

Victorian Child Health and Wellbeing Survey 2021

Summary Report





Contents

Background	5
Victoria at a glance	7
Outcome: A healthy start to life	8
Prenatal alcohol exposure	8
Outcome: Children are physically healthy	9
Good health	9
Special health care needs	10
Asthma.....	12
Oral health	14
Nutrition	15
Physical activity	18
Electronic media use	19
Exposure to tobacco smoke	20
Outcome: Children are mentally and emotionally healthy	21
Emotional, developmental or behavioural problems.....	21
Risk of clinically significant problems.....	23
Outcome: Children participate in learning and education.....	24
Reading to children.....	24
Outcome: Positive family functioning.....	25
Parental mental health.....	25
Family functioning.....	27
Outcome: Children’s material needs are met	28
Food insecurity	28
Financial insecurity	30
Outcome: Children belong in inclusive and liveable communities	32
Access to basic services.....	32
Safe neighbourhoods.....	33
Crisis support.....	33
Parks and playgrounds	35
Public transport.....	36
References	37



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Background

Healthy development in childhood lays the foundations and sets the trajectories for children's ongoing physical, social, emotional, and cognitive development.

The Victorian Child Health and Wellbeing Survey (VCHWS) collects information about the physical, mental, and social health and wellbeing of Victorian children aged 12 years and under. The survey enables regular monitoring and reporting against the Victorian Child and Adolescent Monitoring System (VCAMS). This system facilitates informed decision-making across government through access to outcome indicators for children and families.

The VCHWS was conducted in 2006, 2009, 2013, 2017, 2019 and 2021. The current report presents findings from the 2021 survey and provides a time series back to 2013.¹

For each survey, data are collected from a sample of parents of approximately 5,000 Victorian children aged 12 years and under via telephone interview. Data are weighted against population benchmarks to provide representative state estimates.

This report is the first in the VCHWS series to provide a time series for: special health care needs, sweet beverage consumption, parent mental health and public transport accessibility.

An issue was identified with the weighting of 2019 data and subsequently the estimates reported in the VCHWS 2019 report. That issue has been corrected for this report. Estimates for 2019 in the 2019 report therefore differ slightly to those reported here.

Updates have also been made to some 2013 and 2017 data where inconsistencies in derivations were identified.

¹ From 2013 onwards VCHWS samples have been stratified for 17 administrative areas across Victoria. Consequently, data prior to 2013 are not presented in the report.

SOCIODEMOGRAPHIC CHARACTERISTICS OF THE VCHWS SAMPLE

Table 1: Sociodemographic characteristics of the VCHWS sample, 2013 to 2021

Selected characteristic	Survey Estimate (%)*			
	2013	2017	2019	2021
Sex				
Male	51.3	51.3	51.3	51.3
Female	48.7	48.7	48.7	48.6
Area				
Metropolitan Victoria	73.7	74.9	74.9	74.9
Rural Victoria	26.3	25.1	25.1	25.1
Age group				
< 1 year	8.2	7.5	7.5	7.5
1 to 4 years	31.8	31.7	31.7	31.7
5 to 8 years	30.6	31.1	31.1	31.1
9 to 12 years	29.3	29.7	29.7	29.7
Family type				
Couple family	90.4	82.9	88.4	89.9
One-parent family	9.3	16.8	11.4	9.9
Health care card status				
On a health care card	23.9	24.9	20.2	18.0
Not on a health care card	75.3	74.4	78.4	80.1

* Proportions represent demographic splits following the weighting of survey responses.

Victoria at a glance

Table 2: Key indicators, 2013 to 2021

Proportion of children who ...	2013	2017	2019	2021	Short-term trend (2019 to 2021)*	Long-term trend (2013 to 2021)*
A healthy start to life						
were exposed to alcohol in utero	46.7%	56.9%	46.3%	49.6%	Stable	Stable
Children are physically healthy						
had 'good, very good or excellent' health	97.9%	97.3%	98.0%	98.0%	Stable	Stable
had special health care needs for at least 12 months	18.1%	20.7%	19.3%	21.5%	Stable	Increase
had asthma in the past 12 months	11.3%	12.1%	10.5%	9.5%	Stable	Decrease
have an oral filling	19.5%	17.7%	18.1%	16.7%	Stable	Decrease
met the recommended fruit intake	73.2%	76.7%	74.8%	72.0%	Stable	Stable
met the recommended vegetable intake	2.9%	3.8%	2.4%	2.9%	Stable	Stable
drank a sweet beverage every day	28.8%	21.7%	18.7%	21.2%	Stable	Decrease
engaged in sufficient physical activity	62.2%	59.4%	51.8%	47.3%	Decrease	Decrease
exceeded recommended screen time	17.6%	18.0%	18.0%	32.5%	Increase	Increase
lived in a smoke-free home	81.5%	81.9%	84.3%	86.0%	Stable	Increase
Children are mentally and emotionally healthy						
had emotional, developmental or behavioural problems	7.1%	10.1%	9.3%	10.5%	Stable	Increase
had low to no-risk of clinically significant problems	86.4%	81.3%	82.7%	80.6%	Stable	Decrease
Children participate in learning and education						
was read to every day	69.6%	68.9%	67.1%	68.9%	Stable	Stable
Positive family functioning						
had a parent who reported poor mental health	3.1%	3.9%	3.3%	4.8%	Increase	Increase
experienced unhealthy family functioning	7.6%	8.1%	7.1%	6.7%	Stable	Stable
Children's material needs are met						
experienced food insecurity	4.9%	7.1%	5.0%	3.4%	Decrease	Decrease
experienced financial insecurity	12.3%	11.5%	10.5%	7.8%	Decrease	Decrease
Children belong in inclusive and liveable communities						
had access to basic services	92.6%	93.3%	93.6%	92.7%	Stable	Stable
lived in a safe neighbourhood	95.8%	92.4%	94.5%	96.0%	Increase	Stable
had support available in case of emergency or crisis	93.8%	93.9%	93.0%	92.6%	Stable	Stable
lived near playgrounds or open spaces	87.9%	89.2%	90.2%	90.7%	Stable	Increase
lived near accessible public transport	n.a.	n.a.	77.9%	79.0%	Stable	n.a.

* An 'Increase' or 'Decrease' indicates a difference between the nominated years when the 95% confidence intervals surrounding the estimated proportions did not overlap. 'Stable' indicates that confidence intervals surrounding the estimates for the respective years overlapped.

Outcome: A healthy start to life

Prenatal alcohol exposure

The VCHWS asks biological mothers of children aged 0 to 1 years whether they ever consumed alcohol during the pregnancy of their child.

In 2021, around half of Victorian babies (49.6%) were exposed to alcohol in utero. This is a similar result to 2019 (46.3%).

There was no substantive difference observed between any population groups in 2021. The only clear difference was in 2013, when children living in the most disadvantaged areas were found to be less likely to have been exposed to alcohol in utero.

Table 3: Proportion of Victorian babies (aged 0 to 1 year) who were exposed to alcohol in utero

Population group*	2013	2017	2019	2021
Victoria	46.7%	56.9%	46.3%	49.6%
Metropolitan	44.8%	56.1%	44.6%	49.7%
Rural	52.9%	59.1%	52.1%	49.1%
Most disadvantaged	29.3%	51.8%	39.9%	38.4%
Least disadvantaged	57.5%	63.4%	54.9%	56.0%
Couple family	47.4%	58.3%	47.8%	48.7%
One-parent family	36.2%	40.6%	27.4%	61.8%
Child on a health care card	34.1%	48.3%	33.6%	44.9%
Child not on a health care card	49.9%	59.2%	48.8%	50.4%

* Shaded cells indicate a difference between population groups within the respective year when 95% confidence intervals surrounding the estimated proportions do not overlap, indicating the population groups are significantly different.

Outcome: Children are physically healthy

Good health

The VCHWS asks parents to rate their child's general health, from poor through to excellent.

In 2021, as in previous years, almost all Victorian children aged 12 years and under (98.0%) were reported by their parents to have 'good health' or better.

Parents of children on a health care card were less likely to rate their child's health as good, very good or excellent (94.9%) compared with other children (98.7%) – a difference that has persisted since 2013.

Table 4: Proportion of Victorian children (aged 0 to 12 years) with good health or better, by population group, 2013 to 2021

Population group*	2013	2017	2019	2021
Victoria	97.9%	97.3%	98.0%	98.0%
Metropolitan	98.0%	97.4%	98.2%	98.2%
Rural	97.7%	97.1%	97.6%	97.3%
Most disadvantaged	96.5%	98.1%	98.2%	96.8%
Least disadvantaged	98.0%	97.9%	97.9%	98.4%
Couple family	98.0%	98.0%	98.2%	98.1%
One-parent family	96.7%	94.1%	96.8%	96.7%
Child on a health care card	95.3%	95.4%	95.6%	94.9%
Child not on a health care card	98.7%	98.1%	98.7%	98.7%

* Shaded cells indicate a difference between population groups within the respective year when 95% confidence intervals surrounding the estimated proportions do not overlap, indicating the population groups are significantly different.

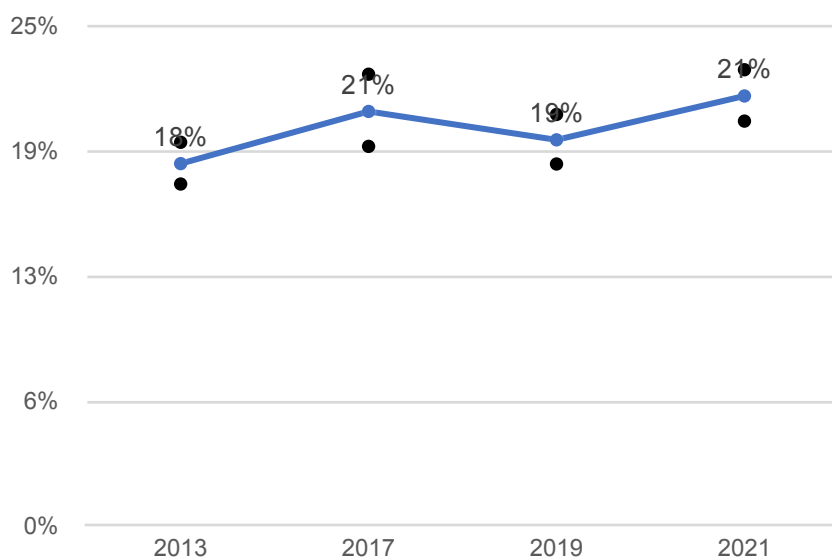
Special health care needs

In the VCHWS, having special health care needs means to currently need or use medicine prescribed by a doctor, have special service needs and/or functional limitations due to a health, medical or behavioural condition, which has lasted or is expected to last for at least 12 months.

In 2021, about 1 in 5 (21.5%) children aged 12 years and under had special health care needs for at least 12 months – similar to 2019 (19.3%).

The VCHWS shows an increase over the last 8 years in the proportion of children with special health care needs from 18.1% in 2013 to 21.5% in 2021 (Figure 1).

Figure 1 Proportion of Victorian children (aged 0 to 12 years) with special health care needs, 2013 to 2021



The I-bar shows the 95% confidence interval for each estimated proportion.

Differences have persisted between population groups over the years, with special health care needs more prevalent among children living in rural areas, the most disadvantaged areas, one-parent families, and children listed on a health care card.

Table 5: Proportion of Victorian children (aged 0 to 12 years) with special health care needs, by population group, 2013 to 2021

Population group*	2013	2017	2019	2021
Victoria	18.1%	20.7%	19.3%	21.5%
Metropolitan	17.3%	19.3%	17.7%	20.3%
Rural	20.4%	25.1%	24.2%	25.2%
Most disadvantaged	18.3%	23.8%	25.3%	23.1%
Least disadvantaged	16.9%	20.1%	15.7%	19.4%
Couple family	16.7%	17.7%	17.8%	20.1%
One-parent family	31.5%	36.1%	30.8%	34.4%
Child on a health care card	32.0%	35.6%	33.7%	40.3%
Child not on a health care card	13.7%	15.9%	15.5%	17.4%

* Shaded cells indicate a difference between population groups within the respective year when 95% confidence intervals surrounding the estimated proportions do not overlap, indicating the population groups are significantly different.

Asthma

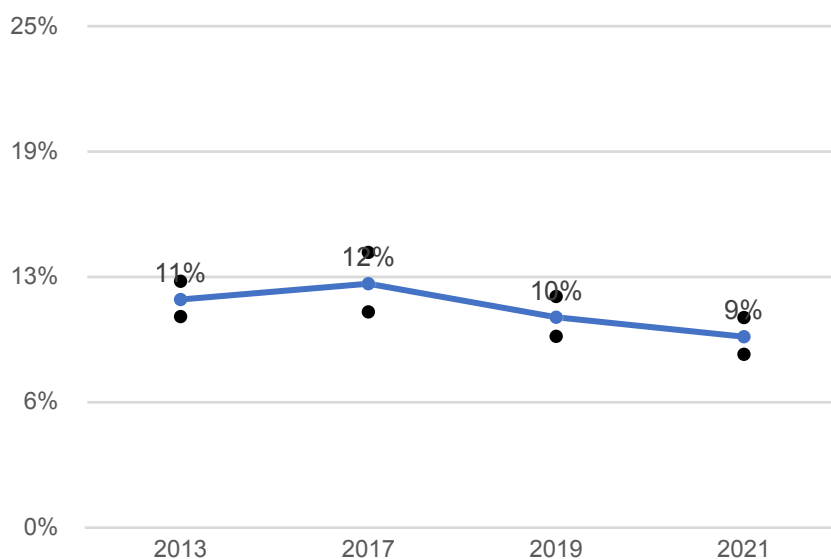
Asthma is a chronic respiratory condition caused by the narrowing of airways due to inflammation. Asthma causes physical health issues through breathlessness, sleep disturbance, and reduced exercise capacity.

The VCHWS asks parents of Victorian children aged 1 to 12 years old whether their child has ever been diagnosed with asthma by a doctor and whether they have had any symptoms of asthma in the past 12 months.

In 2021, around 1 in 10 (9.5%) children previously diagnosed with asthma were reported by their parents to have experienced symptoms of asthma in the past 12 months. This is similar to 2019 (10.5%).

The VCHWS shows a decline over the last 4 years in reports of asthma from 12.1% in 2017 to 9.5% in 2021 (Figure 2).

Figure 2 Proportion of Victorian children (aged 1 to 12 years) with asthma, 2013 to 2021



The I-bar shows the 95% confidence interval for each estimated proportion

Improvements have been most apparent among children living in metropolitan areas. In 2021 children in metropolitan areas had substantially lower rates of asthma than children in rural areas.

Children listed on a health care card continue to have persistently higher rates of asthma compared to those who are not (Table 6).

Table 6: Proportion of Victorian children (aged 1 to 12 years) with asthma, by population group, 2013 to 2021

Population group*	2013	2017	2019	2021
Victoria	11.3%	12.1%	10.5%	9.5%
Metropolitan	10.9%	11.1%	9.8%	8.7%
Rural	12.6%	15.2%	12.4%	11.9%
Most disadvantaged	10.4%	14.0%	11.3%	12.9%
Least disadvantaged	10.8%	13.6%	9.3%	8.6%
Couple family	11.0%	10.6%	9.9%	9.1%
One-parent family	14.5%	19.1%	14.2%	12.5%
Child on a health care card	13.5%	16.6%	12.7%	12.4%
Child not on a health care card	10.6%	10.4%	9.8%	8.9%

* Shaded cells indicate a difference between population groups within the respective year when 95% confidence intervals surrounding the estimated proportions do not overlap, indicating the population groups are significantly different.

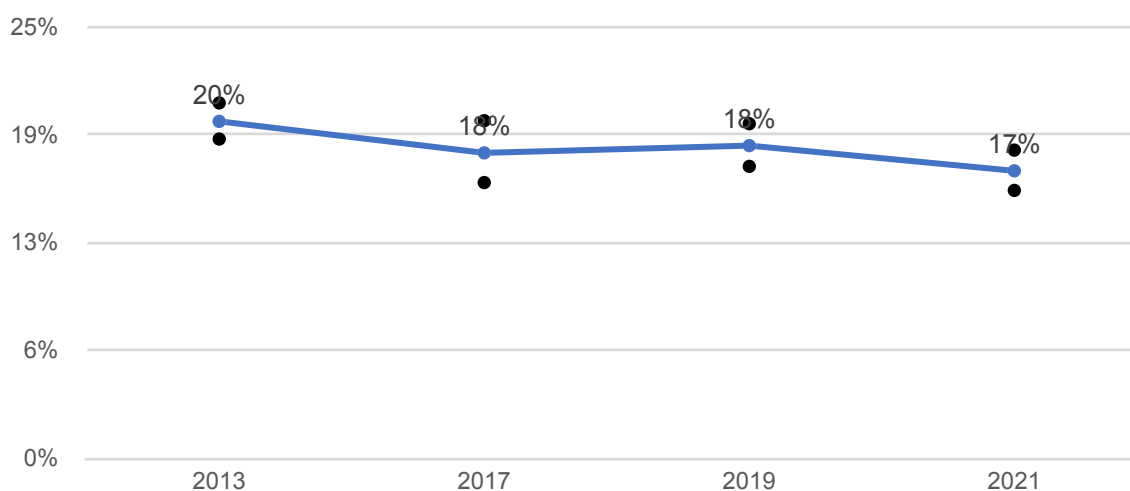
Oral health

The VCHWS asks parents of Victorian children aged 6 months to 12 years whether their child has ever had a filling, excluding sealants.

In 2021, 16.7% of children were reported by their parents to have a filling – similar to 2019 (18.1%).

The VCHWS shows a gradual reduction over the last 8 years in reports of children having fillings from 19.5% in 2013 to 16.7% in 2021 (Figure 3).

Figure 3 Proportion of Victorian children (6 months to 12 years) who had received a filling, 2013 to 2021



The I-bar shows the 95% confidence interval for each estimated proportion.

A long-standing disparity remains where children living in couple families have lower rates of fillings than those in one-parent families. In contrast, a previous disparity between children in metropolitan and rural areas was not apparent in 2021.

Table 7: Proportion of Victorian children (6 months to 12 years) who had received a filling, by population group, 2013 to 2021

Population group*	2013	2017	2019	2021
Victoria	19.5%	17.7%	18.1%	16.7%
Metropolitan	17.9%	16.1%	17.1%	16.4%
Rural	24.0%	22.6%	21.0%	17.6%
Most disadvantaged	23.3%	20.8%	23.5%	17.2%
Least disadvantaged	18.2%	15.9%	16.1%	16.7%
Couple family	19.0%	16.4%	17.6%	16.0%
One-parent family	25.3%	23.7%	21.8%	22.9%
Child on a health care card	21.2%	22.3%	20.7%	18.8%
Child not on a health care card	19.0%	16.2%	17.4%	16.2%

* Shaded cells indicate a difference between population groups within the respective year when 95% confidence intervals surrounding the estimated proportions do not overlap, indicating the population groups are significantly different.

Nutrition

Fruit consumption

According to the Australian Dietary Guidelines, the minimum recommended number of serves of fruit per day for children aged between 4 and 12-years ranges from 1.5 to 2 serves.

The VCHWS asks parents of children aged 4 to 12 years how many serves of fruit – including dried fruit, their child eats daily.

In 2021, nearly three-quarters (72.0%) of Victorian children were consuming enough fruit each day.

This is similar to previous years.

Children living in couple families, and those not on a health care card were more likely than their comparison population groups to eat enough fruit.

Children aged 4 to 8 years are consistently more likely than older children to meet the recommended guidelines.

Table 8: Proportion of Victorian children (aged 4 to 12 years) consuming the recommended daily serves of fruit

Population group*	2013	2017	2019	2021
Victoria	73.2%	76.7%	74.8%	72.0%
Metropolitan	72.0%	77.0%	73.3%	70.9%
Rural	76.2%	75.9%	79.2%	75.2%
Most disadvantaged	70.1%	72.6%	74.0%	68.3%
Least disadvantaged	73.5%	78.0%	78.9%	75.0%
Couple family	73.8%	78.0%	75.8%	73.2%
One-parent family	68.6%	72.1%	68.4%	63.9%
Child on a health care card	69.6%	74.2%	71.1%	64.8%
Child not on a health care card	74.5%	77.9%	76.1%	73.7%
Child aged 4 to 8 years	77.4%	81.3%	78.8%	77.4%
Child aged 9 to 12 years	67.5%	70.7%	69.6%	64.8%

* Shaded cells indicate a difference between population groups within the respective year when 95% confidence intervals surrounding the estimated proportions do not overlap, indicating the population groups are significantly different.

Vegetable consumption

According to the Australian Dietary Guidelines, the minimum recommended number of serves of vegetables per day, including legumes/beans, for children between the ages of 4 and 12 years ranges from 4.5 to 5.5 serves.

In 2021, the VCHWS asked parents of children aged 4 to 12 years how many serves of vegetables their child usually eats each day, including salad, legumes and beans.²

In 2021, only 2.9% of Victorian children were consuming enough vegetables each day. This is similar to previous years.

Children listed on a health care card were more likely to consume enough vegetables compared to those not on a health care card. This difference was not observed in previous surveys and has only emerged in the 2021 survey results.

² In prior years, this VCHWS item had not included legume and bean consumption, and so partially covered the NHMRC recommended items. This should be considered when making comparisons between 2021 estimates and previous years.

Table 9: Proportion of Victorian children (aged 4 to 12 years) consuming the recommended daily serves of vegetables

Population group*	2013	2017	2019	2021
Victoria	2.9%	3.8%	2.4%	2.9%
Metropolitan	2.8%	3.6%	2.4%	2.8%
Rural	3.1%	4.3%	2.5%	3.1%
Most disadvantaged	2.4%	3.5%	1.4%	2.6%
Least disadvantaged	2.7%	2.7%	2.7%	3.1%
Couple family	2.8%	3.2%	2.4%	2.7%
One-parent family	3.8%	5.9%	2.4%	4.3%
Child on a health care card	2.7%	4.5%	2.5%	3.5%
Child not on a health care card	3.0%	3.4%	2.4%	2.7%
Child aged 4 to 8 years	2.5%	3.8%	2.2%	2.6%
Child aged 9 to 12 years	3.4%	3.7%	2.7%	3.2%

* Shaded cells indicate a difference between population groups within the respective year when 95% confidence intervals surrounding the estimated proportions do not overlap, indicating the population groups are significantly different.

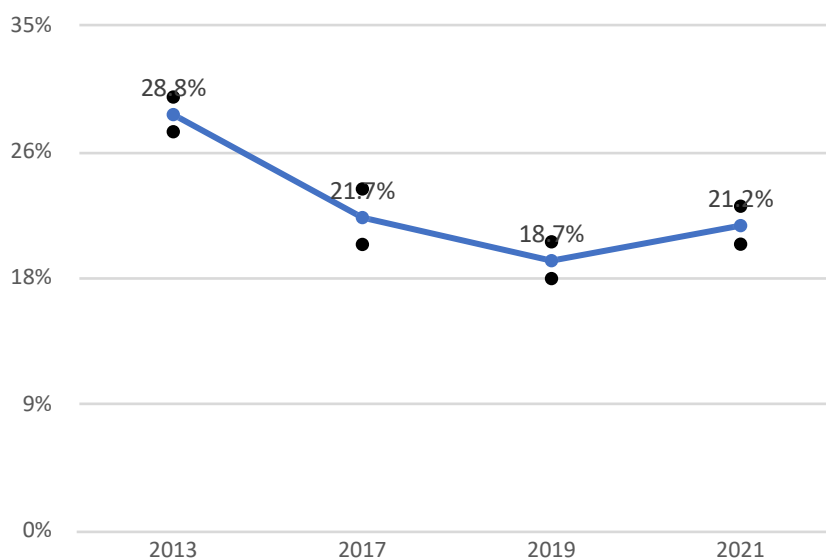
Sweet beverage consumption

The VCHWS asks parents of Victorian children aged 1 to 12 years how many cups of soft drink, fruit juice, including freshly squeezed juice, cordials or sports drink they usually drink in a day.

In 2021, one in 5 (21.4%) children aged 1 to 12 years were reported by their parents to usually consume at least 1 cup of sweet beverage each day.

The proportion of children consuming at least 1 cup of sweet drink per day declined from 28.8% in 2013 to 18.7% in 2019 and rose slightly to 21.2% in 2021 (Figure 4).

Figure 4 Proportion of Victorian children (aged 1 to 12 years) who usually consume at least 1 cup of a sweet beverage per day, 2013 to 2021



The I-bar shows the 95% confidence interval for each estimated proportion.

Disparities between population groups have persisted over the long-term. Children living in the most disadvantaged areas and those listed on a health care card were almost twice as likely as their comparison population groups to consume a cup of sweet beverage each day.

Children aged 9 to 12 years, and those in one-parent families, were also more likely to consume sweet beverages than younger children, and those in couple families (Table 10).

Table 10: Proportion of Victorian children (aged 1 to 12 years) who usually consume at least 1 cup of a sweet beverage per day, by population group, 2013 to 2021

Population group*	2013	2017	2019	2021
Victoria	28.8%	21.7%	18.7%	21.2%
Metropolitan	27.3%	20.5%	17.9%	20.6%
Rural	33.2%	25.3%	21.3%	22.8%
Most disadvantaged	39.6%	40.3%	27.8%	29.6%
Least disadvantaged	22.2%	16.9%	12.8%	14.8%
Couple family	27.7%	19.8%	17.9%	19.8%
One-parent family	40.1%	30.7%	24.9%	32.4%
Child on a health care card	37.1%	18.3%	26.0%	33.3%
Child not on a health care card	26.2%	32.0%	16.7%	18.0%
Child aged 4 to 8 years	30.9%	20.7%	17.8%	19.7%
Child aged 9 to 12 years	40.8%	31.4%	25.6%	28.7%

* Shaded cells indicate a difference between population groups within the respective year when 95% confidence intervals surrounding the estimated proportions do not overlap, indicating the population groups are significantly different.

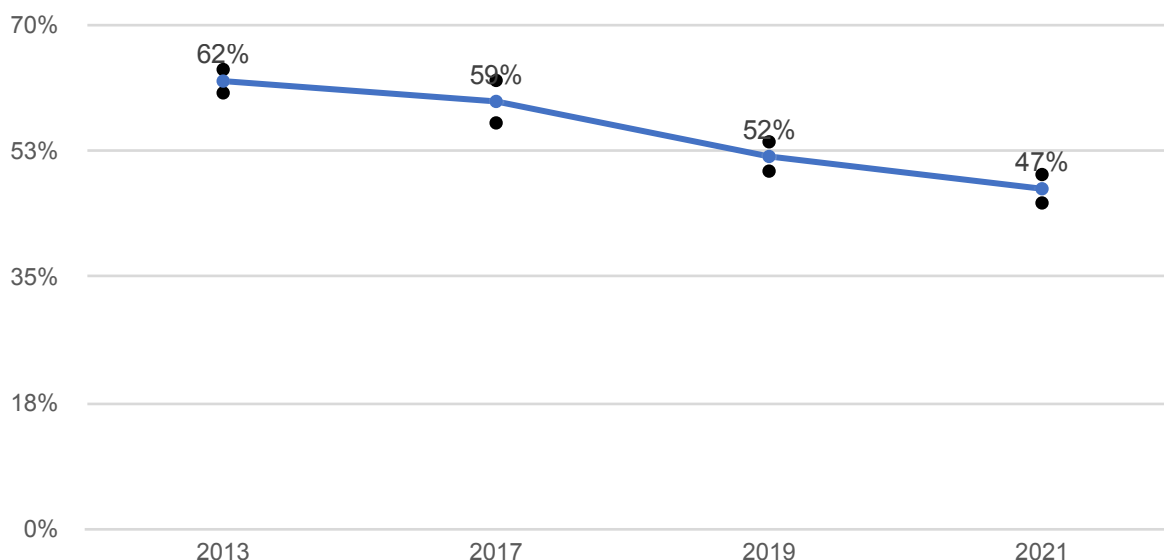
Physical activity

The VCHWS asks Victorian parents of children aged 5 to 12 years the number of days their child has been physically active for at least 60 minutes during the past week.

In 2021, less than half (47.3%) of the parents surveyed reported their children were physically active for an hour or more every day. This represents a decrease since 2019 (51.8%) and continues a pattern of declining physical activity seen since 2013.

There is no apparent difference in levels of physical activity between population groups.

Figure 5 Proportion of Victorian children (aged 5 to 12 years) who were physically active for at least one hour a day, 2013 to 2021



The I-bar shows the 95% confidence interval for each estimated proportion.

Table 11: Proportion of Victorian children (aged 5 to 12 years) who were physically active for at least one hour a day, by population group, 2013 to 2021

Population group*	2013	2017	2019	2021
Victoria	62.2%	59.4%	51.8%	47.3%
Metropolitan	60.4%	58.2%	51.3%	46.0%
Rural	67.1%	62.8%	53.0%	50.8%
Most disadvantaged	62.8%	63.3%	54.2%	49.6%
Least disadvantaged	60.3%	59.2%	49.4%	48.0%
Couple family	62.3%	60.1%	51.6%	47.2%
One-parent family	60.8%	56.4%	53.0%	47.1%
Child on a health care card	62.9%	63.2%	53.1%	49.0%
Child not on a health care card	61.9%	58.2%	51.8%	46.9%

* Shaded cells indicate a difference between population groups within the respective year when 95% confidence intervals surrounding the estimated proportions do not overlap, indicating the population groups are significantly different.

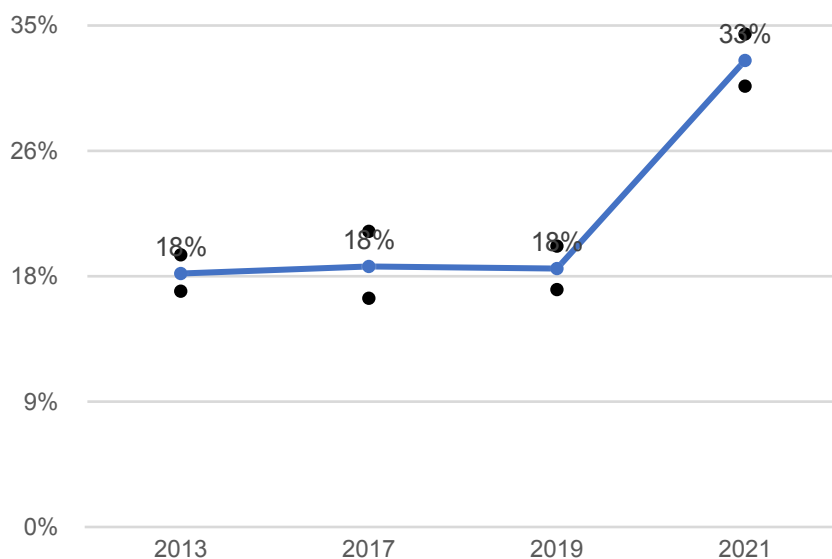
Electronic media use

The VCHWS asks parents of children aged 5 to 12 years how many hours per day their child uses the computer, tablet or phone for recreation.

In 2021, approximately one-third (32.5%) of Victorian children aged 5 to 12 years usually exceeded the recommended screen time.

Between 2013 and 2019, the proportion of children exceeding the recommended recreational screen time limit had remained steady at around 18%. The 2021 result represents a substantial increase since 2019 (Figure 6).

Figure 6 Proportion of Victorian children (aged 5 to 12 years) who exceeded the recommended daily recreational screen time limit of two hours per day, 2013 to 2021



The I-bar shows the 95% confidence interval for each estimated proportion.

Children on health care cards continue to be less likely to spend no more than 2 hours on sedentary recreational screen time per day than those not on health care cards (Table 12).

Table 12: Proportion of Victorian children (aged 5 to 12 years) who exceeded the recommended daily recreational screen time limit of two hours per day, by population group, 2013 to 2021

Population group*	2013	2017	2019	2021
Victoria	17.6%	18.0%	18.0%	32.5%
Metropolitan	18.1%	17.7%	18.3%	33.4%
Rural	16.2%	18.9%	17.3%	30.1%
Most disadvantaged	24.0%	25.5%	21.0%	33.5%
Least disadvantaged	14.1%	16.3%	16.1%	29.9%
Couple family	16.7%	16.4%	17.6%	31.8%
One-parent family	24.9%	23.5%	21.1%	38.1%
Child on a health care card	24.4%	24.5%	23.8%	41.2%
Child not on a health care card	15.3%	15.6%	16.5%	30.3%

* Shaded cells indicate a difference between population groups within the respective year when 95% confidence intervals surrounding the estimated proportions do not overlap, indicating the population groups are significantly different.

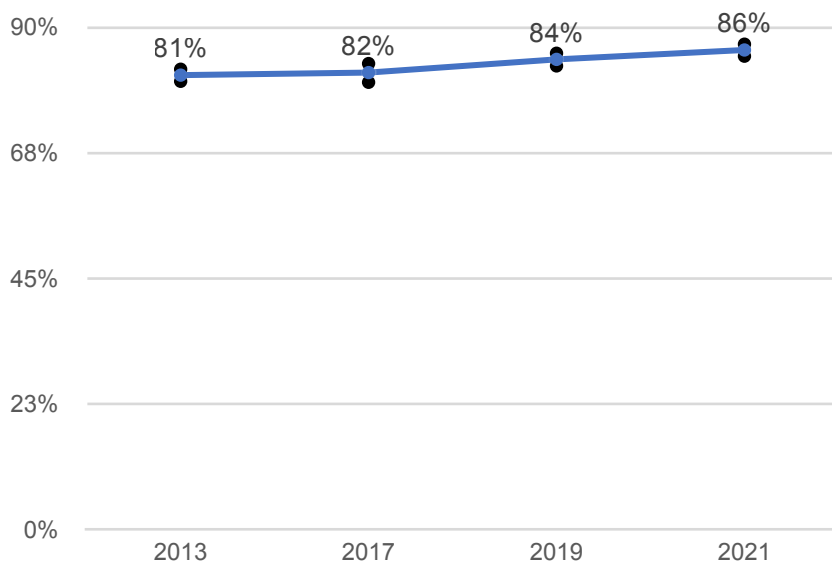
Exposure to tobacco smoke

The VCHWS asks parents of children aged 12 years and under whether the household contains regular smokers and whether they always smoke outside the house.

In 2021, close to 9 in 10 (86%) Victorian children lived in a smoke-free home similar to 2019 (84.3%).

The VHCWS shows a long-term pattern of improvement on this indicator (Figure 7).

Figure 7 Proportion of Victorian children (0 to 12 years) living in a smoke-free home, 2013 to 2021



The I-bar shows the 95% confidence interval for each estimated proportion. It is 95% likely that the true proportion is within this range.

Long-term differences among all population groups remain, with smoke-free homes more prevalent among children living in metropolitan areas, least disadvantaged areas, couple families, and children not listed on a health care card compared to their counterparts (Table 13).

Table 13: Proportion of Victorian children living in a smoke-free home, by population group, 2013 to 2021

Population group*	2013	2017	2019	2021
Victoria	81.5%	81.9%	84.3%	86.0%
Metropolitan	82.1%	84.1%	85.4%	87.2%
Rural	79.8%	75.4%	81.0%	82.3%
Most disadvantaged	70.7%	65.5%	73.7%	77.2%
Least disadvantaged	89.9%	91.4%	91.0%	92.7%
Couple family	82.9%	84.6%	85.8%	87.7%
One-parent family	67.6%	68.7%	72.8%	71.5%
Child on a health care card	70.0%	66.6%	73.5%	72.6%
Child not on a health care card	85.2%	87.0%	87.2%	89.1%

* Shaded cells indicate a difference between population groups within the respective year when 95% confidence intervals surrounding the estimated proportions do not overlap, indicating the population groups are significantly different.

Outcome: Children are mentally and emotionally healthy

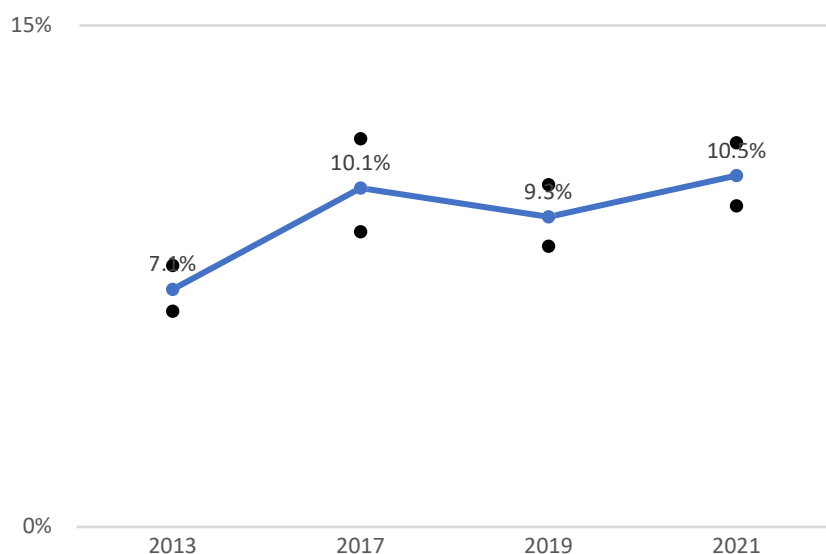
Emotional, developmental or behavioural problems

The VCHWS asks parents of children aged 0 to 12 years if their child has any kind of emotional, developmental or behavioural problem for which they need or get treatment or counselling.

In 2021, around one in 10 Victorian children (10.5%) had an emotional, developmental or behavioural problem for which they needed treatment or counselling. This result is similar to 2019 (9.3%).

The VHCWS shows a stable proportion of children needing professional help since 2017, and this has increased compared to 2013 (Figure 8).

Figure 8 Proportion of Victorian children (0 to 12 years) with emotional, developmental or behavioural problems, 2013 to 2021



The I-bar shows the 95% confidence interval for each estimated proportion.

Two long-standing disparities continued into 2021. Since 2013, there have been substantially lower rates of problems among children in couple families compared to one-parent families, and among children not on health care cards compared to those with health care cards (Table 14).

Table 14: Proportion of Victorian children (0 to 12 years) with emotional, developmental or behavioural problems, by population group, 2013 to 2021

Population group*	2013	2017	2019	2021
Victoria	7.1%	10.1%	9.3%	10.5%
Metropolitan	6.8%	9.6%	8.5%	9.9%
Rural	8.0%	11.9%	11.7%	12.2%
Most disadvantaged	7.2%	14.0%	12.5%	11.7%
Least disadvantaged	6.3%	7.4%	7.2%	8.8%
Couple family	5.7%	7.7%	7.9%	8.9%
One-parent family	20.3%	22.2%	20.1%	24.9%
Child on a health care card	18.7%	24.0%	22.4%	27.7%
Child not on a health care card	3.5%	5.6%	5.8%	6.7%

* Shaded cells indicate a difference between population groups within the respective year when 95% confidence intervals surrounding the estimated proportions do not overlap, indicating the population groups are significantly different.

Risk of clinically significant problems

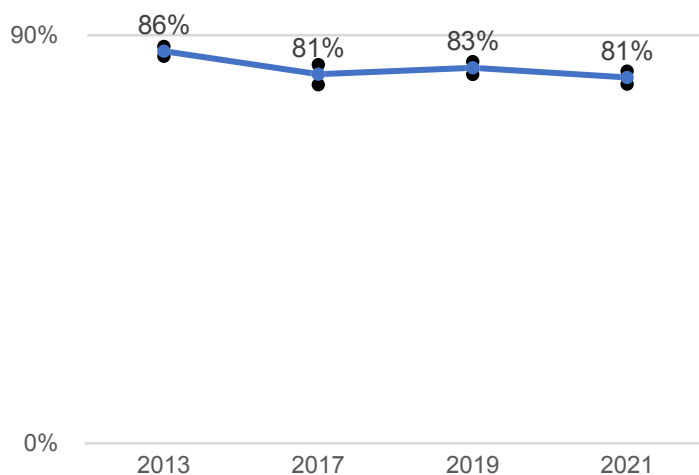
The Strengths and Difficulties Questionnaire (SDQ) is an assessment tool for child emotional and behavioural problems that can be used to screen for mental health problems in children and young people (Goodman, 1997).

In the VCHWS, parents of children aged 4 to 12 years are asked to complete the SDQ.

In 2021, around 4 in 5 (80.6%) Victorian children were at no or low risk of clinically significant problems. This is similar to 2019 (82.7%).

The VCHWS shows a long-term decrease in the proportion of children at no or low risk of problems from 86.4% in 2013 to 80.6% in 2021 (Figure 9).

Figure 9 Proportion of Victorian children (aged 4 to 12 years) at no or low risk of clinically significant problems



The I-bar shows the 95% confidence interval for each estimated proportion.

Long-term differences have continued in 2021, with higher proportions of children living in the most disadvantaged areas, in one-parent families, and those listed on health care cards at greater risk of problems than their counterparts (Table 15).

Table 15: Proportion of Victorian children (aged 4 to 12 years) at no- or low-risk of clinically significant problems, by population group, 2013 to 2021

Population group*	2013	2017	2019	2021
Victoria	86.4%	81.3%	82.7%	80.6%
Metropolitan	86.8%	82.7%	83.9%	81.6%
Rural	85.3%	77.6%	79.4%	77.9%
Most disadvantaged	82.9%	70.4%	74.5%	73.2%
Least disadvantaged	90.5%	84.2%	87.6%	85.3%
Couple family	87.9%	83.7%	84.5%	82.5%
One-parent family	74.9%	72.2%	71.2%	67.2%
Child on a health care card	74.1%	66.9%	64.1%	61.7%
Child not on a health care card	90.7%	87.0%	87.9%	85.3%

* Shaded cells indicate a difference between population groups within the respective year when 95% confidence intervals surrounding the estimated proportions do not overlap, indicating the population groups are significantly different.

Outcome: Children participate in learning and education

Reading to children

The VCHWS asks parents of children aged 0 to 4 years how many days per week they or someone in the family reads to their child.

Similar to previous years, in 2021, more than two-thirds (68.9%) of Victorian children under the age of 5 had been read to by a family member every day (6 or 7 days per week).

As in previous surveys, children living in the least disadvantaged areas were more likely to be read to every day than those in the most disadvantaged areas.

Children not on a health care card were more likely to be read to every day compared to those with a health care card. This difference is larger in 2021 than in previous years.

Table 16: Proportion of Victorian children (aged 0 to 4 years) read to every day by a family member, by population group, 2013 to 2021

Population group*	2013	2017	2019	2021
Victoria	69.6%	68.9%	67.1%	68.9%
Metropolitan	68.4%	66.8%	66.5%	68.6%
Rural	73.1%	75.8%	69.0%	69.8%
Most disadvantaged	61.2%	59.4%	54.6%	59.6%
Least disadvantaged	77.9%	72.2%	74.2%	76.6%
Couple family	70.2%	69.3%	67.8%	69.4%
One-parent family	61.3%	65.3%	58.5%	60.0%
Child on a health care card	64.7%	61.9%	62.2%	56.3%
Child not on a health care card	71.1%	70.5%	68.2%	71.3%

* Shaded cells indicate a difference between population groups within the respective year when 95% confidence intervals surrounding the estimated proportions do not overlap, indicating the population groups are significantly different.

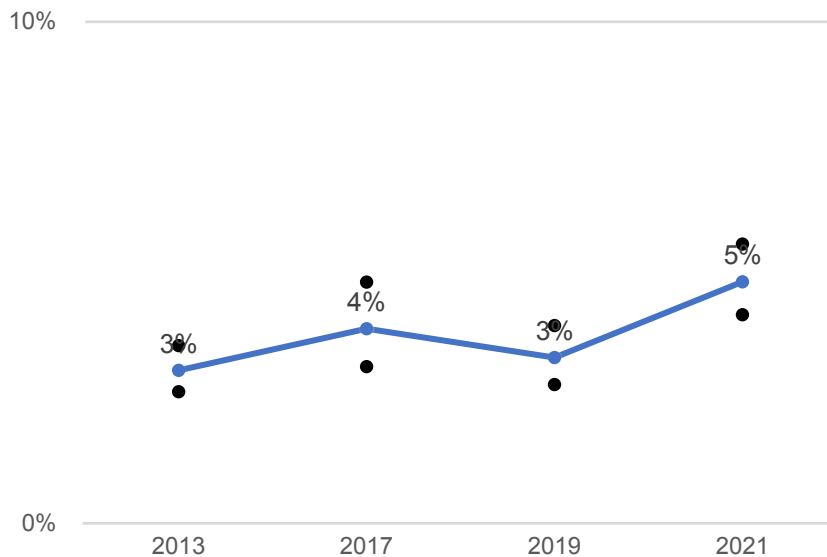
Outcome: Positive family functioning

Parental mental health

The VCHWS asks parents about the presence of anxiety and depressive symptoms in the last 30 days using the Kessler-6 (K-6) scale. The K-6 provides a simple measure of psychological distress (Kessler, et al., 2003).

In 2021, 4.8% of parents with children aged 12 years and under had high levels of psychological distress. This is an increase from 2019 when 3.3% were found to have high levels of psychological distress (Figure 10).

Figure 10 Proportion of Victorian children aged 12 years and under with parents reporting high or very high psychological distress



The I-bar shows the 95% confidence interval for each estimated proportion.

Differences between population groups have persisted over the last 8 years (Table 16). In 2021, differences were especially apparent among one-parent families, which were 3 times more likely to report high levels of distress than parents in couple families, and among parents with children on a health care card, which were 4 times more likely to report high distress than parents whose children were not on a health care card.

Table 17: Proportion of Victorian children with parents reporting high or very high psychological distress, by population group, 2013 to 2021

Population group*	2013	2017	2019	2021
Victoria	3.1%	3.9%	3.3%	4.8%
Metropolitan	3.0%	3.4%	3.3%	5.0%
Rural	3.3%	5.3%	3.4%	4.2%
Most disadvantaged	4.8%	5.6%	4.3%	5.0%
Least disadvantaged	1.3%	1.6%	1.7%	3.8%
Couple family	2.3%	2.7%	2.6%	3.8%
One-parent family	10.3%	9.7%	8.9%	14.4%
Child on a health care card	6.8%	8.0%	7.4%	12.0%
Child not on a health care card	1.8%	2.5%	2.1%	3.2%

* Shaded cells indicate a difference between population groups within the respective year when 95% confidence intervals surrounding the estimated proportions do not overlap, indicating the population groups are significantly different.

Family functioning

Family functioning is related to the strength and quality of family relationships and the family's ability to nurture, care and provide for one another.

Similar to previous years, in 2021, one in 15 (6.7%) Victorian children aged 12 years and under were living in a family with unhealthy functioning.

As in previous surveys, children living in couple families, and those not listed on health care cards were more likely than their counterparts to live in families with healthy functioning (Table 17).

Table 18: Proportion of Victorian children 12 years and under living in a family with unhealthy functioning, 2013 to 2021

Population group*	2013	2017	2019	2021
Victoria	7.6%	8.1%	7.1%	6.7%
Metropolitan	8.2%	8.1%	7.5%	7.3%
Rural	6.0%	8.2%	6.2%	5.2%
Most disadvantaged	11.1%	12.9%	12.4%	8.8%
Least disadvantaged	6.3%	8.0%	4.4%	6.5%
Couple family	6.6%	6.6%	6.2%	6.2%
One-parent family	17.9%	15.5%	14.2%	11.9%
Child on a health care card	13.7%	12.9%	11.9%	10.0%
Child not on a health care card	5.6%	6.4%	5.7%	6.0%

* Shaded cells indicate a difference between population groups within the respective year when 95% confidence intervals surrounding the estimated proportions do not overlap, indicating the population groups are significantly different.

Outcome: Children's material needs are met

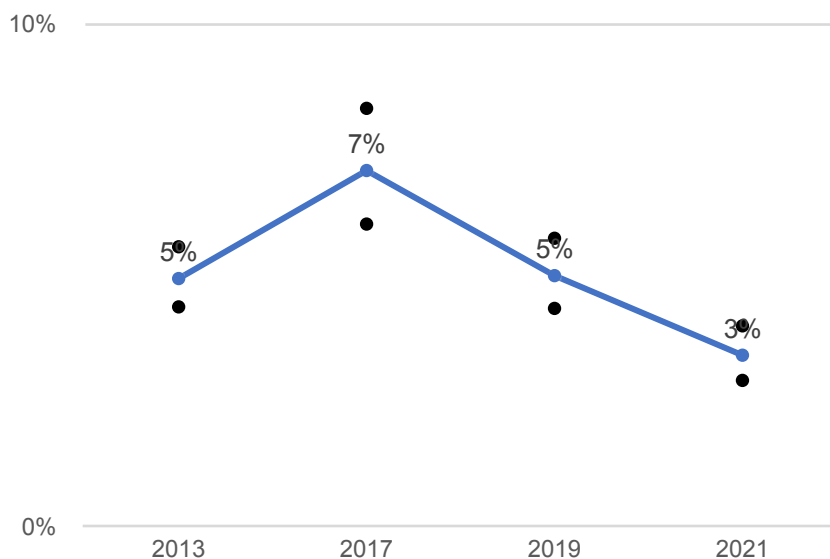
Food insecurity

The VHCWS asks parents whether there were times in the last 12 months that the household ran out of food and could not afford to buy more.

In 2021, 3.4% of Victorian children aged 12 years and under lived in families that had run out of food and could not afford more at least once in the last year.

The 2021 result reflects a decrease in food insecurity compared to previous surveys.

Figure 11 Proportion of Victorian children (0 to 12 years) living in families that had experienced food insecurity in the previous 12 months, 2013 to 2021



The I-bar shows the 95% confidence interval for each estimated proportion.

Although the proportion of children living in families that had experienced food insecurity fell in 2021 for all population groups, long-term differences remain. Children living in metropolitan areas, the least disadvantaged areas, couple families, and children not on health care cards were less likely to have experienced food insecurity than their counterparts. This is a trend that has continued across several survey years.

Table 19: Proportion of Victorian children living in families that had experienced food insecurity in the previous 12 months, by population group, 2013 to 2021

Population group*	2013	2017	2019	2021
Victoria	4.9%	7.1%	5.0%	3.4%
Metropolitan	4.8%	6.2%	4.4%	2.8%
Rural	5.4%	9.7%	6.8%	5.2%
Most disadvantaged	9.6%	13.5%	7.6%	6.2%
Least disadvantaged	2.3%	2.7%	2.9%	1.3%
Couple family	3.5%	4.2%	3.1%	2.2%
One-parent family	18.7%	21.3%	19.7%	14.4%
Child on a health care card	13.8%	18.7%	15.6%	11.3%
Child not on a health care card	2.2%	3.3%	2.2%	1.6%

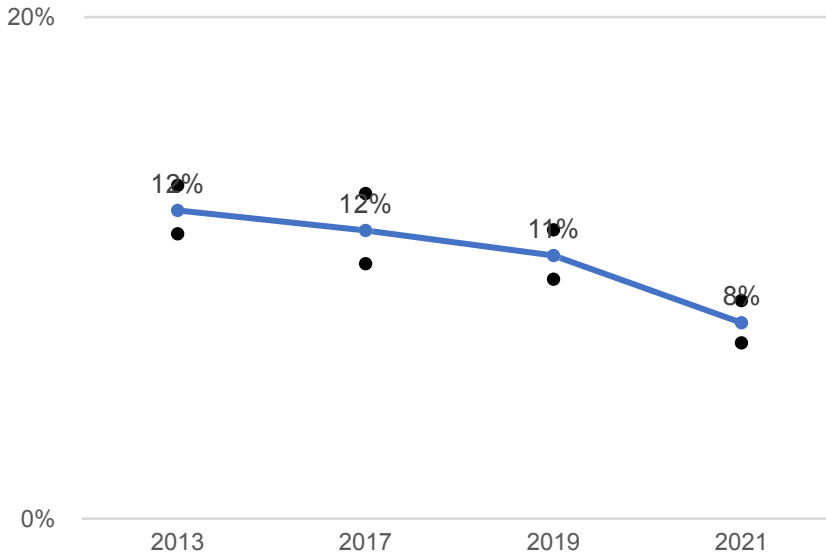
* Shaded cells indicate a difference between population groups within the respective year when 95% confidence intervals surrounding the estimated proportions do not overlap, indicating the population groups are significantly different.

Financial insecurity

The VCHWS asks parents whether they could raise \$2,000 within 2 days in an emergency. In 2021, around one in 13 (7.8%) children were living in families unable to do so. This is a decrease on 2019 (10.5%).

The VCHWS shows a long-term decrease in the proportion of families (with children aged 12 years and under) experiencing financial insecurity.

Figure 12 Proportion of Victorian children living in families unable to raise \$2,000 within 2 days in an emergency, 2013 to 2021



The I-bar shows the 95% confidence interval for each estimated proportion.

Although the proportion of children living in families unable to raise \$2,000 within 2 days fell in 2021 for all population groups, long-term differences remain. Since 2013, children living in the least disadvantaged areas, couple families, and those not listed on health care cards have been much less likely to experience financial insecurity than their counterparts (Table 20).

Table 20: Proportion of Victorian children living in families unable to raise \$2,000 within two days in an emergency, by population group, 2013 to 2021

Population group*	2013	2017	2019	2021
Victoria	12.3%	11.5%	10.5%	7.8%
Metropolitan	12.5%	9.9%	10.2%	7.3%
Rural	11.6%	16.2%	11.5%	9.3%
Most disadvantaged	19.6%	25.6%	22.1%	15.3%
Least disadvantaged	6.5%	4.2%	4.4%	3.7%
Couple family	10.2%	8.7%	8.5%	6.5%
One-parent family	32.5%	25.2%	26.5%	20.2%
Child on a health care card	27.9%	25.2%	25.2%	20.3%
Child not on a health care card	7.2%	7.0%	6.6%	5.1%

* Shaded cells indicate a difference between population groups within the respective year when 95% confidence intervals surrounding the estimated proportions do not overlap, indicating the population groups are significantly different.

Outcome: Children belong in inclusive and liveable communities

Access to basic services

The VCHWS asks parents of children aged 12 years and under whether there is access to basic services such as a health care centre or medical clinic in their neighbourhood.

In 2021, as in previous years, almost all parents agreed (92.7%) that their neighbourhood contained accessible basic medical services.

As in previous years, the proportion of children on a health care card who had access to local medical services was lower compared to those not on health care cards (Table 21).

Table 21: Proportion of Victorian children (0 to 12 years) with access to basic services, by population group, 2013 to 2021

Population group*	2013	2017	2019	2021
Victoria	92.6%	93.3%	93.6%	92.7%
Metropolitan	95.3%	95.8%	95.8%	94.9%
Rural	85.1%	85.6%	87.2%	85.9%
Most disadvantaged	91.1%	91.8%	91.5%	91.4%
Least disadvantaged	94.4%	95.2%	95.3%	96.1%
Couple family	92.8%	93.8%	93.9%	92.8%
One-parent family	90.2%	90.8%	91.4%	91.5%
Child on a health care card	90.1%	91.8%	91.3%	88.9%
Child not on a health care card	93.4%	93.8%	94.3%	93.6%

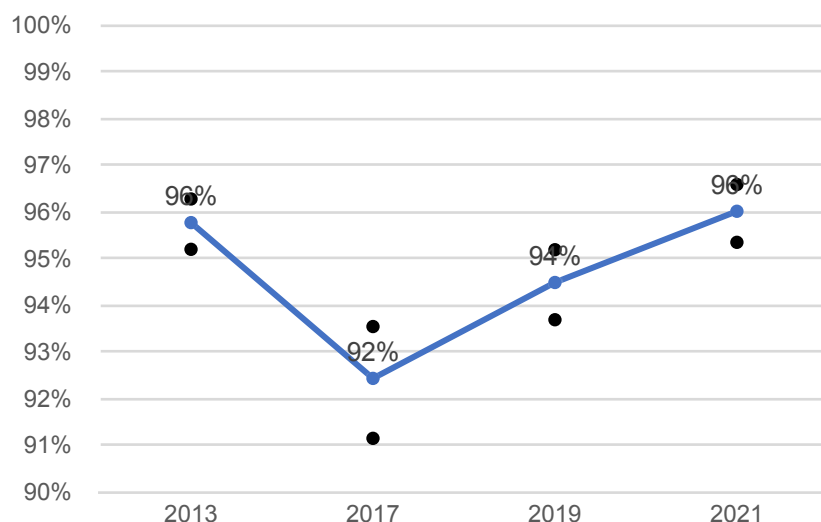
* Shaded cells indicate a difference between population groups within the respective year when 95% confidence intervals surrounding the estimated proportions do not overlap, indicating the population groups are significantly different.

Safe neighbourhoods

The VCHWS asks parents of children aged 12 years and under if they think the neighbourhood their family lives in is safe.

In 2021, almost all parents (96%) agreed that their neighbourhood was safe. This reflects a small increase since 2019 (94.5%) and a significant increase since 2017 (92.4%) in perceptions of neighbourhood safety (Figure 13).

Figure 13 Proportion of Victorian children (0 to 12 years) living in safe neighbourhoods, 2013 to 2021



The I-bar shows the 95% confidence interval for each estimated proportion.

Long-term differences remained apparent in 2021, with the parents of children living in the least disadvantaged neighbourhoods, couple families, and not on health care cards, more likely to rate their neighbourhoods as safe.

Table 22: Proportion of Victorian children (0 to 12 years) living in safe neighbourhoods, by population group, 2013 to 2021

Population group*	2013	2017	2019	2021
Victoria	95.8%	92.4%	94.5%	96.0%
Metropolitan	95.3%	92.0%	93.8%	96.0%
Rural	97.1%	93.9%	96.7%	96.2%
Most disadvantaged	87.5%	80.8%	85.7%	91.1%
Least disadvantaged	99.2%	97.7%	98.1%	98.7%
Couple family	96.2%	93.3%	95.1%	96.6%
One-parent family	91.5%	88.0%	90.2%	90.8%
Child on a health care card	93.6%	86.5%	90.9%	93.2%
Child not on a health care card	96.5%	94.4%	95.5%	96.6%

* Shaded cells indicate a difference between population groups within the respective year when 95% confidence intervals surrounding the estimated proportions do not overlap, indicating the population groups are significantly different.

Crisis support

The VCHWS asks parents of children aged 12 years and under whether one of their friends or relatives could care for them or their children in an emergency.

In 2021, as in previous surveys, most Victorian parents (92.6%) had someone to care for them or their children in an emergency.

A long-term difference seen in previous years continued in 2021, with children not on health care cards more likely than their counterparts to have access to support in times of crisis.

Table 23: Proportion of Victorian children with access to crisis support in an emergency

Population group*	2013	2017	2019	2021
Victoria	93.8%	93.9%	93.0%	92.6%
Metropolitan	93.6%	93.7%	92.6%	92.3%
Rural	94.4%	94.3%	94.3%	93.7%
Most disadvantaged	92.7%	87.2%	92.3%	89.6%
Least disadvantaged	94.6%	95.0%	93.3%	92.6%
Couple family	94.1%	94.6%	93.2%	92.9%
One-parent family	90.3%	90.3%	92.2%	89.9%
Child on a health care card	91.6%	90.5%	88.5%	87.6%
Child not on a health care card	94.7%	95.2%	94.3%	93.8%

* Shaded cells indicate a difference between population groups within the respective year when 95% confidence intervals surrounding the estimated proportions do not overlap, indicating the population groups are significantly different.

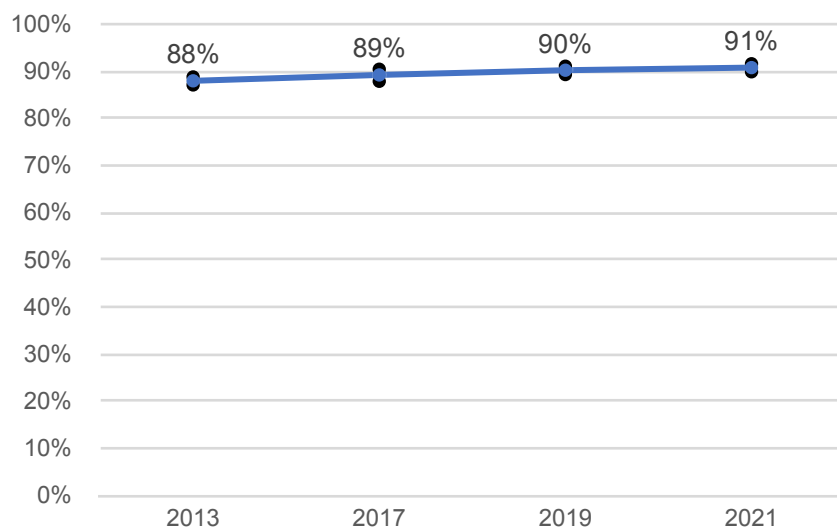
Parks and playgrounds

The VCHWS asks parents of children aged 12 years and under whether there are good parks, playgrounds and play spaces in their neighbourhood.

In 2021, most Victorian parents (90.7%) agreed that their neighbourhood contained good parks, playgrounds and play spaces similar to 2019 (90.2%).

The VCHWS shows a gradual long-term increase in this indicator since 2013 (Figure 14).

Figure 14 Proportion of Victorian children (0 to 12 years) who live in neighbourhoods with good parks, playgrounds and play spaces, 2013 to 2021



The I-bar shows the 95% confidence interval for each estimated proportion.

Long-term differences seen in previous years continued in 2021, with children living in metropolitan areas, the least disadvantaged neighbourhoods, and not on health care cards, more likely to live in neighbourhoods with better outdoor spaces than their counterparts.

Table 24: Proportion of Victorian children (0 to 12 years) who live in neighbourhoods with good parks, playgrounds and play spaces, by population group, 2013 to 2021

Population group*	2013	2017	2019	2021
Victoria	87.9%	89.2%	90.2%	90.7%
Metropolitan	91.0%	92.7%	93.1%	93.6%
Rural	79.4%	78.6%	81.5%	82.3%
Most disadvantaged	77.4%	75.7%	81.7%	83.3%
Least disadvantaged	93.7%	96.2%	94.7%	95.9%
Couple family	88.3%	90.0%	90.4%	90.9%
One-parent family	84.4%	85.0%	88.5%	89.0%
Child on a health care card	84.0%	84.1%	87.0%	86.0%
Child not on a health care card	89.2%	90.8%	91.0%	91.9%

* Shaded cells indicate a difference between population groups within the respective year when 95% confidence intervals surrounding the estimated proportions do not overlap, indicating the population groups are significantly different.

Public transport

The VCHWS asks parents of children aged 12 years and under whether there is regular, affordable public transport in their neighbourhood.

In 2021, the parents of 4 in 5 children (79.0%) indicated that their neighbourhood had this quality, similar to 2019 (77.9%). No long-term data are available for this indicator.

Differences that were present between population groups in 2019 were also present in 2021. Just over half of children living in rural areas had access to close and affordable public transport compared to nearly 9 in 10 children in metropolitan areas. Children living in the most disadvantaged areas were less likely to have access to close and affordable public transport compared to those in the least disadvantaged areas, although the difference was less pronounced.

Table 25: Proportion of Victorian children (0 to 12 years) who live in a neighbourhood with close, affordable public transport, by population group, 2019 to 2021

Population group*	2013	2017	2019	2021
Victoria	-	-	77.9%	79.0%
Metropolitan	-	-	85.5%	86.8%
Rural	-	-	54.6%	54.9%
Most disadvantaged	-	-	75.9%	79.9%
Least disadvantaged	-	-	84.4%	85.1%
Couple family	-	-	78.1%	79.0%
One-parent family	-	-	76.1%	78.5%
Child on a health care card	-	-	75.4%	77.1%
Child not on a health care card	-	-	78.6%	79.3%

* Shaded cells indicate a difference between population groups within the respective year when 95% confidence intervals surrounding the estimated proportions do not overlap, indicating the population groups are significantly different.

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