

Best Start Atlas

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Atlas

Best Start Atlas

Children aged 0-8 years in Victoria

January 2005

Department of Human Services

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Department of Human Services.

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Preface

The Victorian Government's Best Start project aims to improve the health, development, learning and wellbeing of all children between the ages of 0 and 8 years across Victoria, from pregnancy through transition to school.

The *Best Start Atlas* is a compilation and analysis of a range of characteristics about Victorian children 0–8 years of age. Characteristics have been identified jointly by the Victorian Department of Human Services and the Australian Bureau of Statistics (ABS), with consideration given to a number of factors, including relevance to the project, reliability of the data and the identification of data that were not previously available in the public domain.

The *Best Start Atlas* is intended for use by those with an interest in establishing a benchmark for future comparison of important characteristics about children between the ages of 0 and 8 years at local government, metropolitan, regional and state levels of geography. The Atlas aims to assist the Victorian Department of Human Services with an evidence base for use in developing child health policy, program development and evaluation.

The ABS and the National Statistical Service

The Australian Bureau of Statistics (ABS) has contributed to the Best Start project as part of their commitment to assist and encourage informed decision-making, research and discussion within governments and the community generally and, more specifically, in terms of support for the State Government of Victoria.

ABS provided statistical assistance to government agencies to draw information from their administrative systems as part of the National Statistical Service (NSS) strategy. The broad aims of the NSS are to support the production of statistics, to assist with improvements in the quality of statistics, and to facilitate greater use of statistics by all levels of government.

The NSS initiative is a recognition that much of the statistical information required to inform policy makers is already contained in the administrative systems of government organisations. It also recognises that, increasingly, agencies are producing and using statistical information for performance monitoring and program and policy evaluation. At present, the depth and breadth of information that is supplied by primary statistical producers, such as the ABS, does not meet the total needs for statistical information and there is a need to effectively link producers and users of statistics in a more systematic and efficient way.

The NSS aims to achieve that objective by narrowing the gap between the supply of, and need for, information and, in so doing, ensure a better information base for all Australians, particularly governments. The information base will include important statistics generated as a by-product of the administrative processes of government, as well as the outputs of statistical collections conducted to support government activities.

The *Best Start Atlas* represents a collaborative effort across Commonwealth and state agencies to produce a set of coherent indicators relating to children aged 0–8 years in Victoria. The Atlas contains ABS Census 2001 data and selected administrative data from other agencies. Statistical information is presented at local government area (LGA) level.

Foreword

All children deserve the best start in life. At various times families will need support and assistance along the way to achieve this best start. During pregnancy, birth and the daunting first weeks of a new life, raising a toddler and preparing a child for school, can all be challenging times for parents.

Although most young Victorians are healthy, happy and active learners, young children are vulnerable in their early years of life. A positive and healthy early years experience is crucial for the immediate and ongoing wellbeing of a child.

It is critical that early years services are accessible and affordable for all families, particularly those families who need additional help. The Government recognises this important role for early years services and has boosted child and family support service funding by 55 per cent since 1999. Since then we have seen record participation rates achieved in our kindergarten and maternal and child health services.

The **Best Start** program demonstrates this Government's commitment to this philosophy and enables local communities to draw together a range of services, including kindergarten and maternal and child health services, to meet the evolving needs of local communities and families.

Building on the early success of the **Best Start** program, the Victorian Government has now developed a **Best Start Atlas** that establishes a benchmark for the comparison of health and wellbeing characteristics of children between the ages of 0 to 8 at local government, metropolitan, regional and state level. It provides Victorian local government authorities and communities with a strong evidence base for use in developing child health policy, program development and evaluation.

The **Best Start Atlas** provides a profile of the population of children, where they live, the families they belong to, their socio-economic status and indicators of their wellbeing. This population data will allow for more effective planning of services, and will ensure children and their families can gain access to the support they need to improve their health, learning and wellbeing.

Analysis of the data contained in the **Best Start Atlas** will be a valuable tool that further informs work by the government and its partners in their efforts to strengthen services and support for local communities and families. I commend the **Best Start Atlas** to you and trust that it provides an improved evidence base from which to enhance the health and wellbeing of Victoria's children.



Hon Sherryl Garbutt MP
Minister for Children
Minister for Community Services

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Introduction

The Best Start project aims at improving the overall health, development, learning and wellbeing of Victoria's young children and their families. The *Best Start Atlas* assists in this commitment by establishing a benchmark that allows for subsequent changes over time to be measured. The atlas can be used as a basis for informed policy interventions, program innovations and measuring the effectiveness of changes to service provision in improving outcomes for young children.

The atlas contains a series of maps illustrating a suite of indicators that are determinants of early childhood health, development, learning and wellbeing outcomes, based on data extracted from the 2001 Census of Population and Housing and non-ABS data sources. A commentary accompanying each map briefly summarises the characteristics of each indicator and highlights the main features.

Data

Section 1 of the atlas contains data from the 2001 Census of Population and Housing. The Census includes all people in Australia on census night, with the exception of foreign diplomats and their families. Australian residents out of the country on census night are out of scope of the Census. The *Best Start Atlas* counts people in Australia, excluding visitors and tourists, whose usual residence is in Victoria.

For the *Best Start Atlas*, data from the 2001 Census has been grouped into four major measures: population, family composition, socioeconomic environment, and physical environment.

Section 2 of the atlas uses non-ABS data, including data provided by the Department of Human Services in Victoria. The indicators in this section can be grouped into two major domains:

- **children** – to inform child health, development, learning and wellbeing
- **services** – to inform the access, inclusiveness, responsiveness and quality of early years services.

Where necessary, indicators in Section 2 of the atlas have been mapped against the relevant estimated resident population (ERP). This will enable more frequent comparisons to benchmarks.

Map layout

The atlas provides information at the LGA level. The geography used in the atlas was chosen with regard to user preference, particularly for communities and provider organisations within the health, welfare and education sectors.

Maps 1.1, 1.2, 2.1 and 2.2 present the distribution of the population across LGAs; all other maps present the characteristics relative to the population within each LGA, which are expressed as percentages, rates or whole numbers.

Statistical boundaries






For both sections of the atlas, LGA boundaries are defined by the Australian Standard *Geographical Classification 2001* (ABS cat. no. 1216.0) and are classified as geographic areas under the responsibility of an incorporated local government council.

The Yarra Ranges LGA consists of the Statistical Local Areas of Yarra Ranges Shire Part A and Part B. Yarra Ranges Shire Part A is located in the Melbourne Statistical Division (MSD) and Yarra Ranges Shire Part B is located in the balance of Victoria. For the purposes of the Best Start Atlas, the whole of the Yarra Ranges LGA has been incorporated into the MSD.

In October 2002, the Shire of Delatite was divided to create two new LGAs: Benalla Rural City and Mansfield Shire. Although this change does not apply to any of the data sourced for this atlas, it will need to be taken into account in the future when making comparisons against current benchmarks.

Map legend

The map legend identifies the colours used to shade each class on a map, for example:

Per cent	
	89.5 or more
	88.8 to 89.5
	87.3 to 88.8
	85.5 to 87.3
	less than 85.3

For simplicity, the ranges are shown as '85.5 to 87.3', '87.3 to 88.8' and so on. These should be read as, for example, 'from 85.5 to less than 87.3'. Individual values appear in one range only. A white colour palette indicates that the data is either suppressed (for confidentiality and privacy reasons) or unavailable.

Class interval

Selecting appropriate class intervals for each map is a key aspect of representing statistical data. For each map, five classes have been used so that the reader is able to distinguish each class clearly. Class intervals which reflect the distribution of the data were calculated using the Dalenius-Hodges algorithm¹. The aim of this clustering algorithm is to group LGAs with similar values in the same class. Therefore, the number of LGAs in each class will vary, depending on the population of interest being mapped.

¹ T. Dalenius & J. L. Hodges, Jr, 'Minimum variance stratification', *Journal of the American Statistical Association*, vol. 54, 1959, pp. 88-101.

Glossary

Admission

An admission is a process whereby the hospital accepts responsibility for the patient's care and/or treatment. Admission follows a clinical decision based upon specified criteria that a patient requires same-day or overnight [or multi-day] care or treatment. An admission may be formal or statistical.

- **A formal admission** is the administrative process by which a hospital records the commencement of treatment and/or care and/or accommodation of a patient.
- **A statistical admission** is the administrative process by which a hospital records the commencement of a new episode of care, with a new care type, for a patient within the one hospital stay.

See also: Episode of care, Care type, Separation.

Ambulatory care sensitive conditions (ACSCs)

Ambulatory care sensitive conditions (ACSCs) are defined as those conditions for which hospitalisation is considered to be avoidable with the application of preventative care and early disease management. Rates of hospitalisation for ACSCs can be considered an indirect measure of patient access to primary health care.

Two conditions that fit the ACSC criteria have been chosen for this atlas:

- asthma
- gastroenteritis.

Asthma

Asthma is a chronic respiratory disease, often arising from allergies, that is characterised by sudden recurring attacks of laboured breathing, chest constriction and coughing. The hospital separations for asthma shown in Maps 6.13 and 6.14 are counted based on a **principal diagnosis** of one of the following **ICD-10-AM** coded conditions:

- J440 - COPD(a) with acute lower respiratory infection
- J441 - COPD(a) with acute exacerbation unspecified
- J448 - other specified COPD(a)
- J449 - COPD(a) unspecified
- J450 - predominantly allergic asthma
- J451 - non-allergic asthma
- J458 - mixed asthma
- J459 - asthma unspecified
- J46 - status asthmaticus.

(a) COPD = Chronic Obstructive Pulmonary Disease.

See also: Ambulatory care sensitive conditions.

Breastfeeding

See Maternal and Child Health Service.

Care type

An episode of care is not defined by the patient's arrival at, and departure from, the hospital but rather by the start and completion of a 'type of care'. There are a number of types of care that a hospital can provide for admitted patients. An overnight or multi-day stay patient may receive more than one type of care during the period of hospitalisation: the period of hospitalisation is then broken into episodes of care, one for each type of care (care type). The episode of care ends when the care type changes or the patient leaves the hospital.

Examples of care types include: interim nursing home care program, non-acute, rehabilitation program, palliative care program, mental health service or psychogeriatric program, alcohol and drug program, acute and other care.

See also: Admission, Separation, Episode of care.

Child

In the population census, a child is a person of any age who is a natural, adopted, step or foster son or daughter of a couple or lone parent, usually resident in the same household. A child is also any individual under 15, usually resident in the household, who forms a parent-child relationship with another member in the household. This includes otherwise related children under 15 and unrelated children under 15.

In order to be classified as a child, the person can have no partner or child of their own usually resident in the household. A separate family in the household is formed in this instance. If a person is aged under 15 and has a partner and/or a spouse, these relationships are not recorded.

There are three types of children included in the Relationship in Household classification:

- children under 15
- dependent students
- non-dependent children.

The types of parent-child relationships which can be formed are via a natural, adoptive, step, foster or child dependency relationship. The child dependency relationships may be an otherwise related child under 15 (for example, nephew or niece) or an unrelated child under 15.

The categories are designed to identify families with different structures and needs. Dependency, as used in these classifications, refers to economic dependency and is only applied to the part of the population that can be described as 'children'.

The dependency criterion is based on the barriers to full-time employment: age and student status.

Dependent child: A dependent child is a person who is either a child under 15 or a dependent student. To be regarded as a child, the person can have no partner or child of their own usually resident in the household.

A dependent child must be attached to a nominal parent with whom they usually reside. This parent must be over 15 years of age.

Dependent student: A natural, adopted, step or foster child who is 15–24 years of age and who attends a secondary or tertiary educational institution as a full-time student and who has no partner or child of their own usually resident in the same household.

Couple family

A census variable; a couple family is based on two persons who are in a registered or de facto marriage and who are usually resident in the same household. The family may or may not include any number of dependents, non-dependents and other related individuals, thus a couple family can consist of a couple without children present in the household.

See also: Marital status, Family, Family type.

Dependent, dependent child, dependent student

See Child.

Dwelling

For census purposes, a dwelling is generally a structure which is intended to have people live in it, and which is habitable on census night. Some examples of dwellings are houses, motels, flats, caravans, prisons, tents, humpies and houseboats.

See also: Household.

Employed

See Labour force.

English proficiency

See Proficiency in English.

Episode of care

The start and completion of a type of care in an acute hospital. One patient may have several episodes of care or only a single episode of care within their one hospital stay.

The start and completion of an episode of care are defined, respectively, as the admission and separation of the patient.

See also: Admission, Separation, Care type.

Estimated resident population (ERP)

Some information in this atlas is presented as rates per thousand population. These population figures are based on the ERP. Because the population census is only conducted once every five years, ERP data provides an estimate of the population between censuses. ERP data is based on census counts and then adjusted for factors such as births, deaths and migration.

ERP figures always show the population who are usually resident in an area.

Family

A family is defined by the ABS as two or more persons, one of whom is at least 15 years of age, who are related by blood, marriage (registered or de facto), adoption, step or fostering, and who are usually resident in the same household.

A household may contain more than one family.

Non-related persons living in the same household are not counted as family members (unless under 15 years of age).

See also: Family type, Multifamily households.

Family composition

See Family type.

Family income

This variable is the sum of the individual incomes of each family member present in the household on census night. Family income only applies to classifiable families in occupied private dwellings. If any person aged 15 and over is temporarily absent, or does not state their income, then the family income is not derived for that family.

Family income is not applicable to non-family households such as group households or lone person households, or to people in non-private dwellings.

Individual incomes are collected as ranges by the census. To enable these range values to be summed, information from the Survey of Income and Housing Costs, which collects income as individual values, is used to estimate the median income within each bracket collected by the census. The relevant median value for each family member is then summed to produce the family income figure.

Median family income: Median family income is the mid point of the distribution of family income.

See also: Individual income.

Family type

Families are classified in terms of the relationships that exist between one individual who is nominated as the 'family reference person' and each other member of that family. The family type variable distinguishes between different types of families based on the presence or absence of couple relationships, parent-child relationships, child dependency relationships or other blood relationships, in that order of preference.

The family type variable is derived from people enumerated in the household who usually reside there, and who share a familial relationship. Partners and dependent children usually present but temporarily absent are also included in this derivation. Boarders and other non-family members are excluded.

See also: Family, Household, Child, Couple family.

Fluent in English

See Proficiency in spoken English.

Fully breastfed infant

An infant who does not regularly (at least once a day) receive milk other than breast milk, but may receive some solids.

Fully immunised

A fully immunised child is one who has received the full schedule of immunisations for their age group. For the age groups presented in this atlas, the schedules are:

Aged 12 to 15 months:

- Diphtheria, Tetanus and Pertussis (DTP): Completed TCL3 or IFX3 or IFXB3 or DTP3 or DTPA3 or (CDT3 + P3).
- Poliomyelitis (OPV): Completed OPV3 or IPV3.
- Haemophilus influenzae type B (HIB): Completed HBOC2 or HBOC3 or PRPOMP2 or PROMP3 or PRPT2 or PRPT3 or PRPD2 or PRPD3 or HBX2 or HBX3 or CMX2 or CMX3.
- Hepatitis B (HEPB): Completed HBV2 or HBV3 or ENGP2 or ENGP3 or HBVP2 or HBVP3 or IFXB2 or IFXB3 or CMX2 or CMX3.

Aged 24 to 27 months:

- DTP: Completed TCL4 or IFX4 or IFXB4 or DTP4 or DTPA4 or (CDT4 + P4).
- OPV: Completed OPV3 or IPV3
- HIB: Completed HBOC3 or HBOC4 or PRPOMP3 or PRPOMP4 or PRPT3 or PRPT4 or PRPD3 or PRPD4 or HBX3 or HBX4 or CMX3 or CMX4.
- HEPB: Completed HBV2 or HBV3 or ENGP2 or ENGP3 or HBVP2 or HBVP3 or IFXB2 or IFXB3 or CMX2 or CMX3.
- Measles, Mumps and Rubella (MMR): Completed MMR1 or MMRSKB1 or MMRCSL1.

More detail on these diseases and the immunisations can be obtained from the Health Insurance Commission or the Commonwealth Department of Health and Ageing.

Gastroenteritis

Inflammation of the mucous membrane of the stomach and intestines. The hospital separations for gastroenteritis shown in maps 6.15 and 6.16 are counted based on a principal diagnosis of one of the following **ICD-10-AM** coded conditions:

- A080 – Rotaviral enteritis
- A081 – Acute Gastroenteropathy due to Norwalk agent
- A082 – Adenoviral enteritis
- A083 – Other viral enteritis
- A084 – Viral intestinal infection unspecified
- A085 – Other specified intestinal infections
- A09 – Diarrhoea and gastroenteritis presumed infectious.

See also: Ambulatory care sensitive conditions.

Highest level of schooling

Highest level of schooling is coded using the Australian Standard Classification of Education (ASCED) and relates to the highest level of primary or secondary schooling completed. This census variable is applicable to all persons aged 15 years and over.

Household

A household is defined as:

- a group of two or more related or unrelated people who usually reside in the same dwelling, who regard themselves as a household, and who make common provision for food or other essentials for living, or
- a person living in a dwelling who makes provision for their own food and other essentials for living, without combining with any other person.

Under this definition, in a group house where occupants share the dwelling, each occupant who usually supplies their own food should be counted as a separate household and issued with a separate Household Form. In practice, however, most such households usually only complete one form.

See also: Family.

ICD-10-AM, International Classification of Diseases

The ICD-10-AM is the classification system of diseases used in Victorian hospitals. It stands for the International Classification of Diseases, Version Ten, Australian Modification.

See also: Principal diagnosis.

Immunisation

Inducing immunity against infection by the use of antigen to stimulate the body to produce its own antibodies.

See also: Fully immunised.

Indigenous status

Indigenous status is a measure of whether a person identifies as being of Aboriginal and/or Torres Strait Islander origin. The Census has the output categories:

- Aboriginal
- Torres Strait Islander
- Both Aboriginal and Torres Strait Islander
- Non-Indigenous
- Not stated
- Overseas visitor.

In maps 2.9 to 2.12, responses in any of the first three categories have been aggregated into the broader category of 'Indigenous'.

Individual income

This census variable records the income level of people aged 15 years and over. People are asked to state their usual gross weekly income, which is the income before tax, superannuation, health insurance, or other deductions are made.

Gross income includes family payments, additional family payments, pensions, unemployment benefits, student allowances, maintenance (child support), superannuation, wages, salary, overtime, dividends, rents received, interest received, business or farm income (less operating expenses) and workers' compensation received.

People are not asked to state their exact income, only to indicate the range into which their income falls.

See also: Median income.

Infant

A child aged 0 to 12 months.

Infant Record Card (IRC)

The card held at a maternal and child health agency which records the details of a particular infant or child's visit history. Maternal and child health data is sometimes reported in terms of Infant Record Cards, being synonymous with children or infants.

The key ages and stages visit counts (maps 6.9 to 6.12) are expressed as percentages of the mean number of infant record cards for children aged 3–4 and 4–5, as derived from the financial year of the child's registration with the service.

See also: Key ages and stages visit (3.5 years old), Maternal and child health service.

Key ages and stages visit (3.5 years old)

A visit with a maternal and child health nurse by a child aged three-years-six-months to four years. Assessments made after age four are not recorded as a 3.5 years consultation. The purpose of the key ages and stages visit is to reduce preventable premature mortality, impact of disability, incidence of vaccine preventable diseases and incidence of adult diseases which originate in childhood.

See also: Maternal and child health service, Infant record card.

Kindergarten

Kindergarten (also known as preschool) is a State Government-funded program for children in the year before they start primary school. Kindergarten aims to develop children's social, emotional, intellectual, physical and language abilities and encourages family involvement.

For an agency to be eligible to apply for and receive kindergarten funding, the following are some of the criteria that must be met:

- the kindergarten must be located in a Victorian Department of Human Services Region
- the kindergarten program must be delivered in a children's service premise which is licensed under the *Children's Services Act 1996*
- the children's service providing the kindergarten program must comply with all of the licensing requirements outlined in the *Children's Services Act 1996* and *Children's Services Regulations 1998*
- the kindergarten must comply with service provision requirements
- the kindergarten must provide a written confirmation to parents that their child is receiving a funded kindergarten program at the funded location
- the kindergarten must offer each funded child a minimum of ten hours of kindergarten per week
- the kindergarten must employ a qualified teacher holding an approved early childhood qualification and that teacher must plan and deliver the kindergarten program at this funded location
- the kindergarten program must be written down and comply with the requirements for the provision of an educational or recreational program, as outlined in Regulation 28 of the *Children's Services Regulations 1998*.

A child is eligible for enrolment in a kindergarten if they meet both Criteria A and B, as follows:

Criterion A

- the child is aged at least four years on 30 April of the year they are to attend kindergarten, or
- the child is younger than four years and the family has requested early age entry requirements from the Department of Education and Training or the non-government school that the child is to attend, or
- the child will turn six years and has received an exemption from the school entry age requirements from the Department of Education and Training.

Criterion B

- The child is not accessing a funded kindergarten position at another Victorian kindergarten location in the same year.

See also: Kindergarten participation.

Kindergarten participation

A measure of the degree to which the eligible population attends kindergarten. The kindergarten participation rate is calculated by dividing the number of confirmed kindergarten first year enrolments by the population aged four years. The population data used is the Department of Sustainability and Environment's population projections.

Kindergarten participation must be interpreted with some caution. At small area (LGA) level, the participation rate is distorted to the extent that children attend kindergarten outside the LGA where they usually reside. It is generally sensitive to the extent that children attend kindergarten either younger or older than age four years.

Labour force

For Census purposes, the labour force includes people aged 15 years and over who:

- work for payment or profit, or as an unpaid helper in a family business, during the week prior to census night
- have a job from which they are on leave or otherwise temporarily absent
- are on strike or stood down temporarily, or
- do not have a job but are actively looking for work and available to start work.

The following people are classified as being in the labour force:

- **employed people** (the first three groups above)
- **unemployed** (the last group above).

People aged 15 years and over who are neither employed nor unemployed are classified as 'not in the labour force'. This includes people who are retired, pensioners and people engaged solely in home duties.

See also: Labour force status/status in employment.

Labour force status/status in employment

This is a derived variable applicable to all people aged 15 years and over. It classifies people as employed, unemployed, or not in the labour force.

In census output, status in employment is included as part of labour force status and classifies employed people to either employee; employer; own account worker/self-employed; or contributing family worker.

For further information on labour force status, refer to 2001 Census Dictionary (Cat. no. 2901.0).

Local Government Area

An LGA is a spatial unit that represents the whole geographical area of responsibility for a Local Government Council. The creation and of LGAs is the responsibility of the state Government. The number of LGAs, their names and their boundaries vary over time.

Not all of Victoria is covered by LGAs. These 'unincorporated' areas are treated differently in different data collections.

Lone parent

A lone parent is a person who has no spouse or partner usually present in the household, but who forms a parent-child relationship with at least one child usually resident in the household. The child may be either dependent or non-dependent.

See also: One-parent family.

Marital status

There are two variables that may be used to identify a person's marital status. They are Registered Marital Status (MSTP) and Social Marital Status (MDCP).

MSTP reports responses to the 2001 Census question 'What is the person's present marital status?' and refers to the legal status of the person, not necessarily their current living arrangement. The output categories are:

- never married
- widowed
- divorced
- separated
- married.

MDCP reports responses to the question 'What is the person's relationship to Person 1/Person 2?' The output categories are:

- **Married de facto:** A de facto marriage exists when the relationship between two people (of the same or opposite sex, who live together in the same household), is reported as either: de facto, partner, common law husband/wife/spouse, lover, boyfriend or girlfriend.
- **Married registered:** A registered marriage may be reported in both the MSTP variable ('married') and the MDCP variable ('married in a registered marriage'). The counts of people in registered marriages differ depending on which variable is being used.
- **Not married:** The term not married, as used in the MDCP classification, refers to a person who is not living with another person in either a registered marriage or a de facto marriage. This includes persons who live alone, with other family members, and those in shared accommodation.

In this atlas, Social Marital Status (MDCP) is used.

Maternal and Child Health Service

The maternal and child health service is a universal primary care service for Victorian families with children aged birth to school age. The service is provided in partnership with local government and aims to ensure a comprehensive approach for the early detection, intervention and prevention of physical, emotional and social issues affecting young children and their families. The service also provides intensive support for vulnerable families experiencing significant parenting difficulties.

The Maternal and Child Health Program offers a number of services through its maternal and child health nurses to families with children in the birth to school age range. The chief mechanism for delivery of these services is the program of 'key ages and stages visits'. These are assessments carried out on the child at key developmental ages.

Two indicators in this atlas are sourced from the Maternal and Child Health Program:

- attendance at the 3.5 year key ages and stages visit
- women fully breastfeeding at three and six months.

See also: Key ages and stages visit (3.5 years old), Fully breastfed infant.

Melbourne metropolitan

The greater Melbourne area, as defined by the LGAs listed in the next section. In this atlas, when the term 'Melbourne' is used, it refers to the Melbourne metropolitan area. If the LGA of Melbourne (C) is intended, it will be clearly stated as such.

See also: Regional Victoria, Statistical Boundaries (in the Introduction).

Multifamily households

For the 2001 Census, a maximum of three families can be identified in one household. In cases where more than three families are identified in a household, the first three families are coded and other persons are classified as either related family members of the primary family or non-family members.

See also: Family, Family type.

Non-dependent child

A natural, step, adopted or foster child of a couple or lone parent usually resident in the household, who is aged over 15 years, not a full-time student aged 15–24 years, and has no partner or child of their own usually resident in the household.

See also: Child, Couple family, Lone parent, Step child.

Non-school qualification

This variable describes the level of education of the highest completed non-school qualification (for example, bachelor degree, diploma).

For the purposes of this atlas, this variable includes Diploma level, Advanced Diploma level, Bachelor Degree and Postgraduate level.

The full classification for levels of education and fields of study, together with an explanation of the conceptual basis of the classification, can be found in the publication Australian Standard Classification of Education (ASCED) (ABS Cat. no. 1272.0).

Not fluent in English

See: Proficiency in English.

Not in the labour force

See: Labour force.

Occupied private dwellings

An occupied private dwelling is a private dwelling occupied by one or more people. A private dwelling is normally a house, flat, or even a room. It can also be a caravan, houseboat, tent or a house attached to an office or rooms above a shop. Occupied dwellings in caravan parks are treated as occupied private dwellings.

One-parent family

A one-parent family consists of a lone parent with at least one child (regardless of age) who is also usually resident in the family household. The family may also include any number of other related individuals. In this atlas, only families with at least one child aged 0–8 are included.

See also: Family type.

Parent

A parent is a natural, step, adoptive or foster mother or father of a child who is usually resident in the same household as the child.

See also: Family, Family type.

Preschool

See: Kindergarten.

Principal diagnosis

The diagnosis established after study to be chiefly responsible for occasioning the patient's episode of care in hospital (or attendance at the health care facility). The principal diagnosis must be determined in accordance with the *ICD-10-AM* Third Edition Australian Coding Standards. It is derived from and must be substantiated by clinical documentation.

Proficiency in spoken English

For each person who speaks a language other than English at home, this variable classifies their proficiency in spoken English.

Responses to the question on proficiency in English are subjective. For example, one respondent may consider that a response of 'Well' is appropriate if they can communicate well enough to do the shopping while another respondent may consider such a response appropriate only for people who can hold a social conversation.

Proficiency in English is only an indicator of a person's ability to speak English and not a definitive measure of their ability. For these reasons, census data on the levels of proficiency in English of people who speak a language other than English at home should be interpreted with care.

In this atlas, the proficiency of spoken English takes the values of:

- Well - grouped English proficiency values of 'very well' or 'well'
- Not fluent in English - grouped English proficiency of 'Not well' and 'Not at all'
- Not applicable - includes persons who speaks English only
- Other - includes 'Not stated (language stated, proficiency not stated)' and 'Not stated (both language and proficiency not stated)'

Regional Victoria

The part of Victoria outside the Melbourne metropolitan area, defined by the LGAs listed in the next section.

See also: Melbourne metropolitan.

Rent (weekly)

The variable rent records the individual dollar amounts of rent paid by households on a weekly basis for the dwelling in which they were enumerated on census night. This includes caravans in caravan parks. The categories range from \$0-\$9,999 in single dollar amounts.

See also: Household, Tenure type.

Same-sex couple

Two persons of the same sex who report a de facto partnership in the relationship question, and who are usually resident in the same household, are a same-sex couple.

See also: Marital status.

Separation

This refers to a completed episode of care in a hospital. Therefore, by counting separations, one is in fact counting episodes of care.

A separation is counted when a phase of treatment or care ends within a patient's hospital stay due to the patient's need for a different type of care, or when a patient is discharged from hospital, leaves against medical advice, dies or goes on leave of absence for more than seven days.

See also: Admission, Care type, Episode of care.

Tenure type

Tenure type describes whether a household is purchasing, rents or owns the dwelling in which it was enumerated on census night, or whether the household occupies it under another arrangement. Tenure type is derived from the responses to a series of questions. Tenure type is applicable to occupied private dwellings. The Census has the output categories:

- fully owned
- being purchased
- being purchased under a rent/buy scheme
- being occupied under a life tenure scheme
- rented
- being occupied rent-free
- other tenure type
- not stated
- not applicable (unoccupied private dwellings; non-private dwellings; migratory and off-shore CDs).

For the purposes of this atlas, these output categories are aggregated into:

- **owned or being purchased** – the first four categories (Dwellings occupied under a life tenure scheme are usually considered as being owned);
- **renting** – rented
- **other** – being occupied rent-free, other tenure type, not stated, not applicable.

Type of care

See: Care type.

Unemployed

See: Labour force.

Usual residence

Usual residence data provide information on the usually resident population of an area, and on the internal migration patterns at the state and regional levels.

Vaccine, Vaccination

See Fully immunised, immunisation.