

Our children, our future

Growing together with
families to 2050

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Executive Summary

Our children, our future: Growing with families to 2050 is a collaborative project between The Queen Elizabeth Centre (QEC) and Health and Social Care Unit, School of Public Health and Preventive Medicine, Monash University. This report summarises the project's key findings to aid QEC's future service planning.

QEC, with the Victorian Government's Department of Health recognise that coming decades will see significant changes in how and where young Victorian families live, and the level of support they need to raise healthy and safe children. By 2050, far more children aged 0-4 years and their caregivers will need support than at present, and they will be living in metropolitan cities and regional towns all over the state. Improvements to the availability of services to meet this demand are underway through the Department's [Early parenting centres expansion and upgrade project](#). This report provides key insights to aid the planning of these and other services.

To best estimate *where* the future need for early parenting services will be greatest, and what may be driving this need, priority was given to sourcing data that could be broken down and analysed by local government area (LGA). However, the scarcity of data available for projections and for analysing where service need would be greatest was limiting. As a result, this report includes data from national and state population datasets and academic and grey literature, that has been supplemented with practice wisdom from QEC staff. Best attempts were made to synthesise these sources of data and generate key insights and observations relevant for service planning. Some insights include:

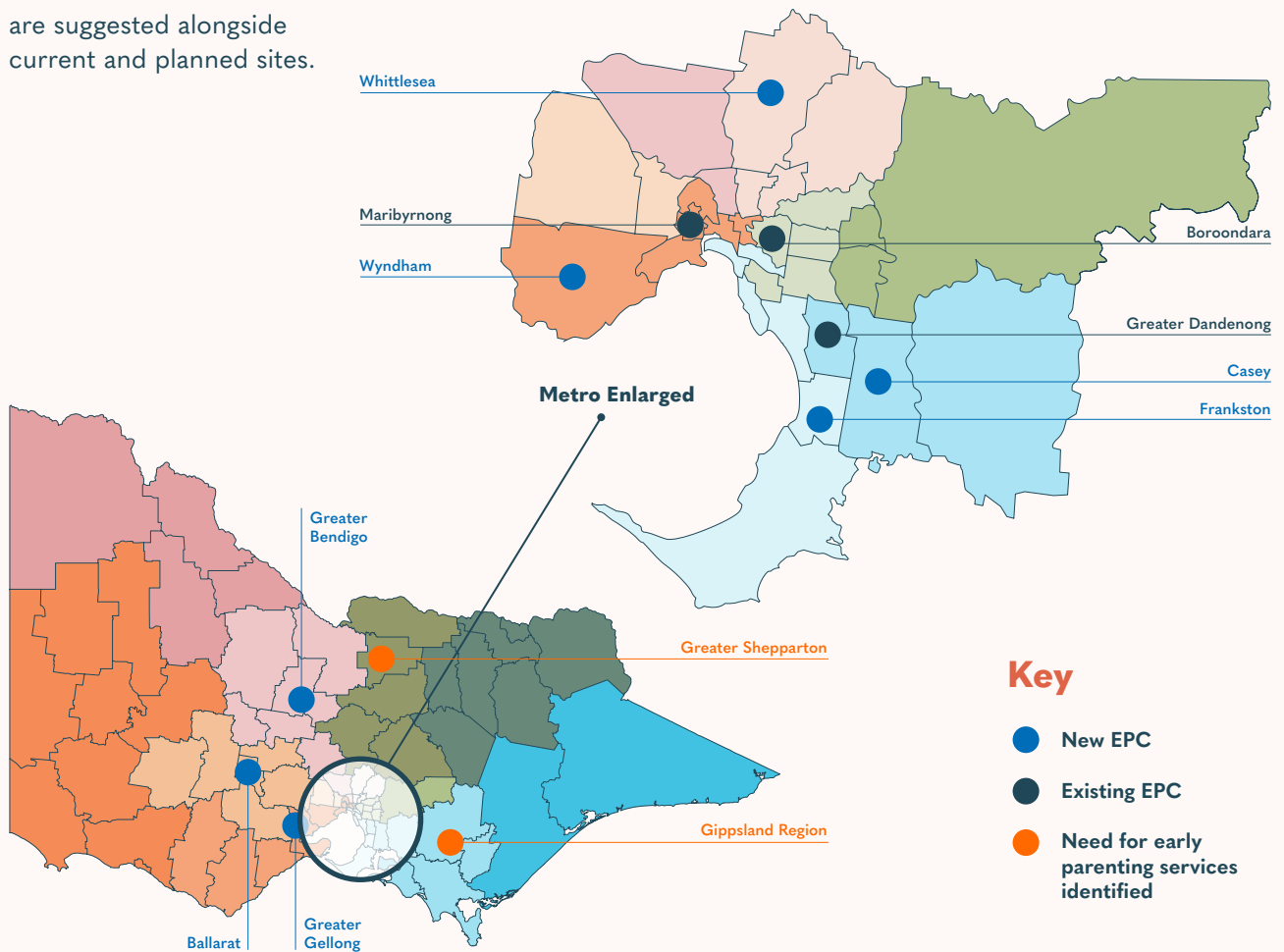
Key insights

- Across most predictors, the level of expected service need in metropolitan LGAs was significantly greater than regional localities. However, as plans already exist to significantly increase the coverage of early parenting services in metropolitan Melbourne, a number of regional LGAs were identified for deeper analyses in this report.
- Four of the LGAs identified in this report as having the greatest projected service need have already been earmarked for an additional Early Parenting Centre (EPC). The analyses in this report provide some insight into the likely drivers of this need to aid service planning.
- This report identifies an additional two regional LGAs where an EPC is not planned and highlights the need for an Aboriginal community-controlled early parenting service in Victoria, summarising the relevant data.



Figure A below shows where additional EPCs are suggested alongside current and planned sites.

Figure A. Current, planned and suggested EPCs



Key Observations

1. The City of Greater Shepparton in Victoria's north has a high level of expected service need across a number of predictors, specifically high rates of child protection involvement and a large population of Aboriginal and/or Torres Strait Islander families (see page 39). Analyses also indicate that neighbouring LGAs including Shire of Moira and City of Wodonga can also expect a high level of service need. As Greater Shepparton is roughly 120km from the nearest planned EPC in the City of Bendigo, and almost 200km from Melbourne, it is recommended that the establishment of place-based early parenting services be considered for this LGA. This report provides insight into the likely drivers of this service need, as relevant for service planning.
2. The Gippsland region including The Shire of Baw Baw located in Victoria's east, has a moderately high level of expected service need across a range of predictors including projected growth in children aged 0-4 years, and socio-economic vulnerability (see page 39). For families in Baw Baw, access to early parenting services is limited to the City of Casey's planned EPC. As such, it is recommended that the establishment of early parenting services that also allow outward service coverage to neighbouring LGAs that also have expected service needs (e.g. Latrobe, East Gippsland) be considered. This report provides insight into the likely drivers of Baw Baw's service need, as relevant for service planning.
3. There is an absence of Aboriginal and/or Torres Strait Islander community controlled early parenting services across Victoria. As a result, families in LGAs with high Aboriginal and/or Torres Strait Islander populations are only able to access mainstream early parenting services. As such, it is recommended that Aboriginal and/or Torres Strait Islander community controlled early parenting service be considered for the cities of Mildura, Greater Geelong, Greater Bendigo and Greater Shepparton.

Background

About Queen Elizabeth Centre

Queen Elizabeth Centre (QEC) is Victoria's largest provider of residential and community based Early Parenting Services and Family Support Services. QEC was established as a single site service in 1917 in Richmond – then an area of significant disadvantage; however, since the late 1900s has operated a range of in-home and community-based support services across Victoria. With government and community partnerships, QEC currently supports more than 3,000 families each year. QEC's vision is for all children to have the best start in life.

Growing together with families to 2050

QEC's main site in Noble Park was established over 20 years ago in response to population growth in Melbourne's south east and will soon see the addition of four inpatient beds. However, QEC with the Victorian Government Department of Health recognise, that Victorian families will continue to change and grow over the coming decades, and so too will their need for support. As such, QEC is also changing and growing, including:

1. Leading the delivery of an additional inpatient Early Parenting Service site in the City of Frankston by 2024
2. Partnering to deliver an additional inpatient Early Parenting Service in the City of Casey and the City of Ballarat by 2024
3. Collaborating with Monash University to assess the volume and nature of service needs across Victoria between now and 2050, considering factors such as population growth, migration, diversity in family compositions and experiences, service access and coverage, and infrastructure requirements.

Our children, our future project

QEC has commissioned Monash University, School of Public Health and Preventive Medicine, Health and Social Care Unit to prepare a short report examining the following project aim and research questions.

Aim

To provide an analysis of relevant data to support planning regarding the location of QEC sites / services (within the state of Victoria) over a 25-year horizon, to enable pursuit of:

- **Vision** – *for every child to get the best start in life*
- **Mission** – *inspiring capable confident communities that enable children to thrive.*

Research questions

- I. Where will population growth occur (specific to families with babies / young children) in 25 – 30 years?
- II. How will populations change in regions over the next 25-years?
- III. Where will families needing support be living in 2050?
- IV. What is the demand forecast, including latent demand – and how does this translate to service demand (i.e., number of beds / service episodes)?

Methodology

1. Project scoping

In order to understand where the greatest need for services will be required in the future, the QEC leadership team identified the following factors, or predictors, most relevant to families. The following predictors were explored in detail and triangulated with population growth data in order to answer the research questions:

- Families experiencing family violence
- Children identified as developmentally vulnerable
- Families and children experiencing socio-economic vulnerability
- Children at risk of involvement in the child protection system
- Families with multiple births
- Families who identify as Aboriginal and / or Torres Strait Islander
- Families with disability
- Parents with high prevalence mental health issues (anxiety / depression)
- Families (children and carers) with chronic illness / long term health issues
- Parents with previous involvement in Child Protection system (as children themselves)
- Families who identify as Culturally And Linguistically Diverse (CALD)
- Families with members who identify as LGBTIQ+
- Families experiencing barriers to service access.

2. Literature and data searching

Following identification of the service need predictors, a series of searches were conducted using Google and the websites of several Australian statistics agencies and government departments (e.g. Australian Bureau of Statistics, Australian Institute of Health and Welfare, etc). Searches used combinations of the following terms: “population”, “growth”, “Victoria”, “Australia”, “families”, “children” and terms for each of the predictors. Data were considered relevant if they included projections (i.e. future-focused), and/or were divided by geography (i.e. LGA). Where projected data was unavailable, current and historic data were also considered relevant. Data was extracted and compiled in an Excel spreadsheet (see Supplemental Material). In addition, where applicable, literature regarding the potential influence of COVID-19 on future trends were sourced. A series of searches were conducted in Google Scholar using combinations of the search terms “COVID-19” and relevant synonyms (e.g., Coronavirus, SARS-CoV-2, etc.), “population growth”, “Victoria”, “Australia”, “families”, “children”, and terms for each of the identified predictors. Relevant studies were used to inform expectations regarding the influence of COVID-19 on projected service need.

3. Data analysis

Population growth data was sorted according to the LGAs with the greatest projected increase in children aged 0 to 4 years by 2036 (see **Results – Geographic distribution of future Victorians**). The top 20 LGAs from metropolitan and regional Victoria were triangulated with the ten LGAs identified as having the greatest likely service need for each of the predictors, based on available data (see **Results – LGAs with the greatest expected service need**). This was supplemented with QEC practice wisdom and evidence regarding existing and projected service geography (i.e. EPC expansion) to further consider issues of access in each of Victoria’s key regions. As a result, the six LGAs with the greatest consistency across each of these predictors and with limited access were identified as those mostly likely to experience the greatest future service need.

Reading this report

The key insights produced by this project have been highlighted in the Executive summary and the series of orange boxes at the start of each section. Similarly, where possible, emerging evidence regarding the potential impact of COVID-19 on expected service demand has been included in the series of blue boxes.

Results

Who?

Understanding population growth in Victoria

Key insights

- In 2018, Victoria's population was projected to grow by 4.7 million people by 2056. However, COVID-19 has slowed this rate of growth, with Victoria recording a negative growth rate of 0.6% in 2020.
- Drops in migration – mainly overseas – is the greatest contributor to this slowed growth.
- Birth and death rates have not been affected by COVID-19 and a natural increase of 1.6 million is still expected.
- Greater population growth is expected in metropolitan areas than in regional Victoria.



[Victoria in Future 2019](#) (VIF2019)¹ is the Victorian Government's official projection of population and household growth, developed through mathematical models that rely on trend analysis about future change.

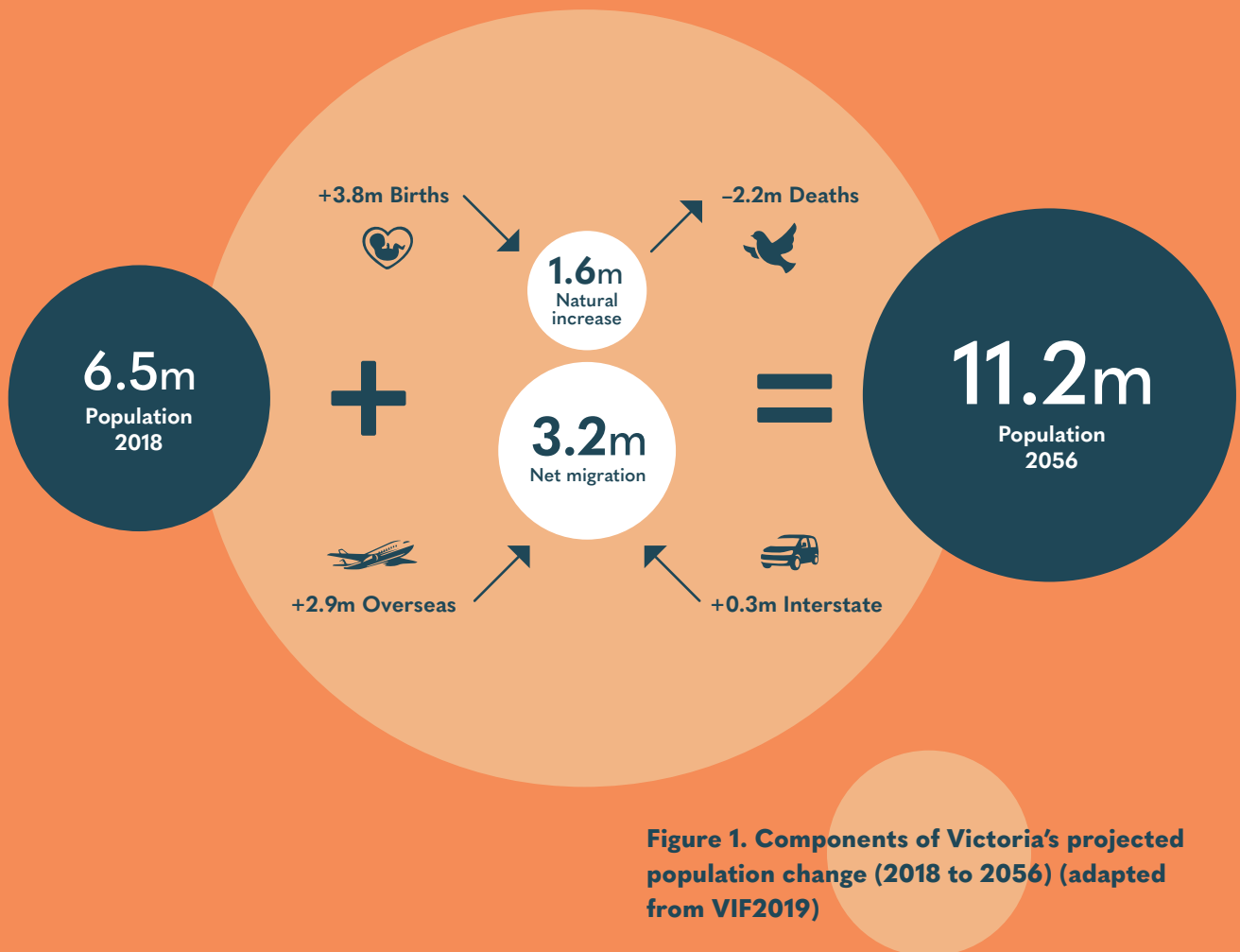
The impact of COVID-19

VIF2019, like much of the literature sourced for this project draws on national and state datasets (e.g. Census, Australian Early Development Census, Victorian Crime Statistics) for which data is collected periodically, and in some cases not since 2016. As such, the impact of COVID-19 is not accurately reflected in available forecasts. However, some insights can be drawn from other sources and real-time snapshots regarding COVID-19's impact on factors that can effect service demand. Where available these have been explored in the blue boxes through this report to supplement available predictions.



Overall Victorian population growth

In 2018, Victoria's population was approximated at 6.5 million. According to VIF2019 projections, this figure is expected to increase to 11.2 million people by 2056. The interaction of several factors, shown in Figure 1 is thought to produce population change. VIF2019 also breaks these projections down for each Victorian local government area (LGA), up until 2036. This data is available in Supplemental Tables 1 and 2.



In March 2021, the Australian Bureau of Statistics reported the equal slowest national population growth rate (0.1%) since these began in 1981, with Victoria being the only state to record a negative growth rate of -0.6%. As COVID-19 has not been observed to effect birth- and death-rates, this downward trend has been attributed to drops in migration.²

Net migration

Net migration is Victoria's strongest driver of population growth, with around 60 percent of the state's growth coming from *overseas*. VIF2019 projections assumed that both overseas and interstate migration would continue in a similar way and account for a total estimated growth of 3.2 million people by 2056. The metropolitan and regional LGAs predicted to experience the greatest population growth based on these projections are presented in Table 1. However, since the beginning of the COVID-19 pandemic in March 2021, overseas migration has in fact contributed to a *reduction* of 53,484 Victorian residents.² As such, Table 1's forecast data should be interpreted with caution.

Table 1. LGAs with the greatest projected Net migration (2016 to 2036)

Metropolitan LGAs	Projected population growth from Net migration (N)				
	2016-21	2021-26	2026-31	2031-36	Total Increase
Wyndham	50,130	33,520	30,040	30,840	144,530
Casey	44,540	32,330	26,650	20,210	123,730
Melton	27,320	32,060	38,580	40,220	138,180

Regional LGAs	Projected population growth from Net Migration (N)				
	2016-21	2021-26	2026-31	2031-36	Total Increase
Greater Geelong	26,670	24,400	23,350	24,570	98,990
Mitchell	6,070	9,390	12,670	14,550	42,680
Ballarat	7,740	8,320	8,490	8,680	33,230

Natural increase

Natural Increase is the difference between the number of births and deaths each year, and contributes to an annual increase of approximately 40,000 Victorians. There are no observed effects of COVID-19 on birth- and death-rates to date, so the VIF2019 projections are reported below.³

As Figure 1 indicates, natural increase is expected to contribute to an increase of 1.6 million people between 2018 and 2056, with distribution varying across Victoria. The LGAs expected to see the greatest natural increase by 2036 are shown in Table 2.

Table 2. LGAs with the greatest projected Natural increase (2016 to 2036)

Metropolitan LGAs	Projected population growth from Natural increase (N)				
	2016-21	2021-26	2026-31	2031-36	Total Increase
Wyndham	21,010	22,870	22,070	21,720	87,670
Casey	20,200	22,600	22,220	20,720	85,740
Whittlesea	14,230	15,610	15,020	14,180	59,040

Regional LGAs	Projected Population Growth from Natural Increase (N)				
	2016-21	2021-26	2026-31	2031-36	Total Increase
Greater Geelong	5,050	5,910	5,800	4,960	21,720
Mitchell	2,210	2,960	3,670	4,370	13,210
Greater Bendigo	2,550	2,860	2,690	2,280	10,380

Changes in births and fertility rates

A 2021 report by the Australian Institute of Health and Welfare, *Australia's mothers and babies*, highlights that between 2009 and 2019, the proportion of births in Victoria was second only to New South Wales. However, this rate has recently started declining with the number of Victorian births during 2019 (n=77,214) being similar to the number recorded in 2012 (n=77,400), and notably less than the 2016 peak number of births (n=82,887) (see Figure 2).

Figure 2.

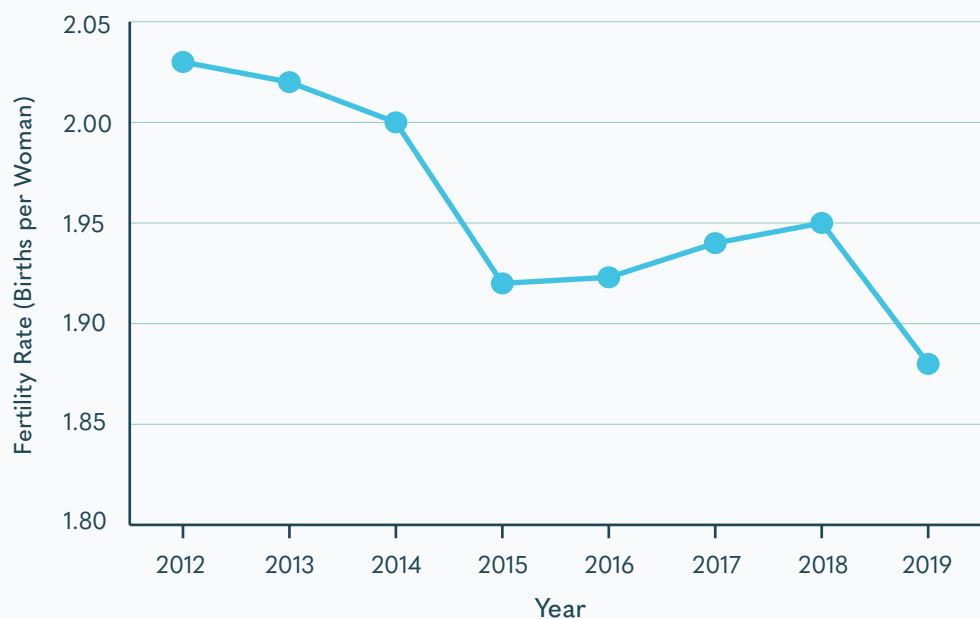
Change in number of births in Victoria between 2012 and 2019



A similar trend is seen in the number of births *per mother*, or the fertility rate. As shown in Figure 3, Victorian fertility rates have gradually decreased over the last decade, from an average of 2.03 births per woman in 2012, to 1.88 in 2019.

Figure 3.

Changes in Victorian average fertility rates between 2012 and 2019



This reduction in fertility rates was seen across 69 Victorian LGAs. As shown in Table 4, the greatest reductions were observed in regional LGAs, with a peak reduction of -0.50 births per woman in the Shire of Corangamite. Across metropolitan LGAs, the greatest reductions in fertility rates were seen in the Cities of Maribyrnong (-0.39), Whitehorse (-0.36), Darebin (-0.34), and Monash (-0.33).

Table 4. LGAs with the largest reduction in fertility rates

Metropolitan LGAs	Fertility Rates		Reduction	Regional LGAs	Fertility Rates		Reduction
	2012	2019			2012	2019	
Maribyrnong	1.86	1.47	-0.39	Corangamite	2.56	2.06	-0.50
Whitehorse	1.71	1.35	-0.36	Mansfield	2.16	1.77	-0.39
Darebin	1.69	1.35	-0.34	Pyrenees	2.28	1.93	-0.35
Monash	1.57	1.24	-0.33	Hepburn	2.22	1.88	-0.34

Changes in fertility rate are likely to influence future population growth, but the extent of this can be difficult to project. A 2020 report by the Australian Government’s Centre for Population uses social and economic trends to do this.⁴ These projections predict that Australia’s fertility rates are not expected to return to formerly high levels, but rather continue falling before they stabilise at approximately 1.62 births per woman in the early 2030s. This is consistent with the assumptions made in the VIF2019 forecasts (i.e. that women will have an average of 1.6 children over their lifetime). As COVID-19 has not been observed to effect births, this declining trend is more likely due to other factors that impact fertility rates including changes in the timing of births in a woman’s life, the incidence of unintended births, the ability to give birth, and access to birth control and reproductive technology.

Where?

Geographic distribution of future Victorians

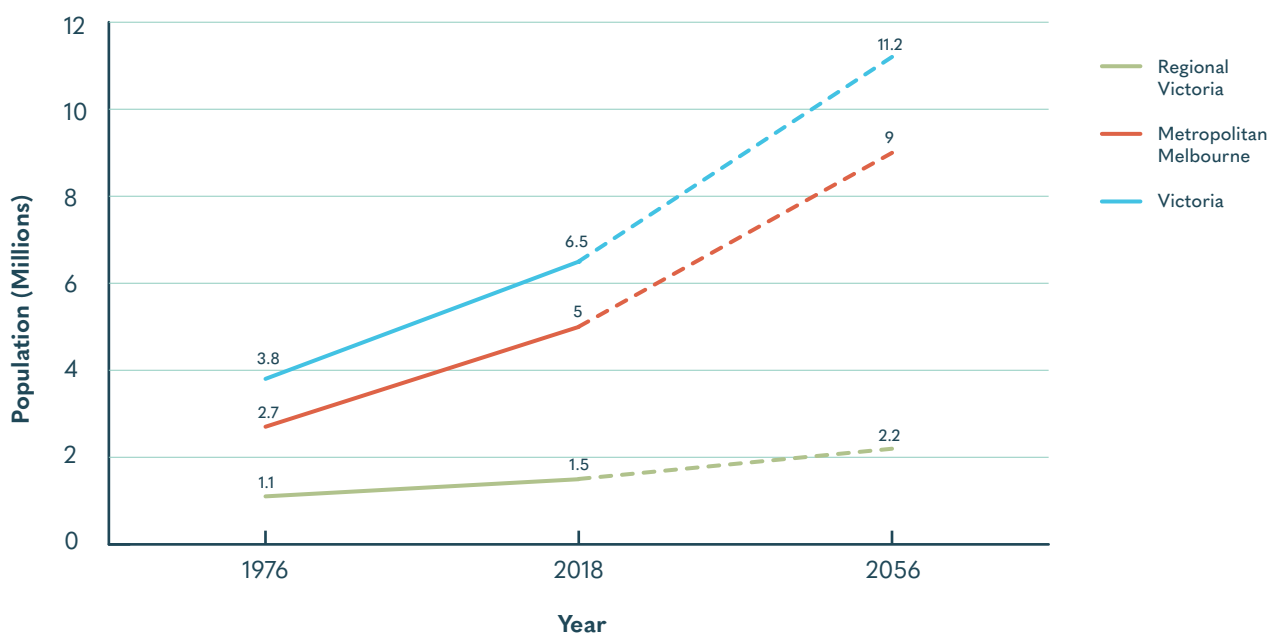
Key insights

- By 2056, it is projected that Victoria will be home to 11.2 million people, with children aged 0-4 years accounting for around 5% (n=489,135) of this.
- LGAs in metropolitan Melbourne are expecting greater growth in *both* overall population size and the number of children aged 0-4 years than regional Victorian LGAs.
- The City of Melbourne in metropolitan Melbourne, and the regional Shire of Mitchell are both expecting a greater than 240% increase in the number of children aged 0-4 years.



Though COVID-19 will have clear impacts on overall size, it is unclear how it may impact the geographic distribution of Victoria's future population. As such, the best available projections (i.e. VIF2019) have been used for this forecast, which indicate that population distribution will vary greatly across the state. For example, by 2056 metropolitan Melbourne's population is projected to grow from 4 million to 9 million, whereas regional Victoria's population is expected to grow from 1.5 million to 2.2 million people (see Figure 4). The LGAs expected to see the greatest growth are presented in Table 5 and projections for all 79 Victorian LGAs provided in Supplemental Table 1.

Figure 4. Projected population change by major regions (1976 to 2056), adapted from VIF2019



As shown in Table 5, the Cities of Wyndham and Casey are expected to experience the greatest population growth from 2018 to 2036 with an estimated growth of 232,208 and 209,462 people respectively, followed by the Cities of Melton (adding 190,631 people), Whittlesea (adding 157,395 people), and Melbourne (adding 146,534 people). In regional Victoria, the greatest growth is projected for the City of Greater Geelong, with an increase of 120,716 people. This is expected to be followed by the Shire of Mitchell and the Cities of Ballarat and Greater Bendigo, the Shire of Baw Baw, and the City of Wodonga; experiencing increases of between 18,801 people in the City of Wodonga and 55,893 people in the Shire of Mitchell.

Table 5. LGAs with the greatest projected increase in population by number of people

Metropolitan LGAs	Estimated Population Size		Expected Population Growth		Regional LGAs	Estimated Population Size		Expected Population Growth	
	2016	2036	N	Rate (%)		2016	2036	N	Rate (%)
Wyndham	227,008	459,216	232,208	102.29%	Greater Geelong	239,529	360,245	120,716	50.40%
Casey	312,789	522,251	209,462	66.97%	Mitchell	41,795	97,688	55,893	133.73%
Melton	141,420	332,051	190,631	134.80%	Ballarat	103,500	145,926	42,426	40.99%
Whittlesea	207,058	364,453	157,395	76.01%	Greater Bendigo	112,267	153,759	41,492	36.96%
Melbourne	146,096	292,630	146,534	100.30%	Baw Baw	49,296	75,819	26,523	53.80%
Hume	207,041	343,989	136,948	66.15%	Wodonga	40,100	58,901	18,801	46.89%

Projections in children aged 0 to 4 years

In line with the overall projected population increases, the greatest growth in the number of children aged 0-4 years between 2016 and 2036 is expected in metropolitan Melbourne (see Table 6). The City of Melton is expected to experience the greatest growth of children in this age group, adding an estimated 11,188 during this time, followed by the cities of Casey and Wyndham adding 8,966 and 8,638 respectively. By comparison, the greatest increases in regional Victoria are expected in the City of Greater Geelong (adding 4,550) and the Shire of Mitchell (adding 4,329). A complete overview of the expected growth in children aged 0 to 4 years for all 79 LGAs has been provided in Supplemental Table 4.

Table 6.

LGAs with the highest projected growth in children aged 0 to 4 years by number of persons (2016 to 2036)

Metropolitan LGAs	Estimated Number of Children Aged 0 to 4		Expected Population Growth		Regional LGAs	Estimated Number of Children Aged 0 to 4		Expected Population Growth	
	2016	2036	N	Rate (%)		2016	2036	N	Rate (%)
Melton	12,316	23,504	11,188	190.84%	Greater Geelong	15,315	19,865	4,550	129.71%
Casey	25,476	34,431	8,955	135.15%	Mitchell	3,066	7,395	4,329	241.18%
Wyndham	22,812	31,450	8,638	137.87%	Ballarat	7,029	8,404	1,375	119.57%
Melbourne	4,903	12,218	7,315	249.20%	Greater Bendigo	7,543	8,854	1,311	117.38%
Whittlesea	17,354	23,992	6,638	138.25%	Baw Baw	3,147	4,201	1,054	133.49%
Hume	16,777	21,607	4,830	128.79%	Moorabool	2,201	2,853	652	129.62%



What?

Predictors of service need

Key insights

- Looking at population growth alone does not provide an accurate reflection of whether early parenting services are likely to be required. For this project, 13 other factors have been identified as impacting this likelihood.
- Limited population data was available for seven of the identified predictors, however the data accessed shows some distribution of likely service need across Victoria:
 - **Regional Victoria** has greater numbers of Aboriginal and Torres Strait Islander families with children than metropolitan LGAs, and in 2015 also had greater numbers of families involved in child protection. Research indicates child protection notifications will increase with the return to face-to-face learning.
 - **Metropolitan Melbourne** had greater numbers of children classified as developmentally vulnerable, as well as families with multiple children and families living in poverty. In 2019-20, LGAs in metropolitan Melbourne also recorded a greater number of family violence incidents. Research suggests that increases will be seen across all of these factors as a result of COVID-19.



The data presented so far has illustrated where the greatest population growth is expected, with particular reference to growth in families. However, population growth is only one indicator of potential service need, and 13 additional factors presumed to impact service need have also been identified. As these were determined in collaboration with QEC, the rationale for their inclusion in this report (i.e. their correlation with service need) has not been explored in depth.

Searches for Victorian data on each of these predictors were conducted with a particular focus on (1) projected population data, and (2) data divided according to geography (i.e. LGA). Although projected data is not currently available, current and past data separated by LGA was available for seven of the identified predictors:

- Aboriginal and/or Torres Strait Islander families
- Child protection system involvement
- Children with developmental vulnerability
- Family/domestic violence incidents
- Families with multiple children
- Families experiencing socio-economic vulnerability and disadvantage, and
- Families with children who have a disability

The next section of this report provides snapshot analyses of these data, and a more comprehensive summary of the available data has been provided in the Supplemental Material. As far as can be determined, data for the six remaining predictors of service need are not currently available:

- Culturally and/or linguistically diverse families
- Families with members who identify as LGBTIQ+
- Families with chronic and long-term illness
- Parents with mental health issues
- Parents involved with the child protection system as children themselves, and
- Families experiencing barriers to service access.

Aboriginal and/or Torres Strait Islander families

The most recent data on Aboriginal and/or Torres Strait Islander family households with children is the 2016 Census. Table 7 shows the LGAs with the greatest number of families who identify as Aboriginal and/or Torres Strait Islander *and* have children aged 0-14 years. This reveals greater numbers of Aboriginal and/or Torres Strait Islander families live in regional Victoria, with the greatest number located in the City of Greater Geelong (n=734), followed by the Cities of Greater Shepparton (n=596) and Mildura (n=581). By comparison, the metropolitan LGAs with the greatest number of Aboriginal and/or Torres Strait Islander families were the Cities of Wyndham with 531, followed by the Cities of Casey (n=520), Whittlesea (n=506), and Hume (n=478). A complete summary of the number of Aboriginal and/or Torres Strait Islander family households with children for all 79 local government areas is available in Supplemental Table 6.

Table 7.

LGAs with the greatest number of Aboriginal and/or Torres Strait Islander families with children aged 0-14 years in 2016

Table 7A. Metropolitan LGAs with the greatest number of Aboriginal and/or Torres Strait Islander families with children

Metropolitan Local Government Areas	Total Aboriginal and/or Torres Strait Islander Population	Total family households with children			One family households		Multiple family households	
		Total	Couple families	One parent families	Couple families	One parent families	Couple families	One parent families
Wyndham	1,682	531	290	240	278	226	12	14
Casey	1,581	520	305	215	289	198	16	17
Whittlesea	1,608	506	290	216	276	203	14	13
Hume	1,412	478	248	230	227	207	21	23

Table 7B. Regional LGAs with the greatest number of Aboriginal and/or Torres Strait Islander families with children

Regional Local Government Areas	Total Aboriginal and/or Torres Strait Islander Population	Total family households with children			One family households		Multiple family households	
		Total	Couple families	One parent families	Couple families	One parent families	Couple families	One parent families
Greater Geelong	2,399	734	387	347	377	330	10	17
Greater Shepparton	2,203	596	260	336	256	322	4	14
Mildura	2,052	581	236	345	224	336	12	9
Greater Bendigo	1,798	516	249	267	241	254	8	13

Although the above family household data cannot be further broken down by age group (i.e. to the cohort most relevant for early parenting services), the total number of Aboriginal and/or Torres Strait Islander children aged 0-4 years is known. Similar to the tables above (Table 7), Table 8 shows that the greatest number of children aged 0-4 years was in regional Victoria, specifically the cities of Greater Geelong (n=289), Mildura (n=278) and Greater Bendigo (n=272). In metropolitan Melbourne, the LGAs with the greatest number of children aged 0-4 years were the Cities of Whittlesea (n=232), Wyndham (n=218) and Casey (n=177).

Table 8.

LGAs with the greatest number of Aboriginal and/or Torres Strait Islander children aged 0-4 years in 2016

Table 8A. Metropolitan LGAs with the greatest number of Aboriginal and/or Torres Strait Islander children aged 0-4 years

Metropolitan Local Government Areas	Total Aboriginal and/or Torres Strait Islander Population	Number of children aged 0 to 4 years	Proportion of total Aboriginal and/or Torres Strait Islander Population
Whittlesea	1,608	232	14.4%
Wyndham	1,682	218	13.0%
Casey	1,581	177	11.2%
Hume	1,412	172	12.2%

Table 8B. Regional LGAs with the greatest number of Aboriginal and/or Torres Strait Islander children aged 0 to 4 years

Regional Local Government Areas	Total Aboriginal and/or Torres Strait Islander Population	Number of children aged 0 to 4 years	Proportion of total Aboriginal and/or Torres Strait Islander Population
Greater Geelong	2,399	289	12.0%
Mildura	2,052	278	13.5%
Greater Bendigo	1,798	272	15.1%
Ballarat	1,449	253	17.5%

Child protection involvement

Publicly available data on child protection involvement rates is currently limited with the Victorian Department of Health and Human Service's 2015 LGA Statistical Profile being the only known source. These profiles provide data on rates of child protection involvement across three measures:

- (1) Child Protection investigations completed
- (2) Child Protection substantiations, and
- (3) Child FIRST assessments completed.

Variations in these measures were seen across Victoria; however as shown in Table 9, the LGAs with the greatest rates of child protection involvement across all three variables were

located in regional Victoria. The greatest rates of both investigations and substantiations occurred across the Shires of Central Goldfields and East Gippsland, and the Cities of Latrobe and Benalla, while the greatest rates of Child FIRST assessments occurred across the Cities of Greater Shepparton, Benalla, and Horsham, and the Shire of Colac-Otway. In metropolitan Melbourne, the greatest rates of investigations and substantiations occurred in the Cities of Frankston, Greater Dandenong, Melton, and Casey, while the greatest rates of Child FIRST assessments were reported across the Cities of Hume, Frankston, Melton, and Brimbank. However, it should be noted that the rates of Child FIRST assessments in particular were significantly higher across regional Victoria, with the top 35 LGAs being regional localities. This data for all 79 LGAs can be found in Supplemental Table 7.

Table 9.

LGAs with the greatest rates of child protection involvement in 2015

Table 9A. Metropolitan LGAs with the greatest rates of child protection involvement

Metropolitan Local Government Areas	Investigations per 1,000 eligible	Metropolitan Local Government Areas	Substantiations per 1,000 eligible	Metropolitan Local Government Areas	Child FIRST Assessments per 1,000 eligible
Frankston	35.3	Frankston	23.6	Hume	14.2
Greater Dandenong	26.3	Greater Dandenong	20.3	Frankston	14.2
Melton	26.1	Casey	17.4	Melton	11.0
Casey	24.0	Melton	16.7	Brimbank	10.9

Table 9B. Regional LGAs with the greatest rates of child protection involvement

Regional Local Government Areas	Investigations per 1,000 eligible	Regional Local Government Areas	Substantiations per 1,000 eligible	Regional Local Government Areas	Child FIRST Assessments per 1,000 eligible
Central Goldfields	57.0	Latrobe	25.9	Greater Shepparton	54.4
Latrobe	42.9	East Gippsland	23.2	Benalla	38.0
East Gippsland	41.4	Benalla	23.2	Colac-Otway	35.8
Benalla	40.8	Central Goldfields	20.9	Horsham	33.0



The impact of COVID-19

The Australian Institute of Health and Welfare's report, *Child protection in the time of COVID-19* provides some insight into child protection rates during the COVID-19 pandemic (March - September 2020).⁵ Although LGA-specific data is not available, aggregated Victorian data indicates that the number of notifications fluctuated throughout the year. This can be partly explained by the decreased contact with school personnel (i.e. mandatory reporters) during periods of restricted movement and remote learning, with multiple studies noting the drop in child protection notifications during restricted periods, and resurgence once face-to-face learning resumed.^{6,7} These increases are unsurprising, with research by Teo and Griffiths (2020) highlighting the increases in financial, mental, and physical stress produced by COVID-19 as directly impacting family functioning and elevating risk of child abuse and neglect. As such, when current Victorian education restrictions ease, significant increases in notifications are again expected, however the geographic distribution of these remain unknown.

Developmental vulnerability

The Australian Early Development Census (AEDC) collects data every three years on children in their first year of school across five domains of development:

- (1) physical health and wellbeing
- (2) social competence
- (3) emotional maturity
- (4) language and cognitive skills, and
- (5) communication skills.

LGAs with the greatest increase in the number of children classified as developmentally vulnerable on one or more domains between 2009 and 2018 have been summarised in Table 10. This shows that the greatest growth in developmental vulnerability occurred across metropolitan LGAs, namely the City of Wyndham with a rise in children classified as developmentally vulnerable from 490 to 1,016 (n=526); followed by the Cities of Hume (up 303), Melton (up 210), and Whittlesea (up 184). The greatest growth in developmental vulnerability across regional Victoria was seen in the City of Greater Geelong with an increase from 435 to 585 (n=150) children who were classified as developmentally vulnerable between 2009 and 2018. Aggregated data for each Victorian LGA has been provided in Supplemental Table 8.

Table 10.

LGAs with the greatest increase in the number of children classified as developmental vulnerable between 2009 and 2018

Table 10A. Metropolitan LGAs with the greatest increase in the number of children classified as developmentally vulnerable (2009 to 2018)

Number of children classified as developmentally vulnerable on:	Metropolitan Local Government Areas				
	Wyndham	Hume	Melton	Whittlesea	
One or more domains	2009	490	595	284	435
	2018	1,016	898	494	619
	Change	526	303	210	184
Two or more domains	2009	272	332	122	207
	2018	512	511	242	290
	Change	240	179	120	83
Physical Domain	2009	187	213	90	161
	2018	393	405	191	256
	Change	206	192	101	95
Social Domain	2009	240	289	103	168
	2018	463	420	221	241
	Change	223	131	118	73
Emotional Domain	2009	182	218	118	167
	2018	359	348	182	212
	Change	177	130	64	45
Language Domain	2009	174	206	89	120
	2018	335	361	180	197
	Change	161	155	91	77
Communication Domain	2009	215	300	111	204
	2018	437	427	166	232
	Change	222	127	55	28

10.

Table 10B. Regional LGAs with the greatest increase in the number of children classified as developmentally vulnerable (2009 to 2018)

Number of children classified as developmentally vulnerable on:	Regional Local Government Areas				
	Greater Geelong	Greater Bendigo	Greater Shepparton	Wellington	
One or more domains	2009	435	245	179	89
	2018	585	337	259	140
	Change	150	92	80	51
Two or more domains	2009	215	133	96	48
	2018	302	187	163	64
	Change	87	54	67	16
Physical Domain	2009	145	79	70	38
	2018	240	140	139	56
	Change	95	61	69	18
Social Domain	2009	190	118	71	29
	2018	269	147	130	50
	Change	79	29	59	21
Emotional Domain	2009	157	126	69	35
	2018	290	161	122	55
	Change	133	35	53	20
Language Domain	2009	121	79	92	32
	2018	171	118	114	57
	Change	50	39	22	25
Communication Domain	2009	175	94	79	33
	2018	205	119	126	40
	Change	30	25	47	7



The impact of COVID-19

Although it is too soon to know for certain how the COVID-19 pandemic will impact child and adolescent development long term, research by Benner & Mistry (2020) places them at an increased developmental risk due to significant disruptions to their daily lives. Since March 2020, children have experienced:

- disrupted education due to the closure of early learning facilities and the transition to online learning
- financial instability as a result of parents' loss of employment
- disrupted family life, and
- reduced opportunities for social interaction and physical activity due to restrictions on movement in the community.⁸

Benner & Mistry's (2020) conclusion is supported by research during previous epidemics and emerging COVID-19 research, reinforcing that changes to the social climate surrounding such public health crises, (e.g those listed above), have significant impacts on childhood development.^{9,10} As such, future increases in the number of Victorian children classified as developmentally vulnerable are expected. AEDC data collected on children impacted by COVID-19 is not yet available making it unclear where these increases will be greatest. However, as education restrictions were – for the most part – similar across the state, universal increases could be reasonably expected.

Reported family violence incidents

The [Victorian Family Violence Database](#), records the number of family violence incidents reported to Victoria police. The database is updated annually in June, making roughly three months of data (March – June 2020) captured during the COVID-19 pandemic available for analysis. This has been supplemented with research evidence in the sections below to provide greater insight into the likely impacts of COVID-19 on family violence incidents.

As shown in Table 11 the greatest increases in family violence were reported in metropolitan LGAs, particularly the City of Hume with an increase of 1,121 reported incidents between 2015 and 2019. In regional Victoria, the greatest increase was seen in the City of Greater Geelong, with an increase of 797 reported incidents during this time. The data on reported incidents across all 79 LGAs can be found in Supplemental Table 9.

Table 11.

LGAs with the greatest increases in reported family violence incidents between 2015 and 2020

Table 11A. Metropolitan LGAs with the greatest increases in reported family violence incidents between 2015 and 2020

Metropolitan Local Government Areas	Number of Reported Family Violence Incidents					Change (2015 to 2019)
	2015-16	2016-17	2017-18	2018-19	2019-20	
Hume	3,100	3,027	3,373	3,821	4,221	1,121
Melton	2,129	2,102	2,034	2,341	2,870	741
Casey	4,394	4,726	4,382	4,660	5,055	661
Greater Dandenong	2,216	2,525	2,432	2,387	2,778	562

Table 11B. Regional LGAs with the greatest increases in reported family violence incidents between 2015 and 2020

Regional Local Government Areas	Number of Reported Family Violence Incidents					Change (2015 to 2019)
	2015-16	2016-17	2017-18	2018-19	2019-20	
Greater Geelong	3,196	3,302	3,213	3,514	3,993	797
East Gippsland	1,017	923	1,258	1,636	1,540	523
Wellington	928	798	804	1,245	1,411	483
Greater Bendigo	1,776	1,608	1,464	1,914	2,040	264



The impact of COVID-19

At present, there is no nationally representative data on family violence during the COVID-19 pandemic⁵, however a growing body of research indicates a significant increase in reported incidents during the pandemic and restriction periods.^{11,12,13,14,15} This is being attributed to the impact of restrictions on known family violence risk factors including rates unemployment and financial instability, social isolation and reduced social support, poor mental health, and the increased uptake of alcohol and drug use.⁷ The longer-term impacts of the pandemic on the levels of family violence risk remain unknown, as does the way in which this risk will be geographically distributed. However, given Campbell's (2020) research cited above, increases in family violence could most reasonably be expected in LGAs with high rates of these risk factors.

Families with multiple births/children

Data from the 2016 Census shows that the LGAs where the greatest number of families with multiple children (i.e. two or more children) under the age of 14 years were located in metropolitan Melbourne. This is consistent with the fertility rate data reported earlier whereby the greatest reductions in births per woman were seen in regional Victorian LGAs (see ***Changes in births and fertility rates***).

As shown in Table 12, the greatest number of families with multiple children – most commonly two – was recorded in the City of Casey (n=35,226), followed by the Cities of Wyndham, Hume, and Whittlesea. In regional Victoria, the City of Greater Geelong recorded the highest number of families with two or more children (n=20,937); however, besides this LGA, the top 25 localities with the greatest number of multi-child families were all metropolitan. Data on multiple births and fertility rates for all 79 LGAs has been provided in Supplemental Table 10.

Table 12.

LGAs with the greatest number of families with multiple children

Table 12A. Metropolitan LGAs with the greatest number of families with multiple children

Metropolitan Local Government Areas	Number of families with multiple children					
	Two or more children	One child	Two children	Three children	Four children	Five or more children
Casey	35,226	21,203	23,026	8,476	2,525	1,199
Wyndham	24,320	16,852	16,403	5,365	1,697	855
Hume	23,505	13,606	14,108	6,242	2,249	906
Whittlesea	22,383	14,808	15,215	5,385	1,343	440

Table 12B. Regional LGAs with the greatest number of families with multiple children

Regional Local Government Areas	Number of families with multiple children					
	Two or more children	One child	Two children	Three children	Four children	Five or more children
Greater Geelong	20,937	15,073	13,938	5,350	1,305	344
Greater Bendigo	9,715	7,017	6,065	2,676	733	241
Ballarat	9,109	6,169	5,881	2,364	685	179
Latrobe	6,185	4,784	4,033	1,540	466	146

Socio-economic vulnerability

In terms of socio-economic vulnerability, the [Socio-Economic Indexes for Areas](#) (SEIFA) assesses socio-economic advantage and disadvantage of Australian communities using data from the Census of Population and Housing. In 2016, the LGAs with the greatest socio-economic disadvantage were in regional Victoria, most notably the Shire of Central Goldfields and city of Latrobe with scores of 870 and 916 respectively. By comparison, the metropolitan LGA with the greatest disadvantage was the City of Greater Dandenong with a score of 915 (see Table 13). See Supplemental Table 11 for SEIFA data on all 79 Victorian LGAs.

Table 13.

LGAs with the greatest socio-economic disadvantage as per SEIFA indexes for 2016

Metropolitan LGAs	SEIFA Index	Regional LGAs	SEIFA Index
Greater Dandenong	915	Central Goldfields	870
Brimbank	930	Latrobe	916
Hume	947	Mildura	921
Frankston	981	Northern Grampians	921

In addition, the *Every suburb Every town: Poverty in Victoria* report and the accompanying interactive online [Poverty maps](#), provide an illustration of where Victorians are experiencing the greatest economic disadvantage specifically (see Figures 5 and 6). These resources highlight that the regions with the highest rates of families with children living in poverty are clustered in the outer suburbs of metropolitan Melbourne, while regions with the lowest rates were primarily clustered in, and immediately surrounding, metropolitan Melbourne.

LEGEND

Percentage of people living in poverty in families with children







-  > 69% to 82%
-  > 60% to 69%
-  > 52% to 60%
-  > 41% to 52%
-  > 0% to 41%
-  No data

Figure 5.

Victorian poverty map

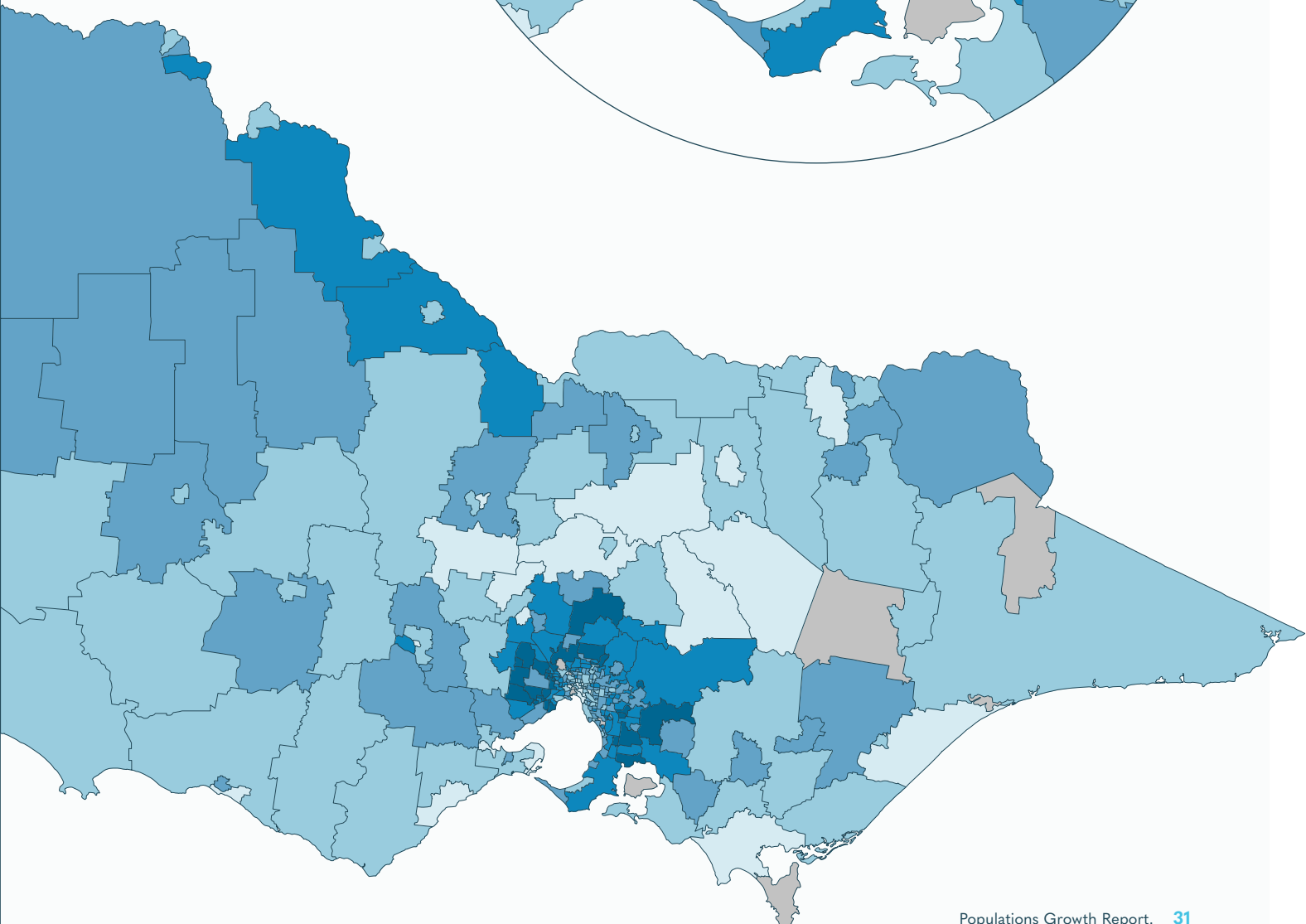


Figure 6.

Metropolitan Melbourne poverty map

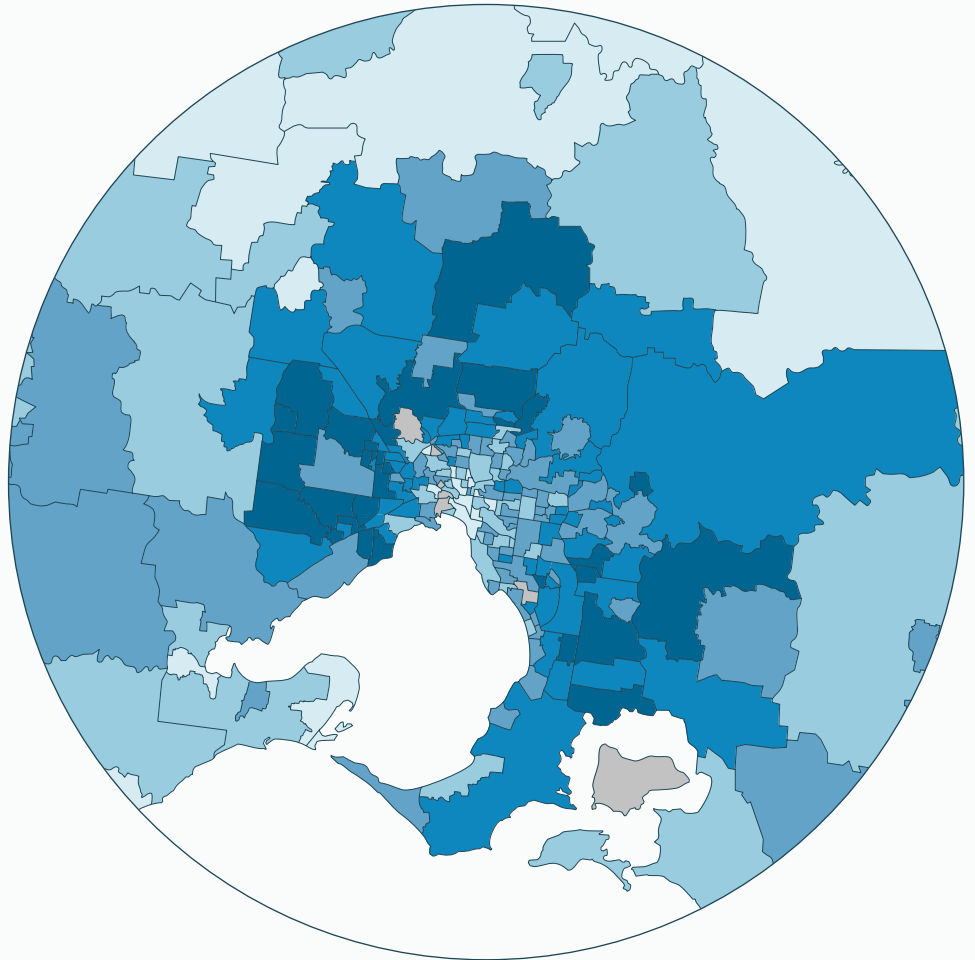


Table 14.

LGAs with the greatest increase in families with a weekly income < \$400

As shown in Table 14, there was an overall decline in the number of families with children who had a weekly household income less than \$400 across all Victorian LGAs. However, some metropolitan LGAs (e.g. Cities of Boroondara, Whitehorse, and Monash) recorded growth in the number of families living in poverty, particularly in one-parent families. In regional Victoria, the only LGA that experienced growth of this nature was the Shire of Colac-Otway, and again this was mostly in one-parent families. Socio-economic vulnerability data for all 79 LGAs has been provided in Supplemental Table 11.

Table 14A. Metropolitan LGAs with the greatest increase in families with a weekly income < \$400

Metropolitan Local Government Areas	Total families with children			Couple families with children			One parent families		
	2011	2016	Change	2011	2016	Change	2011	2016	Change
Boroondara	815	1,010	195	286	322	36	529	688	159
Whitehorse	966	1,045	79	329	350	21	637	695	58
Monash	1,244	1,314	70	463	461	-2	781	853	72
Melbourne	601	645	44	152	132	-20	449	513	64

Table 14B. Regional LGAs with the greatest increase in families with a weekly income < \$400

Regional Local Government Areas	Total families with children			Couple families with children			One parent families		
	2011	2016	Change	2011	2016	Change	2011	2016	Change
Colac-Otway	66	109	43	14	19	5	52	90	38
Yarriambiack	57	53	-4	20	23	3	37	30	-7
Indigo	92	81	-11	29	15	-14	63	66	3
Strathbogie	70	58	-12	19	15	-4	51	43	-8



The impact of COVID-19

Census data from 2011 to 2016 has been used to determine how the distribution of poverty shown in Table 14 has changed over time. And although evidence on the impact of COVID-19 on the socio-economic status of Victorian families is limited, emerging research places families at an increased risk of economic hardship due to the pandemic.¹⁶ In particular, increases in unemployment rates have been experienced across the state, and although supplementary income payments (i.e. JobKeeper) aimed to reduce financial strain on families, their protective role in addressing financial hardship has reduced following payment cuts.¹⁷ Additionally, increased socio-economic vulnerability is believed to have contributed to a global increase in vulnerability to risk, including for a number of factors likely to impact need for early parenting services. For example, as mentioned previously, it can contribute to family violence risk⁷, and has been linked to the increased prevalence of food insecurity among Australian families.¹⁸

Unfortunately, current data on socio-economic vulnerability does not capture the income status of Victorians during the pandemic, however, an overall increase in families who have experienced poverty is expected. And given the intrinsic link between employment and socio-economic status, LGAs where employment rates have been most impacted (e.g. regional farming areas with few alternative employment options), may experience increased socio-economic vulnerability – and therefore increased service need.

Families with disability

Research suggests that families where one or more members have a disability may have a greater need for early parenting services. For parents *with a disability themselves* this includes:

- additional postpartum information on child rearing practices
- additional support for some challenging tasks (e.g. bathing, playing, breastfeeding, etc)
- assisted mobility to transport dependent children, and
- support to maintain their own health.¹⁹

Research also indicates that interventions for *parents of children with disability* can increase parental self-efficacy and overall mental wellbeing; and have produced improvements in parenting styles, adjustment, relationships, and child behaviours^{20,21,22}. Despite the above, Victorian data on the prevalence of families with a disability is not currently available. The Survey of Disability, Ageing, and Carers (SDAC), conducted every three years, is the only known

source of national data regarding the prevalence of disability.²³ It found that in 2018, around 17% of Victoria's population (n=1,098,000) were recorded as having disability. Drawing on this, as well as data from the Australian Census of Population and Housing, the Estimated Resident Population, and the Public Health Information Development Unit, the Australian Bureau of Statistics has also modelled age-group estimates on the prevalence of disability for smaller geographical areas (i.e. LGA).²⁴ Table 15 provides a summary of the LGAs that have seen the greatest increase in the number of children aged 0-14 years, with disability between 2015 and 2018. In metropolitan Melbourne the City of Wyndham saw the greatest increase (up 1,291), whereas the greatest increase in regional Victoria was seen in the City of Greater Geelong (up 796). These estimates can be seen in an [interactive map](#) and in Supplemental Table 12. However, these are estimates only and may not be a true representation of the prevalence of disability.

Table 15.

LGAs with the greatest growth in children with disability aged 0-14 years between 2015 and 2018

Table 15A. Summary of metropolitan LGAs with the greatest growth in people with disability between 2015 and 2018

Metropolitan Local Government Areas	Children 0 – 14 Years with Disability						2015 to 2018 Change (N)
	2015			2018			
	Disability (N)	Total 0-14 Pop. (N)	% of 0-14 Population	Disability (N)	Total 0-14 Pop. (N)	% of 0-14 Population	
Wyndham	3,046	51,520	5.9	4,337	65,487	6.6	1,291
Hume	3,189	43,243	7.4	4,361	51,073	8.5	1,172
Casey	4,756	66,786	7.1	5,793	78,622	7.4	1,037
Melton	2,430	32,736	7.4	3,386	38,823	8.7	956

Metropolitan Local Government Areas	All Persons with Disability						2015 to 2018 Change (N)
	2015			2018			
	Disability (N)	Total Pop. (N)	% of Population	Disability (N)	Total Pop. (N)	% of Population	
Wyndham	25,325	208,948	12.1	31,023	254,258	12.2	5,698
Hume	33,979	194,231	17.5	39,113	224,179	17.4	5,134
Casey	43,835	293,508	14.9	47,834	340,098	14.1	3,999
Melton	19,958	131,372	15.2	24,946	154,746	16.1	4,988

Table 15B. Summary of regional LGAs with the greatest growth in people with disability between 2015 and 2018

Regional Local Government Areas	Children 0 – 14 Years with Disability						2015 to 2018 Change (N)
	2015			2018			
	Disability (N)	Total 0-14 Pop. (N)	% of 0-14 Population	Disability (N)	Total 0-14 Pop. (N)	% of 0-14 Population	
Greater Geelong	3,582	41,784	8.6	4,378	46,420	9.4	796
Latrobe	1,006	13,651	7.4	1,575	13,876	11.4	569
Greater Shepparton	1,190	12,922	9.2	1,547	13,509	11.5	357
Mitchell	689	8,422	5.8	842	9,360	9.0	153

Regional Local Government Areas	All Persons with Disability						2015 to 2018 Change (N)
	2015			2018			
	Disability (N)	Total Pop. (N)	% of Population	Disability (N)	Total Pop. (N)	% of Population	
Greater Geelong	47,387	225,257	21.0	54,985	248,477	22.1	7,598
Latrobe	14,714	72,235	20.4	19,150	74,441	25.7	4,436
Greater Shepparton	13,884	62,572	18.5	15,891	65,231	24.4	2,005
Mitchell	7,538	39,351	19.2	8,328	44,129	18.9	790

So what?

LGAs with the greatest expected service need



Key insights

- Based on available data, six LGAs were identified as most likely to have high levels of service need in the future. These are the cities of Wyndham, Casey and Whittlesea in metropolitan Melbourne; and the regional cities of Greater Geelong, Greater Shepparton, and the Shire of Baw Baw.
- Many of the metropolitan LGAs with high levels of expected service need already have, or will have, service coverage. As such, a number of regional LGAs where service need is likely to be high, but access is limited were identified for deeper analyses.
- There is an absence of Aboriginal and/or Torres Strait Islander community controlled early parenting services across Victoria, resulting in limited access to culturally appropriate services for families and children in LGAs such as the City of Mildura.
- Population data on families who identify, or have members who identify, as Culturally and Linguistically Diverse (CALD) or LGBTIQ+ is limited. However, in both cases research suggests that families with these diversity characteristics are likely to need or benefit from early parenting services. Several service implications are provided below.

The twenty metropolitan and regional LGAs with the greatest projected increase in children aged 0 to 4 years were cross-referenced with the ten metropolitan and regional LGAs that have experienced the greatest increases over the last decade for each predictor of service need¹ to generate a shortlist of potentially high-need LGAs. The existing and projected service geography of the shortlisted LGAs was then assessed to further consider issues of access in each of Victoria's key regions. As a result, the six LGAs with the greatest consistency across each of these predictors *and* with limited access were identified as those mostly likely to experience the greatest future service need.

They include the Cities of Wyndham, Casey and Whittlesea in metropolitan Melbourne; and the regional cities of Greater Geelong and Greater Shepparton, and the Shire of Baw Baw. These are presented in Appendix B and Appendix C, along with the relevant predictor data reported in Table 16. The following section of this report discusses the likely service demand for each LGA based on these data.

LGA profiles - Key facts

1. City of Wyndham

- Not only is Wyndham expected to experience the greatest **overall population growth** by 2036, but it is also expected to see comparably high growth in **children aged 0-4 years**.
- In 2016, around 55.3% (n=24,320) of all families with children in Wyndham had **multiple children**, and the city had 218 **Aboriginal and/or Torres Strait Islander children aged 0-4 years** – the second highest in metropolitan Melbourne following Whittlesea.
- Over the last decade, Wyndham has experienced the greatest growth in children with **developmental vulnerability**. The number of children classified as developmentally vulnerable on one or more domains almost during this time.
- Wyndham has also experienced the greatest increase in **children aged 0-14 with a disability**, with an increase from 3,046 children in 2015 to 4,337 children in 2018.
- Unlike most LGAs where the number of families experiencing **socio-economic vulnerability** decreased between 2011 and 2016, Wyndham saw an increase from 1,509 to 1,539 in the number of families living in poverty.
- Between 2015 and 2020, the number of **reported domestic and family violence** incidents increased from 3,010 to 3,423.
- Finally, in terms of **child protection involvement**, approximately 20.9 child protection investigations, 12.1 substantiations, and 7.5 Child FIRST assessments were completed per 1,000 eligible families in Wyndham in 2015.

2. City of Casey

- By 2036, the City of Casey is expected to have the largest **population** (n=522,251), and the largest number of **children aged 0-4 years** (n=34,431) out of the six priority LGAs.
- In 2016, Casey reported the largest number of families with **multiple children** (n=35,226) and had 520 **Aboriginal and/or Torres Strait Islander families with children**, most of which were couple families.
- Casey reported the highest number of children classified as **developmentally vulnerable** on one or more domains in both 2009 and 2018, and the greatest number of **families living in poverty** in both 2011 and 2016.
- The City of Casey experienced an increase of 1,037 **children aged 0-14 with disability** between 2015 and 2018.
- The greatest number of **family violence** incidents were reported in the City of Casey for each year between 2015 and 2020, with 4,394 incidents reported in 2015-2016 and 5,055 incidents reported in 2019-20.
- Compared to the other five priority LGAs, Casey saw comparably high rates of **child protection involvement** with 24 investigations and 17.4 substantiations per 1,000 eligible families, however it also experienced the lowest rates of Child FIRST assessments.

LGA profiles - Key facts

3. City of Whittlesea

- By 2016, the City of Whittlesea's **population** is expected to grow by 364,453 people, adding approximately **6,638 children aged 0-4 years**.
- In 2016, Whittlesea had 22,383 **families with multiple children**, most of which had two children; and 506 **Aboriginal and/or Torres Strait Islander families**, most of which were couple families.
- Between 2009 and 2018, the number of children classified as **developmentally vulnerable** increased from 435 to 619.
- Like most of the priority LGAs, Whittlesea saw a reduction in the number of **families living in poverty** between 2011 and 2016; however, the city had the second slowest rate of decline following Wyndham, with the number of one-parent families in particular dropping from 829 in 2011 to 787 in 2016.

4. City of Greater Geelong

- Of the priority LGAs identified in regional Victoria, the City of Greater Geelong is expected to have the greatest service demand across a number of predictors.
- Greater Geelong's **population** is expected to grow by 120,716 by 2036, adding around 20,400 **families with children**.
- In 2016, Greater Geelong reported a total of 20,937 **families with multiple children**, and had the highest number of **Aboriginal and/or Torres Strait Islander children aged 0-4 years** (n=289) compared to the five other priority LGAs.
- Over the last decade, Greater Geelong saw an increase of 150 children who were classified as **developmentally vulnerable**.
- Greater Geelong experienced the greatest increase in **children aged 0-14 years with a disability** in regional Victoria, with an increase from 3,582 children in 2015 to 4,378 in 2018.
- In Greater Geelong, an increase of 797 reported **family violence** incidents were reported between 2015 and 2020, with 3,196 incidents reported in 2015-16 and 3,993 incidents reported in 2019-20.
- Finally, in 2015 Greater Geelong recorded high rates of **child protection involvement** compared to the other five priority LGAs, with the highest rate of Child FIRST assessments of 16.6 per 1,000 eligible families.

5. City of Greater Shepparton

- Of the regional LGAs in Victoria's north, the City of Greater Shepparton had the greatest consistency across each of the predictors of service need, and has limited access to early parenting services.
- Of the regional LGAs, Greater Shepparton had the second highest number of **Aboriginal and/or Torres Strait Islander families with children** in 2016, 11.4% (n=252) of which were **children aged 0-4 years**.
- In 2015, Greater Shepparton had high rates of **child protection involvement** compared to the other priority LGAs and Victoria's highest number of Child FIRST investigations.
- Compared to the other priority LGAs, Greater Shepparton had the highest rate of **socio-economic vulnerability** with a SEIFA score of 937 and 368 families **living in poverty** in 2016.

6. Shire of Baw Baw

- Between 2016 and 2036, the Shire of Baw Baw in Victoria's east is expected to see increased growth rates in **overall population** and in the number of **children aged 0-4 years**, increasing by 54% and 133% respectively.
- In 2016, Baw Baw was home to 465 **Aboriginal and/or Torres Strait Islanders**, 14.4% of which were **children aged 0-4 years**.
- Following Greater Shepparton, Baw Baw had the highest **socio-economic vulnerability** of the six priority LGAs, with a SEIFA score of 976 and 265 families **living in poverty** in 2016.
- Compared to the other priority LGAs, Baw Baw also saw high rates of **child protection involvement** – specifically the number of child protection investigations – with 23.5 investigations per 1,000 eligible families completed in 2015.

Table 16. Summary of data for the LGAs with the greatest expected service need

Projected population growth		Wyndham	Casey	Whittlesea	Greater Geelong	Shepparton	Baw Baw
Estimated population size	2016	227,008	312,789	207,058	239,529	65,072	49,296
	2036	459,216	522,251	364,453	360,245	77,693	75,819
Expected population growth	N	232,208	209,462	157,395	120,716	12,621	26,523
	Growth Rate (%)	102.29%	66.9%	76.01%	50.40%	19.40%	53.80%
Projected population growth from net migration	2016-21	50,130	44,540	24,720	26,670	940	5,480
	2021-26	33,520	32,330	24,300	24,400	1,680	5,450
	2026-31	30,040	26,650	26,540	23,350	1,950	6,040
	2031-36	30,840	20,210	22,800	24,570	2,110	5,850
	Total increase	144,530	123,730	98,360	98,990	6,680	22,820
Projected population growth from natural increase	2016-21	21,010	20,200	14,230	5,050	1,750	1,120
	2021-26	22,870	22,600	15,610	5,910	1,620	1,080
	2026-31	22,070	22,220	15,020	5,800	1,400	850
	2031-36	21,720	20,720	14,180	4,960	1,170	660
	Total increase	87,670	85,740	59,040	21,720	5,940	3,710

Projected growth in children aged 0 to 4 years		Wyndham	Casey	Whittlesea	Greater Geelong	Shepparton	Baw Baw
Estimated number of children aged 0 to 4	2016	22,812	25,476	17,354	15,315	4,450	3,147
	2036	31,450	34,431	23,992	19,865	4,608	4,201
Estimated growth in children aged 0 to 4	N	8,638	8,955	6,638	4,550	158	1,054
	Growth Rate (%)	137.87%	135.15%	138.25%	129.79%	103.55%	133.49%

Aboriginal and/or Torres Strait Islander Families (2016)		Wyndham	Casey	Whittlesea	Greater Geelong	Shepparton	Baw Baw
Total Aboriginal and/or Torres Strait Islander Population		1,682	1,581	1,608	2,399	2,203	465
Total family households with children	Total families with children	531	520	506	734	596	147
	Couple families with children	290	305	290	387	260	81
	One parent families	240	215	216	347	336	66
One family households	Couple families with children	278	289	276	377	256	81
	One parent families	226	198	203	330	322	66
Multiple family households	Couple families with children	12	16	14	10	4	0
	One parent families	14	17	13	17	14	0
Children aged 0 to 4 years	Number of children	218	177	232	289	252	67
	% of Aboriginal population	13.0%	11.2%	14.4%	12.0%	11.4%	14.4%

Child protection involvement		Wyndham	Casey	Whittlesea	Greater Geelong	Shepparton	Baw Baw
Child Protection involvement per 1,000 eligible families	Investigations	20.9	24	16.5	23	29.2	23.5
	Substantiations	12.1	17.4	7.7	14.4	15.4	12.5
	Child FIRST assessments	7.5	0.5	10.4	16.6	54.4	16.2

Reported family violence incidents		Wyndham	Casey	Whittlesea	Greater Geelong	Shepparton	Baw Baw
Number of reported incidents	2015-2016	3,010	4,394	2,867	3,196	1,481	750
	2016-2017	2,704	4,726	3,047	3,302	1,393	680
	2017-2018	2,739	4,382	3,181	3,213	1,462	846
	2018-2019	3,246	4,660	3,139	3,514	1,703	846
	2019-2020	3,423	5,055	3,329	3,993	1,611	788
	Change (2015 to 2020)	413	661	462	797	130	38

Children with developmental vulnerability		Wyndham	Casey	Whittlesea	Greater Geelong	Shepparton	Baw Baw
Vulnerable on one or more domains	2009	490	899	435	435	179	122
	2018	1,016	1,018	619	585	259	135
	Change (2009 to 2018)	526	119	184	150	80	13
Vulnerable on two or more domains	2009	272	451	207	215	96	59
	2018	512	515	290	302	163	73
	Change (2009 to 2018)	240	64	83	87	67	14
Vulnerable on the physical domain	2009	187	364	161	145	70	48
	2018	393	392	256	240	139	82
	Change (2009 to 2018)	206	28	95	95	69	34
Vulnerable on the social domain	2009	240	358	168	190	71	40
	2018	463	415	241	269	130	63
	Change (2009 to 2018)	223	57	73	79	59	23
Vulnerable on the emotional domain	2009	182	324	167	157	69	45
	2018	359	366	212	290	122	60
	Change (2009 to 2018)	177	62	45	133	53	15
Vulnerable on the language domain	2009	174	324	120	121	92	55
	2018	335	358	197	171	114	54
	Change (2009 to 2018)	161	34	77	50	22	-1
Vulnerable on the communication domain	2009	215	395	204	175	79	43
	2018	437	408	232	205	126	50
	Change (2009 to 2018)	222	13	28	30	47	7

Children with disability aged 0-14 years		Wyndham	Casey	Whittlesea	Greater Geelong	Shepparton	Baw Baw
Number of children with disability	2015	3,046	4,756	2,894	3,582	1,190	845
	2018	4,337	5,793	3,589	4,378	1,547	978
	Change (2015 to 2018)	1,291	1,037	695	796	357	133
Number of all persons with disability	2015	25,325	43,835	30,936	47,387	13,886	10,311
	2018	31,023	47,834	35,249	54,985	15,891	11,298
	Change (2015 to 2018)	5,698	3,999	4,313	7,598	2,005	987

Families with multiple children aged 0-14 years (2016)	Wyndham	Casey	Whittlesea	Greater Geelong	Shepparton	Baw Baw
Two or more children	24,320	35,226	22,383	20,937	5,794	4,428
One child	16,852	21,203	14,808	15,073	3,868	2,790
Two children	16,403	23,026	15,215	13,938	3,524	2,660
Three children	5,365	8,476	5,385	5,350	1,546	1,298
Four children	1,697	2,525	1,343	1,305	500	361
Five or more children	855	1,199	440	344	224	109

Families with a weekly income <\$400		Wyndham	Casey	Whittlesea	Greater Geelong	Shepparton	Baw Baw
Total families with children	2011	1,509	2,025	1,390	1,498	549	299
	2016	1,539	1,853	1,293	1,144	368	265
	Change (2011 to 2016)	30	-172	-97	-354	-181	-34
Couple families with children	2011	518	699	561	294	157	67
	2016	578	661	506	250	119	62
	Change (2011 to 2016)	60	-38	-55	-44	-38	-5
One parent families	2011	991	1,326	829	1,204	392	232
	2016	961	1,192	787	894	249	203
	Change (2011 to 2016)	-30	-134	-42	-310	-143	-29
SEIFA Index (2016)		Wyndham	Casey	Whittlesea	Greater Geelong	Shepparton	Baw Baw
SEIFA Index		1,002	991	982	980	937	976

Families and diversity

Although population data was unavailable for six of the predictors of service need, some information was available for two of the identified diversity characteristics. This information was not in a form that is comparable with the other predictors, so it has been summarised below.

Families with members who identify as LGBTIQ+

Population data is not available across the various gender and sexuality identifications; however, the 2016 Census of Population and Housing provides some national estimates for same-sex couples. It estimated that in 2016 there were 46,769 same-sex couple households, 92.7% of which had dependent children aged under 25 years.²⁵ The distribution of these and other households with LGBTIQ+ members across Victoria is not provided, making it difficult to determine the *volume* of need. Also limited is the availability of research on the *nature* of early parenting needs. However, recent research highlights common experiences of stigma and heteronormativity by LGBTIQ+ families when accessing early parenting services; calling for services to actively promote diversity, inclusiveness, representation and equity of access.^{26,27,28}

Culturally and Linguistically Diverse (CALD) families

For this report, Cultural and Linguistic Diversity is defined as (1) having been born in non-English speaking countries and/or (2) speaking a language other than English at home.²⁹ In 2016, of Victoria's population of 5.93 million people:

- 28.4% (n=1.68 million) were born overseas
- 49.1% (n=2.91 million) were born overseas or had at least one parent born overseas
- 26% (n=1.53 million) spoke a language other than English at home.³⁰

Data collected in a consistent way on how this translates into family households with children is not available, making it difficult to determine *where* and *how* it relates to service need. However, research suggests CALD families – regardless of geographic location – are likely to have a greater need for early parenting services due to the following:

- Some familial characteristics that can impact development (e.g. lower family income, maternal education levels and parenting quality) are more common in CALD families³¹
- Higher rates of risk factors for family violence and child protection involvement are commonly found in CALD families.³²

Emerging research also highlights that early parenting interventions, particularly those that have been culturally adapted, have the potential to strengthen parenting capacities to support the wellbeing of children, reduce stress, and improve parent-child relationships.^{33,34,35} When adapting or developing programs for CALD families, research prompts services to consider the multiple factors that make up ethnicity, including language, culture, and values.³⁶



Now what?



Planned service geography and key observations

Using the best available data, this report spotlights the regions where the need for early parenting services *currently* is and proposes where it is *likely* to be in the coming decades, based on known service predictors. As part of the Victorian Government's \$123 million Early parenting centres expansion and upgrade project, several new Early Parenting Centres (EPCs) will be developed across Victoria, including in a number of the LGAs profiled in this report.

New EPCs are already planned in the Cities of Wyndham, Greater Geelong, Casey and Whittlesea. The analyses in this report support the need for these centres and provides insight into the likely drivers of service need in these locations, as relevant for service planning. In addition to the other existing and planned EPCs, it was determined that service need across regional Victoria would be greater due issues of access. As such, the remaining key observations in this report focus on addressing the gaps in service coverage in Victoria's key regions, particularly the north and east.

Key Observations

1. The City of Greater Shepparton in Victoria's north has a high level of expected service need across a number of predictors, specifically high rates of child protection involvement and a large population of Aboriginal and/or Torres Strait Islander families (see page 39). Analyses also indicate that neighbouring LGAs including Shire of Moira and City of Wodonga can also expect a high level of service need. As Greater Shepparton is roughly 120km from the nearest planned EPC in the City of Bendigo, and almost 200km from Melbourne, it is recommended that the establishment of place-based early parenting services be considered for this LGA. This report provides insight into the likely drivers of this service need, as relevant for service planning.
2. The Gippsland Region including the Shire of Baw Baw, located in Victoria's east, has a moderately high level of expected service need across a range of predictors including projected growth in children aged 0-4 years, and socio-economic vulnerability (see page 39). For families in Baw Baw, access to early parenting services is limited to the City of Casey's planned EPC. As such, it is recommended that the establishment of early parenting services that also allow outward service coverage to neighbouring LGAs that also have expected service needs (e.g. Latrobe, East Gippsland) be considered. This report provides insight into the likely drivers of Baw Baw's service need, as relevant for service planning.
3. There is an absence of Aboriginal and/or Torres Strait Islander community controlled early parenting services across Victoria. As a result, families in LGAs with high Aboriginal and/or Torres Strait Islander populations are only able to access mainstream early parenting services. As such, it is recommended that Aboriginal and/or Torres Strait Islander community controlled early parenting service be considered for the cities of Mildura, Greater Geelong, Greater Bendigo and Greater Shepparton.

Limitations

Although this report provides some insight into the likely need for early parenting services, they must be interpreted alongside several limitations, particularly surrounding the availability of data. For example, no data on approximately half of the identified predictors was locatable, leaving several factors that may contribute to future service unaccounted for. Additionally, aside from population growth where future projections were available, most of the data on predictors of service need were neither real-time nor future-focused. Where possible, trends in the available data have been identified over time (i.e. multiple collection points) and triangulated with population growth projections to validate key observations however, there are limits to the reliability of using historical, real-time and projection data in this way.

Additionally, as discussed throughout this report, the impact of COVID-19 on families and their likely need for early parenting services in the future is difficult to determine at present. This is because the aggregate data available in major datasets (e.g. Census, AEDC, SDAC, etc) do not yet include COVID-19 data captures, and even if they did, the continued changing nature of the pandemic mean that it too would have limited reliability. Where possible, evidence from research has been included in this report to shed some light on the likely impacts of COVID-19 on future service need, however these studies do not provide the Victorian- or LGA-specific data, in real-time, to enable comparison with the other data in this report.

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Appendix A.

Summary of service needs predictors and sources of available data

Characteristics of Families (Predictors of Service Need)	Data Available and Sourced (Yes/No)	Variables	Year(s) Available	Source
Aboriginal and/or Torres Strait Islander	Yes	Aboriginal and/or Torres Strait Islander families by family composition (i.e., couple families with no children, couple families with children, one parent families, and other families)	2016	2016 Census: Aboriginal and/or Torres Strait Islander Peoples QuickStats
Barriers to service access	No			
Children at risk of Child Protection involvement	Yes	Number of Child Protection investigations, substantiations, and Child FIRST assessments per 1,000 people	2015	Department of Health and Human Services 2015 Local Government Area Statistical Profiles
Children with developmental vulnerability	Yes	Number of children classified as developmentally on-track, at-risk, and vulnerable across five domains (physical, social, emotional, language, and communication), and the number of children developmentally vulnerable on one or more domains.	2009 and 2018	Australian Early Development Census
Chronic/long-term illness	No			
Culturally and linguistically diverse	No			
Family violence	Yes	Number of reported domestic violence incidents	2015 to 2020	Crime Statistics Agency's Family Violence Data Portal
		Family Violence incidents per 1,000 people	2015	Department of Health and Human Services 2015 Local Government Area Statistical Profiles
Multiple births/children	Yes	Number of families with one, two, three, four, or five or more children	2016	2016 Census data (accessed through DFFH)
		Number of births and fertility rate	2012 to 2019	Australian Bureau of Statistics, Births Australia report
Parents with mental health issues	No			
Parents involved with the Child Protection system as children themselves	No			

Characteristics of Families (Predictors of Service Need)	Data Available and Sourced (Yes/No)	Variables	Year(s) Available	Source
Socio-economic vulnerability	Yes	Income bracket (e.g., \$1-149, \$150-299) by family types (i.e., couple with no children, couple with children, one parent family, and other family).	2011 and 2016	Australian Bureau of Statistics 2016 Census Community Profiles
		People with income less than \$400 per week and low income families with children	2015	Department of Health and Human Services 2015 Local Government Area Statistical Profiles
		Victorian families living in poverty broken down by suburbs (interactive map available online)	2018	Every Suburb Every Town: Poverty in Victoria report
		SEIFA Index	2016	Australian Bureau of Statistics 2016 Census
Families with one or more members who have a disability	Yes	Modelled estimates of children (aged 0-14 years) with disability	2015 and 2018	Australian Bureau of Statistics' Survey of Disability, Ageing and Carers, Australia
Families with members who identify as LGBTIQ+	No			

Appendix B.

Metropolitan LGAs with the greatest service need across the eight predictors

Metropolitan LGAs with the greatest projected increase in children aged 0 to 4	Do the local government areas appear among the 10 metropolitan local government areas with the greatest service need across each of the eight predictors?								Total N (Yes)
	Aboriginal and/or Torres Strait Islander Children	Child Protection Involvement	Developmental Vulnerability	Family Violence	Multiple Births (two or more)	Income	SEIFA	Families with Disability	
Melton	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	7
Casey	Yes	No	Yes	Yes	Yes	No	Yes	Yes	6
Wyndham	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	7
Melbourne	No	No	No	Yes	No	Yes	No	No	2
Whittlesea	Yes	Yes	No	Yes	Yes	No	Yes	Yes	6
Hume	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	7
Cardinia	Yes	No	Yes	No	No	Yes	No	No	3
Greater Dandenong	No	No	No	Yes	No	No	Yes	Yes	3
Moreland	No	Yes	Yes	No	No	No	No	Yes	3
Whitehorse	No	No	No	No	No	Yes	No	Yes	2
Yarra	No	Yes	No	No	No	No	No	No	1
Darebin	Yes	Yes	No	No	No	No	No	Yes	3
Monash	No	No	No	No	No	Yes	No	No	1
Maribyrnong	No	No	No	No	No	No	No	No	0
Moonee Valley	No	No	Yes	No	No	No	No	No	1
Port Phillip	No	Yes	No	Yes	No	Yes	No	No	3
Stonnington	No	No	No	Yes	No	Yes	No	No	2
Boroondara	No	No	No	No	Yes	Yes	No	No	2
Kingston	No	No	No	No	No	No	No	No	0
Mornington Peninsula	No	Yes	No	No	No	No	Yes	No	2

Appendix C.

Regional LGAs with the greatest service need across the eight predictors

Regional LGAs with the greatest projected increase in children aged 0 to 4	Do the local government areas appear among the 10 regional local government areas with the greatest service need across each of the eight predictors?								Total N (Yes)
	Aboriginal and/or Torres Strait Islander Children	Child Protection Involvement	Developmental Vulnerability	Family Violence	Multiple Births (two or more)	Income	SEIFA	Families with Disability	
Greater Geelong	Yes	No	No	Yes	Yes	No	No	Yes	4
Mitchell	No	No	No	Yes	Yes	No	No	Yes	3
Ballarat	Yes	No	Yes	No	Yes	No	No	No	3
Greater Bendigo	Yes	No	Yes	Yes	Yes	No	No	No	4
Baw Baw	No	No	No	No	Yes	No	No	Yes	2
Moorabool	No	No	No	No	No	No	No	No	0
Golden Plains	No	No	No	No	No	No	No	No	0
Macedon Ranges	No	No	Yes	No	Yes	No	No	No	2
Bass Coast	No	Yes	No	No	No	No	No	Yes	2
Wodonga	Yes	Yes	Yes	No	Yes	No	No	No	4
Surf Coast	No	No	No	Yes	No	No	No	No	1
East Gippsland	Yes	No	No	Yes	No	No	No	No	2
Greater Shepparton	Yes	Yes	Yes	Yes	Yes	No	No	Yes	6
Murrindindi	No	No	No	No	No	No	No	No	0
Warrnambool	No	No	No	No	No	No	No	No	0
Moira	No	Yes	No	Yes	No	No	Yes	Yes	4
Strathbogie	No	No	No	No	No	No	No	No	0
Mansfield	No	No	No	No	No	No	No	No	0
Queenscliffe	No	No	No	No	No	No	No	No	0
Indigo	No	No	No	No	No	No	No	No	0



Our children, our future

Growing together with
families to 2050

