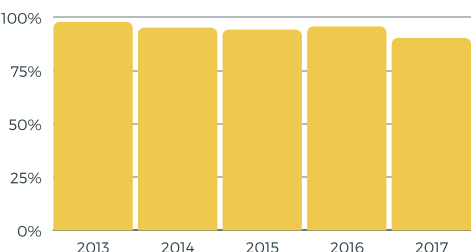


Time Trend: Buloke LGA -largely no change in number of year 7 students who achieved national minimum standards in literacy between 2013 and 2017.



Source: NAPLAN <https://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 24/03/2020.

Proportion of students who achieve national minimum standards in literacy (YEAR 9) 2013-2017



Time Trend: Buloke LGA -a decrease in year 9 students who achieved national minimum standards in literacy between 2013 and 2017.



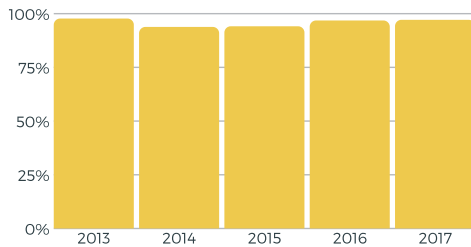
Source: NAPLAN <https://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 24/03/2020.

CHILDREN AND YOUNG PEOPLE ARE ACHIEVING AT SCHOOL



STUDENTS ACHIEVE NATIONAL MINIMUM STANDARDS IN NUMERACY

Proportion of students who achieve national minimum standards in numeracy (YEAR 3) 2013-2017

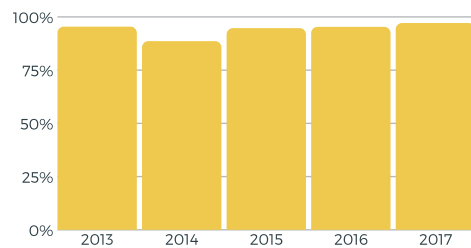


Time Trend: Buloke LGA -slight decrease in number of year 3 students who achieved national minimum standards in numeracy between 2013 and 2017.



Source: NAPLAN <https://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 24/03/2020.

Proportion of students who achieve national minimum standards in numeracy (YEAR 5) 2013-2017

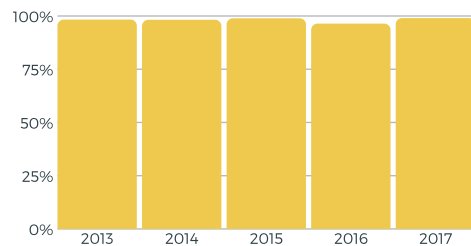


Time Trend: Buloke LGA -slight increase in number of year 5 students who achieved national minimum standards in numeracy between 2013-2017.



Source: NAPLAN <https://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 24/03/2020.

Proportion of students who achieve national minimum standards in numeracy (YEAR 7) 2013-2017

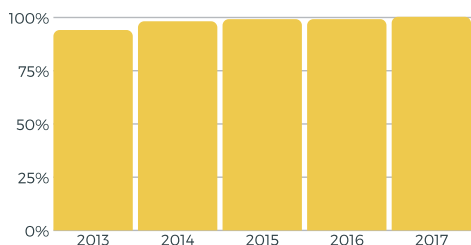


Time Trend: Buloke LGA - largely no change in the number of year 7 students who achieved national minimum standards in numeracy between 2013 and 2017.



Source: NAPLAN <https://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 24/03/2020.

Proportion of students who achieve national minimum standards in numeracy (YEAR 9) 2013-2017



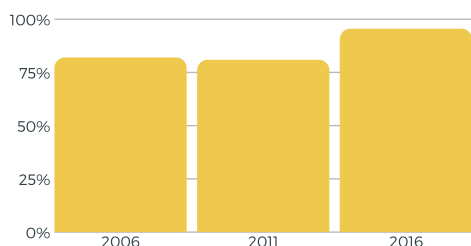
Time Trend: Buloke LGA -increase in number of year 9 students who achieved national minimum standards in numeracy between 2013-2017.



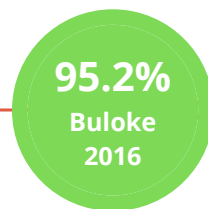
Source: NAPLAN <https://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 24/03/2020.

YOUNG PEOPLE COMPLETE SECONDARY SCHOOLING

Full-time participation in secondary school education at age 16 (2006-2016)

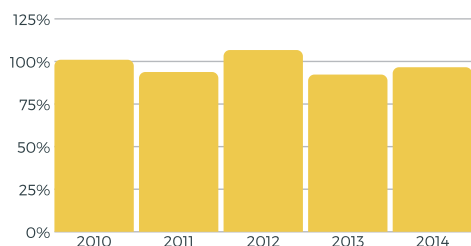


Time Trend: Buloke LGA - increase in full-time participation in secondary school education at age 16 between 2006-2016.

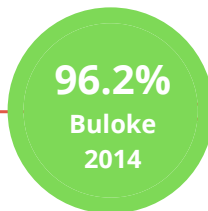


Source: Compiled by PHIDU based on the ABS Census of Population and Housing, August 2016.

Proportion of young people aged 19 years who have attained year 12 or equivalent (2010-2014)



Time Trend: Buloke LGA - decrease in proportion of young people aged 19 years who have attained year 12 or equivalent from 2010-2014.



Source: Skills Victoria and Victorian Curriculum and Assessment Authority <https://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx>

Higher levels of education are associated with better health and greater life satisfaction (OECD 2016a).

The Council of Australian Governments (COAG) has endorsed national targets to increase the Year 12 attainment rate in Australia. These targets are described through national education (COAG 2016) and Indigenous reform agreements (SCRGSP 2018a).

Students who have achieved a senior secondary certificate of education (or equivalent) are substantially more likely to make a successful transition to further education, training and work than early school leavers (Longitudinal Survey of Australian Youth).

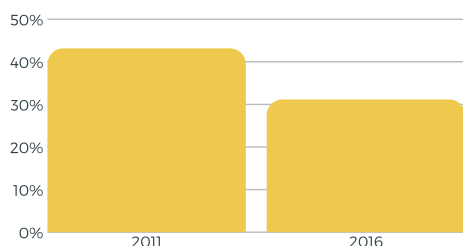




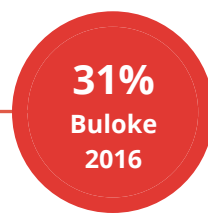
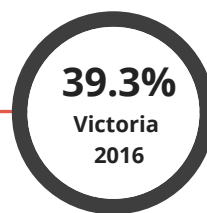
Research highlights the substantial changes that occur during adolescence and the crucial transitions to adulthood during this time. It also confirms that successes or difficulties experienced during the transition from school to either education or training are linked to outcomes beyond education and employment, including health outcomes and lifetime earnings (Youth Action and Western Sydney Regional Information and Research Service (WESTIR) 2018).

YOUNG PEOPLE HAVE SUCCESSFUL TRANSITION FROM SECONDARY SCHOOL

School leaver participation in higher education (2011-2016)



Time Trend: Buloke LGA - a more than ten percentile points decrease in early school leaver participation in higher education between 2011 and 2016.

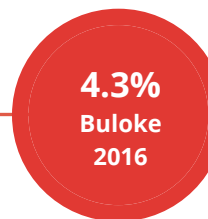


Source: Compiled by PHIDU from ABS Census 2011 & 2016 <http://phidu.torrens.edu.au/social-health-atlases> accessed 23/03/2020.

Young people aged 16 to 24 receiving an unemployment benefit (2016)



Time Trend: unavailable- In 2006 and 2011 Census the age range was 15-24 so comparisons could not be made.

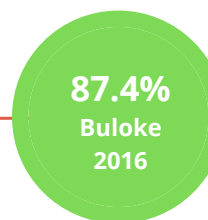


Source: Compiled by PHIDU from ABS Census 2016 <http://phidu.torrens.edu.au/social-health-atlases> accessed 07/04/2020

Learning or Earning at ages 15 to 24* (2016)



Time Trend: unavailable- In 2006 and 2011 Census the age range was 15-19 so comparisons could not be made.



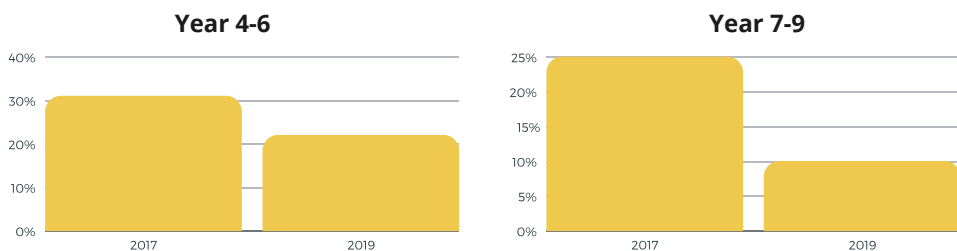
Source: Compiled by PHIDU from ABS Census 2016 <http://phidu.torrens.edu.au/social-health-atlases> accessed 07/04/2020

*This data comprise the number of 15 to 24-year-old people who were engaged in school, work or further education/ training, expressed as a proportion of all those aged 15 to 24 years.



CHILDREN AND YOUNG PEOPLE ARE PARTICIPATING IN THEIR COMMUNITY

Percentage of children who reported NOT doing any after school organised activities (during the past week after school)- MDI (2017 & 2019)

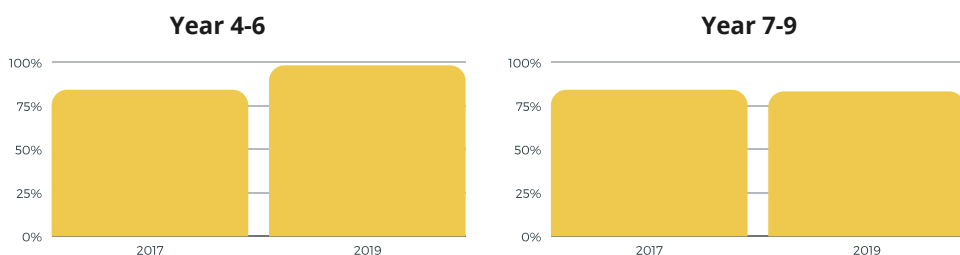


Source: Middle Years Development Instrument (MDI) primary & secondary school district reports Buloke (2017 & 2019)

Time Trend: decreasing number of students in year 4-6 and year 7-9 who reported not doing any organised after school activities in the past week.

MDI Victoria Wide Comparison is NOT available.

Percentage of children/youth who did NOT participate in youth organisations (during the past week after school)- MDI (2017 & 2019)

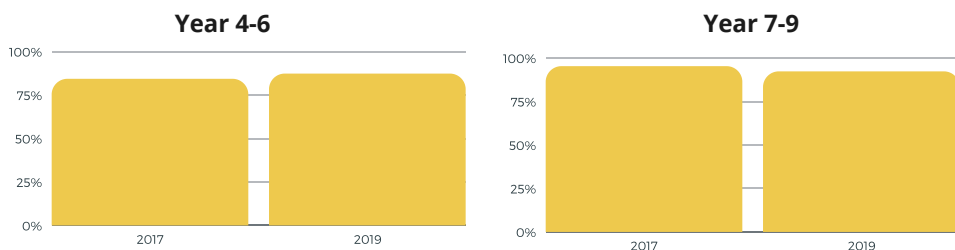


Source: Middle Years Development Instrument (MDI) primary & secondary school district reports Buloke (2017 & 2019)

Time Trend: increasing number of students in year 4-6 who reported NOT participating in youth organisations in the past week and a similar number of year 7-9 students who reported NOT participating in youth organisations in the past week after school.

MDI Victoria Wide Comparison is NOT available.

Percentage of children who thought there were places in their neighbourhood that provide programs for kids their age- MDI -YES responses (2017 & 2019)

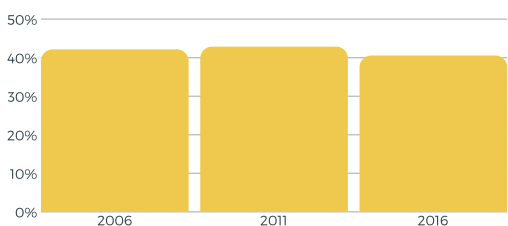


Source: Middle Years Development Instrument (MDI) primary & secondary school district reports Buloke (2017 & 2019)

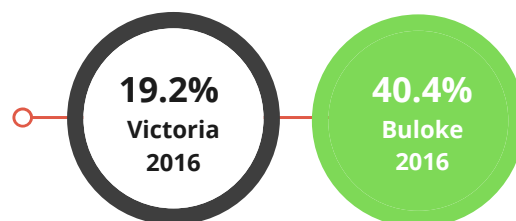
Time Trend: increasing number of students in year 4-6 who thought there were places in their neighbourhood that provide programs for kids their age and decreasing number of year 7-9 students who thought there were places in their neighbourhood that provide programs for kids their age.

MDI Victoria Wide Comparison is NOT available.

People aged 15 years and over who participated in voluntary work (2006-2016)



Time Trend: Buloke LGA - decrease in people aged 15 years and over who participated in voluntary work between 2006-2016.



Source: Compiled by PHIDU from ABS Census 2011 & 2016 <http://phidu.torrens.edu.au/social-health-atlases> accessed 23/03/2020.



“

"Child development is also influenced by the quality of community social capital - including sense of safety, norms of reciprocity, social engagement, participation, cohesion and trust".

(Hertzman, 2010)

“

"Young people who feel connected, have opportunities to participate in meaningful activities, are included in decision making and feel safe and secure in supportive environments report better health and mental health. As a result they are more likely to be engaged in schooling, family life, positive peer relationships, civic activities, employment and contribute to the shaping and building of better communities".

- Burns et al., 2008



REFERENCES

- Adler, N.E. and Stewart, J. (2010). Health disparities across the lifespan: meaning, methods, and mechanisms. *Annals of the New York Academy of Sciences*, 1186: 5-23. doi: 10.1111/j.1749-6632.2009.05337.x.
- AIHW (Australian Institute of Health and Welfare) 2012. A picture of Australia's children 2012. Cat. no. PHE 167. Canberra: AIHW.
- AIHW 2011. Headline indicators for children's health, development and wellbeing, 2011. Cat. no. PHE 144. Canberra: AIHW.
- AIHW 2019. Family, domestic and sexual violence in Australia: continuing the national story. Cat. no. FDV 3. Canberra: AIHW.
- Altieri MJ & von Kluge SJ 2009. Family functioning and coping behaviours in parents of children with autism. *Journal of Child and Family Studies*.
- Andrews, D., Green, C., & Mangan, J. (2004). Spatial inequality in the Australian youth labour market: The role of neighbourhood composition. *Regional Studies*, 38(1), 15-25.
- ANROWS (Australia's National Research Organisation for Women's Safety) 2018. Research summary: the impacts of domestic and family violence on children. Sydney: ANROWS.
- Astill, R. G., Van der Heijden, K. B., Van Ijzendoorn, M. H., & Van Someren, E. J. W. (2012). Sleep, cognition, and behavioral problems in school-age children: A century of research meta-analyzed. *Psychological Bulletin*, 138(6), 1109-1138.
- Banati, P and Camilletti, E (2018). Three Windows of Opportunity: Using Science to Inform Programming for Adolescents and Young People. UNICEF Connect.
- Barnett M 2008. Economic disadvantage in complex family systems: expansion of family stress models. *Clinical Child and Family Psychology Review* 11(3):145-61.
- Becker, S. P., Langberg, J. M., & Byars, K. C. (2015). Advancing a biopsychosocial and contextual model of sleep in adolescence: A review and introduction to the special issue. *Journal of Youth and Adolescence*, 44(2), 239-270.
- Bland D & Shallcross L 2015. Children who are homeless with their family: a literature review for the Queensland Commissioner for Children and Young People. Brisbane: Queensland University of Technology, Children and Youth Resource Centre.
- Bradley H. R., Corwyn F. R. (2002). Socioeconomic Status and Child Development. *Annual Review of Psychology*, 53, 371-399.
- Dr Jane Burns, Philippa Collin, Michelle Blanchard, Natasha De-Freitas & Sian Lloyd of the Inspire Foundation and ORYGEN Youth Health Research Centre For the Australian Research Alliance for Children and Youth, August 2008
- Campo M 2015. Children's exposure to domestic and family violence: key issues and responses. Child Family Community Australia (CFCA) paper no. 36. Melbourne: CFCA information exchange, Australian Institute of Family Studies.
- Carpenter, GL & Stacks, AM 2009, 'Developmental effects of exposure to intimate partner violence in early childhood: A review of the literature', *Children and Youth Services Review*, vol. 31, pp. 831-839
- CEDA (2019). Disrupting Disadvantage: Setting the Scene.
- Chaput, J. P., Gray, C. E., Poitras, V. J., Carson, V., Gruber, R., Olds, T. et al. (2016). Systematic review of the relationships between sleep duration and health indicators in school-aged children and youth. *Applied Physiology, Nutrition and Metabolism*, 41(6), S266-S282.
- Coulton, C. J., Crampton, D. S., Irwin, M., Spilsbury, J. C., & Korbin, J. E. (2007). How neighbourhoods influence child maltreatment: A review of the literature and alternative pathways. *Child Abuse & Neglect*, 31, 1117-1142.



REFERENCES

CSDH (Commission on Social Determinants of Health) 2008. Closing the gap in a generation: health equity through action on the social determinants of health. Final report of the Commission on Social Determinants of Health. Geneva: WHO.

De Maio J, Kaspiw R, Smart D, Dunstan J & Moore S 2013. Survey of recently separated parents: a study of parents who separated prior to the implementation of the Family Law Amendment (Family Violence and Other Matters) Act 2011. Melbourne: Australian Institute of Family Studies.

Duncan, GJ, Kalil A & Ziol-Guest KM 2013. Early childhood poverty and adult achievement, employment and health. Australian Institute of Family Studies, Family Matters Issue 93, 2013, pp17-26.

Duncan GJ, Ziol-Guest KM, Kalil A. (2010). Early childhood poverty and adult attainment, behavior, and health. *Child Development*, 81, 306-325.

Dyson, A., Hertzman, C., Roberts, H., Tunstill, J., & Vaghri, Z. (2010). *Childhood development, education and health inequalities*. London, UK: Global Health Equity Group, Department of Epidemiology and Public Health, University College London.

Edwards, B. (2005). Does it take a village? An investigation of neighbourhood effects on Australian children's development. *Family Matters*, 72, 36-43.

Evans, G.W. (2006). Child development and the physical environment. *Annual Review of Psychology*, 57, 423- 451.

Galster, G., Marcotte, D., Mandell, M., Wolman, H., & Augustine, N. (2007). The influence of neighborhood poverty during childhood on fertility, education, and earnings outcomes. *Housing Studies*, 22(5), 723-751.

Goldfeld, S., O'Connor, M., Sayers, M., Moore, T. and Oberklaid, F. (2012). The prevalence and correlates of special health care needs in a population cohort of Australian children at school entry. *Journal of Developmental and Behavioural Pediatrics*, 33 (3), 1-9. doi: 10.1097/DBP.0b013e31824a7b8e.

Hamilton M & Redmond G 2010. Conceptualisation of social and emotional wellbeing for children and young people, and policy implications. Canberra: ARACY & AIHW.

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.

Hart, H. and Rubia, K. (2012). Neuroimaging of child abuse: a critical review. *Frontiers in Human Neuroscience*, 6: 52.

Hertzman, C. (2010). Framework for the social determinants of early child development. In R.E. Tremblay, M. Boivin & R.DeV. Peters (Eds.), *Encyclopedia on Early Childhood Development*. Montreal, Quebec: Centre of Excellence for Early Childhood Development.

Holt S, Buckley H & Whelan S 2008. The impact of exposure to domestic violence on children and young people: A review of the literature. *Child Abuse and Neglect* 32:797-810.

Hosseinkhanzadeh AA, Esapoor M, Yeganeh T & Mohammadi R 2013. A study of the family cohesion in families with mentally disabled children. *Procedia-Social and Behavioural Sciences* 84:749-753.

Human Early Learning Partnership. MDI (Middle Years Development Instrument) secondary and primary school district reports 2017 & 2019, adapted for Australia.

Jaffe P, Wolfe D & Campbell M 2012. *Growing up with domestic violence: assessment, intervention, and prevention strategies for children and adolescents*. Cambridge: Hogrefe Publishing.

Joh JY, Kim S, Park JL & Kim YP 2013. Relationship between family adaptability, cohesion and adolescent problem behaviors: curvilinearity of circumplex model. *Korean Journal of Family Medicine* 34(3):169-177.



REFERENCES

- Kawachi I, Subramanian SV & Almeida-Filho N 2002. A glossary for health inequalities. *Journal of Epidemiology and Community Health* 56:647-52.
- Khanam, R., Nghiem, H.S. and Connelly, L.B. (2009). Child health and the income gradient: Evidence from Australia. *Journal of Health Economics*, 28 (4), 805-817
- Knight C 2015. Trauma-informed social work practice: Practice considerations and challenges. *Clinical Journal of Social Work* 43:25-37.
- Kruk, K. E. (2013), Parental income and the dynamics of health inequality in early childhood—evidence from the UK. *Health Economics*, 22 (10), 1199-1214. DOI: 10.1002/hec.2876
- Laing, L 2000, Children, young people and domestic violence, Issues Paper, no. 2, Australian Domestic & Family Violence Clearinghouse Sydney
- Leventhal, T., & Brooks-Gunn, J. (2000). The neighborhoods they live in: The effects of neighborhood residence upon child and adolescent outcomes. *Psychological Bulletin*, 126, 309-337.
- Lumley JI, Chamberlain C, Dowswell T, Oliver S, Oakley L, Watson L. (2009). Interventions for promoting smoking cessation during pregnancy. <https://www.ncbi.nlm.nih.gov/pubmed/19588322>
- Marmot Review (2010). Fair Society, Healthy Lives: Strategic review of health inequalities in England post-2010. London, UK: Global Health Equity Group, Department of Epidemiology and Public Health, University College London.
- McIntosh, J 2003, 'Children living with domestic violence: research foundations for early intervention', *Journal of Family Studies*, vol. 9, issue 2, pp. 219-234
- McLachlan, R., Gilfillan, G. and Gordon, J. (2013) Deep and Persistent Disadvantage in Australia, rev., Productivity Commission Staff Working Paper. Canberra.
- 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.
- Moore, T.G., McDonald, M., Carlon, L. and O'Rourke, K. (2015). Early childhood development and the social determinants of health inequities. *Health Promotion International*, 30 (suppl 2): ii102-ii115. doi:10.1093/heapro/dav031 <http://heapro.oxfordjournals.org/>
- Mundy, L. K., Canterford, L., Tucker, D., Bayer, J., Romaniuk, H., Sawyer, et al. (2017). Academic performance in primary school children with common emotional and behavioral problems. *Journal of School Health*, 87, 593-601.
- National Rural Health Alliance (2016). Food security and health in rural and remote Australia. Wagga Wagga, NSW: Rural Industries Research and Development Corporation.
- O'Connor, M., Romaniuk, H., Gray, S., & Daraganova, G. (forthcoming). Internalising difficulties: Identifying factors associated with continuity from childhood into adolescence. Research Report. Melbourne: Australian Institute of Family Studies.



REFERENCES

- Olson DH 1993. Circumplex model of marital and family systems: assessing family functioning. In Walsh, F. (ed.), *Normal family processes*, 2nd edn. pp.104-137. New York: Guilford Press.
- Organisation for Economic Co-operation and Development (OECD). (2017). *PISA 2015 results (Volume III): Students' well-Being*. Paris: OECD.
- Perry, BD 2005, 'Maltreatment and the developing child : how early childhood experience shapes child and culture', paper presented to The Margaret McCain Lecture Series, London, Ontario, Canada.
- Reardon, S. F. (2011). *The Widening Academic Achievement Gap Between the Rich and the Poor: New Evidence and Possible Explanations*. Stanford University.
- Redmond G, Skattebol J, Saunders P, Lietz P, Zizzo G, O'Grady E et al. 2016. *Are the kids alright? Young Australians in their middle years: Final report of the Australian Child Wellbeing Project*. Flinders University, University of New South Wales and Australian Council for Educational Research.
- Ryan, R. M., Fauth, R. C., & Brooks-Gunn, J. (2012). Childhood poverty: Implications for school readiness and early childhood education. In O. N. Saracho & B. Spodek (Eds.), *Handbook of research on the education of young children* (3rd ed., pp. 301-321). New York: Routledge.
- Shochat, T., Cohen-Zion, M., & Tzischinsky, O. (2014). Functional consequences of inadequate sleep in adolescents: A systematic review. *Sleep Medicine Reviews*, 18(1), 75-87.
- Sollis, K. (2019). *Measuring Child Deprivation and Opportunity in Australia: Applying the Nest framework to develop a measure of deprivation and opportunity for children using the Longitudinal Study of Australian Children*. Canberra: ARACY.
- Stephenson J, Heslehurst N, Hall J, Schoenaker DAJM, Hutchinson J, Cade JE, et al. (2018). Before the beginning: nutrition and lifestyle in the preconception period and its importance for future health. *The Lancet*. 391(10132):1830-41.
- Strudwicke, L. (2000). *Sense of Belonging and Self-Esteem : What are the Implications for Educational Outcomes of Secondary School Students? : A Literature Review*. Retrieved from http://ro.ecu.edu.au/theses_hons/867.
- Weng SF, Redsell SA, Swift JA, Yang M & Glazebrook CP (2012). Systematic review and meta- analyses of risk factors for childhood overweight identifiable during infancy. *Archives of Disease in Childhood*. 97(12):1019-26. Cited in Moore et al. 2017, *The First Thousand Days: An Evidence Paper*.
- Willms, J. D. (2003). *Student engagement at school: A sense of belonging and participation. Results from PISA 2000*. Paris: OECD.
- World Health Organization. (2011). *Adverse Childhood Experiences International Questionnaire Pilot study review and finalization meeting, 4-5 May 2011, WHO Headquarters, Geneva Meeting Report*.
- WHO (World Health Organization) 2016. *Violence against children fact sheet*. Geneva: WHO.