

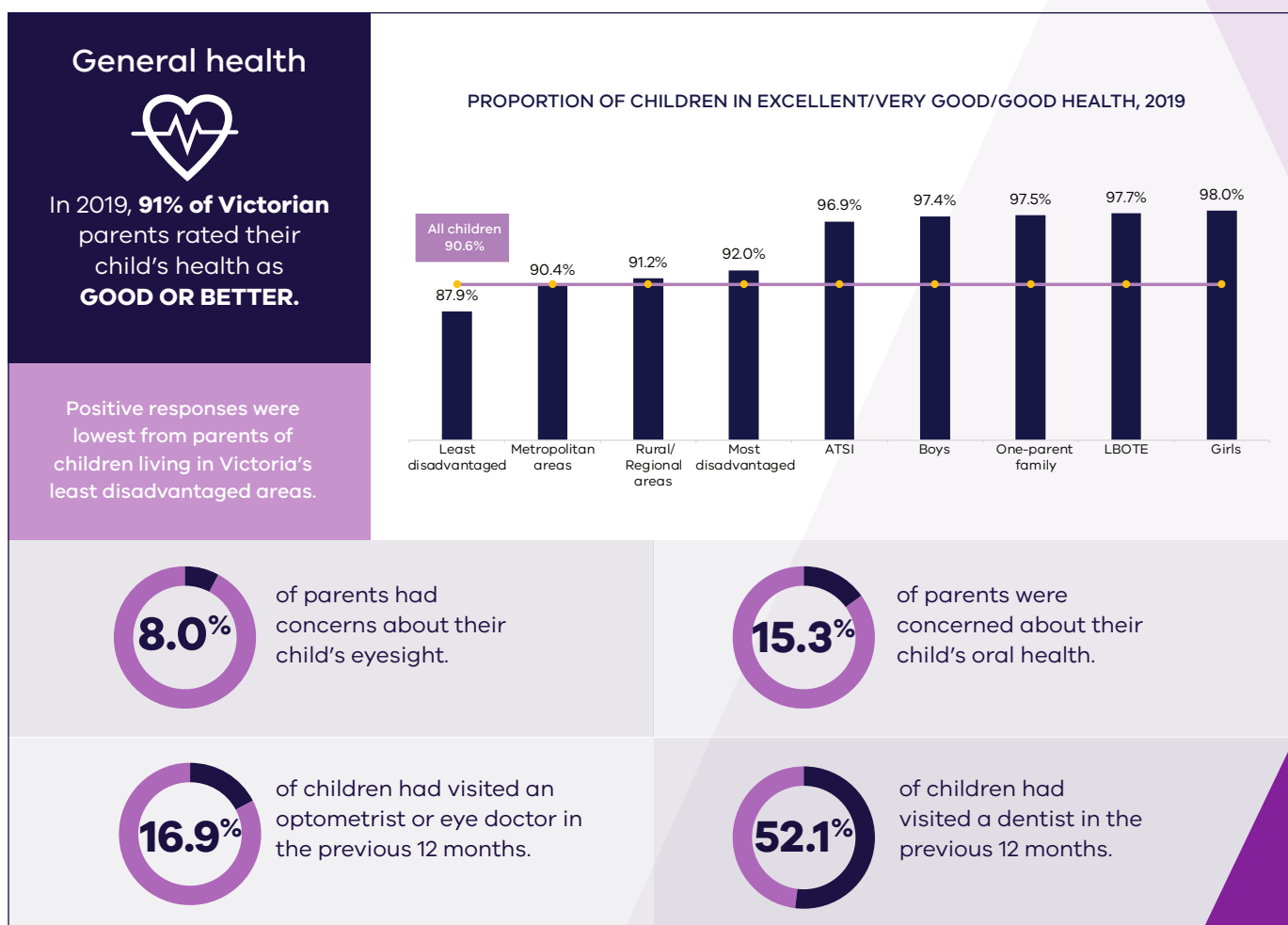


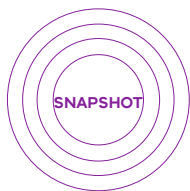
School Entrant Health Questionnaire 2019

The School Entrant Health Questionnaire (SEHQ) is an integral part of the Primary School Nursing Program and provides valuable information about outcomes for children at state and local levels. It has been completed annually by parents or carers of Victorian foundation students since 1997.

Topics covered by the survey include general health, speech and language, service use, development and behavioural issues, psychological health and wellbeing, and family stress.

In 2019, there were over 67,000 responses to the SEHQ. This snapshot summarises the key findings of parents' responses and concerns.





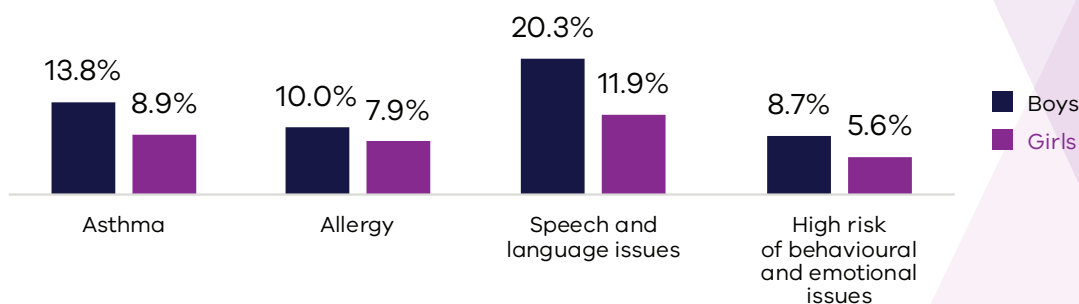
Health and Development outcomes vary by gender and place of residence

Boys and girls have different outcomes on some aspects of health and development

Higher proportions of boys than girls were reported by their parents to have health or development issues.

The difference is particularly evident in speech and language issues. In 2019, two-in-ten boys were reported to have a speech and language issue, compared with just over one-in-ten girls.

PROPORTION OF BOYS AND GIRLS WITH IDENTIFIED HEALTH OR DEVELOPMENT ISSUES, 2019

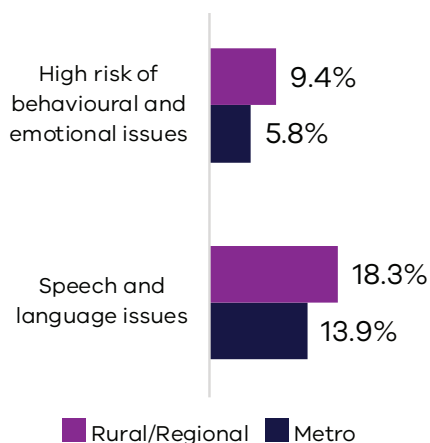


Outcomes against certain measures of health and development can differ based on where a child lives

2019 results show differences for certain measures based on residential location. Higher proportions of Victorian children from rural and regional areas begin school with speech and language difficulties, as well as being at higher risk of clinical problems related to behavior and emotional wellbeing*.

Additionally, higher proportions of non-metro families experience high levels of stress and lower proportions of children from metro areas had recently attended a dentist. These trends are consistent with previous surveys.

PROPORTION OF CHILDREN FROM METRO AND RURAL/ REGIONAL AREAS WITH IDENTIFIED ISSUES, 2019



METRO

50.4%

Proportion of children who had visited a dentist in the previous 12 months

REGIONAL AND RURAL

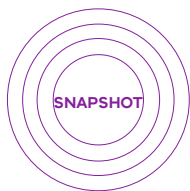
57.0%

8.2%

Proportion of children who lived in families of high/ highest stress

11.2%

*Behavioural and Emotional risk data comes from the Strengths and Difficulties Questionnaire within the SEHQ.



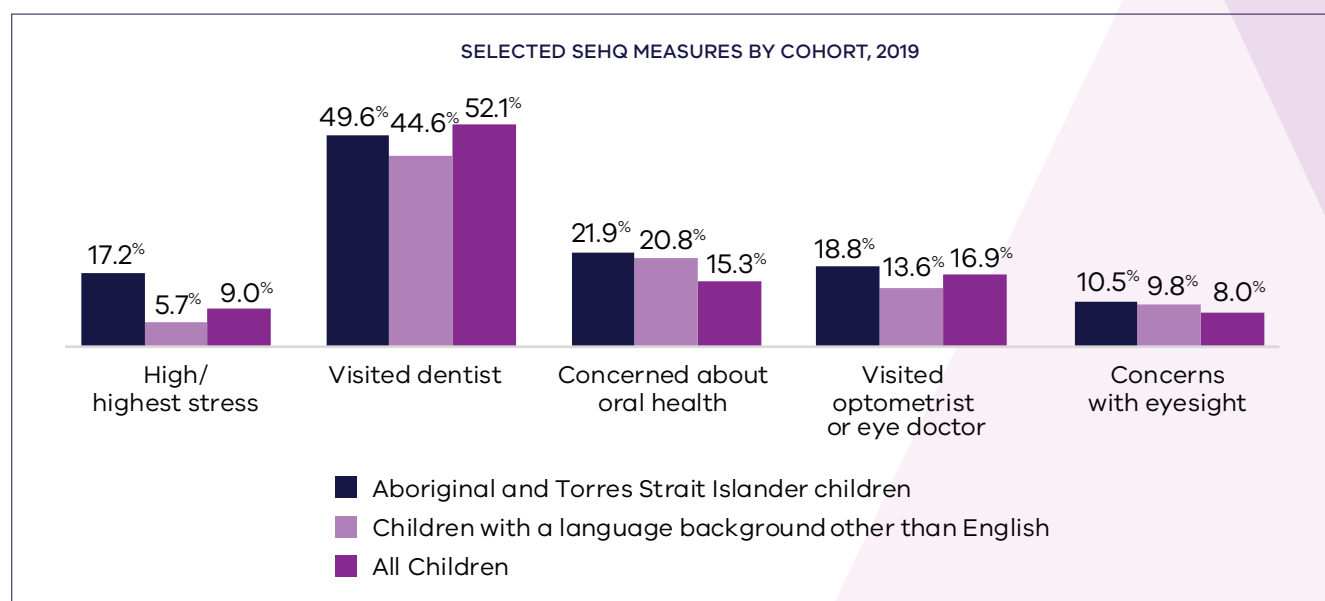
Outcomes differ for Victorian children starting school depending on their population group

Health and development outcomes for some children are noticeably different when compared with averages for Victorian children in general. Results from the 2019 SEHQ show this to be the case for Aboriginal children and children with a language background other than English (LBOTE).

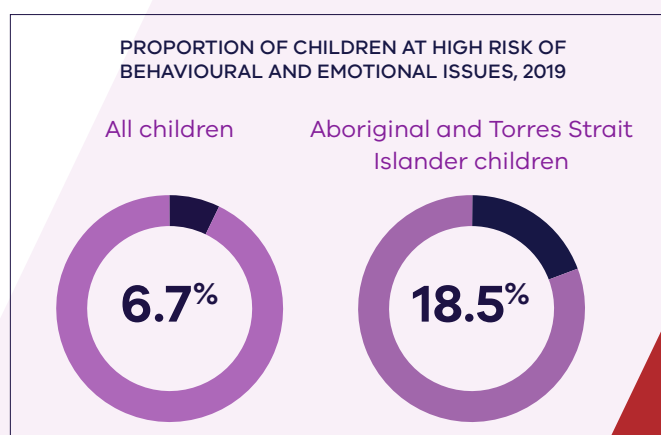
Aboriginal children are more likely than most to live in families experiencing stress, and to have oral or visual health concerns. When compared to the statewide average, lower proportions had visited a dentist but higher proportions had seen an optometrist/eye doctor.

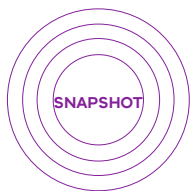
LBOTE children were also more likely to have concerns with their eyesight or oral health, but were the least likely of all children to have seen a dentist or optometrist/eye doctor. They were also the least likely of all children to live in families with high levels of stress.

Research has shown that difficulties accessing health services are significantly higher among families who speak a language other than English at home, than families who only speak English (1.3 times higher). This can be because of a range of reasons, including lack of knowledge of how to access services, lack of information about the types of services available or other difficulties negotiating the health care system.¹



Aboriginal children are nearly three times more likely than all Victorian children to be at high risk of behavioural and emotional issues. This means they are more likely to experience behavioural challenges such as paying attention, controlling their aggression and playing well with others. This may make it difficult to concentrate and learn, and these children can fall behind as they progress through school. Research has shown that emotional and behavioural difficulties at school entry have a strong correlation to achieving below the national minimum standard in Year 3 NAPLAN Reading and Numeracy.²



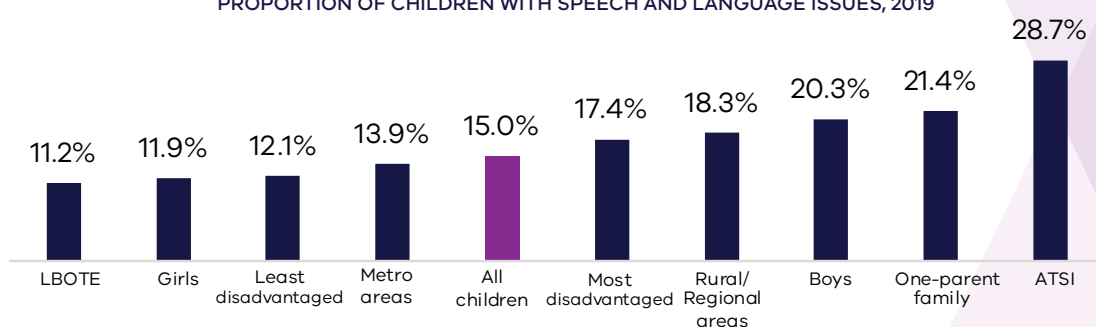


More children are starting school with speech and language concerns — some at far greater risk than others

Some children are significantly more likely than others to start school with speech and language development concerns, such as not understanding others when they speak, difficulty in finding or using words, or stuttering and/or stammering.

Nearly one-on-seven Victorian children start school with a speech and language concern. This result, and the result for individual population groups, has continued to increase over consecutive surveys. In 2019, nearly 29 per cent of Aboriginal children who started school were identified as having a speech and language issue. This is double the statewide average, and is significantly larger than any other population group identified through the SEHQ.

PROPORTION OF CHILDREN WITH SPEECH AND LANGUAGE ISSUES, 2019



Research shows that children starting school with speech and language difficulties are at greater risk of lower achievement in NAPLAN testing in Year 3.³ Issues with speech and language development have also been linked to a higher likelihood (more than three times as likely) of socio-emotional and behavioural issues⁴ and links to the youth justice system (a 2016 review of available evidence found that youth offenders have compromised language skills).⁵

A 2016 study into the provision of speech pathology services in metropolitan Melbourne found a mismatch between supply and demand. Looking at the distribution of private and public providers in areas of high language vulnerability (as determined by the 2012 Australian Early Development Census), the Murdoch Children's Research Institute found: (a) poorer availability in some of the most vulnerable areas and (b) more private services in areas with lower prevalence of children with these difficulties. The study found that the usually high cost for care from these services rules out many of the most vulnerable children, who are more likely to be Aboriginal or have a language background other than English.⁶

NOTES

1 Warren, D. Children's use of health care services. LSAC Annual Statistical Report 2017 chapter— October 2018. Available at: <https://growingupinaustralia.gov.au/research-findings/annual-statistical-report-2017/childrens-use-health-care-services>

2 Steele, E., Wong, E., Johnson, S., Davis, E., Weston, K., Gabriel, S., Nolan, T. and Waters, E. (2015). Does socio-economic status moderate the association between social and emotional difficulties at Prep and academic achievement at Grade 3? Unpublished paper

3 DET, SEHQ-NAPLAN linkage

4 Hughes, N., Sciberras, E. and Goldfeld, S. (2016). Family and Community Predictors of Comorbid Language, Socioemotional and Behaviour Problems at School Entry. PLoS ONE, 11(7). Available at <https://doi.org/10.1371/journal.pone.0158802>

5 Anderson, S.A.S., Hawes, D.J. and Snow, P.C. (2016). Language impairments among youth offenders: A systematic review. Children and Youth Services Review, 65, pp. 195–203

6 Reilly, S., Harper, M., and Goldfield, S. (2016) The demand for speech pathology services for children: Do we need more or just different? Journal of Paediatrics and Child Health, 52 (12), pp. 1057–1061



Find out more

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