



**Save the Children**  
Australia

# **State of Australia's Mothers**

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### State of Australia's Mothers

This report is inspired by and builds on some of the key findings in the first ever global report on Motherhood, *State of the World's Mothers*, produced by Save the Children International.



A mother and her three-year-old daughter in the Northern Territory.  
Photo: Rob McKechnie/Save the Children

# Executive Summary: Key Findings and Recommendations

Since 2000, Save the Children has produced a *Mothers Index* showing the countries where mothers around the world do best, and where they face the greatest hardships.

Australia consistently ranks in the top 10 places to be a mother world-wide.<sup>1</sup> Compared to most other countries, mothers in Australia have on average good healthcare, low risk of their child dying before their fifth birthday from preventable causes, high education attainment, and relatively high incomes.

However, national-level results mask major differences *within* Australia. This report looks behind the averages and compares the situation for mothers and their children at both the State and Local level. State-wide comparisons provide a deeper insight, but delving even further to the local level is most illuminating for understanding the varied experience of mothers across Australia.

What we discovered is that for Australian mothers, where you live, your cultural background and economic resources are critical indicators as to whether you enjoy the experience of our high ranking on the world stage. For example, mothers living in rural areas, mothers who are Aboriginal or Torres Strait Islander, and mothers in lower socio-economic households are generally worse off across all indicators examined, including health (maternal mortality, child mortality, antenatal care), education (child development, women's education), income (average household income) and relative socio-economic disadvantage. Because of these factors, mothers in some places in Australia are doing it tough, often isolated and unsupported.

Our aim is to highlight the different experience of mothers throughout Australia to ensure policies and programs are better targeted at making all places great to be a mother and child, so that mothers and children are not left behind as a result of poverty, cultural background or location.



Key Findings

1. Mothers do best in our cities.

The top 10 best places to be a mother across the country are almost exclusively urban areas. Mothers in urban cities have better outcomes across all indicators. Access to maternal child health and other services, education opportunities and higher earning potential sees Australia's cities consistently ranked highly across all states.

However, there is still disparity within our cities. In Australia's largest city, Sydney, infants born in the southwest are twice as likely to die before their first birthday as babies born in the wealthier inner-city North Shore.<sup>2</sup>

The few instances where cities shared the top 10 rankings with non-urban areas involved towns rich in natural resources. For example, in Queensland, the top 10 places to be a mother are a mixture of cities and towns near resources deposits.

2. Mothers do it tough in regional and remote areas.

Women living in regional and remote areas of Australia have poorer health outcomes than their counterparts in the city.<sup>3</sup> Research shows that mortality and illness levels increase with distance from major cities.<sup>4</sup> These communities are characterised by higher hospitalisation rates and higher prevalence of health risk factors compared with metropolitan areas.<sup>5</sup> They are further disadvantaged by reduced access to primary health care providers and health services (in part a function of health and medical workforce shortages), resulting in lower utilisation rates than in urban areas and consequent poorer health status for rural residents.<sup>6</sup>

Regional and remote areas ranked consistently in the toughest 10 places to be a mother across all states and territories. While there was often poor performance across our indicators, a sense of community may be one of the benefits of living outside cities. The Australian Longitudinal Study on Women's Health<sup>7</sup> found that scores for neighbourhood connectedness, feeling safe and life satisfaction were highest in remote areas and decreased with increasing proximity to major cities.

3. Aboriginal and Torres Strait Islander mothers face greater challenges than non-Aboriginal and Torres Strait Islander mothers, including higher mortality rates for them and their children.

On average, Aboriginal and Torres Strait Islanders are behind non-Aboriginal Australians on almost all typical indicators of wellbeing. The maternal mortality ratio for Aboriginal and Torres Strait Islander women is double that

for non-Aboriginal women (although caution should be used when interpreting these results due to the small number of deaths overall).<sup>8</sup> Aboriginal and Torres Strait Islander women also carry higher risk factors for healthy pregnancy and childbirth.<sup>9</sup> Despite these higher risk factors, only around half of Aboriginal women had an antenatal visit in the first trimester compared to a national average of two-thirds.<sup>10</sup>

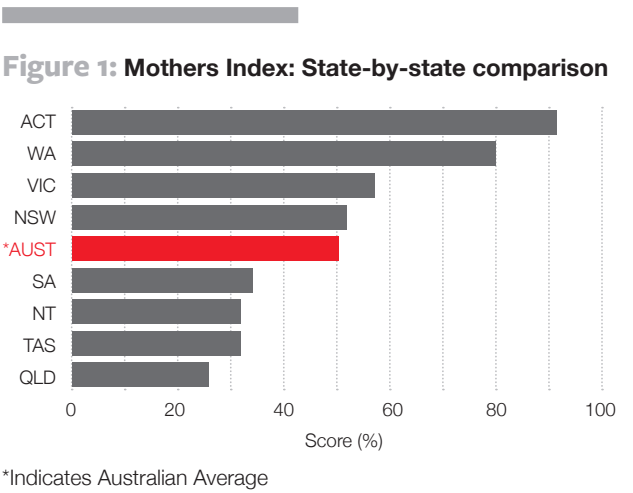
Almost twice as many Aboriginal and Torres Strait Islander children die from preventable causes before their fifth birthday compared to non-Aboriginal children. Since the 1990s, significant progress has been made in reducing the rate and Australia is now on-track to meet the Closing the Gap target of halving the gap in mortality rates by 2018.<sup>11</sup>

4. Mothers with fewer economic resources are doing it tough.

Low income puts at risk the ability of mothers to keep their immediate environment healthy and secure, feed and clothe their children, look after their health needs and keep their children in school.

Lower incomes were most common in regional and remote areas, meaning both geography and means compound the challenges of being a mother in these regions.

During 2011–13, equivalised household income for Aboriginal and Torres Strait Islander households was just over half that of non-Aboriginal household income. This gap has not changed significantly since 2002.<sup>12</sup>



Recommendations

Much like our geography, life outcomes in Australia are varied. Our report finds that this is especially the case for mothers and children, whose support needs at this stage of life are many. When we took a closer look across Australia, we found that outcomes for mothers and their children in the bottom ranked states (Queensland, Tasmania and the Northern Territory) were very different to those in the top ranked jurisdiction, the Australian Capital Territory (ACT).

Within the states and territories, the experience of mothers and their children are also vastly different. Being a mother in places like Central Darling (New South Wales) or East Gippsland (Victoria) can be significantly more challenging than in places such as inner-city Sydney or Melbourne, and even Isaac in northern Queensland. Mothers around Australia are solving these challenges as best they can, but many mothers and caregivers need help to access tools, information and support to give themselves and their children the best possible future.

Save the Children wants all parts of Australia to be a great place to be a mother and child, and to ensure that no mothers or their children are left behind due to poverty, postcode or cultural background. We know that policy makers, governments of all levels and communities are already working hard to address these issues. However, for the first time this report has used the lens of motherhood to shine a light on the inequality that exists in Australia during life's most crucial of times.

Save the Children is calling for a renewed focus on five keys areas in order to address these disparities and ensure that Australia is and remains a great place to be a mum, no matter who you are or where you live:

1. Increase access by investing in high quality health care for Aboriginal and Torres Strait Islander mothers and children and those living in regional and remote areas.

In Australia, the states and territories are primarily responsible for maternal and birthing services, supported by local councils, and child health services. Overall, Australia has a good system compared to other countries, but within our country access to quality services is not evenly spread. Increasing the geographical coverage of high quality maternal and child health services is important, along with promoting good antenatal and ongoing care. This means providing affordable, innovative, and culturally appropriate services to groups that may not access health systems, including Aboriginal and Torres Strait Islander mothers, new migrants, and families with lower socio-economic backgrounds.

To address the particularly alarming gap in maternal and child mortality between Aboriginal and Torres Strait Islander

mothers and non-Aboriginal mothers, evidence-informed, high quality and community-led approaches targeting Aboriginal and Torres Strait Islander mothers need to be expanded in areas of need.

2. Intervene early to support families that would benefit from extra help and resources.

The majority of Australian families are doing well, but some need extra support. Socio-economic status has a profound impact on families, and parents with fewer resources available to them are limited in their capacity to overcome this barrier alone. Parenting and family support services help families who are experiencing difficulties so children can stay with their families.

Parental services support the development of strong parent-child relationships and strengthen parental wellbeing, enhancing parental coping and reducing negative stress on family relationships. High quality, coordinated family support services that are well connected to universal services, such as maternal and child health services and early childhood care and education services, have been shown to be effective in providing positive support and outcomes for disadvantaged parents and children, particularly where these services have strong relationships within the communities in which they work.<sup>13</sup>

These early interventions can break the cycle of disadvantage, reduce lifetime inequality and promote economic efficiency.<sup>14</sup> Remediation strategies at later stages are far less effective. We urge governments at all levels to ensure sufficient investment in evidenced-informed interventions that will have ongoing positive outcomes for all mothers and their children.

3. Continue to ensure girls and young women receive a high quality education.

While Australia has a comparatively high education rate for girls and young women, it remains a concern that no state exceeds 85 percent for the number of females that have completed year 12. It is more concerning still that Tasmania and South Australia have comparatively low rates, at 57.1 and 66.5 percent respectively.<sup>15</sup>

Educated mothers are more likely to enjoy economic security and wellbeing and are more likely to ensure their children receive an education, giving them the best start in life. Young women must continue to have any gender, geographical, socio-economic, cultural or racial barriers removed so they are school ready and can enjoy the benefits of a full education over the course of their lives. Governments must continue to prioritise policies and investments that reduce these barriers.

4. Introduce workplace policies that support mothers’ economic security and time with their children.

Mothers (and fathers) need to earn income for their own economic security and to provide for their children. For working mothers, some time off work after the birth of a child is important to maintain health and wellbeing, facilitate attachment and, where possible, breastfeeding.

The Longitudinal Study of Australian Children on children’s health outcomes found that paid parental leave strongly reduced the probability of children having multiple health problems, especially for children at the lower end of the health distribution.<sup>16</sup> The effect is stronger for children from lower socio-economic backgrounds, measured in terms of parental education and income, which implies that less advantaged children have greater health improvements if their parents are granted paid parental leave rights.<sup>17</sup>

Save the Children recommends a range of measures to support working mothers to bond with their children whilst maintaining financial security:

- **Paid parental leave:** Government and employers work towards expanding paid parental leave to 26 weeks to better facilitate closer parent-child attachment, exclusive breastfeeding where possible and improved overall health and wellbeing of mothers, fathers and children. The current Government scheme of 18 weeks (complemented by employer entitlements for some women), is well below the OECD average of 52 weeks (with varied income replacement rates). Paid parental leave benefits more than just families, society at large benefits from greater workforce participation of women and lower long-term health and other costs from better childhood health and development.<sup>18</sup>
- **Flexible workplace arrangements** promoted by Government and employers. These can include adjustable start and finish times to accommodate school or childcare pick up and drop off; annual leave available in part days; part-time work; or working from home.<sup>19</sup> While there is a growing understanding among employers and the community of the need for this flexibility, change is occurring much too slowly. Flexibility is a key enabler of gender equality and current lack of flexible work arrangements disproportionately impacts mothers.
- **Explore options to incentivise more fathers and partners to take time off work** to care for young children. Countries such as Germany and Sweden offer ‘bonus’ weeks or extra pay for families where fathers take longer leave to incentivise greater sharing of caring responsibilities and improved wellbeing of children, mothers and fathers themselves.<sup>20</sup> Australia should implement policies that increase fathers and partners time off work to ensure mothers and families are provided with support to manage their care arrangements flexibly.

5. Increase access to early learning opportunities for the most disadvantaged families and children.

There are a number of benefits to mothers in being able to access high quality childcare, including allowing participation in the workforce and in the community.

Across Australia, while the majority of children are doing well, not all have the opportunity to engage in early childhood care and development programs. Children most likely to be missing out include Aboriginal and Torres Strait Islander children, children from non-English speaking backgrounds, socio-economically disadvantaged families, and those living in remote areas.

Access to childcare has also shown to have an impact on children from lower income families, in the quality of their relationships with mothers and carers and in children’s cognitive and behavioural development at school entry.<sup>21</sup> For children from disadvantaged families, the link between quality programs and outcomes is pronounced, with education and care offering a direct strategy for maximising developmental outcomes.<sup>22</sup>

Education, care and development during the early childhood years are all critical to ensuring that children have the best start in life. The Commonwealth, states and territories have a commitment to universal preschool education in the year prior to primary school. But we need to start even earlier. Once a gap opens up in early childhood, it becomes increasingly more difficult - and costly - to close.

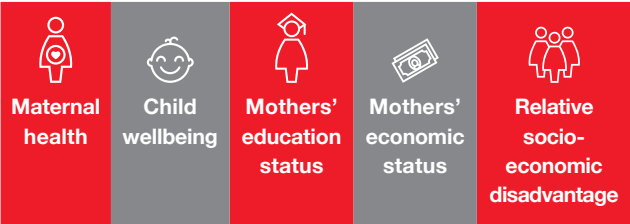
**How we think of mothers:**

**Mothers are a diverse group. We consider mothers to be those who are biological mothers, stepmothers, divorced or separated mothers, mothers in same-sex relationships, and women caring for children through foster or kinship care, or as older sisters, grandmothers and other female relatives.**



Best and toughest places for mothers

Our evaluation of the best and toughest places for mothers is based on a *Mothers Index* comprised of five domains chosen to best capture overall maternal wellbeing:



The concept of the *Mothers Index* has been developed and used by Save the Children globally for 15 years and is informed by in-depth literature review, and consultation with international and local experts. Indicators used in this report measure what matters most to a mother: her health, the wellbeing of her children, her own education attainment, the family’s economic status and her relative socio-economic status.

In its annual *State of the World’s Mothers* report, Save the Children uses a standard set of indicators as proxies to indicate a mother’s wellbeing in various countries. The indicators used in our global report are maternal mortality, child mortality rate, years of education, gross national income per capita, and participation of women in government. Because these are used to compare country to country, Save the Children requires data that is consistently available across the world. In shining a light on the situation for mothers across Australia, different indicators are used to best highlight the realities faced by mothers, both at state level and local level. At state level, maternal mortality is used to indicate mothers health, while child mortality is used to indicate child wellbeing. At local level when comparing data between Local Government Areas (LGAs), the proportion of pregnant women who access antenatal care is used to assess mothers’ health,

as total numbers of women dying through pregnancy or childbirth are quite low and not comparable across local areas. Similarly, child mortality is quite low in Australia, and so when looking at indicators to assess child wellbeing at local level, children’s developmental vulnerability in the lead up to school is used as an indicator instead.

For detailed indicator definitions and data sources, please refer to *Appendix 1: Technical Notes*.

While there may be other individual factors that affect a mother and child’s ability to thrive, these indicators are intended to capture most areas. For example, while secure housing is clearly also important for child wellbeing,<sup>23</sup> household incomes are used as a proxy to account for the overall economic situation of a household.

One significant area that is not well captured by the five indicators is family violence, as there is no nationally consistent data available at this time.<sup>24</sup> Family violence cuts across economic, political and education status. A woman dies at the hands of a current or former partner almost every week in Australia,<sup>25</sup> and women in Australia are three times more likely than men to experience violence at the hands of a partner.<sup>26</sup> More than half of women who experienced violence had children in their care when the violence occurred.<sup>27</sup> When these women are also mothers, their children are directly impacted by violence at home. Family violence can have profound negative impacts on children – either through witnessing, hearing or other exposure to violence against others in their families or homes, or by being direct or indirect targets of this violence. In either case, violence in the family impacts on mothers and children. In time, as data collection improves, we hope to include this crucial determinant of a mother and child’s wellbeing into our assessment.



State-by-state comparison

The five indicators in the *state-level Mothers’ Index* are:

**Maternal health — Maternal mortality ratio:** No mother should die from a preventable cause when giving life. Maternal mortality is also a sensitive measure of health system strength, access to quality care and coverage of effective interventions to prevent maternal deaths.

**Child wellbeing — Under-five mortality rate:** A mother’s wellbeing is intimately connected to the health and wellbeing of her children. The under-five mortality rate is a leading indicator of child wellbeing, reflecting children’s health and nutritional status.

**Educational status — Proportion of women completing year 12 or above:** Education is a basic human right and a powerful determinant of life quality. Numerous studies show a robust relationship between years of schooling and a number of important life outcomes, including income, health and civic participation. And when a woman is educated, her children are more likely to be healthy and well-schooled.

**Economic status — Average household income:** Household income is a measure to gauge a mother’s access to economic resources and, therefore, her ability to provide for her children. However, household income is limited in that it doesn’t give a clear indication of how much control mothers have over that income. Given the varied work and earning patterns of women, it was not possible to secure a more precise indicator.

**Relative socio-economic disadvantage** – A measure of a mother’s access to material and social resources, and her ability to participate in society.

Australian Capital Territory

Top of the state level ranking is the Australian Capital Territory (ACT) as the best state or territory to be a mother. Mothers in the ACT have on average the highest education, with 84.3% of women having completed year 12, compared to Tasmania where only 51.7% of women have finished year 12. The ACT also has the highest median weekly household income out of any state or territory, at \$3,060 per week compared to \$2,130 in South Australia or \$1,999 in Tasmania. Looking at relative socio-economic disadvantage across states and territories, ACT also ranks the highest, at a score of 1076 compared to the national average of 951. While the ACT does not emerge with the lowest rates of maternal or child mortality (these went to Tasmania and Western Australia respectively), the ACT has a relatively low maternal mortality ratio and child mortality rates compared to Victoria, South Australia and the Northern Territory.

Western Australia

Western Australia (WA) - a State with a much larger population at approximately 2.6 million compared to the ACT’s 392,000<sup>28</sup> - ranks second, performing best out of all states and territories on child mortality, with the lowest rate of children dying before the age of five at 3.5 deaths per 1,000 live births.<sup>29</sup> This is well under half the rate of child mortality in the Northern Territory, at 9.5 deaths of children under 5 for every 1,000 that are born alive.<sup>30</sup> Western Australia also performs well on maternal mortality, with the second lowest rate of maternal mortality out of any state or territory, after Tasmania. Western Australia also brings in among the highest household income levels in the country, at a median of \$2,497 per week, second only to the ACT.

Victoria and New South Wales

Of Australia’s two most populous states, Victoria outranked New South Wales (NSW) coming in third ahead of NSW at fourth place. While Victoria has noticeably higher levels of maternal mortality compared to NSW – 8.2 maternal deaths per 100,000 women who gave birth in Victoria compared to 5.9 in NSW<sup>31</sup> – rates of child mortality are lower in Victoria with 3.4 children out of every 1,000 dying before their fifth birthday, compared to 4.1 in NSW.<sup>32</sup> Educational status is also higher in Victoria, where 71.7% of women complete year 12 compared to 69.9% in NSW. Where NSW does out-rank Victoria however, is in median household income, with weekly incomes of \$2,370 compared to \$2,242 in Victoria. This is in contrast to broader socio-economic ranking, where Victoria outperforms NSW at a relative socio-economic disadvantage score of 997 compared to 976 in NSW.

South Australia

Ranking fifth is South Australia, performing poorly on women’s education status at only 66.5% of women completing year 12 – lowest of all states and territories after Tasmania. South Australia also sees relatively low household income, with weekly median incomes at only \$2,130, again lowest levels out of any state or territory after Tasmania. Keeping South Australia from the bottom of the list is its relatively better performance on maternal and child mortality, ranking above Victoria, Queensland and the Northern Territory for maternal mortality, and above NSW, Tasmania, Queensland and the Northern Territory for child mortality.

Figure 2: State-level Mothers’ Index

Mothers Index Rank	Score (%)	State	Population (million)	Maternal Health Maternal Mortality Ratio (MMR)	Children's Wellbeing Under-5 mortality rate	Educational Status % of females aged 15-74 completed year 12	Economic Status Median weekly household income (\$)	Relative Socio-economic Disadvantage high score - least disadvantaged low score - most disadvantaged
			2015	2008-2012	2011-2013	2014	2011	2011
1	91.4	ACT	0.4	5.9	3.5	84.3	3,060	1076
2	80	WA	2.6	3.8	3.4	70.7	2,497	982
3	57.1	VIC	5.9	8.2	3.6	71.7	2,242	997
4	51.4	NSW	7.6	5.9	4.1	69.9	2,370	976
5	34.3	SA	1.7	6.0	3.9	66.5	2,130	975
6*	31.4	NT	0.2	25.8	9.5	72.7	2,475	778
6*	31.4	TAS	0.5	3.3	4.3	57.1	1,999	941
8	25.7	QLD	4.8	8.5	5.3	70.1	2,256	886
AUSTRALIA			23.7	7.1	4.2	70.4	2,310	951

\*Tied

Tasmania

Tasmania (TAS) has ranked sixth in the Mothers’ Index, tied with the Northern Territory, both towards the bottom of the list. While Tasmania boasts the lowest rates of maternal mortality in the country at 3.3 maternal deaths per 100,000 who gave birth, it also has the lowest median household income levels in Australia, at \$1,999 per week. Tasmania also ranks lowest in the country on educational status, with only 57.1% of women having completed year 12. Child mortality rates and relative socio-economic disadvantage were also poor, ranking sixth on both indicators compared to other states and territories.

Northern Territory

The Northern Territory (NT) is tied with Tasmania at second to toughest place to be a mother in Australia. Keeping the NT from the bottom are strong education and economic rankings. The NT has among the highest education rankings in the country – with 72.7% of women completing year 12, second only to the ACT – and has relatively high household income levels at \$2,475 per week (higher than Queensland, New South Wales, Victoria, South Australia and Tasmania). These standouts are not enough however to pull the NT closer to the top of the ranking, with the lowest rates of social disadvantage in the country combined with significant disparities in child mortality – 9.5 out of every 1,000 children in the NT die before reaching their fifth birthday,<sup>33</sup> compared to less than 5.5 in

every other state and territory. The biggest gap however is in maternal mortality, where 25.8 out of every 100,000 mothers who give birth die as a result of their pregnancy or childbirth.<sup>34</sup> This represents more than seven times the maternal mortality rate of Tasmania, at a maternal mortality rate of 3.3.

Queensland

At state level, Queensland has emerged as the toughest place to be a mother. While the state does not rank last on any individual indicator, Queensland is consistently amongst the lowest rankings across all indicators, bringing its total performance down to the bottom of the state-level ranking. Education status and economic status are behind most other states and territories, including the ACT, Western Australia, Victoria, New South Wales and the Northern Territory. Maternal and child mortality rates were also high relative to other parts of the country, with only the Northern Territory containing higher rates on these indicators. Similarly, Queensland’s ranking on social disadvantage indicators was among the lowest in the country, well behind every state and territory bar the Northern Territory, at 886 in Queensland compared to over 940 in every other State apart from the Northern Territory.

Local-level comparison

State-wide comparisons are important but still mask differences at the local level. This section presents the *Mothers Index* for around 550 Local Government Areas (LGAs) across Australia.<sup>35</sup> For each State and Territory, we highlight the best, and the toughest, places to be a mother.

As maternal and child mortality rates are relatively low in Australia, we need to look at other indicators that show greater variation at the local level. The five indicators in the *Local-level Mothers Index* are:

**Maternal health — Proportion of pregnant women with at least one antenatal visit in the first trimester:** There is a strong relationship between regular antenatal care and positive maternal and child health outcomes.<sup>36</sup> All pregnant women should have at least four antenatal visits, with the first one as early as possible in the first trimester.<sup>37</sup>

**Children’s wellbeing — Proportion of children under 5 developmentally on-track:** Evidence tells us that if we get it right in the early years, we can expect to see children thrive throughout school and their adult lives.<sup>38</sup> The Australian Early Development Census (AEDC) is completed by teachers of children in their first year of school and identifies if children are developmentally on track across five areas (health, social, emotional, language, communication).

**Educational status — Proportion of women completing Year 12 or above:** Education is a basic human right and a powerful determinant of life quality. And when a woman is educated, her children are more likely to be healthy and well-schooled.

**Economic status — Average household income:** Household income is a measure to gauge a mother’s access to economic resources and, therefore, her ability to provide for her children. However, household income is limited in that it doesn’t give a clear indication of how much control mothers have over that income. Given the varied work and earning patterns of women, it was not possible for a more precise indicator. We hope to improve this in future.

**Relative socio-economic disadvantage –** a measure of a mother’s access to material and social resources, and her ability to participate in society.

Where we work

In 2015, we worked with more than 44,000 Australian children and adults through 81 projects to create positive, long-term change. Regardless of where they live or their background, we are dedicated to supporting Australian children to reach their full potential.

We deliver a range of programs, including early childhood care and development (such as playgroups), youth development and mentoring programs, child protection initiatives and family support programs.



New South Wales

In New South Wales (NSW), all of the best areas to be a mother are in Sydney, with the inner city LGA of Woollahra topping the list. Those that scored the lowest are in regional and remote areas of New South Wales, including Brewarrina and Central Darling. Central Darling has a large Aboriginal population, with 38 percent of people identifying as Aboriginal on the Census, compared to 2.9% for NSW (ABS, 2011). This area is in the far west of the state where the main industry is farming.



Figure 3: New South Wales local areas – mothers’ index rankings

Rank	Top 10	Rank	Bottom 10
1	Woollahra	143	Guyra
2	North Sydney	144	Richmond Valley
3	Lane Cove	145	Greater Taree
4	Mosman	146	Walgett
5	Manly	147	Kempsey
6	Willoughby	148	Nambucca
7	Ku-ring-gai	149	Tenterfield
8	Waverley	150	Urana
9	Hunter’s Hill	151	Brewarrina
10	Leichhardt	152	Central Darling

The full list of LGAs contained in *Appendix 2*.

Growing up in the city

Although Australia is home to four of the world’s top 10 “most liveable” cities,<sup>39</sup> child health outcomes vary significantly within them. In Australia’s largest city, Sydney, infants born in the southwest are twice as likely to die before their first birthday as babies born in the inner-city North Shore.<sup>40</sup> There is a strong relationship between antenatal care that commences within the first 13-14 weeks (first trimester) of pregnancy and positive child health outcomes. In the North Shore, 86 percent of women who gave birth in 2010-2011 had at least one prenatal care visit in the first trimester, compared to 55 percent of women in south western Sydney. Improving outcomes for mothers and babies, wherever they live, involves increasing the coverage of high quality maternal health services and promoting the importance of good prenatal care. This means improving access, engagement and the cultural safety of health services. Sydney’s south west is characterised by a higher proportion of Aboriginal and Torres Strait Islander mothers, new migrants and families with lower socio-economic indicators compared to the North Shore – one of Australia’s wealthiest addresses. Extra effort is required in these disadvantaged postcodes to reach mothers and babies.



A mother and her son at a Save the Children Child Friendly Space in Victoria. Photo: Rob McKechnie/Save the Children



Victoria

In Victoria, eight of the highest ranking local government areas are in Melbourne. Queenscliff and Surf Coast, both seaside areas, round out the top ten. The lowest 10 are in regional areas. Ranked at number 79 and the toughest area to be a mother in Victoria is Central Goldfields, which is two hours out of Melbourne, and has the highest rate of unemployment in the state.



Figure 4: Victoria Local Government Areas – mothers’ index rankings

Rank	Top 10	Rank	Bottom 10
1*	Boroondara	70	East Gippsland
1*	Stonnington	71	Mildura
3	Port Phillip	72	Swan Hill
4	Bayside	73	Benalla
5	Glen Eira	74	Buloke
6	Nillumbik	75*	Hindmarsh
7*	Manningham	75*	Loddon
7*	Whitehorse	77	Yarriambiack
9	Queenscliffe	78	Pyrenees
10	Surf Coast	79	Central Goldfields

\*Tied. The full list of all LGAs is contained in Appendix 3.

Queensland

In Queensland, the top 10 places to be a mother are a mixture of cities and towns near resources deposits. The top ranked local government area, Isaac, on Queensland’s central coast, produces half the state’s coal output and is also a key agricultural area. Isaac performed well across all five domains (mother’s health, child wellbeing, mother’s education, economic status and socio-economic disadvantage). Other towns rich in natural resources to feature in the top 10 are Mount Isa, Weipa and Gladstone. All of the lowest 10 are in remote areas of Queensland, except Cherbourg. Most have a relatively high population of Aboriginal and Torres Strait Islanders. These areas scored low due to most indicators performing lower, with children’s developmental vulnerability on entry to school particularly low, as well as low scores on the educational qualifications of women.



Figure 5: Queensland Local Government Areas – mothers’ index rankings

Rank	Top 10	Rank	Bottom 10
1	Isaac	64*	Pormpuraaw/Mapoon
2	Brisbane	66	Wujal Wujal
3	Weipa	67	Kowanyama
4	Central Highlands	68	Woorabinda
5	Redland	69	Aurukun
6	Gold Coast	70	Palm Island
7*	Gladstone	71	Hope Vale
7*	Townsville	72	Mornington
9	Mackay	73	Cherbourg
10	Mount Isa	74	Doomadgee

\*Tied. The full list of all LGAs is contained in Appendix 4.

Western Australia

In Western Australia (WA), the top 10 places to be a mother are all local government areas within the city of Perth. Of the toughest 10 places to a mother in WA, three are regional areas within the wheat belt and seven are remote areas of Western Australia, largely populated by Aboriginal families. The hardest two areas to be a mother, Menzies and Ngaanyatjaraku, scored low on most of the indicators.<sup>42</sup>



Figure 6: Western Australia Local Government Areas – mothers’ index rankings

Rank	Top 10	Rank	Bottom 10
1	Cottesloe Town	128	Wagin
2	Peppermint Grove	129	Wiluna
3	Nedlands	130	Katanning
4	Cambridge	131	Derby-West Kimberley
5	Claremont	132	Pingelly
6	Mosman Park	133	Laverton
7	East Fremantle Town	134	Halls Creek
8	Subiaco	135	Meekatharra
9	Vincent	136	Menzies
10	South Perth	137	Ngaanyatjaraku

\*Tied. The full list of all LGAs is contained in Appendix 5.

South Australia

In South Australia, eight of the best 10 places to be a mother are in the Greater Adelaide area, with two areas within the Adelaide Hills.



All of the toughest 10 locations to be a mother are in regional or remote areas, bar one, Playford. Playford is an exception as the area is located within Adelaide, however it has low mother’s education attainment and one third of children are not meeting developmental indicators in the early years. Anangu Pitjantjatjara Yankunytjatjara (APY) is a large Aboriginal local government area located in the remote north west of South Australia. It consists of the Pitjantjatjara, Yankunytjatjara and Ngaanyatjarra peoples (or Anangu), and has a population of around 2500 people.

Figure 7: South Australia Local Government Areas – mothers’ index rankings

Rank	Top 10	Rank	Bottom 10
1	Burnside	60	Copper Coast
2	Unley	61*	Wakefield
3	Mitcham	61*	Yorke Peninsula
4	Adelaide Hills	63	Playford
5	Walkerville	64*	Berri Barmera
6	Prospect	64*	Murray Bridge
7	Norwood Payneham and St Peters	66	The Coorong
8	Holdfast Bay	67	Mid Murray
9	Mount Barker	68	Peterborough
10	Tea Tree Gully	69	Anangu Pitjantjatjara

\*Tied. The full list of all LGAs is contained in Appendix 6.

East Gippsland – Building on strengths

Despite being in the lower end of places to be a mother in Victoria, East Gippsland is a local area keen to build on what works. In 2013 Good Beginnings (now part of Save the Children), worked closely with local council, community members, agencies, schools and health providers to compile a snapshot of children and youth in East Gippsland as a tool for future planning.<sup>41</sup>

With its focus on outcomes, it provides an opportunity to learn from where the region is doing well and the areas where further attention is required. Establishing shared agendas and goals avoids unnecessary competition for limited resources in East Gippsland.

It is heartening to see where East Gippsland children are doing well in health, learning and participation indicators. Improving trends relating to readiness for school and school completion are also positive. However, the emotional wellbeing of children remains a concern, with trends of increasing exposure to family violence and substance misuse at home.

The approach taken in East Gippsland provides a model of community ownership and collaboration – working together towards better outcomes for the children and young people of East Gippsland, who are the future of the community.

Save the Children: Supporting families in Mornington

Mornington Island is located in the beautiful Gulf of Carpentaria in far north Queensland. The majority of the islanders are Aboriginal. The area has pristine waterways and native bush that is essential to the quality of life in Mornington. Life in this isolated island can be extremely tough for a mother. In 2003 Mornington was one of 19 Aboriginal communities subjected to an Alcohol Management Plan by the Queensland Government, aimed at alleviating high levels of domestic violence, child abuse and child neglect.

Toby\* and his mother Lisa\* were referred to Save the Children through a visiting paediatrician. Toby (now 3 years old) was born with a developmental disability

and it was hoped that active play and learning with other children would help him to reach developmental milestones and form a support network for his mum.

Toby and Lisa attended Save the Children’s Play2Learn (structured playgroup) sessions three times a week and family support workers helped Lisa learn basic cooking, nutrition and budget skills. After 18 months, the change is significant. The family support worker said, “Mum used to just sit there and not talk, but now she is just straight up and comfortable talking to us about anything. Even the way she talks to Toby is different now, much better.”

\*Names have been changed

Tasmania

Tasmanian local government areas are ranked across four out of the five domains (child wellbeing, mothers' education, economic status and relative socio-economic disadvantage) as maternal health indicators are only readily available on a state-wide basis. Local areas in the top 10 had a high proportion of children on-track in the early years (77-87 percent) and relatively high performance on mother's education and economic status. Local areas in the lowest 10 had relatively low mother's education and greater levels of socio-economic disadvantage, and mixed results for child wellbeing and household income.



Figure 8: Tasmania Local Government Areas – mothers' index rankings

Rank	Top 10	Rank	Bottom 10
1	Hobart	17*	Tasman/Glamorgan Spring Bay
2	West Tamar	19	Dorset
3	Kingborough	20	West Coast
4	Clarence	21	Circular Head
5	Meander Valley	22	Central Highlands
6	Launceston	23	Kentish
7	Northern Midlands	24*	Break O'Day
8	Sorell	24*	Brighton
9	Huon Valley	26*	Derwent Valley
10*	Central Coast/Latrobe	26*	George Town

\*Tied. The full list of all LGAs is contained in Appendix 7.

Northern Territory

Similar to Tasmania, local government areas in the Northern Territory are ranked across four out of the five domains (child wellbeing, mother's education, economic and and relative socio-economic disadvantage). Not surprisingly, the urban centres of Darwin, Litchfield and Palmerston are ranked highest with three-quarters of children on-track in the early years, high rates of mother's education, and high economic status compared with the rest of the Territory. At the other end of the spectrum, Central Desert, Roper Gulf and MacDonnell (large areas around Alice Springs) and East Arnhem in the far north are tough places to be mother with 60-80 percent of children off-track in the early years, very low mother's education attainment rates and low household incomes.



Figure 9: Northern Territory Local Government Areas – mothers' index rankings

Rank	Local Govt. Area	Rank	Local Govt. Area
1	Darwin	8*	West Arnhem
2	Litchfield	10	Tiwi Islands
3	Palmerston	11	Victoria Daly
4	Alice Springs	12	MacDonnell
5	Katherine	13	Central Desert
6	Wagait	14*	East Arnhem
7	Coomalie	14*	Roper Gulf
8*	Barkly		

\*Tied. The full list of all LGAs is contained in Appendix 8.

Australian Capital Territory

The Australian Capital Territory (ACT) emerged as the best State or Territory to be a mother with the highest rank across mother's education, economic status and low maternal and child mortality rates. Furthermore, around 78 percent of children in the ACT are on track in the early years. Nonetheless, compared to a peer group of high urban density, high socio-economic status areas (such as inner Sydney and Melbourne), the ACT performs less well on child mortality<sup>43</sup> and percentage of children on-track in the early years.<sup>44</sup>



A four-month-old takes a nap with her mum at Save the Children's It Takes a Village program in Western Australia. Photo: Rob McKechnie/Save the Children

### Resiliency in rural and remote mothers

The Australian Longitudinal Study on Women's Health<sup>45</sup> found that scores for neighbourhood connectedness, feeling safe and life satisfaction were highest in remote areas and decreased with increasing proximity to major cities. Neighbourhood attachment and trust were highest in outer and inner regional areas and lowest in major cities. Scores for perceived control and optimism were highest in remote areas and lowest in outer regional areas.

Research suggests that rural communities are more socially cohesive than metropolitan communities, with rural communities providing strong social support networks that are protective for mother's physical and psychological wellbeing. Social support can be provided and received at both a family and a community level and positively impact on mother's and children's health and behaviour.<sup>46</sup>





A child at play at Save the Children's Play2Learn program in the suburbs of Sydney.  
Photo: Rob McKechnie/Save the Children

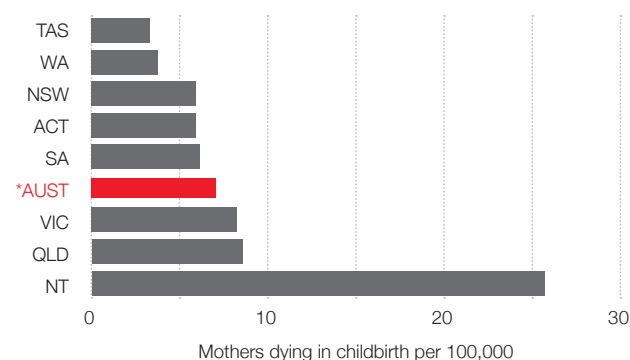
## Health and survival

### Maternal mortality

Maternal mortality is rare in Australia. Since the 1960s, maternal deaths in Australia have decreased by nearly two-thirds to be around 7.1 deaths per 100,000 women who gave birth during 2008 – 2010.<sup>47</sup> This puts Australia in the top 10 percent of countries worldwide for low maternal mortality. Nonetheless, there is considerable variation within Australia. Although caution should be exercised due to the small number of deaths, **mothers in the Northern Territory are up to eight times more likely to die from pregnancy or birth related causes than mothers in Tasmania.**

**Maternal mortality for Aboriginal and Torres Strait Islander women is double that of other Australian women,** with an Aboriginal and Torres Strait Islander maternal mortality rate of 13.8 deaths per 100,000 women who gave birth, compared with 6.6 deaths per 100,000 for other Australian women who gave birth.<sup>48</sup>

Figure 10: Maternal Mortality Ratio (MMR)

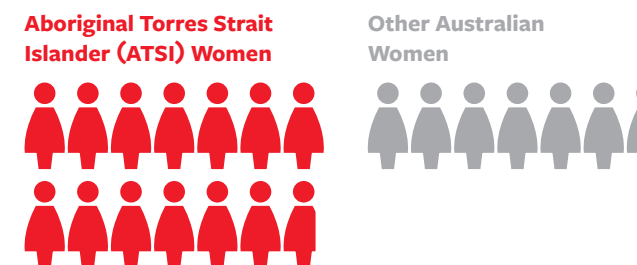


\*Indicates Australian Average  
**Source:** Maternal Deaths in Australia 2008-2012 (AIHW & UNSW 2015)

### The intergenerational transmission of inequality: maternal disadvantage and health at birth

Health at birth is an important predictor of long-term outcomes, including education, income, and disability. Evidence suggests that maternal disadvantage leads to worse health at birth because of poor health behaviours; exposure to harmful environmental factors; worse access to medical care, including family planning; and worse underlying maternal health.<sup>52</sup> New knowledge about what matters for foetal health suggests many protective factors including vaccinations, nutrition programs, reduced exposures to harmful toxins; new legal structures that have reduced the incidence of violence against women; the growth of income transfer programs; and a better understanding of the relationship between contraception, birth spacing, and maternal and foetal health.<sup>53</sup> In Australia, babies born to mothers living in the most socio-economically disadvantaged areas are 1.3 times as likely to be of low birthweight as babies born to mothers living in the areas of least disadvantage.<sup>54</sup> With inequality on the rise in Australia<sup>55</sup> it is important to identify policies and programs that can counteract the negative effects of growing inequality on infant health. In the United States, researchers found improvements in newborn health amongst the most disadvantaged despite rising inequality. They attribute this to increasing knowledge about the determinants of infant health along with public policies that put this knowledge into practice.<sup>56</sup>

Figure 11: Mothers dying in childbirth per 100,000



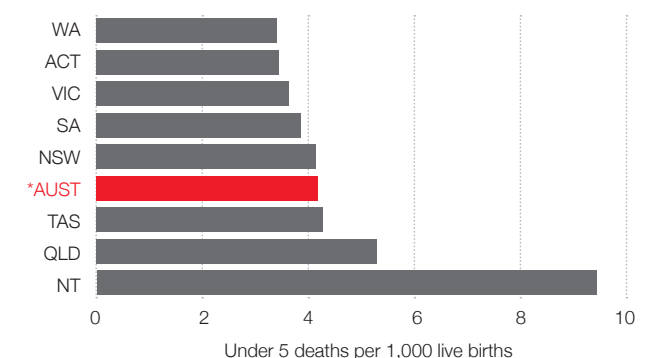
♀ = 100,000 | 'No 'Closing the Gap' target for ATSI MMR' (Humphries et al., 2015).

### Child mortality

While Australia has made good progress in reducing child mortality, Australia's rate of infant deaths, is still three times higher than that of the best performing OECD country in 2012 (Iceland).<sup>49</sup> In 2008-2012 the infant mortality rate for Aboriginal and Torres Strait Islander children was almost double that of non-Aboriginal children, at 6.2 per 1000 live births for Aboriginal and Torres Strait Islander children compared to 3.7 for non-Aboriginal children.<sup>50</sup>

The leading causes of infant and child mortality in Australia are complications with pregnancy or birth, ill-defined causes (e.g. SIDS), malformations or growth problems, accidental drowning and traffic accidents.<sup>51</sup> **Children in the Northern Territory are up to three times more likely to die before their fifth birthday compared to children under five in Western Australia.**

Figure 12: Child Mortality Rate



\*Indicates Australian Average

**Source:** ABS Births (Cat. No.3301.0), ABS Deaths (Cat. No. 3302.0).

### Antenatal care

Although Australia is home to four of the world's top 10 "most liveable" cities,<sup>57</sup> child health outcomes vary significantly within them. In Australia's largest city, Sydney, infants born in the southwest are twice as likely to die before their first birthday as babies born in the inner-city North Shore.<sup>58</sup> There is a strong relationship between antenatal care that commences within the first 13-14 weeks (first trimester) of pregnancy and positive child health outcomes<sup>59</sup>. In the North Shore, 86 percent of women who gave birth in 2010-2011, had at least one prenatal care visit in the first trimester, compared to 55 percent of women in south western Sydney. Improving outcomes for mothers and babies requires an understanding of why mothers in some areas are not accessing antenatal services. Some of reasons for low access are listed in Figure 13.

Whilst we were unable to obtain antenatal attendance data for the first trimester for LGA's in the Northern Territory, research has reported Aboriginal and Torres Strait Islander mothers in the Northern Territory are five times as likely to have insufficient antenatal care (no antenatal visit or less



than four visits attended) compared with non-Aboriginal mothers (10% and 2% respectively).<sup>60</sup>

The proportion of Aboriginal and Torres Strait Islander women attending a first antenatal visit in the first trimester is higher in urban areas than in rural or remote areas (67% and 58% respectively).<sup>61</sup> This suggests that there are significant issues in remote areas of not only the Northern Territory but in other areas of Australia.

**Figure 13: Why are women not accessing antenatal services in the first trimester?**



Suggestions for service improvements include:

- Offering community-based culturally appropriate antenatal services that include home visits for high-risk pregnancies especially for Aboriginal and Torres Strait Islander families and new migrant families. Initiatives such as the New Direction Mother and Babies Service and the Nurse Family Partnership program<sup>62</sup> are examples of programs that are being rolled out for Aboriginal and Torres Strait Islander families in areas of high need. If evaluations of these programs are favourable they should be expanded to other areas that have been identified as being vulnerable. Nurse Family Partnership is an evidence-based approach that increases the health of mothers and newborn babies, but also has ongoing impacts in its ability to reduce poverty and reduce government spending.<sup>63</sup> It is currently being used in three areas in Australia to support mothers and babies in Aboriginal and Torres Strait Islander communities.

- Offering antenatal education in group format for culturally and linguistically diverse (CALD) groups, would assist in optimising antenatal care.<sup>64</sup>
- Increasing the use of midwives providing care throughout the pregnancy and after the birth, especially in remote areas such as the Malabar Community Link Service, which offers one-to-one midwifery care for women during pregnancy, labour, birth and the first six weeks after birth. Specifically, the service cares for Aboriginal women and their families, women from culturally diverse backgrounds, young mothers and women with limited support. Research suggests a number of benefits from continuity of midwife care. The results consistently show less use of some interventions for women who received midwife-led continuity of care compared to women who received other models of care.<sup>65</sup>

## Health outcomes across rural and urban areas

Women living in regional and remote areas of Australia have poorer health outcomes than their counterparts in the city.<sup>66</sup> Mortality and illness levels have been shown to increase with distance from major cities.<sup>67</sup> These communities are characterised by higher hospitalisation rates and higher prevalence of health risk factors compared with metropolitan areas.<sup>68</sup> A significant number of negative health outcomes for mothers in rural and remote areas such as diabetes, hypertension, and cardiovascular disease are related to higher levels of obesity in these areas.<sup>69</sup> This pattern has persisted over time.

Mothers in rural and remote areas are further disadvantaged by reduced access to primary health care providers and health services (in part a function of health and medical workforce shortages), resulting in lower utilisation rates than in urban areas and consequent poorer health status for rural residents.<sup>70</sup>

For example, the Central Goldfield LGA has the highest percentage of low birth weight babies and scores poorly on a range of child and young person indicators. High blood pressure, type 2 diabetes, overweight and obesity rates are above average, and poor dental health is highest in the state.<sup>68</sup>

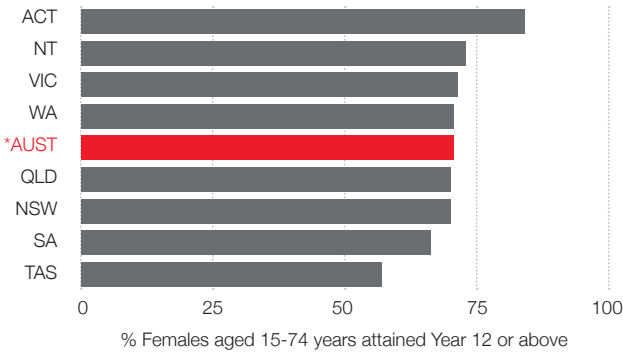


## Education

### Mother's education

Since the 1970s, more Australians have been completing higher levels of education. In 1970, only one-quarter of girls were undertaking Year 12 or equivalent. By 2011, over 80 percent of girls were undertaking Year 12 or equivalent.<sup>72</sup> For the current population, around 70 percent of women aged 15-74 in Australia report their education attainment as Year 12 or above. By state and territory, this ranges from a high of 84 percent in the ACT to a low of 57 percent in Tasmania. Note that while women over 50 years of age may not be raising young children, older women are still included here due to the significant role that grandmothers often play in their adult children and grandchildren's lives.

**Figure 14: Education attainment**



\*Indicates Australian Average

**Source:** Author's calculation based on ABS Cat. No. 6227.0 Survey of Education and Work, May 2014, Table 13 Highest Education Attainment

There is clear evidence that mother's higher level of education is consistently associated with positive outcomes for children. There is considerable variation in qualifications gained by girls leaving school with poorer outcomes for rural and remote areas.

Suggestions to improve education attainment for mothers include:

- Increase in scholarships targeted for young women, especially young Aboriginal and Torres Strait Islanders from rural and remote areas to attend tertiary education.
- Increase in availability of technology to participate in specialist distance learning opportunities for girls in schools that have limited access to specialised curriculum.
- Guaranteed provision for childcare for teen mums so they can continue their studies, even if this is through remote learning.
- Ensure ongoing funding for programs with demonstrated success in education for Aboriginal and Torres Strait Islander female students.



Children’s education and development

Children’s education and development is also of critical importance to their wellbeing. In this report, children’s development in the early years is used as an indicator of child wellbeing at local level, measured through the percentage of children assessed as being developmentally on track in terms of health, social development, emotional development, language and communication, in the years leading up to school.

Education, care and development during the early childhood years are all critical to ensuring that children have the best start in life. Across Australia, while the great majority of children are doing well, not all have the opportunity to engage in quality early childhood care and development programs. Children most likely to be missing

out include Aboriginal and Torres Strait Islander children, children from non-English speaking backgrounds, socio-economically disadvantaged families, and those living in remote areas. The Commonwealth, states and territories have a commitment to universal preschool education (for 4-5 year olds in the year prior to primary school). But for children who are living in areas of disadvantage, we need to start even earlier. Once a gap opens up in early childhood, it becomes increasingly more difficult - and costly - to close. Early learning opportunities can range from structured playgroups through to intensive early childhood education and home visiting programs to better facilitate pathways into preschool.

Who and why are children struggling in the early years?

Who?	Why are some children struggling?	Possible Solutions
Aboriginal and Torres Strait Islander children	<ul style="list-style-type: none"><li>Lack of access to high quality early childhood education and care, which is strongly linked to children’s cognitive and behavioural development.<ul style="list-style-type: none"><li>Many Aboriginal and Torres Strait Islander four-year olds in remote communities do not have access to early childhood education. In 2013, enrolment stood at 85 percent compared to a target of 95 percent.<sup>73</sup></li></ul></li><li>Prohibitive cost of childcare.</li><li>Poor quality of parent-child interactions (consistently linked to school readiness) due to:<ul style="list-style-type: none"><li>Poverty, which often compromises parenting by creating conditions of heightened stress and social isolation.</li><li>Parental struggles including financial disadvantage, physical and mental health problems, drug and alcohol problems, presence of domestic violence.</li><li>Instability in the home environment, in terms of employment, living arrangements and housing.</li></ul></li><li>Low levels of parent education, which are in turn associated with lack of skills to teach children self-control and self-regulation.</li></ul>	<ul style="list-style-type: none"><li>Ensure there is access to high quality and culturally safe childcare and early childhood education for vulnerable and disadvantaged families.</li></ul>
Children from areas of socio-economic disadvantage		<ul style="list-style-type: none"><li>Parenting programs that focus on parent-child-interaction, and actively teach skills, such as the Incredible Years program; SafeCare; Indigenous Triple P.</li></ul>
Children from remote areas		<ul style="list-style-type: none"><li>Provide targeted services for families who are vulnerable, for example:<ul style="list-style-type: none"><li>Nurse-Family Partnership</li><li>Targeted and intensive playgroup services offered to families experiencing disadvantage to improve health and wellbeing outcomes, as well as providing access to other support services.<sup>74</sup></li><li>Identify post-natal depression and provide treatment for mothers and psychosocial treatment for their children</li><li>Provide programs for families experiencing DV, such as Parents in Control</li></ul></li></ul>



Having fun at Save the Children’s Play2Learn program in inner-Sydney  
Photo: Rob McKechnie/Save the Children

The following programs focus on building strong families and improved parenting skills, helping foster children’s development in the early years and helping to prevent or reduce domestic and family violence as well as potential removal of children from their families.

SafeCare

SafeCare is a manualised parent-training curriculum for parents who are at-risk or have been reported for child maltreatment.<sup>75</sup> Trained professionals work with at-risk families in their home environments to improve parents’ skills in several domains, such as planning and implementing activities with their children, responding appropriately to child behaviours, improving home safety, and addressing health and safety issues. SafeCare is generally provided through weekly home visits lasting 1-2 hours. The program typically lasts 18-20 weeks per family.

The Incredible Years Program

The Incredible Years® evidence based parenting programs focus on strengthening parenting competencies and developing parent involvement in children’s school experiences, to promote children’s academic, social and emotional skills and reduce conduct problems. The parenting programs are grouped according to age: babies (0-12 months), toddlers (1-3 years), pre-schoolers (3-6 years), and school age (6-12 years).

Nurse-Family Partnership

Nurse-Family Partnership’s maternal health program partners disadvantaged first-time parents to caring maternal and child health nurses. This program allows nurses to deliver the support first-time mothers need to have a healthy pregnancy, become knowledgeable and responsible parents, and provide their babies with the best possible start in life. The relationship between mother and nurse provides the foundation for strong families, and produce ongoing health and welfare benefits.<sup>76</sup>

Indigenous Triple P

The Triple P – Positive Parenting Program® is a parenting and family support system designed to prevent – as well as treat – behavioural and emotional problems in children and teenagers. It aims to prevent problems in the family, school and community before they arise and to create family environments that encourage children to realise their potential. Indigenous Triple P allows providers accredited in Primary Care, Group and/or Standard Triple P programs to tailor their delivery of the programs to suit Indigenous families. Materials and content for Indigenous Triple P were created in consultation with elders from remote and urban Indigenous communities in Australia. Indigenous Triple P has been used with both Indigenous Australian families and Aboriginal Canadian families. Triple P utilises social learning, cognitive behavioural and developmental theory as well as research into risk factors associated with the development of social and behavioural problems in children. It aims to equip parents with the skills and confidence they need to be self-sufficient and to be able to manage family issues without ongoing support.

Parents in Control

Parents in Control is a new evidence informed home based program designed to reduce the impact of domestic violence on children. The program works with parents to increase their responsible behaviour by a focus on increasing safety in the home, improving parenting skills, self-regulation and problem solving skills and increasing their social support. This approach is based on the evidence base supporting the positive impact of improving the wellbeing and safety of children through building the skills, social connections and coping strategies of their parents/caregivers. This program has been developed by Centre for Evidence and Implementation.



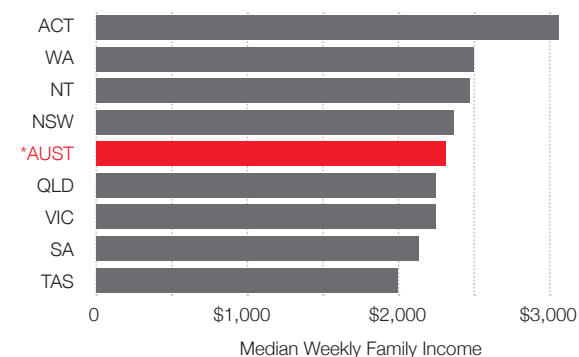


## Socio-economic disadvantage

### Mothers' economic status

In 2011, a couple with children on two incomes and sitting in the middle of the income distribution had a household income of \$2,310 per week, or \$120,120 per year. By state and territory, household incomes ranged from a high of \$3,060 in the ACT to a low of \$1,999 in Tasmania.

Figure 15: Median weekly household income



\*Indicates Australian Average

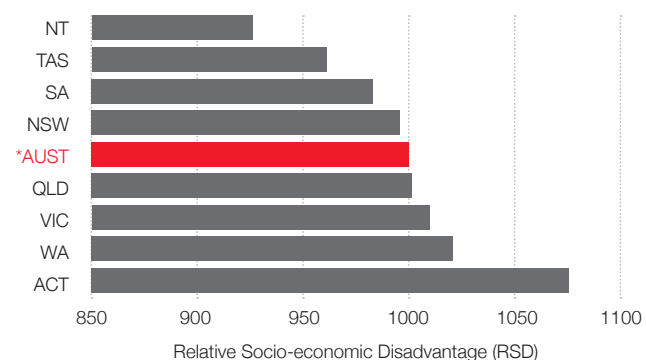
Source: ABS Census, 2011

Household income before age five has been associated with children's cognitive and socio-emotional abilities,<sup>78</sup> such that children from lower-income families are more likely to start school with poorer cognitive and socio-emotional skills than their more affluent peers.<sup>79</sup>

### Relative socio-economic disadvantage

Children born into families where there is socio-economic disadvantage experience poorer child wellbeing and its lifelong implications, in all societies, worldwide.<sup>77</sup> In addition, people who live in areas with poorer socio-economic conditions tend to have worse health than people from other areas. Studies have shown that disadvantaged Australians have higher levels of disease risk factors and lower use of preventative health services than those who experience socio-economic advantage.<sup>80</sup>

Figure 16: State-level relative socio-economic disadvantage (RSD) Index



Low score - most disadvantaged

High score - least disadvantaged

\*Indicates Australian Average

Source: ABS 2011

Figure 17: Why do mothers experience poorer outcomes when living in areas of socio-economic disadvantage?



Suggestions to improve outcomes for mothers and children in areas of socio-economic disadvantage:

- **Increased access** to quality childcare and early childhood education for families that need it the most. The children most likely to benefit from quality early education are the most likely to miss out.<sup>81</sup> All children should be able to participate in a high-quality preschool program in the year before school – regardless of whether their parents are working or can afford it – in the same way that all children have a right to attend school.<sup>82</sup>
- **Employment programs** that are accessible for mothers with children (e.g. family friendly hours, reduced fees).
- **Parenting support** and access to effective parenting courses, such as SafeCare.
- **Housing programs** that provide access to safe and affordable housing for disadvantaged families.
- **Programs** introduced to disadvantaged areas that take an ecological approach to reduce specific problems such as child abuse. One example is Strong Communities, an initiative based on a set of principles to guide the community. These principles called for (a) integrating support into settings where children and families are found, (b) strengthening community norms for protecting children, (c) broadly mobilising community residents and community leaders to become involved, (d) strengthening organisational capacity in primary community institutions, (e) helping children by assisting their parents, and (f) providing support to families and children universally and in non-stigmatising ways.<sup>83</sup>

The rate of poverty is higher amongst Aboriginal and Torres Strait Islander people - 19.3% compared with 12.4% of the total Australian population







Getting creative at Save the Children's Play2Learn program in Perth.  
Photo: Rob McKechnie/Save the Children

# Aboriginal and Torres Strait Islander women and children

On average, Aboriginal and Torres Strait Islanders are behind non-Aboriginal Australians on almost all typical indicators of wellbeing. It is therefore no surprise that Aboriginal and Torres Strait Islander mothers and children are doing it tougher than their non-Aboriginal counterparts – in general (*Figure 18*). Nonetheless, progress has been

made in some areas and there is a great deal of diversity in the experience of Aboriginal and Torres Strait Islander mothers and children across Australia. This section briefly compares components of the Mothers Index for Aboriginal and Torres Strait Islanders and Non-Aboriginal mothers to remind us of the persistent disparity overall.

**Figure 18: Indicators for Aboriginal and Torres Strait Islanders (ATSI) and non-Aboriginal mothers (Non-ATSI)**

	Maternal health		Child wellbeing		Educational status	Economic status	Relative socio-economic disadvantage
	Maternal mortality ratio	% of women who had at least one antenatal visit in their first trimester	Under-5 mortality rate	% of children on-track in the early years (AEDC)	% aged 20 years and over completed year 12	Equivalised* Median weekly household income (\$)	% in least disadvantaged area
	2008-2012	2010-2011	2006-2010	2012	2012-2013	2011-2013	2011
ATSI	13.8	50	8.0	57	47	\$465	5
Non-ATSI	6.6	67	4.0	79	66	\$869	21

\*Household income adjusted to take account of number of adults or children in household in order to compare across households

## Maternal health

The maternal mortality ratio for Aboriginal and Torres Strait Islander women is double that for non-Aboriginal women (although, caution should be used when interpreting these results due to the small number of deaths).<sup>84</sup> Aboriginal and Torres Strait Islander women also carry higher risk factors for healthy pregnancy and childbirth. Around half of Aboriginal and Torres Strait Islander women had an antenatal visit in the first trimester compared to a national average of two-thirds. In too many cases, Aboriginal mothers are still children themselves. In 2012, 19 percent of Aboriginal mothers were teenagers, compared to 3 percent of non-Aboriginal mothers.<sup>85</sup> Teenage mothers have a much higher risk of complications during birth and therefore a higher risk of maternal mortality. Babies born to teenage mothers are also more likely to be of a low birth weight and have higher rates of neonatal mortality.<sup>86</sup>

## Child wellbeing

The child mortality rate for Aboriginal and Torres Strait Islander children is around double that for non-Aboriginal children. Since the 1990s, significant progress has been made in reducing the rate and Australia is on-track to meet the Closing the Gap target of halving the gap in mortality rates by 2018.<sup>87</sup> In terms of wellbeing in early childhood, a majority of Aboriginal children are on track. Nonetheless, Aboriginal children are more than twice as likely to be developmentally vulnerable than non-Aboriginal children<sup>88</sup> and especially more likely to be vulnerable in remote locations. Many Aboriginal four-year olds in remote communities do not have access to early childhood education. In 2013, enrolment stood at 85 percent compared to a target of 95 percent.<sup>89</sup> There has been no overall improvement in Aboriginal reading and numeracy since 2008.<sup>90</sup>

## Starting school ready

Four-year-old Ben\* lives with his brothers, sister and parents at the Lake Tyers Aboriginal Trust in East Gippsland, Victoria. Located on approximately 4,000 acres of a former mission, the Trust is a picturesque piece of Gunaikunai land overlooking Bass Strait. In 1971, it was the first land in Australia to be returned to Aboriginal residents under freehold title. Three times a week, Ben looks forward to the Save the Children bus which will pick him up from home and take him to our kindergarten in the nearby town of Nowa Nowa. Unfortunately, many children living at the Trust struggle when they start primary school. Isolation from the wider community, limited employment opportunities and a perceived low value of education all create barriers to school. Poor language skills can also make the transition difficult. At the beginning of the year, Ben “barely talked at all”, says his mother Kim\*. However, over the year, he’s opened up. “At the beginning of the year, he didn’t have much language. Now you can have a conversation with him,” says Ben’s teacher. And he’s also on the right foot for success at primary school. “He can’t wait to go,” smiles his mother. “Every day he’s nagging me to go to ‘big’ school.” Ben’s grandmother Marge\* is an elder in the community, attended the kindergarten herself and regularly volunteers. “Since Ben started at the kindergarten, I’ve seen a lot of change,” says Marge. “And all for the better, too.”

*\*Names have been changed.*

## Education status

Education attainment rates for Aboriginal women are significantly lower those of non-Aboriginal women. When based on age standardised proportions, Aboriginal and Torres Strait Islander people aged 20 years and over were around half as likely as non-Aboriginal people to have completed Year 12 or a Certificate III or above.<sup>91</sup> In terms of young people today (20-24 year olds are the target age group for Closing the Gap), Australia is on-track for halving the gap in attainment rates. The proportion of Aboriginal 20 - 24-year-olds who had achieved Year 12 or equivalent increased from 45 percent in 2008 to 59 per cent in 2012 - 13 (this compares to 87 percent for non-Aboriginal Australians). Results also vary significantly by remoteness.

## Economic status

Over 2011–13, equivalised household income for Aboriginal and Torres Strait Islander households was just over half that for income for non-Aboriginal households. This gap has not changed significantly since 2002. Low family income puts at risk the ability of mothers to feed and clothe their children, look after their health needs, keep them in school, and keep their immediate environment healthy and secure.

## Socio-economic status

In 2011 only five percent of Aboriginal and Torres Strait Island families were living in areas of the least disadvantage compared to 21 percent of non-Aboriginal families. Analysis of the Aboriginal indexes of socio-economic outcomes found that for Aboriginal Australians there is a clear rise of disadvantage by remoteness. Capital city regions ranked relatively well while remote regions ranked relatively poorly. Income, employment and education correlated geographically while other areas of wellbeing showed more complex patterns.<sup>92</sup>

## Other important factors

While not examined in local or state level indicators, other factors such as removal of children from their families, arise in alarming proportions for Aboriginal and Torres Strait Islander mothers compared to non-Aboriginal mothers. In Australia, Aboriginal and Torres Strait Islander children make up nearly 35 percent of all children in out-of-home care in Australia, despite representing just five percent of the population. Aboriginal and Torres Strait Islander children are nine times more likely to be in care than non-Aboriginal children.<sup>93</sup>

Save the Children believes that early intervention is critical to reverse this worrying trend. Access to early education and care and parenting support must be a priority so children can live safe in family and culture. While there has been efforts made to prevent unnecessary removal of children, Government continues to spend less on early intervention, putting children at risk of removal when families may simply need help. Positive parenting requires complex knowledge, skills, attitudes and resources. Socio-economic status has a profound impact on families, as those parents with fewer resources available to them are limited in their capacity to overcome this barrier with good parenting alone. Aboriginal and Torres Strait Islander peoples are disproportionately affected by poverty and disadvantage.

We must provide adequate support to parents who are struggling. Research has demonstrated that quality programs seeking to enhance the knowledge, skills and capacity of parents to manage difficult situations produce positive changes to parenting styles.<sup>94</sup> A review of research on parenting and early intervention family support programs show that they equip parents with the knowledge and skills they need. Ensuring culturally safe services are available to those in need should be the priority.

# Appendix

## Appendix 1: Technical Notes

The domains in the *Australian Mothers Index* are based on the *World Mothers Index* first developed by Save the Children in 2000 and updated as more comprehensive data became available. The Index is informed by an in-depth literature review, and consultation with international and local experts. There are five domains chosen to best capture overall maternal wellbeing:

 Maternal health	 Child wellbeing	 Mothers' education status	 Mothers' economic status	 Relative socio-economic disadvantage
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For the Australian analysis, each domain is measured by one indicator – with some differences between the state and local level.

### State level

At the state level, data was collected for each of the eight states and territories of Australia. The indicators are adapted from those in the global *State of the World's Mothers Report*. Several of the indicators are different in order to take advantage of better data availability in Australia.

Domain	Indicator	Source
Maternal health	Maternal Mortality Ratio	Maternal deaths per 100,000 women who gave birth, 2008-2012 AIHW and UNSW (2015), Maternal Deaths in Australia 2008-2012
Child wellbeing	Child mortality rate	Under-five deaths per 1,000 live births, 2011-2013 Own calculation based on ABS Births (Cat. No.3301.0) and Deaths (Cat. No. 3302.0). Total number of deaths of children aged 0,1,2,3,4 over 2011 to 2013 divided by Total number of live births over 2011 to 2013 x 1,000
Education status	Completed Year 12	Education attainment Year 12 or above (% females aged 15-74 years) Own calculation based on ABS Cat. No. 6227.0 Survey of Education and Work, May 2014, Table 13 Highest Education Attainment
Economic status	Median household income	Median household income, couple families with children and two incomes ABS, Census 2011
Relative socio-economic disadvantage	Access to material and social resources	The Index of Relative Socio-Economic Disadvantage broadly defines measures relative socio-economic advantage and disadvantage in terms of people's access to material and social resources, and their ability to participate in society (ABS, 2011). The dimensions used were: <ul style="list-style-type: none"><li>&gt; income variables;</li><li>&gt; education variables;</li><li>&gt; employment variables;</li><li>&gt; occupation variables;</li><li>&gt; housing variables; and</li><li>&gt; other miscellaneous indicators of relative advantage or disadvantage (ABS, 2011)</li></ul> A <b>low</b> score indicates relatively greater disadvantage in general. A <b>high</b> score indicates a relative lack of disadvantage in general.
General	Population	ABS, Australian Demographic Statistics (Cat. No. 3101.0), Sept 2014



Local level

At the local level, data was collected for around 550 Local Government Areas (LGAs) across Australia. The LGAs reflect council boundaries in place at the time of the last Census in 2011. This means new councils (e.g. West Daly in the Northern Territory) are not included at this time along with LGAs with missing data across a majority of indicators.

Domain	Indicator	Source
Maternal health	Antenatal visits in first trimester	National Health Performance Authority, Healthy Communities, Child and Maternal Health 2009-2012 Data for 61 Medicare Locals mapped to Local Government Areas State averages obtained from AIHW & UNSW, Australia's Mothers and Babies, 2012
Child wellbeing	Developmental vulnerability	2012 Australian Early Development Census % children developmentally ontrack in the early years: Children on-track in each of five domains - health, social, emotional, language, communication
Education status	Completed Year 12	ABS, Census 2011 Community profiles – Proportion of women aged 15-74 years old (no longer attending primary or secondary school) who have attained Year 12 or above. (Excludes responses where education attainment not stated)
Economic status	Median household income	Median household income, couple families with children and two incomes ABS, Census 2011
Relative socio-economic disadvantage	Access to material and social resources	The Index of Relative Socio-Economic Disadvantage broadly defines measures relative socio-economic advantage and disadvantage in terms of people's access to material and social resources, and their ability to participate in society (ABS, 2011). The dimensions used were: > income variables; > education variables; > employment variables; > occupation variables; > housing variables; and > other miscellaneous indicators of relative advantage or disadvantage (ABS, 2011) A <b>low</b> score indicates relatively greater disadvantage in general. A <b>high</b> score indicates a relative lack of disadvantage in general.
General	Population Area (sq km)	ABS, Regional Population Growth, Australia, Cat. No. 3218.0

Some notes on the data:

- For **antenatal visits**, data was only available for 61 Medicare Locals (administrative categories, now represented by 31 Primary Health Networks). These data were then mapped to the relevant Local Government Areas using concordance filed supplied by the Department of Health. These results therefore are only an approximation of the true situation in each LGA. Overall, health data at the local level is not readily available and an area for further work.
- For **developmental vulnerability** (portion of children on track in the early years), data for several LGAs was imputed using the average for surrounding LGAs. This was especially the case for a large number of LGAs in Western Australia, and to a lesser extent, Queensland. The next release of data in 2016 is expected to have much better coverage of LGAs. Nonetheless, we considered it important to include as many LGAs as possible and therefore have approximated the indicator of child-wellbeing where data is missing.
- The *Mothers Index* at the local level for **Northern Territory** and **Tasmania** excludes the domain of maternal health (i.e. covers four of the five domains) as data on antenatal visits is only available at the State level.

Remoteness

The ABS has five categories of remoteness which we have condensed down to three in descriptions about locations within our report:

- City (ABS category = Major Cities)
- Regional (ABS categories = Inner Regional, Outer Regional)
- Remote (ABS categories = Remote, Very Remote)

Rankings

The rankings reflect a composite score derived from five different indicators related to maternal wellbeing (i.e. maternal health, children's wellbeing, educational status, economic status and socio-economic disadvantage). For example, at the local level:

- Within each State, Local Government Areas were arrayed and ranked from say 1 to 79 in the case of Victoria (1 being the best and 79 the worst) for each of the five indicators of maternal wellbeing.<sup>95</sup>
- Composite scores were then calculated as the total of these five indicator ranks with each indicator given equal weighting.
- Scores were sorted from low to high and ranked from 1 to 79 to give the overall Mothers Index rank for each Local Government Area within Victoria.

Consistently strong performance across the five indicators yields a higher ranking than exceptional performance on a few and somewhat lower performance on the others. In other words, all-around excellence is rewarded with higher rankings than outstanding performance on some, but not all, indicators.

The *Mothers Index* uses the most recently published nationally comparable data available in the first half of 2015, but there is often lag time in the reporting of data. Since indicator data are for 2008 to 2015, the numbers may not always reflect the latest conditions in some areas.



A mother and son play together at Save the Children's It Takes a Village program in Tasmania. Photo: Rob McKechnie/Save the Children

Appendix 2: NSW LGAs

– Mother’s Index Rankings

Rank	LGA	Rank	LGA	Rank	LGA	Rank	LGA
1	Woollahra	38*	Penrith	77*	Corowa	114*	Berrigan
2	North Sydney	40	Botany Bay	77*	Port Stephens	116	Parkes
3	Lane Cove	41	Upper Hunter	79	Cooma-Monaro	117	Fairfield
4	Mosman	42	Upper Lachlan	80	Campbelltown	118	Young
5	Manly	43	Holroyd	81	Tumut	119	Junee
6	Willoughby	44	Bathurst	82*	Cantebury	120	Warrumbungle
7	Ku-ring-gai	45	Lake Macquarie	82*	Bega Valley	121	Bogan
8	Waverley	46	Rockdale	84*	Narromine	122	Bourke
9	Hunter’s Hill	47	Singleton	84*	Boorowa	123	Cootamundra
10	Leichhardt	48	Dungog	86	Mid-Western	124	Liverpool Plains
11	The Hills Shire	49*	Ballina	87*	Uralla	125	Moree Plains
12	Pittwater	49*	Maitland	87*	Auburn	126	Lachlan
13	Warringah	51	Snowy River	89*	Gunnedah	127	Leeton
14	Hornsby	52	Wakool	89*	Coffs Harbour	128*	Clarence Valley
15	Canada Bay	53*	Blacktown	89*	Gundagai	128*	Glen Innes Severn
16	Randwick	53*	Wagga Wagga	92*	Lithgow	130	Harden
17	Blue Mountains	55	Blayney	92*	Shellharbour	131*	Coonamble
18	Kiama	56	Lockhart	94	Tumbarumba	131*	Kyogle
19	Sutherland	57	Cobar	95	Tamworth	133	Gwydir
20	Ryde	58	Cabonne	96	Shoalhaven	134*	Weddin
21	Yass Valley	59	Walcha	97	Hay	134*	Wellington
22	Marrickville	60	Byron	98*	Bankstown	136	Cowra
23	Ashfield	61	Port Macquarie -Hastings	98*	Bellingen	137	Gilgandra
24	Sydney	62	Greater Hume	100	Oberon	138*	Balranald
25	Palerang	63	Dubbo	101*	Bland	138*	Murrumbidgee
26	Camden	64	Armidale Dumaresq	101*	Carrathool	140	Broken Hill
27	Newcastle	65	Muswellbrook	103*	Gloucester	141	Inverell
28	Hurstville	66	Liverpool	103*	Lismore	142	Great Lakes
29	Kogarah	67	Orange	105	Coolamon	143	Guyra
30	Wollongong	68	Bombala	106	Wyong	144	Richmond Valley
31	Wollondilly	69	Tweed	107	Temora	145	Greater Taree
32	Strathfield	70	Conargo	108*	Deniliquin	146	Walgett
33	Burwood	71*	Jerilderie	108*	Wentworth	147	Kempsey
34	Gosford	71*	Warren	110	Griffith	148	Nambucca
35	Queanbeyan	73	Albury	111	Goulburn Mulwaree	149	Tenterfield
36	Parramatta	74*	Murray	112	Narrandera	150	Urana
37	Wingecarribee	74*	Narrabri	113	Eurobodalla	151	Brewarrina
38*	Hawkesbury	76	Forbes	114*	Cessnock	152	Central Darling

\*Indicates tied

Appendix 3: VIC LGAs

– Mother’s Index Rankings

Rank	LGA	Rank	LGA
1*	Boroondara	41*	Frankston
1*	Stonnington	43	Alpine
3	Port Phillip	44*	Ballarat
4	Bayside	44*	Greater Bendigo
5	Glen Eira	46	Mount Alexander
6	Nillumbik	47*	Mitchell
7*	Manningham	47*	West Wimmera
7*	Whitehorse	47*	Wodonga
9	Queenscliffe	50	Murrindindi
10	Surf Coast	51	Hume
11	Monash	52	Strathbogie
12	Moonee Valley	53	Towong
13	Yarra	54	Brimbank
14	Banyule	55*	Horsham Rural
15	Maroondah	55*	Wellington
16	Kingston	57	Hepburn
17	Knox	58	Ararat
18	Darebin	59	Northern Grampians
19*	Melbourne	60	Colac Otway
19*	Moreland	61	Corangamite
21	Yarra Ranges	62*	Bass Coast
22	Macedon Ranges	62*	Latrobe
23	Hobsons Bay	64	Gannawarra
24	Mornington Peninsula	65*	Glenelg
25	Maribyrnong	65*	Greater Dandenong
26	Moyne	67	Greater Shepparton
27	Cardinia	68	Moir
28*	Golden Plains	69	Campaspe
28*	Moorabool	70	East Gippsland
30*	Melton	71	Mildura
30*	Wyndham	72	Swan Hill
32*	Mansfield	73	Benalla
32*	Warrnambool	74	Buloke
34	Greater Geelong	75	Hindmarsh
35*	Casey	76	Loddon
35*	Indigo	77	Yarriambiack
37	Whittlesea	78	Pyrenees
38	South Gippsland	79	Central Goldfields
39	Southern Grampians		
40	Wangaratta		
41*	Baw Baw		

Appendix 4: QLD LGAs

– Mother’s Index Rankings

Rank	LGA	Rank	LGA
1	Isaac	38	Flinders
2	Brisbane	39	Quilpie
3	Weipa	40*	Burdekin
4	Central Highlands	40*	Somerset
5	Redland	42	Diamantina
6	Gold Coast	43	Lockyer Valley
7*	Gladstone	44*	Bundaberg
7*	Townsville	44*	Murweh
9	Mackay	46	Cassowary Coast
10	Mount Isa	47	Tablelands
11	Moreton Bay	48*	Fraser Coast
12	Longreach	48*	Lockhart River
13	Sunshine Coast	50	Croydon
14	McKinlay	51	Northern Peninsula
15	Cairns	52*	North Burnett
16	Rockhampton	52*	Southern Downs
17	Whitsunday	54	South Burnett
18	Toowoomba	55	Burke
19	Ipswich	56	Gympie
20*	Banana	57	Etheridge
20*	Scenic Rim	58	Carpentaria
22*	Maranoa	59	Napranum
22*	Western Downs	60	Boulia
24	Logan	61	Paroo
25	Cloncurry	62	Torres Strait Island
26	Barcaldine	63	Yarrabah
27	Balonne	64*	Mapoon
28*	Richmond	64*	Pormpuraaw
28*	Torres	66	Wujal Wujal
30	Hinchinbrook	67	Kowanyama
31	Goondiwindi	68	Woorabinda
32	Barcoo	69	Aurukun
33	Charters Towers	70	Palm Island
34*	Bulloo	71	Hope Vale
34*	Winton	72	Mornington
36	Blackall-Tambo	73	Cherbourg
37	Cook	74	Doomadgee

Councils not included: Douglas, Livingstone, Mareeba, Noosa

\*Indicates tied



Appendix 5: WA LGAs

– Mother’s Index Rankings

Rank	LGA	Rank	LGA	Rank	LGA	Rank	LGA
1	Cottesloe Town	36	Chittering	71	Carnamah	105*	Collie
2	Peppermint Grove	37	Westonia	72*	Perenjori	107	Wickepin
3	Nedlands	38*	Ravensthorpe	72*	Boddington	108	York
4	Cambridge	38*	Swan	74	Kojonup	109*	Wyalkatchem
5	Claremont	40	Denmark	75	Murray	109*	Yilgarn
6	Mosman Park	41	Wandering	76	Kent	111	Morawa
7	East Fremantle Town	42	Busselton	77	Dundas	112	Wyndham-East Kimberley
8	Subiaco	43	West Arthur	78	Leonora	113	Broomehill-Tambellup
9	Vincent	44	Gnowangerup	79	Lake Grace	114	Sandstone
10	South Perth	45	Rockingham	80	Waroona	115	Cranbrook
11	Melville	46	Exmouth	81	Bridgetown-Greenbushes	116	Manjimup
12	Joondalup	47	Wongan-Ballidu	82	Moora	117	Coolgardie
13	Ashburton	48	Donnybrook-Balingup	83	Albany	118	Mount Magnet
14	Perth	49	Serpentine-Jarrahdale	84	Chapman Valley	119	Coorow
15	Victoria Park	50	Woodanilling	85	Dardanup	120	Plantagenet
16	Roebourne (renamed to Karratha)	51	East Pilbara	86	Koorda	121	Northam
17	Mundaring	52	Tammin	87*	Corrigin	122	Narrogin Town
18	Stirling	53	Dandaragan	87*	Kulin	123	Quairading
19*	Capel	54*	Cunderdin	89	Narembeen	124	Upper Gascoyne
19*	Fremantle	54*	Harvey	90	Cue	125	Carnarvon
21	Port Hedland	56	Dumbleyung	91	Nannup	126	Kellerberrin
22	Cockburn	57	Mingenew	92*	Goomalling	127	Beverley
23*	Mount Marshall	58*	Mukinbudin	92*	Toodyay	128	Wagin
23*	Canning	58*	Gosnells	94	Mandurah	129	Wiluna
25	Williams	60*	Victoria Plains	95	Shark Bay	130	Katanning
26	Kalamunda	60*	Esperance	96	Northampton	131	Derby-West Kimberley
27	Jerramungup	62*	Irwin	97	Merredin	132	Pingelly
28	Bassendean	62*	Broome	98	Bunbury	133	Laverton
29	Narrogin	64	Murchison	99*	Trayning	134	Halls Creek
30	Bayswater	65	Yalgoo	99*	Cuballing	135	Meekatharra
31	Wanneroo	66	Armadale	101	Brookton	136	Menzies
32	Dalwallinu	67	Dowerin	102	Geraldton -Greenough (C)	137	Ngaanyatjarraku
33*	Belmont	68*	Gingin	103	Kondinin		
33*	Augusta-Margaret River	68*	Boyup Brook	104	Kwinana		
35	Kalgoorlie-Boulder	70	Three Springs	105*	Bruce Rock		

Councils not included: Christmas Island, Cocos Island and Nangarin | \*Indicates tied

Appendix 6: SA LGAs

– Mother’s Index Rankings

Rank	LGA	Rank	LGA
1	Burnside	36	Barunga West
2	Unley	37	Port Adelaide Enfield
3	Mitcham	38	Port Lincoln
4	Adelaide Hills	39	Port Augusta
5	Walkerville	40	Tumby Bay
6	Prospect	41	Mount Remarkable
7	Norwood Payneham and St Peters	42	Orroroo Carrieton
8	Holdfast Bay	43	Streaky Bay
9	Mount Barker	44	Kangaroo Island
10	Tea Tree Gully	45*	Mallala
11	Barossa	45*	Mount Gambier
12	Marion	47*	Wattle Range
13	Light	47*	Whyalla
14	Campbelltown	49	Kingston
15	West Torrens	50	Victor Harbor
16	Adelaide	51	Loxton Waikerie
17	Lower Eyre Peninsula	52	Yankalilla
18	Cleve	53*	Karoonda East Murray
19	Charles Sturt	53*	Southern Mallee
20	Wudinna	55*	Goyder
21	Robe	55*	Port Pirie
22	Alexandrina	57	Ceduna
23	Onkaparinga	58	Cooper Pedy
24	Kimba	59	Renmark Paringa
25	Grant	60	Copper Coast
26	Salisbury	61*	Wakefield
27	Flinders Ranges	61*	Yorke Peninsula
28	Franklin Harbour	63	Playford
29	Elliston	64*	Berri Barmera
30	Clare & Gilbert Valleys	64*	Murray Bridge
31	Tatiara	66	The Coorong
32*	Naracoorte Lucindale	67	Mid Murray
32*	Roxby Downs	68	Peterborough
34	Northern Areas	69	Anangu Pitjantjatjara
35	Gawler		

Councils not included: Maralinga Tjarutja | \*Indicates tied

Appendix 7: TAS LGAs

– Mother’s Index Rankings

Rank	LGA	Rank	LGA
1	Hobart	15	Devonport
2	West Tamar	16	Burnie
3	Kingborough	17*	Glamorgan Spring Bay
4	Clarence	17*	Tasman
5	Meander Valley	19	Dorset
6	Launceston	20	West Coast
7	Northern Midlands	21	Circular Head
8	Sorell	22	Central Highlands
9	Huon Valley	23	Kentish
10*	Central Coast	24*	Break O’Day
10*	Latrobe	24*	Brighton
12	Waratah-Wynyard	26*	Derwent Valley
13	Glenorchy	26*	George Town
14	Southern Midlands		

Councils not included: Flinders, King Island | \*Indicates tied

Appendix 8: NT LGAs

– Mother’s Index Rankings

Rank	LGA	Rank	LGA
1	Darwin	8*	West Arnhem
2	Litchfield	10	Tiwi Islands
3	Palmerston	11	Victoria Daly
4	Alice Springs	12	MacDonnell
5	Katherine	13	Central Desert
6	Wagait	14*	East Arnhem
7	Coomalie	14*	Roper Gulf
8*	Barkly		

Councils not included: Belyuen and new council, West Daly  
\*Indicates tied

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31. See Figure 2

32. See Figure 2

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Save the Children Australia acknowledges the traditional owners of country throughout Australia and their continuing connection to land and community. We pay our respect to them and their cultures, and to elders past and present.

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