

Children under five years of age



Approximately five percent (5.2%) of SESLHD’s population are children under 5 years of age.¹ In 2021, there were 11,815 births across the district.²

Children and families in SESLHD are linguistically and culturally diverse. Thirty two percent (32%) of children under 5 years have both parents born overseas; and 24% have either their mother or father born overseas.¹

Forty one percent (41%) of children under 5 years of age in SESLHD have both parents who were born in Australia.¹

The top ten languages spoken at home by children under 5 years of age are:

Mandarin (5.09%), Cantonese (1.90%), Arabic (1.73%), Spanish (1.67%), Greek (1.60%), Nepali, (1.29%), French (1.22%), Portuguese (1.21%), Indonesian (0.82%), Russian (0.80%).¹

This reflects the language profile of second and third generation migrants as well as newly arrived families.

Aboriginal and Torres Strait Islander children under 5 years of age represent 1.71% of children within the SESLHD.¹

SESLHD had 99 children under 5 years of age on the Out-of-Home-Care Health Pathway as at December 2021, with 28% identifying as Aboriginal and 35% from culturally and linguistically diverse backgrounds.²

The 2021 Australian Early Development Census (AEDC) identified 23 suburbs in SESLHD in which children were experiencing greater levels of developmental vulnerabilities than the NSW average (21.2%).³ These suburbs included Turrella (39.1%), Peakhurst Heights (33.3%), South Hurstville (30.9%), Lilli Pilli / Dolans Bay (32.5%) and Coogee (37.5%).

Research aligned with the NSW Health First 2000 Days Framework shows that children starting school with undetected and/or under-managed health, psychosocial and developmental vulnerabilities can experience poor academic, behavioural, social and physical and mental health outcomes.⁴ This highlights the need for universal access to health and developmental surveillance and quality early childhood education and care.⁵ In practice, this means ‘eliciting and attending to parents’ concerns’, making accurate and informative longitudinal observations on children, obtaining a relevant developmental history and ensuring timely identification and intervention for any health, wellbeing and developmental problems.⁶

Many families with young children experience multiple barriers to accessing and benefiting from health services. These include Aboriginal families, low-income families, families from culturally and linguistically diverse backgrounds, children in Out-of-Home Care, and children and families experiencing violence, abuse and neglect. Effective prevention and early intervention are the most promising strategies for changing the life trajectories of children. At a population level, this requires flexible and responsive systems that are equipped to deliver preventive interventions and respond early and effectively to emerging issues and challenges.⁵

1. Australian Bureau of Statistics 2021, ‘Population: Census.’
2. South Eastern Sydney Local Health District 2021, ‘Service data,’ 2021.
3. Australian Early Development Census 2021, [online] Available at: www.aedc.gov.au.
4. NSW Health 2019, ‘The First 2000 Days Framework.’
5. Australian Health Ministers’ Advisory Council 2011, ‘National Framework for Universal Child and Family Health Services.’
6. Centre for Community Child Health 2002, ‘Child Health Screening and Surveillance: A critical review of the literature,’ National Health and Medical Research Council. Canberra: Centre for Community Child Health.