



Mildura Rural City Council

The State of Mildura Rural City's Children & Young People

2014 Report



The State of Mildura Rural City's Children & Young People 2014 Report

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Prepared by
Rachael Williams
Local Logic Place
PO Box 1493
Swan Hill VIC 3585
0416 201643
www.locallogicplace.com.au
rachael@locallogicplace.com.au





Executive Summary

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

Professor Frank Oberklaid Director, Centre for Community Child Health, The State of Bendigo's Children Report

The State of Mildura Rural City's Children and Young People 2014 Report was commissioned by Mildura Rural City Council who, in doing so, recognised the critical importance of understanding how their children and young people right across the Municipality were faring. *The State of Mildura Rural City's Children and Young People 2014 Report* builds on the Early Years Statistical Profile undertaken by ASR Research in 2010 and is an important precursor to the Mildura Rural City Council Municipal Early Years Plan scheduled for review in 2014.

Comprehensive and accurate knowledge of how our children and young people are currently faring together with the direction in which these indicators are trending are the basis for informed and coordinated community-wide planning. *The State of Mildura Rural City's Children and Young People 2014 Report* is the foundation for not only ongoing conversations in existing partnerships but also for new conversations and new partnerships and, in commissioning this Report, Council extends the invitation to all in joining this dialogue.

The State of Mildura Rural City's Children and Young People 2014 Report examines key factors associated with the well-being and health of children, young people and their families. The Report uses specific indicators to measure how children and young people in Mildura Rural City are faring compared to their Victorian counterparts and is an important first step in helping the community decide where to focus existing resources, make the case for additional

resources, and act as a baseline for knowing whether a difference has been made over time.

While *The State of Mildura Rural City's Children and Young People 2014 Report* shows that Mildura Rural City's children and young people are doing well in many ways there remains work to be done.

Where we're doing well

Compared to the Victorian average, more children and young people in Mildura Rural City:

- Receive their 'Key Ages and Stages' home visit and more families are undertaking their 2 weeks and 4 months 'Key Ages and Stages' checks,
- ATSI children are also faring better than their Victorian counterparts at their 'home visit', 2 weeks and 4 months 'Key Ages and Stages' checks,
- Whilst not faring better than their Victorian counterparts rates of completion for the 8 weeks, 8, 12 and 18 months, and 2 and 3.5 years 'Key Ages and Stages' checks have increased for Mildura Rural City's children and also for ATSI children at the 8 weeks, 8 months and 3.5 years KAS checks,
- Participate in four year old kindergarten, with this rate of participation improving dramatically since 2008,
- Report feeling connected to school in years 5–6,
- Are fully vaccinated at 24–27 months, and

“..... good data..... assists efforts at advocacy, helps establish priorities, engages diverse stakeholders, and provides a baseline from which to evaluate the efficacy of any interventions.”

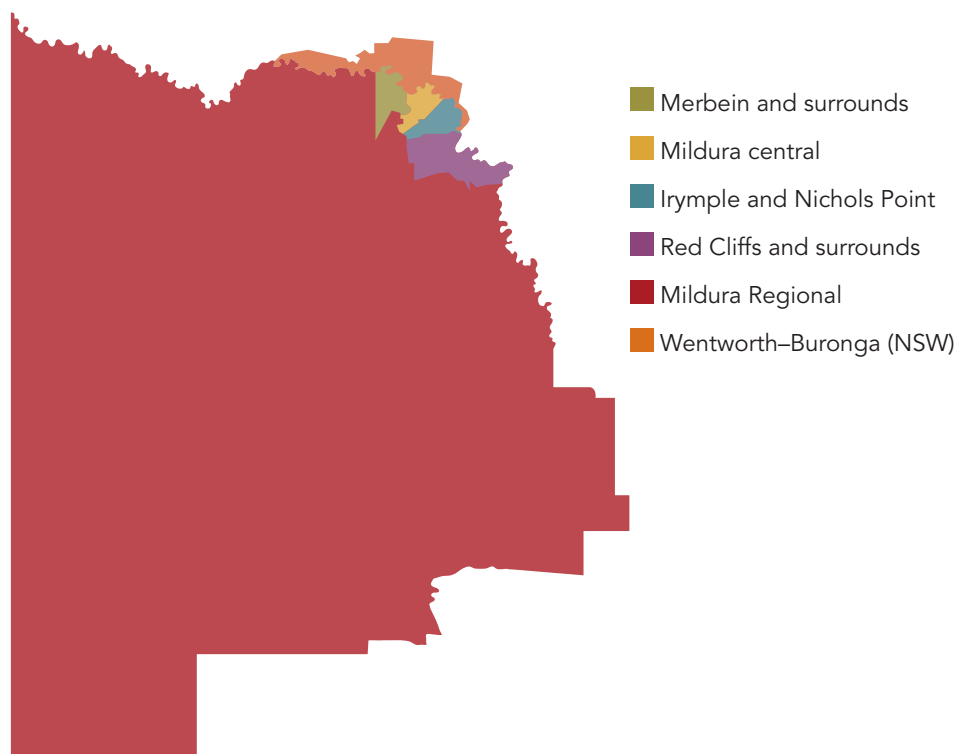
Professor Frank Oberklaid Director, centre for community child health, The State of Bendigo's Children Report

- Participate in voluntary work for an organisation or group (those aged 15 years and over).

Areas for improvement

Compared to the Victorian average, more children and young people in Mildura Rural City:

- Experience disadvantage, with the Mildura LGA ranked as the 5th most disadvantaged LGA in Victoria according to 2011 SEIFA data,
- Live in homes rented from the State Housing Authority,
- Are part of one parent families,
- Are part of 'jobless' families,
- Live in families who are Health Care Card holders and receiving rent assistance from Centrelink,
- Require assistance with 'core activities',
- Are 'developmentally vulnerable' in AEDI measures including: Two or More Domains, Physical Health and Well-being, Social Competence, Emotional Maturity, Language and Cognitive Skills, and Communication and General Knowledge,
- Enter school with emotional or behavioural difficulties,
- Experience Child Abuse Substantiations, are on Child Protection Orders and are in Out-of-Home Care,
- Live in families requiring Family Violence Assessments during a Key Ages and Stages visit,
- Are both victims of crime and criminal offenders (and subsequently more young people aged 10–17 years are on Community Based Supervision orders),
- Live in families experiencing mortgage and rental stress,
- Report being bullied between years 7 to 9,
- Do not live in families actively engaged with the school in supporting their child's learning,
- Do not live in families who regularly read to/ encouraged in their reading at home,
- Are absent from Government schools in both Prep and Year 2,
- Are not meeting National Minimum Standards in NAPLAN testing at all Year levels in both Literacy and Numeracy,
- Are without an internet connection at home,
- Disengage from Earning and Learning and are subsequently receiving unemployment benefits,
- Experience pregnancy in their teens,
- Are not fully breastfed at 2 weeks, 3 months and 6 months of age,
- Are not fully vaccinated at 12–15 months and 60–63 months of age,
- Experience food insecurity,



- Are overweight at school entry,
- Are low birth weight babies,
- Experience smoking In utero,
- Are admitted to hospital as the result of an accident,
- Die as infants and children aged 0–4 years,
- Are detected with Sexually Transmittable Infections as young people,
- Experience Psychiatric hospitalisations at ages 10–17 years,
- Are physically inactive, and
- Live in families reporting inadequate work/life balance and a lack of time for family.

Whilst these indicators suggest significant challenges for children, young people and their families in the coming years, together with the communities and services offering them structure and support there is also power in this knowledge. Within these challenges lie opportunities for coordination, collaboration, creativity and achievement, and for the first time a comprehensive 'profile' exists through which these achievements can be monitored.

Some indicators presented in *The State of Mildura Rural City's Children and Young People 2014* Report mask variations at the community level. For this reason the Report also presents all available

indicators at geographically smaller predefined areas. There are five Australian Bureau of Statistics 'Statistical Area 2s' (SA2s) within the Mildura LGA, these are:

1. Mildura Central,
2. Irymple and Nichols Point,
3. Merbein and Surrounds,
4. Red Cliffs and Surrounds and
5. Regional Mildura.

A sixth 'Statistical Area 2' area is also presented, the Wentworth–Buronga SA2, which encompasses the NSW border communities which lie adjacent to the Murray River across from the city of Mildura. These communities include Gol Gol, Buronga, Dareton, Coomealla, Curlwaa and Wentworth. It is widely recognised that the residents of these NSW border communities seek significant service support from their Victorian neighbour and for this reason the health and well-being of their children and young people influence service structure and availability to children and young people in the Mildura LGA.

These six SA2 reports should be read in conjunction with the overarching *The State of Mildura Rural City's Children and Young People 2014* Report and used to inform 'area' specific programming, planning and development.

Introduction

The State of Mildura Rural City's Children and Young People 2014 Report draws on the framework established in the DEECD *The State of Victoria's children 2012 Report* and the earlier *The State of Bendigo's Children Report* in developing a 'profile' of children and young people aged 0–18 years residing in the Mildura LGA. For consistency the same broad Indicators are used in *The State of Mildura Rural City's Children and Young People 2014 Report* as were used in its predecessors. Additional measures within each indicator have been included where available to create the most comprehensive picture possible of children and young people in the Mildura LGA. Importantly the report framework allows for further measures to be added over time and also for the direction of each measures' 'trend' to be presented in subsequent reports.

The State of Mildura Rural City's Children and Young People 2014 Report presents a profile of how Mildura LGA's children and young people are faring across five broad Indicators and as reflected by the following measures:

Indicator of Child Wellbeing: Developing Well

Children are developing well by age six

- Children in Mildura LGA are well developed by their first year of school, 2012
- Physical Health and Wellbeing, 2012
- Social Competence, 2012
- Emotional Maturity, 2012
- Language and Cognitive Skill (school-based), 2012
- Communication Skills and General Knowledge, 2012
- Proportion of children at school entry with emotional or behavioural difficulties, 2012

Children visit a maternal and child health nurse- all children

- KAS Home Visit, 2012/2013
- KAS 2 weeks, 2012/2013
- KAS 4 weeks, 2012/2013
- KAS 8 weeks, 2012/2013

- KAS 4 months, 2012/2013
- KAS 8 months, 2012/2013
- KAS 12 months, 2012/2013
- KAS 18 months, 2012/2013
- KAS 2 years, 2012/2013
- KAS 3.5 years, 2012/2013

Children visit a maternal and child health nurse- ATSI children

- KAS Home Visit, 2012/2013
- KAS 2 weeks, 2012/2013
- KAS 4 weeks, 2012/2013
- KAS 8 weeks, 2012/2013
- KAS 4 months, 2012/2013
- KAS 8 months, 2012/2013
- KAS 12 months, 2012/2013
- KAS 18 months, 2012/2013
- KAS 2 years, 2012/2013
- KAS 3.5 years, 2012/2013

Children and parents are involved in playgroups

Indicator of Child Wellbeing: Safe and Secure

Children and young people are safe in their own homes

- Child abuse substantiation* per 1,000 children aged 0–17 years, 2010/2011
- Children on child protection orders per 1,000 children aged 0–17 years, 2010
- Children in out of home care* per 1,000 children aged 0–17 years, 2012
- Percentage of family violence incidents where children and young people aged 0–17 years are present, 2011/2012
- Family Violence Assessments during Key Ages and Stages visits, 2012/2013
- Safety Plans Completed during Key Ages and Stages visits, 2012/2013
- Domestic / Family Violence Referrals during Key Ages and Stages visits, 2012/2013

- Proportion of children at school entry whose parents report high levels of family stress in the past month, 2012

Children and young people are safe in their community

- Crime where the victim was a child or young person aged between 0–17 (rate per 1,000 children), 2011/2012
- Crime where the offender was a child or young person aged between 0–17 (rate per 1,000 children), 2011/2012
- Rate of young people (aged 10–17 years) on community based supervision (per 100,000 young people), 2012/2013
- Felt safe or very safe walking alone in my local area during the day, 2011
- Felt safe or very safe walking alone in my local area during the night, 2011

Children and young people are securely housed

- Estimated Homeless Population, 2011
- Percentage of dwellings rented from the government housing authority, 2011

Families are financially secure

- Single parent families with children aged less than 15 years, 2011
- Jobless families with children aged less than 15 years, 2011
- Health Care Card Holders, 2012
- Percentage of low income households (households in bottom 40% of income distribution) with mortgage stress, 2011
- Percentage of low income households (households in bottom 40% of income distribution) with rental stress, 2011
- Percentage of private dwellings with no motor vehicle, 2011
- Households in dwellings receiving rent assistance from Centrelink, 2011
- Students from families whose SFO category is Unskilled / Semi Skilled Occupations or unemployed, 2010

Children and young people are secure in their learning environment

- Proportion of children who report being bullied in years 5 and 6 (combined), 2013
- Proportion of children who report being bullied between years 7 to 9, 2013

Indicator of Child Wellbeing: Engaged, Learning, Achieving

Families supportive of learning

- Children making good progress in adapting to the structure and learning environment of the school (often or very true), 2012
- Children whose parent(s)/caregiver(s) are actively engaged with the school in supporting their child's learning (often or very true), 2012
- Children who are regularly read to/encouraged in their reading at home (often or very true), 2012

Children are participating in kindergarten

- Kindergarten participation in the first year of enrolments, 2012
- Proportion of children attending kindergarten whose placement attracts a kindergarten fee subsidy, 2012
- Number of four year old kindergarten enrolments in a long day care or integrated children's services setting, 2012
- Services enable participation in pre-school
- Services providing Universal Access to Early Childhood Education, 2013

Children feel connected to school

- Proportion of children who report feeling connected to school in years 5 and 6 (combined), 2013
- Proportion of children who report feeling connected to school in years 7 to 9, 2013
- Mean absence days per year Prep, 2009
- Mean absence days per year Year 1, 2009
- Mean absence days per year Year 2, 2009

Children and young people are achieving at school

- Proportion of students in Year 3 who meet or exceed the benchmarks for literacy, 2011
- Proportion of students in Year 5 who meet or exceed the benchmarks for literacy, 2011
- Proportion of students in Year 7 who meet or exceed the benchmarks for literacy, 2011
- Proportion of students in Year 9 who meet or exceed the benchmarks for literacy, 2011
- Proportion of students in Year 3 who meet or exceed the benchmarks for numeracy, 2011
- Proportion of students in Year 5 who meet or exceed the benchmarks for numeracy, 2011
- Proportion of students in Year 7 who meet or exceed the benchmarks for numeracy, 2011

- Proportion of students in Year 9 who meet or exceed the benchmarks for numeracy, 2011

Children & young people have access to internet at home

- Private dwellings with NO Internet connection, 2011

Young people are engaged in learning or earning

- Full-time participation in secondary school education at age 16, 2011
- Year 10–12 apparent retention rate, 2012
- Proportion of young people aged 19 years who have attained Year 12 or equivalent, 2011
- Learning or Earning at ages 15 to 19, 2011
- Young people aged 15 to 24 receiving an unemployment benefit, 2012

Teenage Fertility Rate

- Rate of live births to women aged under 19 years in the calendar year (per 1,000 women in this age group), 2012

Indicator of Child Wellbeing: Happy and Healthy

Children have a healthy childhood

- Proportion of infants fully breastfed at discharge from hospital, 2012/2013
- Proportion of infants fully breastfed at 2 weeks of age, 2012/2013
- Proportion of infants fully breastfed at 3 months of age, 2012/2013
- Proportion of infants fully breastfed at 6 months of age, 2012/2013
- Proportion of children who are fully vaccinated at 12–15 months, 2012/2013
- Proportion of children who are fully vaccinated at 24–27 months, 2012/2013
- Proportion of children who are fully vaccinated at 60–63 months, 2012/2013
- Access to Food, 2008
- Achieves usual daily intake of two or more serves of fruit (modelled estimate, rate per 100), persons aged 5 to 17 years, 2007/2008
- Proportion of children at school entry reported to be overweight, 2008
- Obese persons (modelled estimate, rate per 100), persons 18 years and over, 2007/2008
- Low birth weight babies, 2009–2011
- Smoking During Pregnancy, 2009–2011

- Quit Interventions during Key Ages and Stages Visits, 2012/2013
- Quit Referrals during Key Ages and Stages Visits, 2012/2013
- Rate of Childhood Accidents (per 1,000 children), 2011
- Total Hospital Separations, per 1000 children aged 0 to 8 years, 2005–2008
- Total Hospital Separations Indigenous Children, per 1000 children aged 0 to 8 years, 2005–2008
- Total Hospital Separations, per 1000 children aged 0 to 8 years, 2005–2008 – Chapter XXI Factors
- Total Hospital Separations Indigenous Children, per 1000 children aged 0 to 8 years, 2005–2008 – Chapter XXI Factors
- Infant Deaths (all deaths under 12 months of age per 1,000 live births), 2006–2010
- Child Mortality (1 to 4 years), average annual rate per 100,000, 2006–2010
- Child Mortality (under 5 years), average annual rate per 100,000, 2003–2007
- Rate of sexually transmissible infections* in young people aged 12–17 years (per 100,000 young people), 2012

Children have a physically active childhood

- Physical inactivity (modelled estimate, rate per 100), persons aged 15 years and over, 2007/2008

Children and young people are active in the community

- People aged over 15 years who participated in voluntary work for an organisation or group, 2011

Families have time for children and young people

- Adequate work / life balance, 2011
- Lack of time for family / friends, 2011
- Shares a meal with family, 2011

Adolescents have good mental health

- 'Psychiatric hospitalisations' for 10–17 year olds per 1,000 adolescents, 2009–2010
- Proportion of population experiencing 'high' to 'very high' levels of psychological distress, 2011/2012

Children, young people & families are supported by positive relationships

- Can you get help from family, friends or neighbours when you need it? Responding Yes, 2008
- Feeling part of the community (range 0–100), 2011

Indicator of Child Wellbeing: Active Citizens

Children and young people are civically engaged

Families and the community model good citizenship

- Do you regularly volunteer your time to help out anywhere? Responding Yes, 2008
- Participation in Citizen Engagement? Responding Yes, 2011

Data for some indicators is not currently available, these include the active citizens Indicator and also along measures of adolescent mental health. These represent data gaps to be rectified at state and national level. Each measure presented includes a Time Trend (if available) and offers the same data for our Victorian counterparts. Mildura's data is depicted in the shaded circle, where it's ranking against Victoria dictates the colour: **green** for where we are faring 'better than' the rest of the state, **red** for when we are not faring as well as the rest of the state and **amber** for any measure within 0.5 of the state measure (both above and below).

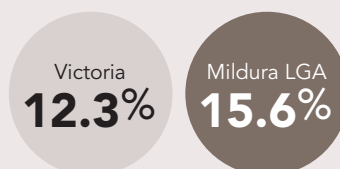
An Overview of Mildura Rural City's Population

The Mildura Local Government Area (LGA) covers an area of 22,082.5 sq Km and is located in the most north western corner of Victoria. In the most recent ABS Census of Population and Housing, there were 50,979 people in the Mildura LGA of these 49.0% were male and 51.0% were female. At this time the Mildura LGA had more than five times the Victorian Indigenous population with 3.6% of the Mildura LGA population identifying as Indigenous compared to only 0.7% of the Victorian population. The median age of Indigenous people within the Mildura LGA was 18 years. This compares to a median state level age for Indigenous people of 22 years. The median age of people for the entire Mildura LGA population was 39 years, slightly older than that witnessed at the Victorian and national levels.

Our children & Young People

The 2011 ABS Census of Population and Housing collected the following age profile across the Mildura LGA:

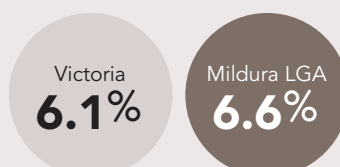
Proportion of Indigenous residents (of all Indigenous residents) aged 0–4 years, 2011



Time Trend – Mildura LGA proportion of Indigenous residents aged 0–4 years increasing between 2006 and 2011

Victoria 11.9% Mildura LGA 15.2%

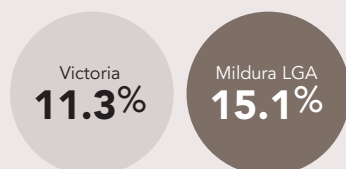
Proportion of residents (of all residents) aged 5–9 years, 2011



Time Trend – Mildura LGA proportion of residents aged 5–9 years decreasing between 2006 and 2011

Victoria 6.4% Mildura LGA 7.7%

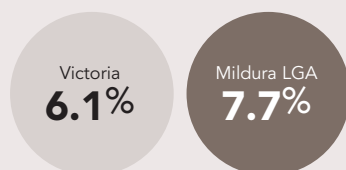
Proportion of Indigenous residents (of all Indigenous residents) aged 5–9 years, 2011



Time Trend – Mildura LGA proportion of Indigenous residents aged 5–9 years increasing between 2006 and 2011

Victoria 12.6% Mildura LGA 12.8%

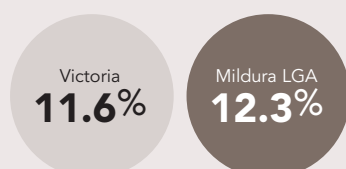
Proportion of residents (of all residents) aged 10–14 years, 2011



Time Trend – Mildura LGA proportion of residents aged 10–14 years decreasing between 2006 and 2011

Victoria 6.7% Mildura LGA 8.1%

Proportion of Indigenous residents (of all Indigenous residents) aged 10–14 years, 2011



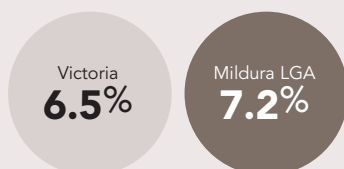
Time Trend – Mildura LGA proportion of Indigenous residents aged 10–14 years decreasing between 2006 and 2011

Victoria 12.4% Mildura LGA 13.5%

	Indigenous		
	Males	Females	Persons
Age (years):			
0	36	26	62
1	26	23	49
2	32	27	59
3	39	22	61
4	23	32	55
0–4 years	156	130	286
5	42	31	73
6	29	28	57
7	23	26	49
8	25	21	46
9	33	19	52
5–9 years	152	125	277
10	29	22	51
11	26	19	45
12	20	23	43
13	17	19	36
14	18	33	51
10–14 years	110	116	226
15	12	30	42
16	13	20	33
17	17	23	40
18	22	19	41
19	16	13	29
15–19 years	80	105	185

Non-Indigenous			Indigenous status not stated			Total		
Males	Females	Persons	Males	Females	Persons	Males	Females	Persons
291	253	544	18	17	35	345	296	641
301	273	574	13	21	34	340	317	657
311	293	604	22	16	38	365	336	701
314	279	593	19	12	31	372	313	685
318	302	620	14	14	28	355	348	703
1,535	1,400	2,935	86	80	166	1,777	1,610	3,387
324	291	615	18	23	41	384	345	729
286	259	545	18	14	32	333	301	634
298	296	594	12	15	27	333	337	670
294	276	570	18	14	32	337	311	648
308	301	609	21	17	38	362	337	699
1,510	1,423	2,933	87	83	170	1,749	1,631	3,380
323	327	650	18	17	35	370	366	736
317	345	662	25	31	56	368	395	763
372	347	719	20	18	38	412	388	800
385	338	723	23	24	47	425	381	806
381	352	733	20	21	41	419	406	825
1,778	1,709	3,487	106	111	217	1,994	1,936	3,930
400	337	737	24	18	42	436	385	821
372	362	734	21	21	42	406	403	809
343	336	679	15	25	40	375	384	759
291	294	585	22	17	39	335	330	665
277	283	560	16	18	34	309	314	623
1,683	1,612	3,295	98	99	197	1,861	1,816	3,677

Proportion of residents (of all residents) aged 15–19 years, 2011



Time Trend – Mildura LGA proportion of residents aged 15–19 years remaining the same between 2006 and 2011

Victoria 6.8% Mildura LGA 7.2%

Proportion of Indigenous residents (of all Indigenous residents) aged 15– 19 years, 2011



Time Trend – Mildura LGA proportion of Indigenous residents aged 15–19 years decreasing between 2006 and 2011

Victoria 10.6% Mildura LGA 11.4%

(Source: ABS Census of Population and Housing 2011, <http://www.abs.gov.au/websitedbs/censushome.nsf/home/quickstats> and <http://www.abs.gov.au/websitedbs/censushome.nsf/home/communityprofiles?opendocument&navpos=230> accessed 10/04/2014)

At the time of the 2011 Census children and young people aged 0–19 years made up 28.1% of the Mildura LGA population, the same age cohort represented 25.1% of the Victorian population. In contrast to the Mildura LGA (entire population figures) Indigenous children and young people aged 0–19 years made up 53.1% of the Mildura LGA Indigenous population (compared to children and young people aged 0–19 years contributing 28.1% to the entire Mildura LGA population). These figures reveal an Indigenous early years and children population which is almost twice the size (in

relative terms) of the entire early years and children population and more than half of the entire Mildura LGA Indigenous population.

According to the Department of Planning and Community Development projections (summarised in the Victoria in Future 2012 data release) the population of the Mildura LGA is expected to increase from 54,666 in 2011 to 64,288 by 2031. With average annual projected population growth expected to be similar to the average growth rate experienced over the previous 10 years (1.0%).

Significantly these same predictions indicate an actual small increase in early years population (0–4 years) from 3,651 in 2011 to 3,777 in 2031. However the early years population ‘falls’ as a percentage of the population from 6.7% in 2011 to 5.9% in 2031. Over the same time period there is both an actual and relative decline in the 5–14 year old population down from 7,933 (14.5%) in 2011 to 7,881 (12.3%) in 2031. Young people aged 15–24 years experience a small increase in population from 7,055 in 2011 to 7,335 in 2031. However this cohort of the population ‘falls’ as a percentage of the population from 12.9% in 2011 to 11.4% in 2031 (DPCD, 2012).

Population groups of interest

Analysis undertaken by the Department of the Prime Minister and Cabinet’s Social Inclusion Unit based on the ABS General Social Survey indicated that in 2010 around 5% of Australian adults (aged 18 to 64) experienced multiple disadvantage—defined as three or more types of six specified disadvantages in the areas of income, work, health, education, joblessness and support. Among those adults who experienced multiple disadvantage, almost 3 in 10 had children living with them (30%). Of all those experiencing multiple disadvantage 17% were lone parents and 12% were couples with children, with children in jobless families more likely than other groups to experience multiple disadvantage (AIHW, 2013).

Most of the negative outcomes presented in *The State of Mildura Rural City’s Children Report* have a disproportionate impact on disadvantaged populations, with certain population groups consistently over-represented in disadvantage

TABLE SEHQ Disadvantage – Distribution of Children across IRSD SEIFA quintiles, by population groups, Victoria, 2008

Population Group	IRSD quintile 1	IRSD quintile 2	IRSD quintile 3	IRSD quintile 4	IRSD quintile 5
All children	19.5%	17.3%	16.8%	21.9%	23.3%
Language background other than English	39.3%	15.0%	14.2%	15.0%	15.5%
ATSI	41.4%	25.0%	14.0%	12.7%	5.0%
One-parent family	31.1%	20.8%	17.7%	16.6%	12.3%
Rural / Regional Areas	29.3%	31.1%	15.9%	19.1%	4.7%
Metropolitan Areas	15.6%	11.8%	17.5%	23.5%	31.6%

statistics. These population groups include: low socio-economic families, public housing tenants, Aboriginal and Torres Strait Islanders, single parent families, people with non-English speaking backgrounds, and people with a disability. For example, in 2011 the School Health Entrant Questionnaire was analysed and participating children and families were catalogued, according to their demographic profile, across ABS Census Index of Relative Socio-Economic Disadvantage (IRSD) quintiles. The groups most identified in the first Quintile of Disadvantage (highest level of disadvantage) were ATSI children (41.4%), LBOTE children (39.3%), one parent family children (31.1%) and children from rural / regional areas (29.3%). By contrast only 19.5% of all children were identified as in the first Quintile of disadvantage.

This section of the report briefly highlights the prevalence of these groups within our community who are experiencing both greater and more enduring levels of disadvantage.

Certain cohorts within the Mildura LGA are experiencing significant levels of socio-economic disadvantage in terms of income, education, occupation, wealth and living conditions. Through the 2011 ABS Census of Population and Housing the Mildura LGA was allocated an Index of Relative Socio-Economic Disadvantage (IRSD) score of 935 compared to the Victorian average of 1,000 (where a lower score represents greater levels of disadvantage) with this 'score' worsening between the 2006 and 2011 Census periods.



Level of Relative Socio-Economic Disadvantage (ranked amongst all 79 Victorian LGAs), 2011

Time Trend – increasing levels of Relative Socio-Economic Disadvantage in the Mildura LGA, 2006–2011

Based on 2006 Index of Relative Socio-Economic Disadvantage (IRSD) figures the Mildura LGA was the 12th most disadvantaged LGA of 79 LGAs in Victoria with a decile of 2 and a percentile of 15. By 2011 the Census data revealed Mildura LGA as the fifth most disadvantaged LGA with a decile of 1 and a percentile of 7.



Level of Relative Socio-Economic Advantage and Disadvantage (ranked amongst all 79 Victorian LGAs), 2011

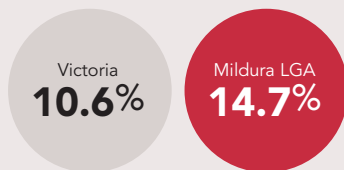
Time Trend – increasing levels of Relative Socio-Economic Advantage and Disadvantage in the Mildura LGA, 2006–2011

Applying the Index of Relative Socio-Economic Advantage and Disadvantage (IRSAD) in 2011 the Mildura LGA ranked as the third most disadvantaged LGA in Victoria, falling in the highest 10% of disadvantaged LGAs (compared to ranking as the

17th most disadvantaged LGA for this measure, and sitting in the highest 30% of disadvantaged LGAs in 2006).

(Source: ABS Census Population and Housing 2011 <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/2033.0.55.0012011?OpenDocument> accessed 01/05/13)

Percentage of homes rented from the State Housing Authority (of all rentals), 2011

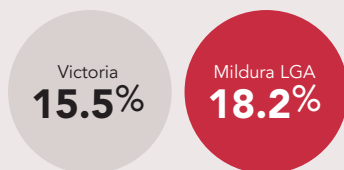


Time Trend – decreasing numbers of homes rented from the State Housing Authority, between 2006–2011

Victoria 12.4% Mildura LGA 17.8%

(Source: ABS Census Population and Housing 2011 <http://www.abs.gov.au/websitedbs/censushome.nsf/home/quickstats> accessed 01/05/13)

Percentage of one parent families (of Total Family Households), 2011

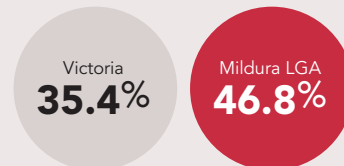


Time Trend – increasing numbers of one parent families, between 2006–2011

Victoria 15.4% Mildura LGA 16.5%

(Source: ABS Census Population and Housing 2011 <http://www.abs.gov.au/websitedbs/censushome.nsf/home/quickstats> accessed 01/05/13)

Percentage of Indigenous one parent families (of Total Indigenous Family Households), 2011

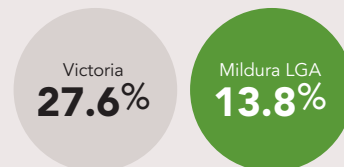


Time Trend – decreasing numbers of one parent Indigenous families between 2006–2011

Victoria 36.6% Mildura LGA 48.8%

(Source: ABS Census Population and Housing 2011 Developed from Indigenous Community Profiles, sourced <http://www.abs.gov.au/websitedbs/censushome.nsf/home/communityprofiles?opendocument&navpos=230> accessed 01/05/13)

Households where 'Language other than English' is spoken, 2011



Time Trend – increasing numbers of households where 'Language other than English' is spoken between 2006–2011

Victoria 25.6% Mildura LGA 12.6%

(Source: ABS Census Population and Housing 2011 <http://www.abs.gov.au/websitedbs/censushome.nsf/home/quickstats> accessed 01/05/13)

However refugee settlement data reveals ABS Census indicators (such as households where 'Language other than English' is spoken) as simplistic interpretations of any community's culturally and linguistically diverse cohort. Refugee settlement data for the Mildura LGA reveals that of the 'newly arrived' population into the Mildura LGA the proportion of refugees is increasing and that the complexity of needs experienced by these individuals and families is not revealed through Census data alone.

Migration Stream by Local Government Area, Settlement Date range 1 July 2008 – 30 June 2013

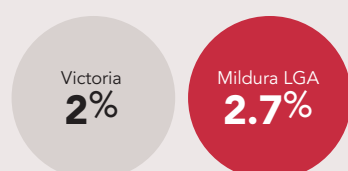
Local Government Area	Family	Humanitarian	Other	Skilled	Unknown	Total
Mildura	332	321	0	299	0	952

(Source: <http://www.immi.gov.au/living-in-australia/delivering-assistance/settlement-reporting-facility/pdf/national-local-government.pdf> accessed 20/08/2013)

- Within rural and regional Victoria Mildura LGA was the 3rd highest resettlement area in 2011–2012, behind Greater Geelong and Greater Shepparton (<http://refugeehealthnetwork.org.au/engage/rural-regional>). Data from the Federal Department of Immigration and Citizenship (DIAC) accessed in August 2012 noted 216 refugee settlements in Mildura between 2007 and 2011. DIAC data accessed in August 2013 reflecting the settlement period from 1 July 2008 through to 30 June 2013 for the Mildura LGA is outlined in the table below.

In addition to the above cohorts, who are now broadly acknowledged as enduringly over-represented in disadvantage statistics, people living in regional and remote areas experience shorter lives and higher levels of some illnesses than people who live in Major cities. Regional and rural residents are also more likely to engage in behaviours that are associated with poorer health, such as tobacco smoking and physical inactivity (AIHW, 2012). According to the Department of Education and Early Childhood children living in rural and regional Victoria can experience additional social, economic and environmental challenges compared to children in metropolitan Victoria, which can impact on a range of outcomes. At the same time, rural and regional Victoria has major advantages associated with strong communities, community connectedness, participation and engagement, and high levels of social capital (DEECD, 2013).

Percentage of children
aged 0–19 years (of all
children aged 0–19 years)
requiring core activities
need for assistance, 2011



Time Trend – increasing numbers children
aged 0–19 years requiring core activities
need for assistance between 2006–2011

Victoria 1.6% Mildura LGA 1.8%

(Source: ABS Census Population and Housing 2011
Developed from Basic Community Profiles, sourced
<http://www.abs.gov.au/websitedbs/censushome.nsf/home/communityprofiles?opendocument&navpos=230>
accessed 01/05/13)



1 Indicator of Child Wellbeing: Developing Well

There is clear evidence from Australia and around the world 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). This section explores children's wellbeing in terms of their preparedness for school across a range of social, cognitive and physical domains including statistics captured through Australian Early Development Index (AEDI) data and involvement with Maternal and Child Health (MCH).

Children are developing well by age six

The AEDI 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

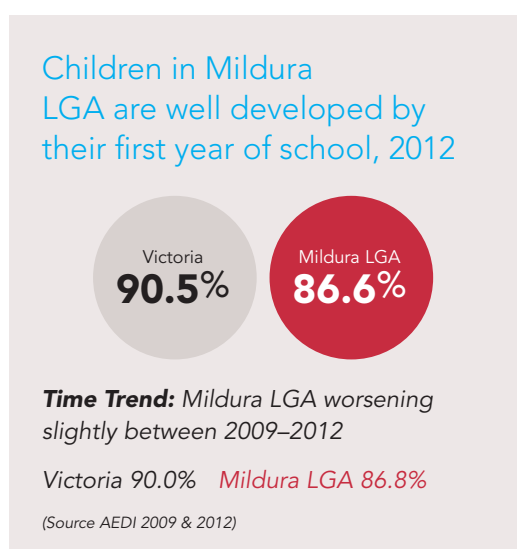
the community can make a greater difference in supporting efforts to create optimal early childhood development (CCCH, 2013). The AEDI measures five domains of early childhood development: social competence, emotional maturity, language and cognitive skills, communication skills and general knowledge, and physical health and wellbeing. These five domains are closely linked to the predictors of good adult health, education and social outcomes. Teachers complete AEDI 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 in the 2009 AEDI data collection.
- Developmentally 'at risk' if they score between the 10th and the 25th percentile of the national population in the 2009 AEDI data collection.
- Developmentally 'vulnerable' if they score below the 10th percentile (in the lowest 10%) of the national population in the 2009 AEDI data collection (CCCH, 2013).

With the release of 2012 AEDI results for the first time comparisons can be made over two time periods to indicate change in the status of early childhood development, both for Victoria as a whole and at the local level. Whilst the results for Victoria

were positive, with a statistically significant decrease in the proportion of children who were vulnerable overall, the results for the Mildura LGA were mixed.

As indicated above, developmentally 'vulnerable' children are those who score below the 10th percentile (in the lowest 10%) of the national AEDI population. These children demonstrate a much lower than average ability in the developmental competencies measured in that domain. It is these children who are reported on in *The State of Mildura Rural City's Children Report*.



In 2012 13.4% of children (107 of the 802 children surveyed) in their first year of school in Mildura LGA were developmentally vulnerable in two or more domains. These figures had worsened slightly since 2009 when 13.2% of the 620 children surveyed (82) were vulnerable in two or more domains (further data is provided on the following page). Over both time periods Mildura LGA children were faring worse than their Victorian counterparts.

At the national level analysis of AEDI data would indicate that the proportion of children developmentally vulnerable on one or more domains varies across population groups. Groups more likely to be developmentally vulnerable included boys (30%), children living in the most socioeconomically disadvantaged areas (32%), those with a language background other than English (32%), Indigenous children (47%), and those living in Very remote areas (47%) (AIHW, 2012). Additionally children who did not attend preschool in the year before school were found to be more developmentally vulnerable than children who did (DEECD, 2013).

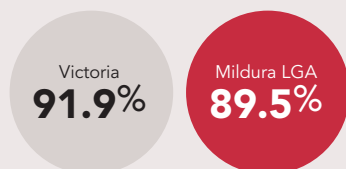


What does this mean for Mildura LGA children?

In 2012 11.9% of children (95 of 802 surveyed) in their first year of school were 'developmentally vulnerable' in the following three sub-domains:

- Physical readiness for school day – Have at least sometimes experienced coming unprepared for school by being dressed inappropriately, coming to school hungry or tired. At the Victorian level 10.8% of children experience concerns, in the Mildura LGA 14.0% experience concerns.
- Physical independence – Range from those who have not developed one of the three skills (independence, handedness, coordination), to those who have not developed any of these skills. At the Victorian level 6.4% of children experience concerns, in the Mildura LGA 8.9% experience concerns.
- Gross and fine motor skills – Range from those who have an average ability to perform skills requiring gross and fine motor competence and good or average overall energy levels, to those who have poor fine and gross motor skills, poor overall energy levels and physical skills. At the Victorian level 6.2% of children experience concerns, in the Mildura LGA 11.0% experience concerns.

Social Competence, 2012



Time Trend: Mildura LGA improving slightly between 2009–2012

Victoria 91.6% Mildura LGA 88.9%

(Source AEDI 2009 & 2012)

What does this mean for Mildura LGA children?

In 2012 10.5% of children (84 of 802 surveyed) in their first year of school were 'developmentally vulnerable' in the following areas:

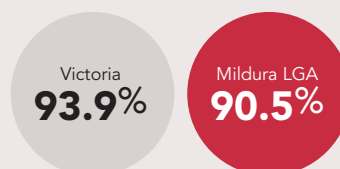
- Overall social competence – Have average to poor overall social skills, low self-confidence and are rarely able to play with various children and interact cooperatively.
- Responsibility and respect – Only sometimes or never accept responsibility for actions, show respect for others and for property, demonstrate self-control, and are rarely able to follow rules and take care of materials.
- Approaches to learning – Only sometimes or never work neatly, independently, are rarely able to solve problems, follow class routines and do not easily adjust to changes in routines.
- Readiness to explore new things – Only sometimes or never show curiosity about the world, and are rarely eager to explore new books, toys or unfamiliar objects and games.

What does this mean for Mildura LGA children?

In 2012 7.8% of children (63 of 802 surveyed) in their first year of school were 'developmentally vulnerable' in the following areas:

- Pro-social and helping behaviour – Never or almost never show most of the helping behaviours including helping someone hurt, sick or upset, offering to help spontaneously, and inviting others to join in.
- Anxious and fearful behaviour – Often show most of the anxious behaviours; are worried, unhappy, nervous, sad or excessively shy, indecisive; and are upset when left at school.
- Aggressive behaviour – Often show most of the aggressive behaviours; they get into physical fights, kick or bite others, take other people's things, are disobedient or have temper tantrums.
- Hyperactivity and inattention – Often show most of the hyperactive behaviours; they could be restless, distractible, impulsive; they fidget and have difficulty settling to activities.

Language and Cognitive Skill (school-based), 2012

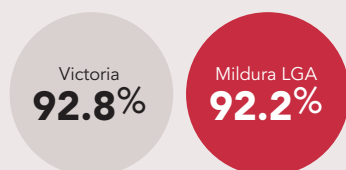


Time Trend – Mildura LGA worsening between 2009–2012

Victoria 93.9% Mildura LGA 91.6%

(Source AEDI 2009 & 2012)

Emotional Maturity, 2012



Time Trend – Mildura LGA improving slightly between 2009–2012

Victoria 91.7% Mildura LGA 90.5%

(Source AEDI 2009 & 2012)

What does this mean for Mildura LGA children?

In 2012 9.5% of children (76 of 802 surveyed) in their first year of school were 'developmentally vulnerable' in the following areas:

- Basic literacy – Do not have most of the basic literacy skills; have problems with identifying letters or attaching sounds to them, rhyming, may not know the writing directions and how to write their own name.
- Interest in literacy/numeracy and memory – May not show interest in books and reading, or maths and number games, or both, and may have difficulty remembering things.

- Advanced literacy – Have only up to one of the advanced literacy skills; cannot read or write simple words or sentences, and rarely write voluntarily.
- Basic numeracy – Have marked difficulty with numbers, cannot count, compare or recognise numbers, may not be able to name all the shapes and may have difficulty with time concepts.

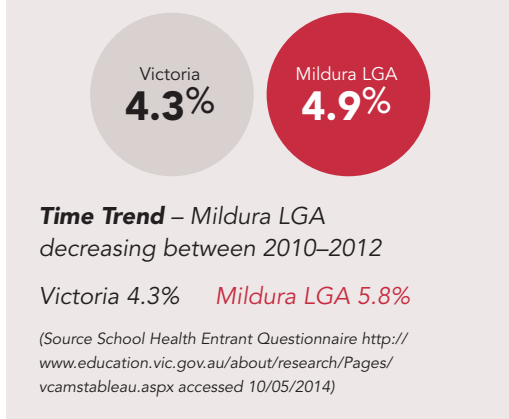


What does this mean for Mildura LGA children?

In 2012 10.3% of children (83 of 802 surveyed) in their first year of school were 'developmentally vulnerable' in the following area:

- Communication skills and general knowledge – Range from being average to very poor in effective communication, may have difficulty in participating in games involving the use of language, may be difficult to understand and/or have difficulty in understanding others and may show little general knowledge.

Proportion of children at school entry with emotional or behavioural difficulties, 2012



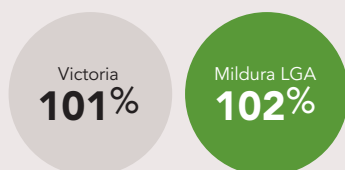
Children visit a maternal and child health nurse

The Maternal and Child Health (MCH) Service delivers a free, universally accessible statewide service to all families with children aged from birth to school age. Maternal Child Health services play a key role in supporting children and their families by providing 10 'key ages and stages' consultations from birth to 3.5 years, including an initial home visit. MCH nurses assess and monitor the health, growth and development of children and provide information and advice on breastfeeding, appropriate nutrition, child behaviour, parenting and maternal physical and emotional health and wellbeing. MCH services also deliver a flexible service component, including first time parents groups, other group sessions, additional consultations and community strengthening activities (DEECD, 2013). Active participation by families in early childhood programs such as Maternal and Child Health services can foster positive learning and development and lessen or eliminate the effects of disadvantage before they become entrenched.

Nationally and internationally health experts support the concept of universal access primary health care services for young children and their families. Primary health care services are believed to be the most appropriate and effective platform for improving the health, development and wellbeing of children through early detection, prevention and health promotion. Importantly, opportunities for sequential health monitoring and surveillance outside the Maternal and Child Health 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. These factors taken together with the increasing complexity of Australian families emphasise the critical role of the Maternal and Child Health nurse (Local Logic Place, 2012).

Certain groups within our communities are over represented amongst 'under users' of Maternal and Child Health. These groups include families with low incomes, young parent families, sole parent families, Indigenous families, families from culturally and linguistically diverse backgrounds, families experiencing unstable housing or homelessness, families experiencing domestic violence, families with a parent living with a disability, problematic substance use or mental health concern, and families who have been in contact with child protection services.

KAS Home Visit, 2012/2013

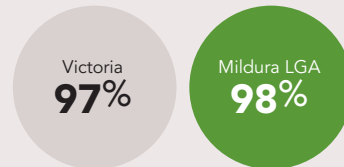


Time Trend – Mildura LGA improving between 2010/2011 – 2012/2013

Victoria 100.0% Mildura LGA 100.0%

(Source DEECD Maternal and Child Health 2012/2013 Data Report)

KAS 2 weeks, 2012/2013

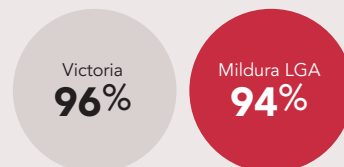


Time Trend – Mildura LGA improving between 2010/2011 – 2012/2013

Victoria 98.0% Mildura LGA 96.0%

(Source DEECD Maternal and Child Health 2012/2013 Data Report)

KAS 4 weeks, 2012/2013

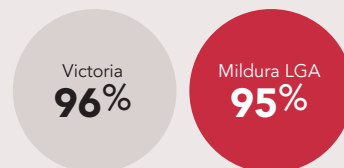


Time Trend – Mildura LGA worsening between 2010/2011 – 2012/2013

Victoria 97.0% Mildura LGA 95.0%

(Source DEECD Maternal and Child Health 2012/2013 Data Report)

KAS 8 weeks, 2012/2013

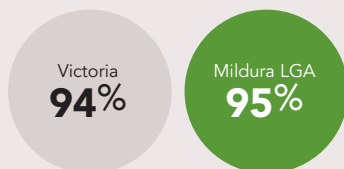


Time Trend – Mildura LGA improving between 2010/2011 – 2012/2013

Victoria 96.0% Mildura LGA 94.0%

(Source DEECD Maternal and Child Health 2012/2013 Data Report)

KAS 4 months, 2012/2013

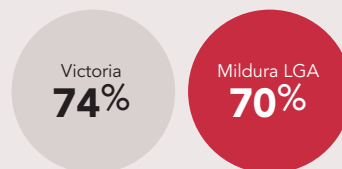


Time Trend – Mildura LGA improving between 2010/2011 – 2012/2013

Victoria 94.0% Mildura LGA 93.0%

(Source DEECD Maternal and Child Health 2012/2013 Data Report)

KAS 18 months, 2012/2013

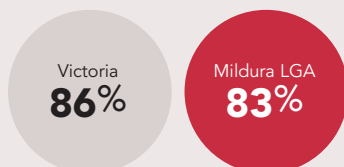


Time Trend – Mildura LGA improving between 2010/2011 – 2012/2013

Victoria 71.0% Mildura LGA 64.0%

(Source DEECD Maternal and Child Health 2012/2013 Data Report)

KAS 8 months, 2012/2013

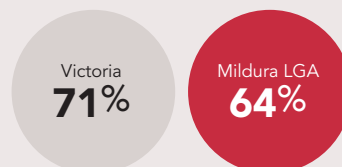


Time Trend – Mildura LGA improving between 2010/2011 – 2012/2013

Victoria 85.0% Mildura LGA 79.0%

(Source DEECD Maternal and Child Health 2012/2013 Data Report)

KAS 2 years, 2012/2013

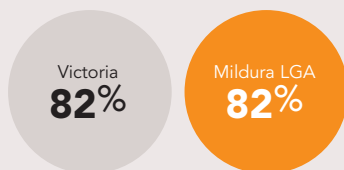


Time Trend – Mildura LGA improving between 2010/2011 – 2012/2013

Victoria 69.0% Mildura LGA 61.0%

(Source DEECD Maternal and Child Health 2012/2013 Data Report)

KAS 12 months, 2012/2013



Time Trend – Mildura LGA improving between 2010/2011 – 2012/2013

Victoria 82.0% Mildura LGA 78.0%

(Source DEECD Maternal and Child Health 2012/2013 Data Report)

KAS 3.5 years, 2012/2013



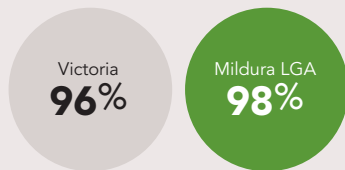
Time Trend – Mildura LGA improving between 2010/2011 – 2012/2013

Victoria 63.0% Mildura LGA 51.0%

(Source DEECD Maternal and Child Health 2012/2013 Data Report)

ATSI Children visit a maternal and child health nurse

KAS Home Visit, 2012/2013

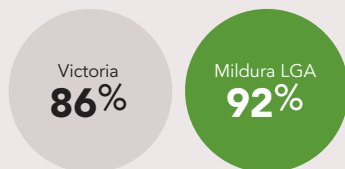


Time Trend – Mildura LGA improving between 2010/2011 – 2012/2013

Victoria 100.0% Mildura LGA 93.0%

(Source DEECD Maternal and Child Health 2012/2013 Data Report)

KAS 2 weeks, 2012/2013

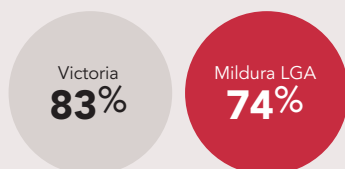


Time Trend – Mildura LGA improving between 2010/2011 – 2012/2013

Victoria 95.0% Mildura LGA 91.0%

(Source DEECD Maternal and Child Health 2012/2013 Data Report)

KAS 4 weeks, 2012/2013

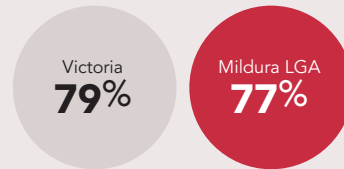


Time Trend – Mildura LGA worsening between 2010/2011 – 2012/2013

Victoria 87.0% Mildura LGA 78.0%

(Source DEECD Maternal and Child Health 2012/2013 Data Report)

KAS 8 weeks, 2012/2013

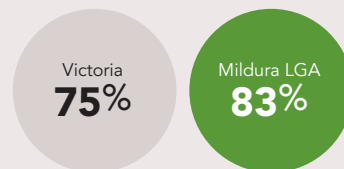


Time Trend – Mildura LGA improving between 2010/2011 – 2012/2013

Victoria 83.0% Mildura LGA 61.0%

(Source DEECD Maternal and Child Health 2012/2013 Data Report)

KAS 4 months, 2012/2013

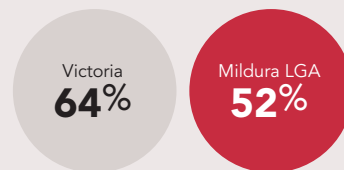


Time Trend – Mildura LGA improving between 2010/2011 – 2012/2013

Victoria 79.0% Mildura LGA 59.0%

(Source DEECD Maternal and Child Health 2012/2013 Data Report)

KAS 8 months, 2012/2013

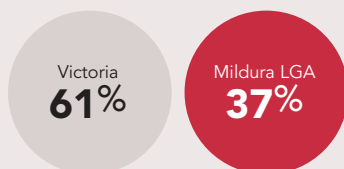


Time Trend – Mildura LGA improving between 2010/2011 – 2012/2013

Victoria 63.0% Mildura LGA 34.0%

(Source DEECD Maternal and Child Health 2012/2013 Data Report)

KAS 12 months, 2012/2013

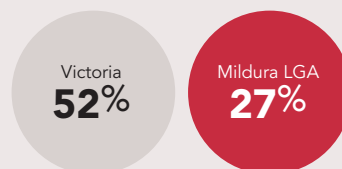


Time Trend – Mildura LGA worsening between 2010/2011 – 2012/2013

Victoria 62.0% Mildura LGA 41.0%

(Source DEECD Maternal and Child Health 2012/2013 Data Report)

KAS 3.5 years, 2012/2013

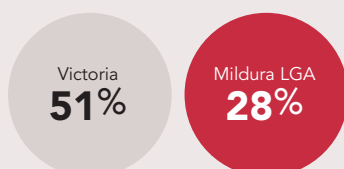


Time Trend – Mildura LGA improving between 2010/2011 – 2012/2013

Victoria 45.0% Mildura LGA 17.0%

(Source DEECD Maternal and Child Health 2012/2013 Data Report)

KAS 18 months, 2012/2013

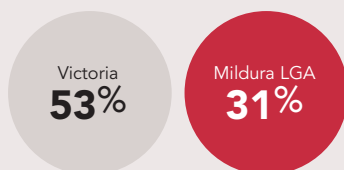


Time Trend – Mildura LGA worsening between 2010/2011 – 2012/2013

Victoria 53.0% Mildura LGA 39.0%

(Source DEECD Maternal and Child Health 2012/2013 Data Report)

KAS 2 years, 2012/2013



Time Trend – Mildura LGA worsening between 2010/2011 – 2012/2013

Victoria 50.0% Mildura LGA 36.0%

(Source DEECD Maternal and Child Health 2012/2013 Data Report)

Children and parents are involved in playgroups

Playgroups provide valuable opportunities for children to learn and develop through play. Playgroups foster and develop children's language and motor skills, expose children to sensory experiences and enhance social skills. Playgroups and parent groups also create opportunities for parents to meet in a safe and supportive environment and learn new skills, develop social networks and build linkages to other services. Many Victorian families participate in community playgroups that are self-managed by the parents and caregivers who attend the playgroup. New parents often attend parent groups facilitated by their local maternal and child health service. Many of these parent groups evolve into self sustaining social networks and/or community playgroups. Disadvantaged and vulnerable families, however, are less likely to participate in such groups.

Supported playgroups and parent groups (SPPI) are facilitated or led by an appropriately qualified worker and are targeted at disadvantaged families who are less likely to attend a community group including Indigenous, culturally and linguistically diverse, recently arrived, socio-economically disadvantaged families and those affected by disability. Supported playgroups and parent groups provide parents and caregivers with opportunities to share experiences and develop parenting skills, capacity and confidence. The initiative builds parents' capacity to support their child's health, development,

learning and wellbeing and aims to increase families' participation and linkages with other early years services and supports (www.education.vic.gov.au/Documents/about/programs/health/playgroupparentgroupinit.pdf accessed 13/03/2014).

At the time of writing the report there were as many as 24 playgroups operating across the Mildura LGA. Many of these were community playgroups delivered by the families themselves, others were facilitated playgroups delivered specifically to certain community groups by organisations such as Mallee District Aboriginal Services, Mallee Family Care, Zoe Support and Sunraysia Mallee Ethnic Communities Council. The third playgroup 'form' were dedicated supported playgroups funded by DEECD and delivered by a qualified worker. Of all the playgroups operating across the Mildura LGA three were supported playgroups, two of which were operating in central Mildura (Butterflies and Pacific Islander) with the third operating along the Mallee Track. The Supported Playgroup Coordinator was also assisting with the development of two additional community playgroups in Millewa and Nangiloc/Colignan.



2 Indicator of Child Wellbeing: Safe and Secure

Safe environments and communities not only protect children from harm but also promote children's psychological wellbeing by allowing them to exercise their independence through making decisions and taking on new challenges. Families, communities and services can work together to protect and nurture children while also preventing neglect and abuse. Whilst the majority of Victoria's children grow up in safe and secure communities and environments, there is a small group whose family environment does not support their safety or development. Participation in community life, having reliable social / family / peer support and being connected to one's culture are important protective factors for children and families experiencing difficulties that may increase their susceptibility to risk factors (AIHW, 2013 and DEECD, 2013).

Children and young people are safe in their own homes

For a small number of Victorian children, child abuse and neglect continue to be an issue. Abuse and neglect have both immediate and long-term adverse consequences for children including poor physical health, attachment problems, reduced social skills, learning and developmental problems, a higher likelihood of criminal offending and mental health

issues such as anxiety, depression, eating disorders and substance misuse. Effects such as poor health, welfare and social relationships often continue into adulthood. Children are particularly vulnerable to harm in families experiencing multiple disadvantages, such as housing instability, poverty, low education, social isolation, neighbourhood disadvantage, parental substance misuse and mental health problems (AIHW, 2013 and DEECD, 2013).

In Australia, statutory child protection is primarily the responsibility of state and territory governments. Departments responsible for child protection provide support and assistance to the most vulnerable children and families, in collaboration with the non-government sector, which delivers a broad range of services (AIHW, 2013). Child protection reports refer to allegations made to an authorised department by persons or other bodies of child abuse or neglect, child maltreatment or harm to a child. A client is classified as re-reported if a prior notification was made in the past 12 months. The number of child protection notifications in Victoria has increased over the last ten years. Abuse is substantiated if there is reasonable cause to deem that a child has been, is being, or is likely to be abused or neglected or otherwise harmed. Note that trends in substantiations can be influenced by a range of factors, including legislative changes, enhanced public awareness, inquiries into child protection processes and real changes in abuse and neglect.

The rate of substantiations per 1,000 children is highest for those under the age of one, both within

"Family violence continues to be a big problem in the Mildura PSA but levels of recidivism is reducing. Police and family violence related agencies continue to work together on this very serious crime type".

INSPECTOR SIMON CLEMENCE, Mildura Police Service Area (PSA)

Victoria and Australia as a whole. As a result of child protection orders children may be placed in out-of-home care (AIHW, 2013 & DEECD, 2013). At the national level the number of children living in out-of-home care increased by 27% between 30 June 2008 and 30 June 2012. Indigenous children were also 10 times as likely to be in out-of-home care than non-Indigenous children (AIHW, 2013).

Family violence is also a clear risk factor in a child's development. Across Victoria there has been a steady increase in the number of children present at family violence incidents between 2008–2009 and 2011–2012, commensurate with the increase in the number of reported incidents overall. Once again this rise in reports of family violence incidents may be attributable to an increase in the community's confidence to report and to changes to policing strategies.

Child abuse substantiation* per 1,000 children aged 0–17 years, 2010/2011



Time Trend Mildura LGA experienced decreasing rates of child abuse substantiation between, 2009/2010 – 2010/2011

Victoria 5.8 Mildura LGA 15.5

* Number of investigations of child abuse notifications for children aged 0–17 years old that were substantiated. Substantiations are those finalised investigations of child maltreatment that result in a conclusion that a child has been or is likely to be abused, neglected or otherwise suffer harm.

(Source: Client Relationship Information System, Department of Human Services <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 10/05/2014)

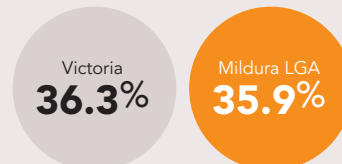
Children on child protection orders per 1,000 children aged 0–17 years, 2010



Time Trend not available

(Source: Client Relationship Information System, Department of Human Services <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 10/05/2014)

Percentage of family violence incidents where children and young people aged 0–17 years are present, 2011/2012



Time Trend Mildura LGA increase in family violence incidents where children and young people were present between 2007/2008 – 2011/2012

Victoria 35.7% Mildura LGA 30.6%

(Source: Law Enforcement Assistance Program (LEAP), Victoria Police <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 10/05/2014)

Children in out of home care* per 1,000 children aged 0–17 years, 2012



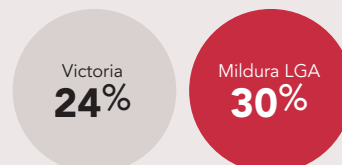
Time Trend Mildura LGA decreasing rates of children in out of home care between 2008 – 2012

Victoria 4.2% Mildura LGA 8.4%

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

(Source: Client Relationship Information System, Department of Human Services <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 10/05/2014)

Family Violence Assessments during Key Ages and Stages visits, 2012/2013

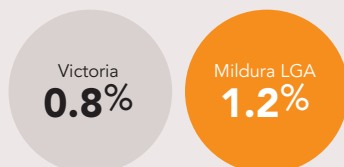


Time Trend – Mildura LGA increasing between 2010/2011 – 2012/2013

Victoria 23.0% Mildura LGA 26.0%

(Source: DEECD Maternal and Child Health 2012/2013 Data Report)

Safety Plans Completed during Key Ages and Stages visits, 2012/2013

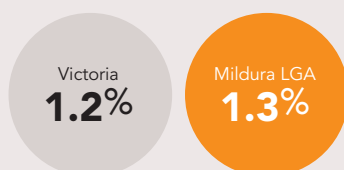


Time Trend – Mildura LGA increasing between 2010/2011 – 2012/2013

Victoria 0.7% Mildura LGA 0.4%

(Source: DEECD Maternal and Child Health 2012/2013 Data Report)

Domestic / Family Violence Referrals during Key Ages and Stages visits, 2012/2013

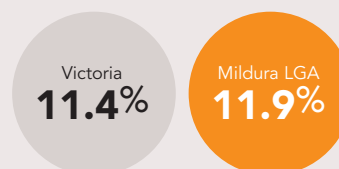


Time Trend – Mildura LGA increasing between 2010/2011 – 2012/2013

Victoria 1.8% Mildura LGA 0.9%

(Source: DEECD Maternal and Child Health 2012/2013 Data Report)

Proportion of children at school entry whose parents report high levels* of family stress in the past month, 2012



Time Trend Mildura LGA reported high levels of family stress increasing between 2009 – 2012

Victoria 10.5% Mildura LGA 10.5%

(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 10/05/2014)

* 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

Violence can have a range of short and long term negative effects on young people's physical and psychological health, and can also increase the risk of young people victimising others. The ABS Crime Victimization Survey collects information about self-reported incidents occurring in the previous 12 months among people aged 15 and over. Nationally in 2011–12, among the 3.1 million young people aged 15 to 24 in Australia 5.9% were victims of physical assault, 5.5% were threatened with assault, 0.9% were victims of robbery and 1.0% were victims of sexual assault (age 18–24 only). During 2008–09 and 2009–10, 22% (118 people) of all homicide victims were aged under 25, including 49 people who were aged under 18 (AIHW, 2013).

Nationally involvement in crime tends to be highest in adolescence and early adulthood. In 2010–11, police proceeded against 175,300 young people aged 10 to 24, amounting to almost half (47%) of all people proceeded against by police that year. Rates of offending were highest among young people aged 15–19 (57 per 1,000) and decreased steadily with age (AIHW, 2013). In 2010–11 theft was the most common principal (or most serious) crime among young people aged 10–14 (36%) and 15–19 (25%) who were proceeded against by police.

Youth justice is the responsibility of state and territory governments, and each has its own legislation, policies and practices. Across Australia, young people may be charged with a criminal offence if they are aged 10 or over. Young people first enter the justice system when they are proceeded against by police (when legal action is initiated for an offence). Police proceedings include both court actions (the laying of charges that must be answered in court) and non-court actions (such as cautions, conferencing, counselling or infringement notices). Young people in the youth justice system (or juvenile justice system) are a particularly vulnerable group, often coming from relatively disadvantaged backgrounds as well as being a group at risk of continued and more serious criminal behaviour later in life. Nationally, on an average day, youth under supervision were 83% male, 79% aged 14–17 and 39% Indigenous (AIHW, 2013).

Crime* where the victim was a child or young person aged between 0–17 (rate per 1,000 children), 2011/2012



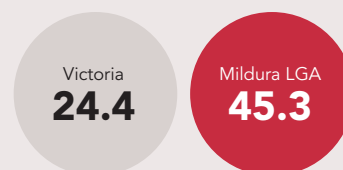
Time Trend Mildura LGA slightly decreasing rates of children or young people as victims of crime (per 1,000 children) between 2007/2008 – 2011/2012

Victoria 9.8 Mildura LGA 17.0

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

(Source: Law Enforcement Assistance Program, Victoria Police <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 10/05/2014)

Crime* where the offender was a child or young person aged between 0–17 (rate per 1,000 children), 2011/2012



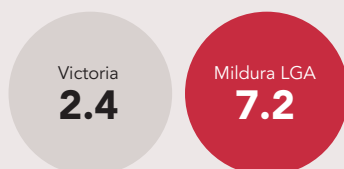
Time Trend Mildura LGA decreasing rates of children or young people as criminal offenders (per 1,000 children) between 2007/2008 – 2011/2012

Victoria 28.8 Mildura LGA 48.2

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

(Source: Law Enforcement Assistance Program, Victoria Police <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 10/05/2014)

Rate of young people (aged 10–17 years) on community based supervision (per 100,000 young people), 2012/2013



Time Trend Mildura LGA whilst the rates of young people on community based supervision* (per 100,000 children) between 2008/2009–2012/2013 appear to have remained static a significant 'spike' of 9.9 (young people per 100,000) occurred in 2010/2011.

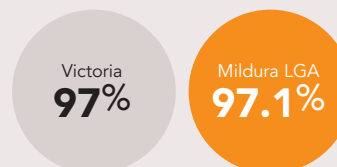
Victoria 2.7 Mildura LGA 7.2

* Community order types include probation, youth supervision, youth parole order, youth attendance order, interstate community order and youth residential parole order.

(Source: Law Enforcement Assistance Program, Victoria Police <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 10/05/2014)

Separate to the actual incidences of crime parental perceptions of neighbourhood safety can also affect children's daily activities where a fear of exposing children to risks may lead parents to restrict them from outdoor activities. The Community Indicators Victoria Survey 2007 and later the VicHealth Indicators Survey 2011 revealed increasing perceptions of safety amongst Mildura LGA community members, although at each time point (2007 and 2011) Mildura LGA residents' perceptions of safety were lower than their Victorian counterparts.

Felt safe or very safe walking alone in my local area during the day, 2011

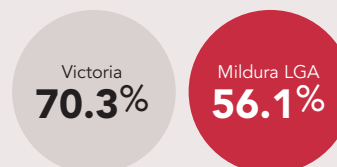


Time Trend – Mildura LGA experienced an increase in feelings of safety during the day between 2007–2011

Victoria 96.0% Mildura LGA 94.7%

(Source: http://www.communityindicators.net.au/wellbeing_reports/mildura and http://www.vichealth.vic.gov.au/~media/Indicators/LGA%20profiles/PDF/Mildura_VicHealth_factsheet_WEB.ashx accessed 21/05/2014)

Felt safe or very safe walking alone in my local area during the night, 2011



Time Trend – Mildura LGA experienced an increase in feelings of safety during the night between 2007–2011

Victoria 66.4% Mildura LGA 52.1%

(Source: http://www.communityindicators.net.au/wellbeing_reports/mildura and http://www.vichealth.vic.gov.au/~media/Indicators/LGA%20profiles/PDF/Mildura_VicHealth_factsheet_WEB.ashx accessed 21/05/2014)

Recent research shows that there are relationships between homelessness, child abuse and neglect, and criminal activity among young people. For example, there is evidence that children who have been abused or neglected are more likely to be involved in crime, and more likely to experience homelessness, than those who have not. Research by the AIHW examined multiple-sector involvement among young people in three community-sector data collections: the Supported Accommodation Assistance Program (SAAP) National Data Collection (superseded by the Specialist Homelessness Services Collection in

2011), the Juvenile Justice National Minimum Data Set (JJ NMDS), and child protection notifications and substantiations in Victoria and Tasmania to find that whilst only 1% – 2% of the general population receive homelessness services each year yet:

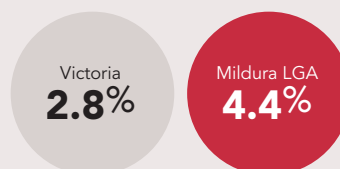
- 15% of those under juvenile justice supervision received homelessness services in the year before their most recent supervision, and 8% received services in the year after, and
- 6% of those with a substantiated child protection notification received homelessness services the year before their most recent substantiated notification, and 7% in the year after.

Further to this whilst only 1% of Australians aged 16 or 17 are under juvenile justice supervision each year more than 10% of those who received homelessness support as an adult had a history of juvenile justice supervision (AIHW, 2013).

Children and young people are securely housed

The stability of housing tenure is an important component of maintaining a safe environment for children. While owning your own home is not a guarantee of housing stability, home ownership is considered to be the most stable form of housing, followed by rental accommodation in the private sector and public housing. Analysis of the ABS Census of Population and Housing 2011 by DEECD found that for Victorian families with children aged 0 to 8 years there was a clear difference in housing stability between one parent and couple families, with couple families far more likely to own their home either outright or through a mortgage than one parent families (74.8% compared to 39.5%) (DEECD, 2013).

Percentage of dwellings rented from the government housing authority, 2011



Time Trend – Mildura LGA
decreasing numbers of houses
rented from the government housing
authority between 2006–2011

Victoria 3.1% Mildura LGA 5.0%

(Source: Compiled by PHIDU from ABS Census 2006 & 2011 <http://www.publichealth.gov.au/data/social-health-atlas-of-australia---2011-census> accessed 10/04/2014)

Data from the NMPCP Community Health and Wellbeing Profile (2011, p. 96) for the 2007/2008 period shows the public housing retention rate in Mildura LGA as lower than the Victorian average at 76.5% compared to 87.3%, further increasing housing instability. According to ABS estimates based on the 2011 Census, 44,100 children and young people aged 0 to 24 were considered homeless on Census night—42% of the total homeless population. This included 17,800 children aged under 12 (or 54 per 10,000 children), 10,900 children aged 12–18 (56 per 10,000 children) and 15,300 young people aged 19–24 (88 per 10,000 children). Children and young people who were homeless were most commonly living in severely crowded dwellings (54%) (AIHW, 2013).

Homelessness in young people can have negative social and health consequence including high rates of mental health problems, behavioural disorders, disrupted schooling and increased likelihood of engaging in risky behaviour. Homeless youth also have increased levels of risk of assault, poor nutrition and inadequate shelter (AIHW, 2013).

Specialist homelessness services deliver support to people who are homeless or at risk of homelessness. According to data from the AIHW's Specialist Homelessness Services Collection (SHSC) almost half (47%) of all clients assisted by specialist homelessness agencies were aged 0–24 years, with 19% of all clients aged under 12, 13% aged 12–18 and 14% aged 19–24 (AIHW 2013).

With the Census estimating 42% of the total homeless population being aged between 0–24 years and the Australian Institute of Health and Welfare estimating the same age cohort to constitute 47% of the total homeless population extrapolating Mildura LGA data would suggest that at least 107 of the 256 (42%) homeless people in the Mildura LGA are aged between 0–24 years.

(Source: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/2049.02011?OpenDocument> accessed 19/05/2014)

ALL HOMELESS PERSONS, Australia-by place of enumeration, 2011

	All homeless persons
Mildura LGA	256
Irymple	15
Merbein	11
Mildura Central	211
Mildura Region	8
Red Cliffs	11

Families are financially secure

Economic security can be a contributing factor to positive outcomes for children. There are many elements that contribute to the economic security of a family, including median family income, parental employment status, housing stability, the ability to raise money in an emergency and access to government support (DEECD, 2013). Of these parental education and employment are key measures of socioeconomic status. Generally families without an employed parent have low income and are often more socially isolated. One parent families are more likely than couple families to be unemployed or not in the labour force. Parental education is linked not only to employment and income but is also a key predictor of child education and health outcomes. Evidence suggests that the higher the education level of the mother, the more likely it is that a child will have positive outcomes. Among Victorian families with at least one child aged under eight years:

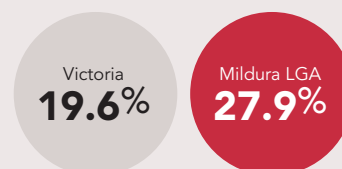
- 10.1% had both parents (or one parent in a single parent family) who had not completed Year 12,
- 28.9% of families had both parents (or one parent in a single parent family) with an educational qualification of Diploma or higher and

- 10.5% had both parents (or one parent in a single parent family) unemployed (DEECD, 2013).

Families solely or largely dependent on government support for their income have the lowest incomes and fewest resources. Children from these families can be deprived of items considered essential by Australian standards, including access to medical and dental treatment, a substantial meal once a day, school activities and outings, secure housing and warm clothes and bedding. The lack of these resources means children from very low income households are more likely to face lower achievement in education, have worse economic prospects and have poorer health outcomes (AIHW, 2012 and 2013). Increasingly children in welfare dependant families are more likely to get caught in a cycle of intergenerational disadvantage and welfare dependency.

A number of indicators, drawn principally from the 2011 ABS Census data, speak to the financial security of families across the Mildura LGA.

Single parent families with children aged less than 15 years*, 2011



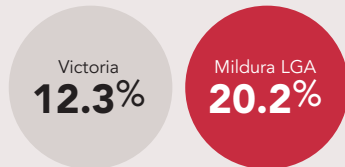
Of all families across the Mildura LGA with children aged less than 15 years 27.9% were single parent families compared to only 19.6% at the Victorian level.

NOTE Time Trends could not be reliably offered 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'.

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

(Source: Compiled by PHIDU from ABS Census 2011 <http://www.publichealth.gov.au/data/social-health-atlas-of-australia---2011-census> accessed 10/04/2014)

Jobless families with children aged less than 15 years*, 2011



Time Trend – Mildura LGA increasing rates of jobless families between 2006–2011

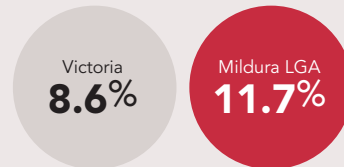
Victoria 13.7% Mildura LGA 17.8%

Of all families across the Mildura LGA with children aged less than 15 years 20.2% were jobless families compared to only 12.3% at the Victorian level.

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

(Source: Compiled by PHIDU from ABS Census 2006 & 2011 [unpublished] <http://www.publichealth.gov.au/data/social-health-atlas-of-australia---2011-census> accessed 10/04/2014)

Health Care Card Holders*, 2012



Time Trend – Mildura LGA decreasing proportions of Health Care Card Holders between 2009–2012

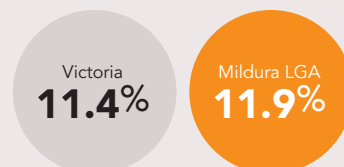
Victoria 9.1% Mildura LGA 12.7%

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

(Source: Compiled by PHIDU from ABS Census 2006 & 2011 [unpublished] <http://www.publichealth.gov.au/data/social-health-atlas-of-australia---2011-census> accessed 10/04/2014)

Research broadly acknowledges the increased health and wellbeing risks faced by children living in more disadvantaged areas. Possession of a Health Care Card has become a useful 'proxy' when considering disadvantage. Research by the Melbourne School of Population and Global Health, in partnership with DEECD, has found that when considering a range of measures of disadvantage, children listed on a pension/Health Care Card had the poorest outcomes. After assessing a range of measures of disadvantage within the SEHQ, including low SES families, single parent families, LBOTE, Aboriginality, rurality, low parental education, being born outside Australia and having a mother born outside Australia, being listed on a pension/health care card was the found to be the biggest risk factor for behavioural and emotional difficulties and developmental concerns. It was strongly and most consistently associated with a higher risk of behavioural and emotional difficulties by 3.5 times and developmental concern by 2.8 times.

Percentage of low income households (households in bottom 40% of income distribution) with mortgage stress*, 2011



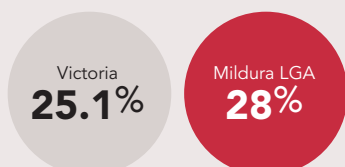
Time Trend – Mildura LGA increasing levels of mortgage stress between 2006–2011

Victoria 9.2% Mildura LGA 10.5%

* This data comprises households in the bottom 40% of income distribution (those with less than 80% of median equivalised income), spending more than 30% of income on mortgage repayments.

(Source: Compiled by PHIDU from ABS Census 2006 & 2011 <http://www.publichealth.gov.au/data/social-health-atlas-of-australia---2011-census> accessed 10/04/2014)

Percentage of low income households (households in bottom 40% of income distribution) with rental stress*, 2011



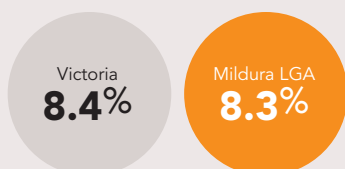
Time Trend – Mildura LGA increasing levels of rental stress between 2006–2011

Victoria 24.5% Mildura LGA 27.6%

* This data comprises households in the bottom 40% of the income distribution (those with less than 80% of median income), spending more than 30% of their income on rent.

(Source: Compiled by PHIDU from ABS Census 2006 & 2011 <http://www.publichealth.gov.au/data/social-health-atlas-of-australia---2011-census> accessed 10/04/2014)

Percentage of private dwellings with no motor vehicle, 2011

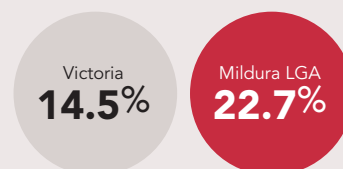


Time Trend – Mildura LGA improving slightly between 2006–2011

Victoria 9.0% Mildura LGA 8.5%

(Source: Compiled by PHIDU from ABS Census 2006 & 2011 <http://www.publichealth.gov.au/data/social-health-atlas-of-australia---2011-census> accessed 10/04/2014)

Households in dwellings receiving rent assistance from Centrelink, 2011



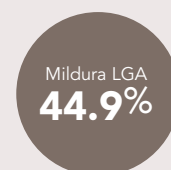
Time Trend – Mildura LGA increasing rates of households receiving rent assistance between 2006–2011

Victoria 13.7% Mildura LGA 20.1%

(Source: Compiled by PHIDU from ABS Census 2011 <http://www.publichealth.gov.au/data/social-health-atlas-of-australia---2011-census> accessed 10/04/2014)

With regard to parental employment status the Northern Mallee LLEN, through its 2012 Environmental Scan (p. 54), presented Student Family Occupation (SFO) Data for government schools only in the Mildura LGA and noted the following. Victorian level data was not made available in the NMLLEN Environmental Scan.

Students from families whose SFO category is Unskilled / Semi Skilled Occupations or unemployed, 2010



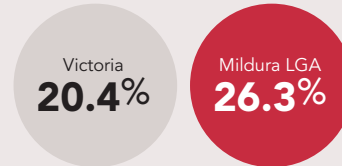
Time Trend – Mildura LGA significantly increasing rates of students from families whose Student Family Occupation category was Unskilled / Semi Skilled Occupations or unemployed between 2006–2010

Mildura LGA 32.4%

Children and young people are secure in their learning environment

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 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 report being bullied between years 7 to 9, 2013

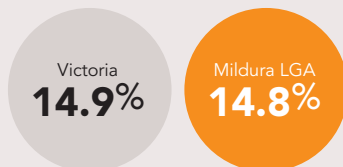


Time Trend Mildura LGA slightly increasing rates of being bullied reported at years 7 to 9 between 2009–2013

Victoria 24.7% Mildura LGA 26.0%

(Source: Student Attitudes to School Survey <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 10/05/2014)

Proportion of children who report being bullied in years 5 and 6 (combined), 2013



Time Trend Mildura LGA decreasing rates of being bullied reported in years 5 and 6 between 2009–2013

Victoria 18.6% Mildura LGA 21.4%

(Source: Student Attitudes to School Survey <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 10/05/2014)



3 Indicator of Child Wellbeing: Engaged, Learning, Achieving

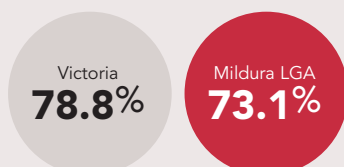
Families supportive of learning

The informal learning activities which parents engage in with their children before school age have a substantial impact on children's social and cognitive development. Parents are involved in a range of informal learning activities with their children including reading, playgroups, physical and musical activities, using technology and watching television/videos. The ABS Childhood Education and Care Survey 2011 indicated that Australian parents of children aged from 0 to 2 years were most involved in their children's informal learning through reading and musical activities. For children aged 0 to 8 years, assisting with homework and playing sport or other physical activities were also popular ways for parents to be involved in learning activities (DEECD, 2013). The Survey also found that children were more likely to have parental involvement in a learning activity when at least one parent was employed (93%), than when no parent was employed (86%). More than half of children (52%) in couple families were involved in a reading activity every day, compared with 40% of children in one-parent families (AIHW, 2012).

The importance of reading to children during their early years is demonstrated by the Melbourne Institute of Applied Economic and Social Research using the Longitudinal Study of Australian Children (LSAC). The research found that four year olds who are read to every day (as opposed to 1–2 days a week) have better outcomes not only in literacy and numeracy (including NAPLAN) but also relating to a range of cognitive skills up to age nine. These improved outcomes equate to the same effect as being almost six months older (reading 3–5 days per week compared to two or less) and just under one year older at age eight or nine (reading 6–7 days per week compared to two or less) (DEECD, 2013).

The Australian Early Development Index 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 AEDI report offers three enablers of a positive school transition for which the following Mildura LGA and Victorian results are reported below.

Children making good progress in adapting to the structure and learning environment of the school (often or very true), 2012

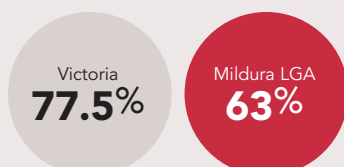


Time Trend – Mildura LGA worsening between 2009–2012

Victoria 79.9% Mildura LGA 74.4%

(Source: AEDI 2009 and 2012)

Children whose parent(s)/caregiver(s) are actively engaged with the school in supporting their child's learning (often or very true), 2012

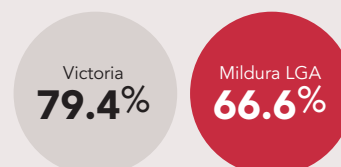


Time Trend – Mildura LGA worsening between 2009–2012

Victoria 75.8% Mildura LGA 64.5%

(Source: AEDI 2009 and 2012)

Children who are regularly read to/encouraged in their reading at home (often or very true), 2012



Time Trend – Mildura LGA worsening slightly between 2009–2012

Victoria 79.5% Mildura LGA 67.8%

(Source: AEDI 2009 and 2012)

Although Victorian level data was not reported, nor were 2014 comparisons available in the Social Health Atlas of Victorian Local Government Areas (2011) of those Mildura LGA respondents asked 'If you have school aged children, are you actively involved with activities in their school' 56.3% agreed 'yes'.

(Source: Compiled by PHIDU from ABS Census 2006 <http://www.publichealth.gov.au/data/social-health-atlas-of-australia---2011-census> accessed 10/04/2014)

Children are participating in kindergarten

Participation in quality early childhood education has substantial positive effects on children's social and cognitive development and school readiness. This has been shown to be especially so for children from disadvantaged families. Benefits from participation include better intellectual development and independence, sociability and concentration, cognitive development in the short term and preparation for success in school. Recent research, by the Melbourne Institute of Applied Economic and Social Research using the Longitudinal Survey of Australian Children (LSAC), can now also demonstrate the advantage that pre-school attendance has on later NAPLAN results. After controlling for socio-demographic characteristics in Australian children, a causal effect between pre-school attendance and Year 3 NAPLAN outcomes remains across all domains

(numeracy, reading, spelling, writing, grammar and punctuation). This 'pre-school advantage' is equivalent to 10 to 15 NAPLAN points or the equivalent of 15 to 20 weeks of schooling at the Year 3 level (DEECD, 2013).

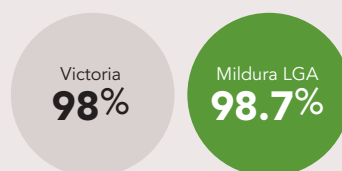
The National Partnership Agreement on Early Childhood Education (NP ECE) established that, from 2013 onwards, every child would have access to a quality early childhood education program delivered by a qualified early childhood teacher for 15 hours a week, 40 weeks a year, in the year before starting full-time schooling. A National Early Childhood Education and Care (ECEC) Collection was developed to improve data to support the NP ECE. According to the ABS National ECEC Collection for 2011, Australia wide, 85% of children were enrolled in a preschool program in the year before full-time schooling with attendance rates higher amongst children:

- in couple families (88%) compared with one-parent families (73%),
- with at least one parent employed (89%) compared with those with no parent employed (68%), and
- with higher parental income, 92% among children whose parents earned \$2,000 or more per week compared with 80% among children whose parents earned less than \$1,000 per week (AIHW, 2013).

Research has also revealed lower rates of participation in pre-school / kindergarten are likely for Indigenous children, CALD children, children from areas of socio-economic disadvantage, children from single parent families and vulnerable and disadvantaged children. Whilst current data on kindergarten participation by Indigenous families was not available the *Kinder for All* 2013 research noted that between 2004 and 2008 the Mildura LGA had an average of 43.6 Aboriginal children enrolled in four year kindergarten each year. However over these documented five years, the number of Aboriginal children enrolled in four year old kindergarten in Mildura LGA was reported to decrease at an average rate of 4.4 enrolments per year (DEECD, 2009). This decline occurred against an actual growth in the Early Years population within the Indigenous community, for example at the time of the 2011 Census there were 220 0–4 year olds in the Mildura LGA compared to 195 0–4 year olds during the 2006 Census.

The *Kinder for All* research also revealed the impact of socio-economic disadvantage on kindergarten participation. Of the four schools involved in the *Kinder for All* research, kindergarten participation in the year preceding the research (2012) varied from a low of 64% up to 88% (with an average of 78.5% kindergarten participation). The research acknowledged that the schools contributing to the research were drawn from those local areas with recognised histories of vulnerability and disadvantage.

Kindergarten participation in the first year of enrolments, 2012



Time Trend Mildura LGA significantly increasing rates of kindergarten participation between 2008–2012

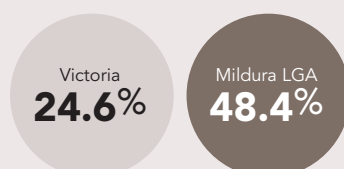
Victoria 92.4% Mildura LGA 79.3%

Numerator: Number of first year enrolments in kindergarten

Denominator: Number of 3 year old children based on the previous year's estimated resident population

(Source: Children's Services On Line [CHISOL], DEECD
<http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 10/05/2014)

Proportion of children attending kindergarten whose placement attracts a kindergarten fee subsidy, 2012

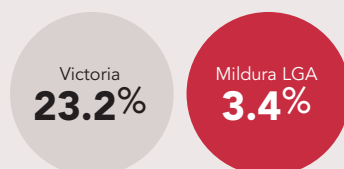


Time Trend Mildura LGA decreasing proportion of kindergarten participants receiving 'fee subsidy' between 2008–2012

Victoria 27.3% Mildura LGA 52.2%

(Source: Children's Services On Line [CHISOL], DEECD
<http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 10/05/2014)

Number of four year old kindergarten enrolments in a long day care or integrated children's services setting, 2012



Time Trend Mildura LGA declining number of four year old kindergarten enrolments in LDC setting between 2011–2012

Victoria 20.6% Mildura LGA 5.1%

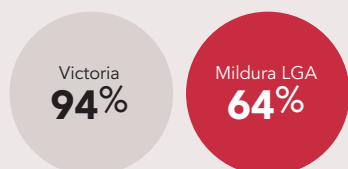
(Source: Children's Services On Line [CHISOL], DEECD
<http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 10/05/2014)

Services enable participation in pre-school

From the pre-school program delivery perspective there were challenges for services in meeting the National Partnership Agreement on Early Childhood Education mandate. Across the Mildura LGA these were recognised in the 2013 *Kinder for All* research as workforce availability, financial viability (specifically for the rural services the Small Rural Grants Initiative) and adequate infrastructure (this was particularly the case for the urban and semi urban services). At the time of this research (2013) nine of the 14 kindergarten services (64%) in the Mildura LGA (including the Murrayville and Underbool services which were being delivered in an integrated LDC setting) were delivering a 'full' 15 hours of kindergarten programming to four year olds (where 'full' indicated all enrolled groups were receiving 15 hours of programming). Significantly all five of the 'rural' kindergartens (Millewa, Nangiloc, Ouyen, Murrayville and Underbool) had achieved Universal Access and were delivering 600 hours of kindergarten programming in 2013. Of the remaining nine 'urban' and 'semi-urban' kindergarten services (De Garis, Irymple, Kathleen Kelly, Merbein, Mildura South, Mildura West, Pasadena, Red Cliffs and St Margaret's) five had not achieved full 15 hours of programming for all enrolled groups. Four of these five services were located in 'central' Mildura (Local Logic Place, 2013). At the Victorian level in 2013, more than 94% of funded services were offering a 15 hour program (DEECD, 2013).

Of the five Mildura services not delivering 'full' Universal Access in 2013 one service was delivering 15 hours of programming to two of the three kindergarten groups offered (66% of students) and a second service was delivering 15 hours of programming to one of the three kindergarten groups offered (30% of students). At the time of the research for both these services the recruitment of an additional staff member would facilitate 'full' Universal Access to all enrolled groups.

Services providing Universal Access to Early Childhood Education, 2013



Time Trend – not available

(Source: Kinder for All Report 2013, Mildura Rural City Council)

The National Quality Framework (NQF) was established in 2012 and applies to most long day care, family day care, preschool/kindergarten and outside school hours care services. The National Quality Standard (NQS) is a key aspect of the framework and sets a national benchmark for services covered by it in Australia. The seven quality areas covered by the NQS are:

1. Educational program and practice,
2. Children's health and safety,
3. Physical environment,
4. Staffing arrangements,
5. Relationships with children,
6. Collaborative partnerships with families and communities and
7. Leadership and service management.

Services covered by the National Quality Framework are assessed and rated against each of these seven Quality Areas. Assessment and rating of services commenced in mid-2012, and the ratings of those services that have been assessed are available on the Australian Children's Education and Care Quality Authority and MyChild websites. The rating levels for each Quality Area are:

- Exceeding National Quality Standard
- Meeting National Quality Standard
- Working Towards National Quality Standard
- Significant Improvement Required

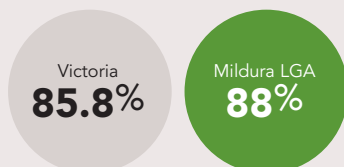
Services yet to be assessed or those that have been assessed but are yet to receive their final rating are noted as 'Provisional – Not Yet Assessed under the National Quality Framework' (<http://www.mychild.gov.au/pages/ECANatQualityFramework.aspx> accessed 20/05/2014).

Data for the third quarter of 2013 indicated that 1,030 approved Victorian services had received a rating by 30 September 2013. Victoria has a higher number of services rated as meeting or exceeding the NQS than for Australia (77% for Victoria compared to 58% for Australia) (DEECD, 2013). At the Mildura LGA level of the 14 Pre-schools providing pre-school programming across the LGA (including the Murrayville and Underbool integrated services) eight were 'Provisional – Not Yet Assessed under the National Quality Framework', the remaining six received Overall Ratings of Meeting (4) or Exceeding (2) the National Quality Standard. Of the Pre-school services assessed across the Mildura LGA 100% were meeting or Exceeding the NQS compared to their Victorian (77%) and Australian (58%) counterparts.

Children feel connected to school

School connectedness refers to an academic environment in which students believe that adults in the school care about their learning and about them as individuals. Although connecting students to school is important at all year levels, it's especially crucial during the adolescent years. In the last decade, educators and school health professionals have increasingly pointed to school connectedness as an important factor in reducing the likelihood that adolescents will engage in health-compromising behaviours. A connected school environment also increases the likelihood of academic success.

Proportion of children who report feeling connected to school in years 5 and 6 (combined), 2013

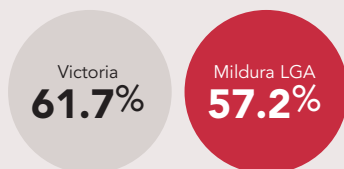


Time Trend Mildura LGA increasing rates of feeling connected to school reported in years 5 and 6 between 2009–2013

Victoria 82.3% Mildura LGA 81.6%

(Source: Student Attitudes to School Survey <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 10/05/2014)

Proportion of children who report feeling connected to school in years 7 to 9, 2013



Time Trend Mildura LGA slightly decreasing rates of feeling connected to school reported at years 7 to 9 between 2009–2013

Victoria 58.0% Mildura LGA 58.2%

(Source: Student Attitudes to School Survey <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 10/05/2014)

School attendance is reported as children who are enrolled and actually attending school, rather than just enrolments. Regular school attendance is important for children to obtain the full benefits of schooling, such as the development of the building blocks for lifelong learning and educational attainment, social skills and healthy self-esteem. Conversely, absenteeism limits a child's opportunity to learn and can exacerbate self-esteem issues, social isolation and dissatisfaction (AIHW, 2013). Government school absence data shows a peak in absenteeism between Years 8 and 10, however

students in Year Prep to Year 3 are absent for around 14 days of school per year – a pattern that does not vary from year to year. There are slight differences in absenteeism in terms of gender and location, with girls and those in rural Victoria having slightly higher numbers of days absent. However the largest difference is for Aboriginal students, who averaged between 23 and 26 days of absence in 2012 (for Prep and Year 3 respectively), an average of 10 days more than their non-Aboriginal peers (DEECD, 2013).

Mean absence days per year Prep for students enrolled in Government schools, 2009



Time Trend Mildura LGA decreasing numbers of mean absence days between 2007–2009

Victoria 14.7 Mildura LGA 18.5

(Source: Mildura Rural City Early Childhood Community Profile, 2009, DEECD School Census Data, unpublished)

Mean absence days per year Year 1 for students enrolled in Government schools, 2009



Time Trend Mildura LGA increasing numbers of mean absence days between 2007–2009

Victoria 13.8 Mildura LGA 14.3

(Source: Mildura Rural City Early Childhood Community Profile, 2009, DEECD School Census Data, unpublished)

Mean absence days per year Year 2 for students enrolled in Government schools, 2009



Time Trend Mildura LGA increasing numbers of mean absence days between 2007–2009

Victoria 13.1 Mildura LGA 13.8

(Source: Mildura Rural City Early Childhood Community Profile, 2009, DEECD School Census Data, unpublished)

Further data provided by DEECD through the Schools Information Portal shows absenteeism trends continuing in 2013 with slight increases across all reported year levels. For example, in 2013 Mildura LGA Prep students missed an average of 16.11 days each year (compared to 16.0 in 2009), year 1 students missed an average of 15.43 days each year (compared to only 14.9 in 2009) and year 2 students in the Mildura LGA missed an average of 15.51 days each year (compared to 15.3 days in 2009).

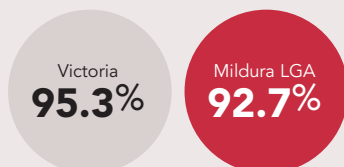
Children and young people are achieving at school

Literacy and numeracy skills are the foundation on which all further formal education is built. Research has shown that levels of literacy and numeracy are associated with school completion, employment, income and health outcomes. In Australia, national minimum standards (NMS) have been developed for reading, persuasive writing, language conventions (spelling, grammar and punctuation) and numeracy for students in Years 3, 5, 7 and 9. These NMS have been assessed through the National Assessment Program – Literacy and Numeracy (NAPLAN) since 2008. NAPLAN results are split into six bands for each year level with the second lowest band representing the national minimum standard (NMS).

Research has demonstrated that children's NAPLAN performance improves with higher levels of parental education. Performance is also higher where parents are in the professional categories of employment and lower where parents are not in the paid workforce. Analysis of NAPLAN results from 2008 through to 2012 for grades 3 indicate that some population groups have lower achievement, for example Aboriginal children have lower achievement than their non-Aboriginal peers and children with a Language Background Other Than English (LBOTE) also have slightly lower achievement. Recent research by the Melbourne School of Population and Global Health linked student records for the School Entrant Health Questionnaire (Prep) to NAPLAN results in Year 3, to examine factors that influence performance in NAPLAN. This research showed that:

- children at high risk of developmental problems at school entry demonstrated lower average reading scores at Year 3 on NAPLAN 2011, compared to children not at risk,
- having a history of abuse was associated with lower NAPLAN achievement,
- children from a single parent family and from a non-English speaking background were more likely to be performing at or below NMS in NAPLAN (80% and 20% respectively),
- speech and language difficulties were associated with a two-fold higher risk of performing at or below NMS in NAPLAN and
- non-attendance at early childhood services (such as preschool/ kindergarten and 3.5 year Maternal and Child Health visit) was associated with a higher risk of performing at or below NMS in NAPLAN (AIHW, 2013 and DEECD, 2013).

Proportion of students in Year 3 who meet or exceed the benchmarks for literacy, 2011

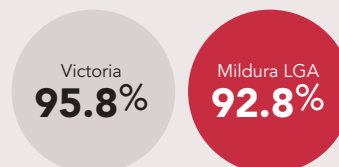


Time Trend Mildura LGA decreasing proportion of students in Year 3 who meet or exceed the benchmarks for literacy between 2008–2011

Victoria 95.2% Mildura LGA 94.0%

(Source: NAPLAN <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 10/05/2014)

Proportion of students in Year 7 who meet or exceed the benchmarks for literacy, 2011

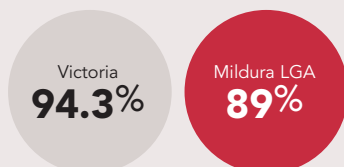


Time Trend Mildura LGA increasing proportion of students in Year 7 who meet or exceed the benchmarks for literacy between 2008–2011

Victoria 95.8% Mildura LGA 91.0%

(Source: NAPLAN <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 10/05/2014)

Proportion of students in Year 5 who meet or exceed the benchmarks for literacy, 2011

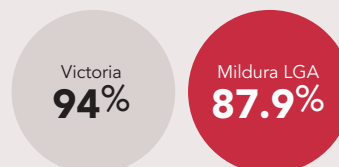


Time Trend Mildura LGA increasing proportion of students in Year 5 who meet or exceed the benchmarks for literacy between 2008–2011

Victoria 93.7% Mildura LGA 86.2%

(Source: NAPLAN <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 10/05/2014)

Proportion of students in Year 9 who meet or exceed the benchmarks for literacy, 2011



Time Trend Mildura LGA decreasing proportion of students in Year 9 who meet or exceed the benchmarks for literacy between 2008–2011

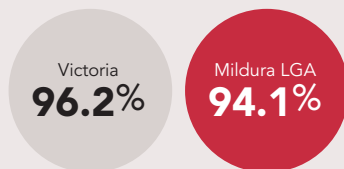
Victoria 94.7% Mildura LGA 92.3%

(Source: NAPLAN <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 10/05/2014)

Disengaged youth is a major issue in the region, with many of these persons being Indigenous youth. These are young people who have left school early and who are not in employment. They often have few employment skills, low levels of literacy and numeracy and other social problems. These individuals have disconnected with traditional education and training. Estimates from agencies in the area have this group at around 200 persons at any time.

NMLLEN Environment Scan, 2012, p 21.

Proportion of students in Year 3 who meet or exceed the benchmarks for numeracy, 2011

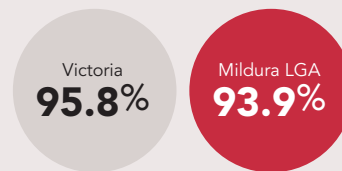


Time Trend Mildura LGA decreasing proportion of students in Year 3 who meet or exceed the benchmarks for numeracy between 2008–2011

Victoria 96.5% Mildura LGA 94.9%

(Source: NAPLAN <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 10/05/2014)

Proportion of students in Year 7 who meet or exceed the benchmarks for numeracy, 2011

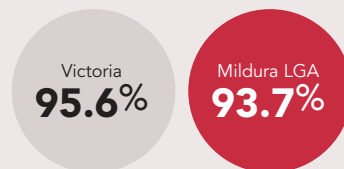


Time Trend Mildura LGA increasing proportion of students in Year 7 who meet or exceed the benchmarks for numeracy between 2008–2011

Victoria 96.5% Mildura LGA 91.9%

(Source: NAPLAN <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 10/05/2014)

Proportion of students in Year 5 who meet or exceed the benchmarks for numeracy, 2011

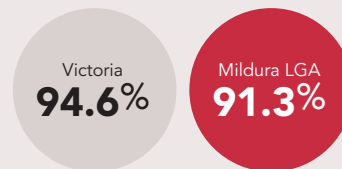


Time Trend Mildura LGA increasing proportion of students in Year 5 who meet or exceed the benchmarks for numeracy between 2008–2011

Victoria 94.6% Mildura LGA 90.5%

(Source: NAPLAN <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 10/05/2014)

Proportion of students in Year 9 who meet or exceed the benchmarks for numeracy, 2011



Time Trend Mildura LGA decreasing proportion of students in Year 9 who meet or exceed the benchmarks for numeracy between 2008–2011

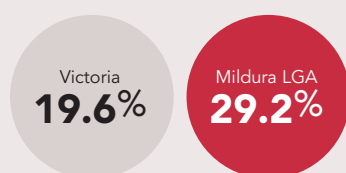
Victoria 95.2% Mildura LGA 92.1%

(Source: NAPLAN <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 10/05/2014)

Children & young people have access to internet at home

The internet is becoming increasingly important in an economy shifting from manufacturing to services, and children who do not grow up familiar with computers and the internet may find their employment prospects significantly curtailed (DPCD, 2011). This is also identified through the Early Years Learning Framework which notes as essential that early childhood education and care services enable 'children [to] resource their own learning connecting with people, places, technologies and natural and processed materials' (Learning Outcome 4.4) and '[to] use information and communication technologies to access information, investigate ideas and represent their thinking' (Learning Outcome 5.5).

Private dwellings with NO Internet connection, 2011



Time Trend – Mildura LGA improving significantly between 2006–2011

Victoria 35.7% Mildura LGA 46.3%

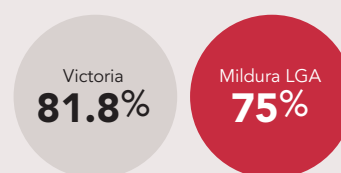
(Source: Compiled by PHIDU from ABS Census 2006 & 2011 <http://www.publichealth.gov.au/data/social-health-atlas-of-australia---2011-census> accessed 10/04/2014)

Young people are engaged in learning or earning

A young person's learning and development is integral to their overall health and wellbeing, as well as their future productivity and contribution to society. There is a link between intergenerational poverty and educational attainment—low educational attainment is a common factor in Australia's most

disadvantaged communities and is known to increase the risk of social exclusion. Education is important in breaking this cycle with those with higher levels of education more likely to be employed and to have higher incomes (AIHW, 2013).

Full-time participation in secondary school education at age 16*, 2011



Time Trend – Mildura LGA improving between 2006–2011

Victoria 79.9% Mildura LGA 70.2%

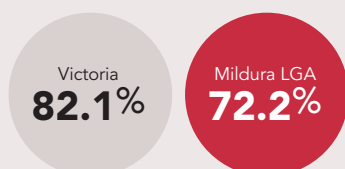
* This data excludes the 4.1% of people whose participation in secondary school education at age 16 was not stated (the proportion excluded was calculated based on the Australian data). Those who have left school at this age to enter the labour force are not accounted for in these data – see Learning or Earning at ages 15 to 19.

(Source: Compiled by PHIDU from ABS Census 2006 & 2011 [unpublished] <http://www.publichealth.gov.au/data/social-health-atlas-of-australia---2011-census> accessed 10/04/2014)

Remaining engaged in, and successfully completing, secondary school improves transitions into further study and employment, with the number of years of schooling a significant predictor of future earnings and employment. The apparent retention rate to Year 12 is the most common measure of school participation. It estimates the percentage of students who remain enrolled full time in secondary education from the start of secondary school (Year 7) to Year 12. Nationally in 2012, the Year 12 apparent retention rate was 80%, having gradually increased from 72% in 1998. Females had a higher Year 12 apparent retention rate than males (84% compared with 76% in 2012). This is consistent with research showing that males are less likely to undertake Year 12 and more likely to leave school before Year 12 and undertake vocational programs (such as apprenticeships) or find employment. The Year 12 apparent retention rate for Indigenous students was 51% in 2012 and, although considerably lower than for non-Indigenous students

(81%), had steadily increased from 32% in 1998 (AIHW, 2013).

Year 10–12 apparent retention rate*, 2012



Time Trend Mildura LGA year 10–12 apparent retention rates increasing between 2008–2012

Victoria 81.8% Mildura LGA 66.8%

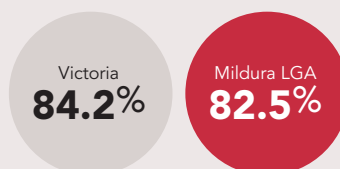
* The number of Year 12 full time equivalent student enrolments expressed as a percentage of the number of Year 10 full time equivalent student enrolments two years earlier

(Source: August School Census, Department of Education and Early Childhood Development <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 10/05/2014)

The apparent retention rate reflects enrolment in school, but it is not a measure of the successful completion of Year 12. Completing Year 12, or an equivalent vocational qualification, is a key factor in improving economic and social opportunities in life, encouraging lifelong learning and lifting national productivity. Nationally among young people aged 15 to 24 who had left school in 2011, 74% had completed Year 12—an increase from 70% in 2002.

In 2009, the Australian Government set a target for 90% of young people aged 20 to 24 to have attained Year 12 or a Certificate II or above by 2015, and Year 12 or a Certificate III or above by 2020. In 2012, 86% of 20 to 24 year olds had completed Year 12 or at least Certificate II and 85% had completed Year 12 or at least Certificate III, which is an increase from 80% and 78% in 2003 respectively. Young people who have spent time in out-of-home care (for example, foster care and residential care) were about half as likely to complete Year 12 as the general population in 2009 (35% and 74% respectively) (AIHW, 2013).

Proportion of young people aged 19 years who have attained Year 12 or equivalent, 2011



Time Trend Mildura LGA young people aged 19 years attaining Year 12 or equivalent increasing significantly between 2009–2011

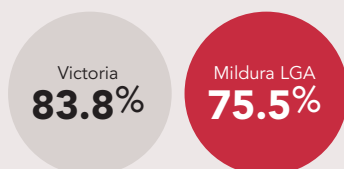
Victoria 81.1% Mildura LGA 70.2%

(Source: Skills Victoria and Victorian Curriculum and Assessment Authority, Department of Education and Early Childhood Development <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 10/05/2014)

Non-participation in work or study among young people has been linked to future unemployment, lower incomes and employment insecurity, placing young people at risk of social and economic disadvantage, and social exclusion. Nationally in 2012, 7% of 15–19 year olds and 12% of 20–24 year olds were not in employment, education or training (NEET). Data from the Longitudinal Surveys of Australian Youth indicate that, in 2010, some groups of 22 year olds were more likely than others to be NEET, including:

- those who were Indigenous (20%) compared with those who were non-Indigenous (8%),
- those with disability or a health condition (21%) compared with those without (7%) and
- those who had not completed Year 12 or Certificate III (17%) compared to those who had (7%). Further, those whose highest year of school completed was Year 11 (11%), Year 10 (17%) or Year 9 or below (30%) were more likely to be NEET than those who had completed Year 12 (7%) (AIHW, 2013).

Learning or Earning* at ages 15 to 19, 2011



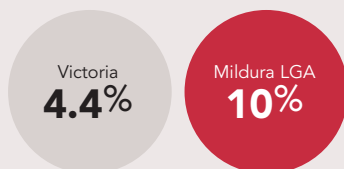
Time Trend – Mildura LGA worsening slightly between 2006–2011

Victoria 82.6% Mildura LGA 77.6%

* This data comprise the number of 15 to 19 year olds who are engaged in school, work or further education/ training, as a proportion of all 15 to 19 year olds.

(Source: Compiled by PHIDU from ABS Census 2006 & 2011 <http://www.publichealth.gov.au/data/social-health-atlas-of-australia---2011-census> accessed 10/04/2014)

Young people aged 15 to 24 receiving an unemployment benefit, 2012



Time Trend – Mildura LGA decreasing slightly between 2009–2012

Victoria 4.8% Mildura LGA 10.2%

(Source: Compiled by PHIDU from ABS Census 2006 & 2011 <http://www.publichealth.gov.au/data/social-health-atlas-of-australia---2011-census> accessed 10/04/2014)

Teenage Fertility Rate

Parenthood in the teenage years, can result in interrupted (and lower rates of participation in) education, greater dependence on government assistance, increased problems entering the labour market and marital instability. However, the social and economic disadvantage that teenage parents and their babies experience may at least partly be a reflection of the circumstances before the pregnancy and birth. Indigenous women, women from areas of low socioeconomic status, and women with lower educational qualification, all have higher fertility rates than the general female population. Teenage females who lived in remote and very remote areas were more than 5 times as likely to give birth as their peers in major cities (62 births per 1,000 compared with 12 births per 1,000). At the national level 20% of Indigenous mothers were teenagers, compared with 3% of non-Indigenous mothers (AIHW, 2012 and AIHW, 2013).

Rate of live births to women aged under 19 years in the calendar year (per 1,000 women in this age group), 2012



Time Trend Mildura LGA decreasing rates of live births to women aged under 19 years between 2008–2012

Victoria 10.9 Mildura LGA 30.1

(Source: Perinatal Data Collection, Department of Health <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 10/05/2014)



4 Indicator of Child Wellbeing: Happy and Healthy

The social determinants of health are the conditions into which people are born, grow, live, work, and age. The key social determinants include stress, early life, social exclusion, work, unemployment, social support, addiction, food, and transport and can be both reinforced and reduced by the distribution of income, discrimination, and political and governance structures.

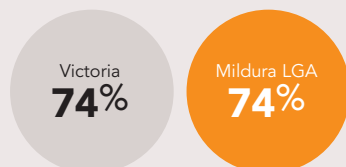
The social determinants approach is underpinned by an appreciation of the broader value of health to society and the dependence of health on actions far beyond the health sector, as both problems and solutions are system-wide. Policies and interventions are required from all sectors and levels of society, for example, transport and housing policies at the local level; environmental, educational, and social policies at the national level; and financial, trade, and agricultural policies at the global level (AIHW, 2012).

Ultimately an individual's health and wellbeing result from a complex interplay between biological, lifestyle, socioeconomic, societal and environmental factors, many of which can be modified to some extent by health care and other interventions. So whilst some health outcomes are determined prior to birth and early on, through immunisation and breastfeeding for example, children also learn behaviours in their early years that have lasting impacts on their physical and psychological health as adults. There is an opportunity in these early years to reinforce positive behaviours such as physical activity and healthy diet to set strong foundations for future wellbeing (AIHW, 2012).

Children have a healthy childhood

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 discharge from hospital, 2012/2013

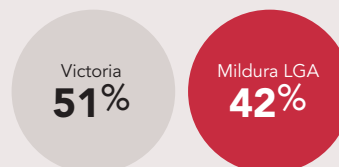


Time Trend, Mildura LGA decreasing rates of breastfeeding at discharge from hospital between 2010/2011 and 2012/2013

Victoria 74.0% Mildura LGA 82.0%

(Source: DEECD Maternal and Child Health Mildura LGA 2012/2013 Data Report)

Proportion of infants fully breastfed at 3 months of age, 2012/2013

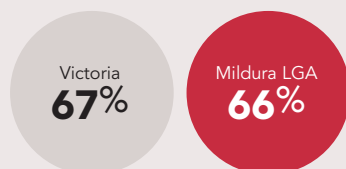


Time Trend, Mildura LGA decreasing rates of breastfeeding at 3 months of age between 2010/2011 and 2012/2013

Victoria 52.0% Mildura LGA 51.0%

(Source: DEECD Maternal and Child Health Mildura LGA 2012/2013 Data Report)

Proportion of infants fully breastfed at 2 weeks of age, 2012/2013

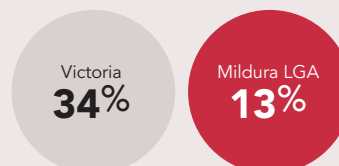


Time Trend, Mildura LGA decreasing rates of breastfeeding at 2 weeks of age between 2010/2011 and 2012/2013

Victoria 68.0% Mildura LGA 72%

(Source: DEECD Maternal and Child Health Mildura LGA 2012/2013 Data Report)

Proportion of infants fully breastfed at 6 months of age, 2012/2013



Time Trend, Mildura LGA decreasing rates of breastfeeding at 6 months of age between 2010/2011 and 2012/2013

Victoria 36.0% Mildura LGA 22.0%

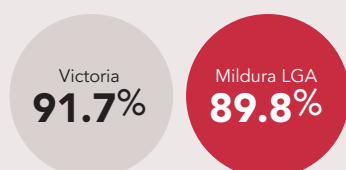
(Source: DEECD Maternal and Child Health Mildura LGA 2012/2013 Data Report)

Routine infant and childhood vaccination has been available in Australia since the 1930s and is broadly supported as an effective way of generating immunity and protecting against the spread of infectious diseases. The National Immunisation Program Schedule for Victoria recommends and provides the following vaccines at no cost to children up to eight years: hepatitis B, diphtheria, tetanus, pertussis, polio, haemophilus influenzae type b, pneumococcal, measles, mumps, rubella, meningococcal C, chickenpox and rotavirus. Evidence suggests that a minimum of 90% vaccination coverage is required to interrupt the transmission of disease, Victoria

is achieving this minimum (DEECD, 2013). At the national level:

- As at December 2011, 91.8% of children aged 1 year and 92.6% of children aged 2 were fully immunised. Among older children (aged 5), 89.9% were fully immunised,
- There was little difference in immunisation coverage for 2 year olds across low and high socioeconomic groups and Indigenous and non-Indigenous Australians,
- Children living in the most socioeconomically disadvantaged areas were not disadvantaged in terms of immunisation coverage: 93.2% of children living in these areas were fully immunised compared with 91.6% of children living in the least disadvantaged areas and
- Aboriginal and Torres Strait Islander children can be at risk of delayed immunisation. By the age of 2 years many, but not all, Indigenous children have caught up to their non-Indigenous counterparts. Consistent with this, immunisation coverage at the age of 2 years was slightly lower for Indigenous (91.9%) than non-Indigenous children (92.8%) (AIHW, 2012).

Proportion of children who are fully vaccinated at 12–15 months, 2012/2013

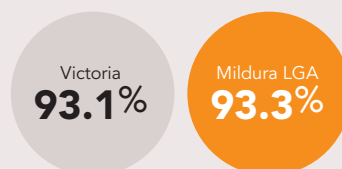


Time Trend, Mildura LGA decreasing rates of vaccination at 12–15 months of age between 2009/2010 and 2012/2013

Victoria 92.1% Mildura LGA 91.6%

(Source: <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 10/05/2014)

Proportion of children who are fully vaccinated at 24–27 months, 2012/2013

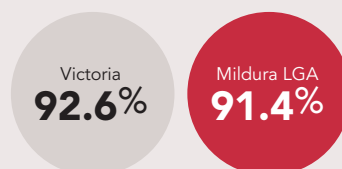


Time Trend, Mildura LGA increasing rates of vaccination at 24–27 months of age between 2009/2010 and 2012/2013

Victoria 92.8% Mildura LGA 92.7%

(Source: <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 10/05/2014)

Proportion of children who are fully vaccinated at 60–63 months, 2012/2013



Time Trend, Mildura LGA increasing rates of vaccination at 60–63 months of age between 2009/2010 and 2012/2013

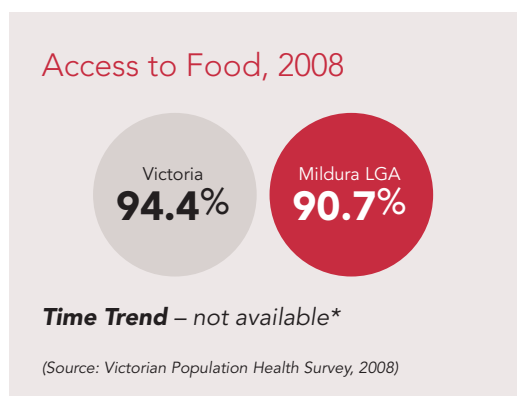
Victoria 87.2% Mildura LGA 87.3%

(Source: <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 10/05/2014)

The food we eat plays a major role in our health and wellbeing. For infants and young children, good nutrition is important for optimal growth and development. For all Australians, good nutrition contributes to quality of life, helps maintain healthy body weight, protects against infections, and reduces the risk of chronic disease and premature death. On the other hand, poor dietary choices are associated with ill health. Chronic diseases that can be related to diet, such as cardiovascular disease, diabetes and some cancers, are a major cause of death and disability in Australia, and their prevalence is steadily increasing. The burden of disease due to poor diet is often associated with large intakes of energy-dense foods, with high saturated fat, sugar and/

or salt content, and low intakes of nutrient-dense foods, such as vegetables, fruit and wholegrain cereals. Excessive energy intakes, combined with low levels of physical activity, have contributed to the continuing rise in people identified as overweight and obese. Low-income, particularly single parent and unemployed families, are most at risk of food insecurity. Research shows these families are more likely to select foods that are perceived to be cheaper but that are of poorer quality, with high fat, salt and sugar content (AIHW, 2012).

Food insecurity, as measured by the proportion of persons who ran out of food in the previous 12 months and could not afford to buy more, is higher across the Mildura LGA than at the Victorian level according to 2008 data from the Victorian Population Health Survey. Data specific to children aged 0–18 years was not available.



The 2008 Victorian Population Health Survey revealed that 9.3% of the Mildura LGA population experienced Food Insecurity (ran out of food in the previous 12 months and could not afford to buy anymore) compared to only 5.6% at the State level. Reasons stated for Food Insecurity at the Mildura LGA level included:

Some foods are too expensive: Mildura LGA **42.7%** compared to Victoria 28.3%

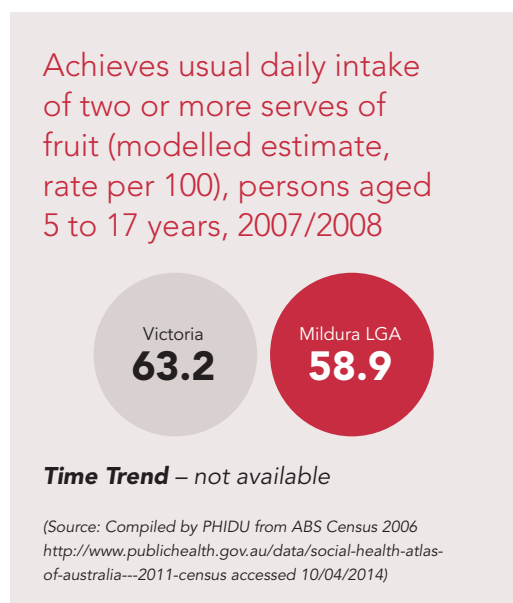
Can't always get right quality: Mildura LGA **31.6%** compared to Victoria 25.5%

Can't always get right variety: Mildura LGA **12.7%** compared to Victoria 10.9%

Can't always get culturally appropriate food: Mildura LGA **6.1%** compared to Victoria 6.8%

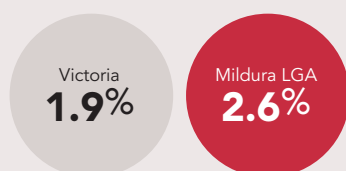
Inadequate and unreliable transport: Mildura LGA **5.8%** compared to Victoria 8.0%

* Whilst the Victorian Population Health Survey has been undertaken since 2008 analysis of data at the LGA level has not been made available.



A healthy body weight is important for overall health and can help prevent and control many diseases and conditions. Being overweight or obese can contribute to the development of chronic conditions, such as heart disease and stroke, Type 2 diabetes, osteoarthritis, some cancers and sleep apnoea. As excess body weight increases, so does the risk of chronic disease and mortality. Overweight and obesity are defined as abnormal or excessive fat accumulation that may impair health. In Australia, rates of obesity in both adults and children have increased over the last two decades. In 2007–08, 25% of Australian adults (aged 18 and over) and 8% of children (aged 5–17) were obese; this equates to almost 3 million people. There is a graded relationship between socioeconomic status and obesity: people who live in the most disadvantaged areas are more likely to be obese than people who live in areas that are less disadvantaged. In 2004–05, after adjusting for differences in age structure, 34% of Aboriginal and Torres Strait Islander adults were obese compared with 18% of non-Indigenous adults (AIHW, 2012).

Proportion of children at school entry reported to be overweight, 2008



Time Trend – not available

(Source: School Health Entrant Questionnaire)

The School Entrant Health Questionnaire (SEHQ) is completed by parents when their child starts school. It is used by school nurses to assess children requiring further screening or intervention. The information also provides broader measures of aspects such as oral health, vision, behavioural and emotional wellbeing. There is also a clear pattern showing concerns about oral health, vision and behaviour are more prevalent for parents from disadvantaged areas.

Obese persons (modelled estimate, rate per 100), persons 18 years and over, 2007/2008



Time Trend – not available

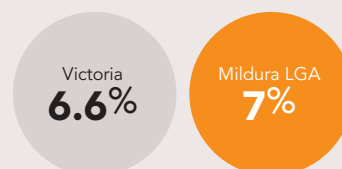
(Source: Compiled by PHIDU from ABS Census 2006 <http://www.publichealth.gov.au/data/social-health-atlas-of-australia---2011-census> accessed 10/04/2014)

A key indicator of population-wide infant health is the proportion of babies with low birth weight (less than 2,500 grams). The birth weight of a baby reflects maternal pregnancy health and lifestyle choices, such as smoking, and is a predictor for subsequent health outcomes, including the period of hospitalisation after birth, the development of significant disabilities, and dying. In 2009, there were 20,195 babies of low birth weight (6% of all babies born in Australia). Low

birth weight occurred in 76% of stillborn babies and 51% of live-born babies from a multiple birth, as such comparing and interpreting proportions of low birth weight is more accurate if low birth weight resulting from fetal death and multiple births is removed from the analysis.

Low birth weight among live-born singletons in 2009 varied with maternal age, ranging from a low of 6% in mothers aged 30–34 to 9% in teenage mothers, and 14% in mothers aged 45 or older. Low birth weight among live-born singleton babies of mothers who reported smoking during pregnancy in 2009 was 10%, twice the rate of mothers who did not smoke (5%). The number and proportion of low birth weight babies decline progressively with decreasing level of socioeconomic disadvantage (AIHW, 2012). Victorian data from 2008 indicates that the greatest proportions of babies with low birth weights in Victoria were from outer regional and low SES areas, and born to Aboriginal mothers (DEECD, 2013).

Low birth weight babies, 2009–2011



Time Trend – Mildura LGA worsening slightly between 2006–2008 and 2009–2011

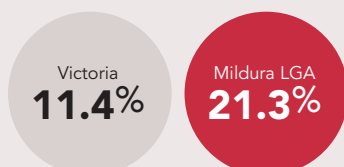
Victoria 6.6% Mildura LGA 6.7%

(Source: Compiled by PHIDU from ABS Census 2006 & 2011 <http://www.publichealth.gov.au/data/social-health-atlas-of-australia---2011-census> accessed 10/04/2014)

Smoking during pregnancy increases the risk of complications and is associated with poorer outcomes for the baby. Complications include low birth weight, pre-term birth, and small size for gestational age (suggesting intra-uterine growth restriction) as well as infant death. In 2009, 15% of Australian women smoked while pregnant, a figure which has remained relatively stable over the past 5 years. Younger mothers were more likely to smoke than older mothers in 2009. More than 1 in 3 teenage mothers (37%) reported smoking during pregnancy. The proportion of women who smoked while pregnant was higher for Indigenous women (48%) than non-Indigenous women (13%) a difference

which in part reflects the younger age of Indigenous mothers compared with other Australian mothers (AIHW, 2012).

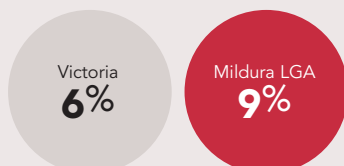
Smoking During Pregnancy, 2009–2011



Time Trend – not available

(Source: Compiled by PHIDU from ABS Census 2006 & 2011 <http://www.publichealth.gov.au/data/social-health-atlas-of-australia---2011-census> accessed 10/04/2014)

Quit Interventions* during Key Ages and Stages Visits, 2012/2013

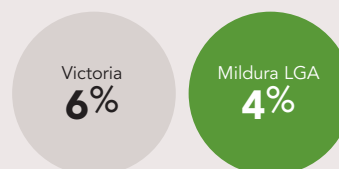


Time Trend – Mildura LGA decreasing between 2010/2011 – 2012/2013

Victoria 8.0% Mildura LGA 12.0%

(Source: DEECD Maternal and Child Health 2012/2013 Data Report)

Quit Referrals** during Key Ages and Stages Visits, 2012/2013



Time Trend – Mildura LGA decreasing between 2010/2011 – 2012/2013

Victoria 6.0% Mildura LGA 8.0%

(Source: DEECD Maternal and Child Health 2012/2013 Data Report)

* A *Quit Intervention* involves providing the client with the 'Quit pack' and supporting with appropriate strategies if they show interest in quitting smoking but do not want Maternal and Child Health to refer them into the Quit Program. Clients can then refer themselves via the 'Quit pack' if they choose to.

** A *Quit Referral* occurs when the Maternal and Child Health nurse directly refers the client into the Quit Program via referral form.

The State of Victoria's Children 2010 report noted that the rates and types of accidents and injuries to children vary across the lifespan. For children in infancy, a time of high dependence, injuries tend to stem from abuse or neglect. Between the ages of 1 to 4, the child begins to be mobile but lacks an understanding of, or ability to recognise, hazards and risks, leading to injuries relating to pharmaceutical poisonings, fire and drowning. In middle childhood (from 5 to 9 years), where the child explores the world through play and schooling, the characteristic injuries are falls (e.g. from playground equipment). DEECD data shows that the death rate for unintentional injuries for Victorian children aged 0 to 17 years has declined over the past decade (DEECD, 2013).

Rate of Childhood Accidents (per 1,000 children), 2011

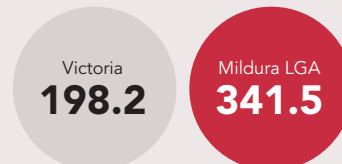


Time Trend – Mildura LGA decreasing rates of childhood accidents between 2006–2011

Regional Victoria 86.3
Mildura LGA 187.8

(Source: Monash University [unpublished], Mildura Rural City Council Social Indicators Report, 2014)

Total Hospital Separations Indigenous Children, per 1,000 children aged 0 to 8 years, 2005–2008



Time Trend – not available

(Source: NM PCP Community Health & Wellbeing Profile 2011)

Hospital separations (the term referring to admissions to hospital following discharge) are coded according to principal diagnosis within the International Statistical Classification of Diseases (ICD) chapter level descriptions. Whilst hospitalisation rates are often used as a proxy indicators for the level of serious illness within a community, care should be taken in interpreting hospitalisation rates as rates can be influenced by issues such as access to appropriate primary care (such as GPs) and changes in hospital admission practices. The following data reflects the rate of hospital separations, per 1,000 children aged 0 to 8 years, in Mildura LGA, 2005–08 and is drawn from the NM PCP Community Health & Wellbeing Profile 2011, p.74.

Significantly both Indigenous and non-Indigenous children aged 0–8 years in the Mildura LGA experienced higher rates of separations for ICD–10 Chapter XXI: Factors influencing health status and contact with health services than was the case for their Victorian counterparts. Included in the Chapter XXI Factors are classifications relating to “Persons with potential health hazards related to socioeconomic and psychosocial circumstances”.

Total Hospital Separations, per 1,000 children aged 0 to 8 years, 2005–2008



Time Trend – not available

(Source: NM PCP Community Health & Wellbeing Profile 2011)

Total Hospital Separations, per 1,000 children aged 0 to 8 years, 2005–2008 – Chapter XXI Factors



Time Trend – not available

(Source: NM PCP Community Health & Wellbeing Profile 2011)

Total Hospital Separations
Indigenous Children, per
1,000 children aged 0
to 8 years, 2005–2008 –
Chapter XXI Factors



Time Trend – not available

(Source: NM PCP Community Health & Wellbeing Profile 2011)

Infant Deaths (all deaths
under 12 months of age per
1,000 live births), 2006–2010



Time Trend – Mildura LGA increasing
Infant Death rates between
2003–2007 and 2006–2010

Victoria 4.6 Mildura LGA 4.3

(Source: Compiled by PHIDU from ABS Census 2006 & 2011 <http://www.publichealth.gov.au/data/social-health-atlas-of-australia---2011-census> accessed 10/04/2014)

Child Mortality (1 to 4
years), average annual rate
per 100,000, 2006–2010



Child Mortality (under 5
years), average annual rate
per 100,000, 2003–2007



Time Trend – cannot be accurately determined because of overlap of reporting periods and changes to ages ranges assessed. For example the 2003–2007 figures include infants in the child mortality figures.

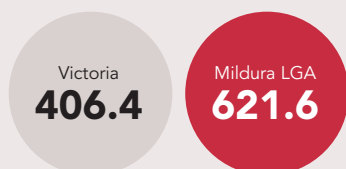
(Source: Compiled by PHIDU from ABS Census 2006 & 2011 <http://www.publichealth.gov.au/data/social-health-atlas-of-australia---2011-census> accessed 10/04/2014)

The 2008 National Survey of Secondary Students and Sexual Health (NSSSSH)—a nationally representative survey of Year 10 and 12 students from all school sectors—collected data on sexual knowledge, feelings, attraction and experience, contraception, and sources of information about sex. In 2008, among Year 10 and 12 students:

- 78% had experienced some form of sexual activity, 40% had experienced sexual intercourse, and 44% had experienced oral sex,
- 91% reported sexual attraction exclusively to people of the opposite sex, 1% to people of the same sex, 6% to both sexes and 2% were unsure,
- knowledge about STIs, BBVs, HPV and routes of transmission was poor, and the risk of STI infection was perceived to be low,
- 32% reported ever having unwanted sex—citing being drunk or feeling pressured by their partner as the main reasons for having unwanted sex and
- the most popular source of sexual information among males was school programs (49%), and among females was their mother (62%).

A recent survey of secondary school teachers found that many felt unsupported in teaching sexual education to their students, with few receiving formal training in the area. Knowledge-based topics were the most commonly taught, while topics around the pleasure of sexual behaviour and activity were least discussed (AIHW, 2012).

Rate of sexually transmissible infections* in young people aged 12–17 years (per 100,000 young people), 2012



Time Trend – significant increase in rate (detection of) sexually transmissible infections in young people aged 12–17 years between 2008–2012

Victoria 224.5 Mildura LGA 166.8

* notified disease types include Chlamydia, Gonococcal Infection and Syphilis

(Source: Notifiable Infectious Disease Surveillance (NIDS) System, Department of Health <http://www.education.vic.gov.au/about/research/Pages/vcamstableau.aspx> accessed 10/05/2014)

Alcohol

The consumption of alcohol is widespread within Australia and is entwined with many social and cultural activities. However, excessive use of alcohol leads to substantial health and social harms each year. Alcohol is second only to tobacco as a preventable cause of drug-related death and hospitalisation in Australia. Alcohol is a causal factor in about 60 types of diseases and injuries and a component cause in perhaps 200 others. Alcohol is also associated with many serious social issues, including violence, drink-driving, child neglect and abuse, and absenteeism in the workplace.

Consumption of alcohol by young people is of concern because of the negative social outcomes associated with high-risk drinking. Results from the National Drugs Strategy Household Survey (NDSHS) show that, in 2010, 30% of those aged 16–17 and 5% of those aged 12–15 had consumed alcohol at levels that put them at risk of harm from a single occasion of drinking at least once a month. Among young adults, alcohol is responsible for the majority of drug-related deaths and hospital episodes, causing more deaths and hospitalisations in this age group than all illicit drugs, and many more than tobacco. In 2009–10, there were more than 20,000 hospitalisations with an alcohol-related principal diagnosis for people aged 10–39, more than any other drug.

Certain population groups were more likely to consume alcohol at levels that put them at risk of injury on a weekly basis. In particular, those living in Remote/Very remote areas were more likely to drink at risky levels at least once a week than those in Major cities (26% compared with 15% respectively). Aboriginal and Torres Strait Islander people are less likely than non-Indigenous Australians to consume alcohol. However, Indigenous Australians who do drink generally consume at much more harmful levels. For example, over the period 2004–2008, Indigenous Australians died from mental and behavioural disorders due to alcohol use at 7 times the rate of non-Indigenous Australians, and from alcoholic liver disease and poisoning by alcohol at 6 times the rate non-Indigenous Australians (AIHW, 2012).

Illicit Drugs

Illicit drug use refers to the use of illegal drugs (such as marijuana/cannabis, heroin, ecstasy and cocaine), the use of volatile substances as inhalants (such as glue, solvents and petrol) and the non-medical use of pharmaceutical drugs (including over-the-counter and prescription). Illicit drug use is a risk factor for a range of health concerns, including infection with bloodborne viruses, low birthweight, malnutrition, poisoning, mental illness, suicide, self-inflicted injury and overdose. Research has demonstrated that those who initiate drug use early are more likely to continue into future illicit and problematic drug use (AIHW, 2012).

Illicit drug use was estimated to account for 2% of the burden of disease in Australia in 2003. There were an estimated 1,705 deaths in 2003 and almost 51,500 disability-adjusted life years attributable to illicit drug use. The prevalence of recent illicit drug use among Australians aged 14 and over rose from 13% in 2007 to 15% in 2010. This included increases in the use of cannabis, pharmaceuticals for non-medical purposes, cocaine and hallucinogens. Nearly 1 in 5 secondary students had deliberately sniffed inhalants at least once during their lives; 17% had ever used tranquilisers and 14% marijuana/cannabis (AIHW, 2012).

The most common drug used both recently and over the lifetime was cannabis, used in the previous 12 months by 10% of people aged 14 and over. Cannabis had the youngest average age of initiation of all illicit drugs, at 18.5 years, followed by inhalants (19.5) and hallucinogens (19.8). The first use of any pharmaceutical for non-medical purposes was, on average, later (mid-20s) (AIHW, 2012).

Patterns of drug use also differ by population characteristics depending on the drug type of interest. For example:

- high proportions of Aboriginal and Torres Strait Islander people used cannabis in the previous 12 months compared with non-Indigenous Australians (18% and 10% respectively),
- unemployed people were more likely to use cannabis, ecstasy and meth/amphetamines in the previous 12 months than employed people,
- homosexual/bisexual people were more likely to use an illicit drug compared with heterosexual people, and had the highest proportion of recent drug use across all subpopulations at 36%, or 2.6 times as high as for heterosexual people (AIHW 2012).

Children have a physically active childhood

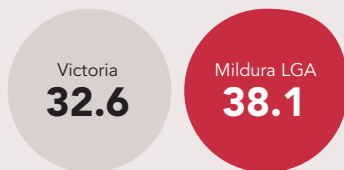
Physical activity promotes physical and mental wellbeing, and has been linked to the development of resilience, confidence and autonomy. Physical activity also helps children learn motor skills and social skills, and is an important way to develop relationships with other children.

Emerging evidence is that a sedentary lifestyle (for example, sitting while watching TV) can be detrimental to health, and this effect can exist regardless of any physical activity undertaken during the day. This means that a person who adheres to the National Physical Activity Guidelines may still have adverse health effects from being sedentary at other times. Based on data from the 2007–08 National Health Survey, almost 60% of Australians aged 15 and over do not undertake sufficient physical activity to confer a health benefit. The proportion of people with insufficient levels of physical activity increased with age, and as levels of socioeconomic

‘There is strong and consistent evidence of an association between depression and anxiety and physical illness Depression is also associated with poorer health outcomes in those with physical diseases.’

disadvantage increased. People who lived in areas outside Major cities were also less likely to undertake sufficient exercise (AIHW, 2012).

Physical inactivity (modelled estimate, rate per 100), persons aged 15 years and over, 2007/2008

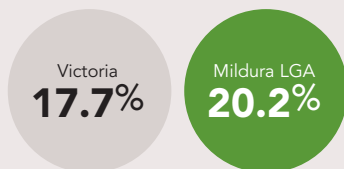


Time Trend – not available

(Source: Compiled by PHIDU from ABS Census 2006 <http://www.publichealth.gov.au/data/social-health-atlas-of-australia---2011-census> accessed 10/04/2014)

Children and young people are active in the community

People aged over 15 years who participated in voluntary work for an organisation or group, 2011



Time Trend – Mildura LGA remaining the same between 2006–2011

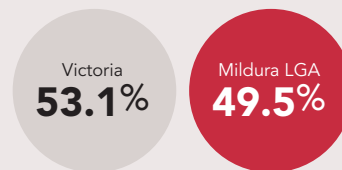
Victoria 17.9% Mildura LGA 20.2%

(Source: Compiled by PHIDU from ABS Census 2006 & 2011 <http://www.publichealth.gov.au/data/social-health-atlas-of-australia---2011-census> accessed 10/04/2014)

Families have time for children and young people

Time spent with children and young people is important for their development and wellbeing. Parental time builds and maintains balanced routines and provides opportunities for activities such as reading to children, physical activity and socialising. Time availability can be impacted by inflexible work hours and schedules, working unsocial hours and long commutes. Time can also be affected when the sole care giver is responsible for the family income. While most children in single parent families are well cared for, children in single parent households are more likely to experience disadvantage.

Adequate work / life balance, 2011



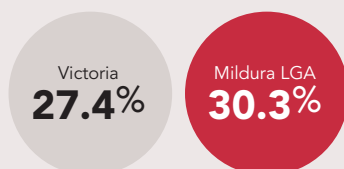
Time Trend – Mildura LGA small decrease in employed respondents feeling they had a good balance of work and family between 2007–2011

Victoria 53.0% Mildura LGA 49.8%

Within the Mildura LGA 49.5% of VicHealth Indicators Survey respondents agreed they had an 'adequate work/life balance' compared to 53.1% of Victorians who agreed they had an 'adequate work/life balance'.

(Source: http://www.communityindicators.net.au/wellbeing_reports/mildura and http://www.vichealth.vic.gov.au/~media/Indicators/LGA%20profiles/PDF/Mildura_VicHealth_factsheet_WEB.ashx accessed 21/05/2014)

Lack of time for family / friends, 2011

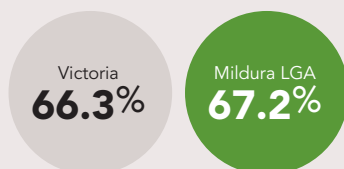


Time Trend – not available*

Within the Mildura LGA 30.3% of VicHealth Indicators Survey respondents agreed they 'lacked time for family/friends' compared to only 27.4% of Victorians who agreed they 'lacked time for family/friends'.

(Source: http://www.vichealth.vic.gov.au/~media/Indicators/LGA%20profiles/PDF/Mildura_VicHealth_factsheet_WEB.ashx accessed 21/05/2014)

Shares a meal with family (>5 days per week), 2011



Time Trend – not available*

Within the Mildura LGA 67.2% of VicHealth Indicators Survey respondents agreed they 'share a meal with family (>5 days per week)' compared to only 27.4% of Victorians who agreed they 'share a meal with family (>5 days per week)'.

(Source: http://www.communityindicators.net.au/wellbeing_reports/mildura and http://www.vichealth.vic.gov.au/~media/Indicators/LGA%20profiles/PDF/Mildura_VicHealth_factsheet_WEB.ashx accessed 21/05/2014)

* The VicHealth Indicators Survey is a Victorian-focused population level survey. The survey was first undertaken in 2007 and was known as Community Indicators Victoria, and was repeated in 2011 using the new title 'VicHealth Indicators'. The focus of the survey is on the social determinants of health, rather than health outcomes. The aim of the survey is to

provide information at a Local Government Area level to assist with the development of Municipal Public Health and Wellbeing Plans. The 2007 CIV data is no longer accessible online without being specifically commissioned so in some instances Time Trends cannot be presented. The VicHealth Indicators Survey compliments other Victorian population health surveys such as the Victorian Government's Victorian Population Health Survey (VPHS) and when combined, these two data sets enable local government planners to gain a comprehensive picture of health and wellbeing in Victoria.

Adolescents have good mental health

Good mental health in young people is a precursor to good social development, success at school and improved life chances. It protects against suicide, self-harm, involvement in crime and mental illness later in life (AIHW, 2012). Mental health problems are the leading contributor to burden of disease among young Australians with anxiety and depression being the specific leading cause in both males and females. There are many consequences if mental health problems are not resolved. Children may experience a poorer quality of life, physical health problems, lowered academic attainment, risky behaviours, substance use, and suicidal ideation. Mental illness can also have negative impact on the family and social environment (DEECD, 2010).

DEECD's Adolescent Community Profiles: Rural City of Mildura (2010) noted a trend of increasing numbers of adolescents aged 10 to 17 years admitted to hospital with an ICD coded principal diagnoses classified to a mental and behavioural health category ('Psychiatric hospitalisations' / 'ICD-10-AM') between 2004/05 and 2009/10. On analysis the psychiatric hospitalisation rate in Mildura was higher than that across Victoria for three of the five years between 2004/05 and 2009/10. Mildura was ranked 16 out of 68 LGAs in terms of the psychiatric hospitalisation rate during 2009 – 2010 (where a rank of 1 was assigned to the LGA with the highest rate of hospital separations). LGAs with less than 5 hospital separations during 2009–2010 were not assigned a rank.

'Psychiatric hospitalisations' for 10–17 year olds per 1,000 adolescents, 2009/2010



Time Trend – Mildura LGA increasing 'Psychiatric hospitalisations' between 2004/05 and 2009/10

Victoria 8.8 Mildura LGA 5.0

(Source: Department of Health Victorian Admitted Episodes Dataset, 2010 <http://www.education.vic.gov.au/Documents/about/research/acpmildura.pdf> accessed 23/05/2014)

Proportion of population experiencing 'high' to 'very high' levels of psychological distress, 2011/2012



Time Trend – Mildura LGA increasing levels of psychological distress between 2007/2008 and 2011/2012

Victoria 11.4% Mildura LGA 12.5%

(Source: Victorian Population Health Survey, Department of Health <http://www.health.vic.gov.au/healthstatus/survey/vphs2008.htm> accessed 28/05/2014)

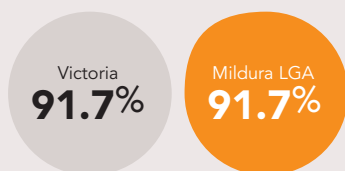
Corresponding with this time period figures reported in the 2011 Northern Mallee Primary Care Partnership Community Health & Wellbeing Profile (Vaughan, 2011, p.79) noted the Mildura LGA as having four times the Victorian rate of population accessing Child and Adolescent Mental Health Services (Mildura LGA 0.4% of the Estimated Resident Population compared to Victoria with 0.1% of the Estimated Resident Population).

Across the entire Mildura LGA population assessments of 'Level of Psychological Distress' were undertaken in the Victorian Population Health survey. Using the Kessler 10 Psychological Distress Scale (K10) the Victorian Population Health survey categorised respondent's level of psychological distress over a four week period. Whilst the K10 cannot be used to determine the presence of major illnesses it has been validated as a simple measure of anxiety, depression and worry (psychological distress). The K10 covers the dimensions of depression and anxiety, such as nervousness, hopelessness, restlessness, sadness and worthlessness. It consists of 10 questions that have the same response categories: all of the time, most of the time, some of the time, a little of the time and none of the time (that are scored 5 through to 1). The ten items are summed to yield scores ranging from 10 to 50. Individuals are categorised to four levels of psychological distress, based on their score: low (10–15), moderate (16–21), high (22–29) and very high (30–50).

Children, young people & families are supported by positive relationships

Positive relationships provide children and young people with practical help, material goods, learning opportunities and emotional support. These resources provide the foundations for moving 'out into the world', learning new skills, taking on challenges and exploring roles and experiences. Whilst no data specific to positive relationships is sought in any widespread or comparable manner there are several indicators routinely assumed to indicate social connection and positive relationships. These indicators are not specific to families but rather reflect the responses of the general population so cannot be assumed to reflect only children, young people and families within the Mildura LGA.

Can you get help from family, friends or neighbours when you need it? Responding Yes, 2008



Time Trend – Mildura LGA decreasing between 2006–2008

Victoria 92.4% Mildura LGA 93.2%

(*Source: http://www.communityindicators.net.au/wellbeing_reports/mildura and http://www.vichealth.vic.gov.au/~media/Indicators/LGA%20profiles/PDF/Mildura_VicHealth_factsheet_WEB.ashx accessed 21/05/2014)

Feeling part of the community (range 0–100)**, 2011



Time Trend – Mildura LGA decreasing slightly between 2007–2011

Victoria 70.7 Mildura LGA 77.9

** Community Connection was measured in the Community Indicators Victoria Survey. Respondents were asked to rate their satisfaction with feeling part of their community and answers are presented according to a 0–100 range. Normative data indicates that the average Community Connection score for Australians is approximately 70.

(*Source: http://www.communityindicators.net.au/wellbeing_reports/mildura and http://www.vichealth.vic.gov.au/~media/Indicators/LGA%20profiles/PDF/Mildura_VicHealth_factsheet_WEB.ashx accessed 21/05/2014)

* The VicHealth Indicators Survey is a Victorian–focused population level survey. The survey was first undertaken in 2007 and was known as Community Indicators Victoria, and was repeated in 2011 using a new title ‘VicHealth Indicators’. The focus of the survey is on the social determinants of health, rather than health outcomes. The aim of the survey is to provide information at a Local Government Area (LGA) level to assist with the development of Municipal Public Health and Wellbeing Plans.



5 Indicator of Child Wellbeing: Active Citizens

Children and young people are civically engaged

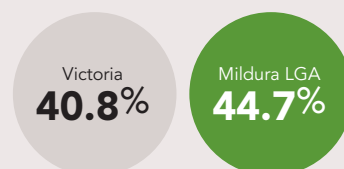
Community participation includes activities such as being involved in clubs and community organisations, cultural activities and volunteering. Many children participate in cultural, sporting and other leisure activities, with participation in these activities considered important for their emotional, physical, social and intellectual development. Nationally in 2012, nearly three-quarters (72%) of children aged 5 to 14 years had participated in organised sport, and/or selected cultural activities outside school hours in the 12 months prior to being surveyed. Certain groups of children were more likely to participate in either sport or cultural activities, or both. Children born in Australia (73%) or other main English-speaking countries (75%) had higher participation rates than those born in other countries (53%). Children were also more likely to participate if they lived in couple families (76%) than in one-parent families (60%), and in families where at least one parent was employed (77%) than in those where no parent was employed (44%) (AIHW, 2013).

No DATA is available at the LGA level to indicate level of community participation or civic engagement for children and young people.

Families and the community model good citizenship

Community factors such as strength, connectedness, engagement and participation influence positive outcomes. Research demonstrates that the higher the social capital in a community, the better the outcomes will be for children, young people and their families who live there (DEECD, 2013).

Do you regularly volunteer your time to help out anywhere?
Responding Yes, 2008



Time Trend – Mildura LGA
decreasing between 2006–2008

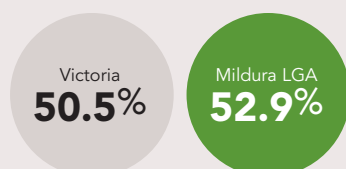
Victoria 38.4% Mildura LGA 47.4%

(*Source: http://www.communityindicators.net.au/wellbeing_reports/mildura and http://www.vichealth.vic.gov.au/~media/Indicators/LGA%20profiles/PDF/Mildura_VicHealth_factsheet_WEB.ashx accessed 21/05/2014)

In order to create a child friendly city, children and young people must have a voice in the decisions made about their communities. This means decision-making organisations need to see them as citizens with the right to express needs, potentials and expectations. Organisations must find appropriate ways for children to have input. To participate, children and young people need the skills, confidence and sense of responsibility that comes with a strong education system and engagement with public life (clubs, sport, volunteering). Ensuring a voice in decision-making will not only improve life for children and young people, but will build stronger communities.

The State of Bendigo's Children Report, 2011.

Participation in Citizen Engagement? Responding Yes, 2011



Time Trend – Mildura LGA declining significantly between 2007–2011

Victoria 53.8% Mildura LGA 68.7%

(*Source: http://www.communityindicators.net.au/wellbeing_reports/mildura and http://www.vichealth.vic.gov.au/~media/Indicators/LGA%20profiles/PDF/Mildura_VicHealth_factsheet_WEB.ashx accessed 21/05/2014)

* The VicHealth Indicators Survey is a Victorian-focused population level survey. The survey was first undertaken in 2007 and was known as Community Indicators Victoria, and was repeated in 2011 using a new title 'VicHealth Indicators'. The focus of the survey is on the social determinants of health, rather than health outcomes. The aim of the survey is to provide information at a Local Government Area (LGA) level to assist with the development of Municipal Public Health and Wellbeing Plans.

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Appendix 1: Key Data Sources & Statistical Boundaries

Demographic health and well-being profiling provides a 'snapshot' of a community or region at a specific period in time. In the case of The State of Mildura Rural City's Children 2014 Report, which is based on data from two principle sources (together with multiple others), these time periods are 2011 when the most recent Australian Bureau of Statistics Census of Population and Housing was undertaken, and 2012 representing the most recent Australian Early Development Index (AEDI) data. These 'snapshots' are a picture of who is in your community and how they are faring and the ABS Census is the single most comprehensive means in Australia of ascertaining this information. Overlaid with AEDI data, which is our national 'litmus test' of the Early Years, this report presents an Children and Youth Statistical Profile for the Mildura LGA and the 'communities' (variously defined) within the LGA.

The Census

The objective of the Census is to accurately measure the number and key characteristics of people who are in Australia on Census Night, and of the dwellings in which they live. The ABS conducts the Census every five years with the next Census scheduled for August 2016. Everyone in Australia is legally required to complete a Census form. Importantly while it is an expectation that all people residing in Australia on Census night, including visitors, take part in the Census a proportion of the population are not captured in Census data.

The State of Mildura Rural City's Children 2014 Report acknowledges that those groups less likely to participate in the Census include (but are not limited to) those members of our community who are homeless; have limited literacy and numeracy skills; are from a non-English speaking background; are residing or working in Australia illegally; have (for varied reasons) a fear of, or distrust in, Departments and authority more generally; or are members of the Aboriginal and Torres Strait Islander communities. Readers of this report should remain cognisant of the fact that Census data likely underestimates these populations within their organisation's service area and that the strength of large scale quantitative data (such as that contained in this report) is enriched and brought to life by the skilled anecdotal observations of an organisation's workforce.

On a more technical note, a brief understanding of the geographical 'areas' for which the ABS captures data is important to allow the reader to understand the various 'levels' at which community data is presented throughout this report. The Australian Statistical Geography Standard (ASGS) is the new geographical standard developed by the ABS for the collection and dissemination of geographic statistics. It is a hierarchically structured classification with a number of spatial units to satisfy different statistical purposes.

The two most left columns of the table below are the 'areas' defined within the Australian Statistical Geography Standard. Bolded are those areas which are drawn on to create the community profiles contained within this report. In the far right column below are non-ABS defined regions which are typically understood and used in the presentation of data more generally (including by the ABS). Again the bolded headings indicate the geographical frameworks drawn on to create the community profiles within this report. The ABS and non-ABS geographical framework terminology utilised in this report is outlined following the table.

The ASGS areas used for the Census are:

The following are non-ABS structures. These structures contain regions that the ABS does not define or maintain.

- Mesh Block (MB);
- **Statistical Area Level 1 (SA1);**
- **Statistical Area Level 2 (SA2);**
- Statistical Area Level 3 (SA3);
- Statistical Area Level 4 (SA4);
- **State/Territory (STE);**
- Australia (AUS);
- Greater Capital City Statistical Areas (GCCSA);
- Urban Centre/Locality (UC/L);
- Section of State Range (SOSR);
- Section of State (SOS);
- Indigenous Location (ILO);
- Indigenous Area (IARE);
- Indigenous Region (IREG);
- Significant Urban Areas (SUA); and
- Remoteness Area (RA).

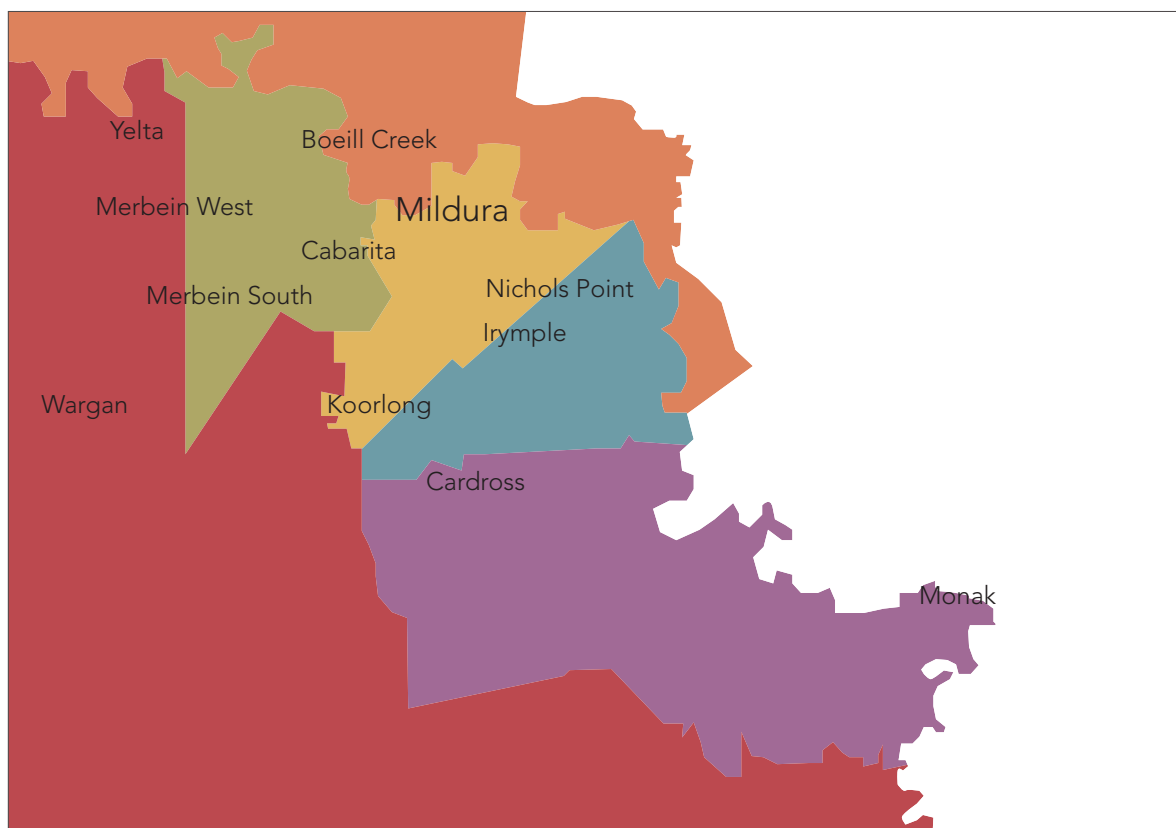
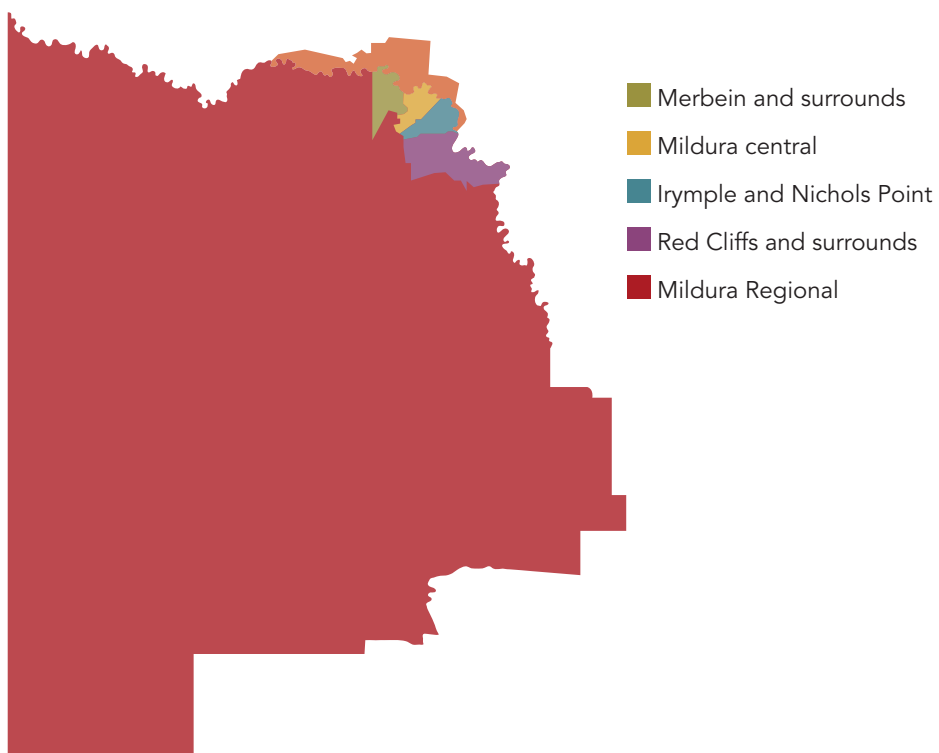
The following are non-ABS structures. These structures contain regions that the ABS does not define or maintain.

- Local Government Area (LGA);
- Postal Areas (POA);
- Commonwealth Electoral Division (CED);
- State Electoral Division (SED);
- State Suburb (SSC);
- Natural Resource Management Regions (NRM);
- Australian Drainage Divisions (ADD); and
- Tourism Regions (TR).

Throughout The State of Mildura Rural City's Children 2014 Report data is principally presented at the SA2 and Mildura LGA levels with corresponding Victorian State level data provided for comparative purposes. Data related to disadvantage is presented at the State Suburb level (where a State Suburb may present an entire SA1 or a collation of several SA1s).

Statistical Area Level 1 (SA1) The Statistical Area Level 1 (SA1) is the second smallest geographic area defined in the Australian Statistical Geography Standard (ASGS), the smallest being the Mesh Block. The SA1 has been designed for use in the Census of Population and Housing as the smallest unit for the processing and release of Census data. For the 2011 Census, SA1s will also be the basis of output for most data, the exception being some Place of Work destination zones. For 2011, SA1s also serve as the basic building block in the ASGS and are used for the aggregation of statistics to larger Census geographic areas. An SA1 is represented by a unique seven digit code (no SA1s were allocated a name).

SA1s are designed to remain relatively constant over several Censuses. Future change will largely be dealt with by splitting existing SA1s. For the 2011 Census, there are approximately 54,000 SA1s throughout Australia. SA1s cover the whole of Australia with no gaps or overlaps.



Within the Mildura LGA there are 141 SA1 defined areas. These SA1 are not listed in this document. A small number of these SA1s are discussed in relation to SEIFA disadvantage data where this level of area specific data can be useful in identifying specific geographical areas of disadvantage.

SA2 CODE 2011	SA2 NAME 2011	LGA CODE 2011	LGA NAME 2011
215021395	Irymple	24780	Mildura (RC)
215021396	Merbein	24780	Mildura (RC)
215021397	Mildura	24780	Mildura (RC)
215021398	Mildura Region	24780	Mildura (RC)
215021399	Red Cliffs	24780	Mildura (RC)

Statistical Area Level 2 (SA2) The Statistical Area Level 2 (SA2) is an area defined in the Australian Statistical Geography Standard (ASGS), and consists of one or more whole Statistical Areas Level 1 (SA1s). Wherever possible SA2s are based on officially gazetted State suburbs and localities. In urban areas SA2s largely conform to whole suburbs and combinations of whole suburbs, while in rural areas they define functional zones of social and economic links. Geography is also taken into account in SA2 design. SA2s cover, in aggregate, the whole of Australia without gaps or overlaps. Within the Mildura LGA there are five SA2 defined areas (shown right).

An additional SA2 area is presented in The State of Mildura Rural City's Children and Young People 2014 Report, the Wentworth-Buronga SA2 which captures the NSW border communities along the Murray River. The presentation of data for the children and young people from the Wentworth-Buronga SA2 was considered important in accurately representing service demand and need.

State/Territory (STE) The State/Territory is the largest spatial unit in the Australian Statistical Geography Standard (ASGS). There are six states and five territories in the ASGS: New South Wales, Victoria, Queensland, South Australia, Western Australia, Tasmania, Northern Territory, Australian Capital Territory, Jervis Bay Territory and the external Territories of Christmas Island and Cocos (Keeling) Islands. Jervis Bay Territory, and the Territories of Christmas Island and Cocos (Keeling) Islands are grouped as one spatial unit at the State/Territory level in the category of Other Territories. States/Territories consist of one or more Statistical Areas Level 4 (SA4s). In aggregate, they cover Australia without gaps or overlaps.

Local Government Area (LGA) A Local Government Area (LGA) is a geographical area under the responsibility of an incorporated local government council, or an incorporated Indigenous government council. The LGAs in Australia collectively cover only a part of Australia. The main areas not covered by LGAs are northern parts of South Australia, a large part of the Northern Territory, the western division of New South Wales, all of the Australian Capital Territory and the Other Territories. The number of LGAs and their boundaries can change over time. Their creation and delimitation is the responsibility of the respective state/territory governments, and are governed by the provisions of state/territory local government and other relevant Acts. The types of LGAs in Victoria are Cities (C), Rural Cities (RC) [in the case of Mildura], Boroughs (B) and Shires (S);

State Suburb (SSC) This is a Census-specific area where Statistical Areas Level 1 (SA1s) are aggregated to approximate suburbs. It is available for the whole of Australia, but in rural areas SSC poorly represent the gazetted localities. Note that the Statistical Areas Level 2 (SA2s) are aligned closely with suburbs in urban areas, however in this report multiple State Suburbs are combined to create the Regional Mildura SA2.

AEDI

The Australian Early Development Index (AEDI) is a measure of how young children are developing in different communities. Like a census, it involves collecting information to help create a snapshot of early childhood development across Australia. The AEDI is a population measure of children's development as they enter school. Based on the scores from a teacher-completed checklist, the AEDI measures five areas, or domains, of early childhood development:

- physical health and wellbeing
- social competence
- emotional maturity
- language and cognitive skills (school-based)
- communication skills and general knowledge.

In 2012 the AEDI was completed nationwide for the second time. The first AEDI occurred in 2009 and resulted in a national commitment to repeat the data collection every three years. In 2012 AEDI checklists were completed for 289,973 children representing 96.5% of all Australian children enrolled to begin school in 2012. This review involved 16,425 teachers from 7,417 government, Catholic and independent schools (95.6% of schools with eligible children).

At the time of the second AEDI data collection the Mildura LGA had a population of 50,952, which included 4,120 children aged 0 to 5 years. Summary statistics for the Mildura LGA include all children who reside in the area and were involved in the data collection.

As the AEDI is a population measure of children's development as they start school it is important to consider the extent to which the AEDI is reflective of the entire population of children starting school in the community. The population of five-year-olds in Mildura in 2012 was 724 and the AEDI was completed for 802 children. This represents 111% of the Mildura five-year-old community.

Within the Mildura LGA area the AEDI also presents data at 'local community' levels. Importantly some 'Local Communities' have been combined to enable results to be released (through combination the community name may have been changed). To maintain confidentiality, the AEDI results for a Local Community will not be included if there are insufficient numbers of children.

Within the Mildura AEDI 2012 data collection data is available for the following 'Local Communities':

- Irymple/Nichols Point,
- Koorlong/Cardross,
- Merbein and surrounds (Birdwoodton, Cabarita, Merbein, Merbein South, Yelta),
- Mildura,
- North West Mallee (Linga, Meringur, Murray-Sunset, Murrayville, Ouyen, Underbool, Walpeup, Wargan, Werrimull),
- Red Cliffs and surrounds (Colignan, Nangiloc, Red Cliffs) <http://maps.aedi.org.au/lga/vic/24780> (accessed 10/01/14).

Reconciling Census and AEDI data 'areas' for the Mildura LGA

Critically, for this report, whilst the Census and AEDI represent the two principle data sources they are not an exact reflection of each other in the geographical areas they represent. The

Census and closest corresponding AEDI data maps are presented below with the Census map (referred to as Statistical Area 2s) shown right and the corresponding AEDI map (referred to in AEDI literature as 'local communities') shown far right.



Merbein and surrounds SA2 Census and AEDI areas correspond most accurately of all the documented areas. For the purposes of this research Merbein and surrounds is taken to include Birdwoodton, Cabarita, Merbein, Merbein South and Yelta, encompassing a physical area of 101.8 square kms. The SA2 Census area is shown right and the AEDI 'local community' area is shown far right.



The Mildura Central SA2 Census and AEDI Mildura areas are shown right and far right. Importantly the SA2 Census area of Mildura Central incorporates less of the corresponding AEDI Mildura area with the notable exclusion of the extended Nichols Point area and land adjacent to the river heading as far east to align with Gol Gol in NSW.



The Mildura Central SA2 covers an area of 76.2 square kms.



The **Irymple and Nichols Point SA2** Census area covers 88.3 square kms. Despite the Mildura AEDI area encompassing more of the Nichols Point area than was the case in the Mildura Central SA2 the Irymple and Nichols Point AEDI area is again larger than the corresponding Census area stretching to cover more land to the South of the Calder (although less area along the Murray River is included).

The **Red Cliffs and surrounds SA2** Census area covers 246.7 square kms and incorporates the most part of two the AEDI data areas: Red Cliffs and surrounds (including the communities of Colignan, Nangiloc, Red

Cliffs, shown far right bottom) and Koorlong / Cardross (shown far right top). The Red Cliffs and surrounds SA2 is shown in the two closest right maps.

In the AEDI data Red Cliffs and surrounds captures Colignan and Nangiloc (far right bottom). In the Census data the SA2 of Red Cliffs incorporates Red Cliffs and Cardross (not Koorlong, Colignan or Nangiloc). Instead the Mildura Regional SA2 incorporates the communities of Colignan and Nangiloc.

The **Mildura Regional SA2** Census area covers 21,569.5 square kms. The AEDI area of North West Mallee incorporates the communities of Linga, Meringur, Murray-Sunset, Murrayville, Ouyen, Underbool, Walpeup, Wargan and Werrimull.



The Census SA2 area of Mildura Regional incorporates a largely similar geographical area as the AEDI North West Mallee area except it also includes the Nangiloc and Colignan communities which are not included in the corresponding AEDI area (as they are captured in the Red Cliffs and surrounds AEDI area noted above).

These differences in the corresponding geographical areas of SA2s from the ABS Census and Local Communities from the AEDI data should be held in mind as the reader reviews "The State of Mildura

Rural City's Children" report. Whilst at times frustrating they do not detract from the powerful intra and inter municipality comparisons held within.

Outside of the Mildura LGA

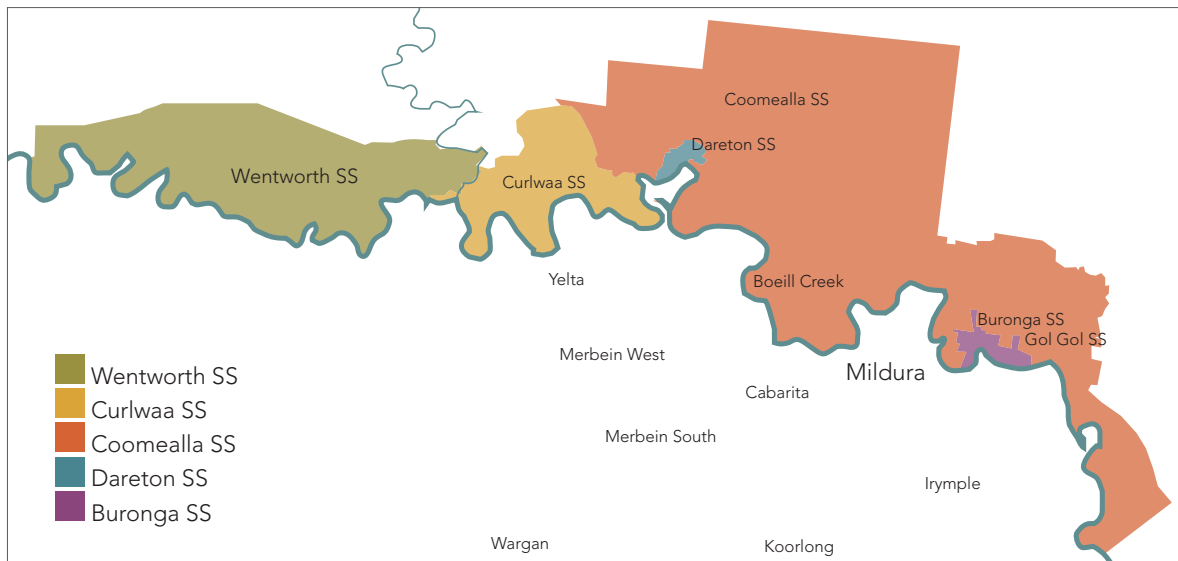
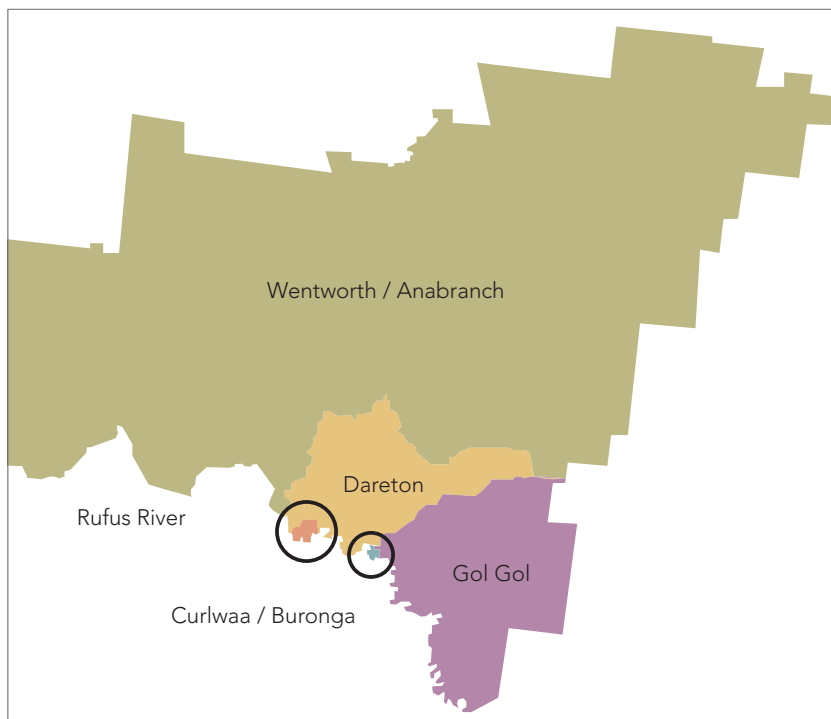
Importantly Mildura's position on the border requires some analysis of the NSW communities which gravitate to Mildura Early Years organisations for support and services. Prior Early Years research undertaken for Mildura Rural City Council (such as the Barriers to completion of M&CH 10 Key Age & Stage KAS Checks, Local Logic Place, 2012 and the case study detailing Impact of changes to Antenatal classes at Mildura Base Hospital on initiation & duration of breastfeeding, Local Logic Place, 2013) indicates a significant cross-border utilisation of services. The NSW communities identified as significant include Buronga and Gol Gol, Dareton and Coomealla and Wentworth.

The Local Government Area (LGA) of Wentworth encompasses a number of communities, those with the greatest population density are along the western boundary (adjacent to the Murray River) and include Wentworth, Coomealla / Dareton, Buronga and Gol Gol. However the Shire also encompasses the communities of Curlwaa, Ellerslie, Pomona and Pooncarie. The Wentworth LGA covers an area of 26,256 square kms and has a population of 6,609 people. For the purposes of The State of Mildura Rural City's Children 2014 Report the State Suburbs of Wentworth, Curlwaa, Coomealla and Dareton, and Gol Gol (which includes Buronga and the populated stretch between Buronga and Gol Gol) are documented.

The following map identifies these six NSW State Suburbs positioned along the Murray River and adjacent to the Mildura LGA which together form the Wentworth-Buronga SA2. The map depicts the State Suburbs of (from left to right) Wentworth, Curlwaa, Dareton, Coomealla, Gol Gol & Buronga.

The map on the ensuing page reflects the Wentworth Shire's AEDI areas.

<http://maps.aedi.org.au/lga/nsw/18200> (accessed 01/03/14).

ABS Census Areas map**AEDI data map**

Appendix 2: State and National Policy – Local Implementation

Victorian local government plays a critical role in human service provision and planning across the human life cycle. This is the result of a combination opportunity and choice alongside legislative mandate.

Across Australia the first human service 'owned' by local government was Maternal and Child Health, dating from 1917, followed by:

- Services to older people from the 1940s,
- The growth of a broad municipal welfare function from 1947,
- Involvement in kindergartens from the 1950s, and
- The provision of formal child care from the early 1970s.

The *Victorian Local Government Act 1989* specifically supports this active role, describing the purposes and functions of local government as including responsibility for 'health, welfare and other community services'. The Act's schedule lists services for children and families, childcare and developmental services under this heading. Local Government's role across the children and youth sector has largely focussed around four main areas:

- **Service / Facility Provision** – Council delivering a range of services, for example, Family Day Care, Vacation Care programs, Maternal and Child Health, and providing children and youth services buildings;
- **Advocacy** – Council lobbying and advocating to State and Federal Governments on behalf of services, children, youth and their families, for example, advocating for increased early intervention services, monitoring the impact of child care fees, lobbying to retain community based child care places in a municipality and education, employment and retention programs for young people;
- **Planning** – Council acting as a key community planner in the early years, for example planning for sufficient child care places, identifying the early years as a key platform in the Community Health and Well-being Plan and more recently the development of Municipal Early Years Plans and Youth Agenda's; and
- **Strengthening Community Capacity** – Council facilitating community connections and community engagement, for example, supporting parent management committees of childcare and preschool services.

In 2008 the State Government and the Municipal Association of Victoria signed the *Victorian State–Local Government Agreement* to further strengthen state–local government relations. The agreement formally committed the partnership to principles and guidelines that gave greater clarity to roles, responsibilities and financial arrangements, and fostered respectful collaboration and mutual support.

The agreement recognised Local government plays a key role in improving the coordination and strategic planning of early childhood services at the local level as both significant providers of early childhood services (including Maternal and Child Health and immunisation) and as the major owner of facilities from which community-based Early Years programs are offered (notably kindergarten and playgroups). The agreement also recognised local councils as the key planner for early childhood services with this planning primarily achieved through the development of Municipal Early Years Plans.

Municipal Early Years Plans articulate local government's role in early years service or facility provision, planning, advocacy and community capacity building. Municipal Early Years Plans provide strategic direction for the development and coordination of early education and care and health programs, activities and other local developments that impact on children from birth to school entry in a municipality. They cover the period that aligns with a council's planning cycle and encompass all state-funded programs, including kindergartens.

Across time this increasingly expanding role in human service provision recognises local government as one of the key remaining providers of universal access primary health care services for young children and their families.

Nationally and internationally health experts believe primary health care services to be the most appropriate and effective platform for improving the health, development and wellbeing of children through early detection, prevention and health promotion. 'Universal access' recognises that all families with young children can benefit from information, advice and support relevant to their circumstances and their child's individual development and as such should have services made available to them.

In Victoria, primary care services are provided by general practitioners, maternal and child health nurses and allied health professionals. Because these services are likely to be accessed by most young children on a frequent basis the primary care providers have the opportunity to engage in preventative health care. However, opportunities for sequential health monitoring and surveillance outside the Maternal and Child Health 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. These factors taken together with the increasing complexity of Australian families emphasise the critical role of the Maternal and Child Health nurse (Local Logic Place, 2012).

Within the Mildura LGA the Mildura Rural City Council provides a number of child and youth specific services including:

- Family day care,
- Playalong Occasional Care and Long Day Care Service,
- Maternal and child health services,
- Immunisation services,
- Kindergarten infrastructure,
- Playground and park infrastructure,
- Playgroups and Playgroup infrastructure, and
- Youth services.

Family Day Care

Family Day Care is a flexible home-based child care and education service that offers a safe, secure, caring and stimulating environment for young babies through to pre-teens. There are more than 35 registered Family Day Care educators throughout the Mildura region. Educators work from their homes across the Mildura Rural City Local Government Area as well as in Wentworth.

Playalong Early Learning Centre

Playalong Early Learning Centre provides occasional and long day care for newborns to six year olds. Playalong also provides a funded Kindergarten program for pre-school aged children. Playalong Early Learning Centre is operated by Mildura Rural Council and is located at 73 Lemon Avenue, Mildura. The Centre's qualified team of staff provide a high quality educational care service for children and their families. The Centre comprises two rooms including:

- The Sunshine Room (for children aged 6 weeks to 3 years),
- The Rainbow Room (for children aged 3 years to six years).

The Centre implements the requirements of the National Quality Framework and the program curriculum is based on the Early Years Learning Framework, focusing on the interests, strengths and needs of the children.

Maternal & Child Health

Maternal Child Health is a free service available to all families with a child aged 0 to 6 years and includes a series of 10 'Key Ages and Stages' health checks with a qualified Maternal and Child Health Nurse. MCH Nurses are registered general nurses and midwives with special training in Maternal and Child Health. They can provide confidential information and advice on:

- Child health and development,
- Breastfeeding,
- Baby settling,
- Nutrition,
- Maternal and family health,
- Post-natal support,
- Immunisations, and
- Parenting.

Maternal Child Health Nurses are located in Mildura (including the MRCC Deakin Avenue Service Centre, Mansell Reserve, Pasadena and Mildura South), Merbein, Irymple, Red Cliffs, Nangiloc, Werrimull, Ouyen, Underbool and Murrayville.

Immunisations

Council provides a range of immunisation services and programs to help protect the community against preventable diseases. This includes free regular immunisation clinics, adult immunisations as well as school and workplace immunisation programs. Immunisation Clinics are regularly held at: Mildura, Irymple, Merbein, Red Cliffs, Murrayville, Ouyen and Underbool.

Kindergartens

There are 14 kindergartens within the Mildura LGA (including the two Integrated Services at Murrayville and Underbool), almost all are delivered from Council owned buildings.

Playgrounds & Parks

Mildura Rural City Council maintains 20 recreation reserves and 75 neighbourhood parks throughout the region. These spaces offer no-cost opportunities for families to come together.

Playgroups

Playgroups provide parents and caregivers with the opportunity to meet new people and gain support and ideas. They allow babies, toddlers and preschoolers to socialise as they play and learn together. A number of playgroups operate throughout the Mildura LGA in various forms including as: Community Playgroups, Supported Playgroups, Intensive Supported Playgroups and Parent Groups. Council delivers the Supported Playgroups and Parent Group Initiative (SPPI), which is funded by the State Government's Department of Education and Early Childhood Development. SPPI aims to work with vulnerable families from disadvantaged backgrounds who are less likely to participate in community playgroups.

Youth Services

Council offers a range of services, programs, developmental opportunities, events and activities to support the health and wellbeing of local youth. Delivered by a team of qualified professionals, these services are targeted at people aged between 12 and 25 years of age and include:

- School Holiday Programs: Council hosts a series of activities for young people during the school holidays,
- FreeZA: FReeZA is a youth development program for young people between 12 and 25 years of age. It provides opportunities to attend affordable and accessible music and cultural events in safe, fully supervised, drug, alcohol and smoke-free venues. Young people are also encouraged to be part of the Mildura FReeZA Committee which helps plan and stage these events,
- Youth Connections Program: The Youth Connections program helps young people who have left school, or who are thinking of leaving school, to continue with their education and ultimately gain a Year 12 (or equivalent) level education,
- Youth Ambassador Program: open to all young people in years 7 to 10 living in the Mildura municipality the Youth Ambassador Program allows youth to represent and raise the profile of young people; identify key issues relating to young people and actively participate in strategies to address these; learn about leadership, advocacy and consultation and organise projects and events in order to improve the life of all young people in the Mildura municipality,
- Youth Services Providers Network: Established in 2010, the Youth Services Providers Network is a network of youth service providers, local government, government agencies, educational institutions and those interested in youth affairs within the Mildura Rural City Council municipality, and
- Youth Services Directory: The Youth Services Directory provides details about the emergency and support services available to young people in Mildura Rural City. The aim of the directory is to provide current and easily accessible information to young people and their parents in need of assistance.

Taken together this breadth of child and youth services provided by Mildura Rural City Council are informed through both local data, research and information and guided by National and State level policies. A brief review of the relevant policies is included below.

National

National Partnership Agreement on Early Childhood Education

In 2008 the Council of Australian Governments (COAG) endorsed the National Partnership Agreement on Early Childhood Education to ensure:

- By 2013, every child would have access to a quality early childhood education program in the year prior to formal schooling,
- The kindergarten program would be delivered by a qualified early childhood teacher, for 15 hours a week, 40 weeks a year (or 600 hours per year), in accordance with the National Quality Framework, and
- The program would be accessible across a diversity of settings in a form that met the needs of parents and in a manner that ensured cost was not a barrier to access.

The implementation of universal access to early childhood education in the year before school:

- Recognised that quality early childhood education programs improve children's learning, health and behaviour with positive impacts extending into adult life,
- Enabled children and families to have access to a high quality developmental program in a range of settings such as public, private and community-based kindergartens and child care services,
- Supported a successful transition to formal schooling, and
- Supported planning for integrated service systems.

In 2013, Victoria signed into the new National Partnership Agreement on Universal Access to Early Childhood Education. Once again the Commonwealth Government provided funding to the Victorian Government to assist meeting the cost of the 'additional' five hours of kindergarten (with Victoria contributing for 10 hours and the Australian government contributing 5 hours).

This current National Partnership Agreement expires in December 2014. The Commonwealth Government has commenced a review of the two successive National Partnership Agreements that have been in place since 2008. At the time of writing advice on future Commonwealth funding arrangements is not yet known. Whilst the Federal Budget noted a contingency to extend the funding under the National Partnership until the end of 2015 this is not certain and remains subject to negotiations with the States and Territories.

National Partnership Agreement for Indigenous Early Childhood Development

In 2009, the Council of Australian Governments (COAG) agreed to the revised National Partnership Agreement on Indigenous Early Childhood Development, with the following targets:

- Halve the gap in mortality rates within a decade for Indigenous children under five,
- Ensure all Indigenous four-year-olds in remote communities have access to early childhood education within five years,
- Ensure every child has access to a preschool program in the 12 months prior to full-time schooling by 2013, and
- Halve the gap for Indigenous students in reading, writing and numeracy within a decade.

As part of this agreement, a key strategy for improved services and outcomes for Indigenous children and their families was to integrate early childhood services through the development of Children and Family Centres (with 38 to be developed by 2014). Children and Family Centres will deliver integrated services, including early learning, child care and family support programs.

National Quality Framework for Early Childhood Education and Care

In December 2009, all Australian governments agreed to a new National Quality Framework for Early Childhood Education and Care (the National Quality Framework), which took effect on 1 January 2012. The new system replaced existing state and territory licensing and national quality assurance processes.

The National Quality Framework applies to most preschools (kindergartens), long day care, family day care and outside school hours care services with the aim of raising quality and driving continuous improvement and consistency in education and care services, with a focus on outcomes for children.

The National Quality Framework includes:

- A legislative framework consisting of:
 - the Education and Care Services National Law Act 2010 (the National Law) and
 - the Education and Care Services National Regulations 2011 (the National Regulations)
- A National Quality Standard, used to carry out a national quality rating and assessment process
- Approved learning frameworks, including the *Victorian Early Years Learning and Development Framework* and the *Early Years Learning Framework*
- Bodies responsible for implementing and National Quality Framework. Nationally the Australian Children's Education and Care Quality Authority (ACECQA) is responsible for overseeing the implementation of the *National Quality Framework*.

Each state has a Regulatory Authority with responsibility for:

- Approving and monitoring education and care services in accordance with the National Law and National Regulations, and
- Assessing education and care services against the National Quality Standard and providing a national quality rating.

In Victoria, the Regulatory Authority is the Department of Education and Early Childhood Development. Some requirements of the National Quality Framework are still being phased in. For example, by 2016, educator-to-child ratios will be 1:11 for children aged 36 months up to and including preschool age.

Belonging, Being and Becoming – The Early Years Learning Framework

Describes the principles, practices and outcomes that support and enhance young children's learning from birth to five years of age, as well as their transition to school. It is expected that each early childhood service will develop their own strategy to implement the Framework.

The Framework is part of the Council of Australian Governments' reform agenda for early childhood education and care. It is a key component of the Australian Government's National Quality Framework for early childhood education and care. It underpins universal access to early childhood education.

Early Years Workforce Strategy 2012–2016

The strategy sets out how all governments will support the early childhood education and care workforce to ensure a sustainable and highly qualified workforce. It covers issues relating to attracting and retaining workers to the sector, ensuring their professionalism and qualifications, and building capacity to respond to the diverse needs of all children, families and communities accessing early childhood education and care services.

Establishment of a National Children's Commissioner

In February 2013, the Australian Government announced the appointment of Australia's first National Children's Commissioner. The role of the Commissioner—which sits within the Australian Human Rights Commission—will complement those of existing commissioners and guardians at the state and territory level. The Commissioner will advocate rights of children and young people in national-level policies through: direct consultation with children and their representative organisations; promotion of public discussion and awareness; research and education programs; and examination of relevant Commonwealth legislation, policies and programs in a human rights context.

National Framework for Protecting Australia's Children (2009–2020)

The second 3-year action plan under this long-term framework sets out a range of actions for completion between 2012 and 2015. The plan focuses on enhancing collaborations between the government, non-government sector and the community, thus reflecting the notion that 'protecting Australia's children is everyone's responsibility'.

National Plan to Reduce Violence against Women and their Children 2010–2022

The *National Plan*, endorsed by the Council of Australian Governments (COAG), brings together the efforts of governments across the nation to make a real and sustained reduction in the levels of violence against women. This plan shows Australia's commitment to upholding the human rights of Australian women and it is the first plan to coordinate action across jurisdictions.

The *National Plan* is unprecedented in the way it focuses on preventing violence by raising awareness and building respectful relationships in the next generation. The aim is to bring attitudinal and behavioural change at the cultural, institutional and individual levels, with a particular focus on young people. The *National Plan* sets out a framework for action over the next 12 years and will be driven by a series of four three-year action plans. These Plans will support

Australian governments to work together to develop, implement and report progress within a coordinated national framework.

Each Action Plan will address agreed national outcomes, while allowing states and territories to act in locally relevant and responsive ways. The First Action Plan (2010–2013) – Building a Strong Foundation, establishes the groundwork for the *National Plan* putting into place the strategic projects and actions that will drive results over the longer term while also implementing high-priority actions in the short term. The Second Action Plan (2013–2016) is an opportunity to take stock, reflect on gaps, develop new actions and strengthen implementation. It will be about building and introducing practical national initiatives to reduce violence against women and their children.

Review of Funding for Schooling and Australian Government response

The 2011 Review of Funding for Schooling (the 'Gonski review') was carried out with the aim of achieving a 'fair, financially sustainable and effective' funding system for Australian schools, focused on achieving the best outcomes for all students. In response to the review, the Australian Government introduced the Australian Education Bill 2012. This Bill proposes a National Plan for School Improvement and a shift towards needs-based funding for education. The aim of the plan is for Australia to be ranked, by 2025, as one of the top five highest performing countries based on the performance of Australia's school students in reading, science and mathematics, and on the quality and equity of Australia's education system.

Australian Curriculum

The Shape of the Australian Curriculum version 4 was released in October 2012. This version built upon the first release in late 2010 which, for the first time, made available a set of curriculum materials for use in schools across Australia. The Australian Curriculum currently includes English, mathematics, science and history. Other subject areas are in development and will be progressively added (ACARA).

National Partnership Agreement on Youth Attainment and Transitions (2009–2013)

The Partnership is a joint initiative of the Australian and State and Territory Governments and aims to increase participation of young people in education and training, increase attainment levels and improve successful transitions from school. It contains a package of elements, including:

- Strengthened participation requirements to encourage young people aged 15–20 to be engaged in education or training as a first priority,
- Lifting qualification levels with the aim of 90 per cent of young people nationally attaining a Year 12 or equivalent qualification by 2015 (Victoria's target is 92.6 per cent) with an accompanying education or training entitlement for young people aged 15–24, and
- Support for successful transitions through the provision of youth career and transition programs.

Victorian

The Blueprint for Early Childhood Development and School Reform Discussion Paper

In 2008 the State Government released The Blueprint for Early Childhood Development and School Reform Discussion Paper. The Blueprint proposed the continued integration of preschool and child care and addressed the following key areas in its recommendations for reform:

- Partnerships with parents and communities,
- System development and reform, and
- Workforce reform.

The Blueprint's main initiatives included:

- Stronger interventions and more intensive monitoring of under-performing schools,
- Providing incentives for the best teachers and school leaders to work in schools where they are needed most,
- A scheme to encourage high-performing graduates from other fields to enter teaching,
- Improving transitions to school,
- Integrating early childhood services with childcare, in partnership with the Federal Government,
- Developing a new 0–8 learning and development framework that will be linked to existing learning standards in schools,
- Improving participation in early childhood services to improve early identification of health and development problems, and
- Supporting families to provide a home environment that supports development.

The Blueprint aims to explore opportunities to integrate early childhood services and schools. This will include the development of local planning models which examine co-location and assess the range of precinct activities and how these can be developed to achieve integration that supports improved coordinated delivery of learning, care and health services.

Growing, Learning and Thriving: Building on Victoria's Achievements in Early Childhood Development

In 2009 *Growing, Learning and Thriving: Building on Victoria's Achievements in Early Childhood Development* was launched to advance the *Blueprint's* Vision. The policy set out actions in five key areas to achieve increased access to high quality early childhood health, education and care for all Victorian children and to improve outcomes for disadvantaged young Victorians. It sets the early childhood reform agenda for 2010 and beyond:

- Encompassing services and resources that support children's learning, health and development from birth to eight years of age,
- Signalling the next wave of reform the Victorian Government is pursuing to drive improvement in early childhood outcomes, including immediate priorities and longer term reform directions,
- Providing the strategic framework through which the Victorian Government will pursue national reform with other states and territories and the Commonwealth, and
- Bringing coherence to the policy context for early childhood in Victoria.

Key actions included implementing:

- The workforce strategy *Improving Victoria's Early Childhood Workforce: Working to give children the best start in life*,
- The *0–8 Early Years Learning and Development Framework*, and
- Programs to assist vulnerable families to strengthen their home environment for learning.

The National Quality Framework in Victoria

Most funded kindergarten programs in Victoria are now offered in approved education and care services operated by approved providers under the National Quality Framework, and assessed by the Regulatory Authority (DEECD) against the National Quality Standard to receive a quality rating. A small number of services providing kindergarten programs are not covered by the National Quality Framework and are instead licensed by the Victorian Children's Services Act 1996 (Victorian Act) and Children's Services Regulations 2009 (Victorian Regulations) or the Education and Training Reform Act 2006.

Victorian Early Years Learning and Development Framework

The Victorian Early Years Learning and Development Framework is an overarching framework, which works in conjunction with the Victorian Essential Learning Standards and the Australian

Curriculum (AusVELS) for schools, the Maternal and Child Health Service Key Ages and Stages Framework, and Early Childhood Intervention Services (ECIS) resources. The Victorian Early Years Learning and Development Framework advances all children's learning and development from birth to eight years. It does this by supporting all early childhood professionals to work together and with families to achieve positive outcomes for all children.

Within the Framework, the term 'early childhood professional' includes any person who works with children between the ages of birth and eight years, encompassing: maternal and child health nurses, early childhood educators, school teachers, family support workers, preschool field officers, inclusion support facilitators, student support service officers, primary school nurses, primary welfare officers, early childhood intervention workers, and education officers in cultural organisations.

The Victorian Early Years Learning and Development Framework:

- Identifies five early years learning and development outcomes for all children aged from birth to eight, which provide a shared language for all early childhood professionals and families to use when planning for children's learning and development,
- Describes the most effective ways for early childhood professionals to work together and with children and families by identifying eight practice principles for learning and development, categorised as collaborative, effective and reflective, and
- Emphasises the importance of supporting children and families as they transition within and across services throughout the early childhood period.

This focus on transitions incorporates the *Transition: A Positive Start to School* initiative, which aims to improve children's experience of starting school by enhancing the development and delivery of transition programs. The initiative also introduces a tool for families and educators to share information about a child's learning and development in the form of a *Transition Learning and Development Statement*. All kindergarten services are required to prepare a Transition Learning and Development Statement for every child transitioning into school in the following year.

The *Victorian Early Years Learning and Development Framework* is an approved learning framework under the *National Quality Framework* and shares its outcomes with the *National Early Years Learning Framework*.

Victorian Early Childhood Workforce Strategy – Improving Victoria's Early Childhood Workforce: Working to give children the best start in life

The Victorian Early Childhood Workforce Strategy was launched in 2009. The strategy supports the development of a workforce that can respond to current challenges in early childhood including universal access. The following key initiatives of the strategy will assist in achieving Universal Access through supporting the recruitment and development of a greater number of early childhood educators:

- A scholarship fund that supports early childhood staff to upgrade or attain early childhood qualifications,
- A scholarship fund that supports Aboriginal and/or Torres Strait Islander people to upgrade or attain early childhood qualifications,
- An incentive fund to attract early childhood staff to services in hard-to-staff locations,
- A range of professional development programs to support professionals in the early childhood intervention services sector,
- Professional development courses offered through the Bastow Institute of Educational Leadership, designed to build capacity of leaders in early childhood settings,

- Professional development training, resources and advice through Gowrie Victoria, and
- The Early Years Great Careers initiative, which aims to showcase a range of early childhood professions available in the sector.

Professional training and development for early childhood professionals focuses on the Victorian Early Years Learning and Development Framework.

Victorian Aboriginal Affairs Framework

The *Victorian Aboriginal Affairs Framework 2013–2018*, released in 2012, guides and coordinates the efforts of the Victorian Government in partnership with Victoria's Aboriginal communities. The framework focuses long term, strategic and progressive effort to improve the health and quality of life of Aboriginal Victorians, and aligns closely with the targets of the Council of Australian Governments.

Victorian Wannik education strategy

Wannik Learning Together — Journey to Our Future is an education strategy which aims to reduce disparity in educational outcomes between Koorie and non-Koorie students in Victoria. Taken from the Gunai/Kurnai language, *wannik* (pronounced 'wunn-ick') means 'learning together - journey to our future'. Wannik represents a new era of collaboration within all Victorian schools. The system will reposition the education of Koorie students through a culture of strong leadership, high expectations and individualised learning.

The strategy proposes to:

- Reform the government school system's education of Koorie students,
- Support greater student engagement,
- Provide more literacy and numeracy support,
- Provide support and encouragement for high-achieving students,
- Expand and develop the Koorie support workforce,
- Renew our focus on parental engagement, and
- Share responsibility appropriately across government.

Victoria's Advantage – Unity, Diversity, Opportunity

Victoria's multicultural affairs and citizenship policy, *Victoria's Advantage – Unity, Diversity, Opportunity*, identifies a whole of government response to the opportunities and challenges of Victoria's diverse multicultural society. From early childhood services through to education, employment, health, justice and transport, every citizen, regardless of background, should expect the very best from their government. This policy emphasises a commitment to addressing discrimination and ensuring access to government services that are sensitive to cultural, linguistic and religious diversity.

Protecting Victoria's Vulnerable Children

In 2012 the *Protecting Victoria's Vulnerable Children Inquiry* found that universal early education and care services were not as inclusive of vulnerable children and families as they should be. The Victorian Government's response in the discussion paper *Victoria's Vulnerable Children — Our Shared Responsibility* identified a responsibility shared by government and other services to work together "to prevent child abuse and neglect, reduce the impact when it does occur, and improve the outcomes for children and young people in the statutory child protection system." The discussion paper emphasised the key role of the education system in achieving these goals noting:

Some vulnerable children and families need more help to engage with these services. Better access to services would enable [the Victorian Government] to intervene earlier to help families more effectively engage with the services they need to address their problems. Better engagement will lead to better outcomes.

Service providers receiving funding from DEECD are required to operate in accordance with the *Protecting the Safety and Wellbeing of Children and Young People* protocol, and must have policies in place that enable eligible children to access a kindergarten program, including those who face barriers to participation. Specifically for Kindergarten services DEECD provides funding, such as the Early Start Kindergarten grant and kindergarten fee subsidy, to promote participation of vulnerable children in funded kindergarten programs.

Victoria's Vulnerable Children Strategy 2013–2022 – Our Shared Responsibility

The Victoria's Vulnerable Children Strategy 2013–2022 – Our Shared Responsibility was released by the Government in May 2013, outlining three strategic goals:

1. Prevent abuse and neglect,
2. Act earlier when children are vulnerable, and
3. Improve outcomes for children in statutory care.

The strategy takes a decade-long horizon view. It puts in place the aspiration and system framework that will drive sustained change. The strategy explicitly sets out what changes are sought for Victorian families and children and is underpinned by an investment of more than \$650 million over the past three budgets for vulnerable children.

Early Childhood Agreement for Children in Out-of-Home Care

The *Early Childhood Agreement for Children in Out-of-Home Care* aims to increase the participation of children in high quality childhood education and care, with a particular focus on Maternal and Child Health and kindergarten services. The Agreement represents a shared commitment to better support young children living in out-of-home-care to access MCH and kindergarten services by:

- Building capacity, collaboration and accountability across the service system,
- Setting out clear roles and responsibilities for the different elements of the service system, and
- Outlining a process for implementation of the agreement and for monitoring outcomes.

The Agreement is a partnership between the Department of Human Services, the Department of Education and Early Childhood Development, the Municipal Association of Victoria and the Early Learning Association Australia.

Action Plan to Address Violence Against Women and Children – Everyone has a responsibility to act 2012–2015

Victoria's *Action Plan to Address Violence Against Women and Children – Everyone has a responsibility to act 2012–2015* (Action Plan) was launched in 2012. The *Action Plan* engages a range of Government areas and community sector organisations to enact a range of prevention, early intervention and response measures. Victorian Government initiatives to address violence against women and children fall within three streams:

- Preventing violence against women and children: changing attitudes and behaviours to promote respectful non-violent relationships and gender equity,
- Intervening earlier: by identifying and targeting individuals and groups who exhibit early signs of violent behaviour or of being subjected to violence, and

- Responding through an integrated system: providing consistent, coordinated and timely responses to women and children who experience family violence and to get tougher on perpetrators and prevent reoffending.

Strong People, Strong Culture, Strong Families: Towards a safer future for Indigenous families and communities

In Victoria, the integrated family violence system involves the police, justice services, and the community services system. The 10 year Aboriginal family violence strategy: *Strong People, Strong Culture, Strong Families: Towards a safer future for Indigenous families and communities* guides the development of Aboriginal services and policy in this area.

Youth Statement – Engage, Involve, Create

In 2012 the Minister for Youth Affairs, the Hon. Ryan Smith, launched the Victorian Government's Youth Statement, Engage, Involve, Create. Engage, Involve, Create outlines the Government's vision for all Victorian young people to experience healthy, active and fulfilling lives and have the opportunity to:

- Be engaged in education and/or employment,
- Be involved in their communities and decisions that affect them, and
- Create change, enterprise and culture.

To achieve this, the government identified three priority areas:

- Getting young people involved,
- Services that meet the needs of young people, and
- Creating new ideas and partnerships.

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Deakin Avenue Service Centre

76 Deakin Avenue, Mildura

Madden Avenue Service Centre

108 Madden Avenue, Mildura

Ouyen Service Centre

79 Oke Street, Ouyen

Phone: (03) 5018 8100

PO Box 105, Mildura Vic 3502