



HANDS UP MALLEE



**EXPLORING
THE FIRST 1000 DAYS**



ACKNOWLEDGMENTS

The Hands Up Mallee team would like to acknowledge the commitment and generosity of our community and service providers in sharing their wisdom and time to make these steps toward change possible.

With special thanks to:

Kathy Crouch for graciously sharing the storyline with us
Kerry Graham from Collaboration for Impact for facilitating

and our table facilitators:

Chris Forbes
Heidi Deason
Jodie Arnold
Suzie Osborne
Cheree Jukes

THE IMPORTANCE OF THE



SMALL WINDOW, GREAT OPPORTUNITY

Researchers have identified the first 1,000 days of a child's life - the time spanning between conception and the second birthday as a critical window of time that sets the stage for a person's intellectual development and lifelong health.

There is a growing body of evidence that this is a period of enormous potential when the foundations of optimum health, growth, and neurodevelopment across the lifespan are established.

SMALL WINDOW, GREAT RISK

The first thousand days is a period of maximum developmental plasticity, meaning it is the period during which we are most susceptible to change by environmental experiences, and those changes can have lifelong consequences.

PRIORITISING THE FIRST 1000 DAYS FOR ALL CHILDREN TO HAVE A HEALTHY, WELCOME & SAFE START

Measuring and understanding the impact of and influences on all children and their families within the First 1000 Days, is a complex task, and this complexity often impedes attempts to improve issues within this window of time.

One way to manage this complexity is through visualising the factors that help or hinder during those First 1000 Days as a web of interconnected factors and behaviours.

It's called a systems map.

Today we are presenting a systems map to you. This map shows what you have told HUM about; some specific issues, and some entrenched norms and patterns of behaviour in the service sector and in our community. We will explore the map in layers so you can consider the patterns and let us know your thoughts.

We want to further develop our map and to locate leverage points for change.

WHY USE A SYSTEMS MAP?

Traditionally problem-solving approaches break complex issues into easy-to-manage parts, and then use linear methods to problem solve in isolation. This does not work well for addressing complex problems, because this approach fails to account for the connections or inter-dependencies between areas and any flow on effects that happen when change is attempted.

The First 1000 Days is characterised by a relationship of trust and engagement between the child, it's parent(s), their family and community, the services that are there to support them and the government funding, policy and political system that supports our community to thrive (or not).

EXPLORING OUR MAP

We will explore the map in this order and provide some time in between each layer for you to discuss and capture your thoughts, responses and questions.

The central theme of the map - Prioritising the First 1000 Days
The deep structure of main themes that hold all the parts of the map together

The major map themes

Parenting Capacity
Role of Families & Community
Funding & Government Policy
Orientation of Service Sector

EXPLORING THE FIRST 1,000 DAYS AGENDA

Time	Presenter	Item
9:00 - 9.15	Jane McCracken	Welcome, introduction and outcomes for the day
9:15 - 9.25	Kathy Crouch	Setting the scene: The Importance of the First 1000 Days
9:25 - 9.30	Jane McCracken	Why a systems map?
9:30 - 10.30	Fiona Merlin & Table Facilitators	Exploring the map
10.30 - 10.50		Morning Tea
10.50 - 11.00	Kerry Graham	Findings from the floor - first reactions
11.00 - 12.00	Kerry Graham & Table Facilitators	Searching for leverage points
12.00 - 12.45		Lunch
12.45 - 1.00	Kerry Graham	Findings from the floor - possible leverage points
1.00 - 2.00	Kerry Graham & Table Facilitators	Building the case for change
2.00 - 3.00	Participants & Kerry Graham	Presenting the case for change
3.00 - 3.30	Kerry Graham	Deciding on our collective action
3.30 - 4.00	Jane McCracken & Kerry Graham	Closing with hope

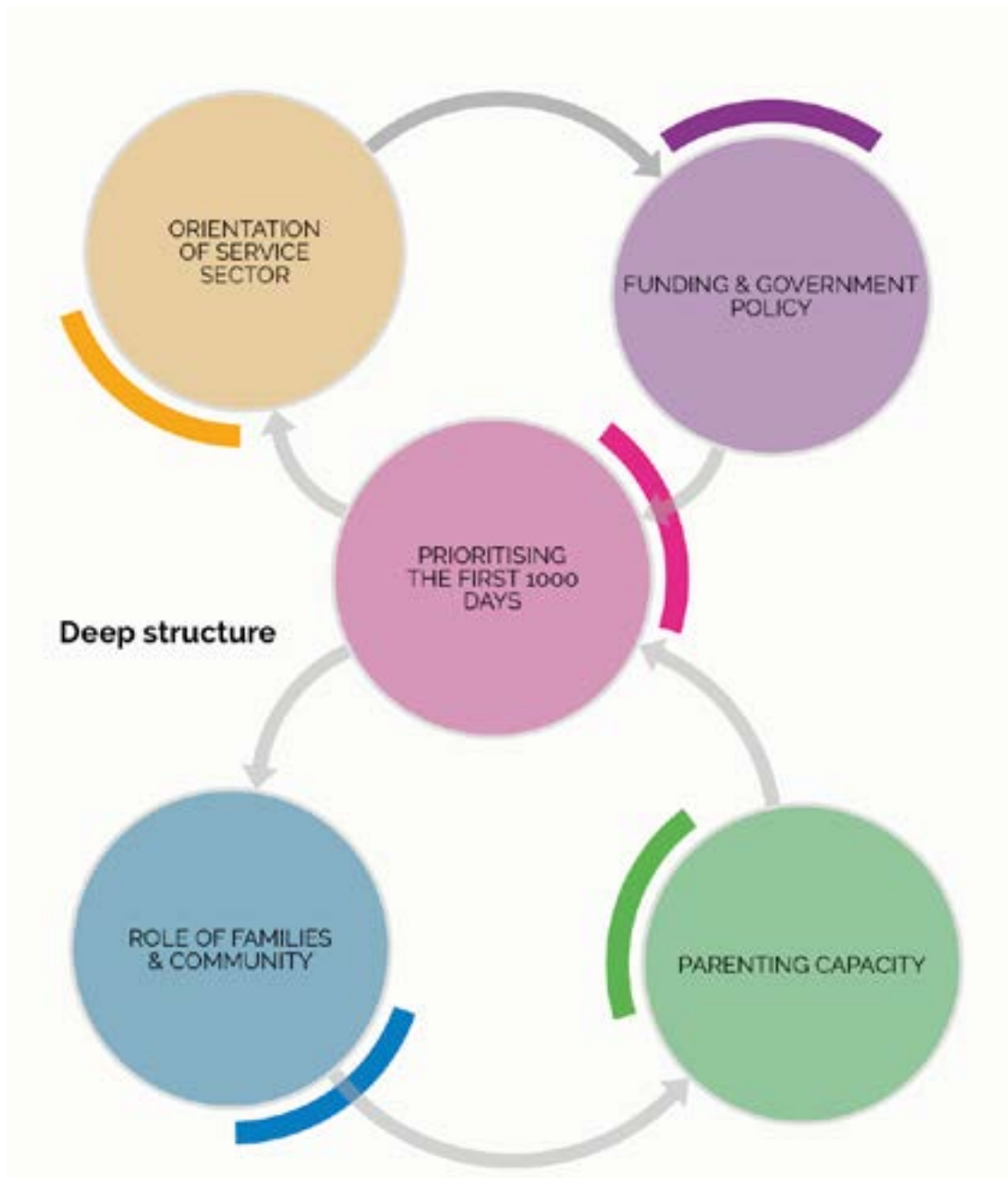
“ALONG WITH LOVING RELATIONSHIPS, CHILDREN NEED SAFE COMMUNITIES, SECURE HOUSING, ACCESS TO GREEN SPACES, ENVIRONMENTS FREE FROM TOXINS, AND ACCESS TO AFFORDABLE, NUTRITIOUS FOODS. THIS REQUIRES WHOLE-OF-SOCIETY EFFORTS AND APPROPRIATE INVESTMENT.”

PROFESSOR OBERKLAIID

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THE DEEP STRUCTURE



From our conversations with the local service sector and community,

THE CENTRAL THEME THAT SET THE CONTEXT WAS:

Prioritising the First 1000 Days

THE KEY THEMES SURROUNDING THE FIRST 1000 DAYS WERE:

- Parenting Capacity
- Role of Families & Community
- Funding & Government Policy
- Orientation of Service Sector

These form the major regions of the map, we will explore how they connect through and influence the First 1000 days

THE CENTRAL THEME



THE IMPORTANCE OF THE FIRST 1000 DAYS OF LIFE

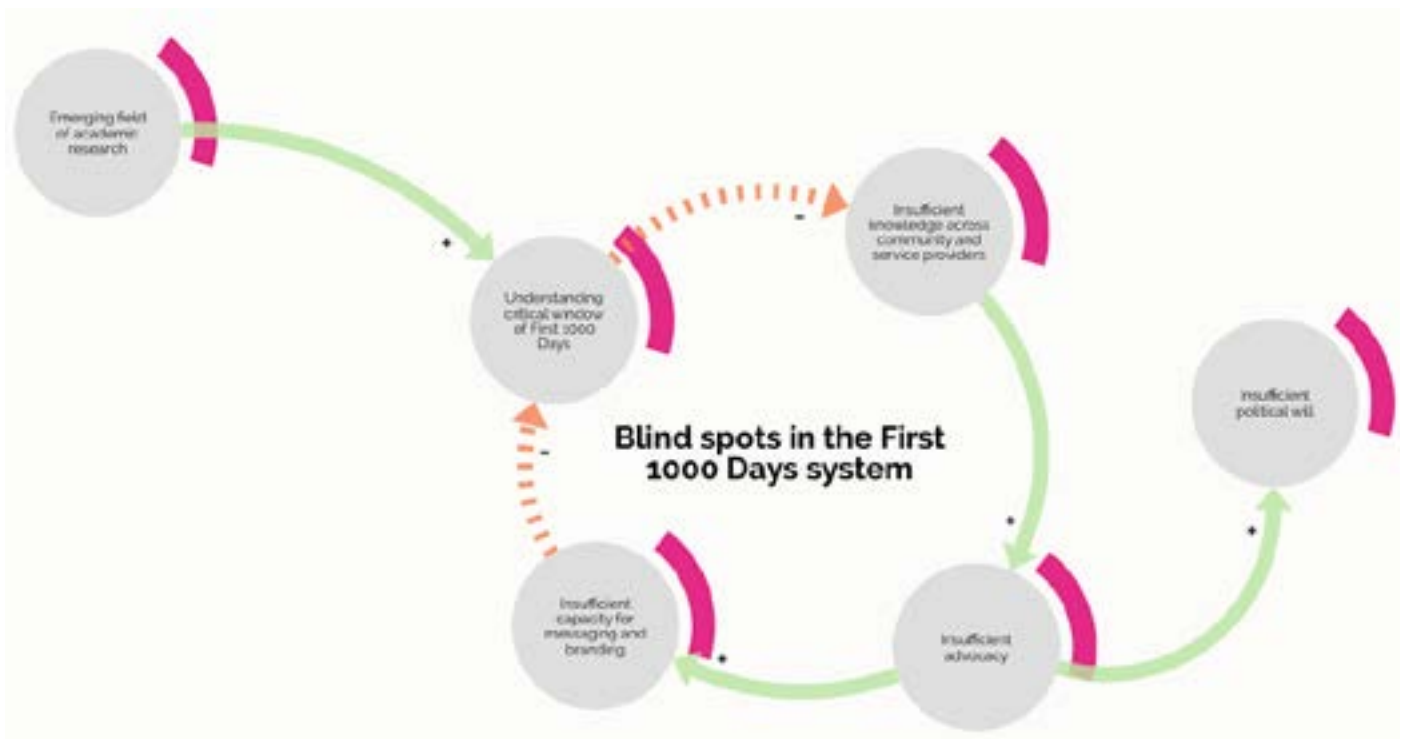
Small Window, Great Opportunity

Researchers have identified the First 1,000 Days of a child's life - the time between conception and their second birthday - as a critical window for action that has implications for health and wellbeing across the lifespan.

There is a growing body of evidence that this is a period of enormous potential when the foundations of optimum health, growth, and neurodevelopment across the lifespan are established.

Small Window, Great Risk

The First 1000 Days is a period of maximum developmental plasticity. That means it's the period during which our growth and development is most adapted to and changed by environmental experiences, and those changes can have lifelong consequences.

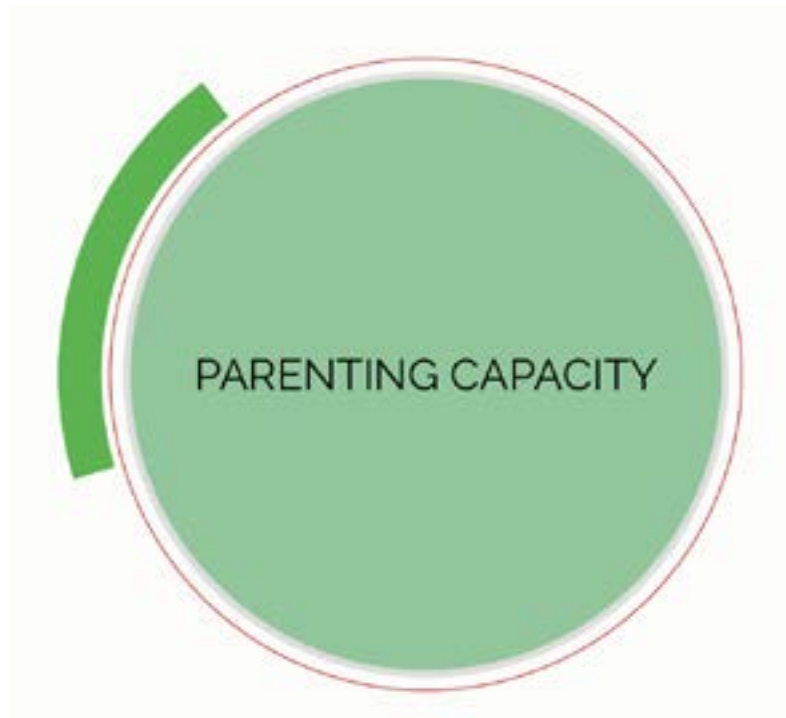


BLIND SPOTS IN THE FIRST 1000 DAYS SYSTEM

The understanding of this critical window of development is relatively recent and because of this key understandings haven't yet reached the broader community or some parts of the service sector.

There are blind spots in the system which lead to lack of advocacy and urgency in political and public will.

PARENTING CAPACITY



Parenting is challenging.

Parenting capacity is built largely from experience and observation, such as role modelling from families and peers.

Parents feel judged about their capacity to 'parent well' which feeds the social behaviour of minimising the challenges of parenting. This minimisation of parenting challenges can reduce the parent's motivation to seek support.

In not seeking sufficient support there is risk that inadequate understanding of the First 1000 Days will continue, and the window of opportunity will be missed.

Social isolation and family dysfunction reduce opportunities for parents to build their capacity and confidence to care for their baby.

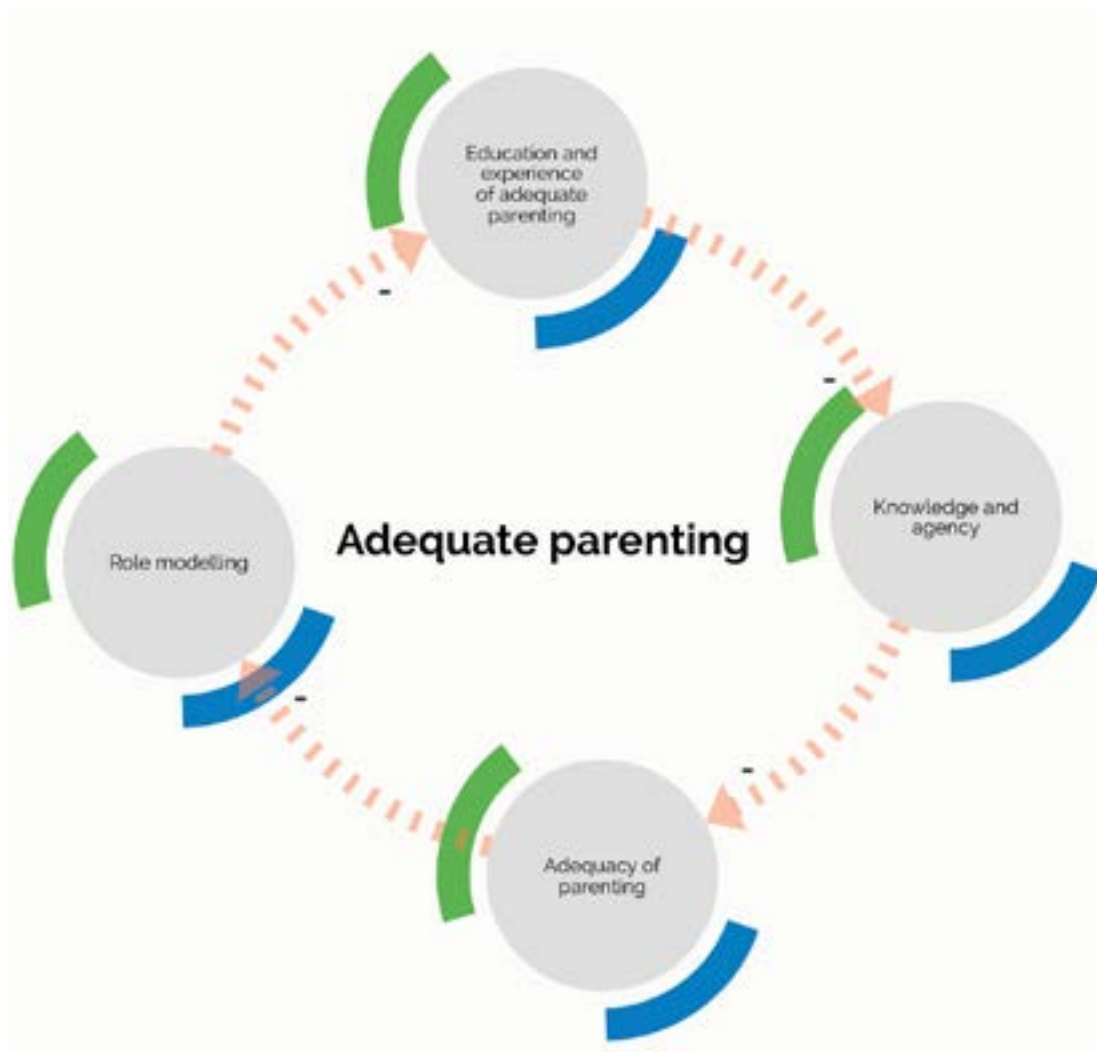
Often, parents lack general knowledge about the significance of the First 1000 Days. This increases the risk that help only occurs at the point of crisis by the service sector and community.

When parents have to get to crisis point to meet program eligibility, the system struggles to meet demand, restricting the time and resources available to adequately prepare parents for parenting.

Bonding and attachment is sometimes underestimated but crucial to lifelong health and wellbeing. It is linked not only to the wellbeing of parents, but also external stressors and timely prevention and early intervention by services, families and community.

Building parenting capacity also capitalises on opportunities to strengthen their connectedness to peer support and community role models.

ADEQUATE PARENTING



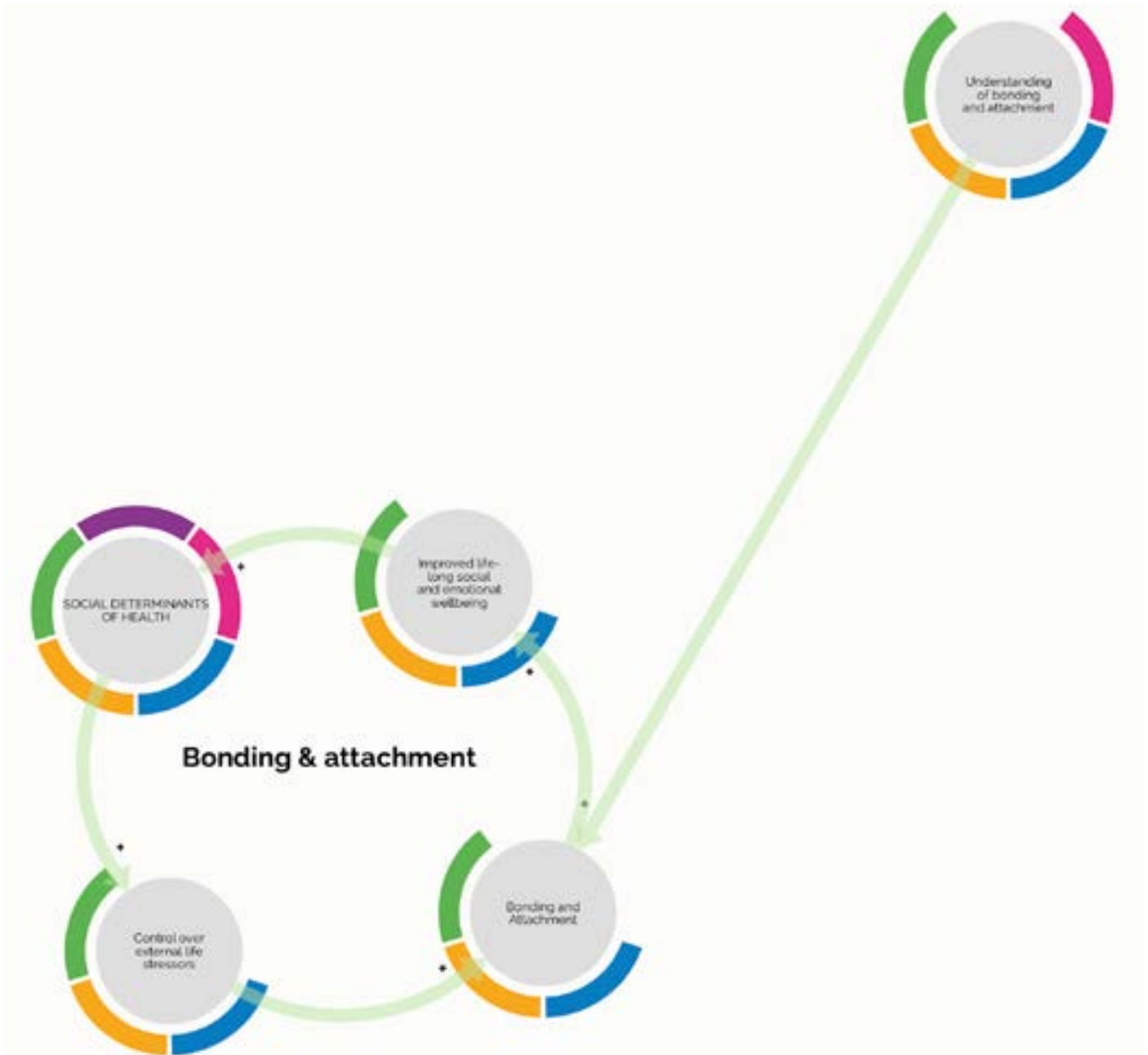
Inadequate education and experience of parenting leads to insufficient knowledge and sense of agency in parents.

As society expects parenting skills and knowledge to be transmitted largely by families, inadequate parenting can lead to inadequate role modelling of parenting to the next generation.

Note: It was raised during the Exploring the First 1000 Days event that the terms adequate / inadequate parenting were not an accurate representation of the realities of parenting.

Parenting can be viewed as a spectrum ranging from ideal to inadequate, with a large degree of variation throughout the parenting style spectrum.

BONDING AND ATTACHMENT

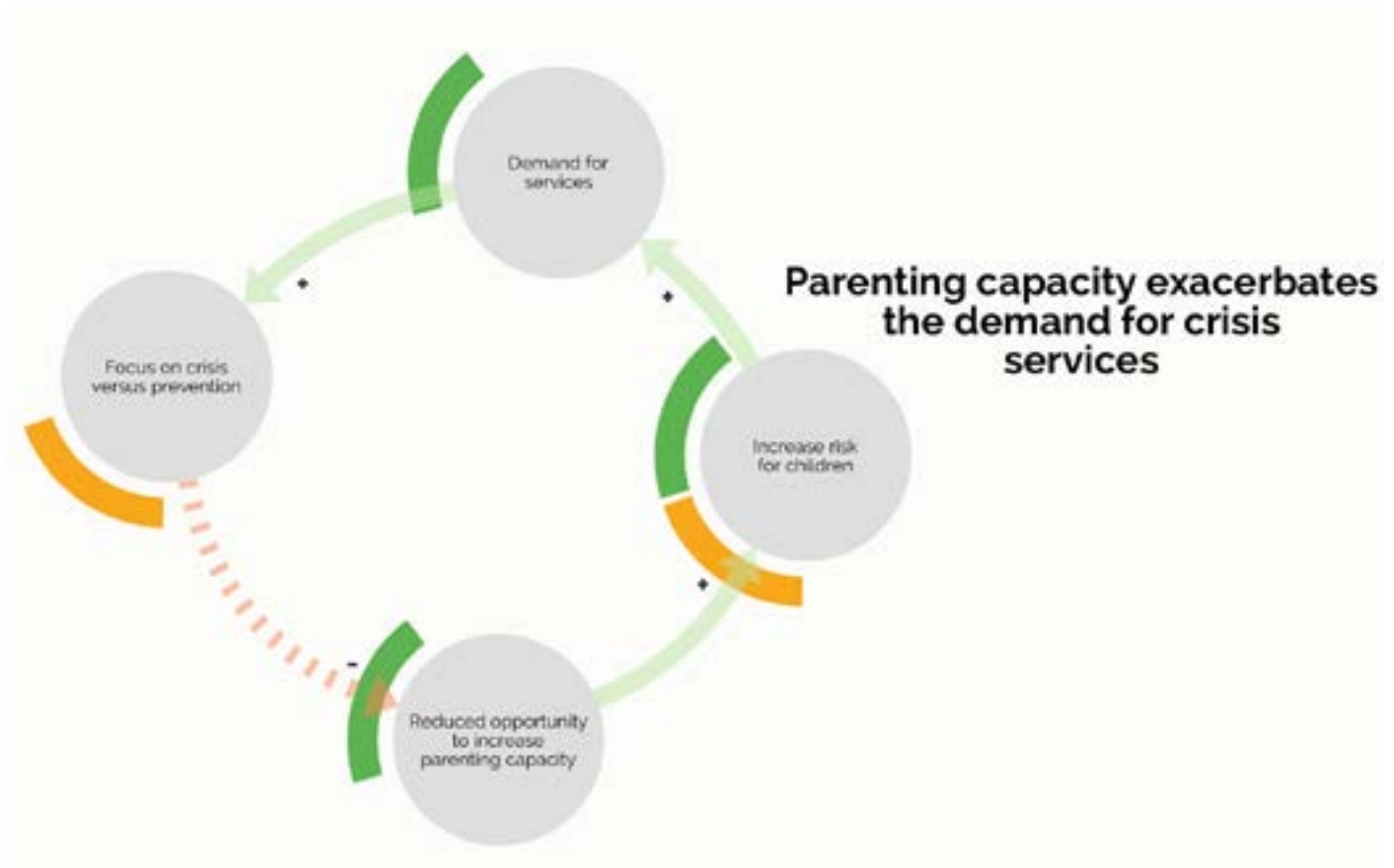


Secure bonding and attachment is improved as parents, families, community and services better understand its importance.

Insecure bonding and attachment can lead to poorer lifelong social, health and wellbeing outcomes.

This ultimately impacts negatively on the social determinants of health and therefore parents' capacity to control external life stressors (such as homelessness, relationship breakdown etc.)

PARENTING CAPACITY EXACERBATES THE DEMAND FOR CRISIS SERVICES

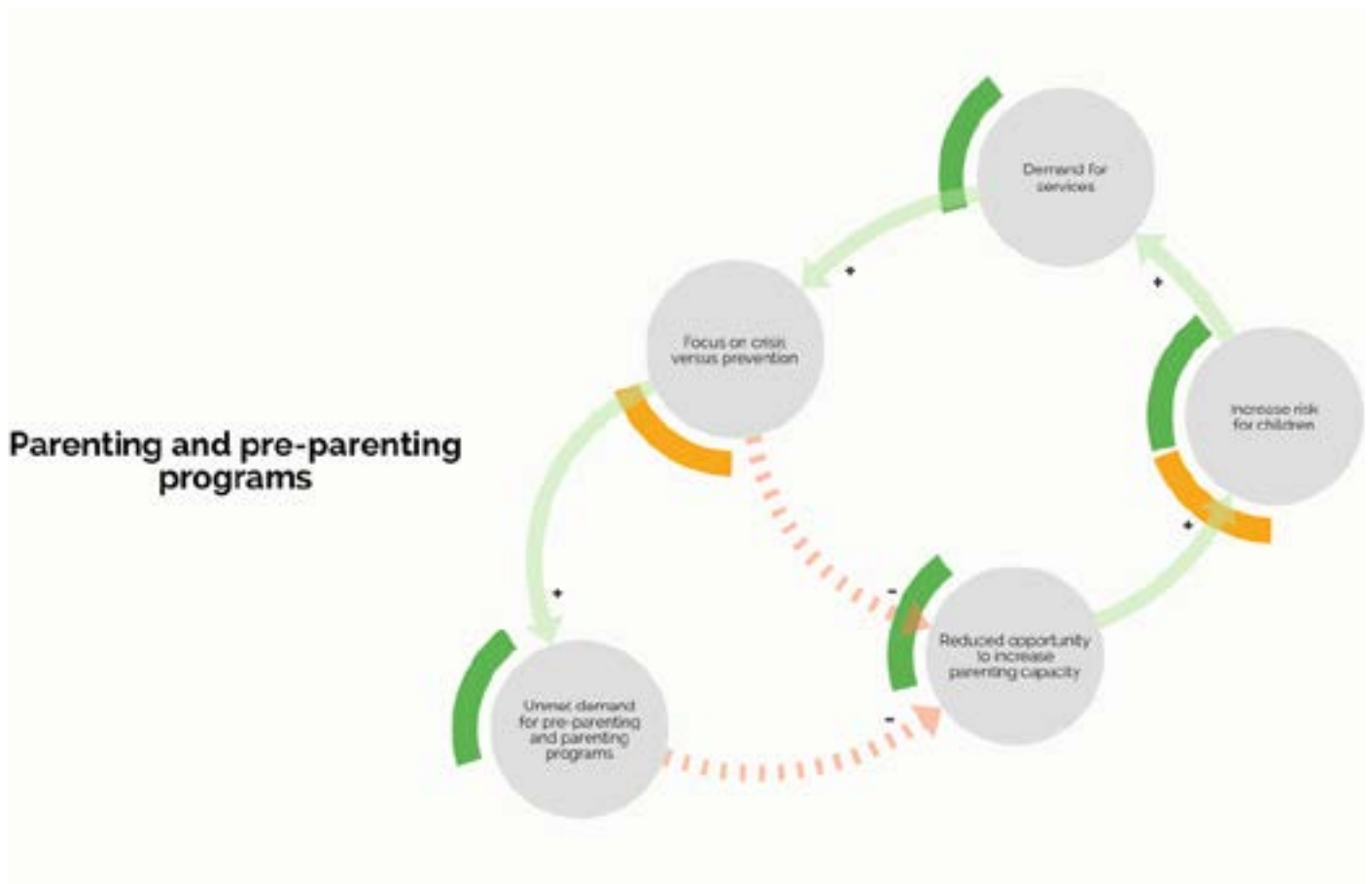


Workload pressures on service provision increases the likelihood that services will focus their efforts on high need interventions rather than prevention or early intervention.

This reduces the opportunities to build parenting capacity more broadly; in turn leading to increased vulnerability of the child during this critical window of development.

Which can then create an increased demand for services.

PARENTING AND PRE-PARENTING PROGRAMS



When demands on services lead to a focus on high need interventions versus prevention, there is a likelihood early intervention parenting and pre-parenting programs cannot be provided.

This reduces ability to support building parenting capacity, which may increase risk for children during this critical window of opportunity.

THE ROLE OF FAMILIES AND COMMUNITY



The community's understanding of the importance of the First 1000 Days must be addressed with a sense of urgency to maximise the developmental opportunities and to protect vulnerability during this critical window. Because knowledge about the importance of this critical window is relatively new, there are knowledge gaps across families, community & services.

As we only protect, count and invest in the things we understand and believe to be important, knowledge gaps reduce the capacity and motivation to prioritise and support children and their families.

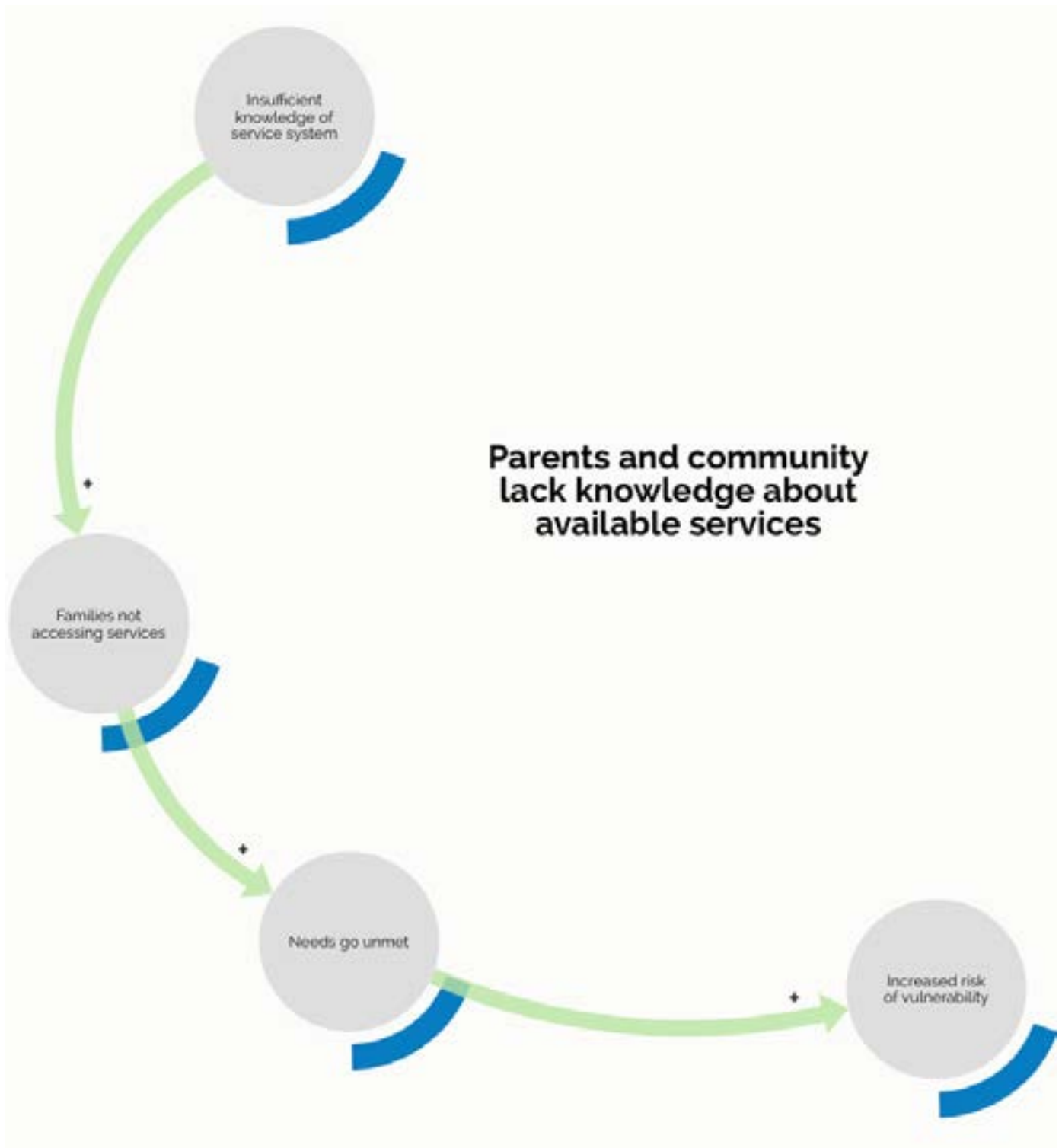
Knowledge gaps also reduce leadership and advocacy for all children to be healthy, welcome and safe in the First 1000 Days so that all children have the foundations to develop to their full potential.

During our Community Conversations, we identified that there is a strong belief that community has a role to help strengthen families to parent.

The community is concerned that we have vulnerable families and want all children and their families to be valued and supported.

Current research supports our Community's instinct that community plays a significant role in influencing development in the First 1000 Days.

PARENTS AND COMMUNITY LACK KNOWLEDGE ABOUT AVAILABLE SERVICES



When parents and community don't know what services are available to meet their needs and the needs of their child in the First 1000 Days of life they may not access them leaving needs unmet.

This can lead to a greater risk of vulnerability during this critical window of development.

COMMUNITY ACTION

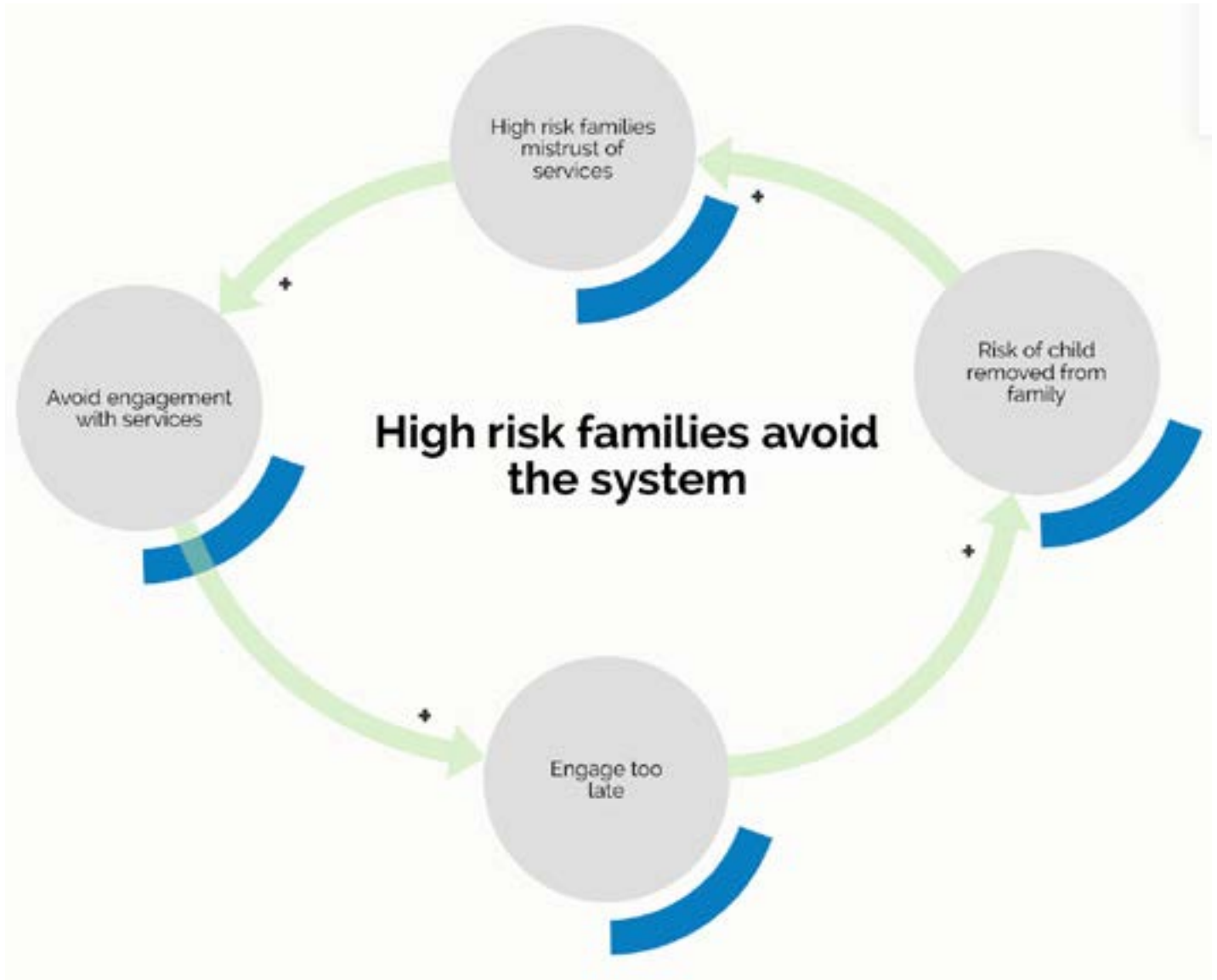


When community has insufficient knowledge and skills to act with confidence on vulnerability within the First 1000 Days, then it is less likely to be willing to do so.

This increases the likelihood that the community will assume someone else will act. This assumption increases the probability that opportunities to meet needs will be missed.

When needs go unmet there is a greater chance the problem will escalate and become a service responsibility.

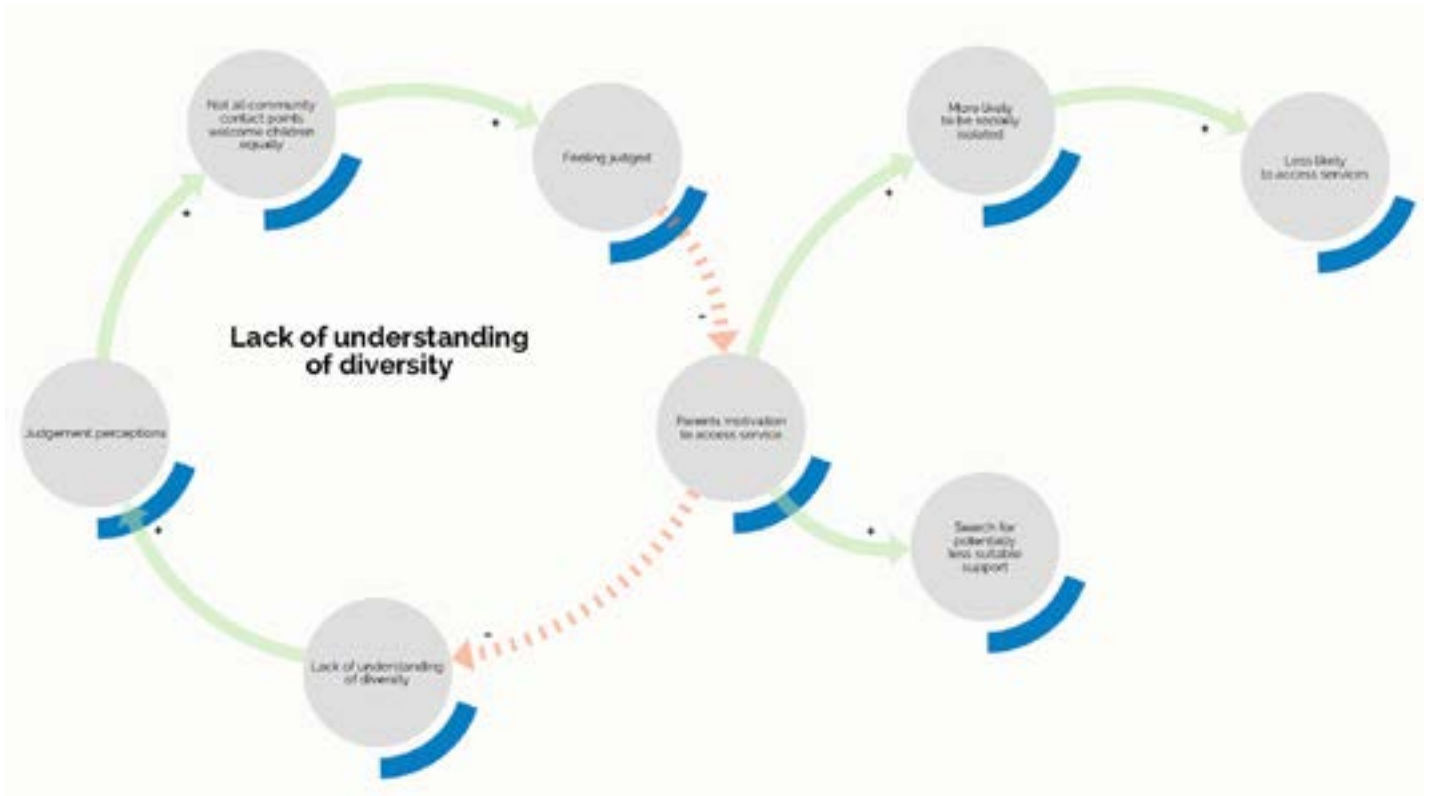
HIGH RISK FAMILIES AVOID THE SYSTEM



When high risk families mistrust services, they avoid engagement with the service system.

This reinforces the likelihood that risks to the child increase and they engage with services too late, thereby increasing the risk that their child is removed. This in turn increases family mistrust in the service system.

LACK OF UNDERSTANDING OF DIVERSITY

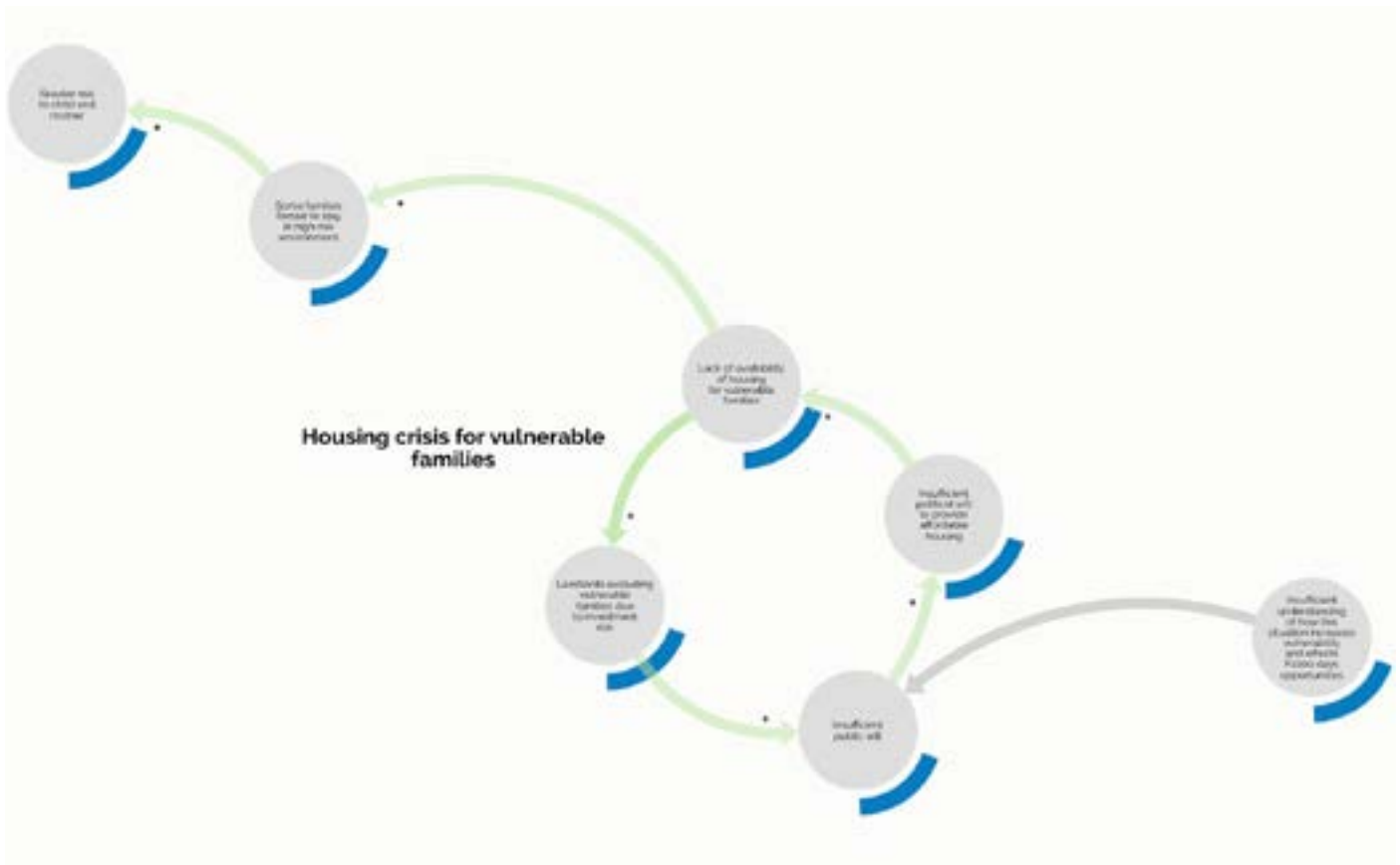


A lack of understanding of diversity leads to judgemental perceptions which in turn can lead to not all community contact points welcoming children equally. This in turn increases a family's sense of being judged which in turn affects parent's motivation to engage with services.

This creates a blind-spot that serves to maintain a lack of understanding about diversity.

When parents feel judged and de-motivated to use services they may become more socially isolated and become less likely to access services. They may potentially also seek less suitable or sub-optimal support.

HOUSING CRISIS FOR VULNERABLE FAMILIES



There is an insufficient understanding of how a lack of suitable housing increases vulnerability and reduces developmental opportunities within the First 1000 days leads to insufficient public will to advocate for change.

This leads to a greater risk that landlords exclude vulnerable families due to investment risk, which in turn reduces public will to change the status quo.

When there is a lack of affordable housing some families are forced to stay in high risk environments. This places a greater risk on a healthy, welcome and safe start to life.

FUNDING AND GOVERNMENT POLICY

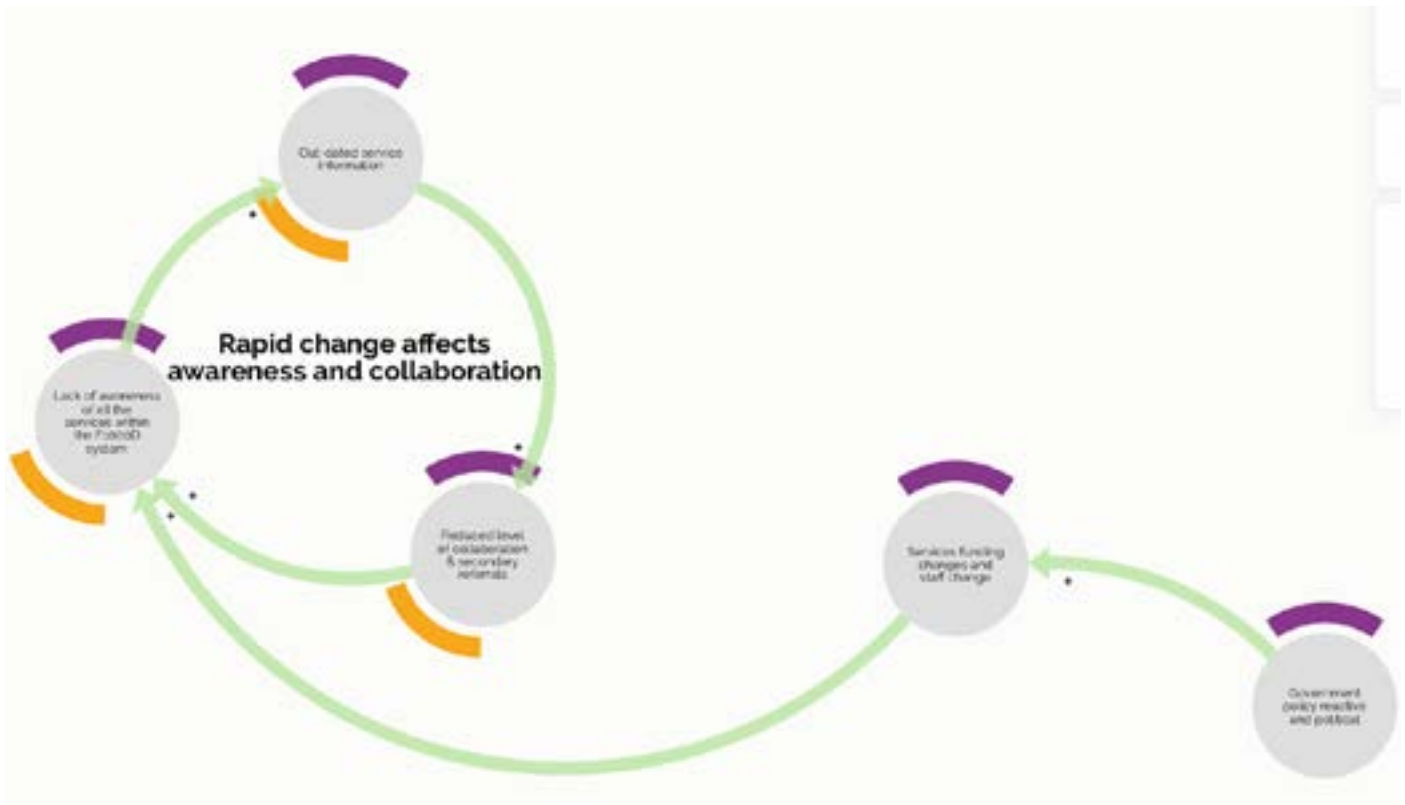


The growing body of evidence of the significance of the critical window of opportunity during the First 1000 Days challenges the ways services have been historically funded and oriented.

Government provides some universal services for children and families during the First 1000 Days such as Maternal Child Health checks and immunisation. These are not mandatory and rely on families to be motivated to engage.

Government policy and funding models respond to the high demand for crisis intervention through a bias toward resourcing activity in this area over prevention and early intervention. Where the service system is funded to undertake activity across the spectrum of prevention, early intervention and crisis intervention the latter takes precedence when there is limited time or resources.

RAPID CHANGE AFFECTS AWARENESS AND COLLABORATION

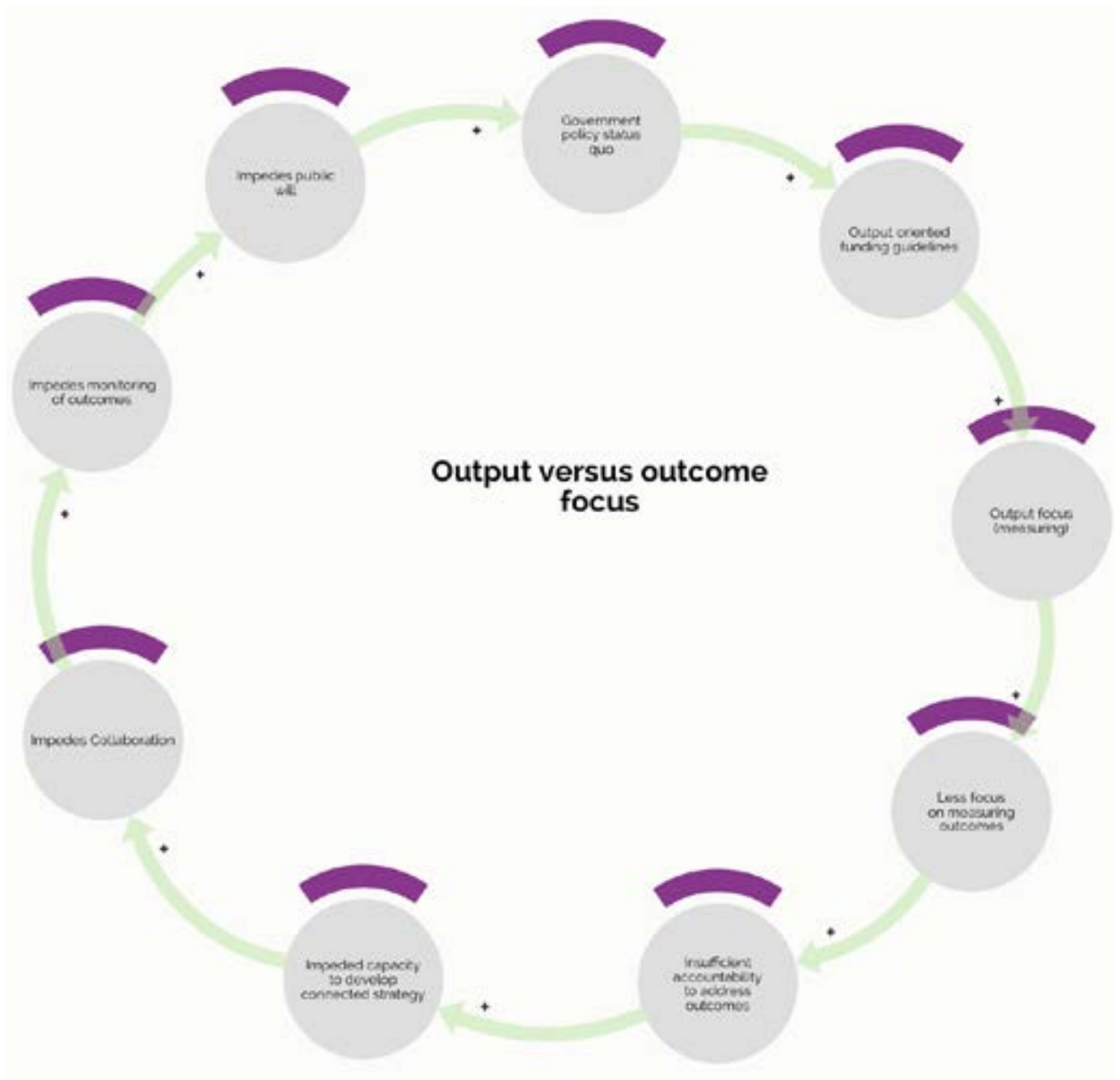


Government policy and funding is influenced by political will and therefore is subject to change. This has an impact on service funding guidelines and arrangements, which can impact on staffing.

Staffing changes can lead to communication gaps, increasing the risk that other services may have out-dated information about the new service arrangements. This diminishes the awareness of all the services within the system that supports the First 1000 Days.

Therefore there is a greater risk that the levels of collaboration will decline and diminish connectivity between services. Reduced connectivity further diminishes awareness of all the services available to support the First 1000 Days of life.

OUTPUT VS OUTCOME FOCUS

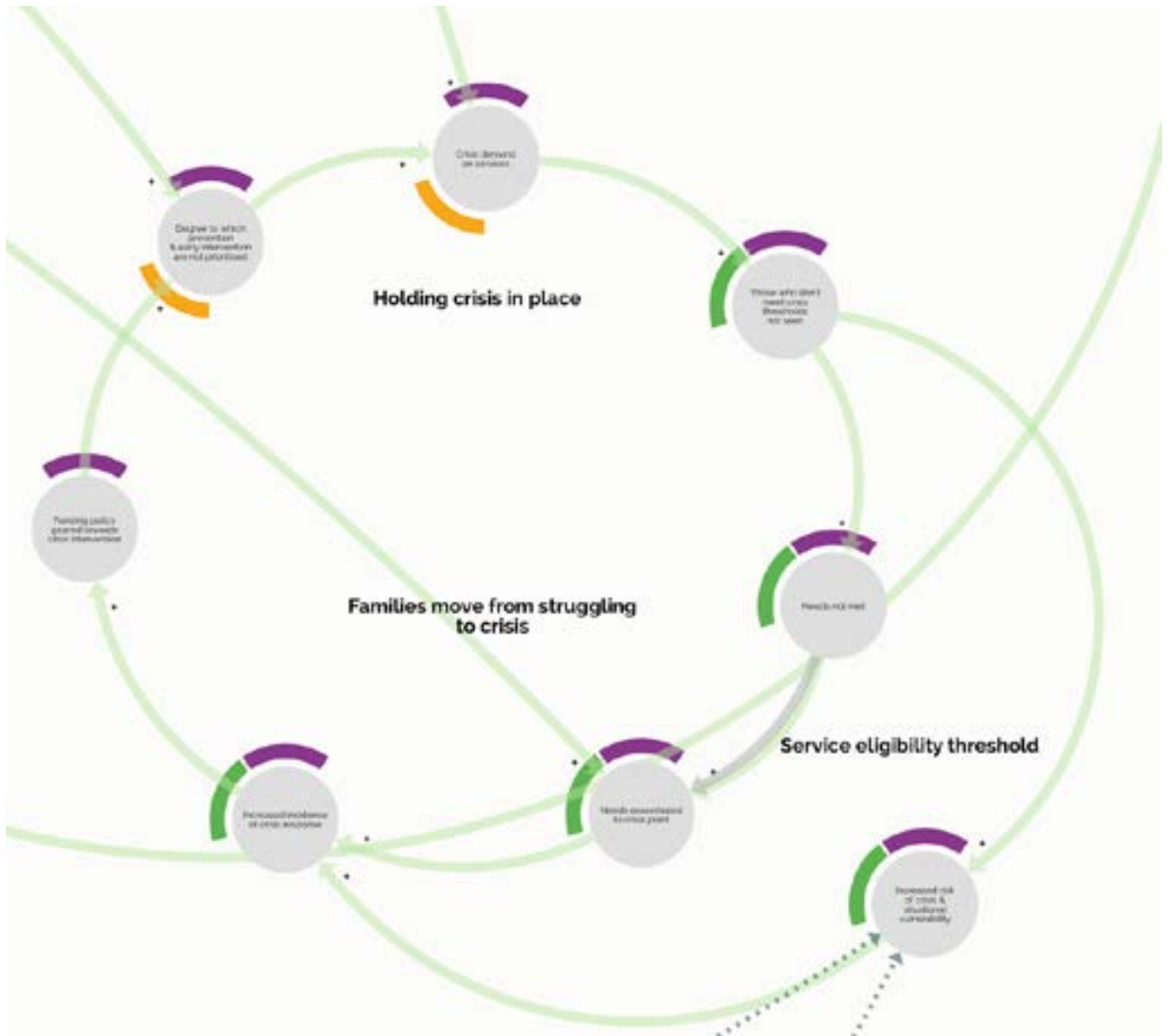


Where service funding guidelines drive a focus on output measures there is a lessened orientation to measuring outcomes. This decreases the likelihood that outcomes are measured, resulting in reduced accountability to address outcomes.

This erodes will and pressure to develop connected early childhood strategies, in turn reducing the need and desire to collaborate. Therefore the monitoring of outcomes is reduced, which in turn diminishes the importance of using shared knowledge to improving outcomes.

When outcomes are monitored the public is sufficiently informed, so there is a greater capacity to create public will for change. This in turn drives political will to change the policy regarding funding guidelines about reporting on outcomes rather than just outputs.

HOLDING CRISIS RESPONSE IN PLACE



HOLDING CRISIS IN PLACE

When services are crisis focused due to policy and demands they do not have sufficient time, capacity or orientation to focus on prevention and early intervention.

This increases the risk of crisis and increases the incidence of crisis response, both of which maintain or increase pressure on funding and policy which is focussed on intervention.

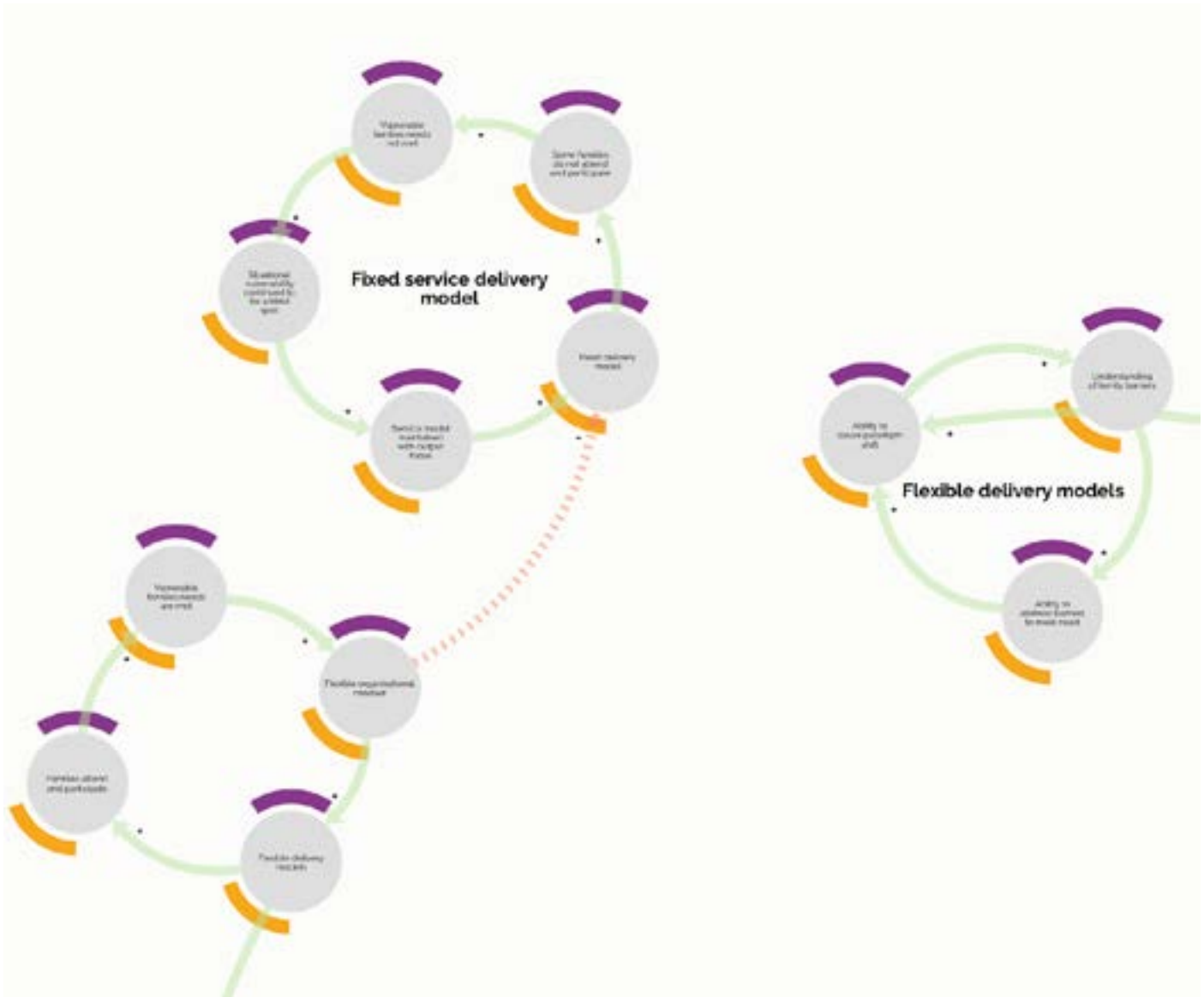
SERVICE ELIGIBILITY THRESHOLDS

Funding policy and requirements are often geared to respond to highest needs for intervention and support. This sets service eligibility thresholds, meaning families who don't meet crisis thresholds are not seen and their child's needs are not met. When a struggling family's needs are not met, they may escalate to crisis.

FAMILIES MOVE FROM STRUGGLING TO CRISIS

When a struggling family's needs are not met, they may escalate to crisis.

FIXED VS FLEXIBLE DELIVERY MODELS



An organisational mindset that accounts for family barriers and diversity can create space for flexible delivery models which can improve engagement and better meet needs.

Where the organisational mindset is to provide a fixed delivery model some families do not attend and participate. This leads to vulnerable families' needs not being met. This unmet need continues to act as a blind-spot to the service so it continues to maintain a fixed service delivery model.

An open operational mindset influences a service's readiness to: achieve a greater shared understanding of the issues facing our local community, collaborate with other services, align effort, and understand the gaps in the early years system. This moves the system closer to a paradigm shift.

ORIENTATION OF SERVICE SECTOR



When services have to respond to crisis there is less time to focus on prevention and early intervention.

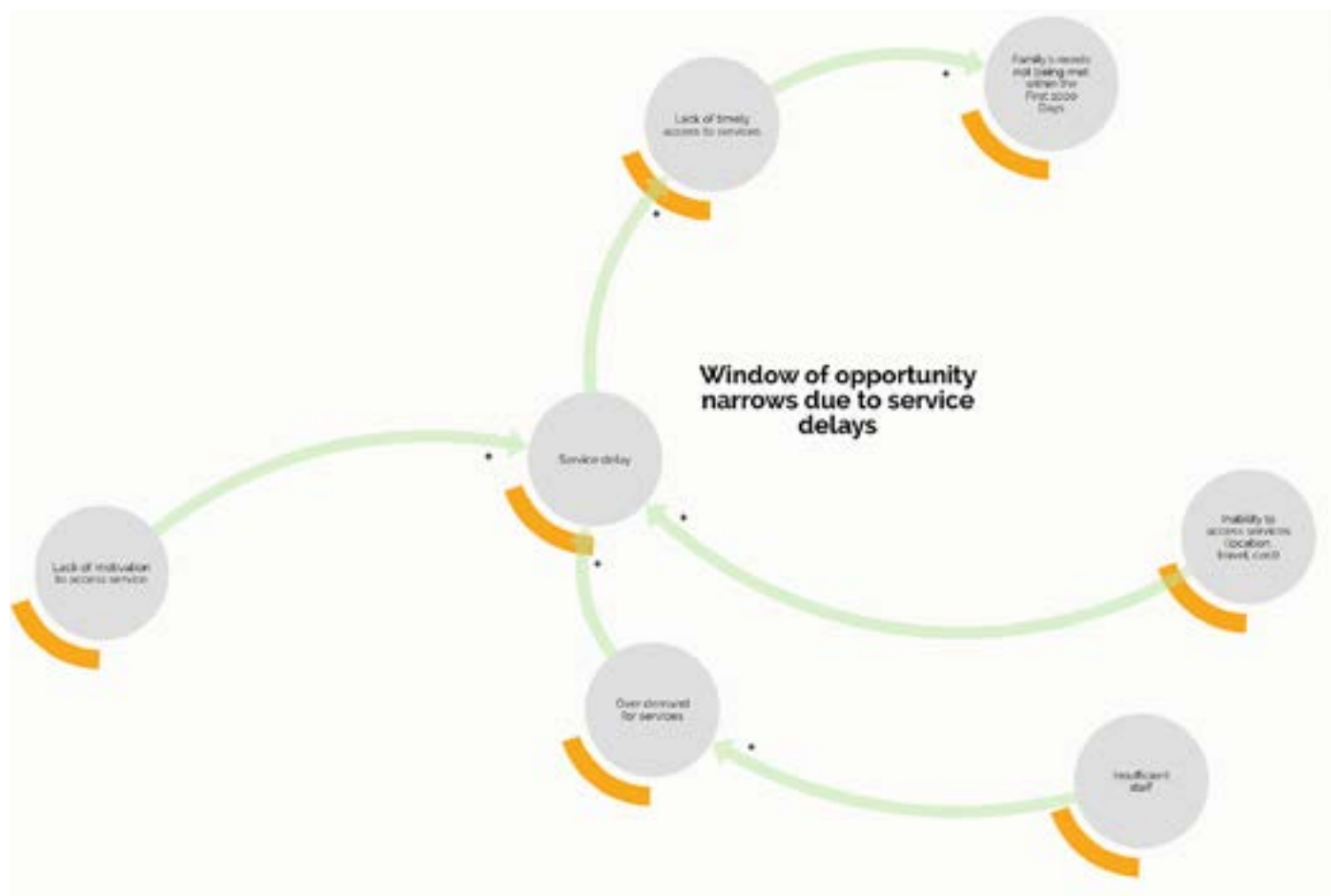
Service pressures, such as staffing and service thresholds place further pressure to respond to crisis potentially resulting in missed opportunities to provide optimal services within a short window of opportunity.

Competitive tendering for funding leads to rivalry and, in turn, affects preparedness to develop a connected early years strategy.

The requirement to measure outputs vs. outcomes further discourages the development of shared measures and cross sector learning to improve the system supporting the First 1000 Days.

This serves to maintain the status quo regarding knowledge gaps and strategy development to respond to the importance of the First 1000 Days.

WINDOW OF OPPORTUNITY NARROWS DUE TO SERVICE DELAYS



Inability to access a service leads to service delays, which narrows the window of opportunity in the First 1000 Days.

Delays include: inability to access a service because of its location or cost, parent motivation to access the service, delays because of over-demand for services, and insufficient staff available to provide the service despite funding being available.

KEEPING SILOS IN PLACE



Uneven distribution of clients across services or programs increases pressure on the sustainability of underutilised programs or services.

This increases pressure on the viability of the business model which in turn increases competition, creating accidental adversaries.

Competition promotes siloed behaviours, which in turn maintains a narrower output focus, which reduces the likelihood of connected outcome thinking. It maintains a focus on competition for funding, which further drives competitiveness or adverse relationships between services and a focus on outputs rather than outcomes.

TRUST AND COLLABORATION



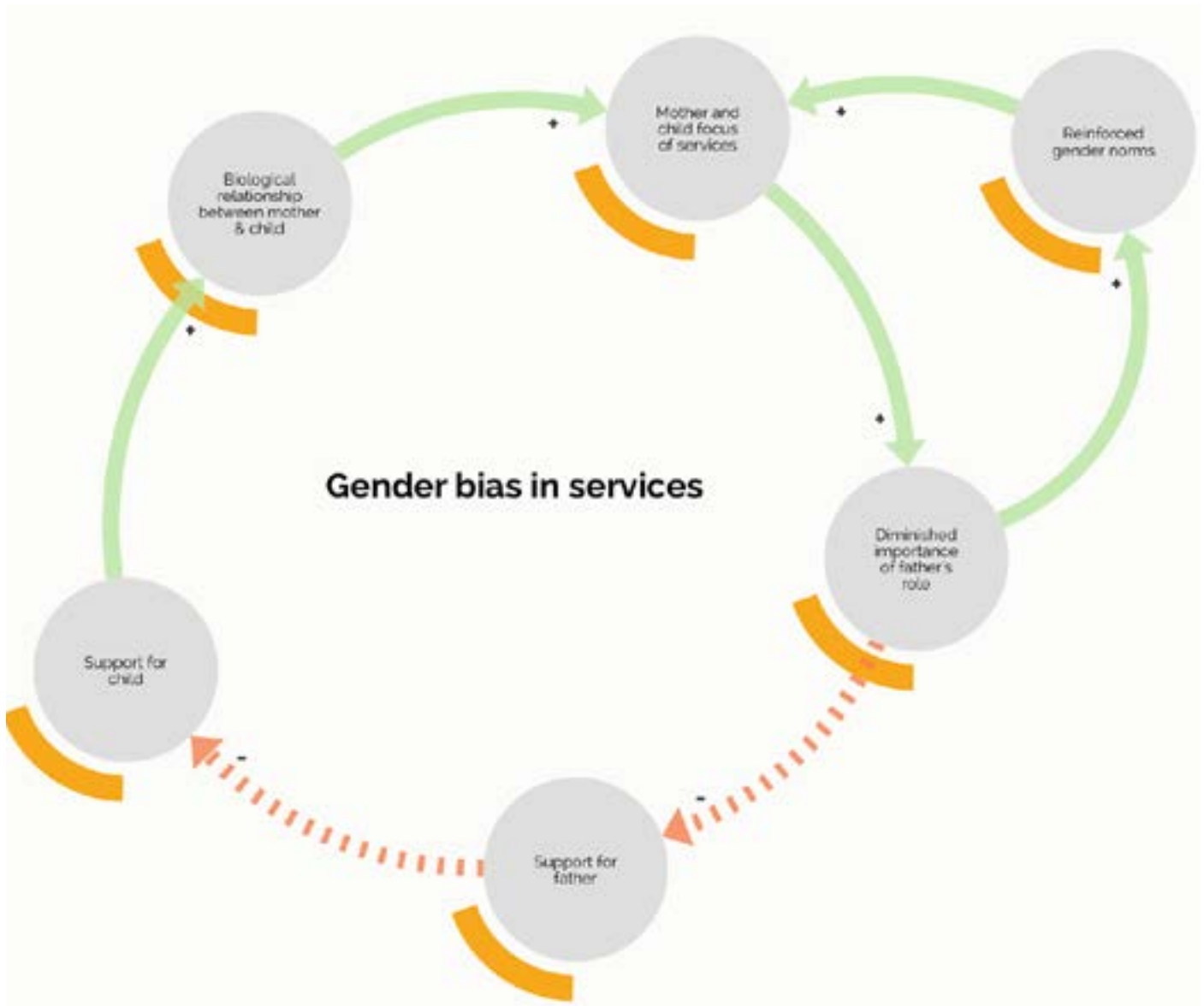
Mistrust between professionals leads to a reduced likelihood of collaboration. This results in a reduction of referrals and shared information.

These conditions result in reduced likelihood that children and their family's needs will be met.

When needs are not met the quality and quantity of feedback to services diminishes and this serves to diminish trust between professionals.

There were some discussions that identified collaborative bright spots, contrary to the negative loop depicted on the map.

GENDER BIAS IN SERVICES



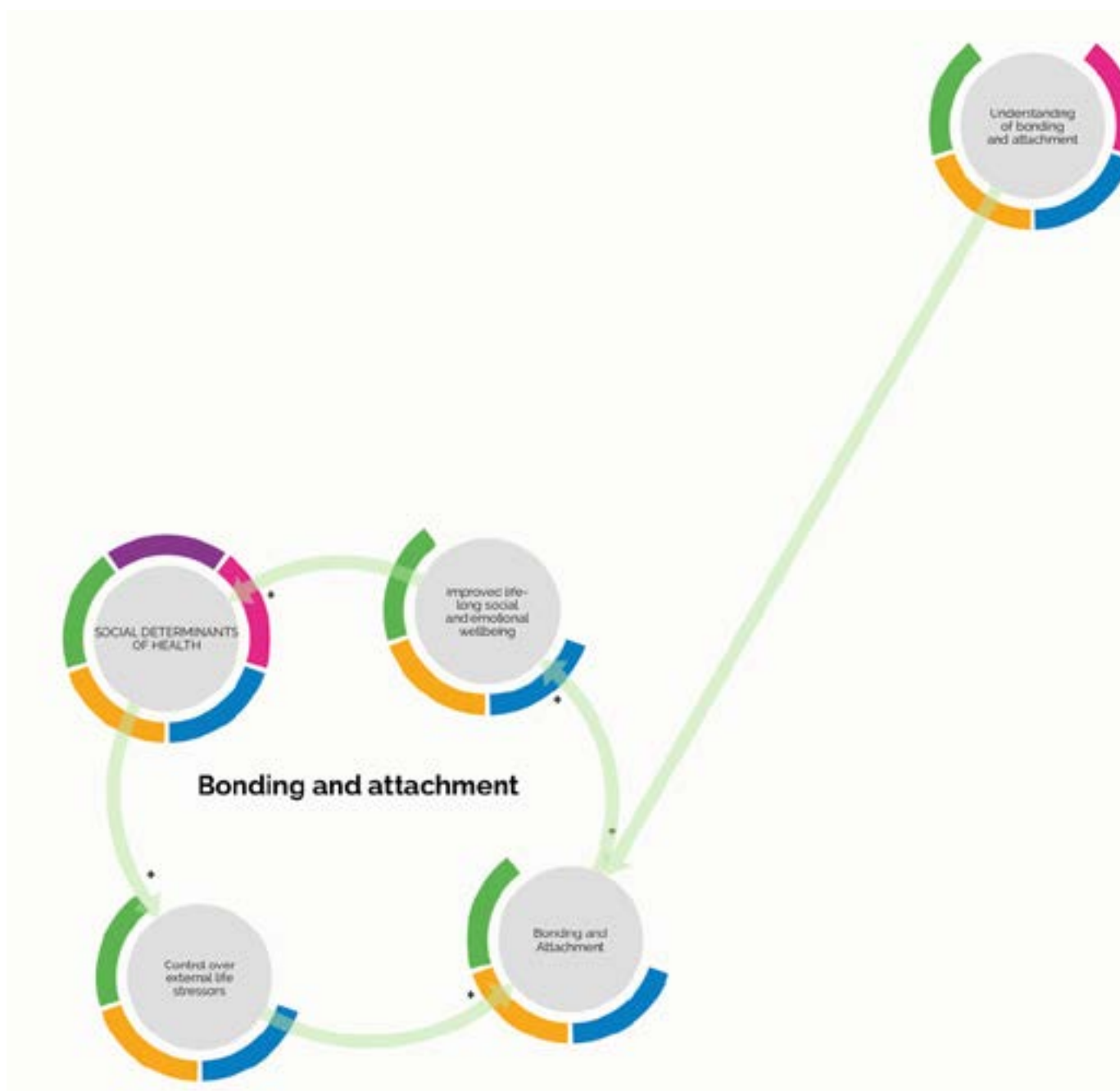
The biological relationship between mother and child in the First 1000 Days leads to services being mother-child focussed.

This focus causes a diminished consideration of the role of the father reducing support for the father. This reduced support decreases the father's ability to support the child.

Under-preparedness of the father to support the child strengthens the necessity of the mother-child relationship.

This is important because evidence tells us that gender inequality is one of the root causes of violence against women and that the risk of family violence is higher during the First 1000 Days.

BONDING AND ATTACHMENT



Understanding the importance of bonding and attachment serves to improve this between mother and child.

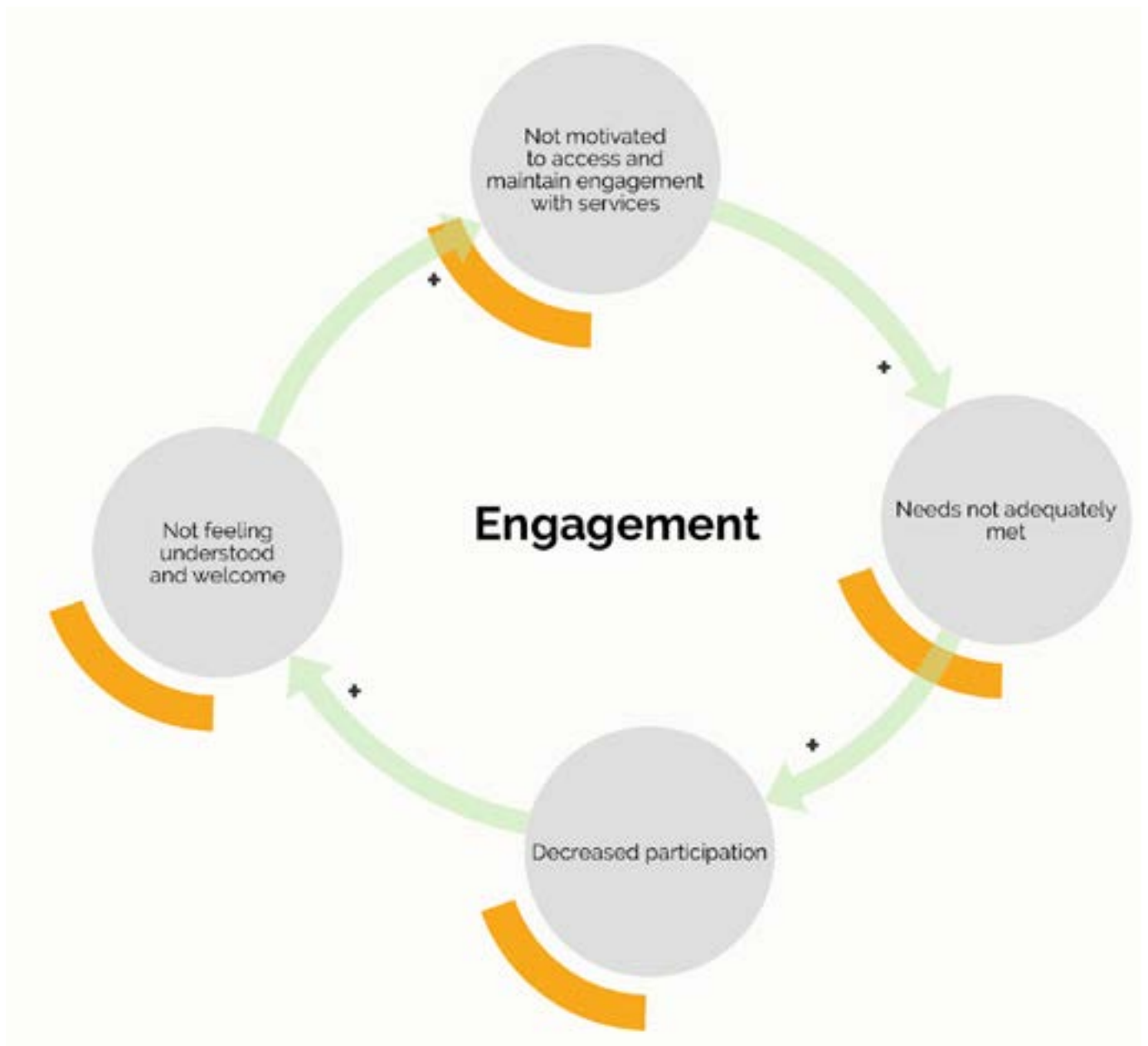
This leads to improved life-long social and emotional well-being, which in turn improves the social determinants of health. When the social determinants of health are optimised there is greater control over the stressors that can impact adversely on bonding and attachment.

Bonding and attachment can be adversely affected by factors such as mental and physical health and wellbeing for the mother, post-natal depression, substance use and readiness to welcome baby into the family.

Ensuring all new mothers are supported by lactation and maternal and child health services helps to provide support and connect mothers to additional services that they may need.

Including fathers is important to ensure that their role in supporting the mother and child during this time is maximised.

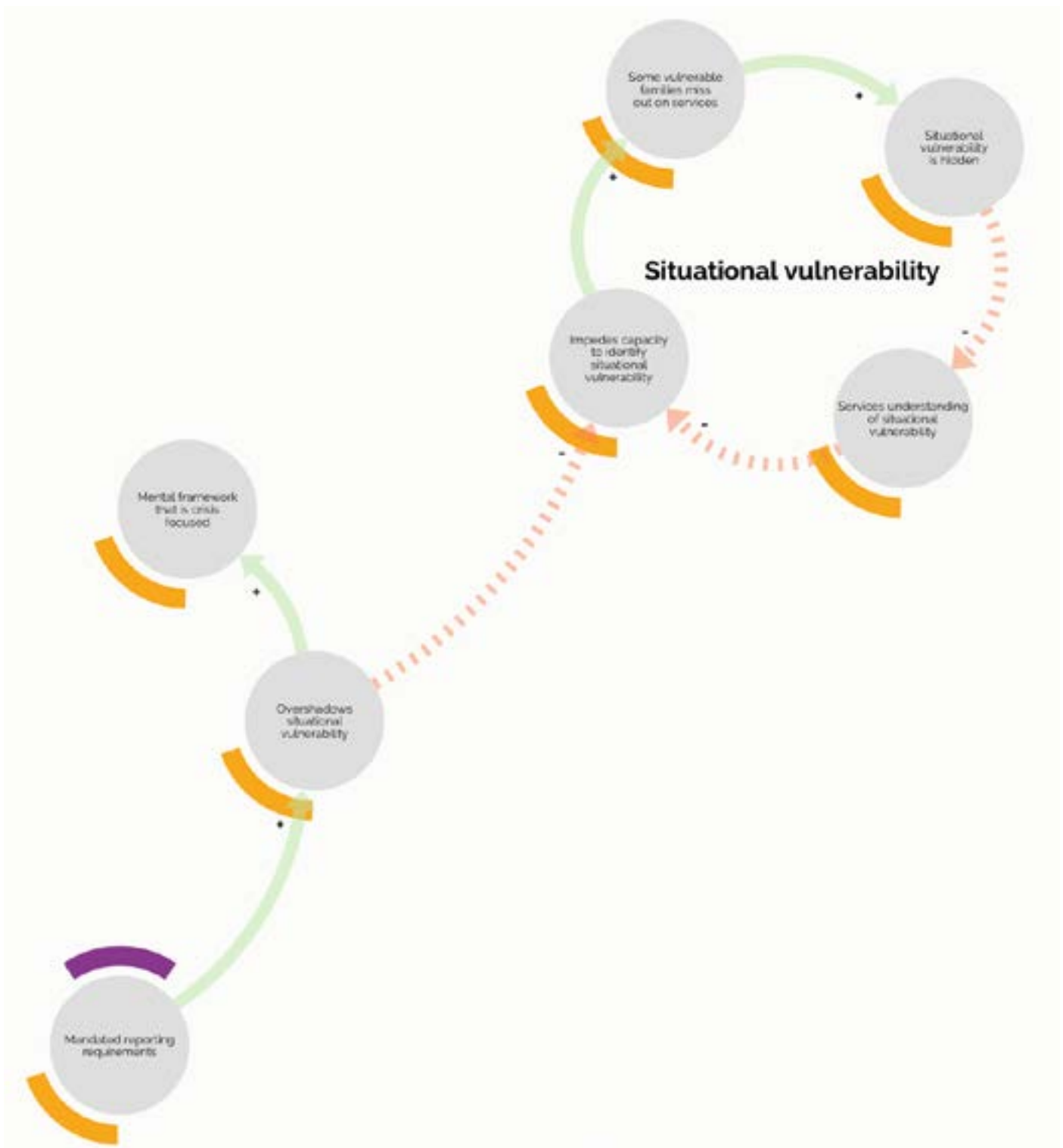
ENGAGEMENT



When parents do not feel welcome or understood by a service they do not feel motivated to access the supports on offer, or to continue to engage.

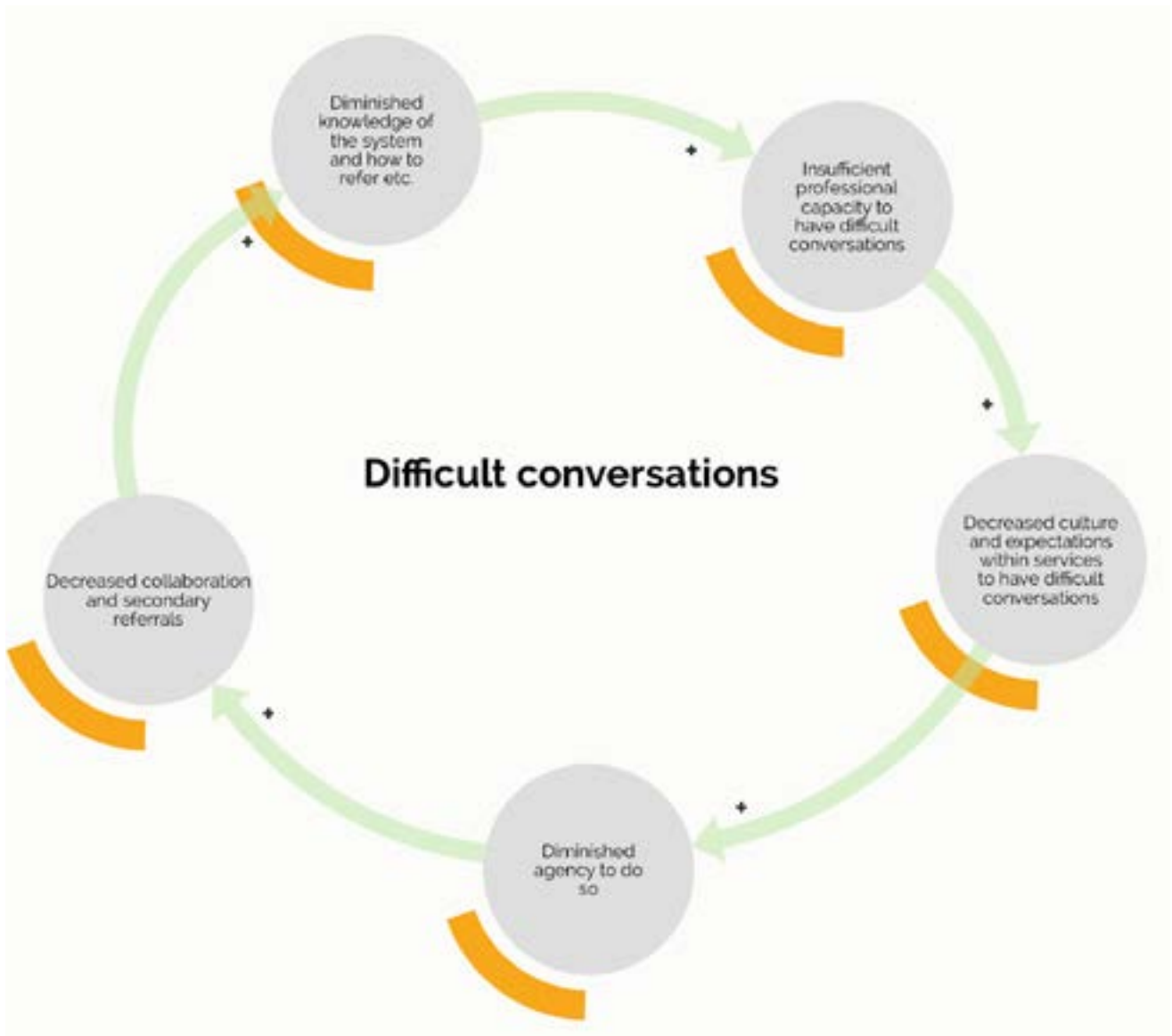
This reinforces decreased participation in the service and the risk of escalating needs not being met.

SITUATIONAL VULNERABILITY



Mandatory reporting requirements overshadow the focus on identifying and acting to help families seek support for less urgent situational vulnerability needs. The focus on mandatory reporting rather than situational vulnerability more broadly means opportunities for early intervention are missed and some vulnerable families miss out on some services. This creates a blind spot and increases the likelihood that situational vulnerability remains hidden and diminishes the capacity of services to understand situational vulnerability, identify it and act on it through appropriate early referrals.

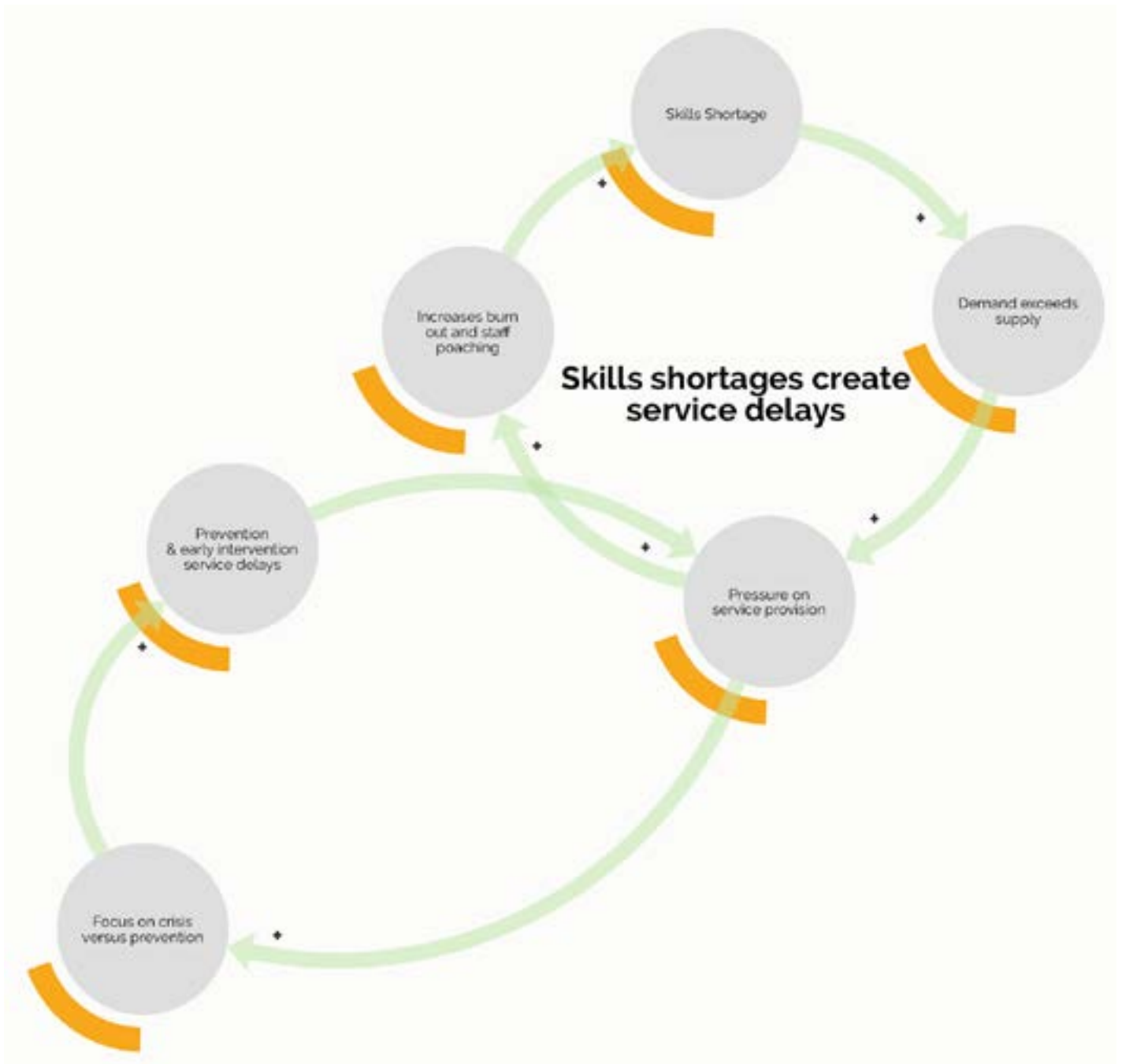
DIFFICULT CONVERSATIONS



When the capacity of professionals to have difficult conversations with families about concerns is insufficient, there is a decreased culture and expectation to hold such conversations. This in turn diminishes the professional's sense of agency to do so, resulting in decreased collaboration and secondary referrals.

Over time, the avoidance of difficult conversations with families leads to a diminished knowledge about how and where to send secondary referrals and further weakens the capacity to hold difficult conversations with families.

SKILL SHORTAGES CAUSE DELAYS



A shortage of skilled staff leads to periods of time when demand for a service exceeds capacity to provide it.

This increases pressure on staff providing services and increases the likelihood of staff burn out, staff leaving and staff poaching, which in turn reinforces a skills shortage and pressure on the service.

When the pressure on service provision is too high the focus shifts towards one of crisis rather than prevention. This in turn leads to delays in prevention and early intervention services, and if these needs are not met there is a greater likelihood that family's needs escalate to crisis.

SOME OF OUR COMMUNITY'S DATA FOR THE FIRST 1000 DAYS

DEMOGRAPHICS

Mildura LGA birth rate 2017 - 690

MILDURA LGA 2016																
Age	Aboriginal and/or Torres Strait Islander				Non-Indigenous				Indigenous status not stated				Total			
	Male	Female	Persons % / no	Inc /Dec	Male	Female	Persons % / no	Inc /Dec	Male	Female	Persons % / no	Inc /Dec	Male	Female	Persons % / no	Inc /Dec
0	25	27	56	Dec	277	269	549	Inc	21	23	40	Inc	324	321	647	Inc
1	29	35	64	Inc	258	276	534	Dec	23	32	54	Inc	304	342	652	Dec
2	24	30	57	Dec	307	297	601	Dec	22	29	51	Inc	353	356	705	Inc

LEVEL OF RELATIVE SOCIO-ECONOMIC DISADVANTAGE

Level of Relative Socio-Economic Disadvantage (ranked amongst all 79 Victorian LGAs), 2016 Mildura LGA 5th

HEALTHY

Low Birth Weight babies, 2013-2015

Mildura 7.3%

Victoria 6.8%

Smoking During Pregnancy*, 2013-2015

Mildura 22.9% Victoria 10.1%

Proportion of children exposed to alcohol in utero, 2013

Mallee Region 37.0% Victoria 46.7%

MATERNAL CHILD HEALTH KEY AGES AND STAGES (KAS) VISITS

Participation Rates, KAS Home Visit, 2014/2015

Mildura 103.7%* Victoria 100.9%

Participation Rates, KAS 2 weeks, 2014/2015

Mildura 100.8% Victoria 97.4%

Participation Rates, KAS 4 weeks, 2014/2015

Mildura 100.5% Victoria 97.2%

Participation Rates, KAS 8 weeks, 2014/2015

Mildura 98.8% Victoria 96.6%

Participation Rates, KAS 4 months, 2014/2015

Mildura 95.0% Victoria 94.4%

Participation Rates, KAS 8 months, 2014/2015

Mildura 88.3% Victoria 86.4%

Participation Rates, KAS 12 months, 2014/2015

Mildura 89.9% Victoria 83.4%

Participation Rates, KAS 18 months, 2014/2015

Mildura 74.5% Victoria 75.0%

Participation Rates, KAS 2 years, 2014/2015

Mildura 72.0% Victoria 72.8%

IMMUNISATION

Proportion of children who are fully vaccinated at 12-15 months, 2014/2015

Mildura 89.3% Victoria 91.2%

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

Mildura 89.8% Victoria 91.7%

Proportion of children who are fully vaccinated at 24-27 months, 2014/2015

Mildura 90.0% Victoria 89.6%

BREASTFEEDING

Proportion of infants fully breastfed at discharge from hospital, 2014/2015

Mildura 73.8% Victoria 72.8%

Proportion of infants fully breastfed at 2 weeks of age, 2014/2015

Mildura 65.5% Victoria 66.1%

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

Mildura 66.0% Victoria 67.0%

Percentage of infants fully breastfed at three months, 2011/2012

Mildura 43.3% Victoria 51.4% Rank 68

Proportion of infants fully breastfed at 6 months of age, 2014/2015

Mildura 19.2% Victoria 34.0%

SAFE AND SECURE

Child protection investigations completed per 1,000 eligible population, 2014-2015

Mildura 36.9 Victoria 19.4 Rank 7

Child abuse substantiation* per 1,000 children aged 0-17 years, 2014-2015

Mildura 17.6 Victoria 11.4 Rank 16

Children on child protection orders per 1,000 population, 2010

Mildura 15.0 Victoria 5.2 Rank 5

Children in out of home care (per 1,000 population), 2015

Mildura 10.3 Victoria 6.1 Rank 25

Family violence incidents (per 1,000 population) Sept 2014–Oct 2015, Victoria Police (LGA) TL/R

Mildura 30.9 Victoria 12.4 Rank 2

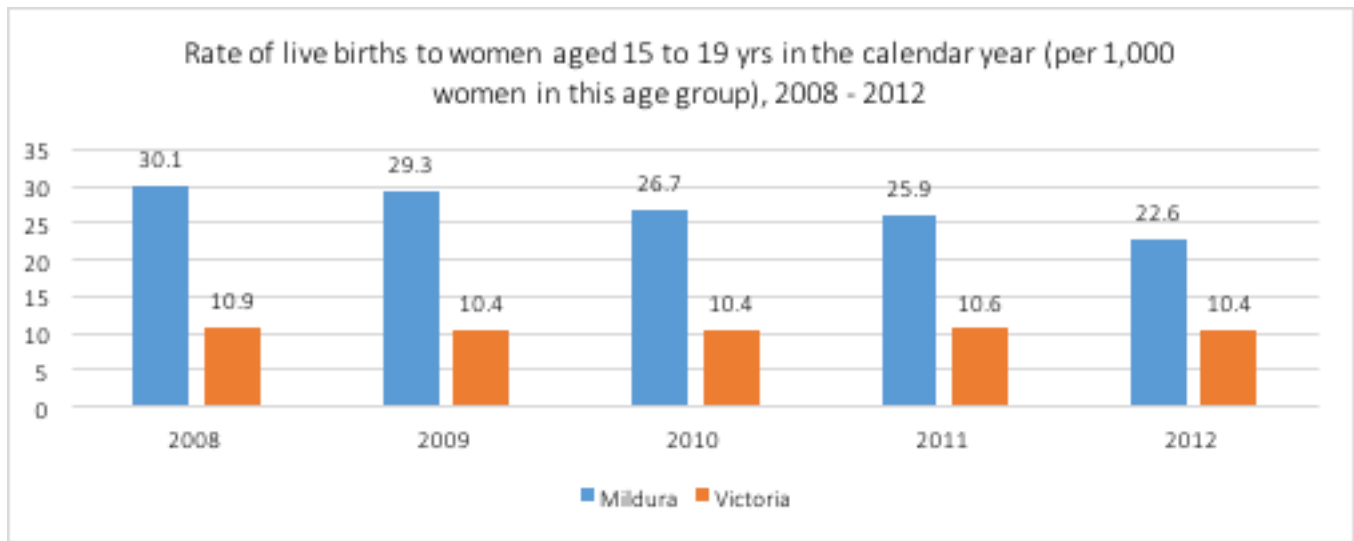
Within the Mildura LGA population, the highest rate of affected family members in definite alcohol related family violence incidents was seen in females and in the 25-39 year age cohort followed by the 18-24 years cohort.

Percentage of family violence incidents where children and young people aged 0–17 years are involved as other parties, 2014/2015

Mildura 32.8% Victoria 34.5%

Mildura LGA has a lesser proportion of children (aged 0-17 years) involved as other parties in family violence incidents than their Victorian peers (32.8% compared to 34.5%). However, for the Mildura LGA, this proportion has increased between the reporting periods from 29.3% in 2012/2013 to 32.8% in 2014/2015.

MOTHERHOOD



Education Level of Mother

Drawing on 2016 ABS Census of Population and Housing data there was a higher proportion of Mildura LGA children aged less than 15 years are living in families 'where the female parent's highest level of schooling was year 10 or below, or where the female parent did not attend school' (22.3%) than their Victorian counterparts (12.7%).

Children in families where the mother has low educational attainment, 2016

Mildura 22.3% Victoria 12.7%

FINANCIAL SECURITY

Unemployed (of people who reported being in the labour force, aged 15 years and over), 2016

Mildura 7.3% Victoria 6.6%

For both reporting periods Mildura LGA remained above the Victorian unemployment rates.

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

Mildura 17.5% Victoria 11.0%

Households in dwellings receiving rent assistance from Centrelink (as a proportion of total dwellings), 2016

Mildura 23.2% Victoria 15.7%

CONNECTED TO COMMUNITY

Community Connection (0-100), 2011

Mildura 77.5 Victoria 72.3

PROPORTION OF ADULTS WHO BELONG TO A COMMUNITY GROUP					
2014	Sports	Religious	School	Professional	Other
Mildura	31.9%	14.2%	16.3%	22.8%	18.6%
Victoria	25.7%	18.6%	13.7%	23.7%	19.4%
2011 - 2012	Sports	Religious	School	Professional	Other
Mildura	32.4%	18.8%	14.4%	23%	17.2%
Victoria	26.5%	18%	12.5%	24%	18.7%

Proportion of adults who attended a local community event, 2014

Mildura 79.0% Victoria 58.7%

Proportion of adults who volunteer (Yes, definitely), 2014

Mildura 27.0% Victoria 23.2%

Perceptions of neighbourhood – people are willing to help each other, 2015

Mildura 74.2% Victoria 74.1%

ELECTRONIC GAMING MACHINE EXPENDITURE, 2013/2014 - 2015/2016			
	Player Losses 2013-14	Player Losses 2013-14	Player Losses 2013-14
Rural City Of Mildura	\$24,700,237	\$25,640,869	\$25,711,760
Victoria	\$2,504,343,302	\$2,571,926,031	\$2,616,703,496

Proportion of adults who thought multiculturalism definitely made life in their area better, 2014

Mildura 38.4% Victoria 55.4%

Humanitarian arrivals as a percentage of new settlers, 2014/2015

Mildura 42.3% Victoria 9.3% Rank 5

Source: State of Mildura Report

FIRST 1000 DAYS RESEARCH LIST

[The First 1000 Days - Our Greatest Opportunity, Royal Children's Hospital Melbourne, March 2018](#)

[The First Thousand Days - An Evidence Paper Summary, Centre for Community Child Health, September 2017](#)

[The First Thousand Days - An Evidence Paper, Centre for Community Child Health, September 2017](#)



HANDS UP MALLEE